

Are you an individual or making a submission on behalf of an organisation?

Organisation

Organisation name

Association for Behaviour Analysis Australia

Is your organisation....?

- A peak-body

1. Does the new vision reflect what we all want for children and families?

On behalf of Applied Behaviour Analysis (ABA) Australia, and in my capacity as President representing a highly skilled and critically important workforce, I strongly affirm the intention behind the proposed vision. The aspiration that "all children and young people are supported by strong families who have the skills and confidence to nurture them" reflects a values aligned and evidence driven direction for national policy. It encapsulates what practitioners, families, and community organisations have consistently called for: a system that empowers parents and caregivers, strengthens family capacity, and supports the healthy development of children across the lifespan.

However, while the vision is fundamentally sound, it will only be realised if the sector has the capability, expertise, and workforce depth required to deliver on these goals. This is where the inclusion and recognition of the applied behaviour analysis workforce becomes essential.

1. The vision is consistent with the core aims of contemporary ABA practice Across Australia, behaviour analysts and ABA informed practitioners work every day to support families to build the skills, routines, communication systems, and relational capacities needed to nurture their children. Our practice model is grounded in the same principles reflected in the vision:

- strengthening family wellbeing
- empowering caregivers
- preventing crises
- improving long term developmental outcomes
- building resilience and capability
- fostering safe, responsive, and nurturing relationships

The emphasis on strong families aligns directly with ABA's focus on parent and

caregiver capacity building, including the use of coaching, modelling, guided practice, and positive behaviour support strategies that increase a family's confidence in daily life. For many children with disability, developmental delay, or complex behavioural needs, ABA based programs are often the first and sometimes only evidence informed support available to parents. Behaviour analysts often work in the home, community, school, and early childhood settings where real world change occurs.

In this respect, the vision aligns closely with the mission and day to day work of ABA services, particularly those focused on prevention, early intervention, positive behaviour support, and family wellbeing.

2. The vision reflects what vulnerable families consistently ask for

Families accessing ABA supports overwhelmingly seek the same outcomes articulated in the proposed vision. They want:

to feel competent and confident in raising their children

to reduce daily stress and improve family functioning

to support their children to develop essential skills

to experience safe, stable, positive relationships within the home

to prevent crises, hospital presentations, and escalation to child protection systems

ABA providers have a long track record of responding to these needs, including supporting families at risk of exhaustion, burnout, or isolation. The vision, if implemented with a strong evidence workforce, aligns directly with what families repeatedly tell us matters most.

3. Realising the vision depends on acknowledging the highly skilled ABA workforce

While the vision is appropriate and widely supported, achieving it requires the government to ensure that highly trained, evidence informed professionals are formally recognised within the program structure. This includes:

- Board Certified Behavior Analysts (BCBAs; internationally recognised credential)
- Certified Behaviour Analysts (CBAs; Australian equivalent)
- Registered psychologists with formal training in applied behaviour analysis
- Behaviour support practitioners with advanced credentials
- Provisional and allied practitioners working under supervised behavioural frameworks

This workforce brings a depth of expertise that is directly relevant to child development, behaviour change, relational competence, and family functioning. Behaviour analysts support some of the most vulnerable children, including those with disability, trauma histories, emotional and behavioural challenges, and

complex support needs, and are uniquely trained to do so safely, systematically, and compassionately.

If this workforce is not adequately recognised or included in future commissioning frameworks, the risk is that the vision may not translate into meaningful practice for the families who rely on specialised behavioural and developmental supports.

4. The vision aligns with what the evidence shows works for children and families

The DSS Discussion Paper emphasises:

- evidence informed practice
- early intervention
- strengthening family capacity
- prevention of crises
- community driven models

These pillars correspond closely to the established evidence base supporting ABA and positive behaviour support. Numerous systematic reviews and meta analyses show that behaviour analytic interventions delivered via parent coaching and early intervention frameworks can significantly improve:

- child communication and social engagement
- developmental outcomes
- daily living skills
- behaviour regulation
- parent sense of competence and wellbeing
- long term functioning

It is important to address a persistent misconception that continues to shape policy discussions. ABA therapy is often assumed to refer exclusively to clinic based, intensive, and highly structured intervention models that do not adequately involve or upskill families. There is also a misconception that ABA based approaches may not support the development of safe, nurturing relationships between children and caregivers. These perceptions do not reflect current practice in Australia.

Australian ABA practitioners are world leaders in compassionate, flexible, family focussed, and affirming application of ABA principles. Contemporary ABA practice in Australia is grounded in collaboration, assent, and the wellbeing of the whole family. Parent and caregiver coaching is central to most service models, with a focus on strengthening relationships, promoting autonomy, and supporting the child's natural development within everyday routines. The emphasis on strong,

confident families in the proposed vision is entirely consistent with how ABA is currently delivered across the country.

5. A small refinement: inclusion must explicitly encompass children with disability and developmental needs -

While the vision is broad and inclusive, it would be strengthened by explicitly acknowledging children with disability, neurodevelopmental differences, and additional support needs. These children often experience barriers to participation, family stress, and systemic inequity that place them at risk for poorer outcomes across the lifespan.

Ensuring the vision explicitly includes these children will help to safeguard their access to early intervention, parent support, developmental tools, and behavioural services that are critical to achieving the program's outcomes.

ABA providers serve a disproportionately high number of families in this group, and we have extensive experience supporting caregivers to build the skills and confidence that the vision relies on.

6. The vision aligns with a prevention focused, rights based approach -

ABA Australia also welcomes the focus on preventing hardship, reducing family stressors, and delivering supports before crises emerge. Our practice philosophy, and the broader evolution of behaviour analysis internationally, has shifted toward:

- trauma informed care
- assent based practice
- child led learning
- safety and dignity as central constructs
- family centred approaches
- neurodiversity affirming frameworks
- collaborative goal setting

These principles fully support the Department's overarching vision and bring a nuanced, contemporary understanding of behaviour and development that is crucial to achieving these outcomes.

7. For the vision to be realised, commissioning must enable participation of specialist providers -

The vision places substantial weight on the idea of strong families equipped with skills and confidence. For many families, particularly those supporting children

with disability, complex behaviour, or developmental challenges, this confidence only emerges when they have access to specialised expertise.

To ensure equitable access, future program guidelines must:

- explicitly allow qualified professionals, including certified behaviour analysts, to apply for funding
- recognise private practitioners and small to medium specialist providers as eligible service partners
- ensure outcomes reporting frameworks, including DEX, accommodate developmental and behavioural measures
- avoid restricting eligibility to only NGOs or large community organisations
- ensure ABA providers can be commissioned in prevention, early intervention, and intensive family support streams
- support partnerships where ABA providers contribute expertise even if the lead organisation is an NFP or ACCO

Without explicit recognition of the ABA profession, many families who rely on specialised behavioural support will inadvertently be excluded from the system intended to benefit them.

Conclusion

In summary, ABA Australia supports the intent and values embedded in the proposed vision. It reflects what children, families, and communities need and aligns with the goals and demonstrated outcomes of ABA based early intervention, parenting support, developmental assistance, and behaviour support.

However, achieving this vision requires the Department to recognise, include, and meaningfully utilise the national behaviour analysis workforce. This workforce is uniquely skilled, evidence informed, and essential to supporting many of the families the program seeks to serve, particularly those with complex needs, disability, or vulnerability.

The vision is strong. The challenge is ensuring the implementation framework includes the right expertise to bring it to life. ABA Australia stands ready to assist, partner, and support government in ensuring the vision becomes an achievable reality for all families.

2. Are the two main outcomes what we should be working towards for children and families? Why/Why not? - Outcome 1: Parents and caregivers are empowered

to raise healthy, resilient children - Outcome 2: Children are supported to grow into healthy, resilient adults.

ABA Australia supports the intention and direction of the proposed outcomes. Both outcomes reflect an evidence informed, prevention focused, and family centred approach that aligns with what research, practice, and lived experience consistently show children and families need in order to thrive. These outcomes are aspirational, achievable, and consistent with contemporary approaches to child development, early intervention, and family wellbeing.

However, for these outcomes to be realised in practice, it is essential that specialist workforces, including behaviour analysts and ABA informed practitioners, are recognised and embedded within the commissioning framework. The ABA workforce already delivers supports that are directly tied to the Department's proposed outcomes, and plays a critical role in supporting vulnerable children, families experiencing complex stressors, and children with disability or developmental delay.

Below is ABA Australia's analysis of each outcome and the reasons we believe they reflect the correct direction for national policy.

Outcome 1: Parents and caregivers are empowered to raise healthy, resilient children:

This outcome is entirely appropriate and well aligned with the evidence base for family wellbeing. Increasing caregiver capability, confidence, and agency is a foundational component of effective early intervention and family support. ABA Australia endorses this outcome for several reasons.

1. Caregiver empowerment is one of the most robust predictors of positive child outcomes

A wide range of research demonstrates that when parents and caregivers have the skills, knowledge, and confidence to support their children, improvements are seen across communication, behaviour regulation, family functioning, emotional wellbeing, and participation in daily life. Parent and caregiver coaching is also a key mechanism through which early intervention achieves long term benefits.

In contemporary ABA practice, caregiver coaching and capacity building are central pillars. Our interventions prioritise supporting caregivers to implement responsive, affirming, and developmentally appropriate strategies throughout their everyday routines. This aligns directly with the Department's stated aims.

2. Caregiver resilience reduces service system burden and prevents escalation - Families of children with disability or complex behavioural needs frequently experience exhaustion, stress, and isolation.

