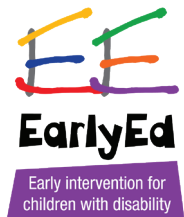


RESPONSE TO THE NDIS REVIEW “WHAT WE HAVE HEARD REPORT”

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Best Practice Network

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INTRODUCTION AND PURPOSE

The Early Childhood Intervention Best Practice¹ Network is submitting a response to the NDIS Review “**What we have heard report**” and has provided answers to the questions we felt were the most relevant to children, their families and those who support them (in particular providers of early childhood intervention).

We have focused on the following:

- 7 Early Childhood Supports questions, as well as,
- “How do we ensure that the NDIS is sustainable?” in relation to supporting children and their families both in their community, mainstream services and through the NDIS.

The ECI Best Practice Network is a group of not-for-profit Early Childhood Intervention providers who collectively prepared this submission on a voluntary basis.

The submission focusses on solutions for the challenges currently facing children, families, mainstream services and reference the group’s original NDIS Review paper submitted in March 2023 which can be found at:

<https://tinyurl.com/ECI-DiscussionPaper>

This original paper was prepared by a network of fourteen (14) not-for-profit providers of early intervention services and/or early childhood education. We are informally calling our network the Early Childhood Intervention (ECI) Best Practice Network. The paper was intended to help inform policymakers and decision-makers regarding observations ‘on the ground’ from a provider perspective.

Early Childhood Intervention (ECI) Best Practice Network thanks the NDIS Review Panel for their commitment and receptiveness to all comments from the sector, is encouraged by the talk of major reform that will improve the lives of children and their families and create a robust, sustainable system. We hope we can continue to provide feedback and would like to meet with the Review Panel in the future to provide more details about service system models.

¹ The Best Practice Guidelines for Early Childhood Intervention commissioned by the Australian Government in 2015.
<https://re-imagine.com.au/practitioner/what-is-best-practice/>

1. How can supports for children with disability be delivered in ways that lead to better outcomes for children?

3

SUPPORTS DELIVERED IN A CHILD'S COMMUNITY BY THE COMMUNITY

Strategies that ensure supports for children with disability are delivered in a child's community by the community include:

- A.** Not-for-profit early childhood intervention providers using their specialist knowledge and skills to support local community and mainstream services.
- B.** A 'no wrong door approach' for children, who are at risk of or have concerns about their development and disability that provides:
 - continuity of care
 - local access for families and
 - early in a child's life, quality preventative supports, for free.
- C.** Capacity building programs that support services to meaningfully include children.
- D.** A collaborative service system of community and state services, that is based on a sharing of resources, skills, and knowledge, while avoiding silos, supporting evaluation and measuring social impact.
- E.** A child's NDIS funded early childhood intervention and therapy services being delivered using best practices in early childhood intervention in the community and in every day environments.

CURRENT STATE:

Community sector services for children with concerns about their development and disability, and their families, have fragmented as a result of the current NDIA market approach.

Funding for children at risk of or when there are concerns about their development and disability, moved to the NDIS with its roll out and the introduction of the NDIS ECI Partners and left early childhood intervention providers unable to deliver much in the form of community supports. It left providers only able to deliver NDIS funded and prescribed supports. Remnants of quality ECI services, that retain their commitment to using best practices in ECI, remain as limited funded State services or small, disconnected programs.

Families who have children with NDIS plans are finding it challenging to navigate the system and access information about services. Not all children that have NDIS plans are receiving services delivered in ways that meet the evidence based best practices in early childhood intervention guidelines.

Key principles of the National Disability Insurance Scheme Act 2013 are no longer being met, as choice and control is eroded by providers deciding how they want to deliver services for children. A child's right to quality services is no longer guaranteed.

RECOMMENDATIONS:

1. Reestablish the remnants of the early childhood intervention sector and fund to deliver local community-based services.

This can be simply initiated by making use of the current not-for-profit NDIS registered providers specialising in NDIS early childhood supports and funding them to:

- deliver more State funded services eg in NSW Start Strong Pathways and Targeted Early Childhood Intervention,
- provide support of early childhood education services, and
- deliver transition to school programs.

2. Incentivise providers to deliver NDIS funded plans for children using best practices in early childhood intervention ie family centered, collaborative, evidenced based, in natural environments and inclusive.

A. REBUILD THE EARLY CHILDHOOD INTERVENTION SECTOR

An early childhood intervention sector provides the essential foundation for services for children, who are at risk of or have concerns about their development and disability. This sector has the skills and knowledge needed to support children as it:

- capacity builds mainstream child and family service providers to identify and support these children and their families,
- follows up and provides support to identified children (along with their families) and,
- supports each child's inclusion in formal and informal services.

Early childhood intervention services by not-for-profit early childhood intervention providers (with a team that consists of allied health and education practitioners) need to be embedded in children's service systems and enabled by cross-sector collaboration with early childhood nurses, health, early childhood education, schools, advocacy groups and informal community services.

Place-based systems that ensure collaboration between service providers help families navigate and access mainstream and support services using their specialist knowledge and skills to support local community and mainstream services.

B. ENSURE A 'NO WRONG DOOR APPROACH' AND QUALITY PREVENTATIVE SUPPORTS ARE AVAILABLE FOR FREE, FOR FAMILIES WHEN ENGAGING WITH EARLY ACCESS SERVICES.

A "no wrong door approach" will mean families won't:

- think the NDIS pathway is the only way they will obtain support for their child,
- feel that they will not be able to access the supports they need or,
- have to pay for it themselves. (The structure, price and quantity of Medicare funding for children needs to align to Best Practice Guidelines and meet the needs of families while not leaving families with a gap to pay.)

Funding needs to be reinvested to bring back and improve support to community and mainstream services. A "no wrong door approach" can readily be established while systematic change is developed by using any number of these strategies:

- a. Commission local registered providers to deliver Short Term Early Intervention and set KPIs on timeframes to connect and deliver services to families to ensure a timely response. ECI Partners to refer to local registered providers for Short Term Early Intervention work to give families more choice and control.
- b. Separate the ECI Partner role from the NDIA; maintaining the information and advice and assessment functions of the ECI Partner role.
- c. Fund place-based capacity building services activities, by registered state based not-for-profit early childhood intervention providers.
- d. Fund preventative programs – Ensure funding is available for preventative programs including prenatal supports and postnatal supports.
- e. Extend current programs e.g. Targeted Early Intervention, Start Strong and collaboration across local all state funded child and family services.
- f. In NSW, restructure program funding to enable individualised support to families accessing TEI services (such as playgroups) and DET Start Strong Pathways Program so those local services can specifically help families navigate the service system and offer short term supports of a preventative nature or support families to access the NDIS ECI Approach.

