

**INQUIRY INTO FOUNDATIONAL AND DISABILITY
SUPPORTS AVAILABLE FOR CHILDREN AND YOUNG
PEOPLE IN NEW SOUTH WALES**

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Partially
Confidential

Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales

APM Submission

26 April 2025



Acknowledgement of Traditional Owners and Custodians

APM acknowledges the traditional custodians of the lands on which we live and work and recognise their ongoing connection to land, sea and community. We pay our respects to elders past and present of all Aboriginal and Torres Strait Islander nations. Globally, APM recognises the significance of indigenous communities and the important role they play within our own workforce and the world, underpinning our efforts to build a culture that embraces diversity, equity and inclusion.

APM Contact

Communications regarding this document should be forwarded to:

Corina Della-Posta

CEO – Therapy, Prevention and Rehabilitation Services



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Executive Summary

APM Group is a team of 16,500 people in 11 countries with a global purpose - to enable better lives.

APM started in 1994 as a vocational rehabilitation provider based in Perth, Western Australia, looking to provide better access to vocational rehabilitation services for injured workers so they could recover their health and return to work.

Today we're an international human services provider with more than 1,700 locations across Australia, the United Kingdom, Canada, the United States of America, New Zealand, Germany, Switzerland, Spain, Sweden, Singapore, and South Korea.

For people with disability, injury or illness, the unemployed, and those facing hardship or harm, our teams make a positive and lasting social impact every day.

We take immense pride in empowering people to realise their ambitions and aspirations through sustainable employment, independence, better health, and wellbeing, and increased social and economic participation.

Each year globally, APM supports more than 2 million people of all ages to live a better quality of life.

In Australia, our more than 6000 strong team deliver key services across the social services and care economy, including early intervention, therapy, employment, training, aged and disability care, community and assessment, and health and wellbeing services, from 618 locations nationally.

In New South Wales (NSW), our businesses deliver a range of key allied health and disability services including assessment, early childhood intervention, disability support, service coordination and employment services. In the last financial year, we provided more than 112,000 people across the state with supports and services to help them achieve their goals.

Through our targeted therapy services, we work with children and young people with autism, neurodevelopmental difference, delay and/or disability and their families to achieve outcomes in the areas of behaviour, social participation, life skills, communication, emotional development and school success. Our team of multi-disciplinary therapists achieve outcomes through provision of 1:1 therapy, parent coaching, and group therapy, using a developmental-behavioural approach. This approach is grounded in family-centred practice, embedding therapy into natural routines and environments to make development meaningful and lasting. In the last 12 months we supported more than 21,000 children and young people nationally.

About this submission

APM welcomes the opportunity to contribute to this important discussion on child development, early childhood intervention services and other foundational and disability supports available for children and young people with developmental concerns, delays, differences or disabilities in NSW.

As a provider supporting children and young people with neurodevelopmental disorders, developmental delay or disability, and their families across all states and territories including NSW, we are passionate about ensuring that all children and young people have the opportunity and access to the supports they need to reach their potential and find their place in a community that respects and values diversity.

This submission focuses on our experience delivering key services and supporting children, young people and their families in NSW, highlighting challenges and opportunities as we see them from our unique vantage point in the ecosystem and has been designed to supplement our recent response to the Federal Government consultation on Targeted Foundational Supports (Attachment A).

The case studies provided are drawn from real life client experience and anonymised to protect individual and family privacy.

Overarching design principles for Foundational Supports for people with disability

As articulated in our submission to the national consultation on Foundational Supports, we believe there are a core set of principles which should underpin foundational supports.

- **Universal accessibility:** foundational supports are available to all people with disability regardless of NDIS eligibility and geographic location.
- **Integration with the existing ecosystem:** system complexity is reduced by building off already established mechanisms and infrastructure (where fit for purpose) and foundational supports complement and enhance mainstream and specialist services within the disability ecosystem to deliver a comprehensive system of support.
- **Inclusivity and cultural responsiveness:** design supports the diverse needs of communities and intersectional nature of disability – including First Nations peoples, culturally and linguistically diverse groups, LGBTQIA+SB individuals, and those residing in rural and remote areas.
- **Sustainability and reliability:** provide a consistent and dependable approach to foundational supports that ensures long term availability, market viability and responsiveness to evolving community needs. Rebuild trust through reliable decision making.
- **Consistency:** foundational supports are underpinned by a national approach that ensures consistency in quality, workforce competence, data, funding and scalability of supports, while fostering localised solutions based on population needs.
- **Outcome measurement and continuous improvement:** include mechanisms to evaluate the effectiveness of foundational supports and take a continuous improvement and evidence-based approach to guide service delivery and investment.
- **Viability and diversity:** participant choice, market viability and value to the Australian economy is supported by a diverse provider mix including small, medium, large, not-for-profit and profit for purpose organisations delivering foundational supports.

Further, we suggest that the following principles should underpin the design and development of supports children, young people, families, carers and kin:

- **Child-centred and strength-based:** targeted supports prioritise the child's needs, strengths and aspirations while fostering their developmental potential and inclusion. Systems recognise that the needs of children differ significantly from adults with disability and services are conceptualised and implemented differently.
- **Family and kin empowerment:** recognise families, carers and kin as experts in the lives of the child, primary supporters and decision makers. Provide them with the skills, knowledge and resources they need, improving their capacity to make informed decisions about supports, and provide safe, nurturing and supportive environments in which a child can thrive. Parent, carer and kin are empowered to raise concerns about development, concerns are taken seriously and support provided without the need for 'formal' diagnosis.
- **Early and universal screening:** supports are underpinned by a nationally consistent screening program (social-emotional, physical and cognitive development) to support early detection and intervention of developmental concerns.

- **Evidence-informed practice:** supports are based on contemporary evidence and best practice (linked to continuous improvement) to confirm effective, efficient and responsive services that achieve measurable outcomes and provide a return on investment.
- **Skilled and competent workforce:** ensure that all professionals are qualified and equipped to provide the trauma informed, safe and disability competent services through nationally consistent support and training. This includes GPs, child health nurses, childcare workers, and other professionals involved in the child's care. Organisations delivering supports must be committed to implementing best practice frameworks and delivering ongoing professional development and training.
- **Clear pathways to support:** consistent, reliable and well-articulated pathways to support ensure families do not fall through the gaps, understand the full ecosystem of supports available (mainstream, foundational and NDIS), and can access all necessary services.

These principles underpin how we see the current gaps and opportunities in NSW and our responses to the terms of reference of the inquiry.

Addressing the Terms of Reference

1. The role of child development, early childhood intervention services and other foundational and disability supports on a child's overall development, health and wellbeing

Early intervention and foundational supports are crucial to promoting positive developmental, health, and wellbeing outcomes for children with developmental concerns, delays, differences, or disability. Research consistently shows that timely identification and access to early supports significantly improves life trajectories by enhancing developmental outcomes, reducing the need for more intensive supports later, increasing community access and participation, and supporting families in their caregiving role.ⁱ

Given one in five children commence school developmentally vulnerable in at least one domain (with higher rates in regional and remote areas and for First Nations children),ⁱⁱ foundational supports, including enhanced developmental screening, inclusive early childhood education and care (ECEC), parent capacity-building, and community-based early intervention services, are essential to improve long-term outcomes, including future economic, social and civic participation.

Early Childhood Intervention (ECI) services provide targeted support for children with disability or developmental delay, offering strategies that strengthen family capacity, promote inclusion, and reduce long-term reliance on specialised systems. When well-integrated within the systems and services families and children access, these services support more holistic, child and family-centred care.

As a multi-disciplinary allied health and disability service provider our services are often a first contact point for children and families when they have concerns with their child's developmental progress as they begin to explore options. We work with families and children across policy and program silos, seeing firsthand how difficult coordination between programs, funding, services, and frameworks can be and how hard it is for families to navigate a clear pathway to access the optimal supports for their child's needs.

We agree with the NDIS Review recommendations that general and targeted foundational supports—such as inclusive early childhood education, community-based therapies, system navigation and support for key life

transitions—are essential complements to NDIS supports to ensure that all children and young people get the best possible start to life and are supported to thrive.

