

# Chapter 3

## Provision of services

3.1 There are a number of steps a participant and their family have to take before they can access services. Evidence provided to the committee has illustrated the problems that can be encountered at each stage. This chapter explores key concerns raised by submitters, including delays accessing Early Childhood Partners and approvals from the NDIA, adequacy of Plans, and thin markets.

### Access to services

#### *Early Childhood Partners*

3.2 Chapter 2 discusses the role and responsibilities of Early Childhood Partners, as one of the access points to the Scheme. However, evidence received pointed to issues in the early implementation of this approach. Submitters raised concerns that families of children with disability or developmental delay are facing extensive waiting lists for first contact with an ECEI Partner. Partners receive referrals from a range of sources, including early education settings, GPs or other health professionals, and self-referrals. On receipt of a referral, Partners must schedule an appointment with the referred family within two business days, and meet with the referred family within two weeks.<sup>1</sup> However, feedback to the committee indicates that time periods are often much longer.

3.3 According to Carers NSW, wait times for first contact with an ECEI Partner in the state have reached between six and 18 months, with some estimated at up to two years.<sup>2</sup> Early childhood intervention provider, Scope Australia, highlighted that some families in Victoria have waited 12 months between being identified to the commencement of planning.<sup>3</sup>

3.4 Extensive delays are placing families at risk of not receiving critical early intervention support:

The boy is due to start school in term 1 2018. The family had heard at the beginning of the year (from other parents) that there was an 8 month wait between registration with NDIS and receiving a plan. They felt that registration was futile due to this length of time (as he would be almost at school then), and did not act. At referral I suggested that the family urgently register for NDIS...the family have not been given an appointment with a planner and it is likely the boy will start school next year without the early intervention he requires.<sup>4</sup>

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1 NDIS PITC Program Round Three, *Statement of Requirements*, p. 25.

2 Carers NSW, *Submission 12*, p. 2.

3 Scope Australia, *Submission 17*, p. 6.

4 Name Withheld, *Submission 6*, p. 1.

3.5 NSW disability advocacy organisation, Family Advocacy, was concerned that families are not being given an indication of when they might be able to see an ECEI Partner. It argued that even an approximate indication of time would help alleviate anxiety.<sup>5</sup>

3.6 Family Advocacy explained that, in an effort to spread distribution and minimise delays to families, selected NSW ECEI providers were provided with a list of transitioning clients who had been accessing funding through Better Start from the NDIA. It expressed concern that this prioritisation has ostensibly delayed services for families with newly eligible children, who are being forced to wait behind families on transitioning lists.<sup>6</sup>

### ***Potential reasons for delays accessing Partners***

#### *Rushed implementation of the Approach*

3.7 Early intervention provider, KU Children's Services, speculated whether delays accessing Partners may be a result of rushed implementation of the ECEI Approach.<sup>7</sup>

3.8 The NDIA's submission advises that an 'ECEI in advance' component of the Approach commences three to six months prior to the Service Areas phasing to allow time for the Partner to establish referral pathways, community awareness, and participant readiness activities across the early childhood sector.<sup>8</sup>

3.9 However, some areas had compressed timeframes in which to establish the ECEI Approach. KU Children's Services argued that in the NSW Year 1 roll out, some providers were only advised of their selection as ECEI providers a couple of weeks prior to the commencement of the Approach on 1 November 2016, and this created a backlog in assessments.<sup>9</sup>

#### *Multiple roles and volume of workload*

3.10 Submitters argued that Partners are struggling with the variety of roles they are required to fulfil, and the sheer volume of children they must support.<sup>10</sup> RDI Consultants Australia highlighted that capacity issues may be resulting in Partners delaying less urgent cases, further lengthening some families' wait times.<sup>11</sup>

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5 Family Advocacy, *Submission 61*, p. 2.

6 Family Advocacy, *Submission 61*, pp. 1–2.

7 KU Children's Services, *Submission 37*, p. 4.

8 NDIA, *Submission 42*, p. 11.

9 KU Children's Services, *Submission 37*, p. 4.

10 For example: Carers Australia, *Submission 28*, p. 3; SDN Children's Services, *Submission 35*, p. 3; Royal Institute for Deaf and Blind Children, *Submission 40*, p. 6.

