

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

Organisation

Organisation name

Step by Step Interventions Pty Ltd

Is your organisation....?

- None of the above

Please specify

Private Provider

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

The vision outlined in the discussion paper, “A new approach to programs for families and children” from the Australian Government Department of Social Services, does reflect what we all want for children and families. It emphasises that all children and young people should be supported by strong families who possess the skills and confidence to nurture them. This vision is inclusive and aspirational, focusing on empowerment, resilience, and the development of practical skills within families. It aligns with the values of practitioners and service providers across the sector, including those working in ABA and community-based settings, by recognising the importance of family capacity-building and evidence-informed support. Overall, the vision captures a shared goal to ensure every child and family has access to the tools and support needed to lead healthier, happier lives.

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.

The two main outcomes proposed in the discussion paper—empowering parents and caregivers to raise healthy, resilient children, and supporting children to grow into healthy, resilient adults—are indeed what we should be working towards for children and families. These outcomes reflect best practice in child and family support, aligning with evidence-based approaches such as ABA, which focus on building skills, fostering independence, and promoting long-term wellbeing. Empowering parents and caregivers is essential for sustainable change, as it

enables families to confidently support their children's development. Supporting children to become resilient adults recognises the importance of holistic, lifelong growth. However, it is important to ensure that the implementation of these outcomes does not overlook families and children with complex needs, including those with disabilities or neurodiversity. While the outcomes are broad and inclusive, explicit attention must be given to those who require more intensive or specialised support, so that all children and families can benefit equitably from the new program.

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

While a single national program offers many advantages, there are also important risks to consider, particularly for ABA and community-based ABA (CBA) providers. Consolidating multiple programs into one could reduce the diversity and specialisation of services, making it harder to address the unique needs of children and families who require evidence-based interventions like ABA. There is a risk that smaller or specialised providers, such as CBAs, may be disadvantaged in a competitive funding environment, especially if larger organisations are better equipped to navigate grant processes. Additionally, broad program objectives could lead to a "one size fits all" approach, potentially overlooking families with complex needs, including those with disability or neurodiversity. It is crucial that recognition of evidence-based programs like ABA is increased, and that CBAs are explicitly acknowledged and included in funding eligibility. Inclusion criteria must be broadened to ensure that these providers are not excluded and that all children and families, regardless of complexity, can access the support they need. Ongoing consultation and careful implementation will be essential to mitigate these risks and ensure the new program remains inclusive, flexible, and responsive.

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?

Based on the "A new approach to programs for families and children" discussion paper from the Australian Government Department of Social Services, it is essential that Certified Behaviour Analysts (CBAs) are explicitly recognised as eligible providers within the new single national program. The paper states that any organisation can apply for funding and nominate the stream that best fits their services, which should include CBAs and those delivering evidence-based ABA programs. However, to ensure equitable access and avoid inadvertent exclusion, the inclusion criteria must clearly acknowledge the value of evidence-based interventions like ABA and the specialised expertise of CBAs. This recognition is

vital not only for supporting families and children with complex needs, but also for maintaining diversity and quality in service provision. By increasing the visibility and eligibility of CBAs and ABA programs within all funding streams, the program can better meet the varied and evolving needs of children and families across Australia. Ongoing consultation and transparent guidance will be crucial to ensure that CBAs are able to apply, participate fully, and contribute to the program's outcomes.

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

1) Explicit recognition of ABA and CBAs in eligibility and inclusion criteria
To avoid inadvertent exclusion, the program guidelines should explicitly name Applied Behaviour Analysis (ABA) as an evidence-informed approach and recognise Certified Behaviour Analysts (CBAs) as eligible providers across all three funding streams (National programs & information services; Prevention & early intervention; Intensive family supports). The paper states “any organisation will be welcome to apply” and emphasises evidence-informed services and flexible streams (pp. 2–3), but does not list ABA or CBAs by name. Making this explicit would prevent misinterpretation by assessors and ensure organisations can nominate the most relevant streams for its services, including early intervention and intensive supports for families at risk of child protection involvement (pp. 3–5).

2) Safeguards for small and specialised providers
Introduce size-appropriate grant tiers and proportionate reporting to ensure small businesses are not disadvantaged by the open, competitive process. The paper proposes simplified, single-contract reporting and reduced administrative burden (pp. 6–8), which is positive; we recommend codifying this with:
micro and small grant pathways with lighter DEX and milestone requirements;
application templates tailored to specialised providers (e.g., ABA services)
demonstrating outcomes without excessive compliance load.
This preserves diversity and specialisation while achieving the program's flexibility aim (pp. 2–3, 6–8).

