

Submission to the Joint Standing Committee Inquiry:

Provision of services under the NDIS Early Childhood Early Intervention Approach

Thank you for the opportunity to provide a submission to the Joint Standing Committee Inquiry into the **Provision of services under the NDIS Early Childhood Early Intervention Approach**. This submission will make reference to NDIS funding gaps for therapy and family support and provide feedback regarding families' experiences when transitioning to the NDIS. These issues relate to the following in the Terms of Reference:

- a. the eligibility criteria for determining access to the ECEI pathway;
- b. the service needs of NDIS participants receiving support under the ECEI pathway;
- c. the timeframe in receiving services under the ECEI pathway;
- d. the adequacy of funding for services under the ECEI pathway;

Funding for transitioning young children through levels of therapy

NDIS is currently not providing funding options for young children to attend small social group therapy. Currently NDIS funds group therapy at a rate that is not viable for clinics to implement with rigid therapist to child ratios that do not take into account the needs of the child.

This funding gulf exists between individual therapy and group therapy as there is no pricing to support the progression between these two types of therapy for children who have severe developmental delay and severe socialisation challenges.

Just as mainstream childcare has staff ratios that are reflective of a child's developmental level we believe that the NDIA should have some graduated pricing that addresses the stages required for children who have very high needs to transition from individual therapy to group therapy.

Children who have high needs in terms of behaviour management, explosive reactions and their ability to process their own and other's emotions and reactions require continual attention and adaptation by a therapist during therapy. Many ECEI clients would not be able to participate in larger "traditional" group therapy until they have reached a certain level in their ability to cope with controlled peer therapy. This type of therapy relies on a ratio of 1 therapist to 2 children then 2:3 and progressing to 2:4 and the current NDIS pricing structure does not support this type of progression.

It is imperative that the developmental needs of each child are addressed by therapists through each stage of therapy so that progression is not stunted by severe setbacks. Children with severe developmental delay have significant high need

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behavioural and emotional challenges and need to be transitioned to peer therapy carefully and with close monitoring by experienced therapists for them to be successful participants in a social setting.

Relationship therapy models focus on building a child's social skills through play-based activities and an integral component of these models of therapy is the progression of clients from Individual Therapy to Peer Therapy. This is where therapists introduce one or two peers using facilitated play to address the social and emotional needs of children with a broad range of disabilities including Autism Spectrum, severe developmental delay, severe socialisation challenges etc.

The Group Therapy price of \$58.53 is fair and reasonable for groups of clients who are able to manage their emotions and who have the life experience of being able to follow and act on instructions. This pricing is also fair for adults within a group therapy environment where they can follow directions using the skills they have learnt throughout life.

We suggest that there needs to be a relevant pricing in the NDIA price guide that covers the middle ground between the Individual Therapy price and the Group Therapy price. This price needs to cover the extra costs associated with the overheads of Peer therapy:

- Higher ratio of therapist to participant than adult groups;
- Experienced therapists with specific training in working with children with Autism as well as training in Developmental Relationship Interventions;
- Specially fitted out therapy rooms;
- Cost and maintenance of equipment and resources to facilitate play-based therapy.

When experienced therapists run a paediatric Peer Therapy session it is usually at a ratio of 1:2 then progressing to 2:3 and 2:4 and they must always consider and manage a child running away, a child physically lashing out at another child or therapist, a child experiencing an extreme emotional meltdown or a child self-harming. These children have difficulty engaging, maintaining attention and comprehending what others are doing or saying and therefore require support in the moment. This is not rare but regularly occurs and potentially there is likely to be more than one occurrence of this happening at any one time during these sessions. The safety of both the children and the therapist is paramount and therefore requires the staffing ratio outlined above.

