Submission to DSS Engage: Approach to Programs for Children and Families

Professionals Australia – NDIS Professionals Union (PAU-NDIS)

Professionals Australia – NDIS Professionals Union (PAU-NDIS) welcomes the opportunity to contribute to the review of programs supporting children, families and young people. Our members are on the front line of early childhood development—across occupational therapy, speech pathology, physiotherapy, dietetics, psychology, social work, support coordinators, advocates and many more. We have experience working in every funding environment, including NDIS, block-funded programs, Medicare, state-based initiatives, and community-led supports.

Our recommendations are grounded in decades of professional expertise and the lived experience of children and families who rely on timely, responsive supports.

Our essential principles for supporting children and families include:

- **No child should be worse off through reform.**
- **Early access and timely intervention are non-negotiable.**
- **Individualised care cannot be replaced by generic programs.**
- **ECI best-practice framework and codesign must underpin all funded activities.**
- **Co-location does not equal collaboration.**
- **Meaningful codesign—not surface-level consultation—is essential.**
- **The existing, experienced ECI workforce must be protected and utilised.**

We strongly support DSS's intent to improve access, safety and outcomes. However, the practical design of the program will determine whether families experience

genuine benefit or new barriers. Our responses below provide detailed, practical, evidence-informed solutions.

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

Partially — but key principles must be strengthened.

What works well

- **Focus on early intervention:**
    - Recognises that child development is relational, contextual and shaped by families, environments and systems.
    - Aligns with PRECI's emphasis on supporting families—not only children.
- **Inclusion and accessibility:**
    - Acknowledges that supports must respond to diverse family structures, cultures, developmental pathways and lived experiences.
    - Reflects the universal need for systems that don't require families to navigate complex or fragmented services.
- **Community-led and culturally safe supports:**
    - Strong alignment with Closing the Gap commitments.
    - Recognises that First Nations families require culturally grounded models, not mainstream adaptations.

Where the vision needs strengthening

1. A rights-based framework must be explicit

- Should reference the UN Convention on the Rights of the Child (UNCRC), UN Convention on the Rights of Persons with Disabilities (UNCRPD) and UN Convention on the Rights of Indigenous Peoples (UNCRIP)

- Must embed the right to:
    - Early access to supports
    - Choice and control
    - Accessible information
    - Inclusive participation in school and community life
    - Non-discriminatory pathways
- Without a rights lens, reforms risk drifting toward cost-containment rather than child outcomes.
- We need to consider wellbeing and authentic relationships not just children being 'healthy'

2. Early access must be named as a central feature

- Delays lead to:
    - Worsening developmental gaps
    - Higher long-term support needs
    - Reduced participation
    - Increased family stress
- We need to ensure access, ensuring bottlenecks or referral barriers are removed, like requiring referral from a particular person. We need to be proactive in supporting children rather than the "wait and see" approach which could lead to harm.
- Direct access and multiple entry points must be core to the vision.

3. Supports must remain individualised, not program-first

- Families consistently express that one-size-fits-all programs:
    - Do not meet their child's needs
    - Miss key developmental indicators
    - Reduce flexibility and nuance

- ECI best practice framework requires personalisation, family-led priority setting, and targeted professional involvement.
- First Nations children and families experience health and developmental challenges at far higher rates than those within the wider community and require access to individualised supports.

4. Codesign must move beyond consultation

To be meaningful, codesign must include:

- Disabled people
- Neurodivergent adults
- First Nations communities and their organisations
- Parents and carers
- ECI professionals
- Local community leaders
- DPROs

Codesign must influence:

- Program creation
- Funding models
- Screening tools
- Workforce design
- Evaluation frameworks
- All aspects of supports and policy

Anything less risks delivering programs about families, not with them.

5. Recognise all children — including those outside universal platforms

The vision currently assumes access to:

- ECEC

- Schools
- GP services
- Health services

Many children do *not* access these regularly, including:

- Families experiencing homelessness
- Children with medical fragility
- Children with trauma histories
- Children in rural/remote communities
- Families with low trust in mainstream services
- Families experiencing discrimination

These groups are most at risk—and often the first to be missed.

2. Are the two outcomes appropriate? Why/Why not?

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

Supported in principle, with key additions needed.

