

Are you an individual or making a submission on behalf of an organisation?

Organisation

Organisation name

Peninsula Plus

Is your organisation....?

- A provider currently funded under one or more of the 5 programs in scope for this consultation

What type of service or support do you mostly provide?

- Prevention or early intervention services
- Intensive family supports

What state or territory does your organisation deliver services and supports in?

- Victoria

Where does your organisation deliver most of their services and supports?

Regional area

1. Does the new vision reflect what we all want for children and families?

Partially, the vision is positive and aspirational, but it requires strengthening to fully reflect what is needed for children and families.

Key considerations:

Missing Rights-Based Framework:

While the vision is well-intentioned, it lacks an explicit commitment to a rights-based approach grounded in the United Nations Convention on the Rights of the Child (UNCRC), the Convention on the Rights of Persons with Disabilities (UNCRPD), and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Embedding these frameworks would ensure that children's and families' rights are at the centre of all programs and policies.

Early Access and Removing Barriers:

The vision must go further to guarantee early access to supports and actively remove bottlenecks and referral barriers. Too often, families face long waits or complex pathways before receiving help. The new approach should prioritise streamlined, timely access for all children and families.

Individualised, Not Generic, Support:

Supports must remain individualised and tailored to each child and family's unique needs, rather than defaulting to generic, one-size-fits-all programs. Flexibility and personalisation are essential for effective outcomes.

There should be different options for families to choose from that meet their individual needs. However, they should be supported in these choices. Many families need support to understand what will best support them.

Meaningful Codesign:

Codesign must be more than a token gesture. It should meaningfully involve disabled people, First Nations communities, neurodivergent adults, and early childhood intervention (ECI) professionals in the design, delivery, and evaluation of services.

Recognising All Children:

The vision should explicitly recognise and include children who are outside traditional access points such as early childhood education and care (ECEC), general practice (GP), or school settings. Many children and families who need support are not engaged with these systems and risk being overlooked.

The proposed vision is a step in the right direction, but to truly reflect what we all want for children and families, it must be strengthened with a rights-based foundation, a commitment to early and equitable access, individualised supports, genuine codesign, and recognition of all children—especially those outside mainstream service pathways.

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.

Outcome 1: Parents and caregivers are empowered to raise healthy, resilient children

Supported, with essential conditions:

Empowerment depends on access: True empowerment requires parents and caregivers to have timely access to specialist supports, not just general advice or generic programs.

Culturally safe, neuro-affirming, practical support: Empowerment must be grounded in culturally safe, neuro-affirming, and practical supports for families' real-world needs.

Risk of parent-blaming: If systems remain difficult to access, "empowerment" may become a way to shift responsibility onto parents rather than address systemic barriers.

Individualisation is key: Generic programs do not equal empowerment. Supports must be tailored to each family's context and needs.

Outcome 2: Children are supported to grow into healthy, resilient adults

Supported, with safeguards:

Resilience is environmental, not just individual: Resilience develops in safe, supportive environments. It should not be framed as a child's responsibility to "be resilient" in the face of adversity.

Protecting identity: Programs must protect and affirm children's identities, rather than focusing on normalisation or behaviour-shaping.

Multidisciplinary early intervention: Achieving this outcome requires multidisciplinary early childhood intervention (ECI) and ongoing collaboration across sectors.

Access for all needs: There is a risk that children with mild or moderate needs may lose access to therapy or supports if the focus is only on those with the most complex needs.

The two outcomes are broadly appropriate, but they need to be underpinned by practical, individualised, and rights-based supports. Safeguards are required to ensure that empowerment and resilience do not become code for shifting responsibility onto families or children, and that all children—including those with less visible needs—continue to have access to the supports they require.

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

Yes — but only if "flexibility" means genuine adaptability, not uniformity.

Inclusivity for all providers:

The program must not inadvertently exclude small or regional private practices, which often serve unique community needs and may lack the resources of larger organisations. Private practices are often a place of connection and innovation, which larger organisations don't achieve at the same scale. Private practices are often run more efficiently financially than NGOs

Avoiding mandatory hubs or pre-selected programs:

Flexibility should not translate into a requirement to join mandatory service hubs or deliver only pre-selected, standardised programs. Private practices need the ability to offer individualised, innovative supports.

Multidisciplinary and culturally responsive delivery:

The program must allow for multidisciplinary teams—including allied health, cultural practitioners, and other specialists—to deliver services in ways that best meet local and individual needs.

A single national program can increase flexibility if it is designed to be inclusive, adaptable, and supportive of diverse service models. It should empower private practices—large and small, urban and regional—to participate fully, without imposing rigid structures that limit choice or innovation.