11 RDI Consultants Australia, *Submission 27*, p. 2.

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### *Sector workforce shortage*

3.11 Submitters highlighted that a wider workforce shortage is also impacting the sector's ability to meet demand. They argued there is a general absence of qualified workers, especially in the field of therapeutic supports.<sup>12</sup>

3.12 ECEI Partner, SDN Children's Services, argued that sector wide shortages have made recruiting early intervention staff 'a lengthy and difficult process'.<sup>13</sup>

### *Delays receiving Access decisions*

3.13 Section 20 of the NDIS Act stipulates that the NDIA must, within 21 days of receiving an Access Request, decide whether or not the prospective participant meets the eligibility criteria, or make a request for more information, or for the individual to undergo further assessment. If the information is received within 28 days, the NDIA must make an access decision within 14 days or request further information.

3.14 Submitters were critical of the protracted nature of receiving access decisions from the Agency.<sup>14</sup> For example, Occupational Therapy Australia reported that, in Queensland, the average wait for children to receive access approval from the Agency, even with clear developmental delay needs, is three to four months, while some are waiting up to six months for access approval.<sup>15</sup>

### *Delays receiving Plan approvals*

3.15 Submitters were critical of turnaround times for the Agency to complete Plan approvals.<sup>16</sup> According to ECEI Partner, ASPECT, some children can gain a Plan in one week, while others are waiting six months.<sup>17</sup> AMAZE's 2017 survey of families and carers of ECEI participants found:

9% of respondents reported that the timeframe between lodging an application to access the NDIS ECEI pathway and eventually receiving a plan was 1 to 2 weeks, 27% of respondents reported this timeframe was 3 – 4 weeks, a further 27% reported 1 to 2 months followed by another 27% that reported 3 to 6 months, with the final 9% reporting that the timeframe was more than 6 months.<sup>18</sup>

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12 For example: SDN Children's Services, *Submission 35*, p. 4; Deaf Services Queensland, *Submission 19*, p. 8.

13 SDN Children's Services, *Submission 35*, p. 4;

14 For example: Carers NSW, *Submission 12*, p. 2; AMAZE, *Submission 23*, p. 14; Occupational Therapy Australia, *Submission 62*, p. 8.

15 Occupational Therapy Australia, *Submission 62*, p. 8.

16 For example: ASPECT, *Submission 11*, p. 3; Scope Australia, *Submission 17*, p. 6; AMAZE, *Submission 23*, p. 14; Speech Pathology Australia, *Submission 33*, pp. 18–19.

17 ASPECT, *Submission 11*, p. 3.

18 AMAZE, *Submission 23*, p. 14.

3.16 Scope Australia reported that some families in Victoria have waited 12 months since being identified to the commencement of planning with the NDIA, with no access to state-funded ECIS services in the interim.<sup>19</sup>

3.17 Speech Pathology Australia argued that, in South Australia, Plan approvals are being deliberately delayed by the Agency:

...there are reports that there are significant delays in children who are in EI getting NDIS plans approved. These children meet the access requirements and may have had planning meetings but there are delays in having the plan 'approved' and/or put on to the Portal...members report that approval of children's plans is being delayed in SA until a 'place' opens up in the NDIS. Essentially, ECEI is acting as a 'capped' program. These families are in a 'holding pattern' until their Plans are approved and it is unclear if children are receiving any therapy or supports whilst they wait.<sup>20</sup>

3.18 The Productivity Commission drew a link between issues in the planning process and the current cap on directly employed staff at the Agency:

The rationale for the cap on directly employed staff appears to be to encourage the NDIA to enter into community partnerships. While it is important that the NDIA works collaboratively with the community to deliver the scheme, it could also lead to poorer outcomes. For example, the NDIA outsourcing a lot of its work can present a particular risk when the agency is so new and needs to build institutional expertise and capability...This is especially the case in light of the problems with the planning process...The Commission recommends that the Australian Government remove the cap on directly employed staff. This is on the basis that the NDIA is best placed to determine the most effective and efficient staff mix to deliver the scheme, within the constraints of its capped operating budget.<sup>21</sup>

#### *NDIA response*

3.19 The NDIA submission advised that, where a child is found to meet the eligibility requirements of the Scheme, the average period of time from access determination to Plan approval is around 90 days.<sup>22</sup>

3.20 When questioned on the subject of protracted wait times for Plan finalisation, the Agency emphasised that it is constrained by the bilateral agreements agreed between the Commonwealth and each State and Territory Government:

I think it's important that those wait times do reflect the bilateral agreements at any one point in time. In some jurisdictions the priority is given to existing families versus new families. We do have a limit on the number of new that we are allowed to bring into the scheme at any one point in time. It

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19 Scope Australia, *Submission 17*, p. 6.