Supporting these families early, and equipping caregivers with the tools they need to navigate daily challenges, can prevent:

- mental health deterioration
- family breakdown
- disengagement from education and community
- unnecessary out of home placements
- child protection involvement
- high cost crisis responses

ABA practitioners already work at this interface, often being called upon during periods of significant vulnerability. We have deep experience in supporting families to regain a sense of stability and confidence. Empowering caregivers is therefore not only desirable for wellbeing but critical for prevention and long term sustainability of the service system.

3. Contemporary ABA practice embodies relationship strengthening, autonomy, and dignity -

It is important to highlight that ABA in Australia is not limited to structured or clinic based models. Our practitioners are world leaders in family focussed, child led, assent based, and neurodiversity affirming intervention. Across Australia, behaviour analysts support caregivers to:

- strengthen attuned and responsive relationships
- understand their child's communication and sensory needs
- build predictable and safe routines
- promote autonomy and self determination
- navigate daily stressors with compassion and clarity

This aligns directly with the proposed outcome and addresses persistent misconceptions about ABA practice. Australian ABA providers deliver interventions designed to increase connection, wellbeing, and resilience within the family unit, not to impose rigidity or compliance based models.

4. This outcome reflects what parents and caregivers consistently request - Families accessing ABA supports, especially those of children with disability or developmental challenges, frequently report that what they most want is to

understand their child, feel confident in their parenting, and know how to support their child's growth. The outcome therefore matches the expressed needs of many of the families we serve.

For these reasons, ABA Australia strongly supports Outcome 1 as a central and appropriate goal.

Outcome 2: Children are supported to grow into healthy, resilient adults -

This outcome is equally important and also reflects best practice. A holistic, long term view of child development is necessary for any national framework aimed at improving outcomes for children and families.

1. Development is cumulative, and early intervention has lifelong impact - Children's cognitive, social, emotional, and behavioural development is shaped significantly by the supports they receive in the early years. Evidence consistently shows that high quality early intervention improves long term outcomes in education, employment participation, independent living, and mental health. ABA based approaches are uniquely suited to supporting children across these developmental domains. Behaviour analysts work with children to build foundational communication, social engagement, adaptive living, peer interaction, play skills, and emotional regulation abilities that are well established predictors of long term resilience.

2. The outcome appropriately recognises that development is ongoing beyond early childhood -

Many families require support during later childhood and adolescence, particularly those with disability, trauma exposure, or co occurring conditions. The explicit mention of promoting resilience into adulthood is a strength of the framework. ABA practitioners frequently support children and young people across the lifespan. We assist children to build independence in daily living, navigate social challenges, develop coping skills, and transition successfully into adulthood. These supports are essential for individuals who may otherwise experience reduced participation in education, employment, and community life.

3. The outcome is consistent with rights based, inclusive, and strengths based approaches -

Promoting healthy, resilient adulthood requires that services:
affirm identity and neurodiversity
promote autonomy and informed choice

prioritise safety and emotional wellbeing
support communication in all forms
build on strengths and interests
avoid restrictive or coercive practices

These principles are deeply embedded in the evolution of ABA in Australia. Behaviour analysts are trained to design supports that promote dignity, self determination, and the least restrictive options possible. For children with disability or complex support needs, this is a vital element of achieving the outcome described.

4. Many children who require this support have complex needs and will be left behind without specialist expertise -

Children with disability, developmental delay, and behaviours of concern are at higher risk of poor functional, social, and educational outcomes. Without targeted, skilled support, these children may struggle to acquire the skills required to participate fully in their communities and adult life.

Outcome 2 will not be achieved unless the commissioning framework explicitly includes specialist professionals with deep expertise in:

- behaviour analytic assessment
- functional communication and language development
- adaptive behaviour and life skills acquisition
- positive behaviour support
- family focussed developmental intervention

Behaviour analysts possess this expertise and must therefore be recognised as a workforce essential to the delivery of this outcome.

3. Will a single national program provide more flexibility for your organisation?

ABA Australia appreciates the intention behind consolidating multiple funding programs into a single national framework. In principle, simplification can reduce administrative burden and make it easier for families and providers to navigate the system. However, in practice, a single national program as currently described is unlikely to provide the level of flexibility required to meet the needs of the diverse populations we serve, and it does not appear to fully recognise the specialist expertise required to support many children and families.

For this reason, our response is that the proposed model will not, in its current form, provide the necessary flexibility for ABA Australia, for ABA services more broadly, or for the many children and caregivers who rely on specialised, tailored

supports.

1. A single national program risks oversimplifying the diversity of needs among children and families -

Families are not homogenous, and the challenges they face vary significantly. Children with disability, neurodevelopmental differences, trauma histories, or complex behavioural needs require highly individualised supports. Neurodiverse children and young people, in particular, present with a wide range of profiles, communication styles, sensory needs, strengths, and areas requiring support.

A single program structure may unintentionally assume that families can be supported through a narrow range of standardised interventions delivered through mainstream community settings. This model is appropriate for some families, but not for all. ABA Australia is concerned that a universal approach, if not paired with strong specialist streams, could limit access to the depth of expertise required for children with complex or high support needs.

2. The model does not sufficiently account for specialist interventions that sit outside generalist family services -

The Discussion Paper emphasises prevention, early intervention, and integrated community supports, all of which are important. However, it does not provide adequate detail on how specialist services will be funded, especially those that require:

- individualised functional assessments
- highly tailored behaviour support
- intensive parent coaching
- multidisciplinary collaboration
- skilled intervention for children with complex needs
- expertise in developmental learning and communication

These specialised supports cannot be delivered through generalist programs or by providers without formal training in behaviour analysis. Without clear recognition of the specialist workforces needed to support the most vulnerable children, a single program risks marginalising those who require more than foundational support.

3. The proposed structure appears to undervalue the role of individual practitioners and small to medium specialist providers -

A significant proportion of the behaviour analysis workforce operates through small practices, private clinics, sole trader arrangements, or small interdisciplinary teams. These providers play a central role in delivering high quality early intervention, parent coaching, behaviour support, and developmental assistance across Australia.

The Discussion Paper places strong emphasis on:

- large NGOs
- co located service hubs
- community controlled organisations
- multi program service providers

While these organisations are essential components of the sector, this framing risks overlooking the contributions of specialist practitioners and small to medium businesses who deliver critical supports to thousands of families. If commissioning processes inadvertently favour only large organisations, Australia will lose access to a highly trained evidence informed workforce that cannot simply be absorbed into broad generalist systems.

This omission is of concern because:

- specialist skills are often concentrated in smaller providers
- families frequently choose these providers for their expertise and continuity
- small services are more agile and adaptable to community needs
- behaviour analysts often fill gaps left by larger organisations

Any program that does not explicitly value the specialist workforce risks losing considerable capability across the sector.

4. Flexibility must include the ability to deliver tailored, individualised, and intensive interventions when required -

A single national program may streamline funding pathways but will not in itself create the flexibility needed to:

- design individualised intervention programs
- respond to rapidly escalating behavioural needs
- support caregivers dealing with significant stress or crisis
- implement functional assessments and targeted skill development
- provide intensive support where needed
- adjust intervention plans responsively over time

True flexibility requires the system to acknowledge that some families need far more than generalist parenting support or community based group programs. Without this recognition, the single program model risks offering breadth at the expense of depth.

5. Flexibility also requires a commissioning framework that leverages all parts of the sector -

For flexibility to be meaningful, commissioning must allow:

- specialist providers to act as primary funded organisations
- partnerships between small providers and NGOs
- subcontracting arrangements that utilise clinical expertise
- recognition of individual practitioner capacity to deliver high quality outcomes
- diverse models of service delivery beyond centre based or co located models

At present, the Discussion Paper does not fully describe how individual practitioners or specialist SMEs would be supported to participate in the program. This creates a risk that commissioning will skew toward large entities that do not necessarily have the specialist expertise required to support children with disability or complex behavioural needs.

Conclusion

In its current form, a single national program will not provide sufficient flexibility for ABA Australia or for many of the organisations and practitioners within our membership. While the intention to streamline and simplify is welcome, flexibility must be defined in terms of responsiveness to the diverse needs of families, not simply administrative efficiency.

A system that supports all families requires both:

- broad, foundational, community based supports delivered through mainstream settings, and
- specialised, individualised, evidence informed supports delivered by qualified professionals

If the program does not explicitly include and value specialist providers, individual practitioners, and small to medium businesses, the vision for strong, resilient families will not be realised for the children who require the highest level of expertise.

ABA Australia urges the Department to ensure that the final program structure includes adequate pathways for specialised behavioural and developmental supports and that commissioning processes explicitly recognise the significant contribution of the ABA workforce to the wellbeing of Australian children and families.

4. Does the service or activity you deliver fit within one of the three funding streams? Do these streams reflect what children and families in your community need now – and what they might need in the future?

Applied Behaviour Analysis (ABA) Australia represents a diverse national workforce that provides a wide range of evidence informed services across prevention, early intervention, developmental support, parent coaching, and specialised behaviour support. In principle, elements of our work align with all three of the proposed funding streams, but the alignment is only partial. The current structure does not yet capture the level of specialisation or the depth of support required by many of the families we serve.

In relation to Stream 1, ABA Australia, as the national peak body, contributes through the development and dissemination of evidence based resources, professional guidance, training programs, and workforce capability uplift. These activities align with the goals of a national program and information service. However, most therapeutic and support services delivered by ABA practitioners do not fall within this stream and require more direct service focused funding pathways.

