Are you an individual or making a submission on behalf of an organisation?	
	Individual
Are you a	
	Other
1. Does the new vision reflect what we all want for children and families?	
	1. Does the vision reflect what we want? Partially — needs strengthening. Key points: Vision is positive but missing key elements. Needs explicit rights-based framework (UNCRC, UNCRPD, UNDRIP). Must embed early access and remove bottlenecks/referral barriers. Supports must stay individualised, not generic programs. Codesign must be meaningful (Disabled people, First Nations, neurodivergent adults, ECI professionals). Must recognise children outside ECEC/GP/school access points. 2. Are the two outcomes appropriate? Outcome 1 (Parent empowerment): Supported with conditions. Empowerment requires timely access to specialists. Needs culturally safe, neuro-affirming, practical support. Risk of parent-blaming if systems stay hard to access. Generic programs ≠ empowerment. Outcome 2 (Healthy, resilient adults): Supported with safeguards. Resilience comes from safe, supportive environments — not child responsibility. Must protect identity, not normalise/behaviour-shape. Requires multidisciplinary ECI involvement. Risk: Mild/moderate needs may lose therapy access. 3. Will a single national program help?

Yes — if flexible, not uniform.
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4. Do funding streams reflect needs?
Broadly yes — but must be strengthened.
Must fund home visiting, outreach, collaboration, travel, AT, supervision.
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5. What other changes are needed?
Self-referral, no wrong door.
Remove GP-only gateways.
Fund collaboration and interprofessional practice.
Reduce admin burden.
Invest in private practice workforce sustainability.
Support digital access while ensuring quality and safety.

6. Are the four priority areas right?
Yes — but need refinements.
Wellbeing must include sensory, communication & emotional safety.
Co-location ≠ collaboration — requires time, structures, supervision.
“Greatest need” must consider transport, disengaged families, cultural safety.
First Nations supports must be ACCO-led with real governance.

7. Additional priorities
True early support + prevention.
Avoid workforce downgrading/substitution.
Trauma-informed, neuro-affirming practice.
Support neurodivergent parents + intergenerational needs.
Protect rural/regional private providers.

8. Do DSS focus areas match service needs?
Yes — but access must stay open.
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2. Are the two main outcomes what we should be working towards for children and families? Why/Why not? - Outcome 1: Parents and caregivers are empowered to raise healthy, resilient children - Outcome 2: Children are supported to grow into healthy, resilient adults.

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3. Will a single national program provide more flexibility for your organisation?

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6. Do you agree that the four priorities listed on Page 4 are right areas for investment to improve outcomes for children and families?

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8. Do the proposed focus areas – like supporting families at risk of child protection involvement and young parents match the needs or priorities of your service?

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10. What are other effective ways, beyond co-location, that you've seen work well to connect and coordinate services for families?

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12. Beyond locational disadvantage, what other factors should the department consider to make sure funding reflects the needs of communities?

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14. How could the grant process be designed to support and increase the number of ACCOs delivering services to children and families?

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16. What types of data would help your organisation better understand its impact and continuously improve its services?

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17. What kinds of data or information would be most valuable for you to share, to show how your service is positively impacting children and families?

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18. If your organisation currently reports in the Data Exchange (DEX), what SCORE Circumstances domain is most relevant to the service you deliver?

No idea

19. What kinds of templates or guidance would help you prepare strong case studies that show the impact of your service?

Actual guide and templates. NDIS have never provided useful ones

20. What does a relational contracting approach mean to you in practice? What criteria would you like to see included in a relational contract?

That caregivers and providers have clear and transparent agreement

21. What's the best way for the department to decide which organisations should be offered a relational contract?

Government departments should not decide this. It should be up to parents and care givers to have choice and control

22. Is your organisation interested in a relational contracting approach? Why/why not?
I dont really know what that means
23. Is there anything else you think the department should understand or consider about this proposed approach?
Block funding didn't work. NDIS didn't work. Something needs to change