

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

Submission by the **Australian Physiotherapy Association**

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Authorised by:

Ian Starkey
NSW Branch President
Australian Physiotherapy Association

Rob LoPresti
Chief Executive Officer
Australian Physiotherapy Association
Level 1, 1175 Toorak Rd Camberwell VIC 3124
Phone: (03) 9092 0888
Fax: (03) 9092 0899
www.australian.physio



Acknowledgement of Traditional Owners

The APA acknowledges the Traditional Custodians
of Country throughout Australia and their
connections to land, sea and community.
We pay our respect to their Elders past and present
and extend that respect to all Aboriginal and
Torres Strait Islander Peoples today.

About the Australian Physiotherapy Association

The Australian Physiotherapy Association's (APA) vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy. The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups.

The APA represents more than 33,000 members. The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

We are committed to professional excellence and career success for our members, which translates into better patient outcomes and improved health conditions for all Australians. Through our National Groups we offer advanced training and collegial support from physiotherapists working in similar areas.

Table of Contents

EXECUTIVE SUMMARY	5
RECOMMENDATIONS	6
BACKGROUND – THE ROLE OF PHYSIOTHERAPY	7
CASE STUDY 1: THE NEED FOR EARLY INTERVENTION PHYSIOTHERAPY	7
SERVICE DELIVERY SETTINGS IN NSW	8
OUR VISION FOR NSW'S FOUNDATIONAL SUPPORTS	8
TERMS OF REFERENCE FEEDBACK	9
a) the role of such services and supports on a child's overall development, health and wellbeing	9
b) the types of services and supports available and measures to improve effectiveness, availability and access of such services and supports in metropolitan, regional, rural and remote New South Wales, including medical, community-nursing, allied health services, NDIS services and other service delivery models	10
c) the role of diagnostic services, existing gaps and barriers, and measures to improve effectiveness, availability and access of such services	11
d) gaps and barriers to accessing early childhood intervention and their impact on a child's overall development, health and wellbeing, as well as on their family or carers and other government services and systems	11
CASE STUDY 2: RURAL AND REGIONAL AREAS	13
e) opportunities to increase engagement across sectors and improved collaboration across both government and non-government services, including Aboriginal Community Controlled Organisations, early learning services, educational settings and health services	14
f) other government or best practice child development and early childhood intervention service models and programs operating outside of NSW	14
g) workforce issues in the child development and early childhood intervention sectors, including workforce demand and the availability, quality and capacity of existing workers, and	15
CONCLUSION	15

Executive Summary

The Australian Physiotherapy Association (APA) is pleased to provide feedback to the Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales.

The APA supports an evidence-based, equitable and integrated model of Foundational Supports and capacity building for children from newborns to young people, their families, carers and kin.

The APA supports integrated family-centred supports accessed via clear and well communicated referral pathways - from the maternity unit to community care and natural environments, and the transition to the National Disability Insurance Scheme (NDIS) where required. This must encompass maternal and child health centres and general practitioner referrals, in acknowledgement that paediatrician wait times can be lengthy, particularly in rural and remote areas. It must also incorporate first contact physiotherapy.

Equity of access for all families in New South Wales must be prioritised, including culturally safe, appropriate and inclusive services tailored for diverse communities including First Nations, culturally and linguistically diverse (CALD) and LGBTQIA+ communities.

Addressing barriers to accessibility of therapy supports for non-NDIS patients – pricing, inadequate rebates and geographic barriers is critical. A focus on those living in remote or disadvantaged areas, along with addressing workforce shortfalls in those areas, is required including attention to transportation, technology, incentives and training to address geographical disparities and improve access to therapy supports in underserved regions.

With much of New South Wales being non-metropolitan, families often travel great distances to visit private practice clinicians, which has the potential to impede timely access to services. Models of care that include funding for travel time, enabling healthcare practitioners to conduct home visits, will be central to addressing this problem.

We acknowledge the scale of the task of integrating the multiple entry points and services involved in this reform work. However, we caution that any perceived efficiency gains in attempting to streamline or concentrate access to therapy supports must be carefully considered to avoid inadvertently reducing access to the supports themselves.