Stream 2, which relates to prevention and early intervention, is the closest match to the core work of ABA practitioners. Behaviour analysts and ABA informed practitioners routinely provide parent and caregiver capacity building, communication and developmental support for young children, coaching to strengthen relationships and daily routines, school readiness work, and early support for emerging behavioural or emotional challenges. These are central features of contemporary ABA practice, and they align well with the Department's intention to strengthen family capability and promote wellbeing early in a child's life.

A large proportion of ABA services also align with Stream 3, which focuses on intensive family supports. Many behaviour analysts work with children and families who experience complex behavioural challenges, high levels of caregiver stress, disability related needs, or risk of contact with child protection systems. Functional behaviour assessment, positive behaviour support, crisis stabilisation planning, and intensive parent coaching are all part of the ABA practitioner skill

set. These supports play a vital role in preventing escalation and promoting safety, stability, and resilience.

While ABA services do fit within Streams 2 and 3 in particular, the streams as currently described do not yet reflect the true diversity or complexity of needs across Australian families. Children and families are not homogenous. Children with disability, neurodevelopmental differences, trauma histories, or significant behavioural challenges require highly individualised and specialist supports. A single program that leans heavily toward generalist family services or mainstream community settings may not be sufficient to meet these needs. Many families require more than short term parenting groups or general counselling, and many children require intervention that is specifically tailored to their developmental profile and delivered by qualified specialists.

The streams also appear to assume that large NGOs, ACCOs, or multi service organisations will be the primary providers within this framework. While these organisations are important, a substantial proportion of the behaviour analysis workforce operates through small to medium practices, sole practitioner models, mobile services, and private clinics. These providers deliver high quality, evidence informed intervention to thousands of families who seek out specialist support. Families often rely on small providers because they offer expertise, continuity, adaptability, and highly individualised intervention. The discussion paper does not explicitly acknowledge the contributions of these providers, which raises concerns about whether the new program structure will inadvertently limit their participation.

Looking toward the future, the needs of children and families will continue to evolve, particularly as awareness grows regarding neurodiversity, trauma informed practice, emotional and behavioural regulation, and the complexity of family stressors. For the three funding streams to remain relevant, they must incorporate a clear role for specialist services capable of supporting children with high or complex needs. This includes children who require functional behaviour assessments, targeted developmental programs, intensive behaviour support, and structured caregiving support that cannot be replaced by generalist programs. A national framework that focuses primarily on foundational or universal services will not be adequate to address future needs unless specialist intervention is explicitly embedded.

A flexible and effective system must be able to accommodate both universal, community based supports and highly individualised, specialist services. This will only be achieved if the commissioning framework allows qualified behaviour analysts and ABA informed practitioners to participate fully, including those

working in small practices or as individual providers. It must also ensure that developmental and behavioural outcomes can be measured meaningfully within reporting systems such as DEX.

In summary, while ABA services do align with aspects of the three funding streams, the current structure does not yet reflect the full range of supports required by the communities we serve. To meet both current and future needs, the program design must explicitly recognise the importance of specialised behavioural and developmental expertise and ensure that commissioning pathways are accessible to providers across all organisational sizes. ABA Australia encourages the Department to integrate specialist intervention capabilities into the streams so that the program can deliver meaningful, equitable, and effective support to all children and families, including those with the most complex needs.

5. Are there other changes we could make to the program to help your organisation or community overcome current challenges?

Yes. ABA Australia believes there are several important changes required for the proposed program to achieve its intended outcomes and to ensure that children and families, particularly those with disability or complex behavioural needs, can receive high quality, evidence informed support. The current program structure does not yet adequately address the challenges faced by families or by the specialist workforces that support them. For the program to be effective, sustainable, and equitable, a number of refinements are necessary.

First, the program needs to explicitly recognise the importance of specialist intervention services, including applied behaviour analysis. Many children and families require more than general parenting programs or broad community based supports. Families with children who are autistic, have ADHD, intellectual disability, developmental delay, trauma histories, or significant behavioural challenges often require highly individualised assessment, tailored intervention plans, and ongoing specialised support. These services are not interchangeable with generalist programs and cannot be delivered effectively without properly trained and credentialed professionals. Ensuring that specialist services are recognised as essential components of the program, rather than optional or peripheral, would significantly improve outcomes for these families.

Second, the commissioning framework needs to allow meaningful participation from individual practitioners and small to medium specialist providers. The behaviour analysis workforce is characterised by a large number of highly skilled practitioners who work in private practice settings, small clinics, sole practitioner

models, or small interdisciplinary teams. These providers account for a substantial proportion of early intervention and behaviour support services delivered across Australia, and families frequently prefer them due to their expertise, continuity of care, and responsiveness. As currently framed, the program appears weighted toward large NGOs and multi service organisations, which risks inadvertently excluding specialist providers. This would lead to reduced workforce capacity, reduced access, and poorer outcomes for families who rely on specialist support. The program must therefore incorporate commissioning pathways that are accessible to providers of all sizes, including those who deliver high quality, evidence informed services outside of large organisational structures.

Third, the program would benefit from clearer articulation of how specialist expertise will be incorporated into each funding stream. Many of the outcomes envisioned in the Discussion Paper, such as reducing contact with child protection systems, supporting complex family stressors, and strengthening developmental outcomes for children, cannot be achieved without specialist behavioural and developmental support. This is particularly true for children with high or complex needs who require functional behaviour assessments, targeted communication and developmental programs, and structured support for emotional and behavioural regulation. Specialist roles should be explicitly included within the program guidelines so that families can access the depth of support they require.

Fourth, the program should ensure that reporting and outcomes measurement frameworks are suitable for developmental and behavioural services. The Data Exchange system, as currently configured, may not fully capture the progress made through ABA based intervention or positive behaviour support. Families often experience improvements in communication, daily living skills, behavioural stability, participation, and family functioning, and these outcomes may not align neatly with existing SCORE domains. Additional guidance or expanded outcome categories would help ensure that the program can capture meaningful clinical and functional change. This is essential for demonstrating program success and ensuring accountability.

Finally, the program must be designed in a way that supports flexibility in service delivery. Families with complex needs often require a blend of home based support, community based intervention, parent coaching, telehealth, school collaboration, and multidisciplinary engagement. The program should not prioritise co located or centre based models at the expense of these flexible approaches. Many specialist providers deliver services in natural environments where the child lives, learns, and interacts, which is where the evidence shows

intervention is most effective. Supporting this flexibility will ensure that the program can meet families where they are, rather than requiring them to fit within rigid delivery models.

In summary, the proposed program represents an important opportunity to strengthen outcomes for children and families across Australia, but this can only be achieved if the program structure is expanded to recognise and incorporate specialist expertise. ABA Australia encourages the Department to ensure that specialist providers, including behaviour analysts and ABA informed practitioners, are able to participate fully in commissioning processes. This will help address current challenges, strengthen workforce capability, and ensure that the program delivers on its vision of supporting all children and families to thrive.

6. Do you agree that the four priorities listed on Page 4 are right areas for investment to improve outcomes for children and families?

ABA Australia agrees that the four priorities outlined in the Discussion Paper represent important areas for investment. Early intervention, integrated service delivery, community informed practice, and improved outcomes for Aboriginal and Torres Strait Islander children are all essential to building a more responsive and equitable system. These priorities reflect a recognition that prevention, early support, and strong community partnerships are necessary to reduce long term service demands and to promote the wellbeing of children and families. However, in their current form, the priorities do not adequately capture the full range of needs within the community or the specialist expertise required to address them. To be effective, these priorities must expand to include recognition of high complexity presentations, developmental diversity, disability related needs, and the role of specialist workforces such as behaviour analysts.

The first priority, investment in early support to improve family wellbeing and break cycles of disadvantage, aligns closely with the evidence and is strongly supported by ABA Australia. Early intervention is consistently shown to produce better developmental, behavioural, and relational outcomes for children while reducing stress for caregivers and lowering the likelihood of future escalation. Families of children with developmental delay, autism, ADHD, or other neurodevelopmental differences benefit significantly from early and targeted support. However, early support cannot be limited to generalist programs delivered through mainstream services. Many families require highly individualised, specialist intervention that addresses communication, adaptive functioning, emotional regulation, and complex behavioural needs. Without explicit acknowledgement of the role of specialist services in early intervention, the first priority risks being too narrow to meet the needs of the children most likely to experience poor long term outcomes. The second priority, a focus on connected, co located, and integrated services, is

also well founded. Integrated models improve access, reduce duplication, and support families to navigate complex systems. Collaboration across health, education, disability, and community service sectors is essential for children whose needs span multiple domains. However, co location or integration should not come at the expense of specialised care. Families who access behaviour analytic services often do so because they require specific expertise that is not commonly available in large generalist organisations. Small to medium providers and individual practitioners are essential contributors to the service system and must not be excluded from integrated models simply because they operate outside traditional hubs. Integration must be interpreted broadly enough to include partnership based models that value expertise, regardless of organisational size. The third priority, ensuring services are informed by and responsive to community needs, is strongly supported. ABA Australia encourages service design that respects the diversity of cultural identity, neurodiversity, communication styles, family structures, and community values. An effective system must be flexible and person centred, with services adapted to local contexts rather than imposed through rigid standardisation. To achieve this, providers must be allowed to deliver a wide range of intervention approaches, including highly individualised behaviour analytic services. Relying solely on generalist models risks overlooking the needs of children with disability or complex behavioural presentations who require precise assessment and tailored support to participate meaningfully in their communities.

