

Targeted Foundational Supports Model: FAQ

This FAQ collates questions received through our Webinar (12/11/25), along with questions raised in the leadup to the webinar which focused on the model we have developed for the provision of Targeted Foundational Supports for psychosocial disability. Questions have been paraphrased and grouped for clarity of questions and responses. We anticipate this document will continue to develop as questions emerge.

Resources on the model:

Link to our [Targeted Foundational Supports model](#)

Link to our [Background document](#)

Link to [webinar recording](#) and [slide deck](#)

1. If the target group are those with complex needs who are missing out on NDIS services, why would we advocate another system that has its own bureaucracy which will not be that unsimilar from the NDIS. Doesn't this represent a duplication of bureaucracy or a duplication of the workforce skills and capabilities necessary for NDIS work?

We have heard repeatedly that the mental health ecosystem across Australia is plagued by bureaucracy. As such, the model proposes *building on* other existing systems including the commonwealth and state territory funded systems for people with psychosocial disability as well as the mental health system.

While the NDIS is important for people with psychosocial disability there is evidence that it is not working well for all people and is not designed for this group, hence the NDIS review recommended targeted foundational supports.

Foundational supports as described under our model do not operate in the same way as the NDIS because they don't rely on individual budgets or the operation of a disability support market. We envision that the same providers can provide both NDIS supports and Foundational Supports so this represents utilisation of the same workforce skills and capabilities, rather than duplication.

2. Western Australia doesn't need another system- a foundational supports system. We already have significant fragmentation. Why are you not looking at building on growing and expanding the existing NGO community mental health support system which is already doing this work?

Evidence has shown there is need for a unified approach to minimise fragmentation, how this is achieved in local contexts will vary.

Either individual organisations or a consortia including the NGO community mental health support system is a possible option we have listed for forming the Foundational Organisation. The model provides a deliberately flexible approach, which can be tailored to local settings, informed by local needs, determined by local collaborative conversations. The plan is to enhance current psychosocial support programs and it is anticipated there will be variation across states and territories in how that is achieved.

In settings (local areas or whole states) where there are already significant community supports being successfully offered the Foundational Support offerings would be reduced and existing supports would operate concomitantly.

3. Will current NDIS service providers (e.g. offering Support Coordination or Psychosocial Recovery Coaching) be able to apply to be considered as a Foundation provider?

The research identifies that Psychosocial Recovery Navigators are best placed to work within a team, where they have access to a clear support structure that provides supervision, a 'knowledge network' of services, and who can allocate flexible funding where this might be needed. We have termed this team the Foundational Organisation and have recommended that consideration is given to what kind of organisation this should be, e.g. an NGO, an advocacy organisation, a consortium approach, etc.

Current NDIS providers may well form part of the foundational supports system and operate as part of the 'Foundation Organisation'. The organisations eligible to apply to act as a Foundational Organisation are not stipulated within the model, as it will look different depending on local needs.

4. Is there a model for the recruitment, selection, upskilling and capacity building of the Navigators please?

We have provided some detail on the navigator role dimensions and requirements within the background document for the model.

We haven't developed further operational detail in the model but recognise that recruitment, selection, upskilling and capacity building are important including the need for capacity building for a peer workforce. Importantly, we are not "reinventing the wheel" – there are viable models for workforce development, with strong evidence bases, that will require investment and collaborative effort to deliver.

5. How would a comprehensive database of services and navigation pathways be achieved?

There are multiple ways this could be achieved (and is currently being achieved), for example, Sane Australia have scoped an Australia wide digital navigation solution that would support 'help seekers' to navigate the complex mental health systems, including those for psychosocial disability. [Digital Navigation Project](#). We believe that navigation should not be only via digital means but needs to be facilitated via human connections with people who understand recovery and trauma-informed practices, so believe that navigation tools should be utilised in this context.

It is also important that databases are localised, reactive to changes in local contexts and culturally relevant. Importantly, each foundational organisation will have a key role in building connections with local services with support from the PHN, local health networks and existing locally based service collaborations. We have heard that these need to be up-to-date, and accurate, and as such require local input for development and maintenance.

6. Where do you see early intervention services sitting within the ecosystem?

Currently there is no clear pathway through the NDIS for access to early intervention services for people with psychosocial disability, therefore foundational supports should be developed to include early intervention services. For some people, their needs may already be met through specific statewide youth programs or through Headspace and the Early Psychosis Program.

There should be *no wrong door* for anyone needing access to mental health supports. Foundational Organisations should, where they do not offer early intervention themselves, provide 'warm' and human referrals to early intervention services for those that need them.

7. Where do you think Medicare Mental Health Centres fit within the model?

It is unclear where Medicare Mental Health Centres fit as there is no standard national model and they differ from location to location. Some focus more on clinical supports and others more on psychosocial supports. They may be replaced by the Foundational Supports model or their offerings may be reduced where there is considerable overlap.