"Colocation doesn't create collaboration; hubs can bring great benefits, but systems need to be put into place to encourage working together and breaking down silos. When planning new services and buildings, we need to consider what it looks like and what it feels like for families."
<https://www.aracy.org.au/documents/item/764>

Children at the Centre: Insights for the development of a national Early Years Strategy Feb 2023

C. EMBED CAPACITY BUILDING AND INCLUSION SUPPORT ACROSS ALL SERVICES AND THE COMMUNITY

Inclusion Capacity Building Support – Ensure all early childhood education services have ongoing capacity building funding to support inclusion. In NSW, require Sector Capacity Building services to provide localised approaches and to assist with inclusion and management strategies for individual cases in local services. This will build service capacity in inclusive practices to support the individual child and increase their own capacity to include children in the future.

Inclusion Support in Early Childhood Education settings – Ensure all early childhood education services have sufficient funding to guarantee inclusion for children with high learning support needs by reviewing the hours funded and the rate of pay per hour. And provide funding for early intervention for children who cannot access the NDIS or other schemes.

Ensure collaboration with a child's school to support inclusion and access for early intervention – Review Department of Education policies and procedures regarding access to early childhood intervention specialists and allied health professionals for children to ensure access and equity, in alignment with the Best Practice Guidelines.

Funding for preventative programs – Ensure funding is available for preventative programs including prenatal supports, postnatal supports and supported playgroups. For instance, in NSW, renew the Start Strong Pathways Program funding.

D. BUILD A SYSTEM WHERE COMMUNITY COLLABORATION AND EVALUATION LEAD TO SHARING OF RESOURCES, AVOIDING SILOS AND MEASURING OF SOCIAL IMPACT.

Move the focus from NDIS services to the community supporting the inclusion of each child and family through the following:

- a. Early services for babies that give a family a good start. Services must be robust, provided in the community and specifically designed for babies and children. Increase funding for Child and Family Health Nurses within Community Health and other health services (e.g., Brighter Beginnings in NSW).
- b. Revising Community Health protocols that include a focus on family health and wellbeing, not just the child.
- c. States/Territories and the Commonwealth working collaboratively to develop and research services in the community that provide early access to supports.
- d. Ensuring “no wait” for access so that when Community Health or other agencies do not have capacity, there are ways to commission local providers to provide services and supports.
- e. Short term and preventative services being offered to individual children at no cost by funding regulated services that use best practice guidelines.
- f. Engaging with NDIS after first using the supports provided by community early childhood intervention services. Access requests to the NDIS come through community-based services.
- g. Children and families continue their initial community early childhood intervention relationships who then work collaboratively with the child's new NDIS service providers.
- h. Inclusion and capacity building supports funded for informal mainstream services and formal early childhood intervention and schools.

E. FUNDED INDIVIDUAL CHILD NDIS SERVICES NEED TO BE DELIVERED IN THE COMMUNITY.

Best practice and evidence-based approaches implemented by all early childhood intervention providers for children and their families.

See Question 2 for a full response

2. What does good support look like for children living with disability?

GOOD SUPPORT MEANS THAT THE 'BEST PRACTICE GUIDELINES IN EARLY CHILDHOOD INTERVENTION' ARE EMBEDDED ACROSS ALL EARLY CHILDHOOD INTERVENTION SUPPORTS AND SERVICES.

RECOMMENDATIONS:

Incentivise providers to deliver NDIS funded plans for children using best practices in early childhood intervention ie family centered, collaborative, evidenced based, in natural environments and inclusive.

This could be through:

- prices arrangements,
- recognised organisational qualifications to deliver particular services eg registered providers can deliver Key Worker services, or
- mandatory services eg. Use of a registered provider to deliver some of a first plan.

Use registration as of proof of meeting the required Quality and Standards for children ie using best practices in early childhood intervention.

THE 'BEST PRACTICE GUIDELINES IN EARLY CHILDHOOD INTERVENTION' TELL US THAT CHILDREN AND FAMILIES BENEFIT THE MOST WHEN WE BASE EARLY CHILDHOOD INTERVENTION ON THE FOLLOWING:

- *The family is at the centre of all services and supports - the family and early childhood professionals work together in partnership. Services and supports are based on the family's needs and choices.*
- *All families are different and unique - services and supports are delivered in a way that is respectful of a family's cultural, language and social backgrounds, and their values and beliefs.*
- *The child is included at home and in the community - the child takes part in home and community life, with supports as needed, to create a real sense of belonging.*
- *The child practises and learns new skills everyday - the child learns and practises skills in the activities and daily routines of their everyday life.*
- *Early childhood professionals and family form a team around the child - a family works together with early childhood professionals to form a team around the child. They share information, knowledge and skills. One main person from this team, called a key worker, may be allocated to work with the family.*
- *Supports build everyone's knowledge and skills - building the knowledge, skills and confidence of the family and the important people in a child's life will have the biggest impact on a child's learning and development.*

- *Services and supports work with the family on the goals they have for their child and family - early childhood professionals focus on what parents or carers want for their child and family, and work closely with the family to achieve the best outcomes for their child.*
- *Early childhood professionals deliver quality services and supports - early childhood professionals have qualifications and experience in early childhood development, and offer services based on sound evidence and research.*
- *Best practice that supports and facilitates children learning and developing in natural, everyday settings. This includes their own home, and other places, such as childcare, playgroup, kindergarten or preschool, where they play with family or friends. This means the adults they are with need information, tools and support to help the child's development and participation.*
- *Being included in everyday activities, gives children with developmental delay or disability the same opportunities as all children.*
- *Providing children with opportunities to develop friendships, interact with others and be a part of their community.*
- *Best practice not only takes into account broad early childhood intervention research, but also evidence relating to the needs of children with a specific diagnosis, such as autism spectrum disorder or cerebral palsy.*

3. In what settings should that support be provided, and by who?

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BEST PRACTICE RECOGNISES THAT CHILDREN NEED TO LEARN AND DEVELOP IN NATURAL, EVERYDAY SETTINGS.

RECOMMENDATIONS:

Embed the '**BEST PRACTICE GUIDELINES IN EARLY CHILDHOOD INTERVENTION**' across all **EARLY CHILDHOOD INTERVENTION** in all supports and services both NDIS funded and community funded.

Incentivise providers to deliver NDIS funded plans for children using best practices in early childhood intervention i.e. family centered, collaborative, evidenced based, in natural environments and inclusive.



Natural everyday settings include:



Home



Playgroup



Childcare/
Preschool



School



Shops



Family

- their own home, and other places, such as
- playgroup,
- childcare / preschool, or
- school,
- community activities such as shopping,
- recreational and other activities where they play with family or friends.

This means the adults the children are involved with have the information, tools and support to help the child's development and participation.

The early childhood professionals supporting the inclusion of children in these settings must:

- deliver quality services and supports,
- have qualifications and experience in early childhood development, and
- offer services based on sound evidence and research,

or if not must:

- be supported and coached by early childhood professionals with qualifications and experience in early childhood development, who help them to offer services with a foundation in best practices and that meet the child and family's needs.