2. The types of services and supports available and measures to improve effectiveness, availability and access across NSW (including medical, community-nursing, allied health, NDIS and other models)

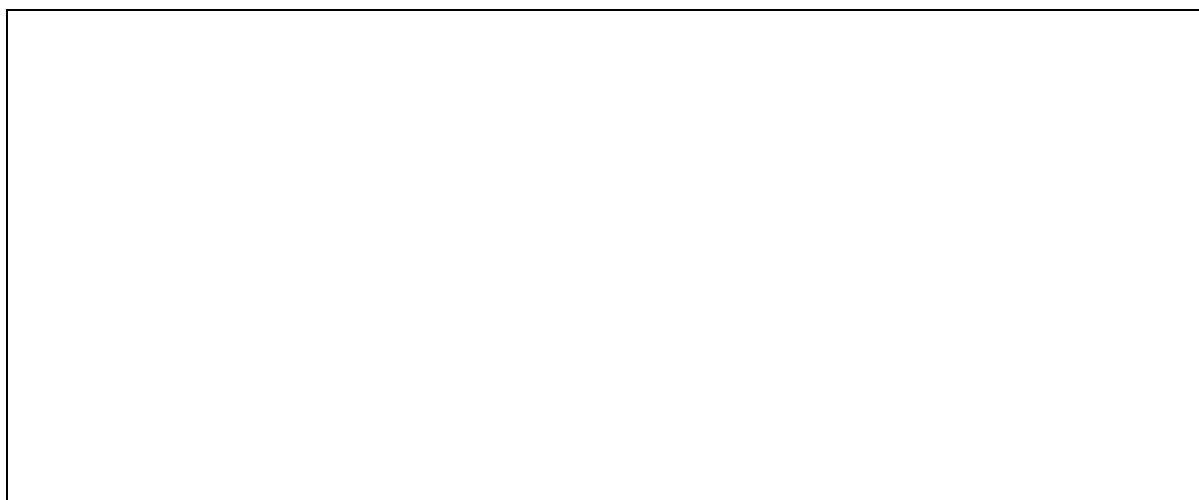
The service landscape for children and young people with developmental delay or disability in NSW is characterised by a complex and fragmented mix of universal mainstream and disability-specific supports. Responsibility for funding and delivery spans multiple portfolios—including health, education, and disability—across both state and Commonwealth levels. While this breadth offers a wide range of support options, it also creates significant challenges in navigation, equity of access, and service integration.

As noted in the NSW Parliamentary Research Briefing Paper prepared for the inquiry, available services include medical and health care through primary care practitioners, community health centres, developmental screening programs, and specialist diagnostics. Community and allied health services—delivered by both public and private providers—encompass occupational therapy, speech pathology, physiotherapy, psychology, in-home supports, and care coordination. Children who are eligible for the National Disability Insurance Scheme (NDIS) may receive individualised funding for a wide range of therapies, assistive technologies, support coordination and capacity building. Outside the NDIS, early childhood services such as inclusive early learning programs, supported playgroups, preschool inclusion funding, and school transition supports may provide critical developmental assistance.

Within the education system, schools offer participation adjustments (e.g. teacher aides, modified curricula, and school transport) as well as access to school counselling and specialist support services. Young people with disability who need specialised support to transition from school to work have access to capacity building employment supports funded under the NDIS when they reach working age. The NDIS Information, Linkages and Capacity Building (ILC) program is intended to fund community connection, navigation, and peer support services, although implementation has been uneven and limited in scope.

Despite the availability of these programs, there are significant barriers which limit their effectiveness and accessibility. Workforce and provider service shortages—particularly in regional, rural, and remote areas—result in long wait times for key services such as allied health and paediatrics. Families in these areas often face a lack of local options, leading to substantial travel burdens or service gaps. System complexity further compounds access issues, with unclear roles and responsibilities across jurisdictions, siloed funding arrangements, and minimal support for families to navigate the system.





Further, even where services are available the current system lacks a strong approach to data collection and performance measurement, meaning it is difficult for families, funders and policy makers to know what is working where, and as the NDIS Review highlighted, the underinvestment in supports outside of the NDIS has contributed to an overreliance on individualised packages and has left many children without the help they need if they do not meet NDIS eligibility criteria.

Improving the effectiveness, reach, and coordination of these services requires systemic reform. Alongside the investment in general and targeted foundational supports, strengthening integration across systems will allow for more responsive and coordinated support. Enhancing access in rural and remote areas requires sustained investment that recognises the impacts of delivering outside metropolitan areas and targeted workforce recruitment and retention strategies. As a community embedded provider, APM also recommends co-designed, community-led models as essential to delivering effective and equitable outcomes for all children across NSW.

We support the development and implementation of a robust outcome measurement framework, which based on our experience implementing outcomes focused therapy approaches within our own services that are designed to capture progress beyond clinical gains has a significant impact on both the experience of families with our services, and their understanding of the outcomes that are being worked towards and achieved.

Example Outcome Framework

Outcome Domain	Indicator	Example of measurement
Child outcomes (developmental and functional progress)	Capture the child's growth in real-world functioning, communication, self-regulation, and social participation	Goal attainment scaling School readiness and success PEDI-CAT or COPM PEM-CY
Family Outcomes (capability and confidence)	Empower families as confident advocates and co-regulators	Family empowerment scale Parent self-efficacy/confidence Parenting Stress index short form)

Inclusion and Participation	Demonstrate that therapy supports real inclusion in everyday life	Participation in mainstream early learning, school, sports, social settings Support needs reduction for accessing typical environments Time spent in inclusive vs segregated settings
System/Service ROI	Justify funding by showing therapy creates downstream cost savings and long-term benefit	Reduction in NDIS plan reliance over time Delayed or avoided escalation of services (fewer school exclusions) Improved transition outcomes

3. The role of diagnostic services, existing gaps and barriers, and measures to improve effectiveness, availability and access of such services

Diagnostic services play a foundational role in the broader ecosystem of support for children with developmental concerns, delays, or disability. Accurate and timely diagnosis is critical to confirming the presence of a developmental delay or disability, which in turn can determine eligibility for early intervention services, school-based supports, and the NDIS. Diagnosis also enables tailored support planning across health, education, and disability systems and can provide clarity and reassurance to families navigating the often-confusing early stages of seeking help. Diagnostic and therapeutic services—including paediatrics, speech pathology, occupational therapy, and psychology—are essential components of the service system and are funded and delivered through a combination of state and Commonwealth programs.

Despite their critical role, in our experience access to diagnostic services in NSW is constrained by a number of systemic barriers. Geographic disparities are particularly pronounced, with children in regional, rural, and remote areas facing longer wait times and more limited access to specialised diagnostic services. These areas also consistently report higher levels of developmental vulnerability.ⁱⁱⁱ Across the state, there is a shortage of paediatricians and allied health professionals, resulting in delays to both assessment and intervention—particularly for neurodevelopmental conditions such as autism spectrum disorder, attention deficit hyperactivity disorder (ADHD), and intellectual disability. Even in metropolitan areas, in our experience the demand for multidisciplinary assessment teams often exceeds supply.

As discussed above, service fragmentation further exacerbates access issues. The limited integration between health, education, and disability systems, require families to navigate multiple, often disconnected referral pathways without guidance. This lack of coordination frequently leads to duplication, service delays, and families being referred back and forth between providers. For many families, especially those facing long public waitlists, private assessment is the only available option—introducing significant financial barriers and inequity based on socioeconomic status.

APM strongly advocates for strengthening population-level developmental surveillance and screening, particularly in communities with higher rates of vulnerability. We believe a nationally consistent screening program (social-emotional, physical and cognitive development) to support early detection and intervention

of developmental concerns. Screening services should be delivered at key points across the early years (for example the Victorian model includes scheduled checks at birth, 2, 4 & 8 weeks, 4, 8, 12 & 18 months, 2 & 3.5 years),^{iv} and be free and easily accessible for all children and families.

Ensuring equity of access is also paramount. Services must be culturally safe, affordable, and tailored to the needs of First Nations communities, families from culturally and linguistically diverse (CALD) backgrounds, and those with limited access to private care.