Physiotherapists are often the first point of contact for the assessment and identification of developmental delays in infants, providing critical early intervention that may ameliorate motor delays and identify longer term developmental needs.¹

Physiotherapists are critical in assessing and treating gross motor delay and physical disabilities, for example cerebral palsy. They also identify key markers of a number of disabilities, including autism, and are integral members of the multidisciplinary care team.

Physiotherapists are skilled at communicating with families about a child's support needs and supporting families in capacity building, building rapport and advocating for children and their families. It is essential that the Foundational Supports model facilitates continuation of this connection, until either a diagnosis of disability is made or the child ceases to need Foundational Supports.

The Foundational Support model must enable highly qualified healthcare professionals, such as physiotherapists, to apply their clinical reasoning within their scope of practice to determine the most appropriate care plan and wider supports for children experiencing developmental delays, and supporting their families, carers and kin.

This submission addresses a number of the Terms of Reference of this inquiry. We would welcome the opportunity to expand on this feedback and give more detailed evidence to the Select Committee.

Recommendations

Recommendation 1	Fully fund early screening for developmental delays and key markers of disability by appropriate members of the multidisciplinary care team including paediatric physiotherapists.
Recommendation 2	Fully fund clinically assessed Foundational Supports and individualised, tailored care plans based on the child's specific developmental goals and challenges.
Recommendation 3	Invest in early learning centre and school-based physiotherapy interventions to support development and participation.
Recommendation 4	Advocate for optimisation of existing MBS items to facilitate multidisciplinary and team-based care.
Recommendation 5	Advocate for expanded capacity of Primary Health Networks to facilitate multidisciplinary, team-based care, and local service provider communities of practice, and to fund physiotherapy solutions to address rural service challenges.
Recommendation 6	Fund a flexible service delivery model that enables access to supports through a number of provider types and across all settings and natural environments.
Recommendation 7	Invest in clear referral pathways, including first contact physiotherapy, and education at soft entry points to ensure access to appropriate therapy supports.
Recommendation 8	Support Foundational Supports integration with mainstream services.
Recommendation 9	Ensure clear integration pathways with the NDIS for children over nine with longer-term disabilities.
Recommendation 10	<p>Fund the full costs of providing Foundational Supports delivered by physiotherapists, including but not limited to:</p> <ul style="list-style-type: none"> • Delivery in various environments such as homes, community facilities, early learning centres and schools, swimming pools • Travel time • Non face-to-face time, e.g. report writing and multidisciplinary case conferencing.
Recommendation 11	Provide financial incentives to support the development and growth of a physiotherapy workforce and remove barriers to care in rural and remote areas.
Recommendation 12	Invest in telehealth models of care to increase access to paediatric physiotherapy for rural and remote children and young people.

Background – the role of physiotherapy

Physiotherapists in paediatric and disability supports work in a range of settings in NSW and are uniquely placed to support babies, infants, children and young people who present with any condition from developmental delays to all disabilities across their diagnostic and therapeutic journeys.

Paediatric physiotherapists provide evidence-based targeted therapy supports, using a family-centred approach aiming to build the capacity of the child's circle of support across their natural settings. They have an integral role in multidisciplinary teams providing early supports to minimise the impacts of developmental concerns, with a view to enhance current and future independence through early intervention.

Paediatric physiotherapists are specialists in physical and physiological childhood development. They assess, identify, diagnose and treat movement and developmental disorders in infants through to those aged 19 years. This includes orthopaedics, congenital malformations, neurology and neuromotor concerns.^{2 3}

Physiotherapists provide family-centred, capacity-building support to children, their families, carers, kin and communities. They deliver culturally responsive and inclusive participatory practices engaging children in their natural environments - be that at home, in their educational setting or out in the community. There is evidence supporting a variety of school-based physiotherapy interventions with a focus on assisting participants to improve their ability to engage in school activities.⁴

Early evidence-based physiotherapy intervention is critical to identifying and addressing developmental delays and promoting longer-term quality of life. An infant's early gross motor skills provide an important contribution to their developmental wellbeing.⁵

