



10 August 2017

Joint Standing Committee on the National Disability Insurance Scheme
PO Box 6100
Parliament House
Canberra ACT 2600

By email: ndis.sen@aph.gov.au

Dear Committee

Re: Inquiry into the provision of services under the National Disability Insurance Scheme Early Childhood Early Intervention approach

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to respond to the Committee's inquiry (the Inquiry) into the provision of services under the National Disability Insurance Scheme (NDIS) Early Childhood Early Intervention (ECEI) approach.

The RANZCP has almost 6000 members, including more than 4000 qualified psychiatrists, many of whom have specific interest and expertise relevant to the Inquiry. The RANZCP is guided on policy issues by a range of expert committees, whose membership is made up of leading psychiatrists as well as consumer, carer and community representatives.

The RANZCP strongly supports the ECEI approach because it represents a nationally consistent method of supporting children aged 0-6 years who have a developmental delay or disability and their families/carers and to help them develop the skills they need to take part in daily activities and achieve the best possible outcomes throughout their lives. Ultimately, the ECEI approach is intended to help all children with developmental delay or disability and their families achieve better long-term outcomes through support services in their local community, regardless of diagnosis.

As the ECEI approach is currently being rolled out nationally in line with the bilateral agreements between the Commonwealth and state and territory governments, there is currently limited information on which to judge its effectiveness to date.

However, the RANZCP wishes to make the following general comments on the ECEI approach as follows:

- **Eligibility Criteria and coordinated care:** Eligibility criteria for the ECEI approach should consider 'at-risk' mothers, and mechanisms to co-ordinate care and facilitate early diagnosis of the child/children.

In particular, in line with the [National Guidelines on Best Practice in Early Childhood Intervention](#), the family and the child would benefit from having a key person/case manager to help navigate the family through the complex systems during this difficult time. There should also be coordinated care so early identification of problems are flagged and followed up with other siblings/family members.



We also note that once a child is accepted into the NDIS, there is no mention of ongoing case management. In examples provided by the National Disability Insurance Agency, there is mention of meeting with the Early Childhood Partner once every 12 months. We are concerned that an annual meeting will not provide enough effective support to the family in regards to the integration of care. It is also unclear if this 12 months' schedule is flexible.

- **Interventions:** The interventions offered should be evidence based and outcome focused.

We note that the emphasis in the ECEI approach is on inclusion into mainstream settings. While the RANZCP supports this focus, there also appears to be a diminishing of choice. Some children may indeed thrive better in a more specialised intensive early intervention program rather than a mainstream program – however, it appears as though such choices are being phased out.

There is also a lot of emphasis on relationship development in naturalistic settings, again a good conceptual approach. However, the increased emphasis on parent-led interventions may increase the burden of care issues in some families - particularly, for example, where there is more than one child with disability.

- **Access to services:** There should be provisions to specifically address service challenges for ECEI pathways for children in rural/remote areas of Australia.

As there are considerable cost issues in early identification of disability, this might lead to delay in accessing ECEI services; therefore, access to ECEI should be simplified, and considered of all the barriers (such as distance, language/ cultural issues).

- **Implementation:** It is essential that the ECEI approach is carefully implemented around Australia to enable continuity for children, families, health professionals and service providers moving from existing early childhood intervention programs.

Ideally, there should be a central database to track individual progress within the ECEI pathways, as well the group's success in varied interventions.

Yours sincerely

Dr Kym Jenkins
President