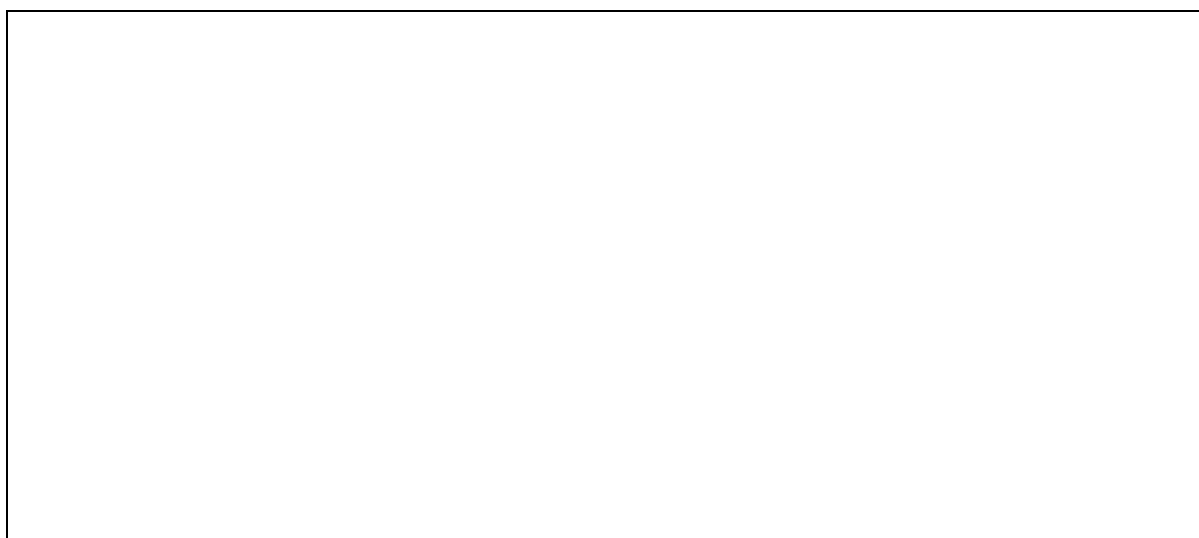
We would also suggest improved data collection and performance monitoring—including data on wait times, diagnostic outcomes, and unmet demand, to support greater system accountability and guide continuous improvement efforts.

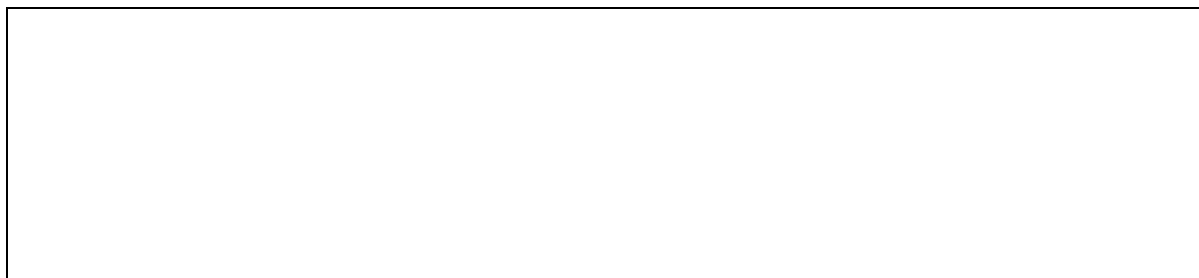
4. Gaps and barriers to accessing early childhood intervention and their impact on a child’s development, health and wellbeing, as well as on their family or carers and other government services and systems

Early Childhood Intervention (ECI) is internationally recognised as one of the most effective strategies to support children with developmental delay or disability. When accessed early and delivered appropriately in alignment with best practice models, ECI can significantly improve developmental outcomes across cognitive, social, emotional, and physical domains. It also enhances children’s participation in early learning and education, improves long-term educational and social outcomes, and contributes positively to the overall quality of life for both children and their families.^v

Despite being a national policy priority, access to ECI services in NSW remains inconsistent and inequitable. As explained above, the same structural, geographic, and systemic barriers prevent children from receiving timely and appropriate ECI support—particularly those living in rural and remote areas, Aboriginal and Torres Strait Islander children, and children from culturally and linguistically diverse (CALD) backgrounds.

Exclusion from services based on eligibility criteria is a major concern based on our experience. Children with emerging or less visible needs—such as social-emotional difficulties, trauma-related behaviours, or those experiencing multiple forms of disadvantage—may not meet the strict eligibility criteria for publicly funded programs or the NDIS. These children are at risk of “falling through the cracks,” missing the critical window for early intervention and experiencing poorer long-term outcomes. Further, while the ECI pathway under the NDIS is designed to support children up to age 9 – we are seeing significant funding reductions and plan cessation at much earlier ages through our practices.





These issues are compounded by the lack of available funding for supports outside of the NDIS. As identified by the NDIS Review, families whose children do not meet NDIS eligibility are often left with few support options, driving unmet need and greater reliance on intensive services later in life.

The consequences of these barriers are far-reaching. For children, delayed or missed intervention can lead to compounded developmental issues, behavioural challenges, poor educational outcomes, social exclusion, and an increased risk of mental health difficulties. For families, the lack of access to timely support results in emotional distress, chronic stress, and financial strain. Many carers are forced to reduce work hours or leave employment entirely, further exacerbating household disadvantage.

The impacts are also felt across other systems. In the education sector, children without early intervention are more likely to require higher levels of support upon school entry, placing strain on teaching staff and resources. In the health system, delayed intervention increases the likelihood of intensive and ongoing care needs. Within the NDIS itself, the lack of early foundational support can lead to greater reliance on high-cost individualised packages in later years.

5. Opportunities to increase engagement across sectors and improve collaboration across government and non-government services, including Aboriginal Community Controlled Organisations, early learning services, educational settings, and health services

Children with developmental concerns or disability and their families often engage with multiple service systems—including health, education, early learning, disability, child protection, and housing. Effective support relies not only on the availability of services within each of these domains, but also on the degree to which they work together to deliver a coordinated, responsive, and family-centred experience. It is our experience that since the implementation of the NDIS, the NSW system has become significantly more fragmented, with unclear responsibilities, limited coordination mechanisms, and siloed funding arrangements. These issues contribute to duplication, service gaps, cost-shifting, and inequities in access and outcomes.

As outlined in our response to the national consultation on Targeted Foundational Supports (Attachment A) APM strongly supports increased collaboration and integration systems approaches. Collaboration across services supports better ongoing engagement in, and continuity of care. Integrated systems reduce service fragmentation, ensuring all aspects of a child and family's needs are addressed holistically. This includes transdisciplinary approaches to support delivery^{vi} – bringing together practitioners across a range of disciplines (e.g., occupational therapy, speech therapy, physiotherapy, psychology, early childhood education and care) and including families as a member of the transdisciplinary team, acting as a key contributor.

To accommodate the unique characteristics of individual communities and the children and families that live within them it will be important that networked solutions are established. Systems should build a network of trusted stakeholders, coordinating efforts across services (e.g. health, education, social services) sharing

information and supporting seamless transitions. Further, child and family hubs should be established in all communities and/or dedicated colocation approaches – bringing a range of needed services together in place to enhance coordination, efficiency and cost effectiveness, reducing stress and saving time for families

There is also a critical need for more integrated early learning and development planning. Early childhood education and care (ECEC) settings are often the first place where developmental concerns are observed. Strengthening collaboration between ECEC providers, child health services, and early intervention programs can improve early identification and ensure children are connected to support. Examples include embedding allied health professionals within early learning environments or providing multidisciplinary outreach to preschools in high-vulnerability areas. APM provides professional development to a number of ECEC providers to support the identification of developmental difference and delivery of inclusive services.

Workforce development offers another avenue for strengthening cross-sector collaboration. Joint capability frameworks and shared training programs can support professionals across health, education, and disability sectors to develop a shared understanding of inclusion, trauma-informed practice, and cultural safety.

Improved data sharing and collaborative planning are also essential to drive integrated responses. The current data systems limit early identification, monitoring, and service coordination. Addressing this challenge requires the development of interoperable data systems that respect privacy, cultural governance, and local control, while enabling the real-time exchange of information that supports collaborative care.

6. Other government or best practice child development and early childhood intervention service models and programs operating outside of New South Wales

Based on our experience in both the Australian and international systems, there are examples of early childhood intervention (ECI) and child development service models operating within other jurisdictions that offer great examples for NSW to consider. These models demonstrate improved access, integration, and developmental outcomes. They are united by a set of common best practice principles, including family-centred approaches, early identification, culturally responsive care, and integrated service delivery.

National Examples

Queensland – Early Childhood Development Programs (ECDPs)^{vii}

ECDPs are state-funded early intervention and education services delivered through schools for children from birth to five years with significant developmental delay or disability. These programs operate within mainstream educational settings to support transition to formal schooling, are staffed by interdisciplinary teams including educators, therapists, and social workers, and place a strong emphasis on family engagement throughout service planning and delivery. For NSW, ECDPs provide a compelling example of how education-led early intervention hubs can bridge the critical gap between early childhood and school-based support systems.