BENEFITS OF NATURAL, EVERYDAY SETTINGS

- **Opportunities to learn and be part of their community.**
Being included in these everyday activities and in everyday environments gives children with developmental delay or disability the same prospects as all children. It provides them with opportunities to develop friendships, interact with others and be a part of their community.
- **The child practises and learns new skills every day.**
They learn and practise these skills in context, in the activities and daily routines of their everyday life.
- **Early childhood professionals and family form a team around the child.**
A family works together with early childhood professionals to form a team around the child. They share information, knowledge, and skills. One main person from this team, called a key worker, is allocated to work with the family.
- **Supports build everyone's knowledge and skills.**
Building the knowledge, skills and confidence of the family and the important people in a child's life will have the biggest impact on a child's learning and development.
- **Services and supports work with the family on the goals they have for their child and family.**
Early childhood professionals focus on what parents or carers want for their child and family, and work closely with the family to achieve the best outcomes for their child.

4. What supports or services do families need to help their children with disability thrive?



SUPPORTS DELIVERED IN A CHILD'S COMMUNITY BY THE COMMUNITY

- Early access points for support
- Inclusion
- Community collaboration
- Collaboration between early childhood intervention / schools and NDIS practitioners
- Services are regulated and providers are required to be compliant with safety standards
- Services that give children under age 16 access for mental illness

RECOMMENDATIONS:

1. Reestablish the remnants of the early childhood intervention sector and fund to deliver local community-based services.

This can be simply initiated by making use of the current not-for-profit NDIS registered providers specialising in NDIS early childhood supports and funding them to:

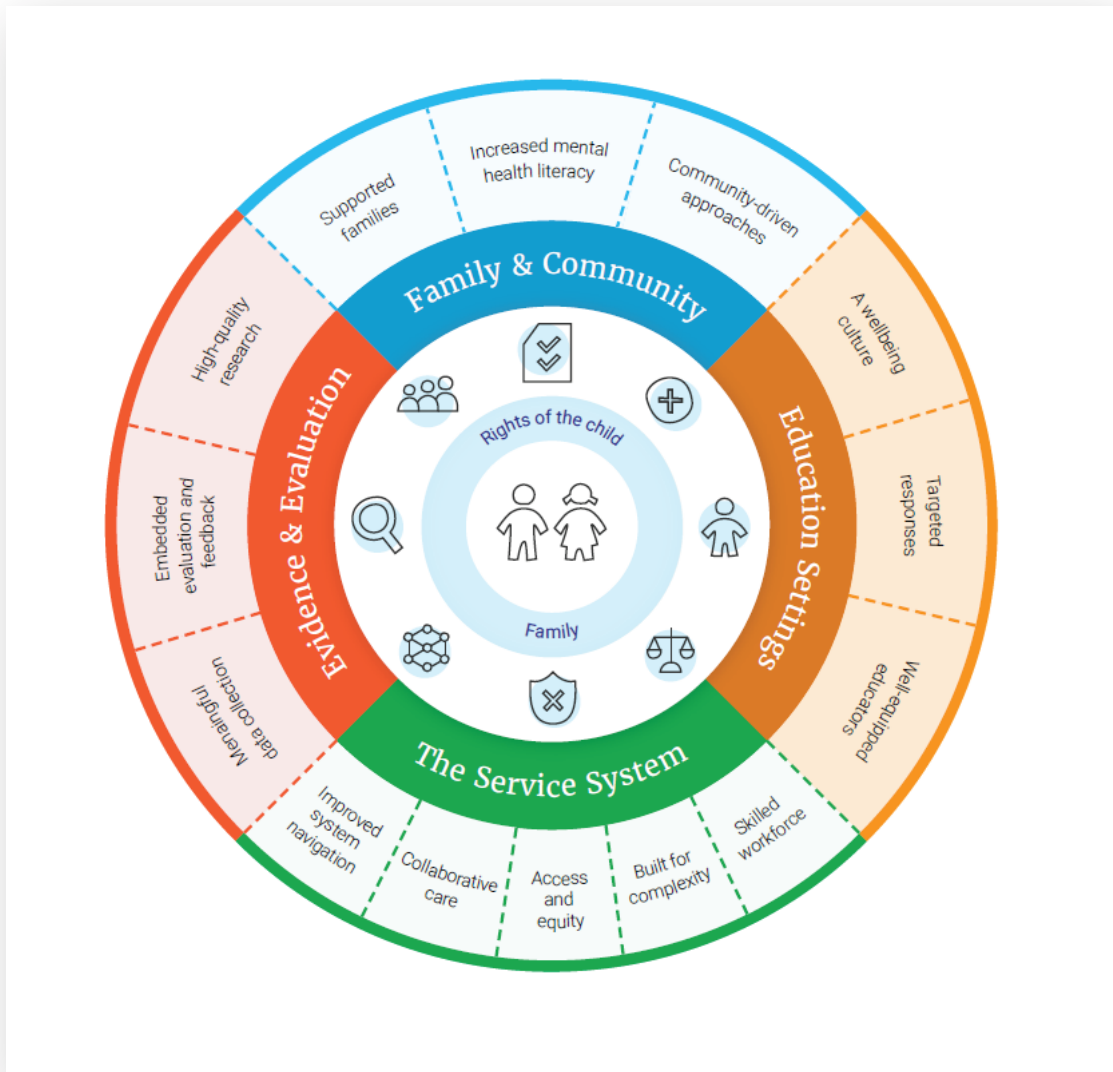
- deliver more State funded services eg in NSW Start Strong Pathways and Targeted Early Childhood Intervention,
- provide support of early childhood education services, and
- deliver transition to school programs.

2. Incentivise providers to deliver NDIS funded plans for children using best practices in early childhood intervention i.e. family centered, collaborative, evidenced based, in natural environments and inclusive.



In order for children with disability to thrive, the National Disability Insurance Scheme (NDIS) cannot stand alone but needs to sit within the other systems that support children and families at different points in their life.

The graphic below outlines the intended objectives required to be realized to enable an 'optimal child mental health and wellbeing system' in the *National Children's Mental Health and Wellbeing Strategy* published in 2021 by the National Mental Health Commission (p. 8):



These systems need to enable:

- access early in a child's life to preventative and early supports particularly through main stream community services,
- inclusion,
- collaboration with other community services,
- collaboration in early childhood education services and schools,
- collaboration with other providers supporting the child,
- child safe practices, and
- involvement in mental health services.

Early Access Points

Currently, children may be identified as ‘at risk for delays’, having developmental delays or other concerns by a variety of local mainstream services. There are five primary pathways through which children and families may be identified:

- a. General community-based programs;
- b. Supported community playgroups;
- c. State child protection services;
- d. Early childhood education services (centre-based and community-based);
- e. Health services.

These services are not sufficiently funded or coordinated to implement preventative or short term supports. Rather than there being a “no wrong door” entry approach in their community, for families to receive support and services, they are being directed to NDIS ECI Partners. The following are better ways for the majority of families to start with supports.

○ PREVENTION AND EARLY IDENTIFICATION:

Local services would be focused on both:

- prevention, as well as,
- supporting children and families

when concerns are identified.