Physiotherapists are often the first healthcare professionals to evaluate children at developmental risk, including children with Autism Spectrum Disorder (ASD).⁶ Early identification of movement difficulties (prior to ASD diagnosis) facilitates access to early specialised interventions and promotes better outcomes for children with ASD.⁷

Case study 1: the need for early intervention physiotherapy

Cerebral palsy is the most common childhood disability, reducing sensory awareness and proprioception (the body's ability to sense movement, action and location). This reduced limb awareness impacts the development of movement. If intervention doesn't occur before neuronal clipping (2-10 years), the infant/child must rebuild these neuronal pathways, which is a more difficult and time-consuming process.

One of the early symptoms of cerebral palsy is hemiplegia (muscle weakness or partial paralysis), which can be detected at six months of age. However, the average age of cerebral palsy diagnosis is two. Physiotherapists have skills and assessment tools to identify the likelihood of cerebral palsy from as early as two months and use interventions to improve sensory awareness and promote movement development.

A seven-month-old infant in New South Wales is referred by a paediatrician to a paediatric physiotherapist to support the infant to develop sitting skills and engage in tummy time. Her family pay privately. The physiotherapist notes disuse of the infant's right upper limb and stiffness in the right knee and ankle.

The infant is unable to roll, sit or tolerate tummy time and is experiencing significant feeding issues. After two sessions of physiotherapy focused on improving sensory awareness of her right arm and prescribing home activities, she begins to use her right arm, including moving it away from her body and grasping and handling toys. She is able to sit for up to 30 minutes. A rapid improvement in function with targeted and timely intervention, preventing the development of further delay/disability, has been observed.

The physiotherapist refers the infant to a private speech pathologist with skillset in feeding issues related to neurologic causes, who sees them as a matter of urgency and commences intervention.

Despite identification of being at high risk of cerebral palsy, there is no funded intervention available and her family cannot afford the recommended weekly physiotherapy and speech pathology, and occupational therapy. NDIS eligibility assessment is underway but likely to take months. While a Chronic Disease Management plan is approved, the rebate covers less than a quarter of the cost of each session and the plan is limited to just five allied health sessions.

Service delivery settings in NSW

Physiotherapists work across a range of settings to assess and treat children and young people.

The physiotherapist's role in inpatient settings begins in the neonatal setting, often identifying children who are at risk of a future diagnosis or developmental delay and supporting these children through intervention and assisting in accessing support services, diagnoses, and early intervention and supports.

In outpatient hospital settings, physiotherapists may provide therapy supports, including early intervention, however these hospital-based clinics often have significant wait lists, targeted or selected eligibility criteria (i.e. for children born preterm), or limited capacity (i.e. not able to provide the frequency of therapy required, support the child's extended support network or provide services in a child's natural settings).

Physiotherapists in hospital settings often work in outpatient follow up clinics, where physiotherapists work alongside other medical staff to support children with a known diagnosis or movement disorder to follow up, monitor, provide intervention and oversee a child's supports.

In private and community settings physiotherapists are often the first point of contact for families who have concerns about their child's development or movement. Physiotherapists may be referred by GPs or parents may self-refer to the physiotherapy clinic. Given the comprehensive skill set of paediatric physiotherapists, children seen by a community paediatric physiotherapist will have access to a comprehensive assessment including neurological assessment, functional assessment and motor development assessment. It is often during these assessments and early therapy sessions that risk factors or red flags associated with a diagnosis or disability are first identified (e.g. identification of neurological impairment indicating a likely cerebral palsy diagnosis). Physiotherapists are key to a child receiving a formal diagnosis. Physiotherapists will liaise with GPs and other medical professionals, including paediatric neurologists and paediatricians, to ensure appropriate investigation of any identified impairments to support efficient and accurate diagnosis.

Physiotherapists work across the natural settings of children including community-based clinics, in their homes, in pre-schools and in schools. This means that physiotherapists can provide therapy, support and developmental guidance in all environments where children learn, play and develop their skills.