3) Clear fit of ABA outcomes to DEX and outcomes reporting
Provide guidance mapping ABA goals (e.g., communication, daily living skills, emotional regulation, community participation) to DEX SCORE domains and qualitative case-study templates. The paper requires all client-facing providers to report outcomes via DEX and seeks better qualitative reporting and case studies (pp. 3, 7, 11). Publishing templates (goal attainment scaling, generalisation measures, family capacity-building indicators) would let an organisations'

evidence impact consistently across streams.

4) Protecting families with complex needs from “one-size-fits-all” design
Embed a complex-needs inclusion clause to ensure families with disability, neurodiversity, and multi-system involvement receive tailored interventions. While the program prioritises prevention, early intervention, and families at risk of child protection involvement (p. 5), explicit wording should require assessors to value specialised, intensive, and wraparound ABA supports (Stream 3) and early, capacity-building ABA (Stream 2), so complex cohorts are not overlooked (pp. 3–5).

5) Relational contracting criteria suited to ABA service models
Define relational contracts (pp. 7, 12) with criteria that suit long-term, skills-based, family coaching model:
outcomes focused on functional skill acquisition and family capacity;
flexibility to adapt delivery (home, school, clinic, telehealth) to family needs;
shared governance with community partners;
clear escalation pathways for intensive supports when risk increases.
This operationalises the paper’s call for flexible, trust-based commissioning (pp. 3, 7, 12)

6) Community-need assessment that recognises ABA demand and local context
When assessing need (p. 6), add indicators relevant to ABA demand:
waiting-list data for autism/ADHD supports and early childhood developmental services;
local prevalence of neurodevelopmental conditions;
school attendance and functional participation metrics;
cross-system referrals (NDIS, health, education, child protection).
This complements SEIFA, AEDC, census, NEET and child protection rates used by DSS (p. 6) and ensures services are assessed against real local demand.

7) Incentives and support for genuine integration without forced co-location
The program favours connected, co-located, integrated services (p. 5). My organisation often integrates via shared care plans, joint goal reviews, warm handovers, and coordinated scheduling rather than permanent co-location. We recommend recognising multiple integration pathways (data-sharing agreements, multidisciplinary case conferences, family navigator models) in assessment criteria so ABA providers can demonstrate strong integration even when co-location isn’t practical (pp. 5–6, 11).

8) First Nations outcomes through partnerships and capacity building

The program prioritises ACCO-led services where populations are significant (p. 6). We recommend grant guidance that scores partnered models highly, enabling specialised providers to contribute respectfully and effectively to improved First Nations outcomes in line with program priorities (pp. 5–6, 11).

9) Transparent capability recognition for workforce and supervision

Publish eligibility guidance that recognises ABA credentials (e.g., certification of behaviour analysts, supervised practice frameworks) and equivalency pathways for Australian contexts. This avoids confusion during assessment and ensures qualified practitioners are not excluded where registration categories differ from other professions, consistent with the program’s emphasis on evidence-informed services and professional expertise (pp. 2–3).

10) Multi-stream flexibility under a single agreement

Confirm that organisations can hold one contract spanning Stream 2 (prevention/early intervention) and Stream 3 (intensive supports), with the ability to reallocate effort as community needs change—an explicit feature of the future state example (pp. 7–8). This is essential for ABA providers managing step-up/step-down support intensity.

11) Practical supports for applications and reporting

Provide grant-writing clinics, model logic frameworks, and evaluation bundles tailored to ABA, plus on-ramp funding for first-time applicants. These supports align with DSS’s intent to simplify processes and reduce administrative burden so staff can focus on services (pp. 6–8)

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

The four priorities listed on page 4 of the discussion paper—investing early to improve family wellbeing and break cycles of disadvantage, prioritising connected and integrated services, ensuring services respond to community needs, and improving outcomes for First Nations children and families—are well chosen and represent the right areas for investment to improve outcomes for children and families. Early investment and prevention are critical for building resilience and reducing the need for later, more intensive interventions, which aligns with the principles of ABA and community-based ABA (CBA) practice. Prioritising integrated and connected services supports holistic care and makes it easier for families to access the support they need. Ensuring services are informed by and responsive to local community needs helps maintain relevance and effectiveness, especially for specialised providers. Finally, a strong focus on improving outcomes for First

Nations children and families is essential for equity and inclusion. To further strengthen these priorities, it is important that evidence-based programs such as ABA and the expertise of Certified Behaviour Analysts are explicitly recognised and included, so that families with complex needs are not overlooked and all providers have equitable access to funding and partnership opportunities.