Why empowerment matters

- Families are the experts in their child's daily life.
- Capacity-building aligns with PRECI best practice framework.
- Strong parental self-efficacy is linked to long-term developmental outcomes.
- We need more than healthy and resilient, we require promoting authentic wellbeing of parents and children.

Key conditions required for true empowerment

- **Timely, affordable access** to specialist ECI Professionals and support.
- **Clear information and guidance**, not bureaucratic pathways.

- **Culturally safe relationships** and interpreters when required.
- **Non-judgmental, neuro-affirming support** that respects diverse communication, play and sensory needs.
- **Services flexible to family realities**: shift work, trauma, transport limitations, disability, complex households.

Risks if not strengthened

- Empowerment can be weaponised into parent-blaming when systemic access barriers remain.
- Families may be expected to do more with less if supports become generic rather than individualised. Families seeking these supports may have little to no capacity to follow through or work independently outside of the supports they receive.
- Workforce downgrading could result in parents receiving inaccurate guidance.

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

Supported with safeguards.

What is positive

- Long-term developmental framing (0–25 years) is evidence-aligned.
- Recognises that early support shapes future participation, education and wellbeing.

What must be added

- **Resilience must be environment-driven, not child-driven.**
  Children are not inherently "resilient"; they become resilient in relationally safe, predictable environments.
- **Supports must protect identity—not seek to normalise.**
  Neurodivergent children flourish when supports affirm their sensory, communication and regulatory needs—not suppress them.

- **Specialist involvement is essential.**
  Without access to OT, speech pathology, physiotherapy, dietetics, psychology, and other ECI professionals developmental issues can be misinterpreted or missed entirely.

Risks if the outcome is not strengthened

- Programs could prioritise access and engagement over meaningful outcomes.
- Children with mild/moderate needs may lose access to therapy currently available under NDIS and the impact of this needs to be considered in the development of this program.
- Predetermined curricula could replace tailored interventions, these programs may not be fit for purpose and inadvertently promote ablest views
- GP-led or co-located entry pathways will miss children not attending those settings.

3. Will a single national program provide more flexibility?

Yes, if designed with flexibility—not uniformity.

Potential benefits

- Consistent national expectations for quality and reporting.
- Reduced administrative duplication across state/territory systems.
- Easier navigation for families who move or access multiple services.

Conditions for success

- Must not limit the ability of small/regional providers to participate.
- Must not mandate predetermined programs or hubs.
- Must allow inter/multidisciplinary involvement, including:
  - Qualified AH practitioners
  - Cultural practitioners

- DPROs

Risks to avoid

- Over-standardisation that removes responsiveness to:
  - Cultural needs
  - Local workforce realities
  - Rural/remote contexts
  - Community-specific priorities

A national program must set realistic and achievable minimum standards while allowing for local flexibility.

4. Do the three funding streams reflect what children and families need?

Broadly yes, with critical adjustments.

Key requirements for funding streams

- Must cover home visiting, outreach and community-based practice.
- Must include collaboration time between all members of the team around the child, not absorb it into unfunded labour.
- Must fund travel, essential in rural/regional communities.
- Must fund assistive technology where appropriate.
- Must allow mixed delivery modes: in-person, telehealth, group supports, family support.

Gaps in the current model

- Children with "mild to moderate" delays may fall through funding cracks.
- All allied health disciplines must be recognised as essential, not optional.

- Streamed funding models must not prioritise large NGOs over small local providers.

5. Other changes to overcome current challenges

A high-functioning system requires:

- Direct, no-wrong-door access, including parent self-referral.
- Removal of GP-only gateways, which create inequity and delay.
- Funded collaboration, including cross-sector case meetings.
- Reduced administrative burden, with streamlined reporting.
- Investment in workforce protections, including the private sector.
- Technology-enabled access, with privacy and quality safeguards.

6. Do you agree with the four priority investment areas?

Yes, but with essential enhancements.

1. Improving wellbeing

- Must include sensory wellbeing, communication access, predictable environments and family capacity-building.