Paediatric physiotherapists can also be accessed remotely through telehealth for families who are unable to access a physiotherapist locally.

Given the broad range of locations and settings in which paediatric physiotherapists work, they can bridge gaps, address service barriers and enable access by supporting and streamlining diagnosis, facilitating referrals and allowing early access to targeted therapy supports even prior to a formal diagnosis being accessed.

Our vision for NSW's Foundational Supports

The APA is calling for a program that invests in:

- Integrated family-centred supports accessed via clear and well communicated referral pathways from the maternity unit to natural environments and in the transition to the NDIS (where required)
- Equity of access for all families, particularly those in remote or disadvantaged areas. This requires attention to transportation, technology, and mechanisms to incentivise and train the therapy supports workforce to address geographical disparities and improve access to therapy supports in underserved regions
- Family support, education and capacity building that address individual situational, capacity and health literacy barriers to supporting children achieve improved outcomes
- Family choice and control in how services are accessed, for example, via private practice, non-government organisations, state-funded services such as disability supports services or child development units
- High quality supports that offer value and are evidence based

- Flexibility in settings, for example, at home or in the community early learning centres, schools, private practice, community facilities
- Continuity of existing support arrangements
- Quality assurance with minimal administrative burden for already highly regulated healthcare professions such as physiotherapy
- Collaborative, multidisciplinary and cross-sectoral support teams to ensure appropriate referral and case conferencing
- Timely reassessment of need and outcome-based adjustments based on clinical reassessment
- Service flexibility
- Education in a variety of formats including digital applications on available supports, for capacity building
- Early screening of children at risk of developmental delays – for example, those with a history of prematurity, low birth weight, or other factors that increase the risk of developmental delays
- Recognition of non-face-to-face efforts and travel undertaken by Targeted Supports providers
- Culturally safe services for Aboriginal and Torres Strait Islander families, supporting access and engagement with therapy support services
- Culturally appropriate and inclusive services tailored for diverse communities, including CALD and LGBTQIA+ communities.

Terms of reference feedback

a) the role of such services and supports on a child's overall development, health and wellbeing

Foundational Supports play a critical role in the early identification of developmental differences, enabling timely access to assessment and management. They are a strategic enabler of preventative intervention, aiming at reducing the severity of future challenges, improved outcomes in education, participation, and wellbeing throughout the lifespan.

There are multiple pillars to early intervention including routine and accessible screening services, equitable access to primary care and allied health services, education and awareness in mainstream services such as school and community settings.

While multiple entry points may be currently available through different settings, Foundational Supports most crucially should provide a framework to enable collaboration across all stakeholders including the multidisciplinary care team and uphold holistic, long-term outcomes and follow-up.

Supports should further aim to minimise barriers to service delivery, (e.g. resource burden, rural and remote underservicing) and increase uptake of available support pathways (e.g. CALD appropriate, home and school setting providers).

Early and equitable access to Foundational Supports has significant long-term impacts not only on childhood development and life-long disability outcomes, but also on wider family, community and economic outcomes.

Physiotherapy forms an integral entry point for Foundational Supports. Physical difficulties or peculiar movements are often the first signs of development differences noticed by parents.

As movement issues are noticed much earlier than fine motor or speech delays, physiotherapists are often the first point of contact for assessment and identification of developmental deviation/delay and disability in infants.

Physiotherapists have an integral role in alerting general practitioners and/or paediatricians and referring to other allied health supports.

b) the types of services and supports available and measures to improve effectiveness, availability and access of such services and supports in metropolitan, regional, rural and remote New South Wales, including medical, community-nursing, allied health services, NDIS services and other service delivery models

While several initiatives have been implemented in NSW to improve supports available for children and their families, there are clear gaps.

NSW Health provides free services to child (aged 0-5) and family health and development checks and information and screening services at age four through eligible Early Childhood Education Centres (ECECs) and school settings through the Brighter Beginnings program/Health and Development participation grants. While integral, many families continue to face difficulties accessing mainstream services due to transport issues, social supports, awareness of services, health literacy, language diversity and cultural safety.

