

# Position Statement: Development of Foundational Supports – General & Targeted Supports for Early Childhood



**WRITTEN AND DEVELOPED BY THE  
PRIVATE PRACTICE EARLY CHILDHOOD  
INTERVENTION COMMUNITY OF  
PRACTICE**

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# **Position Statement Introduction**

The Private Practice Early Childhood Intervention (ECI) Community of Practice (CoP), represents over 600 providers across Australia. Our goal is to ensure the development of Foundational Supports (FS) meets the needs of children, their families and the communities in which they reside. FS must embrace a holistic and collaborative approach to support embedded within an experienced and innovative workforce.

The ECI CoP has raised concerns about the significant risks to children with developmental differences, delays or disabilities if FS are implemented without careful consideration, planning and consultation. This document outlines the main concerns of our members, and recommendations to minimise risk to children and promote effectiveness, efficiency and positive Early Intervention outcomes for children requiring developmental supports across Australia.

# DOCUMENT OUTLINE: POSITION STATEMENT DEVELOPMENT OF FOUNDATIONAL SUPPORTS

## Commitment Statement

### Key Concerns and Recommendations

1. Commissioning Policy Considerations
2. Access & Linkage
3. Risk of Inequitable Service Provision
4. Workforce Challenges
5. Consultation and Co-Design
6. Key Worker Model Concerns
7. Quality Assurance & Collaboration

### Principles for Foundational Supports

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# Commitment Statement

Private practices from across Australia have come together to share a collaborative voice towards the development of FS. Our CoP includes over 600 individuals from businesses across all States and Territories of Australia, ranging from sole traders to large national private practices.

Private practices in the CoP provide a range of evidence-based ECI services including Occupational Therapy, Speech Pathology, Physiotherapy, Dietetics, Psychology, Behaviour Support, Early & Developmental Educators, Music Therapy and more. The Private Practice ECI CoP welcomes the National Disability Insurance Scheme (NDIS) Review and agree reforms are required to ensure families and children across Australia are provided with timely support and access to the early intervention services they require to live their best life, achieve their full potential and contribute to society.

This position statement is further to the discussion paper produced by our community of practice in September 2024, it seeks to further clarify our concerns and recommendations relating to FS for Early Childhood. The CoP September 2024 position statement is available at <https://alltogethertherapy.com.au/foundational-supports>

We identify the below conflicts of interest in order to demonstrate transparency and openness:

- We represent for profit private organisations that aim to have the option to provide supports under FS.
- A number of members are parents, carers or family members of children currently receiving NDIS supports or that may be eligible to receive ECI once FS are developed.

We are committed to the development of recommendations which may assist in the consultation process to ensure that FS are developed to provide the best outcomes for children and their families.

**- PIP CULLEN  
(CHAIR OF THE PRIVATE PRACTICE ECI COMMUNITY OF  
PRACTICE & CEO, ALL TOGETHER THERAPY)**

# KEY CONCERNS & RECOMMENDATIONS

## 1. Commissioning Policy Considerations:

- National vs. State Coordination: Clarification of funding allocation is required to better understand the implementation of general and targeted FS. Concerns regarding both national and state-based approaches include:
  - A state-based funding approach where state policy principles risk large variations in the design and implementation of FS across Australia. Which may lead to significant inequity for families and children, depending on where they reside, thus impacting long term developmental potential for some whilst;
  - A national approach may not cater for needs at a local community level leading to inefficiencies and a lack of appropriate services.
  - Therefore, a coordinated approach that promotes equity and allows for quality and continuity between the states, whilst allowing flexibility to address local community needs, considering already available services, particularly in regional, remote, and culturally diverse areas is required.
- Separation from Health and Education: Foundational supports must remain distinct from health services to avoid reverting to a medical model of ECI. The medical model is not strength-based or child/family focused and no longer aligns with best practice research. While alignment with education is important, FS must consider the child's developmental needs holistically rather than solely from an educational perspective.
- Parallel to NDIS: FS should operate alongside the NDIS to ensure smooth transitions for children needing to transition between systems and minimise unnecessary inefficiencies, including information sharing.
- Choice & Control: FS should prioritise family choice and control, enabling access to a variety of providers, including private practices, small businesses, and sole providers, alongside not for profit organisations and government services. Rigid block funding isolated to a narrow range of commissioned services will restrict access and reduce service quality, which will impact on children's developmental outcomes. This could lead to greater demand for support within the NDIS later.

