



## **Joint Standing Committee Inquiry into the Provision of Services under the NDIS Early Childhood Early Intervention Approach**

The insurance principle which underpins the NDIS justifies a strong emphasis on early intervention for young children with disability or developmental delay. Investment early to build the capacity of children can have lifetime benefits for the individual and long-term cost savings for the NDIS. Effective early intervention enables children to maximise their future opportunities and independence and contributes to the long-term sustainability of the Scheme.

It has been widely reported that a higher than expected number of young children entered the scheme during the NDIS trial, raising concerns about cost pressures. The introduction of the ECEI Approach is designed to help determine which young children with disability or developmental delay would benefit from short-term less-intensive intervention (along with advice to their families and mainstream providers such as early childhood services and kindergartens) and which children should become NDIS participants.

NDS is aware that the ECEI Approach began in the Nepean Blue Mountains trial site. We assume that it was evaluated to help inform whether it should be introduced more widely, but we are unaware of any publicly-released evaluation report. It is important that there be ongoing evidence collection and evaluation of the efficacy and efficiency of the ECEI Approach - including how appropriate it is for children across a range of disabilities.

Comments in the next section relate to the ECEI Approach, followed by comments on the NSW ECEI Transitional Approach.

### **General comments**

Improving the early intervention supports available to young children with disability and developmental delay is one of the key promises of the NDIS. On the basis of comments from ECEI partners and other information, NDS supports the ECEI Approach – with two caveats:

- While the Approach will result in some children being diverted from entering the NDIS as participants, it is essential that decisions about access to the NDIS and the supports a child receives are based on the best interests of the child and not on an imperative to ration access to the Scheme

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- There must be a well-structured evaluation to assess whether the ECEI Approach provides appropriate support for the full range of young children with disability or developmental delay

A central tenant of the NDIS is participant choice, but this can create tensions in the delivery of early childhood supports when parental choice conflicts with best practice. Parents have the ability to select supports and their mode of delivery that may not be based on sound evidence. A recent journal article concludes:

...despite the fact that the philosophy of self-determination underpins the NDIS, in reality a consumer-centred model of funding could work in opposition to therapeutic approaches that seek to empower parents, situating them as experts on their own children and active collaborators in their children's learning and development. Children will benefit when parents feel empowered to support their learning and development...However, despite what we know about the importance of parents supporting their children's learning and development in everyday environments, there is a strong cultural preference for forms of therapy that isolate children with disabilities from their everyday environments, that minimize parent involvement and that undermine their own and their families' strengths...A funding model that reinstates a narrow vision of what therapy is and what the outcomes of therapy can (and should) be for children with disabilities has serious consequences for children, their families and a sector that is at a critical point in its evolution.<sup>1</sup>

This is a topic for urgent research: Are some parents choosing supports for their young children (including how those supports are delivered) based on misleading information or inadequate knowledge about best practice? How should the NDIS respond to this?

### **Eligibility criteria**

The early intervention eligibility of a young child to access the NDIS is not well-understood by many families. Their understanding is often influenced by the access criteria for programs such as Helping Children with Autism and Better Start, both of which relied on diagnosis; and it is influenced by early intervention requirements among state and territory government programs. Implemented correctly, the NDIS's access requirements are based on quite a high bar and exclude children who have a delay in a single domain such as speech development. This is appropriate, but it does highlight the need for ongoing state and territory programs to provide early childhood intervention to young children ineligible for the NDIS.

The Productivity Commission's position paper on NDIS costs (June 2017) recommends that all governments outline their continuity of support arrangements for people with disability who are ineligible for the NDIS. Clarifying these arrangements should allay some anxiety among families. NDS supports the Productivity Commission's recommendation on this issue.

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<sup>1</sup> McDonald, M., Davis, K., and Mahar, N., "When Funding Meets Practice: The Fate of Contemporary Therapeutic Approaches and Self-Determination in a Consumer-Centred Disability Funding Scheme", *Journal of Policy and practice in Intellectual Disabilities*, Vol. 13, December 2016, p. 284.

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NDS notes the Productivity Commission's concerns that a significant number of children have been deemed eligible for the NDIS even though their PEDI-CAT assessment scores were within the normal range. It is important to note that the PEDI-CAT assessment is not well-suited for very young children and is not good at identifying behavioural concerns. While useful—particularly for tracking change over time—it should rarely be used as the sole determinant of eligibility for the NDIS. Other assessments, selected on the basis of the presenting disability or delay, should always be undertaken.

