

# Department of Social Services consultation on Foundational Supports

Submission by the **Australian Physiotherapy Association**

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## **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.

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## 1. Executive Summary

The Australian Physiotherapy Association (APA) is pleased to provide feedback to the Department of Social Services (the Department) consultation on Foundational Supports.

The APA supports an evidence-based, equitable and integrated model of early childhood intervention Targeted (therapy) Supports and capacity building for children, their families, carers and kin, and the General Supports to deliver information and advice and build the capacity of all people with disability aged under 65.

We note that in August 2024, 20 paediatric physiotherapists met with Professionals and Researchers in Early Childhood Intervention (PRECI) and provided input into the Department-commissioned Review of Early Childhood Intervention Best Practice. It feels premature that the Foundational support consultation is being conducted prior to the resulting Best Practice in Early Childhood Intervention Framework that should inform this key disability-related reform.

The APA supports integrated family-centred supports accessed via clear and well communicated referral pathways from the maternity unit to natural environments and the transition to NDIS (where required).

Equity of access for all families must be prioritised. Foundational Supports must address current barriers to accessibility of therapy supports for non-NDIS patients, including pricing and inadequate rebates for the limited number of applicable items.

There must be an equity lens applied to consider people living in rural, remote or disadvantaged areas, and to address workforce shortfalls in those areas. This requires attention to transportation, technology, incentives and training to address geographical disparities and improve access to therapy supports in underserved regions.

We acknowledge the scale of the task of integrating the multiple entry points and services involved in this reform. 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.<sup>1</sup>***

Paediatric physiotherapists are trained to recognise key markers of a number of disabilities, including autism, and refer their paediatric patients to other support services within the broader multidisciplinary team where appropriate.

Physiotherapists are skilled at communicating with families about a child's support needs and supporting the 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, including 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.

We call on the Department to recognise the skills of qualified physiotherapists in adapting plans and programs to regulate the infant or child, assess their ability to safely participate in the moment and allow for parent coaching, consistent with current early childhood intervention best practice guidelines. Any shift of responsibility to therapy assistants for program delivery is not consistent with best practice quality and safe service delivery.

This submission addresses the key themes and questions within the consultation paper. We invite further opportunity to expand on this feedback and actively contribute to the development of the new model.

## 2. Recommendations

<b>Recommendation 1</b>	Adopt an evidence-based approach to provision of Foundational Supports based on the Best Practice in Early Childhood Intervention Framework.
<b>Recommendation 2</b>	Invest in early screening for developmental delays and key markers of disability.
<b>Recommendation 3</b>	Invest in clinically assessed Targeted Supports and individualised, tailored care plans based on the child's specific developmental goals and challenges.
<b>Recommendation 4</b>	Invest in early learning centre and school-based physiotherapy interventions to support development and participation.
<b>Recommendation 5</b>	Consider options for fully state-funded allied health services in addition to optimising utilisation of existing MBS items and Primary Health Networks to facilitate multidisciplinary and team-based care, and local service provider communities of practice within a blended funding model.
<b>Recommendation 6</b>	Fund a flexible service delivery model that enables access to supports through a number of types of providers and across all settings and natural environments.
<b>Recommendation 7</b>	Invest in clear referral pathways and education at soft entry points to ensure access to appropriate therapy supports.
<b>Recommendation 8</b>	Support Targeted Supports integration with mainstream services.
<b>Recommendation 9</b>	Ensure clear integration pathways with the NDIS for children over nine with longer-term disabilities.
<b>Recommendation 10</b>	<p>Fund the full costs of providing targeted supports, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Delivery in various environments such as homes, community facilities, early learning centres and schools, swimming pools;</li> <li>• Coaching of other supports including childcare workers, sports coaches, teachers;</li> <li>• Travel time; and</li> <li>• Non face-to-face time, e.g. report writing and multidisciplinary case conferencing.</li> </ul>
<b>Recommendation 11</b>	Invest in mentorship and training of graduate physiotherapists in rural and regional areas by experienced practitioners and provide financial incentives to practitioners to address workforce shortfalls in these areas.
<b>Recommendation 12</b>	Recognise the expertise of physiotherapists in delivering both General Supports (coaching and connection) to all aged groups and therapeutic Targeted Supports to children, families, their carers and kin.
<b>Recommendation 13</b>	Modernise My Health Record to enable full participation by physiotherapists and accelerate interoperability with practice management systems to improve data collection and analysis to inform workforce planning and policy development.

