

## ECEI Reset Submission

Feedback from Kids' Uni Early intervention Team, Wollongong.

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### Consultation questions

### General questions

Do you have any specific feedback in relation to:	
<ul style="list-style-type: none"> <li>the increased focus on STEI outside of access to the Scheme</li> </ul>	EC Providers should be able to provide these supports to enable families to have choice and control, if the families do not enter the scheme can they access a special medicare code that enables 20 sessions for 6 months.
<ul style="list-style-type: none"> <li>the proposed increase in age range for the EC Approach from under 7 to under 9 years of age,</li> </ul>	Agree
<ul style="list-style-type: none"> <li>the desire to see more successful transitions from the Scheme to the next stage of life.</li> </ul>	Fear of the future unknown and difficulty with accessing the scheme over the age of 7 will prevent this being seen as desirable. Unless families can be assured that they can re-gain access if disability starts to further impact child this will not occur easily. (i.e. will my child have reduced functioning and participation during their adolescent years? If so, how will I get help if my child is no longer in the scheme?)
How can we help families and carers better understand some of the terms the NDIA, and Early Childhood partners use such as:	
<ul style="list-style-type: none"> <li>best practice</li> </ul>	Educate specialists about best practice first as recommendations from pediatrician's do not fit with best practice guidelines therefore families are requesting OT and



	Speech therapy when other keyworker services will be as or more beneficial.
<ul style="list-style-type: none"> <li>• capacity building</li> </ul>	This is well understood by many families we work with, however many families are at capacity and when offered further support for parent coaching and capacity building they cannot make a commitment to the program. Where possible providers attempt to provide incidental and sustainable capacity building supports.
<ul style="list-style-type: none"> <li>• natural settings</li> </ul>	Terminology is confusing as who decides what is and is not a natural setting? It is not clear to families or providers why a long day care centre can be seen as a natural environment, yet an early intervention centre is seen as “unnatural”.
<ul style="list-style-type: none"> <li>• evidence.</li> </ul>	Most families in our service understand the importance of evidence and hence have found our service and evidence based therapies. However this means we receive a higher percentage of educated and professional parents involved in our service and almost no families and children from socially disadvantaged groups.

**Support with achieving goals**

What is the best way for us to check in with families and carers on how their child is tracking to meet the goals for their child?	This is the responsibility of providers, NDIS can track at yearly review meetings. However goals that are created by planners need to be within the child’s developmental range to be able to have progress.
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<p>Would a mandatory early childhood provider report developed between families and their provider be useful for tracking against their goals?</p>	<p>The goals written by ECP are often unrealistic or much too long term, for instance goals around emotional regulation when the child is non-verbal and has severe cognitive disability. Many children have exactly the same goals as the planners usually write them, most families just want their children to talk and to further their development in all domains. Some families have reported they have had no involvement in the formulation of goals. If the families have specific goals it is usually because they have had a supportive provider (EC keyworker) who has already supported the family over many months.</p>
<p>How can we better support families to connect with services that are either funded or available to everyone in the community?</p>	<p>Families' lives are very busy and with additional needs most families report they find it extremely difficult and not helpful to engage with mainstream services; they want to be with families who are in similar situations.</p>
<p>How can we make the process of transitioning out of the NDIS something to celebrate?</p>	<p>Celebrations can occur when families have an option for still accessing short term therapy supports throughout their child's life. When they can feel safe and supported to celebrate.</p>

**Targeted support**

<p>If you live in a remote or very remote part of Australia, what are some ideas you have on how we can get early childhood supports to</p>	<p>NA</p>
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work in your community or communities like yours?	
How can our Early Childhood partners and mainstream services best support peer-to-peer connections?	<p>Holding coffee mornings for families with children of certain age-groups or with certain developmental disabilities.</p> <p>Holding workshops on specific topics, eg toilet training, fussy eating, school readiness, behaviour management, improving play skills</p>
Are you interested in helping us co-design an approach that would make peer-to-peer networks easier to find and join for people?	Peer-to-peer networks are difficult for stressed and vulnerable families to maintain and they require a provider to support these networks regularly.
How can we better reach and get support to young children and families who experience vulnerability and remove barriers so they can receive outcomes in line with other children and families?	Build capacity of early childhood education providers (Long day care centres and preschools) to identify children at risk of developmental delay and provide connection between EC Partners and community ECEs. This would also potentially increase inclusive practices and enable ECE's to provide STEI supports in natural environments.