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Therapists facilitating Peer Therapy work very specifically on the individual profiles and goals of each client. Parents are given comprehensive and individual verbal feedback after each session and written feedback is provided in a summary at the end of each term (or as requested). This feedback relates to the individual's goals and therapists suggest strategies to parents to practice at home to solidify and enhance the results gained from the therapy which will assist in achieving the client's goals. This is where this type of therapy varies greatly from group therapy where group goals are addressed and little to no individual feedback would be given.

A lot of intensive work is undertaken by therapists during Peer Therapy to ensure that clients gain the maximum benefit from these sessions. Many clients and their parents/carers see this type of therapy as an enormous progression in their child's development because once a child is able to participate in therapy with their peers the isolation in the community is lessened as they are able to cope in a greater variety of situations. This type of therapy is highly sought after and Relationship therapy is well known for this service because the approach is unique and provides effective results.

Research has found that these therapy sessions best replicate the environment children find themselves in when participating in the community outside therapy for example, day-care, preschool and school and great gains are made for clients when this therapy is implemented.

Peer therapy applies directly to the NDIA goals of clients' and their families regarding social participation however children with severe developmental delay will not be able to meet these goals if they are not able to successfully participate in and engage in a small peer session and then transition into a larger group setting.

We believe it is imperative that these children have the opportunity to continue to progress through these levels of therapy in order for them to successfully participate in mainstream activities and reduce their social isolation however under the current pricing structure it is not financially viable at the group therapy rate and as this type of therapy is not strictly individual it does not fit under the description of Individual Therapy.

We appreciate your consideration of the need for the NDIS to introduce funding for children with special needs to transition to peer occupational and speech therapy with relevant funding to cover flexible ratios of therapist to child depending on a child's current challenges and developmental level.

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Funding for family and sibling support of a child with disability

Wide research on the topic of parents and siblings of children with special needs recognises that they have higher levels of stress than parents of typically developing children and the consequences this bears on their overall health and well-being. This will undoubtedly have consequences on their becoming useful and healthy members of their community and society in general.

Family of course does not involve only the parents but the other children in the family as well. The relationship between the sibling with special needs and his/her other “typical” sibling is crucial to how the development of all children in the family will go. We must remember how the family is the launching pad for all children, the place where they will learn the consequences of their actions, the success of their responses in social communication, the importance of feeling safe in the presence of anxiety (the most common disorder in children with autism), etc. While this is true of all children, for the child with limited ability to establish outside social relationships, the relevance of positive experiences with his/her siblings and parents is even more critical.

The way to do this is not even very hard or expensive if we do proactive work early on while the child with disability is receiving their therapy. One proven method that supports and alleviates the stress of siblings is joining therapist facilitated sibling support groups. Another efficient road is individual therapy or counselling with the sibling or family members that may be experiencing distress.

Sibling support groups conducted by therapists treating the child with disability will help the sibling share experiences with others like them, share problem solving strategies, recognize what may be normal human feelings for which they need not feel any shame, and other techniques that will alleviate their stress, provide them with more useful life skills and ensure they grow up to be more tolerant, compassionate human beings than others who have not had their life experiences.

This compilation of ways in which siblings can be helped to become assistants (without the draining responsibilities, but with the right show of love and containment) as well as happy, content individuals themselves, intends to clarify the

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crucial need for them to be included in the integral treatment plan of a child diagnosed with special needs, or a non-diagnosed child who is showing delays and disruptions in his/her development. In the long run this may impact the need for future funding that the sibling may require for mental health support in the future.

Feedback from families regarding the transition to the NDIS

Feedback from families of clients has been that the process of entering or transitioning to the NDIS needs to be streamlined. Many parents are reporting that the length of time that is taken to move through the approval and planning process is taking too long and often client's plans are not proceeding smoothly and are in fact going "missing" between the ECEI providers and the NDIS.

The benefits of early intervention for children with developmental delay is well documented and now considered vital and these long delays are causing enormous stress on families as well as impacting on the success of therapy and therefore the future of the child and their families.

Paediatric Occupational and Speech Therapists