

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

Organisation

Organisation name

Speak Listen Learn

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?

- New South Wales

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

Major city

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

Yes, we all want families that feel empowered and well supported to raise their children. Families want easy to access supports, understanding of their individual needs and flexibility in how, where and when supports are offered. Families want to be able to access the type of support that best suits them, often from providers that they know and trust and can choose themselves. Families want to have a say in how services are delivered and where they can access them. Families want to be involved in choice making. Families want to be supported holistically- supporting families, supports children.

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.

Yes. These are good goals. We also should be striving to support families as a whole- healthy parents and caregivers support healthy children.

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

Yes, as long as there is flexibility in how funding is provided and how supports can be delivered. Programs should not be limited only to nation or statewide providers and should allow for sustainable and individual funding for children that can be delivered through existing local providers, including small providers (especially where they off expertise and experience that is often not available in larger organisations).

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?

Not really. These streams are heavily biased to large organisation (NGO's) and are likely to be very limiting to smaller providers and individual clinicians who often hold extensive experience and expertise. They would limit access to families who wish to have choice and control over their service providers. They also would limit individualised funding and service delivery which is likely to be detrimental to families trying to meet the needs of their individual children.

Large organisations often have large administrative and management overheads which means that funding goes towards the cost of this and isn't used as directly for clinicians providing support to families. These organisations often need to employ clinicians with less experience as more experienced clinicians tend to work in smaller businesses and private practices. If funding is limited to large organisations and grant processes then families will not be able to access the specialised and experienced support of providers in smaller businesses.

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

It is important to realise that co- location of services does not always end in collaboration or effective multidisciplinary service delivery. Having flexible programs where children and families can access the individual providers with the best experience and expertise for them is more important than having them all co located or from the one organisation,

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

Connected and co located service delivery isn't a priority for most families. For most families, having access to the right individual providers who have the specific expertise and experience in their needs is more important than accessing them all in one place. While large organisations may offer multiple disciplines, this does not always equal collaboration and it can also result in unnecessary over servicing as there is a vested interest in internal referral. Prioritising flexible service delivery where families have choice and control over who their child is supported by, whether that be multiple providers across different disciplines or one provider with several disciplines is much more important than co location. Families should not be restricted to accessing services only through one organisation or provider. The right OT for them may not be located in the same organisation as the best suited speech pathologist and families should have individual say and control over this.

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

Access to flexible and individual supports, including access to smaller providers (including sole clinicians not employed by large organisations).

Much of the expertise in allied health exists outside of larger NGO's and businesses. If smaller clinics aren't able to access funding options to support families then this will severely impact on the effectiveness of early intervention and family support. Families want to access local services with providers they know and trust, they don't want to be forced to be seen only in large organisations. In the same way many families choose their small, local family GP over large general practices, many families want to choose their own speech pathologist, OT or psychologist- they don't want to be restricted to a large NGO or multi clinic business.

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- I think there is definitely room for more collaboration and structure around how to do this well.

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

Planned multidisciplinary meetings and shared portals (documents, goals) are very effective for this. Co location often does not equate to collaboration and is instead restrictive for families and limits access to expertise outside individual organisations.

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?

Some things that are important include structures for collaboration (not just co location), staff consistency/turnover and location of staff (are they a part of the community they service). Communication with stakeholders.

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

Individualised funding. Flexibility around accessing supports (not just funding large organisations).