20 Speech Pathology Australia, *Submission 33*, pp. 18–19.

21 Productivity Commission, *NDIS Costs*, Study Report, October 2017, pp. 412–413.

22 NDIA, *Submission 42*, p. 11.

doesn't stop, however, a person seeking and being given access. You may be given access to the scheme, but we can't plan for you until such time as we've got to that point in our bilateral agreement during the transition period that we're allowed to have more new people.<sup>23</sup>

### ***Committee view***

3.21 The committee is aware of the various pressures on all stakeholders within the system, including the Agency, but also on those stakeholders tasked with delivering key elements of the implementation of the Scheme. The pressure of Early Childhood Partners is a result of the scale and time imperatives inherent in the roll out schedule. That said, one of the key messages from the evidence heard by the committee is around the communication of the likely timing of key decision points, and the apparent disconnect between what the Agency reports on the time taken for decisions and the experience of people on the ground. The committee urges the NDIA to ensure that as much real-time local information is available to participants and providers to manage expectations wherever possible.

### **Adequacy of plans**

3.22 In the context of the ECEI Approach, the committee understands that Plans are developed by either an Early Childhood Partner, if one has been appointed in the Service Area, or by a specialised internal NDIA ECEI team if no Partner has been appointed.<sup>24</sup>

3.23 In NSW, a number of ECEI Providers, commissioned as part of provisional arrangements to assist with transitioning clients into the Scheme, are also responsible for developing Plans.<sup>25</sup>

### ***General concerns relating to Planners***

#### ***Poor understanding of disability and developmental delay***

3.24 The committee received concerns that many of the Plans created under the ECEI Approach are of poor quality, as Planners do not always have an adequate understanding of the needs of children for whom they are developing Plans.<sup>26</sup>

3.25 Scope Australia argued that necessary supports are often missing from Plans, resulting in more reviews being sought.<sup>27</sup> Speech Pathology Australia argued that

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23 Ms Stephanie Gunn, Acting Deputy Chief Executive Officer, NDIA, *Proof Committee Hansard*, 8 November 2017, p. 7.

24 NDIS, *Our locations*, <https://www.ndis.gov.au/about-us/locations.html> (accessed 18 October 2017).

25 NDIA, *Submission 42*, p. 8.

26 For example: Autism Aspergers Advocacy Australia, *Submission 18*, p. 14; Vision Australia, *Submission 22*, p. 3; Speech Pathology Australia, *Submission 33*, p. 17; Hear and Say, *Submission 44*, p. 3.

27 Scope Australia, *Submission 17*, p. 7.

Planners appear to be making decisions about how much therapy is required without advice from experts on best practice:

Speech pathologists repeatedly report that they see Plans for children with similar functional needs that do not include key supports (that are reasonable and would be considered necessary by anyone familiar with specific disabilities), over-fund certain supports or significantly under-fund certain supports.<sup>28</sup>

3.26 Professor Andrew Whitehouse, Chief Research Officer, Autism CRC, raised the important question of whether any one individual Planner can have knowledge across every aspect of developmental disability or disability in general.<sup>29</sup>

3.27 Mrs Amanda Mather, Director of Sustainability and Strategic Relations, Hear and Say, was concerned that interpretation of a child's early-intervention needs by the non-expert could result in inconsistencies.<sup>30</sup>

#### *Limited understanding of services*

3.28 The Mental Health of Young People with Developmental Disabilities (MHYPDD) pointed out that Planners can only recommend services and supports of which they are aware. It encouraged the NDIA to actively incentivise the inclusion of evidence-based programs in Plans.<sup>31</sup>

#### *Suggestions for improvement*

3.29 Submitters suggested that the NDIA could improve the quality of Plans, and avoid the need for Planners to develop knowledge of every disability, by implementing the following processes:

- ensuring Planners consult all information provided by professionals;
- allowing families to review their draft Plan before finalisation; and
- introducing a process for incorporating minor amendments to Plans without the need to initiate a full Plan review.<sup>32</sup>

#### ***Planning concerns for children with ASD***

##### *Poor understanding of ASD*

3.30 Feedback from the ASD sector suggests there is limited understanding of the varying needs of children with ASD by those responsible for developing Plans.<sup>33</sup>

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28 Speech Pathology Australia, *Submission 33*, pp. 16–17.

29 Professor Andrew Whitehouse, Chief Research Officer, Autism CRC, *Proof Committee Hansard*, 26 September 2017, p. 13.

30 Mrs Amanda Mather, Director of Sustainability and Strategic Relations, Hear and Say, *Proof Committee Hansard*, 26 September 2017, p. 4.