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

In addition to the four priorities outlined in the discussion paper “A new approach to programs for families and children,” it is important for the department to address the historical reputation of Applied Behaviour Analysis (ABA), which has sometimes led to public dissociation from the field. Despite ABA being the most evidence-based intervention for behavioural change, and its widespread use across education, disability, mental health, and other sectors, many people do not recognise these practices as ABA due to misconceptions or outdated views. This has resulted in families and professionals missing out on the benefits of ABA, even as its principles are applied under different names. In Australia, ABA is now governed by the Australian Association for Behaviour Analysis (AABA), which upholds rigorous ethical standards and promotes a modern, person-centred approach. The department should prioritise supporting the reintegration of ABA into mainstream service delivery, with clear recognition of its ethical governance and contemporary practice. This will help ensure that families and children with complex needs are not excluded due to stigma or misunderstanding, and that the program invests in interventions with proven effectiveness and strong professional oversight. Additionally, the department should implement safeguards for small and specialised providers, invest in workforce development, and provide practical supports for grant application and reporting to further strengthen the program’s inclusivity and responsiveness. By addressing these additional priorities, the department can help ensure equitable access to high-quality, evidence-informed services for all children and families.

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?

Yes, the proposed focus areas—such as supporting families at risk of child protection involvement and young parents—do match the needs and priorities of Step by Step Interventions (SSI). As a community-based ABA provider, SSI frequently works with families experiencing complex challenges, including those at risk of child protection involvement, and provides early intervention and capacity-

building supports for young parents and their children. These focus areas align with SSI's commitment to prevention, skill development, and resilience-building, which are central to ABA practice. However, it is important that the program's implementation explicitly recognises evidence-based interventions like ABA and the expertise of Certified Behaviour Analysts, so that families with complex needs and those requiring specialised behavioural support are not overlooked. By ensuring these focus areas are inclusive and responsive to the diverse needs of the community, the program will be better positioned to deliver meaningful outcomes for children and families.

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

Yes, there are other groups and approaches that the department should consider to better support family wellbeing. In addition to the proposed focus areas, it is important to recognise families with children who have disabilities, neurodevelopmental conditions, or complex behavioural needs, as these groups often require specialised and intensive supports. The department should also consider approaches that explicitly include evidence-based interventions such as Applied Behaviour Analysis (ABA), which is now governed in Australia by the Australian Association for Behaviour Analysis (AABA) and adheres to modern ethical standards. Many families and professionals benefit from ABA principles across education, disability, and mental health sectors, even if these supports are not always acknowledged as ABA. Supporting the reintegration of ABA as a recognised, ethical, and person-centred approach would help address historical stigma and ensure families can access effective behavioural supports. Additionally, the department should prioritise culturally safe practices, multidisciplinary collaboration, and flexible service models that can adapt to the diverse and evolving needs of the community. By broadening the focus to include these groups and approaches, the program will be better equipped to promote family wellbeing for all.

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

Beyond co-location, there are several effective ways to connect and coordinate services for families that Step by Step Interventions (SSI) has found valuable. Shared care plans and multidisciplinary case conferences allow different providers to collaborate closely around a family's goals, ensuring that supports are aligned and communication is clear. Warm handovers—where one provider personally introduces a family to another service—help build trust and continuity. Data-

sharing agreements and joint goal reviews also facilitate coordinated support, especially when families are working with multiple agencies. Flexible scheduling and the use of telehealth can further enhance access and integration, allowing families to engage with various supports in ways that suit their circumstances. These approaches promote genuine partnership and responsiveness, often achieving strong outcomes for families even when physical co-location is not possible.

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?

In a grant application, Step by Step Interventions (SSI) would highlight our strong local partnerships, engagement with families, multidisciplinary collaboration, and responsiveness to community needs to demonstrate that our service is genuinely connected to the community we serve. We actively participate in shared care planning, case conferences, and adapt our programs based on ongoing feedback and local demand, ensuring our supports are relevant and effective for families, including those with neurodiverse children or at risk of child protection involvement. Importantly, applicants should be assessed not only on qualitative evidence of collaboration and community engagement, but also on quantitative outcomes—such as measurable improvements in child skill development, communication, daily living skills, and emotional regulation. Including both qualitative and quantitative data provides a comprehensive picture of service impact, supports accountability, and demonstrates the effectiveness of evidence-based interventions like ABA. Recognition of culturally safe practices, ethical standards, and the inclusion of objective child development outcomes should be central to the assessment process to ensure services are both effective and truly responsive to the communities they serve.