4. Does the service or activity you deliver fit within one of the three funding streams? Do these streams reflect what children and families in your community need now – and what they might need in the future?

Broadly yes — but the streams must be strengthened to meet real-world needs.

Essential activities must be funded:

The streams should explicitly fund home visiting, outreach, provider collaboration, travel (especially for regional/rural families), assistive technology (AT), and professional supervision. These are critical for effective, equitable service delivery.

Mixed delivery modes:

Flexibility to deliver services in-person, online, or through hybrid models is essential to meet diverse family needs and circumstances.

Inclusion of all children:

There is a risk that children with mild or moderate needs may be excluded if funding is too narrowly targeted. The streams must ensure access for all children who require support, not just those with the most complex needs.

Recognition of all allied health disciplines:

All allied health professions—including Dietetics—must be recognised and eligible for funding within the streams to provide truly holistic support for children and families.

While the three funding streams broadly align with the types of services private practices deliver, they must be strengthened to ensure comprehensive, flexible, and inclusive support for all children and families, now and into the future.

5. Are there other changes we could make to the program to help your organisation or community overcome current challenges?

Yes, several additional changes are essential to address ongoing challenges and improve outcomes:

Enable self-referral and a “no wrong door” approach:

Families should be able to access services directly, without needing to go through specific gateways or referral points. This reduces barriers and ensures timely support.

Remove GP-only gateways:

Access to services should not be limited to referrals from general practitioners (GPs). Allowing multiple entry points—including self-referral and referrals from allied health and community professionals—will make the system more accessible and responsive.

Fund collaboration and interprofessional practice:

The program should provide dedicated funding for collaboration between providers and support interprofessional practice. This is critical for holistic, coordinated

care.

Reduce administrative burden:

Streamlining reporting and administrative requirements will allow providers to focus more on delivering services and less on paperwork.

Invest in private practice workforce sustainability:

Support is needed to attract, retain, and upskill the private practice workforce, especially in regional and rural areas. This includes funding for professional development, supervision, and mentoring.

Support digital access while ensuring quality and safety:

Investment in digital service delivery is important, but must be balanced with safeguards to maintain quality, privacy, and safety for children and families.

To truly overcome current challenges, the program must prioritise accessibility, collaboration, workforce sustainability, and administrative simplicity, while ensuring that digital innovation does not compromise service quality or safety.

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

Yes — but important refinements are needed to maximise impact.

Wellbeing must be holistic:

The definition of wellbeing should explicitly include sensory, communication, and emotional safety—not just physical or mental health. These aspects are critical for many children and families, especially those with disabilities or neurodivergence.

Co-location is not the same as collaboration:

Simply placing services in the same location does not guarantee effective collaboration. True collaboration requires dedicated time, clear structures, and professional supervision to ensure integrated, coordinated care.

“Greatest need” must be defined broadly:

Investment decisions should consider barriers such as transport, the needs of disengaged or hard-to-reach families, and the importance of cultural safety. Focusing only on visible or easily measured needs risks missing those who are most vulnerable.

First Nations supports must be ACCO-led:

Supports for Aboriginal and Torres Strait Islander children and families should be led by Aboriginal Community Controlled Organisations (ACCOs), with genuine governance and decision-making power—not just partnership in name.

The four priorities are a strong foundation, but they must be refined to ensure investments are truly inclusive, collaborative, and responsive to the diverse needs of all children and families.

7. Are there any other priorities or issues you think the department should be focusing on?

Yes, several additional priorities are critical for improving outcomes:

True early support and prevention:

Investment should focus on genuine early intervention and prevention, not just responding after challenges have escalated.

Avoid workforce downgrading or substitution:

It’s essential to maintain high standards for the workforce. The program should avoid replacing qualified professionals with less qualified staff, which can compromise service quality and outcomes.

Trauma-informed, neuro-affirming practice:

All services should be grounded in trauma-informed and neuro-affirming approaches, ensuring that supports are safe, respectful, and tailored to individual needs.

Support for neurodivergent parents and intergenerational needs:

The program should recognise and address the needs of neurodivergent parents and families with intergenerational support requirements.

Protect private providers:

Special attention is needed to ensure that private practices, especially those in rural and regional areas, are supported, not disadvantaged, by funding models and program structures.

To maximise impact, the department should prioritise early and preventative support, uphold workforce quality, embed trauma-informed and neuro-affirming practices, address intergenerational and neurodivergent family needs, and ensure the sustainability of rural and regional private providers.

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?

Yes — but access must remain open and flexible.

Outreach and home visiting must be funded:

Effective support for at-risk families and young parents requires proactive outreach and home visiting, not just centre-based or office-based services.