This local approach is powerful as these services are often less bureaucratic and therefore, are more accessible to families, especially those from multicultural backgrounds. Being local enables services to connect personally with families, employ staff with similar backgrounds and experiences to local families and connect families with other local supports. Programs will target the families of children in the first year or two of a child’s life as well as the preschool years.

○ PRE AND POST-NATAL SUPPORT:

Work can be done in the pre-natal period to support pregnant individuals and their partners to prepare for birth and the early years. More post-natal education and support services could prevent many families from reaching the point risk of significant harm or crisis.

○ PLAYGROUP SUPPORT:

Funding should be available for services to follow up playgroup participants and provide ongoing individual supports beyond the playgroup and to help the family navigate the system in order to access other supports and intensive programs.

EARLY CHILDHOOD EDUCATION SERVICES (BOTH CENTRE-BASED AND COMMUNITY-FUNDED PROGRAMS):

Families often first hear about concerns about their child's development through their educators at their early childhood education service. These early childhood education services need to be connected up with local community services that allow them to walk beside the families to access the supports they need.

FAMILIES WHO ARE NOT CONNECTED WITH MAINSTREAM SERVICES:

Programs like NSW DET Start Strong Pathways support 'hard to reach', 'vulnerable' families and families who don't connect with mainstream early childhood education e.g. have family carers rather than formal early childhood education or different cultural experiences of care during a child's early years. These children can miss out on essential early identification and early intervention when there are concerns about the child's development.

Inclusion

Early Childhood Education Services (Both Centre-Based and Community-Funded Programs): Families need to know that the structure and support of funding in early childhood education services will meet the needs of their children with developmental delays, disabilities or other high learning support needs. Funding needs to cover service staffing costs so children can attend the full day as well as key practitioners to support children are not eligible for NDIS.

INCLUSION SUPPORT AND ADVICE TO UPSKILL CENTRES:

Families need early childhood education services for their child that can access extra assistance to enable their child's inclusion in their centre

NDIS FUNDING FOR CAPACITY BUILDING IN NDIS PLANS:

NDIS plans should specifically fund capacity building supports by incentivising travel and support in natural environments. This will support a family to choose services that help their child be included in early childhood intervention and encourage NDIS providers to be willing to use capacity building practices.

Community Collaboration

The Best Practice Guidelines include collaboration. Services that are early access points need supports or funding to collaborate with other agencies that build resilient families.



- a. General community-based programs;
- b. Supported community playgroups;
- c. State child protection services;
- d. Early childhood education services (centre-based and community-based).

Collaboration between Early Childhood Intervention / Schools and NDIS Practitioners



Collaborative activities between early childhood intervention and main stream services are essential to supporting children to thrive.

NDIS plans should specifically fund collaboration between providers to incentivise a family to choose to do so and encourage providers to be willing to collaborate.

The nature of inclusion should be capacity building of the staff involved support the child.

Schools and early childhood education services face significant challenges because of the high numbers of practitioners wanting to support children.

13

Services are regulated and providers are required to be compliant with safety standards



Ensure children are not at risk of harm by confirming that all providers accessing NDIS funds have required checks, that services are being delivered by practitioners who have experience with children and who deliver supports that align to the Best Practice Guidelines.

Regulate NDIS providers like other childhood services (e.g. early childhood education services, out-of-home care services) which have regulation on quality of service.



We know how vulnerable children with disability are and this has been reinforced through our learnings from the Royal Commission into Institutional Child Sexual Abuse and child protection legislation in states and territories. It is deeply concerning that this space remains without adequate Child Safe protections.

Two-thirds of NDIS participants in the age group of 0-14 are self-managed or plan managed. These families can and do access unregistered providers who are not audited against Quality and Safeguarding Standards. This creates risks because there is:

- No guarantee that workers have appropriate NDIS Worker Checks or other relevant checks;
- No guarantee that parents are aware to check or ask for this;
- No assurance about the safeguarding practices of the provider.
- Further, across all providers, registered and unregistered, there is no accreditation or review of whether providers are using Best Practice Guidelines to regulate quality outcomes.

Services that give children under age 16 access for mental illness



Mental health and wellbeing concerns in children and young people are at an all-time high.

The Department of Health in Victoria states that “14% of children and young people aged 4–17 years are affected by mental illness at some time” and that “75% of severe mental health concerns emerge by the age of 25.” Despite diagnoses of severe mental illness such as Schizophrenia, children under the age of 16 are not eligible for the NDIS which can delay early access and intervention.

Whilst this may be seen as the role of Medicare and health-funding, there are gaps within this system as well, leaving vulnerable children and families without necessary supports. (Mental Illness in Children, Adolescents and Young People).

Department of Health, Victoria. Accessed 23/2/2023 - Mental illness in children, adolescents and young people (health.vic.gov.au)

5. What supports for children with disability should be available outside the scheme?



SUPPORTS DELIVERED IN A CHILD'S COMMUNITY BY THE COMMUNITY

- Ensure a 'no wrong door approach' to access.
- Medicare to fund best practice services.
- Inclusion capacity building support offered across all services and the community.

ENSURE A 'NO WRONG DOOR APPROACH' TO ACCESS

ENSURE A 'NO WRONG DOOR APPROACH' TO ACCESS to supports and that quality preventive supports are available for free, for families when engaging with early access services.

Then families won't:

- think NDIS is the only way they will get support for their child
- feel that they will not be able to access the supports they need or
- have to pay for it themselves (i.e. Review the structure, price and quantity of the Medicare funding to align to Best Practice Guidelines and meet the needs demands of families while not leaving families with a gap to pay.)

A. Restructure funding to enable individualised support to families (in NSW, Targeted Early Intervention services (such as playgroups) and Department of Education Start Strong Pathways Programs so local services can:

- specifically help families navigate the service system,
- offer short term supports of a preventative nature, and
- support families, when appropriate, to access the NDIS.

B. Fund place-based capacity building activities and collaboration across local all State funded child and family services and registered state based not-for-profit early childhood intervention providers (e.g. by extending current NSW programs Targeted Early Intervention and Start Strong Pathways).

C. Separate the ECI Partner role from the NDIA; maintaining the information and advice and assessment functions of the ECI Partner role.

D. ECI Partners to refer to local registered providers for Short Term Early Intervention work to give families more choice and control.

E. Commission local registered providers to deliver Short Term Early Intervention and set KPIs on timeframes to connect and deliver services to families to ensure a timely response.

F. Funding for preventative programs – Ensure funding is available for preventative programs including prenatal supports and postnatal supports.

MEDICARE TO FUND BEST PRACTICE SERVICES

Medicare funding for families should meet the needs of families particularly prior to entry to NDIS and in ways, without resulting in financial stress, that offer adequate and quality early childhood intervention supports.

A review of the structure, price and quantity of the Medicare funding for children to align to Best Practice Guidelines as well as the needs of their families is required.