Integration of these developmental checks with multidisciplinary supports, such as physiotherapy, and addressing the barriers to affordable care must be prioritised.

Outreach services that provide home-based visits (available through programs such as Sustaining NSW Families) may bridge this gap, however these services are not specialised to disability or developmental needs. Expansion of similar outreach style programs to include developmental assessment and intervention by allied health would improve the efficacy and robustness of these supports for the target population.

Furthermore, how screening services relate to the wider continuum of care remains a paramount issue and does not address targeted supports to provide high value intervention. GP practices are incentivised to engage with allied health providers to provide ongoing targeted supports, where the private sector is heavily relied upon to provide services. Similar financial and sustainability barriers regarding MBS are apparent where a maximum of 10 services can be allocated per treatment course, with a maximum of 20 per eligible patient's lifetime.

Furthermore, as is the case in the NDIS, children without a listed diagnosis, despite ongoing developmental delays, fall through the gap of eligibility.

For school aged children, programs such as the Inclusion Support Program (ISP) promote inclusive ECECs and build the capacity of centres to support children with developmental differences. These programs support professionals and education centres but are not direct or targeted supports for children or their families, nor are they robust enough to support complex developmental differences and disabilities.

Some programs run across NSW Health to incentivise rural workforce promotion, development and retention, however to date these are not specific to the needs of this population.

To allow for equitable, accessible and flexible supports to be provided, a scheme designed to leverage the private sector workforce and connect these supports with key workers and mainstream supports is likely to have the most benefit and impact.

Every child deserves access to vital early intervention and prevention Foundational Supports such as physiotherapy. Many rural areas lack this access, leading to disparities in care.

New funding models and targeted skills incentives are essential to increase recruitment and retention of physiotherapists in rural and regional New South Wales.

There is a need for flexible funding models to address access barriers for rural children and support service delivery.

Some intervention and therapy programs exist in educational settings. Currently there are support classes and Schools for Specific Purposes in NSW. Programs offered in these units and schools support children with identified disabilities, and may at times include access to physiotherapy as part of the school staff. However, this access to physiotherapy is inconsistent among schools.

Pre-schools currently support many children in the years prior to starting school and have great value in providing self-care and early learning skills to children. However, staff in these settings typically do not have the training or skills to specifically identify, assess and provide intervention for children developing on a different trajectory to what is expected.

c) the role of diagnostic services, existing gaps and barriers, and measures to improve effectiveness, availability and access of such services

Diagnostic services are currently supported predominantly by the GP and/or paediatrician. The primary 'gatekeeper' approach is necessary for coordinating stakeholders and assessments and compiling a clinical picture of a child's development and external factors. However, this can also contribute to a bottleneck of service availability, referral delays and increased cross-communication needs.

Physiotherapy, along with family nurses and other allied health, should be supported to work at their full scope of practice, leveraging their clinical expertise and strong ability to assess developmental milestones and deviations and facilitate access to multiple care settings.

Where children are being assessed for long-term disability, improved availability of allied health assessments is essential to help triage and bridge families to the NDIS or other eligibility-based services.

Physiotherapists should be able to access a suite of fully-funded MBS items to provide equitable support for all families to access appropriate diagnostics and other available supports. For private and public providers alike, funding for case conferencing and telehealth supports are fundamental to improving efficacy of diagnostic services and to coordinate continuity of care across the lifespan. A seamless, integrated Foundational Supports program in NSW must include:

- Utilisation of my health record portal for shared access to all assessment outcomes, health monitoring and reduce replication of assessment/information gathering.
- Standardised assessment frameworks for global developmental delay screening and monitoring with further specialised assessments for targeted disability areas.

d) gaps and barriers to accessing early childhood intervention and their impact on a child's overall development, health and wellbeing, as well as on their family or carers and other government services and systems

There are a number of gaps in funding options to access physiotherapy for families of children and young people.

Medicare: There are significant barriers associated with Medicare funding for physiotherapy. In order to qualify for Medicare funded physiotherapy, a GP referral for a CDMP is required. GP consultation fees and wait times may be an additional impost on already stretched families.

