



National Disability Insurance Scheme

You said, we heard: supporting young children and their families early, to reach their full potential

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1. CEO introduction

In the National Disability Insurance Agency's (NDIA) Participant Service Charter, we committed to empowering participants by including people with disability and the community to help us develop and test our processes.

In November 2020 we released 3 consultation papers:

1. Access and eligibility policy for independent assessments
2. Planning policy for personalised budgets and plan flexibility
3. Supporting young children and their families early, to reach their full potential.

A full project consultation report outlining the research, recommendations and background on the Early Childhood Early Intervention (ECEI) implementation reset was also published for stakeholders interested in understanding the detailed project activities.

These consultation papers sought feedback on how we can best deliver new policies and processes. The early childhood paper asked for feedback about 23 recommendations to reset the early childhood approach including:

- The age group best suited to receive early childhood services and whether this should be changed from under seven years of age, to under 9 years.
- How independent assessments will be used to determine eligibility and budgets for participants over 12 months of age.
- Short Term Early Intervention (STEI), which is the early support that is offered whether or not a child is eligible for the National Disability Insurance Scheme (NDIS).
- Planning and implementation of best practice supports.
- Support for children and families to exit the Scheme and start the next stage of their lives.

The Agency is committed to resetting the implementation of the ECEI Approach so that it fully supports best practice and upholds the central role of parents and caregivers in their children's lives while supporting children to participate meaningfully in the key environments in their lives. Hence, the overarching intention of the ECEI Reset is to:

Create a distinct ECEI implementation model, differentiated from the general Scheme, which enables the right young children to receive the right level and mix of support for the right period of time (including more pre-access assistance and transition support) through a family centred approach aligned with best practice.

Over the last 3 months we have collected feedback from participants, family members, carers, providers and other stakeholders. I sincerely thank everyone who took the time to provide us with feedback on the papers, and contribute to making the NDIS simpler, fairer and faster for participants.

The feedback received through this consultation process will inform how these reforms are delivered and the support, resources and information provided to participants, planners and Early Childhood Partners.

The consultation submissions are currently being considered and your feedback will be used to adapt our current ways of working and plans for the future. From here we will:

1. Incorporate feedback into our design and implementation plans.
2. Undertake further targeted consultation on specific topics, such as how to best deliver early childhood supports in rural and remote, culturally and linguistically diverse and Aboriginal and Torres Strait Islander communities.
3. Actively participate in legislative processes and parliamentary processes, including the Joint Standing Committee on the NDIS inquiry into independent assessments.

As we move to full Scheme and the transition to the NDIS is completed, implementation of changes as a result of the ECEI Reset will commence towards the end of 2021.

Before the changes are introduced, we will develop and release information, tools and resources, host information sessions and workshops that explain the new processes so prospective participants and the wider community know exactly how it will work for young children with disability applying to access the NDIS.

This paper provides an overview of the consultation activities delivered over the last 3 months and the feedback we received about how the early childhood approach will work in the future. Further information on the progress of NDIS reforms, changes to planning and introduction of independent assessments will be released separately.

Regards

Martin Hoffman
Chief Executive Officer

2. How we received your feedback

You shared your thoughts with us in different ways, including through:

- Online submissions, including audio and video files.
- Consultation events online and in person right across Australia.
- Direct conversations with sector representatives and peak bodies.

2.1 Consultation events

We hosted 57 public information sessions for communities across Australia, with over 1,000 attendees. This included **28 sessions specifically discussing the ECEI reset, 10 of which were for rural and remote communities.**

During this period, we faced the challenge of navigating restrictions on travel and public gatherings due to the Coronavirus (COVID-19) pandemic – so most of our events were held online. Seventy-five per cent of respondents reported that virtual sessions enabled them to learn more about the NDIS and share their views.

Our community engagement teams also held over **150 local information sessions targeting specific groups of stakeholders** including the health and allied health, mental health, education, justice, Aboriginal and Torres Strait Islander communities, rural and remote communities, and culturally and linguistically diverse communities.

We hosted **6 virtual sessions specifically for providers** with over 300 registrations.

We consulted with participant families through a series of focus groups. We actively engaged with the Independent Advisory Council and various sub groups and reference groups to seek input on the proposed changes.

NDIA representatives attended more than 100 sessions with other Commonwealth Agencies, state and territory governments, national peak bodies, academic experts and other relevant stakeholders.