Whilst accessing supports through General Practitioners/Paediatricians, families are often provided Medicare referrals under Chronic Disease Individual Allied Health Management Plans² and Medicare items for Complex Neurodevelopmental Disorder and eligible disability³. The Medicare rebate per session is \$56.00. Families have to fund Medicare privately and pay large gaps or have extremely short sessions that don't meet the needs of children with a disability.

The structure of the funding provided for children through Medicare does not align to Best Practice Guidelines and is only for 1:1 services. Medicare funding provides for a maximum of five sessions. Five sessions is insufficient time to provide appropriate support. In addition, it does not account for:

- Time to liaise with other professionals under the 'Team Around the Child' transdisciplinary approach.
- Time to complete reports back to the medical practitioner or other parties.
- Funding for non-clinic-based appointments which does not align to the Best Practice Guidelines to work in natural settings.
- There being no funding to support families as is expected as part of the Best Practice Guidelines. Even if parents receive separate funding personally for a 'Mental Health Care Plan' it does not cover couples counselling, requires a diagnosis, and is limited in the number of sessions available.

² <https://www.servicesaustralia.gov.au/chronic-disease-individual-allied-health-services-medicare-items?context=20>

³ <https://www.servicesaustralia.gov.au/education-guide-medicare-items-for-complex-neurodevelopmental-disorder-and-eligible-disability?context=20>

EMBED INCLUSION CAPACITY BUILDING SUPPORT ACROSS ALL SERVICES AND THE COMMUNITY

- A.** Ensure all early childhood education services have ongoing capacity building funding to support inclusion.
- In NSW, require Sector Capacity Building services to provide localised approaches and to assist with inclusion and management strategies for individual cases in local services. This will build service capacity in inclusive practices to support the individual child and increase their own capacity to include children in the future.
- B.** Inclusion Support in Early Childhood Education and Care settings.
- Ensure all early childhood education and care services have sufficient funding to guarantee inclusion for children with high learning support needs in their service by reviewing the hours funded and the rate of pay per hour; and provide funding for early intervention for children who cannot access the NDIS or other schemes.
- C.** Ensure collaboration with a child's school to support inclusion and access for early intervention.
- Review Department of Education policies and procedures regarding access to early childhood intervention specialists and allied health professionals for children to ensure an access and equity, in alignment with the Best Practice Guidelines.

17

6. How can supports for children with disability be delivered in ways that lead to better outcomes for children?



Plans should reflect best practice and not be prescriptive.
Incentivise services that meet best practice guidelines.

PLANS SHOULD REFLECT BEST PRACTICE AND NOT BE PRESCRIPTIVE

To add to the structural challenges of the price guide, ensure plans are designed to be flexible and responsive to meet a child's changing developmental needs. Include costing for travel (to enable natural settings) and a Key Worker. Create opportunities for inclusion supports and family capacity building.

INCENTIVISE SERVICES THAT MEET BEST PRACTICE GUIDELINES

Change the structure of the price guide to encourage use of funding within the Best Practice Guidelines. For example, one option would be to restructure the funding and Price Guide to provide separate 'buckets' of funding for:

- Travel – so families will not see this as reducing their direct services and will be encouraged to use this funding and access services in natural settings (home, early childhood centres, schools, community activities and spaces).
- Key Workers – so families will not see this as reducing their direct services and will be encouraged to use this funding.
- Capacity Building – so families will be encouraged to use this funding.
- Family Supports – so families will be able to access family therapy, support for siblings, capacity building, and even household support as required.
- Collaboration and a Team Around a Child.
- Inclusion – services that build the capacity of services to meaningfully include children, families to support their child's inclusion, and children to develop their skills to play, learn, and make friends.

7. How should families with children with disability be assisted and supported to navigate early childhood services?

Ensure a 'no wrong door approach' early in a child's life.

Provide timely quality preventative supports, free for families, when engaging with early access services.

Ensure NDIS communication related to services for children support informed choice and control and reflect the Best Practice Guidelines, i.e. inclusion, natural environments and family capacity building are encouraged and funded.

RECOMMENDATIONS:

1. Reestablish the remnants of the early childhood intervention sector and fund to deliver local community-based services.

- Fund early childhood intervention to manage early access points and to provide initial supports in their community.
- Focus on the capacity building of community services to include all children.

2. Consistency in promotion of the best practice guidelines will help families understand what services to use.

- Deliver activities that promote best practices in early childhood intervention
- Make sure NDIS plans, the pricing arrangements are written in a way to promote best practices
- Promote the commitment of registered providers and regulation required to deliver best practices in early childhood intervention

Fund early access points to provide initial supports

PREVENTION AND EARLY IDENTIFICATION:

Children may be identified as 'at risk' of having developmental delays or other concerns by any local mainstream setting. This local approach is powerful as these services are often less bureaucratic and therefore, are more accessible to families, especially those from multicultural backgrounds. Their local nature also enables them to connect personally with families, have staff with similar backgrounds and experiences, and connect families with local supports.

POST- NATAL SUPPORT:

Post-natal education and support services would help families as soon as a concern has been identified and reduce risk of families reaching a crisis.

○ PLAYGROUP SUPPORT:

Funding should be available to provide ongoing individual support beyond the playgroup and to help the family navigate the system in order to access supports and intensive programs.

○ EARLY CHILDHOOD EDUCATION SERVICES (BOTH CENTRE-BASED AND COMMUNITY-FUNDED PROGRAMS):

Families often first hear through their early childhood education service when there are concerns about their child's development. These early childhood education services need to be able to connect with community services and then have these community services walk beside families to access supports.

○ FAMILIES WHO ARE NOT CONNECTED WITH MAINSTREAM SERVICES:

Programs like NSW Department of Education Start Strong Pathways support 'hard to reach', 'vulnerable' families and families who don't connect with mainstream early childhood education e.g. have family carers or different cultural experiences. They can miss out on essential early intervention.

Focus on community services



Require ECI Partners to commission local early childhood intervention registered providers for Short Term Early Intervention work to give families more choice and control.

Fund place-based capacity building activities, by registered state based not-for-profit early childhood intervention providers e.g. by extending current programs Targeted Early Intervention and Start Strong Pathways and collaboration across all local state funded child and family services.

Then families won't:

1. Think NDIS is the only way they will get support for their child;
2. Feel that they will not be able to access the supports they need, or
3. Have to pay for it themselves.

Commission local registered providers to deliver Short Term Early Intervention to help them connect with community services if they haven't and help them experience supports that reflect best practices in ECI. This will support innovation and community connection. Set KPIs on timeframes to connect and deliver services to families to ensure a timely response.

Consistency of promotion of the Best-Practice guidelines will help families understand what services to use.

A. PROMOTION OF BEST PRACTICES

Implement widespread and targeted education campaigns for medical practitioners and the public regarding the Best Practice Guidelines.

Review the structure, price and quantity of the Medicare funding to align to Best Practice Guidelines as well as meet demands and needs of families.

Local registered providers commissioned to deliver Short Term Early Intervention are to use a Key Worker capacity building approach with families and supports families into mainstreams and supported community programs.

