Australian Association of Family Therapy (AAFT)

Submission

Prepared by:

AAFT Committee of Management

Your Experience with the NDIS Supports Rules (Support Lists) Consultation

for

Department of Social Services

Contact: 1800 634 035

Email: **ndisconsultations@dss.gov.au**

July 2025

Contact Information

Margy Green
A/Vice President
Australian Association of Family Therapy Inc.
Ph: 0439421104
Email: margy.green@aaft.asn.au
Website: https://www.aaft.asn.au/

1. Australian Association of Family Therapy Inc. (AAFT)

The Australian Association of Family Therapy Inc. (AAFT) welcomes the opportunity to provide a submission to the Department of Social Services regarding the Draft Lists of National Disability Insurance Scheme (NDIS) Supports.

Context

AAFT is a national, non-profit, voluntary organisation and the peak body representing systemic and family therapy practitioners across Australia. The Association became a national body in 2012, following the amalgamation of state and territory associations with roots dating back to the 1950s.

Vision

AAFT's vision is to enhance the quality, standing, and reach of family therapy and systemic psychotherapy in Australia. We aim to contribute to the wellbeing of individuals, families, and communities by improving family relationships, close interpersonal connections, and broader social supports.

Family Therapy as an Evidence-Based Practice

Family therapy is formally recognised in Australia as an evidence-based clinical practice that contributes to improved functioning and wellbeing outcomes across the lifespan. This is particularly relevant in the context of disability, where functional difficulties are commonly experienced as co-morbidities. The experience of disability, whether as an individual or within the family system, can significantly affect the functioning and capacity of all family members.

Alignment with Government Policy and Frameworks

The importance of working with families is reinforced in national policy and professional guidelines, including:

- The National Mental Health Strategy and associated frameworks
- The Better Access to Mental Health Care Initiative
- The APS and AASW endorsement of systemic practice
- Government-supported initiatives such as Emerging Minds

Accreditation and Professional Standards

AAFT provides training accreditation and membership credentialing to uphold high standards of evidence-based practice.

Membership types include:

- Clinical
- Professional
- General

Clinical Membership requires:

- 250+ hours of accredited training
- 500+ clinical hours
- 50+ supervision hours
- Supervisor and referee endorsements
- Approval by the Accreditation Committee

Accredited Training Programs

AAFT accredits systemic therapy training across Australia, including:

- Bouverie Centre (La Trobe University, VIC)
- Williams Road (Australian Catholic University, VIC)
- Bower Place (SA)
- Phoenix Family Therapy Academy (QLD)
- William Street Family Therapy Centre (WA)
- Roxanne Garven Systemic Consultation Centre (WA)
- Family Systems Institute (NSW)

Journal and Research Leadership

AAFT publishes the Australian and New Zealand Journal of Family Therapy (ANZJFT), a quarterly peer-reviewed journal by Wiley-Blackwell. Since 1979, it has promoted original research, theory and practice innovations, including themed special issues on critical areas in systemic practice.

Practice Settings

Family therapy services are delivered in:

- Child and Adolescent Mental Health Services (CAMHS)
- Adult mental health services
- NGOs (e.g., child protection, domestic violence)
- Private practice and EAPs
- Culturally-specific services

2. Understanding the NDIS Rules

AAFT supports the key principles outlined in the NDIS discussion paper:

- NDIS funding should be spent on disability-related supports only.
- The proposed changes are not intended to reduce the level of support provided to participants.
- Further clarification is needed regarding the qualifications required to deliver therapeutic services and the types of therapies eligible for funding.

AAFT appreciate the opportunity to provide feedback and welcome the consultation with participants and the broader disability community on the definition and scope of NDIS supports.

3. What would help make the rules easier to understand?

To have a clear understanding of the definition of Family Therapy. Loras et al. (2017) describes Family Therapy as

> *'aiming to resolve difficulties within the relational context in which they arise. The goal is to mobilise family strengths and reduce problematic symptoms, respecting the client's expertise in their own life'.*

To further assist with understanding the scope and value of Family Therapy, definitions from leading national and international bodies define Family Therapy as:

Association of Marriage and Family Therapy (AMFT) USA:
Family patterns of behaviour influence individual wellbeing and must be considered in support. Even if only one person is present, the unit of care is the family system.