2.2 Online submissions

When submissions closed on 23 February 2021 we had received **769 unique online submissions** (noting submissions can respond to more than one paper).

- 450 responses to Access
- 293 responses to Planning
- **192 responses to ECEI reset**

Who responded*	Number	Percentage of total
Advocacy, Community, Sector, Peak Body	52	27.0%
Health/Allied Health Professional/Service	52	27.0%
Provider	35	18.2%
NDIS Participant, Family or Carer	24	12.5%
State & Territory Government/Mainstream	17	8.8%
Partners & Connectors	12	6.2%
Agency-assisted Submissions	8	4.1%
Researcher	6	3.1%
Person with Disability (non-Participant)	4	2.0%
General Public	1	Less than 1 %

*Respondents may identify as more than one

3. What you told us

The feedback we received was supportive of most of the proposed changes. We also heard while many people agreed with the proposed changes they were concerned about how we should go about implementing them or what some of the changes might look like for them.

We have set out the 23 recommendations below with your responses. Of the 23 recommendations, 19 were positively supported and 4 had a mixed response.

3.1 Overarching recommendations

3.1.1 Recommendation 1

Explain, rename and promote the NDIS Early Childhood Approach – and stop using the term ‘gateway’ – so families understand and follow a clear pathway with a mix of early childhood support options available.

We received **positive support** for this recommendation.

Examples of feedback received:

- ‘Early Childhood Approach’ could imply, unintentionally, a clinical program. Language and terminology used needs to be consistent across all sectors.
- Ensure NDIA ECEI terms are explained in a family friendly and culturally appropriate manner.
- Leverage different forms of communication such as animated videos, graphics, information toolkits etc.

3.1.2 Recommendation 2

Clearly and consistently, communicate the intent of the new Early Childhood approach and the Agency’s support for best practice, so families understand how the approach informs positive outcomes for young children.

We received **positive support** for this recommendation.

Examples of feedback received:

- NDIA and Early Childhood Partners should tailor their communication to meet the needs of young children, families and carers.
- Build sector awareness on the future–state intention of the Early Childhood Approach by working with other Government entities to provide public sources of information.

- Opportunity to better inform by collaborating with locally-based groups in the community that provide the first point of contact for families, such as health, allied health, education and disability specific therapy and advocacy services.
- Families from diverse backgrounds, people with more complex communication needs or those from hard to reach groups may need more help or a different approach to understand the terms and best practice principles of the EC Approach and how it contributes to achieving positive outcomes for young children.
- Use simple, easy to understand terms and consistent language.
- Make NDIS ECEI information easier to access on the website and other information points.
- Translate resources into multiple languages.
- A parent has said:
 “Plain-language terminology, and well-informed planners who are able to explain the terminology in a simple way would be helpful. A range of case studies and examples is often the most useful and practical way to explain the terms, rather than a straight glossary.”

3.1.3 Recommendation 3

Develop and publish new Early Childhood-specific Operating Guidelines – so our decision-making processes and best practice evidence are transparent and implemented consistently by partners and NDIS planners.

We received **positive support** for this recommendation.

Examples of feedback received:

- Develop guidelines to ensure the actual task can be performed consistently.
- Partners and NDIS delegates need to understand and consistently apply the Operational Guidelines to support the efficient delivery of supports.

3.1.4 Recommendation 4

Create a distinct delegate/planner workforce that is exclusively focused on young children and their families, to improve the way families are supported.

We received **positive support** for this recommendation.

Examples of feedback received:

- The sector is experiencing enormous workforce pressure to recruit and retain qualified staff. The workforce needs to have relevant qualifications or training.

- Ensure delegate / planner workforce are able to communicate with language that is fitting for the needs of the family due to the often limited understanding of a family new to the NDIS.

3.1.5 Recommendation 5

Continue to work with federal, state and territory governments to identify gaps and strengthen the role of mainstream services, so all young children receive support from the appropriate system when they need it.

We received **positive support** for this recommendation.

Examples of feedback received:

- Services often struggle to integrate and engage families to build parent skills and family relationships when issues are complex and factors place the child in a vulnerable situation.
- Children being supported across multiple government services may require more complex or specialised support needs, with the need to integrate and coordinate supports and services across the mainstream services.
- Federal, state and territory governments should centralise and coordinate referrals across mainstream supports and services so all young children receive support from the appropriate system when they need it.
- Early intervention in mental health for children aged under 7 years is a gap in mainstream services.
- Develop a professional learning framework inclusive of end-to-end career supports interconnected with learning networks.
- Ensure agreements on role and responsibilities are clear and transparent for participants, providers and governments.