2. Making services easier through co-location

- **Co-location alone does not always deliver better collaboration,** collaboration can occur between different services across the sector. Policy and supports must be put in place to support this.
- Effective collaboration requires:
    - Shared goals
    - Protected collaboration time
    - Interprofessional communication protocols

- Clinical supervision
- Relationship-based practice

3. Delivering services where there is greatest need

- Need must be measured holistically:
  - Transport limitations geographical location and reliability of technological access internet and mobile connectivity.
  - ECEC and School engagement – Increased rates of home schooling and families not accessing ECEC, means that this can not be the only access point.
  - Cultural safety requirements
  - Developmental vulnerability

4. Cultural safety for First Nations families

- Must be first nations led where possible, including ACCOs, IAHA and NACCHO/ACCHOs.
- Must incorporate deep cultural governance, not token participation.
- First Nations children, families and communities require unique supports and services which differ from mainstream Australia (Not integrated with health and Education). It must acknowledge and address colonisation and intergenerational trauma.
- Supports need to be provided on Country.

7. Additional priorities DSS should focus on

- Prevention and early support to reduce long-term harm.
- Avoiding workforce downgrading or substitution models.
- Trauma-informed, identity-safe practice across all services.

- Supporting neurodivergent parenting and intergenerational needs.
- Ensuring supports remain flexible and family-centred.
- Protecting the sustainability of rural and regional providers.

8. Do the proposed focus areas match your service priorities?

Yes.

ECI professionals including Allied Health services support:

- Families involved with child protection
- Young parents
- Families with disability
- Families experiencing disadvantage
- Families with intergenerational trauma or neurodivergence

We must ensure:

- Access is not restricted.
- Outreach, home visiting and flexible engagement must be funded.
- Programs must not depend on attendance at universal services.

9. Other groups or approaches DSS should consider

Groups

- CALD families with limited English or health literacy
- LGBTQIA+ families
- Families where parents are neurodivergent
- Kinship carers and grandparents
- Refugee and newly arrived communities

- Children with complex health and developmental needs

Approaches

- Peer-led parent groups cofacilitated by ECI professionals
- Lived-experience advisory panels
- Culturally-led programs
- Soft-entry community playgroups

10. Effective ways beyond co-location to coordinate services

- Shared care models with clear roles and responsibility mapping
- Cross-sector referral pathways, with transparent criteria
- Digital platforms for warm handovers and shared planning
- Funded joint case meetings with the family and team around the child
- Local interagency networks to maintain relationships
- Collaborative practice guidelines embedded across sectors

Collaboration is relational and requires time, structure and investment, not proximity.

11. What should applicants be assessed on?

- Demonstrated local community connection and trust
- Integration of PRECI ECI Best Practice Framework
- Commitment to cultural safety and trauma-informed care
- Plans for workforce supervision, mentoring and training
- Clear processes for collaboration with other providers
- Evidence of meaningful codesign with lived experience

- Ability to meet diverse accessibility needs

12. Factors beyond locational disadvantage to consider in funding

- Transport barriers
- Service availability and wait times
- Cultural safety requirements
- Workforce gaps by discipline
- Local developmental vulnerability rates
- Proportion of families outside ECEC/Mainstream Schooling engagement

13. How organisations can show they meet community needs

- Present local consultation findings
- Describe lived-experience involvement in program design
- Demonstrate partnerships with ACCOs, IAHAs, NACCHO/ACCHOs, DPROs, community organisations, ECECs and ECI providers
- Provide de-identified examples illustrating unmet need
- Document waitlist pressures and service gaps
- Provide evidence of flexible, family-responsive practice

14. Supporting ACCOs to secure grants

- The government must support all First Nations led organisations including ACCOs, IAHA, NACCHO/ACCHOs
- Provide grant-writing support and extended timelines
- Offer relational contracting pathways,

- Prioritise first nation led or first nation partnered models
- Fund cultural supervision and workforce development
- Simplify reporting requirements

15. Improving outcomes for First Nations families

- First Nations governance at every stage: design, delivery, evaluation
- Funding for cultural practitioners and Elders
- Use of local languages, cultural protocols and relational yarning
- Culturally grounded developmental frameworks
- Trauma-aware approaches acknowledging historical and ongoing harm
- First Nations children and families require individualised supports that consider their diverse range of languages other than English and their diverse world views
- Supporting workforce development and education of First Nations workers and allied health professionals.
- Providing on Country training to local professionals across the sector to enhance cultural safety
- First nations children, families and communities need the right to pick the non-indigenous ECI professionals that they work with, this decision needs to be based on safety not pricing
- Prioritise community led supports and individualised supports provided in place on Country, with encouraging collaboration across the sector to allow choice and safety