### Tailored Independent Assessments (IAs) approach

It is recommended that the Agency implement a tailored Independent Assessments (IAs) approach for young children to support consistent access and planning decisions. Specifically, we are planning to:	
Commission Early Childhood partners to administer Independent Assessments for young children rather than use a separate IA Assessor workforce	EC partners should be taking advice from existing providers about the child's current functioning, independent assessments that capture 1-2 hours in the life of a child with developmental



	disabilities will not provide an accurate picture of the child's abilities.
Use IAs for young children above 1 years of age	Disagree – IA's should only be used for children over 8 yrs.
Use the following tools (as outlined in an appendix to the previously published <a href="#">Independent Assessment Tools Paper</a> ):	
Ages and Stages Questionnaire (ASQ-3) <b>OR</b> Ages and Stages Questionnaire -Talking About Raising Aboriginal Kids (ASQ-TRAK) PEDI-CAT (Speedy) <b>OR</b> PEDI-CAT ASD (Speedy) Vineland-3 Comprehensive (Interview Form) Young Children's Participation and Environment Measure (YC-PEM) for children under 6 years Participation and Environment Measure - Children and Youth (PEM-CY) for children 5+ years	These are assessments that can be provided by existing providers. The ability for EC Partners to build their workforce with enough therapists to provide these assessments will take therapists from community providers. Providers with existing relationships with families and children will be able to provide these assessments with increased accuracy and in a faster time frame.
Do you have any feedback on this recommendation and/or any suggestions on how this proposed approach would work best for young children and their families/carers?	Sometimes, it can take 2-3 sessions (if not more) to really understand the capacity of a child. Independent assessments don't allow for the assessor to get to know the child and understand the level of support they actually require.  <b>Independent assessments are not agreed to for children under 8 years.</b>

### Greater transparency on providers of best practice

It is recommended, from the previous consultation leading to this paper, that a range of mechanisms be considered to enhance providers' compliance with best practice standards and to provide greater transparency on which providers, both registered and unregistered, are following Early Childhood Intervention best practice.

What mechanisms do you think could help achieve this?	The NDIA to do the work to audit individual services by completing family surveys via phone/email/survey monkey asking specific questions about whether the service met
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	the expectations of the best practice guidelines.
Who would be best placed to lead the development of, and manage, any additional complementary mechanisms?	NDIA Quality team to be enhanced to be able to complete these functions, much like the department of education does for childcare centers and preschools.
What do you think of the following ideas for potential mechanisms? What are the benefits or concerns with these potential mechanisms?	
Provide greater information to families about the benefits of using providers registered by the NDIS Commission.	Not required, lack of trust in the scheme prevents families from trusting information, they will be looking to online sources for recommendations for best therapy and best practice for their child's disability.
Establish an industry-led 'best practice accreditation system'.	Concern that this would become a time intensive paper exercise (as it is for long day care centres) and not actually look at the 'soft' skills that EC practitioners must have to successfully support families and develop skills in children.
Establish a 'quality feedback / rating system'.	Services could be supported to complete Quality Feedback with clientele to ensure meeting best practice guidelines. This could be completed by the scheme to ensure independence in collecting feedback, following feedback audit providers could be given a rating that shows how close to best practice they are operating.
Make registration with the NDIS Commission mandatory for all providers operating in the EC space.	Cost of registration and amount of time required to complete registration and audit process is not feasible for small and sole practices and will prevent the growth in numbers of providers in the EC sector



<p>Require self and plan-managed participants in the new Early Childhood approach to use only registered providers.</p>	<p>No, will reduce choice and prevent families from having control over how they use their child's NDIS funding. Will increase waiting lists and reduce amount of service provision, thus preventing children from ever leaving the scheme.</p>
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