

## Provision of services under the NDIS Early Childhood Early Intervention Approach

[http://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/National\\_Disability\\_Insurance\\_Scheme/EarlyChildhood](http://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/EarlyChildhood)

**NOTE:** Responses must be targeted, appropriate, evidence based and solution oriented.

	<b>TERMS OF REFERENCE- REPORTING CRITERIA</b>	<b>COMMENT</b>
1.	Eligibility criteria for determining access to the ECEI pathway	<ul style="list-style-type: none"> <li>• Suitable tools and education are required. This information needs to be disseminated to paediatricians, health care providers, non-government intervention and linkers regarding assessment process.</li> <li>• Tools such as those used by Child family health nurses such as ASQ3 &amp; ASQ SE should be recognized by providers as adding to assessment and used as indicators of developmental delay prompting further assessment</li> </ul>
2.	Service needs of NDIS participants receiving support under the ECEI pathway	<ul style="list-style-type: none"> <li>• The ECEI approach supports families to help children develop the skills they need to take part in daily activities and achieve the best possible outcomes throughout their life. This may require psychosocial parent assessment and intervention, also support in home enhancement This may include practical support and resources for parents to carry out day to day changes to enhance their child development and to optimise child developmental function.</li> <li>• A child family health nurses would assess within the context of parenting which reveals family strengths and vulnerabilities impacting on child development (Arnold Sameroff -nature and nurture)</li> </ul>
3.	Timeframe in receiving services under the ECEI pathway	<ul style="list-style-type: none"> <li>• The appropriate response to assessment indicating child development delay needs to reflect the research evidence and understanding of neurodevelopment with regards “optimum window” periods for child development in the early years.</li> <li>• A timely intervention to childhood development delays in the early years needs to be preventive with knowledge of child psychological development as stated in Fonagy (1998 )paper “ Prevention, the appropriate target of infant psychotherapy’ outlines the theory behind child behavior intervention in the early years .</li> <li>• The younger the child the more prompt the response required to emolliate delay before it compounds further delays. Short targeted intervention required. Playgroups with interventionist support are needed intervene to convince /educate parents on the need for their child to get early preventive intervention.</li> </ul>
4.	Adequacy of funding for services under the ECEI pathway	<ul style="list-style-type: none"> <li>• Services need to be provided to enhance access to families with young children to be identified as having delay</li> <li>• LTSAE (learn the signs act early) promoted to parents so they identify delay ,interventionists team integrate with health service , inclusion supports, and access to child family health nurses for the routine personal health record for health and developmental assessment</li> </ul>
5.	Costs associated with ECEI services, including costs in relation to initial diagnosis and testing for potential ECEI participants	<ul style="list-style-type: none"> <li>• Often vulnerable families have transport costs; require siblings to be minded during assessment process. Parent may have psychosocial issues preventing them attend appointments</li> </ul>

6.	Evidence of the effectiveness of the ECEI Approach	Unable to provide response
7.	Robustness of the data required to identify and deliver services to participants under the ECEI	<ul style="list-style-type: none"> <li>• Need measures that are evidenced based and need regular reassessments</li> </ul>
8.	Adequacy of information for potential ECEI participants and other stakeholders	<ul style="list-style-type: none"> <li>• ECEI -Websites advertised promoted</li> </ul>
9.	Accessibility of the ECEI Approach, including in rural and remote areas	<ul style="list-style-type: none"> <li>• Transport issues address with funding and rural remote health care providers educated about referral pathways</li> </ul>
10.	Principle of choice of ECEI providers	Unable to provide response
11.	Application of current research and innovation in the identification of conditions covered by the ECEI Approach, and in the delivery of ECEI services	Unable to provide response