Receiving support from ECI services can be overwhelming and engaging with a service which aligns with the specific needs of a child and their family's broader context, supports positive outcomes.



## 1. Commissioning Policy Considerations (continued):

Restricting a family's access to a limited number or type of service provider reduces the potential for positive developmental outcomes and increases the incidence of withdrawal by the family.

Limiting providers will lead to waiting lists and greater workforce challenges. Choice and control in accessing appropriately trained, highly specialised and suitably qualified providers will facilitate engagement and enhance outcomes.

We need to establish mechanisms that will prevent inequities in service delivery. A reliance on block funding models will limit family autonomy and the flexibility expected by the modern workforce. The private sector is a highly innovative and has flexible service delivery options underpinned by efficient and effective operations and service delivery methods.





## 2. Access and Linkage

- **Barriers to Access:** General foundational supports are at risk of being difficult to access, overly complex, and challenging for mainstream supports, such as GPs and family services, to navigate. Without clear access pathways, families will struggle to navigate the system effectively. There is a need for a unified easy-to-use online referral system and database that provides consistent and clear information about available services, referral processes, clear guidelines on eligibility, and access points for families and professionals.
- **Approachable:** General supports should include those run by peer led organisations with the lived experience to support children and families throughout their journey. Peer led organisations allow a soft access point for many families.
- **Linkage with Professionals:** If general supports are block funded, providers should be allocated additional funding to engage external qualified professionals to provide targeted education and training based on the needs of the children, families, and the wider community. The specialist skills within the ECI sector must be embraced to promote inclusion and knowledge within the wider community. Block funding models should be open to all Australian companies and businesses to allow diversity within the sector.
- **Families accessing General Supports intentionally or incidentally need confidence that,** should their child demonstrate support needs beyond the broad nature of General Supports, they will be supported to navigate engagement with a Targeted Support specific to their child's developmental needs, without delay. Appropriate skills and knowledge in identifying these indicators and connecting a family with Targeted Supports within the Early Intervention window is critical to reduce the potential impact of developmental delay and concerns.
- **Information accessibility:** Information needs to be made available in a variety of formats. It needs to be culturally sensitive, inclusive of LGBTQIA+ families and in formats understood by people of all ages and education levels. Specific resources need to be made available for people and families from Aboriginal and Torres Strait Islander backgrounds and those with Languages of than English.

### 3. Risk of Inequitable Service Provision

- **Block Funding Concerns:** A return to block-funded models restricts family choice and control, creating inequities in service provision, long waitlists, and restricted provider options. Past models resulted in a ‘bottle neck’ which served as a barrier to children engaging with the service within the critical Early Intervention window. Professions delivering supports within those models were restricted in their capacity to adapt supports to meet the diverse and unique needs of children within their service. Choice and control became a privilege reserved for those families who could financially seek private services elsewhere.
- **Conflict of Interest:** Rigorous oversight is necessary to govern the direction of referrals within FS providers to limit indiscriminate internal referral services without considering families' needs or informing families of alternative local service availability.
- **Responsive practices:** Trauma-responsive, neurodiversity-affirming, culturally informed and individualised approaches to foundational supports are central to facilitating positive outcomes and allow for flexibility and innovation within our diverse communities. Integrating culturally safe and informed practices, and offerings of in-home and telehealth options are examples of this.