The Medicare rebate associated with a CDMP is very low, resulting in large out-of-pocket expenses for the family. In addition, the CDMP is limited to five sessions in total to be shared among a number of allied health services per calendar year, which is a significantly lower number of sessions than children with movement or developmental concerns typically require.

Additionally, Medicare rebates for the diagnostic pathway are typically very low, resulting in families being required to largely self-fund assessments and consults for a diagnosis, which impacts on the child's ability to access other funding and supports. For example, the cost of the average diagnostic pathway can range from \$2,000 to \$4,000.

The NSW Foundational Supports program must prioritise fully funded early physiotherapy assessment and ongoing intervention via multiple entry points.

NDIS: One of the most significant barriers to accessing the NDIS is the eligibility criteria, particularly related to the need for a formal diagnosis. The cost and time associated with obtaining the necessary assessments and specialist reviews can be prohibitive, leading to extended delays in initiating support. These delays are particularly detrimental in early childhood, where timely intervention is critical for optimal developmental

outcomes. Children may wait long periods for a diagnosis, followed by additional wait times during the NDIS application and approval process. For children over 7 years old – who fall outside the Early Childhood Early Intervention (ECEI) stream – these delays are often more pronounced, with limited or no therapeutic support available while they wait. This can result in a delay of more than a year during which essential interventions could have been delivered.

Current delays in children accessing NDIS funding, even following a diagnosis, mean that many children continue to be seen in the public health system - these appointments may not be at the optimal frequency and may include significant travel distance for families. Additionally, essential equipment and supports such as walking frames, wheelchairs and seating equipment are largely funded by the NDIS, resulting in families waiting for NDIS funding to begin prior to accessing trials and approval for these items of equipment. This could significantly impact the child's early independence and mobility during crucial stages of development.

Children who do not meet diagnostic or residency requirements may be excluded from the NDIS altogether, despite having complex needs. An example of this is children with suspected genetic conditions who do not yet have a unifying diagnosis to explain their impairments, symptoms or developmental delay. Currently early intervention funding may be accessible to these clients; however, these children often do not receive the level or consistency of funding for the supports they require to manage their complex presentations and may not receive ongoing funding after the age of 7 despite significant functional impacts.

Private paying and private health insurance: Private paying can be prohibitive for families resulting in limited or no access to the therapy and interventional supports the child requires. This limited access can delay comprehensive assessment and intervention, lengthening the diagnostic pathway and reducing the effectiveness of early intervention. The absence of timely supports during critical developmental periods can lead to poorer functional outcomes, increased long term needs, increased dependence on caregivers and less participation in their communities over time.

These delays are especially concerning given that the first six months of life represent a critical period of neurodevelopment. Physiotherapy intervention during this time — before neuronal pruning occurs — offers the greatest potential to prevent avoidable delays and promote optimal outcomes.

Many infants with gross motor concerns also experience feeding difficulties. Establishing referral pathways from lactation consultants or maternal and child health nurses to physiotherapists would enable early identification of at-risk children. When intervention is delayed, developmental delays often compound, becoming more difficult and costly to address.

Families experience distress, mental health challenges, and interruptions to employment when timely supports are unavailable, leading to increased financial strain and reduced workforce participation. As a result, other parts of the system — such as primary care, emergency departments, and early childhood services — absorb the burden.

Child Development Units: These are publicly funded through the health system. The value of the units is the provision of free access to medical and allied health teams to complete comprehensive discipline-specific assessment to guide and clarify if a diagnosis is present, with a view of promoting early diagnosis. This program further aims to provide initial insight into the therapy supports required and highlights the benefit of multidisciplinary assessment. This is important as many families are unsure of where to go or who to see when developmental concerns arise, particularly in rural and culturally diverse communities.

These programs however, have significant waitlists, and pose a barrier to many Australian children and their families due to geographical limitations impacting access.

The NSW Government 2024-25 Budget investment of \$20 million under the Family Start Package for public paediatric allied health workforce to conduct outpatient child health assessments and early intervention services is welcome but not a long-term solution. It is critical that comprehensive and integrated multi-entry Foundational Supports accessible to all NSW families regardless of where they live is prioritised.