3.1.6 Recommendation 6

Consider a range of mechanisms that will enhance compliance of providers with the *NDIS Practice Standards on Early Childhood Supports* and increase awareness by families of providers that adopt that best practice framework.

We received **mixed levels of support** for the recommendation.

Examples of feedback received:

- Mechanisms to enhance compliance may have a negative impact on providers and limited availability of services and supports to young children and their families.

- Restricting access to unregistered providers will negatively impact rural families and excellent non-registered providers in thin markets and also undermine principle of choice and control. It may cause smaller operators to cease their services.
- The proposal of requiring self and plan-managed participants to use only registered providers limits choice and control of participants and their families and again may disadvantage providers in the groups mentioned.
- Registration costs are high.
- There should be opportunities to leverage existing channels to enhance compliance to best practice. Families have informal ways of recognising excellent providers (e.g. Facebook, Sameview app, association support group).
- Opportunity to leverage of past certification programs to support nonregistered providers with an Early Intervention certification or recognition of experience (such as BetterStart and Helping children with Autism).
- Develop an ECEI accreditation system that requires a level of accountability in regards to quality and safety of providers.
- Ensure providers are consulted on the mechanisms to be introduced and the operational impacts.

3.1.7 Recommendation 7

Improve sector wide understanding of how to identify families and young children experiencing disadvantage or vulnerability and tailor culturally appropriate services and resources so they can benefit from early interventions support.

We received **positive support** for this recommendation.

Examples of feedback received:

- Cost for outreach program can be prohibitive for organisations.
- Doctors and allied health professions are often unaware on how they can help the vulnerable families they work with to access the NDIS.
- Given the diagnosis of developmental delay ends at age 6, there are children who are missing supports as the family are not referred to NDIS until they enter school. These are often the most vulnerable children who come from complex backgrounds, and who do not engage with mainstream supports until school.
- Ensure families can be supported that either have no or multiple addresses.
- Utilise trusted organisations, groups and not-for-profits that already exist in communities to deliver culturally tailored services.

- Ensure to build trust and knowledge of government programs for people in vulnerable groups to reduce any fear.
- Provide specific training for staff and services working with vulnerable families to reduce delay for children in accessing ECEI services.
- Utilise organisations that can be invited into communities to screen pre-schoolers. These organisations have established relationships in the community.

3.1.8 Recommendation 8

Implement tailored methods of delivering supports for young children and their families living in remote and very remote areas to strengthen access to services.

We received **positive support** for this recommendation.

Examples of feedback received:

- People living in remote and very remote areas can be fearful of government programs and will not access services if they do not trust and know of them.
- Fund organisations to do outreach to areas that don't have services or are at capacity. Currently, cost to do this is prohibitive for organisation but incredibly beneficial to community and children and families.
- There is opportunity to better utilise the education system (i.e. kinder / schools) and health (Child Development Unit nurses) to help connect with families and ensure early childhood support works in remote / very remote communities.
- Consider alternative models of commissioning and alternative approaches to delivery of Early Childhood supports for remote / very remote families.
- High-quality equipment for tele-health is critical to success.
- Funding arrangements need to be put in place that are suitable for remote/very remote locations for transport, accommodation and childcare due to the limited choice and availability of local specialist service providers.
- Funding and training for alternative models of service delivery (i.e. telehealth or video technology, intensive face-to-face therapy supported with online follow-up sessions) in communities where this technology is available, and the model of service is suitable and appropriate for the individual's needs.
- Could be supported by trusted organisations, groups and not-for-profits that already exist in communities. They have trusted reputations and relationships with families from disadvantaged, vulnerable or diverse backgrounds living in remote and very remote areas.

- Deliver deliberate and specific training for staff and all services already working in these areas in order to reduce delay for children in remote and very remote areas to access ECEI services.

3.1.9 Recommendation 9

Implement a tailored Independent Assessments (IAs) approach for young children to support consistent access and planning decisions.

We received **mixed levels of support** for the recommendation.