Access cannot depend on attendance at ECEC, schools, or GPs:

Many families who need support are not engaged with early childhood education and care (ECEC), schools, or general practitioners (GPs). The program must ensure that these families are not excluded by relying solely on these access points.

The focus areas are appropriate, but the program must ensure open access, fund outreach and home visiting, and avoid gatekeeping through traditional service entry points.

9. Are there other groups in your community, or different approaches, that you think the department should consider to better support family wellbeing?

Yes — several groups and approaches deserve greater focus:

Other groups to consider:

Culturally and Linguistically Diverse (CALD) families

LGBTQIA+ parents and families

Neurodivergent parents

Kinship carers and grandparents raising children

Newly arrived refugee families

Children with complex health needs

Approaches to strengthen support:

Peer-led groups: Programs facilitated by people with lived experience can foster trust and engagement.

Cultural programs: Initiatives that celebrate and support cultural identity and practices.

Soft-entry playgroups: Informal, welcoming environments that lower barriers for families not engaged with formal services.

Early Childhood Intervention (ECI)-supported parent groups: Groups where parents can access professional guidance and peer support in a safe, supportive setting.

Expanding the focus to include these groups and approaches will help ensure that family wellbeing supports are truly inclusive, accessible, and effective for all members of the community.

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

Beyond co-location, several approaches have proven effective for connecting and coordinating services:

Shared care models:

Collaborative care plans developed and implemented by multidisciplinary teams ensure families receive holistic, coordinated support.

Funded case meetings:

Regular, funded meetings among professionals from different services enable joint planning, problem-solving, and shared accountability.

Digital warm handover systems:

Secure digital platforms that facilitate real-time, “warm” handovers between providers help ensure smooth transitions and continuity of care for families.

Local interagency groups:

Ongoing local networks or forums where agencies regularly meet to share information, align strategies, and address service gaps.

Clear collaborative protocols:

Established protocols and agreements that define roles, responsibilities, and communication pathways between services, reducing confusion and duplication.

Effective service coordination goes beyond physical proximity. Structured collaboration, funded time for joint work, digital solutions, and clear protocols are all essential for delivering seamless, family-centred support.

11. What would you highlight in a grant application to demonstrate a service is connected to the community it serves? What should applicants be assessed on?

To demonstrate a strong community connection, a grant application should highlight:

Genuine codesign and lived experience:

Evidence of meaningful involvement of community members—including disabled people, First Nations people, neurodivergent adults, and families—in the design, delivery, and evaluation of services.

Local partnerships and collaboration:

Active partnerships with local organisations, cultural groups, schools, and community leaders that enhance service reach and relevance.

Responsive and flexible service delivery:

Adaptation of services to meet the unique needs, preferences, and cultural contexts of the local community (e.g., outreach, home visiting, flexible hours,

language support).

Community governance and feedback:

Structures for ongoing community input, such as advisory groups, regular feedback mechanisms, and transparent reporting back to the community.

Demonstrated outcomes and impact:

Clear evidence of positive outcomes for the community, supported by both quantitative data and qualitative stories.

Applicants should be assessed on:

Depth and authenticity of community engagement and codesign.

Strength and diversity of local partnerships.

Ability to adapt and respond to changing community needs.

Evidence of cultural safety and inclusion.

Track record of achieving meaningful outcomes for the community.

A strong application shows not just connection, but active partnership and accountability to the community it serves.

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

Helpful case study templates should include:

Profile and family priorities:

A brief overview of the child/family, their context, and what mattered most to them.

What was provided and why:

Clear description of the supports or interventions delivered, and the rationale behind those choices.

Functional, participation-based outcomes:

Focus on real-life, meaningful changes—how the service improved the child's or

family's ability to participate in daily life, not just clinical measures.

Family voice:

Direct quotes or reflections from the family about their experience, progress, and what made a difference.

Collaboration included:

Details of how the service worked with other professionals, agencies, or community supports to achieve outcomes.

Cultural and access considerations:

Information on how cultural background, language, or access needs were addressed to ensure the service was inclusive and effective.

Templates that prompt for these elements will help services tell authentic, impactful stories that demonstrate both outcomes and the quality of the support provided.

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

Relational contracting means:

Less red tape:

Streamlined processes, reduced administrative burden, and a focus on outcomes rather than compliance paperwork.

Stability and flexibility:

Longer-term agreements that provide security for providers, while allowing flexibility to adapt services as community needs change.

Shared responsibility for outcomes:

A true partnership where both the department and providers are jointly accountable for achieving positive outcomes for children and families.

Partnership with all providers—including private practice:

Relational contracts should be open to all types of providers, including private practices, not just large organisations or consortia.

Space for innovation:

Contracts should encourage and support innovation, allowing providers to trial new approaches and respond creatively to emerging needs.