A potential flaw in current arrangements is that young children can by-pass the ECEI Approach and seek direct access to the NDIS through the National Access Team. This team assesses children on the basis of submitted reports and information, but the children are not seen by a specialist early intervention worker. Some families pay for numerous expensive assessments to support their bid for access and are referred to an ECEI Partner only after having been accepted as an NDIS participant, to have a plan developed. Advice from ECEI Partners suggests that the number of children accessing the NDIS through this channel is increasing and is taking precedence over their other ECEI work as they are required to prioritise the development of plans for these children. Ideally, all young children should seek access to the NDIS through the ECEI Approach and be assessed by an early intervention specialist.

Early childhood providers are concerned that some vulnerable families do not understand the NDIS and the benefits it could offer their child. Ensuring mainstream early childhood services have a good understanding of the NDIS and how to access it would assist these families, as would outreach workers.

### **Timeliness of services under the ECEI Approach**

Until recently, few delays have been reported in accessing the ECEI Approach. However, this appears to have changed in recent months, with ECEI partners now reporting wait lists. Some believe this change is due to the increasing number of young children accessing the NDIS via the National Access Team, who, deemed eligible, are referred to the ECEI Partner as requiring a plan. The veracity and impact of these claims warrant investigation.

### **Effectiveness**

Given the paucity of published research, it is difficult to comment yet on the effectiveness of the ECEI Approach, other than to say that it has the support of some skilled early childhood practitioners. The rationale for the Approach makes intuitive sense providing it is delivered by skilled practitioners.

### **Workforce**

The delivery of high-quality early childhood services requires skilled practitioners. New graduates in relevant fields require considerable clinical supervision, additional training and support to acquire the expertise needed to practice with confidence and efficacy.

Clinical placements of students are critical to encourage them to consider working in the ECEI sector when they graduate as therapists. NDS is concerned that the pricing

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model of the NDIS (based on hours of support) limits the availability of on-site supervision and training essential for clinical placements and thus threatens the adequacy of future supply.

Shortages of supports for children are being reported, most commonly a lack of speech and occupational therapy in some areas and a lack of most therapeutic supports in the more remote areas of Australia. These shortages are likely to be exacerbated as more areas transition to the NDIS. A strategy for responding to shortages should be developed.

## **NSW ECEI Transitional Approach**

The implementation of an ECEI approach in NSW differs from other areas of Australia. Contracts have been established with 57 early intervention service providers from across NSW which require them to dedicate a proportion of their funding received from the NSW Government to deliver the NSW ECEI Transitional Approach.

A shortcoming of this approach is that the large number of providers involved means that some do not have the resources required to undertake the required tasks (dividing the funding across so many providers prevents economies of scale). Many providers of the NSW ECEI Transitional Approach report wait lists.

One matter that requires investigation is the impact of the Transitional Approach on other early childhood providers. One provider has reported that the number of children aged 0–6 years to whom they provide therapeutic services has declined by 90%. This has implications for the future commissioning of ECEI partners (see below).

## **Selection of ECEI Partners**

The selection of ECEI Partners raises contentious issues. Contracted organisations must have a strong knowledge of early intervention supports and of what supports will most benefit young children with particular disabilities or delay. They need to be expert practitioners.

There is, however, the possibility that if these high-quality early childhood organisations also deliver early intervention services, families would select them as their provider, thus giving these organisations a substantial market advantage. This would be in tension with the development of a competitive market envisaged by the NDIA and would disadvantage high-quality early intervention service providers that were not ECEI Partners.

The approach to commissioning ECEI Partners needs careful consideration and must be transparent. If an organisation is permitted to be both an ECEI partner and an early intervention service provider to children who become NDIS participants, they should be monitored for their management of conflict of interest and the proportion of families who elect to stay with them rather than selecting a different early intervention service provider.

It is likely that the commissioning of ECEI partners will need to vary across Australia as some areas will have very few qualified providers: if children are to receive early

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intervention supports in these areas, the ECEI Partner will need also to be a service provider.

#### **The Need for Evidence**

There is widespread acceptance of the benefit of high-quality early intervention supports to young children with disability or developmental delay. Unfortunately, the evidence of which interventions work best is still underdeveloped. The NDIA should invest in research that fills the gaps in current knowledge on how we can maximise the life opportunities of children who present to the NDIS with disability or developmental delay. This research should also focus on how best to provide appropriate supports to children living in very remote, remote and even regional areas.

## **August 2017**

**National Disability Services** is the peak industry body for non-government disability services. It represents service providers across Australia in their work to deliver high-quality supports and life opportunities for people with disability. Its Australia-wide membership includes over 1100 non-government organisations which support people with all forms of disability. Its members collectively provide the full range of disability services—from accommodation support, respite and therapy to community access and employment. NDS provides information and networking opportunities to its members and policy advice to State, Territory and Federal governments.