B. NDIS PLANS

Ensure NDIS plans support informed choice and control and reflect the Best Practice Guidelines, i.e. inclusion, natural environments and family capacity building are encouraged and funded.

C. RESTRUCTURE OF THE PRICE GUIDE

Best Practice	Solution
<ul style="list-style-type: none"> To see children in natural settings 	<ul style="list-style-type: none"> Incentivise providers to deliver and families to request services in natural settings i.e. home, community, early childhood education settings and school so that families are happy to pay for travel: The cost of travel is seen as 'reducing' their 'therapy budget' and therefore, families opt for clinic-based models. Help families to understand routine-based support in natural setting is an evidenced-based practice as it improves their child's service outcomes and supports inclusion.
<ul style="list-style-type: none"> To appoint a Key Worker to work with a family and promote collaboration and "Team Around a Child." 	<ul style="list-style-type: none"> Incentivise providers to deliver and families to request services that share and plan together so that families do not see that this cost is 'reducing' their 'therapy budget' but see that it will improve their service outcomes and help families to understand the value of Key Workers.

Best Practice	Solution
<ul style="list-style-type: none"> ○ To support the family unit 	<ul style="list-style-type: none"> ○ Incentivise providers to deliver and families to request services that build resilient families as they are often reluctant to use funding on family support as it is seen as 'reducing' their 'therapy budget'.
<ul style="list-style-type: none"> ○ To focus on 'capacity building' 	<ul style="list-style-type: none"> ○ Incentivise providers to deliver and families to request services that help family members learn new skills that will support their child, understand that it is value for money and that it will improve their service outcomes. Help families to understand the value of of capacity building and prioritise therapeutic interventions solely for the children.

○ D. USE REGISTERED PROVIDERS

Require or incentivise families to use only registered providers for Early Childhood Early Intervention and Therapeutic Services to age 16.

Include audits on the delivery of services within the Best Practice Guidelines into existing NDIA registration system. This could include setting guidelines such as the % of sessions which have parent involvement and % of sessions in natural settings. A two-thirds of NDIS participants in the age group of 0-14 are self-managed or plan managed. These families can and do access unregistered providers who are not audited against Quality and Safeguarding Standards.

Require participants to be NDIA Managed for the first 2 years so they can build capacity through their engagement with existing registered providers who will serve a role in educating them through capacity building.

Commission research to develop Best Practice Guidelines that cover the ages of 8 to 16 years.

How do we ensure that the NDIS is sustainable?



At 30 June 2023, there were 99,395 children younger than 7 with an NDIS plan, and a further 14,556 accessing early connections. (NDIS Quarterly Rev 2022- 2023) NDIS is rightly concerned about the high numbers of children entering NDIS.

The number of children entering the scheme will only achieve sustainable levels when:

1. Support for the health and wellbeing of children and their families:
 - is available in their local community with
 - timely access, frequency of availability and quality that meets their needs and not through the NDIS ECI Approach.
2. Community and government services work together to support a community
3. NDIS commits fully to reforms that expect all services to meet with the evidence based Best Practice Guidelines for Early Childhood Intervention.

RECOMMENDATIONS:

- Create a “no wrong door” approach for families with children at risk of or concerned about their child’s development to access services by using community not-for-profit early childhood intervention services to deliver initial and short term supports for children and families.
- Align the structure, price, and quantity of Medicare funding for children to meet the best practice guidelines and provide adequate initial funding for families that does not leave them with a gap to pay.
- Incentivise providers that support the provision of best practices in early childhood intervention.
- Ensure all early childhood education services have access to ongoing capacity building funding to support inclusion including coaching from early childhood intervention services and adequate funding to cover the cost of care.
- Incentivise providers that support the provision of best practices in early childhood intervention.
- Manage workforce shortages of allied health workers and early childhood education specialists by incentivising best practices, changing planning approaches to reflect best practice and funding specialised early childhood intervention training.



Immediate changes can be made that will ensure parents/carers and their children receive:

- The preventative and timely supports they need without going through a NDIS pathway by:
 - using a “no wrong door” approach for families. Fund community not-for-profit early childhood intervention services to deliver initial and short term supports for children and families. Redirecting NDIS ECI partner funding and services by commissioning local services will instead see the use of a strengths-based, capacity building approach rather than the deficit focus that results from the entry into the NDIS disability system.
 - funding and expanding current capacity building services (e.g. Department of Education NSW Start Strong Pathways) that support the inclusive practices of local mainstream child and family services.
- The best early childhood intervention supports by:
 - best practices being reflected and expected in all NDIS promotional material, pricing arrangements, in child plans and plan development.
 - incentivising delivery of best practices in early childhood intervention by ECI providers.

Medium term impacts will be achieved when States establish, (and fund) systems that develop local service collaboration and bring together community and government services. (e.g. Community Hubs, Linker Networks).

Long Term impacts will come from a NDIS commitment to developing a skilled workforce as well as research and development in early childhood intervention.

A.

ENSURE A 'NO WRONG DOOR APPROACH' and quality preventive supports are available for free, for families when engaging with early access services.

Then families won't:

- a. think that NDIS is the only way they will get support for their child
- b. feel that they will not be able to access the supports they need or
- c. have to pay for it themselves (i.e. Review the structure, price and quantity of the Medicare funding to align to Best Practice Guide lines and meet the needs of families while not leaving them with a gap to pay.)

Using a "No Wrong Door Approach" non disability pathway will involve:

- Restructuring local community funded programs, to enable individualised support for children and their families such as, in NSW, Targeted Early Intervention services (i.e. playgroups) and Department of Education NSW Start Strong Pathways so those local services can help families navigate the local service and early education systems, offer short term supports of a preventative nature, and then if appropriate, support families to access the NDIS.
- Separating the ECI Partner role from the NDIA; maintaining the information, advice and assessment functions of the ECI Partners.
- Setting up funded pathways so that ECI Partners refer to local registered providers for Short Term Early Intervention work to give families more choice and control.
- Commissioning local registered providers to deliver Short Term Early Intervention and set KPIs for timeframes to connect with and deliver services to families to ensure a timely response.
- Funding preventative programs including prenatal and postnatal supports.

B. INCLUSION CAPACITY BUILDING SUPPORT ACROSS ALL SERVICES AND THE COMMUNITY

- **Ensure all early childhood education services have access to ongoing capacity building funding to support inclusion.**

Fund Capacity Building early childhood intervention services that provide localised approaches that assist with inclusion and management strategies for individual children in local services as well as all of centre training and coaching. This will build service capacity in inclusive practices to support the individual child and increase their own capacity to include children in the future.

- **Inclusion Support in Early Childhood Education settings.**

- Ensure all early childhood education services have sufficient funding to guarantee inclusion places for children with high learning support needs in their centre by reviewing the hours funded and the rate of pay per hour. Provide funding for in-house early intervention for children who cannot access the NDIS or other schemes.

- Ensure collaboration with a child's school to support their inclusion, access for early childhood intervention, school teacher engagement in planning and implementing of intervention approaches. Avoid the use of withdrawal for service delivery.

