malleefamilycare

State Disability Plan & Victorian Autism Plan

Consultation Response

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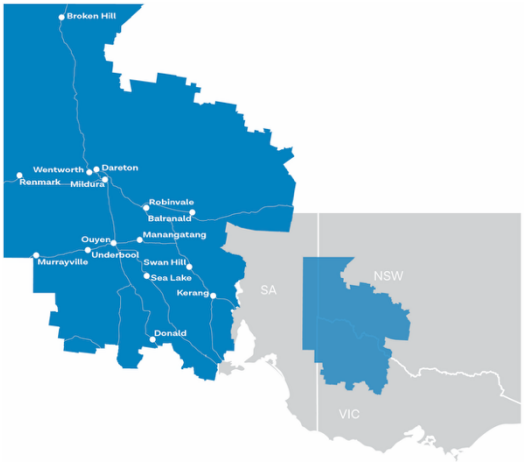
About Mallee Family Care



Mallee Family Care (MFC) is a not-for-profit community services organisation headquartered in Mildura, Victoria, with service delivery across the Mallee region spanning north-west Victoria, south-west New South Wales, and the Riverland South Australia. MFC delivers a wide range of services including family support, child protection, foster and kinship care, financial wellbeing, family violence response, and disability support under the National Disability Insurance Scheme (NDIS).

In the disability space, MFC delivers NDIS supports through support coordination, specialist support coordination and early childhood services under the key worker model, and operates the Mental Health and Wellbeing Connect Centre – a dedicated, welcoming space supporting carers and families across a broad range of intersecting and co-occurring needs. MFC works with participants with complex and high support needs in communities with limited access to specialist services, and no longer delivers allied health services directly (a telling indicator, in itself, of the viability challenges facing service delivery in thin regional markets). This experience directly informs the perspectives set out in this submission.

Consultation with our community

This submission draws on two streams of consultation undertaken by MFC during the engagement period: a staff and practitioner discussion drawing on the organisation's experience across disability, mental health, family violence and family services in the region; and a dedicated three-hour carer and community workshop facilitated through the Mental Health and Wellbeing Connect Centre. The workshop was attended by carers with lived experience supporting family members with autism, ADHD, disability and complex health conditions, alongside lived experience staff, a key worker and student placement participant – ranging from parents of young children through to a neurodivergent grandmother caring for her teenage grandson. Participation was paid, in recognition of the expertise carers bring; an optional preparation session was offered so participants could engage on their own terms; and all contributions were de-identified. Direct quotations from participants appear in italics throughout. MFC notes that this approach (resourced, flexible, safe and paid engagement with regional carers) reflects the standard of consultation the next plans should embed as ordinary practice.

What MFC supports

MFC welcomes the opportunity to contribute to the development of the next State Disability Plan and the next Victorian Autism Plan, and supports the retention of the four pillars and the six systemic reforms as the organising framework for both plans. These reflect the areas of life that people with disability have said matter most, and they remain the right structure.

MFC also acknowledges genuine progress under the current plans. Accessibility improvements delivered through the Big Housing Build are real and welcome. Telehealth

has extended some specialist reach into the region. Carers who contributed to this submission described individual schools, clubs and community members who demonstrate understanding and flexibility, and the intent behind initiatives such as disability liaison officers and sensory-friendly programming is strongly supported.

The concern is not the direction of the plans. It is that their benefits are not reaching the Mallee – and that statewide reporting conceals this.

Key concerns

Regional equity - the postcode lottery

The consistent message from carers, families and practitioners in the Mallee is that the gap between metropolitan and regional Victoria is not one issue among many for the next plans, but it is the defining issue. Services and initiatives celebrated as progress frequently exist on paper but are inaccessible in practice due to distance, transport barriers, workforce shortages and thin markets – or simply do not operate in the region at all. Disability liaison officers, cited in the engagement paper as an achievement, illustrate the point: neither families nor MFC staff are aware of the role operating anywhere in the Mallee. Practitioners describe the broader pattern as a postcode lottery. What exists in Mildura does not exist in smaller centres, and what exists in Melbourne often does not exist in the region at all.

Access that depends on advocacy

The experience of MFC's disability and mental health teams is that access to the NDIS and the broader service system now effectively depends on having an advocate. A person with a carer or family member behind them is far more likely to have the evidence, persistence and support needed to enter and stay connected to the scheme than someone who is isolated. Carers themselves described being forced to become experts in advocacy simply to retain existing supports. A system in which access depends on advocacy resources is not a fair system, and isolated people in small communities are paying the price.