8. Can we hear more about the linkages to housing support please

This is a significant issue, and more research is required. We are at the early stages of scoping our research program on housing however access to housing with support has been an issue raised during interviews, both inside and outside of NDIS funding. We are open to any feedback from the sector about what the key challenges/opportunities are and where research may assist. Please get in touch if you would like to talk to us further about housing supports either within and outside of the NDIS: mh-ndis.project@sydney.edu.au

9. If PHNs are facilitating the commissioning, how do we ensure consistency of commissioning and outcomes across each region?

There are various national mechanisms to support PHNs sharing best practice and consistency, where it is required. We would recommend that support for PHNs is specifically considered in the role out of foundational supports, particularly as there is evidence that some PHNs are already highly engaged and working to deliver high quality psychosocial support services in their communities.

To achieve consistency and best practice evidence should be drawn from examples of where PHNs are working together. For example, the PHN cooperative and the National Improvement Network Collaborative. The Commonwealth are also likely to update their program guidance on psychosocial support programs which will provide a consistent framework.

Ultimately there will need to be ongoing evaluation of the participant experiences and outcomes from foundational supports to ensure that the goal of having the foundation for a good life is achieved. The evaluation of the original Partners in Recovery (PIR) and Personal Helpers and Mentors (PHaMs) programs are examples of evaluations that are continuing to inform the development of foundational supports.

10. You referred to PHN funding Foundational/Navigation, we have heard that the holdup is that the States won't look at Foundational/Navigation until 2027-2028 at the earliest. Is this a decade long endeavour or earlier progress expected?

11. Can you give an intel on discussions between NDIS and states re foundational supports and the appetite to fund these for those falling outside/exited/poorly funded by NDIS?

It is for governments to agree funding of foundational supports and we do not have any insight into the timeline for this to happen. The only information we are aware of is contained in The Productivity Commission Inquiry report into the Mental Health and Suicide Prevention Agreement Review released on 11 Nov 2025. This recommended that governments should immediately address the unmet need for psychosocial supports outside the National Disability Insurance Scheme (recommendation 2.2).

We are working to try to keep psychosocial disability support including the funding and administration of foundational supports front and centre in the minds of political actors. We aim to do that by providing models such as this for discussion by the public and data which can be utilised to point to both solutions and changes needed in the current system.

12. My concern is the lack of workers in rural remote areas. Will this effect the way and how Psychosocial Functional supports will play in community, particularly for First Nations people?

We agree this is a challenge, and while foundational supports are not the full answer, they provide a part of the picture. What is clear, is that service design will require local solutions, developed in collaboration with local communities. Some examples of such solutions are emerging, for example integrating psychosocial support services into broader health and wellbeing programs as is already happening in the NT. The NDIS Remote Commissioning trials are also working to understand local workforce challenges and put in place innovative solutions.

Core to local workforce development will be jurisdictions (both national and local) considering how the psychosocial support providers work across the NDIS and foundational supports. The inclusion of ACCHOs and Land Councils in foundational organisations where appropriate will facilitate First Nations community development around workforce.

13. What impact do you anticipate the age cut-off at 65 and the implied transition into purely aged care supports would have on people with severe mental illness and psychosocial disability?

The research model doesn't specifically address the transition into aged care supports but this may depend on what supports are required for an individual and where they are best funded from. For example, there is no requirement for many psychosocial support programs to transition out at age 65.

14. Will foundational supports be time limited?

Given that psychosocial impairment may fluctuate overtime, it is possible that there may be periods of time when a person doesn't require foundational supports. Access should not be time limited but determined by need. We recommend that 'enrolment periods' (e.g. where people are enrolled in foundational supports for a certain time period, such as 12 months) are flexible and individualised so that people may enter back into supports where their needs are still being met.

15. How are foundational supports different from the mental health system?

We define foundational supports as broader than services delivered by the mental health system, as part of a broader ecosystem through which people with mental health challenges must receive support to have their needs met. Foundational supports need to work in a collaborative way with the mental health system and other systems, including facilitating access to mainstream education, employment and income support services through warm referrals and active follow-up.

16. Can you speak about how your research is connected to the NDIA?

Our research focuses on supports for people with serious mental ill-health (also called psychosocial disability) in *and beyond* the NDIS. The NDIS are not involved in work that focuses on systems outside of the NDIS, such as foundational supports.

The research is independently funded by the Australian Research Council (ARC). As an industry partner, the NDIA provides advice and support on aspects of our research which relate to the NDIS but the research itself is conducted independently. The NDIA provide financial support for one PhD student scholarship and provide in-kind support to enable data collection and analysis (e.g. access to their administrative data and support in advertising interviews via their Participant First community). In return, this research is designed to provide information to the NDIA on how to improve NDIS access, effectiveness, efficiency and outcomes.

17. Can you speak more about how you see carers/families fitting in with the FS model you are proposing?

Carers/families/informal supports are a critical part of the ecosystem of support. We are currently collating evidence gathered from interviews with carers to further our understanding of supports required. In particular we are hearing that family members feel unsupported by the current system. We acknowledge that there are gaps in services, and that where foundational support services don't exist there are extra burdens on carers/family and kin. As such, we have recommended carer support be included as a key element of the foundational support system, alongside other psychosocial interventions.

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