- Review Department of Education policies and procedures regarding access to early childhood intervention specialists and allied health professionals for children to ensure access and equity, and an alignment with the Best Practice Guidelines.

C. INCENTIVISE PROVIDERS THAT SUPPORT THE PROVISION OF BEST PRACTICES IN EARLY CHILDHOOD INTERVENTION

The 'best practice guidelines in early childhood intervention' tell us that children and families benefit the most when we base early childhood intervention on the following:

- The family is at the centre of all services and supports - the family and early childhood professionals work together in partnership. Services and supports are based on the family's needs and choices.
- All families are different and unique - services and supports are delivered in a way that is respectful of a family's cultural, language and social backgrounds, and their values and beliefs.

C.

- The child is included at home and in the community - the child takes part in home and community life, with supports as needed, to create a real sense of belonging.
- The child practises and learns new skills everyday - the child learns and practises skills in the activities and daily routines of their everyday life.
- Early childhood professionals and family form a team around the child - a family works together with early childhood professionals to form a team around the child. They share information, knowledge and skills. One main person from this team, called a key worker, may be allocated to work with the family.
- Supports build everyone's knowledge and skills - building the knowledge, skills and confidence of the family and the important people in a child's life will have the biggest impact on a child's learning and development.
- Services and supports work with the family on the goals they have for their child and family - early childhood profession and focus on what parents or carers want for their child and family, and work closely with the family to achieve the best outcomes for their child.
- Early childhood professionals deliver quality services and supports - early childhood professionals have qualifications and experience in early childhood development, and offer services based on sound evidence and research.
- Best practice recognises that children learn and develop in natural, everyday settings.
- This includes their own home, and other places, such as childcare, playgroup, kindergarten or preschool, where they play with family or friends. This means the adults they are with need information, tools and support to help the child's development and participation.
- Being included in these everyday activities gives children with developmental delay or disability the same opportunities as all children.
- It provides them with opportunities to develop friendships, interact with others and be a part of their community.
- Best practice not only takes into account broad early childhood intervention research, but also evidence relating to the needs of children with a specific diagnosis, such as autism spectrum disorder or cerebral palsy.

D. MANAGE WORKFORCE SHORTAGES OF ALLIED HEALTH WORKERS AND EARLY CHILDHOOD SPECIALISTS AND BUILD THEIR SKILLS AND KNOWLEDGE TO CREATE A ROBUST SYSTEM.

Workforce shortages, overservicing, clinical delivery models and limited use of the Key Worker model has created significant wait times for services, allows practitioners to select the children they will support eg not children with more disability needs, reduced choice and control for families, when appropriate support is critical for the development of children.

Urgent changes that will help rectify the issues facing the workforce:

1. Underpin early childhood intervention with a sufficient robust, skilled and healthy workforce.
2. Reduce roadblocks to allied health workers and early childhood specialists entering the disability sector.
3. Support evidenced based, innovative approaches that are not focussed on the provision of numbers of 1:1 sessions through providing parents with information so they can make informed choices, promotion of the best practice guidelines to parents and changing planning practices.
4. Incentivise providers that support the provision of best practices in early childhood intervention so they can attract a committed workforce.
5. Incentivise the early childhood intervention workforce to use best practices.

The most recent State of the Disability Sector Report 2022 by National Disability Services has cited allied health practitioners as the biggest skill shortage.

D. 1. Underpinning any strong system is a robust, skilled and healthy workforce.

Short Term:

- Incentivise providers that invest in the professional development of early childhood intervention practitioners and supervision.
- Ensure best practice services are priced appropriately and included in children's plans eg capacity building programs that build their skills and knowledge.
- Incentivise providers that comply with quality and safeguards.

Medium Term

- Require all providers of early childhood supports to comply with the NDIS Commission's prepared quality indicators that meet NDIS Practice Standards or some form of regulation.
- Develop clear workforce strategy for early intervention and allied health to complement other existing workforce strategies.

Long Term

- Provide immediate training for staff of registered providers regarding delivery of early childhood early intervention using the Best Practice Guidelines. This training should be free for providers.
- Provide incentives for study in the allied health and early childhood teaching professions.
- Work with universities and accrediting bodies to ensure the Best Practice Guidelines for Early Childhood Early Intervention, including the Key Worker model, are a requirement of curriculum. Invest in the development and delivery of Post Graduate accredited training in the Best Practice Guidelines for Early Childhood Early Intervention, including the Key Worker model. This has recently been an initiative for other areas such as:
 - a. Developmental Educators
 - b. Behaviour Support Practitioners
 - c. Play Therapists

D. 2. Reduce roadblocks to allied health workers and early childhood specialists entering the disability sector.

- Expedited visa processes for allied health professions.
- Provide financial subsidies to providers who employ new graduates for their first two (2) years of employment (similar to other approaches for trainees). The cost of employing graduates exceeds the current Price Guide which can mean lack of new graduates in the space, or those who engage new graduates may not ensure they are appropriately supervised.
- Early childhood specialists come from a variety of professional training backgrounds which are presenting unique challenges to solve: Early Childhood Teachers need to be able to obtain or maintain their NESA accreditation but this type of early childhood intervention work is not being recognised, which makes it difficult to attract those Teachers to this industry. There is no classification within the Educational Services (Teachers) Award that recognises this community-type of work.
- Provide financial subsidies for student placements (allied health and early and special education) in services that are registered providers in early childhood supports to help build an interest in being part of this sector.

D. **3. Support evidenced based, innovative approaches that are not focussed on the provision of numbers of 1:1 sessions. This will mean that providers who don't use best practices and use clinical approaches will not be able to attract practitioners by offering higher salaries.**

- Produce plans and NDIS communications that reflect the evidence that capacity building, collaboration and support in natural environments are best practices rather than 1:1.

- Ensure planners support families to create plans that capacity build those who support a child, collaborate and create a team around a child and support service delivery in natural environments rather than promoting 1:1 services.

- Incentivise families to take part in capacity building supports, collaborate and create a team around their child and use providers that deliver services in natural environments.

D. **4. Incentivise providers that support the provision of best practices in early childhood intervention so they can attract a committed workforce.**

Appendix A: NDIS support for children 7 – 9 years and their families – meeting their needs.

Summary

The NDIS REVIEW needs to

- address the inequities faced by children over the age of 6 years for access to the scheme and
- ensure intervention reflects the changes that will occur in their lives including engagement with education services and developing independence from their family.

The ECIBP Network recommends there be

1. Equity of access and financial support for children when determining ongoing eligibility for NDIS and when a child needs to enter the scheme for the first time.
2. Consistent promotion of best practice in early childhood intervention in all NDIS communications including pricing arrangements, plan documents, newsletters, media, and the NDIS website as well as in conversations with families.
3. Flexible planning for children 7 to 9 years no matter who is undertaking the planning (LAC's or ECI Partners).