Examples of feedback received:

- An ECEI parent has said:
 “I think having the independent assessors are great for families that are trying to access the system because everyone has the right to get the things they need to access the ndis regardless of how much they earn.”

For **assessment quality**:

- IA tools are checklists that require a parent/caregiver’s interpretation of the questions and rating scale. This poses risk that assessment results are negatively influenced by parent capacity, socio-economic status, cultural background and English language level or proficiency.
- IA is not necessary for children except for assessments such a ‘Small Steps’ (an Early Intervention program for children with developmental delays) that identify the child’s deficits and assess regularly against those deficits to show the changes in a child’s functional skill over time.
- PEDI-CAT often produces a result of mild for children with significant functional impairment in the area of communication and social functioning (and children on the Autism spectrum) which can be misleading.
- Assessment tools for children who are deaf or hard of hearing or who are blind or vision impaired, require specialist qualifications, in particular speech pathologists, audiologists, occupational therapists or orthoptists, to validly apply the assessment. Additionally the nominated tools will not adequately inform access and planning decisions for children with vision and hearing loss.
- Clinical input and assessment required as part of tailored IA approach (i.e. observation of child participating in daily activities and robust interpretation of the assessment results).

For **consistency and fairness**:

- Developing budgets from IA may not capture disability specific or complex needs of the child and family.
- Will be good to ensure consistency in access and planning decision while taking into consideration individual family routines and capacity.

- Generalist professionals are unlikely to have sufficient knowledge to complete the assessments to accurately plan for the individual support requirements and the proposed tools will not sufficiently assess their individual and disability related functional needs.
- Don't disregard relationships with medical and allied health professionals who have developed a shared understanding of the child's individual needs.
- Reports provided to the NDIS written by clinicians and allied health professionals working with and supporting families should be read and understood as reports from 'experts' in their fields and used to develop appropriate supportive NDIS Plans.

For implementation consideration:

- Rural and regional areas have a significant shortage in allied health professionals and have difficulty recruiting professionals in order to take on the role of an independent clinician administering assessments.
- Early Childhood partners are appointed by the NDIA and, therefore, are not independent of the NDIA.
- Consideration needs to be taken to how IAs would be managed for children and families in rural and very remote areas in a timely manner.
- Early Childhood partners will need to be sufficiently staffed with professionals able to complete the recommended assessments.
- Ensure extensive research of assessment tools, and provide information on implementation and further consultation of draft design.
- Better integrate with other government services so that families do not have to repeat assessments already completed by other service systems.

3.2 Recommendations for early support (including NDIS access)

3.2.1 Recommendation 10

Increase Early Childhood partner capacity to identify and help young children and families from hard-to-reach communities or those experiencing disadvantage or vulnerability, so they can connect to – and benefit from – early intervention supports.

We received **positive support** for this recommendation.

Examples of feedback received:

- Early Childhood partners may not be perceived as 'local' or connected to early childhood networks.

- Utilise education system such as kinder / schools to ensure early childhood support work in hard to reach communities.
- Encourage greater involvement of social workers, nurses etc. as key workers.
- Vulnerable families sometimes prefer to only employ support workers from their own culture or religion so they don't feel embarrassed by carrying out rituals such as praying when their support worker is with them.
- Health and hospital networks could have a NDIS contact worker situated at major children's hospitals to work with families to connect with Early Intervention supports or Early Childhood partners.
- Ensure training and education for ECEI key support workers so they can be better advocates for what a child/family requires.
- Timely access and processing is critical to create a more level playing field.
- Need to ensure recommendation is implemented in a practical, effective manner. For example, it can't be pop-up NDIS stalls at community hubs.

3.2.2 Recommendation 11

Increase Early Childhood partner capacity to connect families and young children to local support networks and services in their community.

We received **positive support** for this recommendation.

Examples of feedback received:

- Build better connections with local schools and childcare services, allied health, early-years networks, and playgroups.
- There are cultural factors that impact how families support their child that need to be considered.
- NDIS stalls in the community to learn about the different services within the community is key to build strong networks.
- Provide easy to understand information on how to better connect with services through a '1 page table' or conversations.
- Provide GPs more information to become more knowledgeable to support families connect with EC Partners.
- Develop strong connections with locally delivered services provided by local governments, state mainstream services and non-government service providers.
- Ensure families who would otherwise disengaged are supported to have access to dedicated services so that their needs can be assessed and addressed in a holistic wrap

around manner where the first point of referral actively commences the right linkages rapidly.