South Australia – Child and Family Health Service (CaFHS)^{viii} and Victoria - Maternal and Child Health Service (MCHS)^{ix}

These approaches provide a comprehensive suite of universal and targeted child health and development services, including developmental screening, home visiting, early parenting support, and flexible service delivery via clinics, home settings, and telehealth. The programs have strong linkages with early learning and child protection systems and are staffed by multidisciplinary teams of child health nurses and allied health professionals. Victoria also has the Enhanced MCH nurses and programs that target children and families identified as more vulnerable – increasing engagement and minimising the risk of families slipping through

the cracks. These models underscore the value of a strong public health infrastructure in ensuring consistent and equitable access to developmental checks and early supports.

Western Australia (WA) – Inklings Program*

APM (through Early Start Australia) is a service delivery partner for the Inklings Program in WA. The program is an innovative early intervention initiative which targets infants aged 6 – 18 months who exhibit early differences in social interactions and communication development. The program aims to support caregivers in understanding and responding to their child’s unique needs and cues, fostering stronger parent-child connections.

International Example

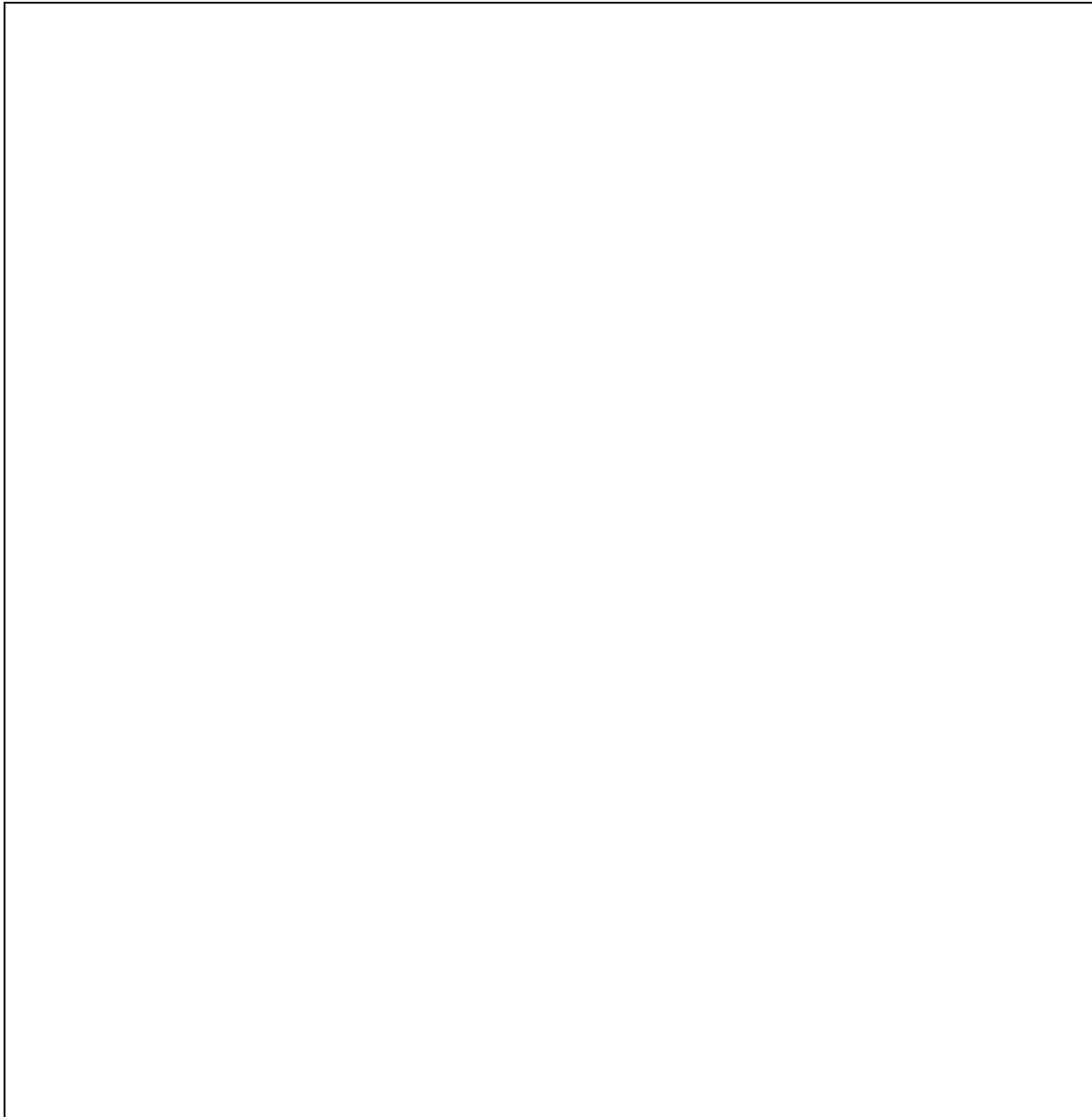
Canada – Infant and Child Development Programs (Ontario)^{xi}

These government-funded early intervention services support children from birth to school entry who are at risk of developmental delay. Services are delivered through a mix of public and non-profit providers and prioritise home-based and community-based interventions. Notably, access is based on developmental concern, not formal diagnosis, reinforcing the importance of responsive, inclusive supports that do not rely on eligibility thresholds. This model also highlights the value of coaching and capacity-building approaches with families.

Common Features of Best Practice Models

Across jurisdictions, best practice ECI models typically include the following features:

Feature	Description
Family-centred and strengths-based	Services are tailored to the family’s priorities, culture, and routines
Timely access without diagnosis	Support begins based on developmental concern, not a formal diagnosis
Integrated service delivery	Health, education, disability and community supports are linked or co-located
Skilled, multidisciplinary teams	Teams include paediatricians, allied health professionals, educators, and family support workers
Culturally safe and community-led	Especially for First Nations families, supports must be co-designed and governed locally
Data and outcomes-driven	Programs use developmental screening and progress monitoring to guide practice and policy



7. Workforce issues in the child development and early childhood intervention sectors, including workforce demand and the availability, quality and capacity of existing workers

Workforce capacity is one of the most critical enablers—and challenges—in the delivery of effective child development and early childhood intervention (ECI) supports. While APM has invested heavily in our talent pipeline and have a strong professionalised workforce presence in NSW, we recognise that there are several key challenges faced by the sector which impact service delivery and quality:

- **High and Rising Workforce Demand**

Demand for skilled professionals in ECI is increasing rapidly and is expected to continue, particularly as supports are expanded outside the NDIS. Meeting this growing demand will require a broad and capable

workforce, including speech pathologists, occupational therapists, developmental psychologists, early childhood educators with inclusion expertise, and Aboriginal health and education workers.

- **Shortages in Key Professions**

There are widespread shortages across core disciplines, most notably in speech pathology, occupational therapy, and child and family health nursing. These shortages are especially severe in regional and remote areas of NSW, where access barriers are compounded by distance, infrastructure gaps, and recruitment difficulties. Uneven workforce distribution significantly limits the reach of early intervention services and deepens inequities across the state. Critically, these professions require long lead times for training and qualification, which impacts capacity to address shortages quickly.

- **Limited Multidisciplinary and Transdisciplinary Practice**

Best practice in ECI is delivered through transdisciplinary teams that work collaboratively with families across multiple developmental domains. However, current workforce models are often siloed—structured by profession, sector, or funding stream—which limits collaboration and holistic planning. This fragmentation impedes the delivery of coordinated, family-centred care and reduces service efficiency.

- **Funding**

Funding arrangements often fail to reflect the true cost of delivering services particularly the cost of attracting and maintaining highly skilled and qualified staff and ongoing investment in their professional development.

Conclusion

As noted at the outset of this submission, APM appreciates the opportunity to contribute to this important discussion on foundational and disability supports available for children and young people in New South Wales.

A strong ecosystem of services and supports is critical to ensuring children with developmental concerns, delay and/or disability can reach their potential and thrive.

As a provider with significant experience in delivering evidence based paediatric therapy and disability supports to children and families nationally, both within and outside the NDIS, we would welcome the opportunity to participate in trialling and piloting options to support the design of the best possible model for delivery.