The fourth priority, improving outcomes for Aboriginal and Torres Strait Islander children and families, is essential and strongly endorsed. ABA Australia supports the commitment to prioritising ACCO led service delivery in communities with significant First Nations populations, and recognises the importance of culturally safe, community controlled approaches. At the same time, it is important to ensure that children with disability and developmental differences within First Nations communities have access to specialist support when required. Many ACCOs already engage external specialists when the community requests it. The new program should explicitly support partnership arrangements that allow ACCOs to draw on specialist expertise, including behaviour analysts, in a manner that strengthens local capacity rather than replaces it.

While ABA Australia supports the broad direction of all four priorities, we believe a key priority is missing. The system must explicitly recognise and invest in specialist developmental and behavioural intervention. Without doing so, the program risks building a strong foundation for universal services while leaving significant gaps for families whose needs extend beyond what generalist programs can provide. Children with disability or complex behavioural challenges are disproportionately represented in child protection, youth justice, mental health crises, and school

exclusion statistics. They require carefully designed, evidence informed, and individualised support that cannot be delivered by generalist staff alone. Recognising this reality within the priorities is essential for long term success. In summary, ABA Australia agrees that the four priorities represent important areas for investment. However, to achieve the outcomes envisioned by the Department, the priorities must explicitly incorporate the role of specialist intervention and acknowledge the diversity of needs among the children and families who rely on the service system. Integrating specialist expertise within each priority will strengthen outcomes, improve equity, and ensure that all children, including those with complex needs, can benefit from the reforms being proposed.

7. Are there any other priorities or issues you think the department should be focusing on?

Yes. ABA Australia believes there are several critical priorities and systemic issues that must be addressed for the new program to achieve its intended outcomes. While the priorities outlined in the Discussion Paper are important, they do not fully capture the needs of children with disability, neurodevelopmental differences, or complex behavioural challenges, nor do they reflect the breadth of the specialist workforce required to support these children and their families. Without addressing these gaps, the program risks strengthening universal supports while unintentionally weakening access to the specialist services that many families depend on.

A key priority that requires explicit inclusion is the recognition of developmental and behavioural complexity within the population of children and families who will rely on the new program. A substantial proportion of referrals to early intervention and family support services involve children with autism, ADHD, intellectual disability, developmental delay, or co occurring behavioural and emotional regulation needs. These children often experience challenges that cannot be effectively addressed through generalist models of support alone. They require structured, evidence informed, and individualised intervention provided by professionals with specialist qualifications. The absence of explicit recognition of developmental and behavioural complexity within the priorities creates a risk that these children will not receive the depth of support necessary to achieve the outcomes the program seeks to deliver.

The Department should also consider including a priority related to specialist workforce development and retention. There is a widespread and well recognised shortage of qualified professionals who are trained to deliver evidence based early intervention, positive behaviour support, and developmental assistance. Behaviour analysts, speech pathologists, occupational therapists, psychologists, and other specialists all play vital roles in supporting families, but demand

consistently exceeds supply. The behaviour analysis workforce in particular is growing rapidly, yet is often overlooked in national workforce planning. A comprehensive strategy that supports training, supervision, professional recognition, and sustainable pathways into the sector would significantly strengthen the system's capacity to deliver high quality support.

Another priority that warrants greater attention is access and equity, not only in relation to geography but in relation to complexity. Families of children with high behavioural support needs often face long waitlists, limited service options, or exclusion from programs that are not equipped to manage safety concerns or challenging behaviour. These families frequently experience higher stress, higher risk of involvement with crisis services, and reduced participation in community life. Ensuring that programs are designed to include, rather than exclude, children with complex needs is essential for fairness and for the prevention of further disadvantage. The new program must prioritise the creation of pathways that allow these families to access specialised support without delay, irrespective of location or organisational size.

The Department should also prioritise improving clarity and transparency in commissioning processes. Small to medium specialist providers and individual practitioners are often overlooked in favour of large organisations during competitive tenders, despite delivering high quality, evidence informed services that families value. A commissioning system that promotes diversity of provider types, supports specialist service models, and allows partnerships across organisational sizes would better reflect the needs of communities. Without this, the system risks losing specialist capacity and inadvertently creating gaps in service delivery.

Additionally, monitoring and evaluation frameworks need to be strengthened as a priority. Meaningful outcomes for children with developmental or behavioural challenges are often nuanced and may not be fully captured by broad wellbeing measures. The Department should ensure that outcomes measurement frameworks, including DEX, are capable of reflecting developmental progress, communication gains, behavioural stabilisation, family functioning, and improvements in daily living. This would support accountability while ensuring that program success is measured in ways that genuinely reflect the lived experiences of the families accessing support.

Finally, the Department should consider prioritising collaboration with peak bodies and specialist professional associations. Organisations such as ABA Australia, which represent distinct and highly trained workforces, are well positioned to contribute clinical expertise, workforce insights, and evidence based guidance. Ongoing engagement with sector peaks would significantly enhance program design, provider capability, and outcomes for children and families.

In summary, while the priorities outlined in the Discussion Paper represent an important foundation, the Department should broaden its focus to include developmental and behavioural complexity, specialist workforce development, equitable access to specialist services, diversity in commissioning, strengthened outcome measurement, and formal engagement with peak bodies. Addressing these priorities will help ensure that the new program delivers meaningful and lasting change for all children and families, including those with the highest levels of need.

8. Do the proposed focus areas – like supporting families at risk of child protection involvement and young parents match the needs or priorities of your service?

The proposed focus areas align in part with the needs and priorities of the ABA workforce, but they do not fully capture the breadth or complexity of the families who require behaviour analytic support. ABA practitioners frequently work with families who experience significant stress, who are navigating complex developmental and behavioural needs, and who are at increased risk of contact with child protection systems. In this sense, the focus on families at risk of child protection involvement is appropriate and necessary. Families who struggle to manage behaviours of concern, communication difficulties, emotional regulation challenges, or disability related needs often become overwhelmed, and without timely intervention they may experience escalating conflict, parental burnout, unsafe situations, or system involvement. Behaviour analytic services play a critical role in supporting these families, reducing risk, improving safety and stability, and strengthening caregiver capability. Therefore, this focus area aligns closely with our service priorities.

Similarly, the focus on young parents is consistent with contemporary evidence that young caregivers often benefit from enhanced support, particularly when raising children with additional needs. Many young parents experience limited informal support networks, reduced confidence, and challenges accessing developmentally informed parenting strategies. ABA based parent coaching can be highly effective for young families because it provides clear, practical, relationally supportive guidance that builds competence and reduces stress. In this sense, young parents represent a meaningful and appropriate focus for investment. However, the proposed focus areas are too narrow to fully reflect the needs of the children and families who rely on behaviour analytic support. The Discussion Paper appears to conceive vulnerability primarily in terms of socioeconomic factors, early parenting, or child protection risk. These factors are important, but they do not encompass the full range of vulnerabilities faced by children with autism, ADHD, intellectual disability, developmental delay, or complex behavioural

presentations. Developmental vulnerability is often independent of socioeconomic status and is a major driver of family stress, crisis presentations, and disengagement from education or community life. Many of the families most in need of ABA services do not fall neatly within the categories of young parents or those at risk of child protection involvement, yet they experience significant and enduring challenges that require specialist support.

For the focus areas to reflect the priorities of ABA services, the Department should explicitly recognise developmental and behavioural complexity as a significant area of need in its own right. These families are disproportionately represented in crisis systems, yet often have limited access to skilled support. The current focus areas risk overlooking this group, which includes a substantial proportion of the children who experience the poorest long term outcomes and who require early, tailored intervention. Including developmental and behavioural vulnerability as a distinct focus area would better align the program with the priorities of ABA services and would ensure that support reaches the families who benefit most from timely, specialist intervention.

Overall, the proposed focus areas capture some, but not all, of the priority populations for behaviour analytic services. ABA Australia encourages the Department to expand the focus areas to include families of children with disability and complex behavioural needs, who represent a significant and highly vulnerable cohort that cannot be adequately supported through generalist programs alone.

9. Are there other groups in your community, or different approaches, that you think the department should consider to better support family wellbeing?

There are several additional groups and approaches that should be explicitly considered if the Department aims to strengthen family wellbeing through a national program. Families who rely on ABA services often experience challenges that are not captured within the current priority groups, yet these challenges have profound impacts on child development, family stability, and long term wellbeing. One group that requires specific recognition is families of children with profound autism. These children often have limited or no functional speech, significant communication barriers, high support needs, co occurring intellectual disability or medical conditions, and an increased risk of behaviours that may compromise safety. Their families experience some of the highest levels of caregiver stress reported in the disability sector. They may face difficulties attending school, participating in the community, accessing respite, or maintaining employment due to the intensity of care required. These families consistently report that generalist services are unable to meet their needs. Behaviour analytic support is often one of the only service models that provides the level of structure, functional assessment, targeted communication intervention, and safety planning required

for meaningful progress. Recognising profound autism as a distinct group will ensure that the program is capable of addressing their specific and urgent needs. Beyond profound autism, the Department should recognise the broader population of families of children with disability or developmental differences, including autism more generally, ADHD, intellectual disability, and developmental delay. These families often require intensive, long term, and specialist interventions to support communication, behaviour regulation, daily living skills, and participation. Their wellbeing depends heavily on access to trained professionals who can guide them through the complexities of raising a child with high support needs.