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

Beyond locational disadvantage, the department should consider several additional factors to ensure funding truly reflects the needs of communities. Access to qualified professionals is critical; families should be able to receive support from practitioners with appropriate credentials and expertise, such as Certified Behaviour Analysts, rather than relying solely on Allied Health Assistants (AHAs) who may be acting on behalf of professionals located further away. There should be robust oversight and supervision of AHAs to maintain service quality and ethical standards. Cultural training for service providers is also essential, so those supporting families understand the unique context and values of the community

they are working with, rather than simply offering services because they are available. It is important that families are not directed to services that may not be best placed to meet their needs, just because they are the only option locally. Funding decisions should also consider factors such as the prevalence of disability or neurodevelopmental conditions, waiting times for specialised supports, and the capacity of providers to deliver evidence-based, culturally safe, and person-centred interventions. By broadening the assessment criteria in these ways, the department can ensure that funding is allocated to services that are both accessible and truly responsive to the diverse needs of each community.

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

The best way for organisations to show in grant applications that their service is genuinely meeting the needs of the community is to provide clear evidence of meaningful engagement and responsiveness. This includes demonstrating strong local partnerships, regular collaboration with other service providers, and active involvement in multidisciplinary planning and case conferences. Organisations should present both qualitative and quantitative data, such as measurable improvements in child skill development, communication, daily living skills, and emotional regulation, alongside feedback from families and stakeholders. It is also important to show how services are adapted based on ongoing community input and local demand, rather than simply offering what is available. Applicants should highlight their commitment to culturally safe practices, access to qualified professionals, and robust oversight of any support staff, such as Allied Health Assistants, to ensure quality and ethical standards. Assessment should focus on the organisation's ability to demonstrate genuine collaboration, continuous improvement, and the delivery of evidence-based interventions that are tailored to the unique needs of the community.

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

The grant process could be designed to support and increase the number of Aboriginal Community Controlled Organisations (ACCOs) delivering services to children and families by implementing several targeted strategies. Firstly, the process should prioritise ACCO-led service delivery in areas with significant First Nations populations, as outlined in the discussion paper, and provide clear guidance and support for ACCOs during the application process. This could include dedicated funding streams, simplified application requirements, and capacity-building initiatives such as grant-writing workshops and mentoring

programs. Additionally, the department could incentivise partnerships between ACCOs and other service providers, including specialised organisations like ABA providers, to foster knowledge sharing and culturally safe practice. Assessment criteria should recognise the unique strengths of ACCOs, such as their deep community connections and culturally responsive approaches, and value models that are co-designed with local communities. Ongoing consultation with ACCOs and First Nations stakeholders will be essential to ensure the grant process remains accessible, relevant, and effective in increasing ACCO participation and leadership in service delivery for children and families.

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

To help improve outcomes for Aboriginal and Torres Strait Islander children and families, the program design should incorporate several additional elements. First, it is essential to ensure that services are culturally safe and community-led, with genuine involvement of local Aboriginal and Torres Strait Islander communities in the design, delivery, and evaluation of supports. This includes ongoing consultation, co-design processes, and the prioritisation of ACCO-led service models where possible. The program should also invest in workforce development, supporting the recruitment, training, and retention of Aboriginal and Torres Strait Islander staff, as well as providing cultural competency training for all service providers working with these communities. Flexible funding arrangements and capacity-building initiatives can empower ACCOs and other local organisations to deliver tailored, responsive supports. Finally, the program should include mechanisms for continuous feedback and improvement, ensuring that services remain relevant and effective in meeting the unique needs and aspirations of Aboriginal and Torres Strait Islander children and families. By embedding these elements, the program will be better positioned to promote equity, inclusion, and positive outcomes for First Nations communities.

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

To better understand its impact and continuously improve services, Step by Step Interventions (SSI) would benefit from collecting both quantitative and qualitative data. Quantitative data should include measurable outcomes such as improvements in child skill development, communication, daily living skills, emotional regulation, and participation in community or educational settings. Tracking progress through standardised assessments, goal attainment scaling, and regular data reviews provides objective evidence of service effectiveness.

Qualitative data, such as family feedback, case studies, and stakeholder input, adds valuable context and helps identify areas for further development. Additionally, data on access to qualified professionals, service delivery models, and cultural responsiveness would support ongoing evaluation and adaptation. By integrating these data types, SSI can ensure services remain evidence-based, responsive to community needs, and focused on achieving meaningful outcomes for children and families.

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?