United Kingdom Association of Family Therapy (UKAFT):
Family and systemic psychotherapy helps families understand and support each other, express difficult emotions, build on strengths, and make meaningful changes in their relationships.

European Association of Family Therapy (EFTA):
Family Therapy addresses individual problems within the relational and social context. Increasingly called "systemic therapy," it recognises the influence of wider systems like culture, race, and inequality.

4. Evidence for Systemic Family Therapy as a Funded NDIS Support

Systemic Family Therapy aligns with the NDIS' goals of improving function, capacity, and participation. It is:

- **Evidence-based**: Systematic reviews confirm effectiveness across a wide range of developmental and psychosocial conditions.
- **Cost-effective**: Reduces need for crisis services, hospitalisation, and out-of-home placements.
- **Developmentally relevant**: Benefits people of all ages, addressing core disability-related issues in a relational and systemic context.

Key Benefits:

a) **Improves Functional Capacity**
Especially for those with co-occurring psychosocial, behavioural, or developmental needs.

b) **Child and Youth Outcomes**
Reduces trauma, improves communication, emotional regulation, and functioning in children with disabilities.

c) **Adult and Carer Benefits**
Reduces relapse rates and carer burden, especially in families managing chronic or complex disabilities.

d) **Supports Inclusion and Resilience**
Strengthens family relationships, reduces intergenerational trauma, and promotes culturally appropriate care.

e) **Complementary to Individual Therapy**
Goes beyond symptom management to address environmental stressors and systemic contributors to disability.

f) **Aligned with Best Practice**
Supported by APS, OTA, and international frameworks including WHO ICF and the Family Systems Illness Model.

5. Clarity Issues in the NDIS Support Lists

a) Supports That Are NDIS-Funded

- The current list of "Therapeutic Supports" mentions improving “interpersonal interactions,” yet excludes “General Family Therapy” – which directly targets interpersonal functioning.
- This contradiction limits access to a proven and cost-effective intervention.
- Family Therapy is often more efficient than other therapeutic supports, requiring fewer sessions and achieving sustainable outcomes.

b) Supports That Are Not NDIS-Funded

- The category “Child Protection and Family Support” is overly broad.
    - Many families involved in child protection are impacted by disability.
    - Disability is often a contributing factor to child protection involvement.
    - **Family Therapy is relevant to both** areas and should not be excluded.

- Parenting programs and relationship counselling addressing disability-related needs should be included under the NDIS when delivered by qualified allied health professionals.

6. Challenges with the Current Support Lists

- Planning meetings often override professional advice, with insufficient awareness of available therapies, in particular specific modalities of family therapy
- Allied health disciplines that work systemically like Social Work and Family Therapy are underrepresented in NDIS funding, despite having nationally accredited professionals
- There is a lack of flexibility to accommodate participant choice and control on what participants most importantly are needing and requesting

Overreliance on one particular type of capacity assessment undervalues broader relational needs, including family dynamics, parenting capacity, and couple relationships to improve functioning. Family Therapy has a systemic assessment that we have a unique skill to complete. That a systemic assessment can result in more targeted intervention for people with disabilities, which can reduce the amount of services needed.

7. Recommendations for Change

AAFT supports and reiterates recommendations from other peak bodies:

Australian Psychological Society (APS):

- Parenting programs and Family Therapy must be removed from the "excluded supports" list in the Mainstream – Child Protection and Family Support category.
- Family-centred practices are internationally recognised best practice in early intervention across all developmental stages.

Australian Association of Psychology Institute (AAPI):

- Family Therapy addressing disability-related challenges should be funded under NDIS plans.
- Marriage and relationship counselling is appropriate where disability affects relational functioning.
- Parenting programs tailored to disability should be included under Capacity Building Supports.

Occupational Therapy Australia:

- Blanket exclusions of Family Therapy risk misinterpretation and the exclusion of essential, evidence-based systemic supports.