3.2.3 Recommendation 12

Increase Early Childhood partner capacity to provide Short Term Early Intervention (STEI) support to eligible young children and families for longer.

We received **mixed levels of support** for this recommendation.

Examples of feedback received:

- Families engaged in STEI have described feeling like that were on a pathway without knowing where they will end up.
- Further clarity required on how Early Childhood partners will be resources to deliver STEI.
- Early Childhood partners are constrained both by resourcing and key performance indicators in delivering and will benefit from having these barriers rectified.
- Ensure partner staff are provided training and support throughout the rollout to ensure that they are able to continue to deliver high quality services and supports.
- Develop guidelines for intervention to ensure consistency in what can be accessed from each state or territory, addressing a common critique that STEI supports are highly variable dependent on the ECEI partner organisation carrying them out.

3.2.4 Recommendation 13

Clarify the interpretation of the developmental delay criteria under Section 25 of the NDIS Act (2013) to improve the consistency and equity of Agency decision-making. Establish thresholds for key criteria using Independent Assessments.

We received **positive support** for this recommendation.

Example of feedback received:

- Clarify the interpretation, using simple language that is inclusive rather than restrictive, for more consistent and equitable decisions.

3.2.5 Recommendation 14

Increase the age limit for children supported under the Early Childhood Approach from 'under 7' to 'under 9' years of age, to help children and families receive family centred support throughout the transition to primary school.

We received **positive support** for this recommendation.

Examples of feedback received:

- An ECEI parent has said:
 “This is positive as it recognises that the transition to school is a challenging time and may take longer than expected for participants to develop the skills needed to transition and engage with the school environment.”
- Unclear on impact to current levels of funding for children aged seven to nine.
- Unclear on impacts to funding and arrangements from Education due to a change in need for a diagnosis.
- Need to better communicate and clarify impacts to children currently receiving individualised plans and impact to children between ages six and seven once age range changes.
- Reskill Early Childhood partners to engage with the school environment and relevant stakeholders and early engagement with skilled registered providers.
- Build clarification of the comparability and conflicts between assessment tools used for under 6 and those endorsed for use for over 6 to ensure that developmental assessments are measuring the child’s needs and progress.

3.2.6 Recommendation 15

Use the early intervention criteria, under Section 25 of the NDIS Act (2013) to make decisions around access to the NDIS for all young children.

We received **positive support** for this recommendation.

Examples of feedback received:

- Ensure children with profound disabilities have expedited access pathway.
- Clarify impact to families of suggested change.

3.3 Recommendations for planning and implementation

3.3.1 Recommendation 16

Increase Early Childhood partner capacity and flexibility to tailor the level of support provided to families to implement a child's plan and more quickly connect to the right supports and services.

We received **positive support** for this recommendation.

Example of feedback received:

- Ensure EC Partners have resources to deliver increased supports.

3.3.2 Recommendation 17

Introduce a 'capacity building support in natural settings' item in the NDIS Price Guide to encourage families and early childhood providers to prioritise supports delivered at home or other natural settings.

We received **positive support** for this recommendation.

Example of feedback received:

- Ensure no cost difference for providers between clinical and natural settings when developing a separate line item for capacity building.

3.3.3 Recommendation 18

Publish new guidance about what is considered 'reasonable and necessary' when making decisions around support for children on the autism spectrum, based on evidence found in the Autism Cooperative Research Centre (CRC) 2020 report.

We received **positive support** for this recommendation.

Example of feedback received:

- Develop plan to address knowledge gaps or exercise caution in relation to development of guidance and determination of 'reasonable and necessary' based purely on review of available research. Guidance should only seek to identify and limit access to any intervention types that have been determined to be harmful or of low value rather than seeking to place limits on the range of services that can be provided.
- Identify dangerous or low-value care in conjunction with sector and undertake work with NDIS Commission to proscribe or limit their use.

3.3.4 Recommendation 19

Empower Early Childhood partners to provide families with clear advice about the best providers for their child and situation so families can make more informed choices.

We received **mixed levels of support** for the recommendation.

