

Submission: Supporting young children and their families early, to reach their full potential

Operating since 2016, the NDIS Early Intervention approach is due for a review. The 'reset' of the approach as outlined by the NDIA is necessary and generally in the right direction however there are concerns about some recommendations (or parts thereof). This submission will outline where concerns are being expressed by providers delivering early intervention supports to children.

NDS has made a combined submission on independent assessment and the planning policy and plan flexibility (it is provided with this one). It needs to be read in conjunction with this submission as much of what it highlights or recommends is relevant—the NDIA should rely on that submission as a statement of NDS's recommendations; those issues will not be repeated in detail here.

In addition, we will not be commenting on early childhood issues that sit outside the reset given that further consultation will occur this year on: more clearly defining developmental delay; and how the Synthesis of Evidence for Autism Early Intervention Approaches should be used to make decisions on promoting and funding the most beneficial interventions for children with autism during their early development.

While not raised in the consultation paper, NDS would like to highlight problems for young children with complex needs. Plans currently developed for these children often do not include adequate resources to assist families with the complex needs of their young children (particular for those young children with high medical support needs). The focus on early intervention supports often clouds what personal care assistance is needed by the families of children with high medical support needs.

NDS also raises the difficulty many families have when attempting to find a place for their child with disability in an early childhood learning centre. It appears that young children with disability are increasingly seen as the responsibility of the NDIS, allowing mainstream services to avoid their universal service obligations (with children with the most substantial disability the most likely to have difficulty obtaining access). Attention to resolving this barrier is needed, with some urgency.

It is disappointing to see in the Q1 2020–21 Quarterly Report that substantial inequity has emerged. Concerted effort needs to be made to correct this as information and processes are delivering more supports to children from higher socioeconomic deciles. This is unfair. When the Productivity Commission produced its 2011 report, 'Disability Care and Support' reducing inequity was an important feature.

Summary of key points

- NDS's submission on Independent Assessment and Planning Policy and Plan Flexibility outlines our position on those matters; it is provided with this submission
- This submission addresses the early childhood 'reset' only; it does not address broader scheme design parameters such as eligibility or funding matters
- The reset should be designed around improving outcomes for young children; it must not be introduced as a measure to reduce scheme costs
- The consultation paper ignores the fact that some children require supports much broader than therapeutic-type interventions; the needs of these children (such as those with complex medical issues) need further consideration
- The paper also ignores the fact that some children do not have access to an Early Childhood partner; their plans are developed by general planners and are often inadequate
- The introduction of the NDIS has resulted in some mainstream services increasing barriers for young children with disability or, in the case of some state and territory governments, reducing support for children who are ineligible; this demands urgent attention
- A governance framework for short-term intervention should be released, to give more transparency about which children only receive short-term intervention and to outline a rapid pathway into the scheme for children who will meet eligibility requirements
- The individualised funding model appears to be driving greater use of one-on-one therapy within an office rather than supports in natural environments; this needs to be remedied perhaps through a pricing adjustment and through clearer information; that said, some children may need group support in other settings (travel to provide these supports should also be claimable)
- Greater effort needs to be made to reach young children with disability in vulnerable families
- Targeted commissioning should be tested in thin markets including with those living in remote and very remote areas
- A summit should be held with early childhood providers servicing remote and very remote areas to find pragmatic solutions to increasing the supports available to young children from those parts of Australia
- The inequity which has emerged suggests the scheme works best for those in higher socioeconomic groups; re-designing information and processes is urgently required
- Functional assessment in young children should only be undertaken by individuals with expertise and very sound knowledge of child development
- Workforce shortages are already common; the use of independent assessments by Early Childhood partners for all children is likely to exacerbate this shortage
- The proposal to provide more short-term early intervention to children is widely supported but the sector is reluctant to see this important work confined to partner organisations; some of these children would be better supported by specialist providers

- More information is required about what supports would be available to children aged from 7 to 9 years; there is support for increasing the age but there is confusion about what it would mean for these children
- Early Childhood partners should not provide advice on the “best providers” as they do not have the information to make such determinations
- Research on the outcomes for young children after receiving early intervention support is needed; the NDIS is well-placed to facilitate (but not undertake) this
- Improving the annual plan review process for young children would be welcome but there is substantial opposition to the notion of ‘celebration’ contained within the recommendation

Overarching recommendations

Many early childhood providers express concern about the NDIS having influenced a move away from best practice principles of providing much intervention in natural settings to one where more children were being seen individually in a therapist’s office. Current information available to assist families make decisions about the best interventions for their child should be strengthened and made clearer and its availability increased. NDS supports recommendation 2.

Early Childhood-specific Operating Guidelines would be appreciated by all stakeholders in the sector; developing them and making them available would be welcomed (recommendation 3).

NDS requests the release of a governance framework for short-term intervention, which would give more transparency about which children only receive short-term intervention and outlines a rapid pathway into the scheme for children who have support needs that will see them meet eligibility requirements.

A huge concern in the sector is the limited support for children who will not become participants of the scheme. In some states and territories, the funding to assist these children appears to be diminishing quickly. NDS urges the NDIA and the Commonwealth to negotiate with the state and territory governments and agree what is a reasonable contribution to meeting the needs of these children. Their development will be hindered if they do not receive the early supports they need. Work to implement recommendation 5 should be a high priority and begin immediately.

Assistance with identifying families and young children experiencing disadvantage or vulnerability would be beneficial as would advice on tailoring culturally appropriate services and resources for these families (recommendations 7 and 8).