### 3. Background – physiotherapy and early childhood 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 in the areas of orthopaedics, congenital malformations, neurology and neuromotor concerns.<sup>2 3</sup>

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.<sup>4</sup>

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.<sup>5</sup>

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

Physiotherapists provide supports in the child's natural environment – such as the home, early childhood learning settings, schools, swimming pools, sports clubs – to improve motor skills and support participation in activities within those environments.

### 4. Our vision for a new Foundational Supports program

The establishment of jointly Commonwealth and state/territory-funded Foundational Supports is an opportunity to deliver best practice early childhood intervention and capacity-building for children and their families, carers and kin, to increase participation in daily activities and potentially reduce entry to the NDIS scheme by addressing developmental concerns early.

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 the transition to 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 workforce delivering therapy supports, addressing geographical disparities and improving access to therapy supports in under resourced 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 high value and are evidence-based;
- Flexibility in settings for service delivery, for example, at home or in community settings including early learning centres, schools, private practice, community facilities;
- Continuity of existing support arrangements;
- Quality assurance, with consideration given to the existing administrative burden for 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 and capacity building on available supports in a variety of formats, including digital applications;
- 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; and
- Culturally appropriate and inclusive services tailored for diverse communities, including CALD and LGBTQIA+ communities.

## 5. Key areas for consideration

### Identification of support needs

There are multiple entry points to accessing physiotherapy supports, including via direct referral, hospitals, paediatricians, general practitioners, child and maternal health nurses, allied health assessments, early education centres and schools. There is a need for clear referral pathways and education about the referral pathways at each point, including about the critical role of early intervention physiotherapy.

### Access to supports

Foundational Supports must enable access to the right Targeted Supports at the right time. It is critical that these supports are delivered by an appropriately qualified physiotherapist utilising clinical reasoning to determine what supports are appropriate. Physiotherapists deliver supports in different ways as determined via clinical assessment. These may include direct contact with the child, family or community support, educating teachers, coaches and childcare workers how to support individual children in their environments. It may also include group supports.

***The delineation between group Targeted Supports and group General Support must be clarified with recognition of the clinical and capacity building expertise of physiotherapists in both streams.***

There must also be flexibility in accessing supports across all settings and natural environments.

### Funding and other barriers to accessing supports

Pricing and inadequate rebates/high out-of-pocket expenses on a limited range of available Medicare items remain the most significant barrier to accessibility of therapeutic supports for non-NDIS patients.

The APA believes funding must match the aims of the Foundational Supports program, including driving innovation and evidence-based practice. Outside the NDIS, there are currently limited options for accessing publicly funded physiotherapy addressing developmental concerns.

Medicare rebates have been insufficient in allowing access to private physiotherapy as the gap fee can often be prohibitive for families. GP referral to MBS Chronic Disease Management (CDM) plans enables access to an inadequate total of five consultations across a range of allied health services and is dependent on a diagnosis.

MBS complex neurological developmental items, which require referral by a paediatrician, allow four assessments and 20 treatment sessions across a range of allied health disciplines. Utilisation of these items has reduced since the introduction of the NDIS and could be considered for inclusion in a blended Foundational Supports funding model.