## 4. Workforce Challenges

- **Expertise and Retention:** A large percentage of highly experienced ECI professionals are working within the private sector currently. The existing gap between the number of skilled and experienced Early Intervention Professionals and the numbers of children seeking and needing their support will only be amplified should a significant portion of our skilled Early Intervention Allied Health workforce become inaccessible to these children. Restricting access to this workforce compromises service quality, potentially impacting developmental outcomes for children. It restricts the provision of essential supervision and mentoring to early career graduates, which is required to continue to build a sustainable workforce for the future.

Provision of block funding to only large organisations may disproportionately attract inexperienced therapists, undermining the quality of care. We must utilise the existing experienced workforce by integrating private providers into FS. Many experienced EC therapists have moved towards the private sector as it offers greater flexibility and capacity to deliver high-quality services.

The Private Practice sector is well positioned to deliver evidence-based, tailored and high quality services to children and families. In many instances, the private practice workforce is unwilling or unable to return to large organisations and inflexible models of service delivery where unsustainable demands, and restrictions on innovative and responsive practice, limits the outcomes for children, and subsequently leads to high incidences of professional burnout.

- **Current ECI Workforce:** Recent changes to the NDIS legislation has led to the reassessment of thousands of children who are no longer able to access supports. While many of these children will likely benefit from FS and not require long-term access to the NDIS, others have significant and complex developmental challenges that require ongoing support through FS. Ensuring continued access to existing supports until FS has been implemented is crucial for the wellbeing and safety of these children.
- **Specialist Skills and Supervision:** Best-practice ECI requires advanced clinical skills and close ongoing supervision due to the complex nature of child development and to ensure positive outcomes. The use of professionals new to the field or without additional training and supervision/support will negatively impact outcomes, potentially 'losing time' in the critical Early Intervention window where families initially assume they are 'in the right place' to receive the most impactful support. We have a responsibility to ensure children can 'land' in the best place for them to experience skilled and targeted support to offer them their best opportunity for developmental progress and future participation in society. These children and their families need assurance that what is being offered to them is underpinned by sector-wide quality and competency standards, including minimum qualification and experience, defined scope of practice and supervision requirements.

## 5. Consultation and Co-Design

- **Limited Engagement:** The consultation period for targeted foundational supports has been insufficient, with minimal sessions for professionals (2 Sessions) and families (1 per state, + 1 x National session), poor community awareness (social media presence), and inadequate feedback mechanisms. To ensure appropriate expertise is sought, it is recommended to extend the consultation period to gather comprehensive feedback from families, those with lived experience and providers across sectors. Ongoing consultation throughout the development of FS is critical in ensuring that a targeted and successful system is developed.
- **Timing Misalignment:** Planning FS and rolling out general supports before the finalisation of best practice guidelines currently under development by PRECI (funded by DSS), risks undermining service efficacy and client outcomes. FS were recommended to support an at-risk population and fill a gap in current service delivery, they are far too important to be rushed and should not be used as a political tool in an upcoming election or as a cost cutting measure for the NDIS. FS development must align with the finalisation of best practice guidelines. FS requires a long-term goal of reducing the impact of early developmental concern and delay on the trajectory of children and whole communities in Australia.
- **Timeframe apprehension:** The suggested start date of July 2025 for the commencement of FS and rapid implementation of legislative changes, with children already being removed from the NDIS, is resulting in a whole cohort of children being left without supports. Access to existing supports must be maintained to minimise the impact whilst these supports are comprehensively developed.