References

- ⁱ National Scientific Council on the Developing Child. (2020). *Connecting the brain to the rest of the body: Early childhood development and lifelong health are deeply intertwined*. Cambridge, MA: Centre on the Developing Child, Harvard University.
- ⁱⁱ AEDC (n.d.). *Australian Early Development Census indicators, 2021*.
- ⁱⁱⁱ Ibid
- ^{iv} Mclean, K. et al (2014) *Screening and surveillance in early childhood health: Rapid review of evidence for effectiveness and efficiency of models*. Murdoch Childrens Research Institute
- ^v C Imms, et al (2024), *Review of best practice in early childhood intervention: Review Report*,
- ^{vi} Queensland Government (n.d) <https://earlychildhood.qld.gov.au/newsResources/Documents/info-sheet-13-fostering-development-transdisciplinary-practice.doc>
- ^{vii} Queensland Government (n.d) <https://education.qld.gov.au/student/Documents/ecdp-factsheet-for-parents.pdf>
- ^{viii} <https://www.cafhs.sa.gov.au/>
- ^{ix} <https://www.health.vic.gov.au/primary-and-community-health/maternal-and-child-health-service>
- ^x <https://inklings.org.au/>
- ^{xi} <https://www.ontario.ca/page/infant-child-development-program>



Attachment A

Consultation on Foundational Supports

APM Submission on Targeted Supports

4 December 2024



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Photography

Photographs used in this document are for illustration only and should not be interpreted to mean that any person or organisation whose assets are shown in them endorses this document.

APM Contact

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Corina Della-Posta

CEO – Therapy, Prevention and Rehabilitation Services

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We take immense pride in empowering people to realise their ambitions and aspirations through sustainable employment, independence, better health, and wellbeing, and increased social and economic participation.

Each year globally, APM supports more than 2 million people of all ages to live a better quality of life.

In Australia, our more than 6000 strong team deliver key services across the social services and care economy, including employment, training, aged and disability care, community and assessment, and health and wellbeing, from 618 locations nationally.

Simply put, APM helps people to find employment, recover from injury and illness, improve their health, and enjoy social and economic participation in their community, no matter where they are in life's journey so that they can achieve optimal independence and wellbeing.

About this response

APM welcomes the opportunity to contribute to this important discussion on targeted foundational supports for children with developmental concern, delay and/or disability, their families, carers and kin (targeted supports). As a provider working in the paediatric therapy space supporting children with neurodevelopmental disorders, developmental delay or disability, and their families, we are passionate about ensuring that all children have the opportunity and access to the supports they need to reach their potential and find their place in a community that respects and values diversity.

Through our breadth of services APM see the power of access to the right interventions and therapy supports in the early years in positively influencing a child's development and their pathway right through to adulthood, supporting and developing a child's sense of identity, health and wellbeing, learning, safety, and happiness. We were pleased to see the NDIS Review recognise both the importance of the early intervention pathway within the NDIS, and the need to invest in and create support options for children and families through mainstream services and foundational supports to address gaps in the current system.

This response is based on our unique vantage point in the ecosystem. As a multi-disciplinary allied health and disability service provider working with children with disability or with developmental concerns, we are often the first contact point for children and families as they explore the services and supports available when they have concerns with their child's developmental progress. We work across the policy and program silos, seeing firsthand how difficult coordination between programs, funding, services, and frameworks can be and how hard it is for families to navigate a clear pathway to access the optimal supports for their child's needs, resulting in children missing out on key supports during, as the NDIS Review notes, the unique period of rapid development that plays a critical role in shaping a person's life trajectory. This is an important window to improve long-term outcomes, including future economic, social and civic participation.

This submission builds on our responses to the Early Years Strategy (2023), National Autism Strategy (2024) and the Consultation on Foundational Supports - General Supports (General Supports) (2024).

Recognising the breadth of feedback that the government will receive in response to the Consultation paper, rather than respond to each question, APM has sought to provide an overview of the principles and key elements we believe, based on experience and evidence, are crucial to the development of a strong ecosystem of supports for children and their families beyond the NDIS at both a national and community level, and for optimising outcomes across the life course through early intervention – including sector and workforce development and resources, supports and contracting arrangements to support service delivery.

Key recommendations

Based on APMs experience and understanding of contemporary evidence-based practice, we suggest the following components are critical to an effective model of targeted foundational supports that is available to all children with developmental concern, delay and/or disability, their families, carers and kin:

1. Universal access to a National Developmental Screening Program

It is well evidenced that early identification allows families to intervene earlier, leading to more impactful and cost-effective support delivery during the preschool years.¹ Providing greater opportunities for early identification of the need for additional supports through universal access to a national developmental screening program ensures all children and families get the supports they

need when they can have the most benefit.² Global evidence supports screening which occurs across at between five and 10 key points between birth and age five including birth, 8 weeks, 6, 12 & 18 months, 2 & 3.5 years.³

2. Support to access further assessment where needed

Where developmental concern, delay and/or disability is identified and additional assessment is needed to support early intervention, access to qualified, skilled assessors should be supported through clear referral pathways and dedicated funding. The cost of assessment can often prevent families from accessing assessments, meaning children are missing out on access to critical supports and the long-term benefits of early intervention across their life course.⁴

3. Access to a Lead Clinician to support service coordination and delivery

While not all children and families accessing foundational supports will require this type of support, where children face complex and/or multi-dimensional developmental delay or disability, and/or families and carers face economic or social disadvantage, access to a qualified, skilled Lead Clinician brings expertise, coordination, monitoring and continuity of care that can significantly enhance child outcomes and provide much needed support and empowerment to families.

4. Evidence-based, multidisciplinary parental support coaching and programs

To optimise effectiveness, funded targeted supports must include evidence-based, multidisciplinary parental support coaching and programs, supporting parents and carers helping to build their capacity to provide their children with the conditions they need to thrive.⁵

5. Focus on the measurement of improvement

The model should be underpinned by outcomes measurement at the global, community and individual level, with the focus being on measured improvement across key domains and milestones.

At an individual level this means ensuring that strategies and supports are regularly reviewed and adapted to maximise positive impact and progress against co-designed goals and outcomes. To support this, families and carers are empowered by service providers to understand the theory of change underpinning service delivery and have clear and realistic expectations of supports.

6. Guidance and support for mainstream services (e.g., early childhood education and care centres, schools)

Guidance and support (including awareness raising, training and capacity development) for mainstream services helps foster inclusion, improve access and ensure a holistic and consistent approach to supports for children and families, build stronger referral pathways and encourage collaboration.

Design principles for Foundational Supports

As articulated in our submission to the consultation on General Supports, APM's starting point in considering how best to design foundational supports is to identify a set of core principles to inform the design process. These are:

- **Universal accessibility:** foundational supports are available to all people with disability regardless of NDIS eligibility and geographic location.
- **Integration with the existing ecosystem:** system complexity is reduced by building off already established mechanisms and infrastructure (where fit for purpose) and foundational supports complement and enhance mainstream and specialist services within the disability ecosystem to deliver a comprehensive system of support.
- **Inclusivity and cultural responsiveness:** design supports the diverse needs of communities and intersectional nature of disability – including First Nations peoples, culturally and linguistically diverse groups, LGBTQIA+SB individuals, and those residing in rural and remote areas.
- **Sustainability and reliability:** provide a consistent and dependable approach to foundational supports that ensures long term availability, market viability and responsiveness to evolving community needs. Rebuild trust through reliable decision making.
- **Consistency:** foundational supports are underpinned by a national approach that ensures consistency in quality, workforce competence, data, funding and scalability of supports, while fostering localised solutions based on population needs.
- **Outcome measurement and continuous improvement:** include mechanisms to evaluate the effectiveness of foundational supports and take a continuous improvement and evidence-based approach to guide service delivery and investment.
- **Viability and diversity:** participant choice, market viability and value to the Australian economy is supported by a diverse provider mix including small, medium, large, not-for-profit and profit for purpose organisations delivering foundational supports.

Meeting the needs of children, their families, carers and kin from birth to age 9

Research and experience demonstrate that intervening as early as possible in a child's development enables interventions to have the greatest impact. The most effective interventions for ensuring a child's health and development occur as early in life as possible, particularly during the first 1000 days⁶, as during this time, there is the greatest potential to shape outcomes and optimise the effects of interventions. If a gap in development emerges by age 5 and is not addressed, it is likely to remain, particularly for those children who are vulnerable or disadvantaged.

At present, there is a lack of national population-based screening programs to identify developmental delays, which, as detailed in the Early Years Strategy (2024) and NDIS Review (2023) results in missed opportunities to establish a strong foundation for success in all children.

Children and families face a range of key transitions from birth to 9 years:

- Infancy to toddlerhood: from reliance of caregivers to exploring autonomy,
- Toddlerhood to preschool: from basic communication to imaginative play and social interaction,
- Preschool to early school age: from imaginative to structured learning and broader social environments,
- Early school age to middle childhood: from basic skills to more abstract thinking and complex emotional understanding.