The NDIS is failing young children and their families living in remote and very remote areas; urgent attention is needed to address this (recommendation 8). Some children in these areas do not have access to an ECEI partner so plans are constructed by planners with no knowledge. Resourcing in some of these plans is so low, the children would receive better support if they did not receive a plan and instead relied on

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mainstream supports provided by the state or territory government (despite this generally being at a low level).

Targeted commissioning of early intervention services should be tested in some thin markets.

The NDIA should hold a summit with providers working with young children in remote and very remote areas, with the aim of developing pragmatic approaches to resolve barriers. To maximise the benefits of early intervention, these children cannot have delays in receiving appropriate support.

With respect to independent assessment, NDS refers back to its submission and requests that it be considered as input for this one. That said, we are aware that many children being seen by Early Childhood partners are being assessed with the tools listed as suitable for young children. In the hands of skilled staff, this can work well but the quality of partners is not uniform. Driving quality improvements and consistency among partners is necessary.

Functional assessment in young children should only be undertaken by individuals with expertise and very sound knowledge of child development. For example, functional impairment in children with autism requires significant expertise.

It is important to note NDS's comments in the independent assessment and planning submission that any additional information, particularly from treating therapists or psychologists, should be able to be provided to a planner to inform the planning and funding decisions. It makes no sense to exclude consideration of information provided by someone who has been supporting a child.

Workforce shortages for skilled and experienced early childhood therapists exist in many parts of Australia. It is very likely that using independent assessments will exacerbate this shortage. It is unclear how the Early Childhood partners will be able to undertake both independent assessments and deliver short-term early intervention supports (experience from the contracted Local Area Coordinators is that they struggled to deliver both planning and local area coordination—planning crowded out local area coordination).

Little information is available on how these shortages are going to be addressed but work should be underway now.

Recommendations for early support (including NDIS access)

NDS reiterates earlier comments on the need to better identify and assist children from hard-to-reach communities or those experiencing disadvantaged communities so they can benefit from early intervention supports, and the urgent need to boost services for young children who will not be eligible for the NDIS. Regardless of whether they will be in the scheme or not, they must get access to the supports that will help them thrive.

There is concern within the sector about recommendation 12, 'increase Early Childhood partner capacity to provide Short Term Early Intervention support to eligible young people and their families for longer'. The concern is not about whether children should get support for longer—there is universal agreement that they should—but whether this should be provided by the Early Childhood partner and not by broader early intervention services.

There needs to be assurance that children with disability in need of specialist support do not remain for an inordinate time with an Early Childhood partner. This is particularly important for children with autism; an inexperienced partner may not recognise the severity of their disability and its potential trajectory. As noted in this paper, the skill levels of partners vary substantially.

The introduction of the Early Childhood partners disrupted the early childhood market substantially and disadvantaged many providers. There is not support for giving preference to partners over other early childhood providers in the market as children are given additional short term early intervention support. Much of the expertise in early childhood intervention is in providers that are not Early Childhood partners.

There is confusion about recommendation 14, which would increase the age limit for children from under 7 to under 9 years. On the face of it, the recommendation was supported. That was until NDIA staff indicated that the only supports available for the 7 to 9 year-old children was one of referral and advice. NDS urges the Agency to lift the age limit but to have the same range of supports available to the slightly older children as is available to the children aged under 7 years. We request more information on matters such as:

- What information will be needed to receive support from the Early Childhood Partner? Will they need to be eligible to enter the NDIS under early intervention requirements in order to receive support?
- What supports will they receive?
- What does testing eligibility once they reach the age of 9 look like? Who will do this?
- What support in mainstream is available should they not be eligible for ongoing NDIS support?

Recommendations for planning and implementation

Families are making decisions about what supports their child will receive and how they will be delivered. Unfortunately, some of these decisions are to receive support in settings not deemed to be best practice. Requiring all therapists to be registered will not necessarily overturn this trend; family information and advice is also required.

That said, NDS supports more requirements being placed on the Continuing Professional Development of therapists working with early intervention participants. All of these therapists should be skilled in working with young children.

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We need to be careful that we do not create a hard dichotomy between mainstream locations and 'offices'. For example, many children with autism will require specialist group work (not in an office but not in a mainstream environment) in order to get them ready for a mainstream environment—and some children may maximise their therapy intervention by utilising intervention in a range of settings.

NDS, therefore, broadly supports recommendation 17. It should be a fixed support which would allow for families and early childhood providers to deliver supports at home, other natural settings or when a group support is provided in an environment selected by the therapist and agreed by families. As a fixed support, it would cover the cost of transport by a therapist and/or their allied health assistant.

NDS understands that the NDIA will release a consultation paper on supports for young children on the autism spectrum and so will not comment on recommendation 18 until that time.

NDS opposes recommendation 19. The broader early childhood sector is outraged by the suggestion that partners are in a position to recommend one provider over another, which would include making judgements about the quality of supports provided.

The paucity of high quality research on the outcomes of young children after receiving early intervention support (types of interventions and the intensity) is surprising. The NDIS is well positioned to facilitate (not undertake) the research required to help fill gaps in knowledge.

Recommendations for transitions

Any steps taken to improve the existing annual plan review process for young children would be welcome (recommendation 21). There is widespread opposition, however, to the notion of 'celebration' contained within the recommendation. Any suggestion of success or failure is out of place in an early childhood support system. It should be removed.

To reiterate concerns raised in our submission on 'Independent Assessment and Planning Policy and Plan Flexibility', changes currently being proposed by the NDIA must not be introduced with the aim of cutting funding in participant plans. NDS requests more information be released in relation to comments about 'transition out of the scheme'. More consultation is required.

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