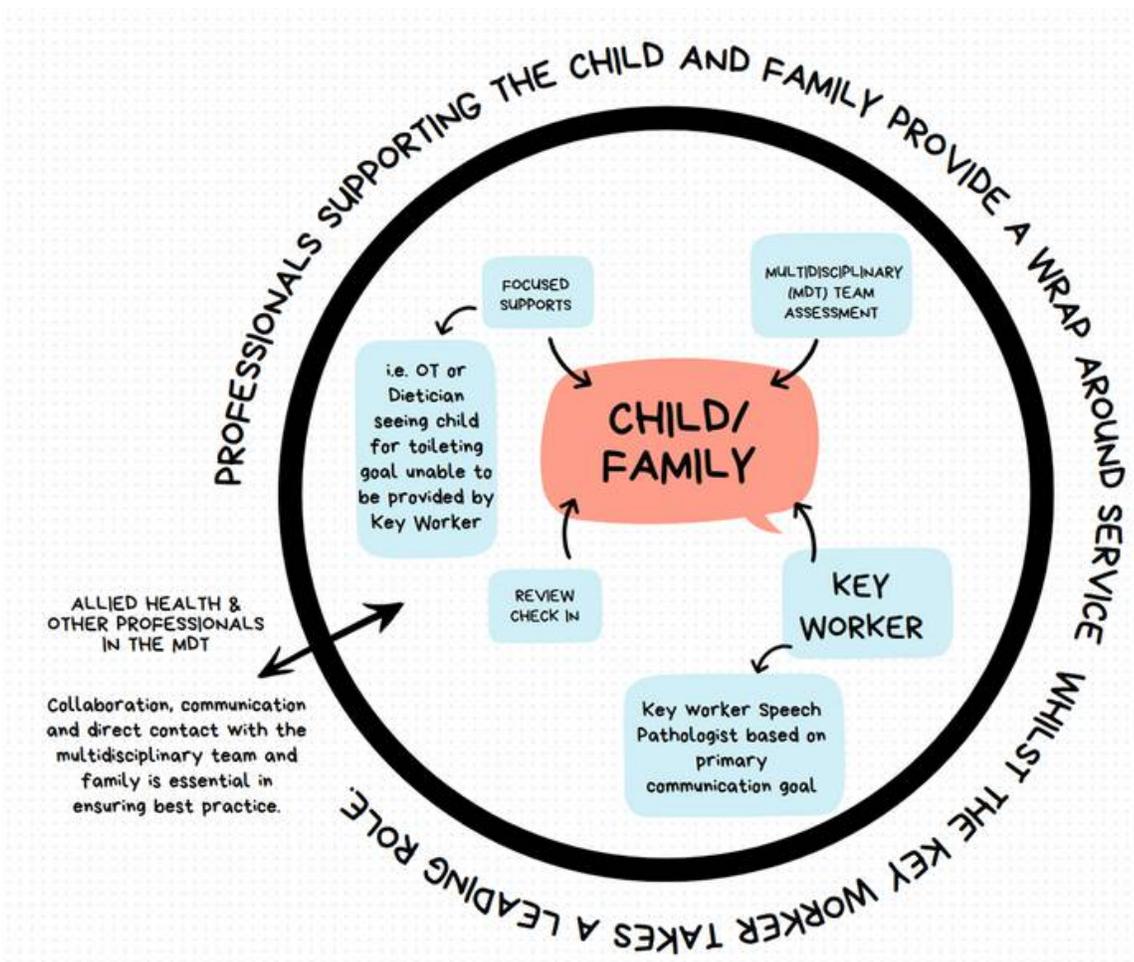


## 6. Service Delivery Concerns

- **Time v's Quality:** In the development of ECI supports we must consider the most effective application of supports (environment, frequency, intensity) in facilitating outcomes. This is compromised where rigid service parameters govern variables such as 'number of sessions' and don't allow for flexibility in the delivery of support to meet the individual needs of a child and family. Increased flexibility will enhance opportunities for those in regional and remote areas to utilise supports in innovative ways.
- **Transitional Support:** Focus is needed on supporting seamless transitions for children between early childhood programs, professionals and other systems like schools or specialised services. This transitional support and collaboration will promote positive outcomes for children.
- **Key Worker Model:** We must consider the risks of implementing a model where misuse of titles, misinterpretation of scope of practice, and moving away from the fidelity of an evidence-based approach is probable. The key worker model requires highly experienced professionals across the multidisciplinary team. To be effective, the key worker must be determined based on the child's needs and the child/family must still have access to other experienced professionals within the multidisciplinary team. A key worker cannot work in isolation and misalignment in allocation of a key worker, where a child's individual needs are not accurately considered, risks reducing functional outcomes for that child. This does not require physical co-location, however sustained collaboration and timely communication with a child's key supports is essential. Within ECI, if a key worker or lead practitioner model is considered, it must not be the only available option, and where it is an option, the scope of practice and definition of that role must be clear, with essential minimum qualifications and experience required. Defining 'Key Worker' and differentiating this from case management service models is essential.