Each of these periods and transitions provides important context of general (accessible to all) and targeted (tailored to specific needs) foundational supports and their delivery, ensuring joined up, integrated approaches that prevent children and families from falling through system gaps, or succumbing to system complexity. As a provider of services to people across the life course, we regularly see the longer-term impacts for children who have fallen through the gaps earlier in their lives.

Supporting children with developmental concerns, delay, or disability from birth to age nine, along with their families, carers, and kin, requires a nuanced approach. A coordinated ecosystem that ensures early, timely, and integrated interventions to foster optimal developmental outcomes and support key transition points such as entering preschool, starting school, or transitioning between services is critical.

General supports create a foundation by providing inclusive environments and universal services such as quality early childhood education and care (ECEC), accessible healthcare, and parenting programs. Best practice delivery involves embedding developmental screenings within these universal services, allowing early identification of concerns and fostering inclusive participation. For instance, educators trained in inclusive teaching methods can provide enriching experiences that accommodate all abilities, reducing barriers to learning and participation. These supports empower families, carers, and kin by offering resources and knowledge to navigate their child's development.

Targeted supports, on the other hand, focus on individual needs through specialised services that promote social, emotional, physical and cognitive development and functional capability. Best practices include person-centred approaches that align with the child's developmental goals and family priorities, helping children progress through milestone and transition points. Transition points are particularly critical, requiring coordination between general and targeted supports. For example, during the shift to formal schooling, a multi-disciplinary team might collaborate to develop tailored transition plans that ensure consistency in supports, minimise disruptions, and build capacity in both the child and their caregivers. Ultimately, integrating general and targeted supports through a strengths-based, culturally responsive, and family-centred lens ensures that children and their families are empowered to thrive across all developmental milestones.

Specific design principles for Targeted Supports

The ultimate aim of targeted supports should always be inclusion and participation.

Children with development concerns, delay or disability have the same core needs as all children but may have difficulty having these needs realised because of the nature of their disability. Similarly, all families have the same base needs – nurturing care and support, safety, stability and opportunities to participate in community, but families with children with developmental concerns may have difficulties having these needs realised as a result of constraints (time, finances, systems etc.) that arise from disability.

Targeted supports should be designed to enable families identify and work through constraints, make informed choices and thrive.

Building on the design principles for General Supports, APM suggests the following additional principles inform the design of Targeted Supports for children, families, carers and kin:

- **Child-centred and strength-based:** targeted supports prioritise the child's needs, strengths and aspirations while fostering their developmental potential and inclusion. Systems recognise that the needs of children differ significantly from adults with disability and services are conceptualised and implemented differently.

- **Family and kin empowerment:** recognise families, carers and kin as experts in the lives of the child, primary supporters and decision makers. Provide them with the skills, knowledge and resources they need, improving their capacity to make informed decisions about supports, and provide safe, nurturing and supportive environments in which a child can thrive. Parent, carer and kin are empowered to raise concerns about development, concerns are taken seriously and support provided without the need for 'formal' diagnosis.
- **Early and universal screening:** supports are underpinned by a nationally consistent screening program (social-emotional, physical and cognitive development) to support early detection and intervention of developmental concerns. Screening services are delivered at key points across the early years (for example the Victorian model includes scheduled checks at birth, 2, 4 & 8 weeks, 4, 8, 12 & 18 months, 2 & 3.5 years)⁷, are free and easily accessible for all children and families.
- **Evidence-informed practice:** supports are based on contemporary evidence and best practice (linked to continuous improvement) to confirm effective, efficient and responsive services that achieve measurable outcomes and provide a return on investment.
- **Skilled and competent workforce:** ensure that all professionals are qualified and equipped to provide the trauma informed, safe and disability competent services through nationally consistent support and training. This includes GPs, child health nurses, childcare workers, and other professionals involved in the child's care. Organisations delivering supports must be committed to implementing best practice frameworks and delivering ongoing professional development and training.
- **Clear pathways to support:** consistent, reliable and well-articulated pathways to support ensure families do not fall through the gaps, understand the full ecosystem of supports available (mainstream, foundational and NDIS), and can access all necessary services.

What does a successful system of Targeted Supports for children, families, carers and kin look like?

As highlighted above, an effective system of targeted supports for children with developmental concerns, delay and/or disability is holistic, inclusive and evidence based – addressing the needs of the child, their family and the wider community.

The system of supports should be flexible, accessible and responsive to need, including a national model of early support that is consistently available across Australia and discrete and place-based models of support that are either trials of early intervention approaches that have been proven to work for specific or across diverse conditions, milestone delays, cultures or demographics, or are unique place-based approaches, and which could also be scaled.

The model ensures that regardless of where the child and family lives in Australia:

- All families have access to universal screening and high-quality, affordable and integrated services for maternal and child health, parenting support and early learning.
- A parent concerned about their child's development can access screening quickly and without cost.
- If a delay is identified, the family is seamlessly connected to tailored early intervention supports delivered by specialised and experienced service providers.
- Services are delivered in culturally safe, inclusive and integrated environments that respect the family's background and preferences.
- Opportunities for skill development occur in everyday environments – recognising children learn in every environment in which they spend time and develop new skills by having multiple opportunities to practice functional skills and participate meaningfully in everyday settings.

- Families feel supported, not overwhelmed, by simple pathways, transparent information and access to skilled, qualified professionals.
- The child thrives in inclusive mainstream settings such as preschool, school and community spaces with targeted supports delivered as needed.

Key elements APM has identified that are central to enabling a successful system include:

Built on the Social Model of Disability and the Capable Environment Framework

An effective system for targeted supports should be built on the social model of disability, creating an environment that prioritises and addresses structural barriers and inequities and enables full participation and inclusion, empowering children and families.

The Capable Environment Framework⁸ aligns with the principles of the social model of disability and provides a valuable lens for designing and delivering supports. Emphasising the interaction between individuals, environments and systems, it identifies three interdependent dimensions that create a 'capable environment' that enables people to thrive – *opportunity* (ensuring individuals have access to meaningful participants and choice within their environment), *support* (providing appropriate and consistent assistance to meet needs and aspirations) and *wellbeing* (promoting physical, emotional and social wellbeing for individuals and their families).

Disability competent

Staff providing supports to children (mainstream and targeted) must be disability competent. This means they must have the knowledge, skills, and attitudes necessary to effectively interact with and support individuals with disability. This includes:

- Knowledge of disability: Recognise the diverse range of disabilities—physical, sensory, intellectual, and mental health—the barriers that can arise and how they can affect individuals differently.
- Communication skills: Be able to communicate effectively and respectfully with people with disabilities, which includes using appropriate language, being patient, and adapting communication methods as needed.
- Accessibility awareness: Understand the importance of creating accessible environments, whether physical spaces or digital platforms, to ensure everyone can participate fully.
- Empathy and respect: Approach children with disabilities and their families with empathy, recognise their rights and value their experiences and perspectives.
- Advocacy: Support the rights of people with disabilities and advocate for self-determination and inclusive practices in various settings, such as workplaces, schools, and communities.
- Continuous Learning: Being open to learn about disability issues, stay informed about best practices, and being willing to adapt one's approach based on feedback and new information.

Lived experience, peer support and genuine co-design

Throughout the consultation process of the independent review of the NDIS, people with disability and their families talked extensively about the role of lived experience and its value in informing service design. Further, one of the most trusted sources of information to inform decisions individuals and families make was seen to have come from those who had lived experience.

To ensure families feel supported and better connected, frameworks for developing peer support, workers with lived experience and opportunities for genuine co-design in respect to design and evaluation of services should be established. This will help families feel less isolated and more connected to their community and build trust and understanding of services.

Co-design should also include experienced service providers who can implement best practice, measure outcomes, evaluate and scale supports and services and deliver a strong return on investment for service users, communities and governments.

Community-centred and embedded in natural settings

Supports are delivered in everyday settings, with children and families receiving services from specialised service providers where they live, learn and play. By embedding specialist services within regularly accessed services – such as child and maternal health networks, childcare centres, early learning, schools and community hubs, families can easily access both foundational and targeted supports in familiar, trusted environments.

This approach increases equity, access, engagement and ongoing participation and ensures that all children, regardless of their background or socioeconomic status, have the same opportunities to receive support and reach their full potential.

It also ensures inclusivity, preventing the “othering” of children with developmental concern, delay and/or disability and segregation of pathways and services.