Examples of feedback received:

- Early Childhood partners will not be able to provide an unbiased advice.
- Early Childhood partners should provide a criteria or framework to help families with decision making instead of direct advice.
- Ensure that the process of determining the best providers is transparent and based on evidence and outcomes.
- Give guidance to Early Childhood partners on providing families with clear advice about the best providers for their child and the risk of being accused of conflict of interest to avoid being seen to be channelling more business towards particular providers over others.

3.3.5 Recommendation 20

Undertake further ongoing research and study on the outcomes of young children after receiving early intervention support, to inform future policy and operational changes.

We received **positive support** for this recommendation.

Examples of feedback received:

- Recognise the importance of a national body that co-ordinates the relevant research, guides policy and develops best-practice approaches.
- Include research on siblings as part of these best practice approaches.
- The Agency would need to consider that children with disability are complex, and there may be legitimate reasons why a therapy technique that has certain evidence when conducted under particular conditions, may not be appropriate for every child.
- Should be clear how research will impact services, as well as how research might be undertaken to support gathering evidence where there are gaps.

3.4 Recommendations for transitions

3.4.1 Recommendation 21

Improve the existing annual progress review process for young children, to support families to celebrate the achievement of reaching their goals and outcomes, and transition out of NDIS supports to the next stage of their lives.

We received **positive support** for this recommendation.

Examples of feedback received:

- Support parents to play a more significant role and have a level of accountability for practicing their child's therapy strategies.
- Utilise tele-health more to check-in with families.
- Annual review processes should be integrated with an Outcomes Framework.
- Utilise a reporting system that provides a framework for measuring outcomes in relation to function, participation and adaptive skills.
- Need to balance between celebrating achievements and gaining the supports they require.
- Develop a standard timeline for checkpoints e.g. funding check-in at 3 months, focus on goals at 6 months, progress and review at 9 months.
- For Aboriginal and Torres Strait Islander families, progress check-ins need to be with someone familiar and trusted to the family. The NDIA can leverage organisations on the ground that have existing relationship and trust.
- To ensure success, ensure constructive, clear communications with families that have been understood from both parties.

3.4.2 Recommendation 22

Ensure providers are using the recently introduced 'provider outcomes report', as a mandatory measure to evaluate the effectiveness of their supports and services.

We received **positive support** for this recommendation.

Examples of feedback received:

- Providers should be informed of upcoming planning meetings in order to ensure reports are ready in time.
- Encourage providers to show progress against results instead of simple anecdotal evidence.
- Ensure reports don't take up a disproportionate time to complete.

- Formatting and length is a challenge.
- Ensure report is relevant and easy to understand by families.
- Ensure privacy concerns from families are met.

3.4.3 Recommendation 23

Offer families of young children a ‘transition out’ plan for up to 3 months’ duration, to support them to transition to the next stage of their lives, if they are no longer eligible for the NDIS.

We received **positive support** for this recommendation.

Examples of feedback received:

- Communicate or support families who are reluctant to give up funded supports when the best outcome for the child / family is to transition out of the Scheme or receive mainstream support.
- As part of the recommendation, either encourage or ensure providers speak / write to families to show progress of child and to celebrate transitioning out of the Scheme.
- Links with the community around meaningful participation should be a focus, not just the expectation of continued therapy.
- Ensure transition conversations at least six months prior to leaving the Scheme to reduce any shocks to the family.
- Ensure transitions are outcomes based.
- Should a child need to return back to the Scheme if their situation changes once they exit, then the family should receive an expedited process.

4. What we will do with this feedback

We are working towards a future NDIS that is simpler and fairer and improve outcomes for young children and their families/carers as part of our long term commitment to service improvement.

Before we make changes to policies, procedures and operational guidelines, we want to ensure the proposed changes generate the best possible outcomes and experiences for children and families in the early years.

The feedback collected over the last 3 months will be used to inform our policy, implementation approaches and guidance for the early childhood sector, staff and partners.

We will also conduct other engagement and consultation activities on the range of improvements we are making to the NDIS.

The detailed feedback we have received over the last 3 months is currently being read, considered and used to adapt our current ways of working and inform our plans for the future.

We are working to implement these recommendations over the coming years, starting with:

- Updating our Operational Guidelines (recommendation 3) to improve transparency and consistency.
- Publishing updated guidance on Developmental Delay (recommendation 13).
- Publishing consultation paper on how to better support children on the autism spectrum (recommendation 18)

We will continue to consult on other proposed changes and hope to finalise and begin implementing the other recommendations by the end of 2021 and into 2022.