Cultural governance embedded:

Governance structures must include cultural leadership and ensure that services are culturally safe and responsive, particularly for First Nations communities.

A relational contracting approach should reduce bureaucracy, foster genuine partnership, support innovation, and embed cultural governance—benefiting both providers and the families they serve.

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

The department should use a transparent, merit-based process that prioritises:

Community-trusted providers:

Organisations with established trust and credibility within the communities they serve.

Strong cultural safety:

Demonstrated commitment to cultural safety, especially for First Nations and diverse communities.

Supervision and workforce development:

Providers who invest in ongoing supervision, professional development, and workforce sustainability.

Collaboration record:

A proven history of effective collaboration with other services, sectors, and

community groups.

Ability to reach underserved families:

Evidence of success in engaging and supporting families who are typically underserved or hard to reach.

Diversity of provider types:

Ensure relational contracts are accessible to a range of organisations—including private practices, not just large or well-established providers.

Relational contracts should be awarded to organisations that are trusted by their communities, demonstrate cultural safety, invest in their workforce, collaborate effectively, and have a track record of reaching those most in need.

22. Is your organisation interested in a relational contracting approach? Why/why not?

Key reasons for interest:

Potential for deeper partnership:

Relational contracting offers the opportunity to move beyond transactional, compliance-focused funding models. It can foster genuine, long-term partnerships between the department and service providers, allowing for shared responsibility, mutual trust, and a focus on outcomes rather than just outputs.

Stability and flexibility:

Longer-term, flexible agreements would provide much-needed stability for private practices, enabling us to invest in workforce development, service innovation, and community relationships. This stability is especially important for small businesses and regional providers who often face uncertainty with short-term or highly prescriptive contracts.

Space for innovation and responsiveness:

Relational contracts can create room for innovation, allowing providers to trial new approaches, adapt to emerging needs, and respond quickly to feedback from families and communities. This is essential for delivering services that are relevant

and effective in diverse and changing contexts.

Essential conditions for participation:

Inclusivity for private providers:

Relational contracting must be open to private practices and not restricted to NGOs or large organisations. Private providers play a critical role in many communities, especially in regional and rural areas, and bring unique expertise and flexibility.

Realistic and proportionate requirements:

The expectations, reporting, and administrative requirements must be achievable for small businesses. Contracts should be scaled appropriately, with support for providers who may not have dedicated administrative staff or large compliance teams.

Support for true partnership and community-embedded care:

The approach should support genuine codesign and shared decision-making with communities, including First Nations and culturally diverse groups. It should value local knowledge, lived experience, and community governance, ensuring that services are truly embedded in and accountable to the communities they serve.

Recognition of collaboration and workforce development:

Relational contracts should encourage and fund collaboration between providers, as well as ongoing supervision and workforce development. This helps maintain high-quality, sustainable services and supports continuous improvement.

We are enthusiastic about the potential of relational contracting to transform service delivery for children and families. However, our participation depends on the approach being inclusive of private practices, realistic for small businesses, and genuinely focused on partnership, flexibility, and community-embedded care. If these conditions are met, relational contracting could be a powerful tool for achieving better outcomes for families and communities.

23. Is there anything else you think the department should understand or consider about this proposed approach?

Yes, several critical considerations should be addressed to ensure the success and inclusivity of the new approach:

Avoid workforce downgrading:

Maintain high professional standards and avoid replacing qualified allied health and ECI professionals with less qualified staff. Quality outcomes depend on a skilled, supported workforce.

Adopt the ECI Best Practice framework nationally:

Use the Early Childhood Intervention (ECI) Best Practice framework as a national standard to ensure consistency, quality, and evidence-based approaches across all services.

Do not mandate co-location:

While collaboration is important, mandating co-location can exclude or disadvantage private and regional providers. Flexibility in service delivery models is essential.

Avoid generic, predetermined programs:

Services must remain individualised and responsive to family needs, rather than relying on one-size-fits-all or pre-selected programs.

Leverage the existing private ECI workforce:

Recognize and utilize the expertise and capacity of the private ECI workforce, which is already embedded in many communities and can deliver flexible, high-quality support.

Simplify administration and reporting:

Reduce administrative and reporting burdens so providers can focus on delivering services rather than paperwork.

Embed cultural safety and community governance:

Ensure that cultural safety is a core requirement and that community governance—especially for First Nations communities—is embedded in all aspects of program design and delivery.

Families need self-referral access:

Allow families to self-refer to services, ensuring timely and equitable access without unnecessary gatekeeping or referral barriers.

For the proposed approach to succeed, it must prioritise workforce quality, best practices, flexibility, administrative simplicity, cultural safety, and genuine accessibility for all families.