31 Mental Health of Young People with Developmental Disabilities, *Submission 24*, pp. 3–5.

32 For example: Vision Australia, *Submission 22*, p. 2; Carers Australia, *Submission 28*, p. 11.

3.31 The Victorian Autism Specific Early Learning and Care Centre (ASELCC) highlighted that, at the time a child is diagnosed, families know the least about ASD, their child's strengths and difficulties, the quality and availability of services, and what their child's intervention needs are. It argued that families require knowledgeable Planners at this crucial time. Yet, many reported that their Planner had poor knowledge of ASD and lacked sympathetic communication when discussing sensitive issues.<sup>34</sup>

3.32 From July to August 2017, AMAZE undertook a survey of parents and carers of ECEI Participants, to capture their experiences of the Approach. Despite its relatively small size, the survey delivered some concerning results:

- 46 per cent rated their Planner's understanding of autism as moderate to low; and
- (of those that had met with a Partner) 50 per cent identified their Early Childhood Partner's knowledge of autism as moderate to low.<sup>35</sup>

*Limited knowledge of recommended intervention guidelines*

3.33 ASELCC argued that Planners have limited knowledge of the Roberts and Williams' recommendation that all children with ASD should receive 15–25 hours per week of comprehensive intervention for at least one year.<sup>36</sup>

3.34 ASELCC reported that children who are severely impaired received the recommended amount of intervention in their Plans, but children with mild to moderate autism received limited funding which did not enable them to access the recommended intensity of intervention.<sup>37</sup>

3.35 ASELCC was concerned that inconsistent knowledge of Planners, in relation to ASD guidelines and services, is resulting in unfair Plans:

One family reported that while their planner requested that they use a general term instead of 'ABA' during plan discussions, other families used the term 'ABA' and received greater amounts of funding to cover the costs of their therapy.<sup>38</sup>

***Planning concerns for children with vision loss***

3.36 Vision Australia expressed concern that those responsible for approving Plans have limited understanding of the needs of children who are blind or have low

33 For example: Connect and Relate for Autism Inc, *Submission 13*, p. 3; AMAZE, *Submission 23*, pp. 7, 13–14; Mental Health of Young People with Developmental Disabilities, *Submission 24*, pp. 3–5. Victorian Autism Specific Early Learning and Care Centre, *Submission 43*, p. 1.

34 Victorian Autism Specific Early Learning and Care Centre, *Submission 43*, p. 1.

35 AMAZE, *Submission 23*, pp. 7, 13–14.

36 Victorian Autism Specific Early Learning and Care Centre, *Submission 43*, p. 1–3.

37 Victorian Autism Specific Early Learning and Care Centre, *Submission 43*, p. 1–3.

38 Victorian Autism Specific Early Learning and Care Centre, *Submission 43*, p. 1.

vision.<sup>39</sup> Vision Australia argued this may be compromising the quality of Plans being developed. It provided the following example as a case study:

The Vision Australia early intervention team recently submitted an Assistive Technology request for a 2 year old client with no vision. The application included a combination of 'Vision Impairment' and 'Physical impairment' related resources/equipment. The 'Physical impairment' related resources/equipment were all approved whereas all the 'Vision Impairment' specific ones were refused. This includes the most basic tool for a young child to access literacy – a Perkins braille. This is akin to denying the child access to a pen/crayon and paper to scribble...The Early Intervention team is concerned that the external parties who were tasked to assess the equipment application do not have sufficient knowledge and expertise about 'Vision impairment' to make the funding decision.<sup>40</sup>

#### *NDIA response*

3.37 On 16 November 2017, the NDIA released details of a new NDIS 'pathway' designed to improve the experience of Participants.<sup>41</sup> Central to the new pathway is the delivery of face-to-face engagement for all NDIS Plan development, unless the Participant prefers otherwise.<sup>42</sup>

3.38 The pathway will be progressively piloted and tested over the coming months before being rolled out nationally. At the hearing on 8 November 2017, NDIA officials advised the committee that changes are expected to be implemented on a staggered basis to allow the Agency to test the cost and time frame implications of the changes. While the Agency could not provide a definitive timeline, it indicated changes should begin to be seen from April 2018.<sup>43</sup>

#### *Committee view*

3.39 While the committee acknowledges the Agency's work to improve the Participant pathway, and its statements around the training and upskilling of its Planners, it remains troubled by reports that Planners have poor understanding of the needs of the children they are developing Plans for. Planners should, at the least, have awareness of recommended intervention guidelines and therapies for the major disability cohorts, and demonstrate sensitivity in their communications with families.