To improve access and outcomes, the private allied health sector should be better leveraged to support workforce shortages and provide flexible, home-based intervention for children before school age, particularly those not yet enrolled in formal early education. Physiotherapists in private practice are well-positioned to respond quickly, provide continuity of care, and work in natural environments such as the

home. However, for these supports to be feasible and sustainable, targeted funding for travel, liaison, and coordination is essential — especially when delivering services in the community, across regional or outer suburban areas, or to children outside of structured programs.

Case study 2: rural and regional areas

Significant and ongoing access issues affect families in rural and remote areas of NSW as highlighted by the following case study contributed by a NSW paediatric physiotherapist:

“Access to allied health services for regional and rural families is obviously an issue, and there is scope for a service that allows parents to escalate concerns, and contact trained specialist clinicians for assessment, referral and support.

My case example is of a six-month-old female with abnormal movements who attended a regional child health centre with allied health service for concerns which were dismissed.

Following a telehealth consult with myself, I provided written referrals and reports, and pushed for immediate paediatric review and got the family to present to their local emergency department due to abnormal increasing brain/seizure-like activity where they were admitted for overnight review and dismissed.

It took three months for this infant to be reviewed by a paediatrician, after which she was diagnosed with cerebral palsy and now travels more than one hour to receive specialised care.”

This case underscores the need for systems that support early identification and specialist triage in regional areas, while also providing support to local therapists

Physiotherapists should be recognised and supported as first contact practitioners within Foundational Supports, fully funded with no requirement for a GP referral.

Embedding telehealth access is also critical to ensure equity for rural and remote families and to allow timely, developmentally appropriate care during key windows of opportunity.

Telehealth is a vital service delivery tool with which generalist physiotherapists working in rural and remote NSW can connect with specialist paediatric physiotherapists who can guide, supervise and mentor them, as well as facilitate direct consultations for the patient with paediatric physiotherapists.

The APA's 2023 Workforce Census shows that one in three physiotherapists are willing to work rurally but cite a lack of financial incentive as a key barrier.

Commonwealth-funded attraction strategies like the HELP for Rural Doctors and Nurse Practitioners initiative must extend to physiotherapists, who sit in Australia's Top 20 Occupations in Demand, alongside doctors and nurses.

There is a need for incentivised supports to nurture rural recruitment and retention. We need to rethink rural workforce policies. Multidisciplinary care is needed to deliver comprehensive foundational supports to rural and remote children and young people.

The federal government's Workforce Incentive Program (WIP), developed to support multidisciplinary and team-based care, is failing to improve access to physiotherapy. In a recent survey of our membership, the APA found that only three per cent of physiotherapists working in rural and remote areas are employed or contracted by the WIP, demonstrating that channeling funding through general practice is not effective.

Reform is needed to drive new discipline-specific measures to make rural practice more viable, factoring in geographic, demographic, workforce and training variables.

e) opportunities to increase engagement across sectors and improved collaboration across both government and non-government services, including Aboriginal Community Controlled Organisations, early learning services, educational settings and health services

There are a range of actions that would contribute to increased engagement and collaboration across sectors, including to:

- Embed physiotherapists and other allied health professionals as part of Foundational Support teams, especially in key worker roles, that work in partnership across early learning services, primary care, and ACCOs, enabling early identification and coordinated support.
- Fund cross-sector service coordination roles (e.g. key workers or navigators) to support families in navigating the interface between health, disability, and education systems — especially in the early years before school enrolment.
- Establish streamlined referral pathways between current screening programs and maternal child health services, lactation consultants, early learning, and physiotherapists without requiring GP referral for initial assessment.
- Facilitate shared care and communication platforms between ECEC services, allied health providers, and general practice to ensure consistent messaging, goal alignment, and timely action when developmental concerns are raised – initiatives such as MyHealthRecord can be leveraged to coordinate continuity of information and shared communication portal.
- Provide a Foundational Support framework with standardised assessment pathways which provide clear, concise, long-term development monitoring.
- Leverage the private allied health workforce to provide outreach and in-home services, particularly for children not yet enrolled in formal education settings — with specific funding for travel, communication, and inter-agency collaboration to make these services viable.
- Promote joint professional development and case conferencing opportunities between early childhood educators, therapists, ACCOs, and child health providers to foster shared understanding and consistent approaches to developmental support.
- Invest in telehealth infrastructure and hybrid service models to enable multidisciplinary collaboration and improve access for families in rural, remote, and underserved areas.