16. Data that would support continuous improvement

- Time-to-access metrics
- Family experience and satisfaction

- Cultural safety indicators
- Participation outcomes in daily life
- Communication and sensory wellbeing measures
- Workforce stability and caseload data
- Environmental accessibility indicators

17. Most valuable data to share

- Functional, participation-based child outcomes
- Family capacity-building outcomes
- Child and family voice
- Cultural safety practice evidence
- Multi-agency coordination examples
- Community impact case studies

18. Most relevant DEX SCORE Circumstances domain

- Family functioning
- Community participation
- Material wellbeing
- Health and wellbeing
- Safety and stability

These domains reflect the holistic outcomes targeted in ECI best practice framework.

19. Helpful templates for case studies

- Child and family profile
- Primary concerns and priorities identified by the family
- Outcomes using functional, participation-based language
- Family voice and lived experience reflections
- Cultural considerations and accessibility supports
- Evidence of collaboration
- Summary of impact

20. What relational contracting means in practice

- Reduced red tape
- Longer-term stability for services
- Flexibility to tailor supports to local need
- Genuine partnership between DSS and providers, of all types. In order to effectively implement relational contracting DSS must include the whole sector including the private sector. This contracting opportunity must not be restricted to government or not for profit organisations.
- Shared accountability for outcomes, not outputs
- Investment in relationship-building and collaboration
- Space for innovation
- Embedded cultural safety and community governance

21. How DSS should choose organisations for relational contracts

- Strong local reputation and trust
- Demonstrated cultural safety

- Robust supervision and professional development model
- Clear collaborative practices
- Evidence of continuous quality improvement
- Proven ability to reach high-risk or under-served families
- Meaningful use of lived-experience voices

22. Is your organisation interested in relational contracting?

Yes. All Together Therapy, alongside the broad network of providers represented by Professionals Australia—from small sole practitioners to large established organisations—would be an excellent fit for relational contracting.

Our sector consistently demonstrates ECI best practice, innovation, flexible service models, and significant frontline expertise. We are uniquely positioned to partner with government in delivering stable, high-quality, community-embedded supports for children and families nationwide.

Relational contracting must be available to all providers within the sector and not favour particular organisational structures. Access requirements for relational contracting must be realistic and achievable for small businesses. We are here working on the ground and want to ensure that the children and families in our communities are well supported.

23. Additional considerations

- Workforce downgrading must be avoided; children require access to qualified ECI professionals for accurate assessment and intervention.
- The new ECI Best Practice Framework should be the national benchmark for all ECI services.
- Co-location should never be mandated; collaboration depends on structures, not buildings.
- Early access must be embedded in every policy setting.

- Programs must avoid generic or predetermined curricula that do not meet diverse developmental needs.
- The existing ECI workforce must be leveraged, not replaced by new intermediaries, hub models, or temporary contractors.
- Administrative systems should be simplified, using consistent, outcome-focused templates.
- Cultural safety and community governance should be embedded, not standalone components.
- Families need access to self-refer to support to ensure those that do not access environments such as ECEC's and primary health do not fall through the gaps.

Conclusion

The reforms present a significant opportunity to build a more accessible, equitable and culturally safe early childhood system. To achieve this, programs must move beyond structural changes and ensure that every child and family receives **timely**, **individualised**, **affirming**, and **evidence-informed** support.

To succeed, the system must:

- Ensure early access with no wrong door
- Recognise the essential value of interdisciplinary ECI professionals
- Embed meaningful codesign led by Disabled people, families and First Nations communities
- Prioritise trauma-informed, neuro-affirming and culturally grounded practice
- Support local providers, including first nation organisations and small/regional ECI services
- Avoid assumptions that co-location or predetermined programs improve outcomes
- Protect the rights and dignity of children at every stage

Professionals Australia and our members are ready to support ongoing consultation, technical advisory work and collaborative design. We welcome further engagement and stand committed to creating a system where **no child, no family, and no community is left worse off**.

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*references available on request