NDIS presented a webinar, "The age range for the early childhood approach is changing", on 30th June 2023 about the changes ahead for 7 to 9-year-old children and explained what this meant for children.

This webinar and other documents are unclear how children aged 7-9 years, using the ECI Approach, will be now supported to, "improve their plans and life outcomes."

<https://www.ndis.gov.au/understanding/families-and-carers/early-childhood-approach-children-younger-9> Do you need early intervention? | NDIS

In this appendix paper questions have been raised about these changes as well as ongoing concerns about the financial challenges facing families of children over the age of 6 years when obtaining documentation to support their application for maintaining or retaining eligibility to NDIS.

1. “TO MEET THE DISABILITY REQUIREMENTS, WE MUST HAVE EVIDENCE YOUR DISABILITY IS CAUSED BY AT LEAST ONE OF THE IMPAIRMENTS ...”

QUESTION:

How is a child able to receive the documentary evidence to support their claim for eligibility for NDIS without the family facing significant costs?

Medicare and health funds do not cover the costs. At the webinar it sounded like a child required a report from a paediatrician.

CONCERNS:

- The cost of a report/assessment from a paediatrician is not covered by NDIS funding. This means that there is inequity and therefore high levels of stress for families who do not have the financial capacity to fund assessments. It is well known that there is a critical shortage of publicly funded assessment services which adds to the inequity.

- If children are accessing the scheme for the first time and require allied health reports/assessment as supporting documentation, they are facing huge costs (ranging from \$1500- \$3,500) to obtain them privately.

- Rural and remote families do not have access to local paediatricians. Where one is available, waitlists can be in excess of 2 years. This is another example of inequity for rural and remote families as they do not have access to the same services as their city peers and fall further and further behind them. Some of these rural and remote children with significant developmental concerns who are unable to access assessments and therefore unable to receive a diagnosis and eligibility to the scheme are also suspended from school and community activities. This leaves a child, their family and parents/carers even more disadvantaged and isolated and under immense stress.

RECOMMENDATION:

Families need:

- 01** - An alternative way to find and fund supports if they cannot afford paediatrician and allied health and reports/assessment fees, or
- 02** - Other ways to meet NDIS eligibility.

QUESTION:

Why is a medical assessment from a paediatrician required for all children when disability is not a health issue?

What is the role of school counsellors, educators, psychologists and allied health practitioners in diagnosing permanency of disability? Can they not provide the evidence required?

CONCERNS:

Allied health practitioners and educators have unique qualifications and advanced skills to assess a child's development and functional capacity. Is this not sufficient for children already in the scheme?

RECOMMENDATION:

That assessments by

01 - Paediatricians, to support eligibility for children over 6 years, be funded by NDIS and / or

02 - Allied health practitioners and educators be recognised as providing sufficient evidence in diagnosing permanency of disability.

2. THE APPROACH SUPPORTS BEST PRACTICE IN EARLY CHILDHOOD INTERVENTION BECAUSE IT HELPS THE CHILD AND FAMILY TO BUILD THEIR CAPACITY AND SUPPORTS GREATER INCLUSION IN COMMUNITY AND EVERY DAY SETTINGS, MEANING EACH CHILD WILL BE PROVIDED WITH OPPORTUNITIES TO GROW AND LEARN.”

THE EARLY CHILDHOOD APPROACH FOR CHILDREN YOUNGER THAN 9 | NDIS

QUESTION:

Will children between ages 7-9 years be given plans that:

- a. enable capacity building, which is recognised as best practice in early childhood intervention, and leads to less dependency on 1 to 1 therapy services and
- b. facilitate collaboration, which is recognised as best practice in early childhood intervention (rather than siloed 1 to 1 therapy services), as this leads to better child and family outcomes?

CONCERNS:

- Plans are currently developed without a family having included capacity building services for their child, those who support their child and themselves, and are focussed on the provision of 1:1 therapy services. The NDIS communications including pricing arrangements, plan documents, newsletters, imagery, media and the website do not consistently promote best practice in early childhood intervention.

- Plans are written without acknowledging the recommendations from allied health practitioners who have unique qualifications and advanced skills to assess developmental and functional capacity and educators to support inclusion (particularly relevant in the early years of school).

- Planners are making clinical decisions, about required intervention and what to fund, that have professional implications for practitioners and create risks to children e.g. when there are restrictive practices in place, when equipment needs to be prescribed and trialled.

RECOMMENDATION:

01 Services that reflect best practices: That plans are written in such a way as to recommend best practices and promote support in natural environments, inclusion in learning and social activities as well as capacity building of the child, those who support a child and parents themselves.

02 Plans that support a child's growing independence from family: We do not expect children aged 7-9 years, without a disability, for their family members to always be accompanying them. Children with a disability have a right to be independent. Some children, though, will need support to be able to participate in community activities such as sport, recreational and social groups such as Scouting and Guiding and religious children's activities. Some children will therefore need a support worker/peer worker to accompany them and support the development of their independence from the family unit.

3. WILL NDIS PLANS BE DIFFERENT TO THOSE CURRENTLY PROVIDED FOR CHILDREN AGED 7-9 YEARS OLD AND REFLECT THE BEST PRACTICES IN EARLY CHILDHOOD INTERVENTION GUIDELINES?

QUESTION:

Will NDIS plans be able to be used flexibly by families to match the changing needs of children and to support their child's inclusion across all their environments?

CONCERNS:

Plans are currently written prescriptively.

- Plans do not include capacity building services for a child, those who support a child and family/parents/carers themselves, and do not cover travel so they can be delivered in the child's natural and everyday environments. They are focussed on the provision of 1:1 therapy services.

- Families are reporting that the LAC's are producing plans that are prescriptive by specifying discipline type and the number of therapy hours per discipline that will be funded, rather than allowing choice and control for the family so they can decide what provider/service is important for their child, at any given time during the funding period.

- LAC's are making decisions about what type of services and what disciplines will be included in a plan which can mean that there is an impact on continuity of care.

- Sometimes it also means providers can no longer meet their obligations under the Quality and Safeguards Commission e.g. when restrictive practices are noted and specialist behaviour support services are in place.

- Families report that the way their plans are being written and the words that are being used, do not make clear how funding can be actually be used. They report feeling uncomfortable with the outcome and stressed when making a decision about using funding the way they think it needs to be.

RECOMMENDATION:

01 Services that reflect best practices: If children under 9 years of age are recognised as needing best practices in early childhood intervention, services and planning should reflect this. Children turning 7 before 1st July 2023 and under the age of 9 years should be able to receive plans that meet their needs, capacity builds the child and their families, supports care that builds quality of life and independence and gives parents choice and control even if a LAC is still doing the NDIS planning.

02 Services that enable independence eg peer mentors: By 9 children are in mid primary school and have substantially different needs to those in ECI. At this age they are wanting to participate in sporting or community activities like their peers and should have access to support workers (peer mentors) who will assist them with this. This is outside of 'normal parental support'. Planning should acknowledge that they will therefore need different services to those children under 6 years of age and provide these services if requested when children are aged 6-9years.