Another group requiring additional focus is families experiencing significant behavioural complexity, regardless of diagnostic label. These families often struggle to access services due to concerns about safety or capability within mainstream programs. If these families are not adequately supported, they may experience escalating stress, disengagement from community life, and increased contact with crisis systems.

Culturally and linguistically diverse families also deserve targeted attention. When combined with developmental vulnerability, cultural differences in communication, stigma, and systemic barriers can lead to substantial unmet need. Ensuring culturally responsive and specialist informed support for these families is essential.

Finally, families in rural and regional areas continue to face inequitable access to specialist services. Workforce shortages, long waitlists, and limited travel capacity make telehealth supported behaviour analytic intervention a critical approach for these communities. Supporting flexible delivery models will greatly enhance family wellbeing across the entire program.

In summary, the Department should specifically recognise families of children with profound autism as a priority group, alongside other families experiencing developmental and behavioural complexity, cultural or linguistic barriers, or geographic disadvantage. The program must also support flexible, family centred, specialist delivered intervention approaches to ensure that families with the highest needs are not left behind. By expanding its focus to include these groups, the program will more effectively promote wellbeing, resilience, and long term positive outcomes for all children and families.

10. What are other effective ways, beyond co-location, that you've seen work well to connect and coordinate services for families?

Co location can be useful, but it is neither sufficient nor feasible as a universal model for connecting and coordinating services. Many families, particularly those caring for children with disability, developmental differences, or profound

behavioural support needs, rely on a constellation of services that extend far beyond a single physical site. Effective coordination therefore requires flexible and relationship driven approaches that reflect the realities of how families engage with support.

One highly effective approach is structured, intentional collaboration through shared communication pathways. Families benefit greatly when providers maintain consistent, respectful communication with one another, including shared planning discussions, cross disciplinary problem solving, and coordinated goal setting. This does not require providers to operate under one roof; it requires a commitment to working together in ways that are responsive to the family's priorities and the child's developmental needs. Behaviour analysts frequently collaborate with psychologists, speech pathologists, occupational therapists, educators, paediatricians, and support coordinators. This collaboration is strengthened by clear communication agreements and an understanding of each provider's role.

Another effective mechanism is the use of family centred team models where the family is supported to bring together different providers in a way that makes sense within their own routines and values. This approach empowers caregivers, fosters consistency across settings, and ensures that intervention strategies are realistic and sustainable. Families often report that this form of coordination is far more beneficial than being required to attend a centralised hub, which may be inaccessible or overwhelming, particularly for children with sensory, behavioural, or communication challenges.

Integrated digital platforms can also support coordination. Telehealth conferencing, shared digital reports, consent based information sharing, and accessible communication tools reduce fragmentation and allow families in rural, regional, or remote communities to access multidisciplinary input that would otherwise be out of reach. Telehealth has proven especially valuable for families of children with profound autism or significant behavioural challenges, where travel can be distressing or unsafe.

Partnership based models are another example of effective coordination. These models allow small and medium specialist providers to collaborate with NGOs, ACCOs, schools, and health services without needing to operate from the same location. This preserves specialist capability while supporting community connectedness. Importantly, families consistently report that they value continuity of relationship with providers they trust. Flexibility in coordination models helps maintain these therapeutic relationships rather than requiring families to adapt to rigid system structures.

Service coordination is most effective when it is built around relationships, communication, and shared purpose, rather than geography alone. By prioritising

collaborative practice models that allow families to access the right expertise from the right provider at the right time, the system can deliver far better outcomes than co location alone can achieve.

11. What would you highlight in a grant application to demonstrate a service is connected to the community it serves? What should applicants be assessed on?

A service that is truly connected to its community demonstrates much more than physical presence or co location. It reflects an in depth understanding of the specific needs, strengths, cultures, and developmental profiles of the families it supports. In a grant application, ABA Australia would emphasise the importance of community embedded practice, meaningful engagement with families, culturally responsive service delivery, and demonstrated expertise in meeting the needs of children with developmental and behavioural diversity.

A connected service must first and foremost demonstrate that it understands the lived experience of the families in its community. For ABA providers, this includes communicating an understanding of the challenges faced by families of children with autism, ADHD, intellectual disability, developmental delay, or profound behavioural support needs. It includes showing how the service has been shaped through consultation with caregivers, how goals are co constructed, and how families are supported to have agency and voice within their child's intervention. A grant application should demonstrate that the service has adapted its delivery methods to reflect local realities, such as offering home based support, school based collaboration, telehealth, or flexible scheduling to accommodate caregiver needs and reduce barriers to access.

Applicants should also be assessed on their ability to demonstrate culturally safe and inclusive practice. This includes effective engagement with Aboriginal and Torres Strait Islander communities, collaboration with ACCOs where appropriate, and approaches that respect cultural identity, language, and community leadership. For ABA practitioners, this also requires sensitivity to communication differences, sensory needs, and neurodiversity affirming approaches that respect each child's individuality.

Connection to community should also be demonstrated through strong professional relationships. This means showing how a service collaborates with local health professionals, educators, community organisations, paediatric specialists, and allied health practitioners to deliver integrated care. Rather than expecting families to coordinate services on their own, connected providers participate actively in the support network surrounding the child and help cultivate a consistent and predictable environment for the family.

Applicants should also be assessed on the quality of their workforce, including the presence of appropriately trained and credentialed professionals who have the

expertise required to meet community needs. In the case of behaviour analytic services, this includes Board Certified Behavior Analysts, Certified Behaviour Analysts, registered psychologists with ABA training, and other practitioners working under appropriate supervision. Workforce capability is a critical marker of community connection, because families depend on providers who have the knowledge and skills required to support complex developmental and behavioural needs safely and effectively.

Finally, applicants should demonstrate commitment to ongoing quality improvement, reflective practice, and accountability. Services connected to their communities pay attention to outcomes, remain open to feedback, and evolve in response to community need. Assessment criteria should therefore prioritise demonstrated evidence informed practice, the ability to collect meaningful data, and the capacity to tailor intervention based on what families value and what children require.

In summary, applicants should be assessed on their understanding of community needs, cultural responsiveness, collaborative practice, workforce capability, and commitment to quality and accountability. These factors collectively demonstrate genuine connection to the community and ensure that services are positioned to deliver effective and sustainable support to children and families.

12. Beyond locational disadvantage, what other factors should the department consider to make sure funding reflects the needs of communities?

Locational disadvantage is an important factor, but it does not fully account for the diversity of need across Australian communities. Many families who experience significant vulnerability do so not because of geographic factors, but because of developmental, behavioural, cultural, or systemic challenges that affect their daily lives and their capacity to access appropriate support. To ensure equitable funding distribution, the Department must consider a broader set of indicators that reflect the true complexity of family need.

One of the most critical factors is developmental vulnerability. Communities with higher proportions of children with autism, ADHD, intellectual disability, developmental delay, or complex communication and sensory needs require greater access to specialist services. These children often experience difficulties participating safely and meaningfully in early childhood settings, schools, and community activities unless their families receive timely and targeted support. Developmental vulnerability is strongly associated with caregiver stress, higher likelihood of crisis presentations, and increased risk of disengagement from education. Funding models that overlook these factors risk under resourcing the communities that need intensive support the most.

Within developmental vulnerability, families of children with profound autism

require specific recognition. Profound autism is associated with significant communication differences, high support needs, complex co occurring conditions, and an increased likelihood of behaviours that can pose safety risks. These families often face substantial barriers to inclusion, limited local service options, and high levels of caregiver burnout. Communities with a higher prevalence of profound autism require funding models that acknowledge the need for specialised, multidisciplinary, and often intensive support. This is a distinct form of vulnerability that cannot be addressed solely through mainstream or generalist services and must therefore be considered when determining funding allocation. Another factor that should influence funding decisions is the availability and distribution of specialist workforces. Many communities have limited access to behaviour analysts, psychologists, speech pathologists, paediatricians, and other specialist providers. When specialist professionals are scarce, children and families often go without support for extended periods or rely on services that do not have the required expertise to address their needs. Funding allocation must therefore consider workforce capacity, waitlist length, and the presence of service gaps rather than only examining geographic indicators.

Cultural and linguistic diversity should also be considered. Communities that include newly arrived families, refugees, or families who speak languages other than English require additional resources to ensure culturally responsive and linguistically accessible support. Developmental and behavioural vulnerability can be compounded by cultural stigma, language barriers, and limited familiarity with Australian service systems. Funding allocation must reflect the need for tailored approaches within these communities, including interpreter support, culturally adapted resources, and staff training.

Another important factor is community complexity. Some communities experience high rates of parental mental health difficulty, trauma exposure, family violence, or economic hardship. These factors do not always correlate with location based indexes and may be present in pockets within otherwise advantaged regions. Families facing multiple stressors require coordinated, specialised, and relationally supportive intervention. Behaviour analytic services are frequently called upon in these contexts because they offer structured guidance, practical strategies, and collaborative support that reduces stress and improves safety. Funding decisions should account for the distribution of these complex needs across the community.

In summary, funding should reflect developmental and behavioural vulnerability, prevalence of profound autism and other high support needs, workforce shortages, cultural and linguistic diversity, and the presence of complex family stressors. These factors more accurately represent the needs of many communities than

location alone, and they will ensure that specialist services are available where they are most needed.

13. What's the best way for organisations to show in grant applications, that their service is genuinely meeting the needs of the community?

For an organisation to demonstrate that it is genuinely meeting community needs, it must be able to show deep engagement with the families it serves, a clear understanding of local priorities, and evidence that its service model has been shaped by the lived experiences and developmental profiles of the children in that community. A strong grant application reflects not only what a service provides, but how and why it provides it.