Specialist safety services that do not reach the region

There are only eight specialist disability family violence practitioners statewide; the closest to the Mallee is based in Bendigo. Intake practices that require people to self-identify using specific language exclude those with systemic trauma or communication difficulties, and existing specialist services are not equipped for the complex presentations regional generalist services manage routinely. For a cohort at markedly elevated risk of violence, abuse and neglect, this is not an acceptable level of coverage.

National reform risk falling on regional families

Carers expressed significant anxiety about NDIS changes and the transition to foundational supports, with families supporting autistic children reporting supports removed or significantly reduced under the Thriving Kids transition. In thin regional markets, a support withdrawn from an individual plan is rarely replaced by an accessible community alternative. The next plans must ensure regional families are not the ones absorbing the transition risk.

Responses to Consultation Questions

The engagement paper invites feedback on what is working well, what needs to change, and what should be in the next plans. MFC's responses are set out below against each of the four pillars and the systemic reforms. Across all five areas, MFC urges that the next plans apply a genuine regional lens. This means geographically disaggregated commitments, funding and reporting, rather than statewide claims that conceal regional disadvantage. Where the plans claim progress, communities such as the Northern Mallee should be able to see and verify that progress locally. As one carer summarised the regional experience:

> *"When I think about the supports available here in the Mallee, what comes to mind is probably a lack of supports. That's been our experience."*

Pillar 1: Inclusive communities

The engagement paper highlights progress on inclusive sport and recreation environments and digital inclusion in regional areas. That is not the experience reported by Mallee families. Carers described significant barriers to ordinary community life: overstimulating environments; limited availability and poor promotion of quiet hours and sensory-friendly events; an absence of quiet spaces and respite zones in shopping centres, community venues and public spaces; insufficient support staff and volunteers in sporting programs; and limited access to safe, fenced recreational spaces for children who abscond or require close supervision. Many carers avoid community events altogether because of the stress and exhaustion involved.

Sport and recreation carried particular emotional weight. Parents described acting as interpreters, advocates and de facto support workers just so their child could participate alongside peers:

> *"It's like constantly intervening, just so he can be a part of that activity and be a part of his team."*

> *"I just sit there and cry because I watch all of the other kids doing all of the things that my child can't."*

Transport compounds every barrier. Families without a private vehicle reported being effectively excluded from community participation ("We're solely reliant on public transport. So we don't go anywhere") and observed that service design assumes car ownership. In one example, a child could not join Scouts because a bus could get them there, but there was no way to get home.

Connection itself emerged as an unmet need. Several participants said the workshop was the first time they had been in a room with people who genuinely understood their experience. Opportunities for peer connection are rare in the region, and caring load, service navigation and geographic isolation compound loneliness and disconnection.

MFC recommends that the next plans:

- Fund the expansion and active promotion of sensory-friendly initiatives, quiet hours and designated quiet spaces in regional shopping centres, community venues and public events, with clear signage identifying inclusive and safe spaces, and invest in safe, fenced and inclusive recreational spaces in regional communities.
- Invest in inclusion support for regional sporting clubs and recreation programs (e.g., trained support personnel and consistent autism and ADHD awareness training for

coaches, volunteers and community organisations) so that participation does not depend on a parent working unpaid on the sidelines.

- Require disability-inclusive transport planning for regional Victoria, recognising that community participation commitments are meaningless where no accessible option exists for the return journey.
- Fund ongoing, peer-led carer connection groups and lived experience spaces in regional communities, recognising peer support as a legitimate, effective and low-cost form of practical and emotional support.

Pillar 2: Health, housing and wellbeing

The engagement paper cites the introduction of disability liaison officers "in some health services" as progress. The Mallee is evidently not among them. This is precisely the pattern the next plans must confront: a claimed statewide achievement that is, in practice, a metropolitan one.

Families in the Mallee face long waitlists for allied health, limited specialist availability, workforce shortages and minimal provider choice. Many have no option but telehealth from metropolitan providers or long-distance travel. While telehealth has value, carers consistently reported that engaging children effectively through virtual appointments is difficult, and that it is a supplement to local, face-to-face services – not a substitute. The market failure is structural.