In addition, CDM recipients are also eligible for up to four MBS multidisciplinary (MDT) case conferencing meetings scheduled by GPs and involving allied health practitioners and maternal and child health nurses. Patients with autism are eligible for unlimited MDT case conferences. The experience of APA members is that these items are not optimally utilised due to the time involved in scheduling multiple practitioners.

Nonetheless, the MBS MDT case conferencing items (subsidising 20, 40 and 60 minute meetings) should also be considered for inclusion in a blended funding approach to subsidise affordable access to Foundational Supports.

Building community connection and funding facilitation of what were previously known as consortiums of care or communities of practice – supporting connection across local support providers - is also a critical component of Foundational Supports. Primary Health Networks may be well-placed to facilitate these ongoing.

Early physiotherapy screening for developmental delays is critical and should be funded under the program, with consideration given to Maternal Child and Health Centres as appropriate settings.

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 physiotherapists to collaborate with childcare centres, preschools, or community health centres to integrate therapy services into the child's daily routine.

To improve early childhood outcomes and support a sustainable targeted supports workforce, including physiotherapy, the APA recommends funding that recognises the costs of delivering targeted supports, including but not limited to:

- Delivering supports in various environments such as homes, community facilities, early learning centres and schools, swimming pools;
- Coaching of other supporters including childcare workers, sports coaches, teachers;
- Travel time; and
- Non face-to-face time, e.g. report writing and multidisciplinary case conferencing.

Families can experience barriers to accessing physiotherapy services due to provider availability, family time/availability, and varying levels of health literacy. Appropriate funding must invest in MDT collaboration by way of team and family meetings, extended hours of practice, flexibility of services, connecting the supports workforce and technology enabled solutions.

## 6. 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 in daily activities and potentially reduce entry to the NDIS scheme by addressing developmental concerns early. It is critical we adopt family-centred, flexible, integrated best practice models of care where and how families choose to access them.

## References

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- <sup>1</sup> Martiniuk A., Vujovich-Dunn C, Park M, Yu W, Lucas B. Plagiocephaly and Developmental Delay: A Systematic Review. *Journal of Developmental & Behavioral Pediatrics* 38(1):p 67-78, January 2017. | DOI: 10.1097/DBP.0000000000000376
- <sup>2</sup> Burslem J, McAtasney D, McGarrity K, Old S, Sellar J, Todd G. *Working with Children - Guidance on good Practice*. Chartered society of physiotherapy. 2016
- <sup>3</sup> Mistry K, Yonezawa E, Milne N. Paediatric Physiotherapy curriculum: an audit and survey of Australian entry-level Physiotherapy programs. *BMC Med Educ*. 2019; 19 (109): doi: 10.1186/s12909-019-1540-z
- <sup>4</sup> Alexander KE, Clutterbuck GL, Johnston LM. Effectiveness of school-based physiotherapy intervention for children. *Disabil Rehabil*. 2024 Aug 10:1-21. doi: 10.1080/09638288.2024.2388260. Epub ahead of print. PMID: 39127885.
- <sup>5</sup> Libertus, K., Hauf, P. (2017). Editorial: Motor skills and their foundational role for perceptual, social, and cognitive development. *Frontiers in Psychology*, 8, Article 301. <https://doi.org/10.3389/fpsyg.2017.00301>
- <sup>6</sup> Ben-Sasson, A., Atun-Einy, O., Yahav-Jonas, G. et al. Training Physical Therapists in Early ASD Screening. *J Autism Dev Disord* 48, 3926–3938 (2018). <https://doi.org/10.1007/s10803-018-3668-9>
- <sup>7</sup> Pierce, K., Buie, T., Carter, A., Davis, P. A., Granpeesheh, D., Mailloux, Z., Newschaffer, C., Robins, D., Roley, S. S. Wetherby, A. (2015). Early Identification of Autism Spectrum Disorder: Recommendations for Practice and Research. *Pediatrics*, 136 Suppl 1(Suppl 1), S10–S40. <https://doi.org/10.1542/peds.2014-3667C>