The most compelling demonstrations of community connection come from showing that families have been involved in service design and that their feedback has shaped program delivery. Organisations should be able to demonstrate meaningful consultation with caregivers, community leaders, educators, health professionals, and people with lived experience. This consultation should influence how services are structured, how information is communicated, and how flexible a program is when responding to individual family circumstances. Services that can demonstrate responsiveness, rather than adherence to predetermined models, are most likely to reflect genuine community connection. Another key indicator is the alignment between the organisation's expertise and the actual needs of the community. For ABA providers, this means showing that the workforce includes appropriately credentialed behaviour analysts and trained practitioners capable of addressing developmental and behavioural complexity. An organisation must be able to demonstrate that it has the skills, training, and professional infrastructure required to support children with autism, ADHD, intellectual disability, developmental delay, profound autism, and other conditions that require specialised care. Connecting to community means being equipped to support the community's children safely, compassionately, and effectively. Evidence of collaborative relationships is also crucial. Organisations that are genuinely meeting community needs show that they actively work with other providers to support shared clients and to ensure coherent, coordinated intervention. This collaboration does not require co location, but it does require a commitment to communication, shared planning, and consistent messaging across service providers. Families rely on providers who work together rather than in isolation.

Data is another important component. Organisations should demonstrate the ability to collect meaningful outcome information and to use it to adapt and refine their service delivery. For behaviour analytic services, this includes monitoring developmental progress, communication gains, improvements in daily living skills,

reductions in behavioural distress, and improvements in family wellbeing. The ability to evaluate outcomes and to demonstrate positive change is a strong indicator that a service is meeting real community needs.

Cultural responsiveness is another essential marker. Organisations should show that they understand and respect the cultural identity of the community they serve, including Aboriginal and Torres Strait Islander families and families from culturally and linguistically diverse backgrounds. This includes adapting communication, employing culturally informed practices, and building partnerships with community controlled organisations when appropriate.

Finally, organisations should demonstrate continuity and accessibility. Families benefit from providers who can offer stable, long term relationships, flexible modes of service delivery, and low barrier access to support. Services that honour family preferences and work within the constraints of everyday life show genuine commitment to community wellbeing.

In summary, the best way for organisations to demonstrate that they are meeting community needs is to show evidence of meaningful family engagement, appropriate specialist expertise, collaborative practice, strong outcomes, cultural responsiveness, and flexible, accessible service delivery. These qualities collectively reflect a service that truly understands and supports the community it serves.

14. How could the grant process be designed to support and increase the number of ACCOs delivering services to children and families?

ABA Australia strongly supports efforts to increase the number and capability of Aboriginal Community Controlled Organisations delivering services to children and families. ACCOs are uniquely positioned to provide culturally grounded, community led, and relationally safe supports. They hold deep cultural knowledge and longstanding trust within their communities, and they are essential partners in improving child and family wellbeing. To strengthen the role of ACCOs within the new program, the grant process must be designed to support both capacity and collaboration.

The first step is ensuring that grant requirements and application processes are accessible, fair, and proportionate for ACCOs. Many ACCOs operate with smaller administrative teams and carry significant responsibilities across community needs. Grant processes that are overly complex or resource intensive can inadvertently disadvantage ACCOs, leading to lower participation. A streamlined, clearly guided, and culturally appropriate application process would support more ACCOs to apply. This includes offering dedicated grant writing support, clear communication about expectations, and opportunities for pre application engagement with the Department.

The grant process should also recognise that not all ACCOs currently have the workforce required to deliver specialist developmental and behavioural services, particularly in rural and remote communities. To address this, the Department should design grants that support workforce development within ACCOs. This could include funded training pathways, culturally appropriate supervision models, and partnerships that allow ACCOs to employ or contract specialist practitioners such as behaviour analysts, developmental therapists, or disability support specialists. Building capability within ACCOs is essential for long term sustainability and for ensuring that supports reflect community values and priorities.

Partnership models should be explicitly supported within the grant framework. For many families, the most effective support model involves an ACCO leading service delivery while collaborating with specialist providers who bring developmental, communication, or behavioural expertise. Grants should enable ACCOs to subcontract or partner with behaviour analysts and other specialists in a way that strengthens ACCO leadership rather than replacing it. This approach respects the cultural authority of ACCOs while ensuring that families of children with complex needs, including profound autism, have access to the specialist intervention required for safety, communication development, and wellbeing.

The Department should also consider establishing grant streams dedicated specifically to ACCOs or structured in a way that gives ACCOs priority access. This may include reserved funding pools, extended timeframes for applications, or assessment criteria that recognise the unique strengths and contributions of ACCOs. Ensuring stable and long term funding arrangements is also important, as it enables ACCOs to invest confidently in workforce development, infrastructure, and culturally grounded service models.

In summary, the grant process can increase ACCO participation by simplifying administrative requirements, supporting workforce development, enabling specialist partnerships, and prioritising culturally grounded service delivery. These measures will help ensure that Aboriginal and Torres Strait Islander children and families can access support that is both culturally safe and responsive to developmental and behavioural needs.

15. What else should be built into the program design to help improve outcomes for Aboriginal and Torres Strait Islander children and families?

Improving outcomes for Aboriginal and Torres Strait Islander children and families requires a program design that centres cultural safety, community leadership, and respect for the holistic conceptions of wellbeing that exist within Aboriginal and Torres Strait Islander cultures. The program must recognise that healing, connection, identity, and belonging are essential components of children's

development and that effective support must be shaped and directed by families, Elders, and community controlled organisations. At the same time, the program must ensure that children with disability, developmental differences, or complex behavioural needs have access to the specialist support necessary for communication development, participation, and safety.

A key design consideration is the integration of culturally grounded parenting and family support approaches. Families must be able to access services that honour kinship structures, cultural strengths, and community led practices that have supported child rearing for generations. This requires meaningful collaboration with ACCOs at all stages of program design, delivery, and evaluation. Funding models should support ACCOs to shape program content, determine local priorities, and embed cultural guidance into all aspects of service delivery.

The program should also support ACCOs to develop or expand specialist capability to meet the needs of children with disability or complex behavioural presentations. Aboriginal and Torres Strait Islander communities include children with autism, intellectual disability, developmental delay, trauma related needs, and profound autism. These children often experience communication barriers, sensory distress, and difficulties participating in mainstream settings. Families frequently report that they struggle to access specialist developmental or behavioural support that is both culturally safe and clinically appropriate. To meet these needs, the program design should fund partnerships that allow ACCOs to access specialised expertise, including behaviour analysts, developmental therapists, psychologists, and allied health professionals. These collaborations must be respectful, culturally informed, and designed to build capability within ACCOs over time.

Another important element is flexibility in how services are delivered. Families may require home based support, outreach models, flexible scheduling, or integration with cultural programs and community events. Children with profound autism or significant sensory needs may be unable to attend mainstream community centres or co located hubs, and their families may experience heightened stress navigating services in unfamiliar environments. A responsive program design must support service models that bring intervention to the family and the community rather than requiring families to adapt to rigid structures.

The program should also prioritise long term funding arrangements to allow for stable relationships, continuity of care, and multigenerational approaches to healing and support. Short term funding cycles disproportionately disadvantage ACCOs and undermine trust. Stability is essential for building a skilled workforce, maintaining service continuity, and ensuring that families feel supported over time. Finally, the program must commit to genuine partnership with Aboriginal and Torres Strait Islander communities in evaluation and outcome measurement.

Outcomes should reflect cultural conceptions of wellbeing, including connection to Country, identity, family, and culture, alongside any developmental or behavioural measures. Evaluation frameworks must be co designed and community controlled to ensure they reflect what matters most to families and children.

In summary, improving outcomes for Aboriginal and Torres Strait Islander children and families requires culturally grounded program design, ACCO leadership, specialist capability, flexible service delivery models, stable funding, and community led evaluation. By embedding these elements, the program can deliver sustained, meaningful improvements in wellbeing for Aboriginal and Torres Strait Islander children, including those with complex developmental or behavioural support needs.

16. What types of data would help your organisation better understand its impact and continuously improve its services?

Applied Behaviour Analysis is an evidence informed and data driven discipline, and the collection, analysis, and interpretation of data are central to every aspect of ABA practice. Behaviour analysts rely on ongoing measurement to understand change over time, to refine intervention, and to ensure that services are responsive to the evolving needs of children and families. Because ABA is inherently data heavy and grounded in continuous quality improvement, there are specific types of data that would further strengthen our ability to evaluate impact and enhance service delivery.

The most valuable type of data is direct, observable information about child outcomes collected over time. This includes data on communication skills, social engagement, daily living skills, emotional and behavioural regulation, community participation, and functional independence. These indicators allow us to understand whether the intervention is improving the child's ability to navigate daily environments and to participate safely and meaningfully in family life, education, and community settings. For children with profound autism or complex behavioural needs, this data is essential for understanding whether intervention is reducing distress, improving communication, and strengthening wellbeing.

Another important type of data is caregiver reported information about family functioning, confidence, and stress levels. The wellbeing of caregivers is a key predictor of long term outcomes for children, and ABA services aim to strengthen parenting capacity through coaching, modelling, and collaborative problem solving. Measuring changes in caregiver confidence, sense of efficacy, quality of routines, and ability to respond calmly and safely to challenging behaviours allows us to evaluate whether intervention is supporting family stability and resilience. These data also highlight areas where further support or adaptation may be

required.