Physical difficulties or peculiar movements are often the first signs noticed by parents. A large proportion of children with gross motor issues also have feeding issues. If the trigger for a physiotherapy referral was feeding difficulties or the need for a lactation consultant, this would result in early and appropriate detection of children at risk of delay or disability.

Well-funded or fully funded MBS physiotherapy items could be one mechanism, or a routine fully funded physiotherapy assessment at the age of two or three months for every infant. The requirement for a GP referral to be issued so that an MBS item for physiotherapy can be accessed is a current barrier and should be removed. When referral is delayed or the “wait and see” approach used, critical developmental windows are missed, and the risk of delay and/or disability are both increased and less-easily rectified.

Physiotherapy intervention prior to six months age (before neuronal pruning occurs), would provide the most benefit in the prevention of avoidable developmental delay.

Funding must also extend to the early learning environment to support appropriate staff ratios to enable targeted supports to be delivered in that environment and to enable physiotherapy to collaborate with childcare centres, preschools or community health centres to integrate therapy services into the child’s daily routine.

f) other government or best practice child development and early childhood intervention service models and programs operating outside of NSW

The Children and Young People Equipment Loan Service (CAYPELS) in the ACT provides a loan pool of paediatric therapeutic equipment for ACT residents. It is well utilised and has been extremely beneficial for infants detected with delay/disability but not yet with any diagnosis or NDIS funding. Cross border NSW residents are unable to access this loan pool and it is a known cause of distress to these NSW families who have an infant/young child in need of assistive technology. They are only able to access equipment via

limited day care equipment pools (if their child attends a day care) and this equipment is only for use at the day care centre.

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

As a direct result of the privatisation of disability services, the bulk of this workforce is currently in the private sector.

One of the barriers to a workforce with specialised assessment skills in pre-term and infant screening is the high cost of training and maintaining professional development for evidence-based screening and assessment tool.

One of the keys to recruiting and retraining a high quality Foundational Supports physiotherapy workforce is funding of the specialist training required.

NSW regions surrounding ACT are often required to access ACT-based workforce for paediatric/disability skill sets. This can include families on the NSW South Coast who will travel preferentially to Canberra for services over Sydney.

There is often limited understanding of the roles and delineations of different disciplines in the paediatric and disability sectors. This includes a lack of clarity among other allied health and medical professionals, NDIS planners, support coordinators, and families regarding the scope and value of physiotherapy.

This misunderstanding leads to under-referral and missed opportunities for early, comprehensive assessment and means that children may not access early comprehensive neurological and functional assessment impacting on timely diagnosis and timely commencement of early intervention.

Building a clear understanding of the role of paediatric physiotherapists across the broader sector is critical to improving access to physiotherapy assessment and intervention, and therefore critical to supporting more children to access timely diagnosis and intervention.

It is important that early intervention promotes the ability of all appropriate disciplines within allied health to complete an assessment and confirm strengths and weaknesses of a client, to then guide diagnosis, therapy supports and prognosis. Funding for early intervention, should include all relevant disciplines accordingly, to ensure future decisions are inclusive of all the necessary information gathered from assessment to ensure informed decisions are guiding therapy and funding decisions.

Conclusion

The Foundational Supports reform program is an opportunity to deliver best-practice early childhood intervention and capacity-building for children and their families, carers and kin, to increase participation, reduce entry to the NDIS scheme by addressing developmental concerns early and to identify longer-term disability. It is critical we adopt family-centred, flexible, integrated best practice models of care, reflecting where and how families choose to access them.

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