8. Final Statement - Proposed Revisions to the Support Lists

Family therapy is a well-established having been in Australia for nearly half a century. It is an effective and evidence-informed approach that addresses complex family needs increasing function and capacity. AAFT advocates for its formal inclusion under the NDIS to strengthen these outcomes for individuals and families. AAFT urges the NDIS to:

- Acknowledge Family Therapy as a core disability support
- Ensure funding eligibility for systemic, family-focused interventions
- Recognise the broad therapeutic impact on individual function, family resilience, and carer wellbeing

Remove From the "Do Not Fund" List:

1. General Family Therapy
2. Parenting Programs
3. Marriage and Relationship Counselling

Add to the "Funded Supports" List (when delivered by qualified clinicians):

1. Specific Family Therapy modalities as agreed by AAFT
2. Parenting Programs tailored to disability
3. Couple or Marriage Therapy focused on disability-related functioning

AAFT welcomes the opportunity to meet with decision-makers to present further evidence and discuss economic and therapeutic benefits.

9. Bibliography

- American Psychological Association (2011). Family interventions for caregivers. American Psychological Association (2011) https://www.apa.org/pi/about/publications/caregivers/practice-settings/intervention/family)
- Evidence-based psychological interventions in the treatment of mental disorders (2024) *Australian Psychological Society*. Fifth Edition
- Carr, A. (2025a) Family therapy and systemic interventions for child-focussed problems: The evidence base. *Journal of Family Therapy*, 47, e12476. https://doi.org/10.1111/1467-6427.12476
- Carr, A. (2025b) Couple therapy and systemic interventions for adult-focused problems: The evidence base. *Journal of Family Therapy*, 47, e12481. https://doi.org/10.1111/1467-6427.12481
- Hsiang, C.H.T., Georgas, S., Tavener, M. et al. Using Family Therapy in the Context of Autism: A Scoping Review. Rev J Autism Dev Disord (2024). https://doi.org/10.1007/s40489-024-00471-0
- Larner, G. (2003) Integrating family therapy in child and adolescent mental health practice: an ethic of hospitality. *Australian and New Zealand Journal of Family Therapy,* 24:211-219
- Larner, G. (2004) Family therapy and the politics of evidence. *Journal of Family Therapy*, 26:17-39
- Lebow J. and Snyder, D. K. (2022) Couple therapy in the 2020s: Current status and emerging developments. *Family Process*, 00, 1–27. https://doi.org/10.1111/famp.12824
- Lorås L., Bertrando, P. and Ness, O. (2017) Researching Systemic Therapy History: In Search of a Definition, *Journal of Family Psychotherapy*, DOI: 10.1080/08975353.2017.1285656
- Lorås, L., Whittaker, K., Stokkebekk, J. and Tilden, T. (2023) Researching what we practice-The paradigm of systemic family research*:* Part 1. *Fam Process*. 2023 Sep;62(3):947-960. doi: 10.1111/famp.12903. Epub 2023 Jun 8. PMID: 37288473
- Simon, G., Evans, M., Cano, F.U., Helps, S.L. and Vlam, I. (2020). Autism and Systemic Family Therapy. *In The Handbook of Systemic Family Therapy* (eds K.S. Wampler, M. Rastogi and R. Singh). https://doi.org/10.1002/9781119438519.ch98
- Spain, D., Sin, J., Paliokosta, E., Furuta, M., Prunty, J.E., Chalder, T., Murphy, D.G. and Happé, F.G. Family therapy for autism spectrum disorders. *Cochrane Database of Systematic Reviews 2017*, Issue 5. Art. No.: CD011894. DOI: 10.1002/14651858.CD011894.pub2. Accessed 03 August 2025.
- Whittaker, K., Stokkebekk, J., Lorås, L. and Tilden, T. (2023) Researching what we practice-The paradigm of systemic family research: Part 2. *Fam Process*. 2023 Sep;62(3):961-975. doi: 10.1111/famp.12921. Epub 2023 Aug 8. PMID: 37553771