Service access and equity data are also critical. Understanding waitlist length, service utilisation patterns, demographic profiles, and barriers to access helps providers identify where additional outreach or flexible service models are required. For communities with high proportions of developmental vulnerability or profound support needs, these data guide decisions about workforce expansion, partnerships, and the allocation of specialist resources.

Data on collaboration with other services are also important. Many families rely on multiple providers, and the effectiveness of intervention often depends on coordination between behavioural, therapeutic, educational, and medical supports. Tracking the extent, frequency, and quality of cross agency collaboration helps organisations understand whether integrated care is being achieved and whether families are receiving consistent support across settings.

Longitudinal data, including follow up measures after service completion, would further improve service quality. ABA services are designed not only to produce short term gains but to build skills and capacity that remain stable over time.

Access to long term outcome data, including school participation, community engagement, and reductions in crisis or hospital contacts, would allow for deeper understanding of program effectiveness and would inform refinements to intervention across service models.

In essence, ABA's data driven nature means that meaningful, detailed, and longitudinal information about both child and family outcomes is essential for ongoing improvement. A program design that supports the collection and analysis of this data will significantly enhance the effectiveness, accountability, and long term impact of ABA services.

17. What kinds of data or information would be most valuable for you to share, to show how your service is positively impacting children and families?

Because ABA is a discipline built on continuous measurement and data informed decision making, providers are uniquely well positioned to share detailed and meaningful information that demonstrates tangible impact. ABA practitioners routinely collect high frequency data on skill development, behavioural change, communication progress, and family engagement. This makes ABA one of the most measurable and transparent service models available to families and to funders. One of the most valuable types of information we can share is evidence of improvement in child functioning across developmental domains. For example, we can show how a child's communication repertoire has expanded, how behaviour that previously created safety concerns has reduced in frequency or intensity, how emotional regulation has improved, and how daily living skills have become more independent. These data demonstrate not only short term gains but also

trajectories of progress that reflect the effectiveness of intervention over time. In addition to child level data, information about parent and caregiver outcomes is deeply informative. ABA services prioritise parent coaching and capacity building, and many families report improvements in their confidence, emotional wellbeing, and ability to manage challenging situations. Sharing data on changes in parental stress, caregiver sense of control, and improvements in family routines provides a fuller picture of the intervention's impact on family wellbeing. This type of information is particularly important when working with families of children with profound autism or complex behavioural needs, as these families often experience significant strain without structured and specialised support.

Data on participation outcomes are also powerful indicators of impact. Improvements in school attendance, engagement with peers, participation in community activities, and reductions in crisis contacts or emergency presentations reflect meaningful, real world changes that matter to families. These outcomes show that intervention is helping children integrate into school and community environments and is reducing the pressures placed on emergency and crisis systems.

Narrative information, when combined with quantitative data, provides additional clarity and depth. Short case descriptions illustrating how a child has learned to communicate more effectively, participate more safely, or experience reduced distress help contextualise the numerical data. These stories help illustrate the human impact of intervention, particularly for children with profound autism whose progress may unfold in small but highly meaningful steps.

Information on collaborative practice is also valuable. Demonstrating how behaviour analysts work with teachers, therapists, paediatricians, and community organisations highlights the role of ABA in strengthening integrated care and improving coherence across a child's support network.

Finally, data on service accessibility and responsiveness can show how providers are meeting the needs of the community. This includes information on how quickly families can access support, how the service adapts to local needs, and how flexible delivery models such as home based intervention or telehealth have enabled families to receive appropriate care.

Overall, ABA providers are well equipped to share detailed, transparent, and outcome focused data because data is built into the foundation of the discipline. By sharing information on child progress, family wellbeing, participation, collaboration, and access, ABA services can clearly demonstrate their positive and meaningful impact on children and families across Australia.

18. If your organisation currently reports in the Data Exchange (DEX), what SCORE Circumstances domain is most relevant to the service you deliver?

ABA Australia does not report to the Data Exchange, and most behaviour analytic service providers across Australia also do not currently engage with DEX reporting frameworks. This is largely because the SCORE domains were not designed with specialist developmental and behavioural interventions in mind. ABA is a discipline that relies on continuous, rigorous, and highly specific measurement of child behaviour, communication, skill acquisition, and family interactions. These outcomes are often too nuanced, individualised, and clinically specific to be meaningfully represented within the existing SCORE structure.

While certain SCORE domains, such as family functioning or personal and family safety, may partially align with the broader intent of ABA based intervention, the framework does not adequately capture the detailed progress that children make through behaviour analytic support. For example, improvements in communication for a child with profound autism, reductions in self injurious behaviour, increased emotional regulation, or the acquisition of foundational daily living skills are central indicators of progress in ABA programs. However, these changes do not map cleanly onto SCORE categories, which tend to assess broad social or relational constructs rather than precise behavioural or developmental growth.

Because DEX was not built with specialist disciplines like ABA in mind, requiring ABA providers to report within this structure risks reducing meaningful, measurable progress into vague or overly general categories that do not reflect the true impact of intervention. This limits the system's ability to understand the outcomes achieved through specialist services and may inadvertently disadvantage children with complex developmental needs whose progress is often best understood through detailed behavioural data.

For specialist services like ABA to participate meaningfully in DEX, the framework would need to be expanded or adapted to include developmental and functional domains that reflect communication growth, adaptive skill gains, behavioural stabilisation, and improvements in participation. Until such adaptations occur, ABA Australia is unable to identify a single SCORE domain that reliably captures the specificity and depth of outcomes associated with behaviour analytic intervention.

19. What kinds of templates or guidance would help you prepare strong case studies that show the impact of your service?

To prepare strong and meaningful case studies, ABA Australia would benefit from templates that allow services to present outcomes in a way that reflects the highly data driven nature of behaviour analytic practice. ABA interventions generate detailed, ongoing measurements of child behaviour, communication, functional skills, and family dynamics. Any template must therefore allow space for clear

presentation of both quantitative data and narrative information that contextualises those data within the family's lived experience.

Templates would be most useful if they included guidance on describing baseline levels of functioning, the specific goals established in collaboration with the child's caregivers, and the measurable behavioural or developmental changes that occurred over time. For example, a template that encourages practitioners to describe changes in communication, emotional regulation, daily living skills, and safety related behaviours would enable accurate and meaningful representation of ABA outcomes. This is especially important for children with profound autism or complex behavioural needs, whose progress may not be captured through general wellbeing frameworks but who often make significant gains that transform family life.

It would also be helpful for templates to invite reflection on caregiver outcomes, since improvements in family wellbeing are central to ABA service delivery. Many families report feeling more confident, less stressed, and better equipped to support their child after receiving ABA based intervention. Templates that allow for narrative accounts of these shifts, supported by structured feedback or validated parent reported measures, would provide a fuller understanding of service impact. Clear prompts regarding collaboration with other providers would also enhance case studies. ABA work is often interconnected with support provided by schools, paediatricians, speech pathologists, occupational therapists, and community organisations. Case studies that illustrate how these collaborations contributed to progress would demonstrate the value of integrated care even when services are not co located.

Finally, templates should allow for the inclusion of graphs or data summaries in simple, accessible formats. Behaviour analysts routinely collect high frequency data and often use visual analysis to track change. Guidance on how to incorporate these elements in a straightforward way would help convey the precision and effectiveness of ABA based intervention to funders and policy makers who may be unfamiliar with data analytic conventions.

Overall, effective case study templates must reflect the realities of specialist developmental and behavioural intervention. They should allow behaviour analysts to present structured data, lived experience narratives, and collaborative context in a way that accurately represents both the complexity of the children being supported and the impact of evidence based practice on family wellbeing.

20. What does a relational contracting approach mean to you in practice? What criteria would you like to see included in a relational contract?

For ABA Australia, a relational contracting approach is one that prioritises trust, collaboration, flexibility, and shared responsibility between the Department and

the service provider. It shifts the emphasis from monitoring narrow compliance requirements toward fostering a partnership that focuses on outcomes for children and families. Relational contracting is most effective when it acknowledges that real change in family wellbeing occurs through stable, long term, and responsive relationships, not through rigid or transactional arrangements.

In practice, relational contracting would mean that providers and government work together toward common goals and share accountability for achieving them. It would allow room for specialist providers to use their expertise to tailor supports to the needs of each family, including those with developmental or behavioural complexity and those caring for children with profound autism. This approach recognises that the needs of families cannot be fully anticipated at the beginning of a contract and that the ability to respond to emerging challenges is essential for effective service delivery.

A relational contract should include criteria that reflect these values. One criterion is flexibility in service delivery. For behaviour analytic services, this is critical.

Families may require home based intervention, school based collaboration, telehealth, or crisis support, depending on their circumstances. Rigid activity definitions limit the provider's ability to meet real family needs. A relational contract should therefore prioritise outcomes rather than prescriptive activity lists.

Another important criterion is commitment to collaboration. Behaviour analysts frequently work alongside educators, paediatricians, psychologists, speech pathologists, ACCOs, and community organisations. A relational contract should acknowledge and support the time required for coordination and relationship building. This includes expecting providers to demonstrate high levels of collaboration and expecting the Department to value and enable that collaborative effort.

Relational contracting must also include expectations regarding cultural safety, especially when working with Aboriginal and Torres Strait Islander families.

Providers should demonstrate culturally responsive practice and genuine engagement with communities, while the Department should ensure that ACCOs have pathways to participate in specialist care partnerships if and when they choose to.