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39 Vision Australia, *Submission 22*, pp. 5–6.

40 Vision Australia, *Submission 22*, pp. 5–6.

41 NDIS, *New NDIS pathway released to improve participant and provider experience*, <https://www.ndis.gov.au/news/pathway-experience.html> (accessed 17 October 2017).

42 NDIS, *New participant pathway experience*, 18 October 2017, p. 5.

43 Ms Stephanie Gunn, Acting Deputy Chief Executive Officer, NDIA, *Proof Committee Hansard*, 8 November 2017, p. 8.

## Recommendation 8

**3.40 The committee recommends that the NDIA provide ongoing and targeted training to Planners creating ECEI Plans for children to ensure they are equipped with the most up to date knowledge, expertise and resources in their decision making.**

### Thin markets

3.41 While the development of the service sector is in some cases keeping up with demand, the committee received evidence that the ECEI Approach is being affected by a shortage of providers in some areas.<sup>44</sup>

3.42 In Queensland for example, thin markets currently exist in specialist therapy supports, such as complex seating, assistive technology complex paediatric feeding, and behaviour support.<sup>45</sup>

3.43 Tasmania is also experiencing thin markets in regional areas, where there is limited access to supports such as allied health services.<sup>46</sup>

3.44 The Commonwealth Ombudsman highlighted that inadequate supply can potentially increase the cost of the Scheme, by leaving children without supports for protracted periods of time.<sup>47</sup>

3.45 State governments are working to address gaps in services. For example, the Victorian Government released a workforce development strategy to support implementation of the NDIS in the state over 2016–2019, which addresses skills shortages in rural and remote areas.<sup>48</sup>

3.46 The Queensland Government has funded a peak body to investigate and identify specific issues in potentially thin market areas.<sup>49</sup> However, it noted that, even with significant efforts and investment, 'some markets will remain a challenge'.<sup>50</sup>

3.47 The Productivity Commission's report on NDIS costs considered the issue of thin markets, concluding that, while the disability care workforce has grown considerably, 'it is unlikely to grow quickly enough to supply the increasing demand for services under the NDIS under current policy settings'.<sup>51</sup> It recommended the Agency address thin markets by:

- considering a range of approaches, including block-funding;

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44 For example: Queensland Government, *Submission 75*, p. 6; Tasmanian Government, *Submission 76*, p. 3.

45 Queensland Government, *Submission 75*, p. 6.

46 Tasmanian Government, *Submission 76*, p. 3.

47 Commonwealth Ombudsman, *Submission 21*, p. 5.

48 Victorian Government, *Submission 71*, p. 13.

49 Queensland Government, *Submission 75*, p. 6.

50 Queensland Government, *Submission 75*, p. 6.

51 Productivity Commission, *NDIS Costs*, Study Report, October 2017, p. 319.

- publicly releasing its Provider of Last Resort (POLR) policy and Market Intervention Framework discussed in the NDIS Market Approach: Statement of Opportunity and Intent as a matter of urgency; and
- collecting and publishing available disaggregated data, feedback, and reports on thin markets, including when POLR arrangements are used.<sup>52</sup>

*NDIA response*

3.48 The NDIA acknowledged there is a challenging market structure for early childhood services and that it will need to provide interim strategies while the sector builds capacity and capability.<sup>53</sup>

3.49 In March 2017, the NDIA released its *Rural and Remote Strategy 2016–19*, which indicated that the ECEI Approach will be tailored to each community in order to provide the most appropriate delivery in remote and very remote areas.<sup>54</sup>

3.50 As part of the strategy, the NDIA is establishing regional hub and spoke models across Australia, to provide local area coordination and facilitate easier access to the NDIS for rural and remote Participants. Planning activities will be undertaken for remote and very remote areas by Regional Offices, whose role is to engage and research the current market and consider a tailored approach, as well as opportunities for co-design, in order to develop and support services to deliver the ECEI Approach.<sup>55</sup>

3.51 Early in 2017, the NDIA funded peak body ECIA to complete service mapping in every jurisdiction across Australia to determine what services exist for young children with disability or developmental delay, such as mainstream and traditional disability services. The results are expected to be completed by June 2018.<sup>56</sup>

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52 Productivity Commission, *NDIS Costs*, Study Report, October 2017, p. 50.

53 NDIA, *Submission 42*, p. 15.

54 NDIA, *Submission 42*, p. 15.

55 NDIA, *Submission 42*, p. 15.

56 Ms Trish Hanna, President, ECIA, *Proof Committee Hansard*, 3 October 2017, p. 16.