Further, services delivered in naturalistic settings (including the home and community) ensure children and families can learn, practice skills and participate meaningfully in their everyday environments.

Integrated and collaborative service delivery

Collaboration across services also supports better ongoing engagement in, and continuity of care. Integrated systems reduce service fragmentation, ensuring all aspects of a child and family’s needs are addressed holistically. This includes transdisciplinary approaches to support delivery⁹ – bringing together practitioners across a range of disciplines (e.g., occupational therapy, speech therapy, physiotherapy, psychology, early childhood education and care) and including families as a member of the transdisciplinary team, acting as a key contributor.

To accommodate the unique characteristics of individual communities and the children and families that live within them it will be important that networked solutions are established. Systems should build a network of trusted stakeholders, coordinating efforts across services (e.g. health, education, social services) sharing information and supporting seamless transitions.

Collaboration and integration could be further supported through the development of a nationally consistent approach of child and family hubs in all communities and/or dedicated colocation approaches – bringing a range of needed services together in place to enhance coordination, efficiency and cost effectiveness, reducing stress and saving time for families.

Lead Clinician/Practitioner model

Integrated and family-centred services can be further supported through the broader implementation of the Lead Clinician/Practitioner Model, ensuring families who need support to coordinate a multidisciplinary approach to supports have a single point of contact to navigate systems, coordinate services and access tailored supports and advocate for families across the service system.

A Lead Clinician/Practitioner is appropriately qualified and experienced in early childhood development. They provide direct targeted intervention and support, develop therapy programs for implementation by transdisciplinary teams in collaboration with families, caregivers and kin. They routinely and collaboratively assess progress against goals, track outcomes and ensure the team around the child are connected and effective.

Managed from a system wide perspective

When thinking about foundational supports it is critical consideration is given to how the 'system' works at both the national and place/community level to ensure optimal delivery of supports regardless of where a child or family is located. Already the level of available infrastructure within communities is highly variable across the nation, and what works in one community doesn't necessarily work in another.

Consideration should be given to a nationally consistent, place-based management function being established to undertake a regional assessment of current infrastructure, and ensure that the system for mainstream, general and targeted supports is working in concert to meet the needs of children and families and ensure they are effectively supported. This will also enhance the focus on establishing integrated, community-centred solutions at the local level.

Benefit (quality, efficiency and effectiveness) could be achieved through a system manager with both national infrastructure and a localised, community-embedded approach to delivery. Such models offer significant economies of scale, while also enabling consistency in quality, data capture, workforce development and performance management.

Data-driven decision making and outcomes-based measurement

Fundamental to a successful system of targeted supports is the ability to measure outcomes and the impact these supports are having on the lives of children, their families, carers and kin. A performance management system needs to be designed, and data collected to monitor implementation, impact and the experience of those accessing services to ensure that the policy objectives are achieved. This in turn will allow a process of continuous improvement to be established to strengthen the role that foundational supports have as part of the wider system available to people with disability and their families.

At an individual level, data should be regularly collected, analysed to measure outcomes (developmental, social, quality of life), identify gaps and inform service adjustments, ensuring supports are effective, efficient and responding to evolving needs.

Moving forward

As discussed, when implementing general and targeted supports for children, families, carers and kin the focus should be on addressing developmental stages and strengthen supports at key transition points to optimise delivery and outcomes.

Strengths-based, family-centred services deliver relational-based supports, are culturally responsive, safe and trauma-informed. Supports are evidence informed, based on contemporary research and delivered by qualified practitioners.

This approach ensures:

1. **Universal access:** foundational supports ensure that no child or family is excluded from basic services like healthcare, education, and parenting resources, reducing systemic inequities.
2. **Proactive identification:** nationally consistent, evidence-based developmental screening and foundational programs help identify developmental, social, or emotional issues early, enabling faster intervention.
3. **Tailored interventions:** targeted supports ensure that children with additional needs—whether due to disability, trauma, or socio-economic challenges—receive the right level of help without stigma.

4. **Community-centred support:** by embedding multidisciplinary foundational support services in schools, childcare centres, and community hubs, families can easily access both foundational and targeted supports in familiar, trusted environments.
5. **Culturally responsive services:** the model accommodates adaption to culturally diverse communities, ensuring Indigenous and multicultural families receive supports aligned with their values and traditions.

Leveraging the principles and key elements an effective model that integrates universal screening and foundational services with tailored targeted interventions to address additional needs – supports across stages could look like:

Key Stage	Example Foundational Supports	Example Targeted Supports
Infancy (Birth to 12 months)	<ul style="list-style-type: none"> • Universal access to health services: All families have access to maternal and child health services and nationally consistent developmental checks • Parent education programs: Universally accessible parenting classes on caregiving, safety, and child development through trusted networks like hospitals, libraries, and online platforms. 	<ul style="list-style-type: none"> • Early intervention programs: Rapid connection for families to evidence-based early intervention supports for developmental concerns identified during screening or health checks. For example, the Inklings program,¹⁰ toileting and sleep supports like the Sleepwise Program¹¹, positive feeding programs including the SOS Approach to Feeding¹² • Support for vulnerable groups: Additional home-visiting services or peer support groups for young or disadvantaged parents.
Toddlerhood (1–3 years)	<ul style="list-style-type: none"> • Accessible early learning: Inclusive and affordable quality childcare and play-based programs, funded and available to all children. • Regular health screenings: Expanded universal developmental screening programs for speech, motor skills, and social-emotional milestones. 	<ul style="list-style-type: none"> • Therapeutic services: Subsidised or free speech, occupational, physiotherapy and behavioural therapies (e.g., ESDM¹³) delivered through partnerships with healthcare providers in naturalistic settings. • Parenting support: Tailored workshops (e.g., Triple P¹⁴, Circle of Security,¹⁵ P-ESDM – the parent coaching program as part of ESDM) for managing behaviour and fostering independence, especially for families facing challenges. • Evidence-based group supports: Such as Play Skills programs, Hanen communication programs,¹⁶ gross and fine motor skills development.

Key Stage	Example Foundational Supports	Example Targeted Supports
Preschool Age (3–5 years)	<ul style="list-style-type: none"> • Universal preschool access: Access to high-quality, inclusive and culturally competent preschool programs. • Integrated services in preschools: Embedded regular developmental checks, vision/hearing screenings, and social-emotional learning in early education settings. 	<ul style="list-style-type: none"> • Specialist early intervention: Identify children needing additional help (e.g., developmental delays, behavioural issues) and connect them with funded services, delivered in naturalistic settings. • Support for at-risk families: Provide assistance, transport subsidies, or outreach to ensure families facing hardship can engage with supports and services, including preschools, peer-supports, therapies etc. • Targeted school transition programs: to support successful transition from early childhood to school e.g., Victorian school readiness programs.
Early School Age (5–7 years)	<ul style="list-style-type: none"> • Quality primary education: Guaranteed equitable access to well-resourced, inclusive schools, with trained educators skilled in recognising and supporting diverse learning needs. • School-based health programs: Deliver ongoing health and development screenings within schools to continue to catch issues as they arise through transitions (e.g. learning, vision, development, mental health). 	<ul style="list-style-type: none"> • Learning support programs: Tailored Individualised Education Plans (IEPs) for children with learning disabilities or delays. • Peer mentoring: Target challenges with structured programs. • Educator capacity building: including G-ESDM Educator Training programs, Kindy uplift programs, On Country Learning Programs for First Nations educators, trauma informed training.
Middle Childhood (7–9 years)	<ul style="list-style-type: none"> • Extracurricular access: Affordable and equitable access to sports, arts, and cultural programs that build skills and promote teamwork and leadership within community. • Parental engagement: Workshops and resources to help parents navigate transitions, development, peer pressures, and emotional changes. 	<ul style="list-style-type: none"> • Specialist learning supports: Funded programs for children with specific learning challenges (e.g., dyslexia or ADHD). • Social-emotional supports: Targeted group programs in schools, such as resilience-building or friendship skills such as the Secret Agents Society.¹⁷ • Wraparound family services: Offer integrated support (housing, financial assistance, and counselling) to families experiencing disadvantage, instability.

Intended outcomes and measuring the success of supports

While the broad scope and intended outcomes outlined in the consultation paper are appropriate at the global level (i.e., ecosystem level), the critical component will be how we measure and report on global, community and individual progress against outcomes.