The most valuable data and information for Step by Step Interventions (SSI) to share in demonstrating positive impact on children and families would include both quantitative and qualitative outcomes. Quantitative data such as measurable improvements in child skill development, communication, daily living skills, emotional regulation, and participation in community or educational settings provides objective evidence of progress and effectiveness. This can be supported by standardised assessments, goal attainment scaling, and regular progress tracking. Qualitative data, including family feedback, case studies, and stakeholder input, adds important context and highlights the lived experiences and satisfaction of those receiving support. Additionally, information on access to qualified professionals, culturally safe practices, and the responsiveness of services to community needs would further demonstrate SSI's commitment to delivering high-quality, evidence-based interventions. Sharing this comprehensive mix of data ensures transparency, accountability, and a clear picture of how SSI is making a meaningful difference for children and families.

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

To prepare strong case studies that show the impact of our service, templates and guidance should include both quantitative and qualitative elements. A useful template would prompt for measurable outcomes, such as improvements in child skill development, communication, daily living skills, and emotional regulation, using standardised assessments or goal attainment scaling. It should also include sections for family feedback, narrative descriptions of progress, and examples of how services were adapted to meet individual or community needs. Guidance should encourage the inclusion of culturally safe practices, multidisciplinary collaboration, and the role of qualified professionals in service delivery. By combining objective data with personal stories and contextual information, these

templates would help demonstrate the effectiveness and responsiveness of our service in a comprehensive and compelling way.

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

To Step by Step Interventions (SSI), a relational contracting approach means establishing a partnership with the funding body that is built on trust, shared goals, and a commitment to achieving meaningful outcomes for children and families. In practice, this involves flexible agreements that allow services to adapt to changing community needs, rather than being restricted by rigid activity definitions or reporting requirements. Criteria we would like to see included in a relational contract are: a clear focus on outcomes—such as measurable improvements in child skill development and family capacity—rather than just outputs; recognition of evidence-based interventions like ABA and the expertise of Certified Behaviour Analysts; provisions for ongoing collaboration and open communication between SSI and the department; flexibility in service delivery methods (including home, school, clinic, and telehealth); robust governance and ethical standards; and mechanisms for continuous feedback and quality improvement. Relational contracting should also support integration with other community services and allow for escalation to more intensive supports when family needs increase. This approach would enable SSI to deliver responsive, high-quality services while maintaining accountability and transparency.

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 decide which organisations should be offered a relational contract is to assess applicants based on their demonstrated commitment to outcomes, flexibility, and genuine partnership with the community. Organisations should provide evidence of delivering measurable improvements for children and families, such as quantitative data on skill development and qualitative feedback from stakeholders. The department should also consider the organisation's track record of ethical practice, use of evidence-based interventions like ABA, and capacity for ongoing collaboration and adaptation to changing needs. Preference should be given to providers who actively engage with local partners, maintain robust governance, and demonstrate transparency in reporting and continuous quality improvement. By focusing on these criteria, the department can ensure relational contracts are awarded to organisations that are best positioned to deliver responsive, high-quality, and impactful services.

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

Yes, Step by Step Interventions (SSI) is interested in a relational contracting approach. We believe this model would enable a more collaborative and flexible partnership with the department, allowing us to focus on achieving meaningful outcomes for children and families rather than being constrained by rigid activity definitions or reporting requirements. Relational contracting would support ongoing adaptation to changing community needs, encourage open communication, and facilitate integration with other local services. It would also provide recognition for evidence-based interventions like ABA and the expertise of Certified Behaviour Analysts, ensuring that our services remain responsive, ethical, and high-quality. Overall, this approach aligns with SSI's commitment to continuous improvement, accountability, and delivering impactful supports to the communities we serve.

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

One additional consideration the department should understand about this proposed approach is the importance of explicitly recognising and supporting evidence-based interventions such as Applied Behaviour Analysis (ABA), and the expertise of Certified Behaviour Analysts (CBAs), within all aspects of program design, eligibility, and funding. Historically, ABA has faced public dissociation due to misconceptions about its practice, despite being the most evidence-based intervention for behavioural change and widely used across multiple fields—even when not acknowledged as ABA. In Australia, ABA is now governed by the Australian Association for Behaviour Analysis (AABA), which ensures high ethical standards and a modern, person-centred approach. Reintegration and clear support for contemporary, ethical ABA practice will help ensure families and children with complex needs are not excluded due to stigma or misunderstanding. Additionally, the department should maintain safeguards for small and specialised providers, prioritise culturally safe and community-led service models, and ensure that outcome reporting includes both quantitative and qualitative data. These measures will help create a program that is inclusive, flexible, and truly responsive to the diverse needs of children and families.