While the engagement paper points to improved supports helping families of children with complex disability needs navigate systems, Mallee families describe the opposite: discovering critical programs late, by chance, or not at all. One carer, after nearly two years supporting her adult daughter with significant needs (and despite regular contact with health services, her GP and other providers) was only recently informed of the HACC program. Families are routinely directed to the NDIS as the only answer while alternative supports go unpromoted.

Housing pressure is escalating. Carers described waits of several years for social housing and rising private rental costs layered on top of disability-related expenses; some feared they would no longer qualify for the rental properties they currently occupy as prices rise. Design improvements aside, housing stock and volume remain the core issue. The brief post-COVID period of faster transitions from transitional to public housing has passed and wait times have returned to prior levels. The geographic distribution of the Victorian Government's committed social housing pipeline is yet to be confirmed, and MFC holds real concern that north-west Victoria will again be underserved unless regional allocation is made explicit.

Carer wellbeing must itself be treated as a health priority. Participants described caring loads well beyond a full-time role – coordinating appointments, advocating with schools and services, and managing daily care, often while living with their own health conditions, disability or neurodivergence. Burnout was a strong and recurring theme.

MFC recommends that the next plans:

- Commit to increasing local, face-to-face allied health and specialist capacity in regional Victoria, with targeted workforce attraction and retention measures, positioning telehealth as a supplement rather than a substitute.
- Extend disability liaison officer (or equivalent navigation) roles to regional health services, with public reporting on where the roles operate so coverage claims can be verified.

- Require explicit regional allocation and public reporting of the geographic distribution of Victoria's social housing commitments, including accessible housing stock in the Mallee.
- Embed carer health and wellbeing measures in both plans, including access to respite and supports that do not depend on NDIS eligibility.

Pillar 3: Fairness and safety

The engagement paper describes measures to ensure people with disability experiencing family violence receive services that are safe, accessible and responsive. In the Mallee, the specialist capability behind that commitment is critically thin. There are only eight specialist disability family violence practitioners statewide; the closest to the Mallee is based in Bendigo. For a cohort at markedly elevated risk of violence, abuse and neglect, this is not an acceptable level of coverage – and it is invisible in statewide reporting.

Access barriers compound the coverage gap. Specialist family violence services can turn people away if they do not self-identify using specific language. Such a threshold is particularly exclusionary for people with systemic trauma, intellectual disability or communication difficulties, who may be least able to articulate their experience in the required terms and most in need of protection.

Service models also struggle with complexity that is routine in practice. Through the Mental Health and Wellbeing Connect Centre, MFC navigates cases in which both the person with disability and their carer or family member present with competing victim and perpetrator experiences simultaneously. Existing specialist services are not well equipped for these situations, leaving regional generalist services to manage significant risk without specialist backup.

Safety concerns also extend to mainstream community settings. Families described distressing experiences in mainstream children's programs that were not equipped to support children with disability safely. The result are lasting consequences for the child, their siblings and the family's remaining supports.

MFC recommends that the next plans:

- Expand the specialist disability family violence practitioner workforce with dedicated regional positions, including coverage for the Mallee, and transparent reporting on regional access and response times.
- Reform intake and screening practices in specialist family violence services so that access does not depend on a person self-identifying in prescribed language, with disability-informed and trauma-informed pathways into support, and build specialist capability and secondary consultation for cases involving competing victim and perpetrator presentations within families affected by disability.
- Strengthen safety, quality and disability capability requirements in mainstream children's programs (e.g., holiday care, after-school care and recreation) so families are not forced to choose between safety and participation.

Pillar 4: Opportunity and disability pride

The engagement paper cites nearly $1.6 billion in disability inclusion reform in Victorian government schools. Some families reported genuinely positive experiences with schools that demonstrated understanding, flexibility and proactive support. But these examples were described as depending on particular schools and individuals rather than consistent systems,

and carers' experiences suggest the investment is not yet translating into consistent capability in regional classrooms. A common pattern was children masking their difficulties at school and "exploding" at home, with schools then declining to act because no need was visible in the classroom:

> *"My children are just masking at school and then exploding when they get home, and the teachers said there's nothing they're able to help with at school because there's no evidence of anything going on."*

Carers described repeatedly advocating, educating school staff about autism and ADHD themselves, and supplying professional reports to justify adjustments. All of this is occurring against a backdrop of inconsistent understanding of neurodiversity among educators, limited professional development reaching the region, and stigma attached to some support arrangements. In practice, parents and carers are performing workforce education that the system should be providing.