Consideration should be given to how outcomes may be mapped against and contribute to existing measurement mechanisms at the global level – for example the Australian Early Development Census (AEDC) domains¹⁸ which include:

- Physical health and wellbeing
- Social competence
- Emotional maturity
- Language and cognitive skills (school-based)
- Communication skills and general knowledge

Additionally, as part of any system and/or place management function, outcomes should be mapped against community identified needs (developed through regional mapping and localised strategy development), and which is built around equity, access and inclusion. Strategy development should be facilitated by government, co-designed with families, service providers and community, and include measurable outcomes, reporting mechanisms and embedded evaluation which feeds up to the global level.

Sector and workforce development

A skilled, sustainable, vibrant and viable sector for foundational supports is critical not just for the children and families accessing services and supports, but for communities and the economy more broadly.

Building sector capacity

Building the capacity of the sector and workforce, including their readiness, to support families and children under the General and Targeted Supports service offering requires a comprehensive, multifaceted strategy, addressing workforce development, service quality and systemic support.

- **Workforce training and professional development:** a comprehensive suite of nationally consistent training and resources that includes:
 - Core competency training which includes foundational training in child development, family-centred approaches, capable environment framework, cultural safety and trauma informed care for all workers within the ecosystem.
 - Specialised skill development for targeted support areas such as developmental screening, early intervention therapy options, behavioural supports. This includes skilling key workers to support early identification and individualised planning.
 - Accreditation pathways for a standardised base qualification in early childhood disability services.
 - Interdisciplinary training through joint training programs for professionals across the ecosystem including health, education and social services networks.
 - Referrer education and resources to build understanding of early intervention supports and pathways for referral and connections.
 - Transdisciplinary practice skills – ensuring practitioners are skilled at collaboration with both other professionals and families.
- **Expanding workforce supply:** explore incentives for entry (scholarships, subsidies, HELP forgiveness) for those pursuing careers in early childhood intervention (which could be targeted at

regional/rural or underserved areas). Provide flexible pathways to entry, such as higher apprenticeships to keep people earning while learning, or targeted initiatives for people from diverse backgrounds/with lived experience. Attract and retain skilled staff through competitive wages and job security (supported by adequate funding for services etc).

- **Investing in technology and infrastructure:** support delivery through the development of digital platforms/online hubs for training and resource sharing. Expand access to services in rural and remote areas through telehealth platforms and provide practitioners with digital tools to streamline case management, data capture and reporting.

Encouraging innovation, quality and best practice

Recognising the work already underway in respect to best practice guidelines for early childhood intervention, to encourage innovation, quality and best practice in the delivery of foundational supports for children and families, government should also:

- **Establish a research and innovation ecosystem:** fund targeted research initiatives on innovative approaches to foundational supports. Establish dedicated spaces or programs (innovation hubs) where providers, practitioners, researchers and families co-design and pilot new approaches, and embed evaluation in all pilots. Fund and replicate successful pilots and create mechanisms to support knowledge translation to ensure practitioners stay up to date on the latest evidence.
- **Drive innovation through a “safe to fail” approach:** create a policy and funding environment that supports the application of “safe to fail” methodology to foster innovation. Recognise that important learning comes from both success and failure, and ideas need to be able to be tested and trialled to assess impact and outcomes which can then be adapted, refined and/or scaled.
- **Harmonise the approach to regulation, quality and standards across the system:** acknowledging regulatory and assurance frameworks are fundamental to supporting quality service delivery, work should be undertaken to harmonise requirements and minimise complexity across the service system. This includes at the provider and worker level, and across states and territories.
- **Build a culture of continuous improvement:** embed feedback on customer and practitioner experience in service design. Use real-time data to identify gaps, assess impact and refine practices.

Funding and contract arrangements to support service delivery

Ensuring a vibrant, capable and viable sector will require sustainable, adequate and long-term funding and contracting approaches to ensure providers are able to invest in workforce, infrastructure, partnerships and innovation.

APM has experience delivering both national and more bespoke funded programs and services. Foundational supports by design will require a mix of funding and flexibility within contracting approaches to ensure the services can be delivered effectively.

Even where funding is national, localised approaches to service delivery require adequate, long-term investment and flexibility to ensure quality providers can build strong connections within communities and foster collaborative approaches.

We would highlight that building the relationships needed to facilitate effective place-based approaches takes considerable time and investment. Procurement arrangements that unnecessarily disrupt these relationships ultimately have a detrimental impact on service users and communities. Processes need to recognise and reward high quality and high performing services and the role they play in addressing key community needs.

It is also important that policy settings and programs are flexible enough to enable tailoring of services and supports to meet specific geographic and demographic needs, and that funding arrangements reflect the costs of place-based delivery (e.g., arrangements include loadings for regional, rural and remote delivery).

Conclusion

As noted at the outset of this submission, APM appreciates the opportunity to contribute to this important discussion on the design of targeted foundational supports for children, families, carers and kin.

A strong system of targeted foundational supports is critical to ensuring children with developmental concerns, delay and/or disability can reach their potential and thrive.

As a provider with significant experience in delivering evidence based paediatric therapy and disability supports to children and families nationally, both within and outside the NDIS, we would welcome the opportunity to participate in trialling and piloting of targeted foundational supports to support the design of the best possible model for delivery.

References

- ¹ <https://www.acf.hhs.gov/archive/ecd/child-health-development/watch-me-thrive>
- ² National Scientific Council on the Developing Child. (2020). *Connecting the brain to the rest of the body: Early childhood development and lifelong health are deeply intertwined*. Cambridge, MA: Centre on the Developing Child, Harvard University.
<https://developingchild.harvard.edu/resources/connecting-the-brain-to-the-rest-of-the-body-early-childhood-development-and-lifelong-health-are-deeply-intertwined>
- ³ Mclean, K., Goldfeld, S., Molloy, C., Wake, M., Oberklaid, F. (2014) *Screening and surveillance in early childhood health: Rapid review of evidence for effectiveness and efficiency of models*. Murdoch Childrens Research Institute
<https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Documents/screening-and-surveillance-in-early-childhood.pdf>
- ⁴ Black, M. M., Walker, S. P., Fernald, L. C., Andersen, C. T., DiGirolamo, A. M., Lu, C., McCoy, D. C., Fink, G., Shawar, Y. R., & Shiffman, J. (2017). *Early childhood development coming of age: science through the life course*. The Lancet, 389(10064), 77-90. [https://doi.org/10.1016/S0140-6736\(16\)31389-7](https://doi.org/10.1016/S0140-6736(16)31389-7)
- ⁵ Moore, T. (2024). *Core care conditions for children and families: Implications for policy and practice*. Centre for Community Child Health, Murdoch Children's Research Institute. <https://ccch.org.au/resource-hub/reports/core-care-conditions-for-children-and-families-implications-for-policy-and-practice>
- ⁶ Berry, D. (2017). *Early childhood health disparities, biological embedding, and life-course health*. In E. Votruba-Drzal & E. Dearing (Eds.), *The Wiley Handbook of Early ECI Desktop Review of Best Practice | Full Report 289* Childhood Development Programs, Practices, and Policies (pp. 35-65). Wiley-Blackwell.
- ⁷ Mclean, K., Goldfeld, S., Molloy, C., Wake, M., Oberklaid, F. (2014) *Screening and surveillance in early childhood health: Rapid review of evidence for effectiveness and efficiency of models*. Murdoch Childrens Research Institute
<https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Documents/screening-and-surveillance-in-early-childhood.pdf>
- ⁸ McGill, P., Bradshaw, J., Smyth, G., Hurman, M., Roy, A. (2020). *Capable environments*. Tizard Learning Disability Review. 25. 109-116. 10.1108/TLDR-05-2020-0007.
- ⁹ <https://earlychildhood.qld.gov.au/newsResources/Documents/info-sheet-13-fostering-development-transdisciplinary-practice.doc>
- ¹⁰ <https://inklings.org.au/>
- ¹¹ Austin, K., Gordon, J. E., & O'Connell, A. (2013). Preliminary evaluation of Sleepwise program for children with sleep disturbance and developmental delay. *Child and Family Behavior Therapy*, 35(3), 195 - 211. <https://doi.org/10.1080/07317107.2013.818886>
- ¹² <https://sosapproachtofeeding.com/>
- ¹³ <https://raisingchildren.net.au/autism/therapies-guide/early-start-denver-model>
- ¹⁴ <https://www.triplep.net/glo-en/home/>
- ¹⁵ <https://www.vic.gov.au/circle-security>
- ¹⁶ <https://www.hanen.org/programs>
- ¹⁷ <https://www.secretagentsociety.com/>
- ¹⁸ <https://www.aedc.gov.au/about-the-aedc/about-the-aedc-domains>