A further criterion is transparency regarding outcomes. Behaviour analytic services focus heavily on measurable change in child development and family wellbeing. A relational contract should allow providers to share meaningful, practice relevant outcome data rather than forcing them into frameworks that do not reflect the nature of their work. The contract should support honest reporting of progress and challenges rather than punitive responses to variability in outcomes, which is common when working with complex presentations.

Finally, relational contracting should include stability and continuity. Families

benefit most when programs and providers are supported to build long term relationships with them. Short term funding cycles disrupt care, reduce workforce stability, and undermine trust. Relational contracts should therefore be offered with longer timeframes to support workforce retention and service consistency. In essence, relational contracting means working together, focusing on outcomes rather than outputs, supporting flexibility, prioritising cultural safety, and valuing the specialist expertise required to meet the needs of children with developmental and behavioural challenges.

21. What's the best way for the department to decide which organisations should be offered a relational contract?

The best way for the Department to determine which organisations should receive a relational contract is to assess their capacity for sustained, collaborative, high quality service delivery. Relational contracts should be offered to organisations that demonstrate deep understanding of community needs, proven commitment to outcomes, and the capability to deliver services that improve the wellbeing of children and families. This does not mean prioritising only large organisations. Many small and medium providers, including specialist behaviour analytic services, have established strong community trust, deliver highly impactful support, and operate with the flexibility and responsiveness that relational contracting requires.

The Department should look for organisations that demonstrate strong relationships with families and communities. Providers should be able to show that they work in partnership with caregivers, incorporate family voice into service design, and adapt supports to reflect the values, cultures, and developmental needs of the community. Organisations that demonstrate sustained engagement, continuity of care, and a commitment to relationship based practice are strong candidates for relational contracting.

Another important consideration is the provider's expertise in supporting complex needs. Children with disability, developmental differences, or profound behavioural challenges require specialist skills that generalist providers may not possess. Organisations with highly trained professionals, such as behaviour analysts, psychologists with ABA training, and practitioners experienced in positive behaviour support, are essential in achieving the program's outcomes. The Department should therefore assess the qualifications, supervision structures, and professional capability of the workforce when deciding who is best suited for relational contracting.

Cultural capability should also be an important factor. Organisations must demonstrate that they can deliver culturally safe and respectful support, particularly for Aboriginal and Torres Strait Islander families. Where ACCOs are

interested in leading or partnering in specialist support, relational contracts should prioritise their involvement, with flexibility to build capability through partnerships or training pathways.

The Department should also consider the stability and reliability of service delivery. Providers that have demonstrated consistent outcomes, strong governance, responsible financial stewardship, and the ability to maintain a skilled workforce are more likely to uphold the commitments required by a relational contract. Stability is critical for families, particularly those experiencing high stress or caring for children with profound autism or complex behavioural needs.

Importantly, the Department should not assume that size equates to capability. Small and medium specialist providers often have deeper relationships within the community, shorter waitlists, more flexibility in responding to need, and more personalised service delivery. Relational contracting should be accessible to these providers, provided they can demonstrate strong practice quality, collaborative capacity, and meaningful community engagement.

In summary, relational contracts should be offered to organisations that demonstrate sustained community connection, specialist expertise, cultural capability, collaborative practice, strong governance, and proven impact. By selecting organisations on these criteria rather than organisational size alone, the Department will build a contracting landscape that reflects the true diversity of service strengths across Australia and ensures that families receive the support they need from providers who are trusted, skilled, and invested in long term outcomes.

22. Is your organisation interested in a relational contracting approach? Why/why not?

As the national peak body for behaviour analysts and ABA informed practitioners, ABA Australia is not seeking relational contracts for itself. Our primary role is to support, represent, and strengthen the specialist workforce, rather than to act as a direct service provider under government contracts. For this reason, the question of whether ABA Australia as an entity would enter into a relational contract is less relevant than whether the relational contracting model will create fair and meaningful opportunities for the ABA workforce across Australia.

Our interest lies in ensuring that behaviour analysts, specialised developmental practitioners, and small to medium ABA service providers have equitable access to relational contracting pathways. The current service landscape often favours large organisations in competitive tenders, which inadvertently disadvantages specialist providers who deliver high quality, evidence informed support but may not have the scale or administrative resources that large NGOs possess. A relational contracting approach, if designed thoughtfully, has the potential to overcome

some of these barriers by valuing capability, community connection, and outcomes rather than organisational size alone.

ABA Australia's priority is to ensure that relational contracting recognises the essential role of specialist intervention in supporting children with developmental and behavioural needs, including children with profound autism who require targeted expertise. Many families rely on small and medium providers for the personalised, flexible, and clinically sophisticated support that behaviour analysts deliver. Relational contracting must therefore include mechanisms that allow these providers to participate alongside larger community organisations.

We are interested in relational contracting to the extent that it promotes stability, flexibility, and genuine collaboration for the specialist workforce. Relational models that allow providers to adapt to family needs, engage in cross sector collaboration, invest in workforce capability, and deliver long term outcomes are aligned with the principles of ABA practice. We also support relational contracts that allow ACCOs to partner with specialist providers in ways that build capability and meet community needs.

In summary, ABA Australia is interested in relational contracting not as a direct participant, but as an advocate for ensuring that behaviour analysts and the broader ABA workforce are included, supported, and valued within this contracting model. Our goal is to ensure that children and families who require specialised developmental and behavioural support can access providers with the expertise to deliver it, regardless of organisational size or structure.

23. Is there anything else you think the department should understand or consider about this proposed approach?

Yes. ABA Australia believes there are several critical considerations that must be addressed for the proposed program to function effectively and to ensure that families with complex developmental and behavioural needs are not left behind. These considerations relate to workforce recognition, specialist capability, equity of access, and the risk of unintentionally excluding providers who are essential to achieving the program's outcomes.

A central issue is the need for explicit recognition of developmental and behavioural complexity as a distinct driver of vulnerability. Many children who require support under this program are not vulnerable due to socioeconomic or locational factors, but because they experience profound autism, intellectual disability, complex communication needs, or behaviours that place themselves or others at risk. These children and families require intervention from qualified specialists, and without timely and tailored support they face elevated risks of family breakdown, school exclusion, emergency service contact, and involvement with child protection systems. The proposed approach currently frames

vulnerability in broad, generalist terms and risks overlooking the specific and urgent needs of these families. For this program to achieve its vision, developmental and behavioural vulnerability must be explicitly acknowledged in both policy design and funding allocation.

The Department should also understand the importance of the ABA workforce within the broader service ecosystem. Behaviour analysts and ABA informed practitioners bring specialised training in learning, communication development, behaviour change, and caregiver coaching. They support families who are often at the highest levels of distress and who struggle to access help through mainstream services. Despite this, the Discussion Paper does not meaningfully reference or acknowledge this workforce. Without explicit inclusion of behaviour analysts in commissioning frameworks, there is a real risk that specialist capacity will be reduced, leaving families with no suitable alternative. Any national program aimed at strengthening family wellbeing must consider who is actually providing support to families with complex needs. The ABA workforce plays an essential, not peripheral, role in this space.

Another important consideration is equity of access for small and medium specialist providers. The proposed model, particularly with an emphasis on co location and integrated hubs, risks unintentionally privileging very large NGOs or organisations with significant administrative infrastructure. Many specialist behaviour analytic services operate as small practices or medium sized providers that have deep relationships within their communities and deliver highly individualised, evidence informed support. These providers are agile, responsive, and trusted by families, yet may be excluded from commissioning if the process relies heavily on size, scale, or administrative resources rather than capability and outcomes. The Department must ensure that contracting pathways do not inadvertently eliminate the very workforce that families rely on most.

The Department should also consider that a single national program, while administratively streamlined, may not reflect the variability in how families need to access support. Children with profound autism, for example, may not be able to attend centre based programs due to sensory or behavioural challenges. Their families may require home based intervention, telehealth support, customised transition planning, or frequent adjustments to service intensity. The program must remain genuinely flexible, not only in theory but in operational reality. Flexibility must be defined by the child's needs, not by assumptions about how services should be structured.

Cultural safety is another critical area. While the proposed program acknowledges the importance of ACCO leadership, the Department should also consider how specialist services can work alongside ACCOs in ways that build capability, transfer knowledge, and support culturally grounded practice. Aboriginal and

Torres Strait Islander families include children with disability and profound behavioural needs. They are entitled to specialist expertise delivered in ways that honour culture and community. Partnerships between ACCOs and specialist providers must be supported, not left to chance.

Finally, the Department should recognise that measurable outcomes in specialist developmental and behavioural support often look different from outcomes in general family services. The progress a child makes in achieving first words, learning to use a communication system, reducing self injurious behaviour, developing safe routines, or participating in their community may not fit neatly within existing outcome frameworks. These outcomes are nonetheless life changing and prevent escalation into crisis systems. For this reason, the program must include outcome measures that are sensitive to the types of gains made by children with developmental and behavioural challenges.

In summary, for the proposed approach to deliver on its vision, it must explicitly recognise developmental complexity as a form of vulnerability, include behaviour analysts as an essential specialist workforce, ensure equitable access for providers of all sizes, prioritise genuine flexibility in service delivery, support culturally grounded partnerships, and strengthen outcome frameworks that reflect the lived experience of families. Without these considerations, the program risks becoming a strong universal platform that inadvertently omits the specialised supports required by the children and families who need the most assistance. ABA Australia would welcome the opportunity to collaborate with the Department to ensure that these considerations are fully addressed in the final program design.