## 6. Service Delivery Concerns (Continued):

An example of the key worker model being used within the ECI pathway is included below.



A child is referred to FS after a GP identified developmental concerns at the time of 4 year old immunisations. The mother raises concerns that others have difficulty understanding what he is trying to say and she also mentions that he is slow to progress with toilet training, constipation and withdraws from group activities at preschool.

The family is put in contact with a Speech Pathologist to assess his communication and pragmatics, the Speech Pathologist identifies a need for other professionals and organises assessments by a Physiotherapist for fatiguing posture observations and Occupational Therapist for a review of toileting and poor sleep habits. Dietician to assess his constipation was ruled out from a medical perspective.

Post assessment multidisciplinary team liaise and discuss therapeutic plan based on the child/family goals and clinical reasoning. Speech Pathologist allocated as Key Worker based on child's primary ECI needs. Dietician and Occupational Therapist to provide time limited supports to address toileting, then Key Worker to monitor toileting progress and provide ongoing support in collaboration with the MDT.

It is important to note that whilst the Key Worker is currently a Speech Pathologist, next year with the transition to school and improvements in communication the key worker role may be transitioned to an Occupational Therapist or Developmental Educator.

## 7. Quality Assurance and Collaboration

- **Collaboration:** Interagency collaboration has long been a frustration of families and providers. Establishing a digital infrastructure to support communication, collaboration, and seamless referrals between services is essential. Allowing FS to be built on the existing workforce and reducing duplication. This infrastructure needs to be national and allow providers to update services and availability. Integration should occur across sectors such as education, health, and social services while preserving distinct roles for foundational supports.
- **Consistency & Education:** Recent confusion relating to the development of best practice guidelines demonstrates the inconsistency within the ECI space. Development a national alliance will ensure consistency, communication, and ongoing review of FS. That can assist in strengthening early childhood practices by fostering innovative and evidence-based approaches across the private, not for profit and wider support sector.
- **Professional Standards:** With the continual growth of services within the sector, it is essential that families feel confident the supports provided align with their needs. Currently, the quality of service is inconsistent. Establishing minimum professional qualifications for providers is necessary to uphold high standards of care. These standards should also include mandatory professional development, supervision requirements and adherence to defined scopes of practice.



# PRINCIPLES FOR FOUNDATIONAL SUPPORTS

- Foundational supports must be accessible regardless of location and designed to promote equity, by utilising the existing ECI workforce including private practices.
- Supports should include assessment, intervention, education, and capacity building tailored to individual needs.
- Funding models should enable flexibility for families to choose the type, location, and intensity of supports.
- Providers must have the autonomy to innovate and deliver evidence-based, individualised care without overly restrictive funding constraints.
- Accessibility must extend to marginalised and underrepresented populations, ensuring cultural safety and inclusivity.



# CONCLUSION



We welcome the introduction of general and targeted FS as an opportunity to improve outcomes for children and families across Australia. The private sector is uniquely positioned to support the design, implementation and provision of General and Targeted FS.

To achieve this, we urge policymakers to address the concerns outlined above, ensuring a collaborative, inclusive, and flexible approach that builds on the strengths of existing systems and providers. By doing so, we can create a sustainable model that truly meets the diverse needs of children and their families.

Private practices play a critical role in delivering FS for children by offering timely, responsive, place-based services. We operate efficiently, focusing resources directly on service delivery. Private practices are adaptable, able to pivot and scale quickly to meet changing needs in their communities. We are deeply embedded in local communities and possess a wealth of expertise that would be lost if the private sector is excluded from the delivery of FS.

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