These gaps flow directly into economic participation. This encompasses carers as much as for people with disability. The shortage of disability-specific childcare, holiday programs, after-school care and reliable support services led many carers to reduce working hours or leave the workforce entirely, at the same time as housing, private service and educational costs rise. Workforce participation for carers in the region is, in many cases, effectively unattainable.

MFC also draws attention to transition points. Young people with disability in regional and remote communities face particularly poor support through the school-to-work and school-to-adult-services transition. This nationally recognised gap is acute in MFC's catchment and warrants explicit attention in the next plans.

MFC recommends that the next plans:

- Deliver consistent autism and ADHD capability building for educators (with regional delivery guarantees) including specific capability in recognising masking and supporting students whose needs are not behaviourally visible at school.
- Reduce the evidentiary burden on families seeking reasonable adjustments, so that support does not depend on repeated advocacy and costly professional reports.
- Expand disability-specific holiday programs, after-school care and childcare in regional Victoria, recognising these as enablers of carer workforce participation and family economic security.
- Include targeted transition support for young people with disability in regional and remote communities (e.g., school to work, and school to adult services).

Systemic reforms

The engagement paper asks whether the six systemic reforms in the current plans remain relevant and should be kept, updated or removed. MFC's answer is to keep all six – and strengthen them so they are capable of detecting and correcting regional inequity, which the current settings do not.

Effective data and outcomes reporting must become geographic. Every claimed achievement in the engagement paper is reported statewide. As this submission demonstrates, statewide reporting conceals the reality that many initiatives simply do not reach the Mallee. The single most important systemic change available to the next plans is to require geographically disaggregated reporting of commitments, funding and outcomes. Such an approach would

allow regional communities to see whether progress claimed on their behalf is actually occurring where they live.

Co-design must reach regional carers. Genuine, resourced engagement with regional carers and people with lived experience (including paid participation, flexible formats and safe facilitation) should be embedded in the development, implementation and review of both plans, not treated as a one-off consultation exercise. By example, participants in MFC's workshop asked for something simple: to be consulted, and to keep being consulted.

Intersectional approaches must account for isolation. As set out under our *Key Concerns*, access to support now effectively depends on having an advocate, and isolated people in small communities are the least equipped to meet that threshold.

National reform risk must not fall on regional families. Carers reported funding reductions despite evidence of ongoing need, loss of support coordination, reduced therapy funding, difficulty accessing assistive and therapeutic equipment, lack of consultation about policy changes, and pervasive fear about future eligibility – with supports for autistic children removed or significantly reduced under the Thriving Kids transition, and flow-on effects for siblings and whole families. As Victoria works with the Commonwealth on these reforms, the next plans must ensure the regional adequacy of foundational supports is monitored, published and acted upon.

To summarise, MFC recommends that the next plans:

- Retain all six systemic reforms, and strengthen effective data and outcomes reporting by requiring geographically disaggregated reporting of commitments, funding and outcomes under both plans, with regional equity embedded as an explicit cross-cutting principle applied to every pillar and systemic reform.
- Embed ongoing, funded engagement with regional carers and people with lived experience (including paid participation) in the governance, implementation and review of both plans.
- Commit Victoria to monitoring, publicly reporting on, and advocating to the Commonwealth regarding the regional adequacy of foundational supports as NDIS reforms are implemented, so that supports withdrawn from individual plans are demonstrably replaced by accessible alternatives in communities like the Mallee.
- Adopt a whole-of-family lens across disability and autism policy, recognising impacts on siblings and carers when supports are reduced.
- Fund a coordinated regional service navigation and information function (including proactive promotion of non-NDIS supports) so that access to assistance does not depend on informal networks, advocacy resources or luck.

Conclusion

The families who contributed to this submission are not asking for extraordinary things. They are asking to shop, play sport, attend school, work, travel and live safely in their own community – with the same access to support that a family in metropolitan Melbourne can expect, regardless of their postcode within the region. The next State Disability Plan and Victorian Autism Plan will succeed in the Mallee only if regional equity is treated as a design principle and a reporting obligation, not an afterthought.

MFC looks forward to the release of the next plans and is available to discuss any aspect of this submission with the Department.

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