



Leor Submission in response to the NDIS Consultation Paper:
Supporting young children and their families early, to reach their full
potential

23 February 2021



National Disability Insurance Scheme
Consultation Papers Team
Communicated Via Online Submission

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Background

Leor provides in home holistic early childhood education and care to young children with NDIS plans to provide specialised support to reach their individual goals. The Leor model does not implement formal education, but instead develops a tailored learning program that focuses on the child achieving their NDIS goals through holistic practices.

Through our support of families requiring early childhood early intervention, we feel that we are well placed to provide commentary to the NDIS regarding the Consultation Paper 'Supporting young children and families early, to reach their full potential'.

Our Approach

Leor utilises a holistic approach to support children with disabilities to thrive in their home. We strive to support each child as an individual whilst incorporating their strengths, needs, interests, experience, and culture into their learning program. We also intertwine specific allied health recommendations, from both our internal team and the family's external providers, throughout the child's daily routine and planned educational activities.

We find that this service delivery model provides an innovative and positive approach to early intervention. We have observed children to achieve their goals in a shorter amount of time and experience a greater sense of overall wellbeing because of our holistic model.

We believe that our model is an example of how the NDIS should encourage collaborative, progressive, and individualised services to each child in a way that the family feels is best for them. In other words, our experience has shown that when services are wrapped around the needs of the child and their family, early intervention works, is retained by the child and their family, and assists the child in achieving goals in line with their peers, to provide them with the best chance of entering mainstream schooling later in life.

Leor Response

We have developed feedback in response to the following points:

General Question 1

The increased focus on STEI outside of access to the Scheme

Expanding Support Options

We recommend that the NDIS authorise organisations with expertise in early childhood early intervention be included as authorised to offer STEI. There are several practitioners and organisations that have appropriate expertise who are not NDIS Partners. This would reduce the timeframe for families to access support, whilst also enabling diverse knowledge and expertise to be engaged in the provision of STEI.



General Questions 2 and 3

The proposed increase in age range for the EC Approach from under 7 to under 9 years of age

The desire to see more successful transitions from the Scheme to the next stage of life.

Improved Continuity of Care

We strongly support the proposition to increase the age range to under 9 years of age. However, it should incorporate a transition period to allow support workers to move with the child from early education to primary school. If there is a chance that the child may overcome their disability by the age of 9, the best way to improve outcomes would be to provide support and guidance to the child and their teacher in the classroom environment. This should not be funded by the school or the parents, but should be allocated to the child's funding under their NDIS plan.

A secure transition requires a consistent key support person, at least temporarily, and a collaboration to share important observations, supports and goals for the individual child. This continuity will also provide children with a greater sense of security and overall wellbeing.

If a child has transitioned out of their STEI or NDIS funding, it is still important for the family to receive regular follow up to confirm that the child is progressing well, and no longer requires NDIS support. Families should receive reassurance that they will be able to access support again if the child's needs change in the future.

General Question 4

How can we help families and carers better understand some of the terms the NDIA, and Early Childhood partners use such as:

- *best practice*
- *capacity building*
- *natural settings, and/or*
- *evidence.*

The terms used regarding the NDIS need to be clear, simple and consistent so that families understand all communication meaningfully and comprehensively. Jargon simply alienates and confuses families, especially if terms are used differently between NDIS professionals. Definitions of key terms should be easily accessible for families to refer to at any time they would like clarification.

Several families we support, as well as their plan managers, have identified that many ECEI items can be used interchangeably between 'capacity building' and 'core supports'. This results in families feeling confused by the different terminology and the best way to proceed with their funding. We are of the view that there is no need to differentiate between 'capacity building' and 'core supports' in early childhood because arguably all of the work being done would fall under 'capacity building', including when the child is engaged in an early childhood service where this is their overarching aim under the Early Years Learning Framework.



Families have communicated to us that there is too much focus on ‘parental capacity’ or ‘parental responsibility’ within ECEI and that there should be more allowance to use NDIS funding for a wider range of services to meet children’s needs. This should include issues which may not be a component of their disability, but are directly caused by their disability.

Key examples include accessing a psychologist or sleep therapist to aid with children who are experiencing anxiety due to stress associated with their disability. These additional services should be covered by the NDIS because even when using other health plans, the families are still being expected to pay gap fees and take time to organise extra appointments when they are already struggling to cope.

Families should also be able to engage the services of a support worker to assist with taking children to appointments and for general support for the household. Parents should not be expected to do every additional task alone, especially whilst working full-time and caring for their other children.

4.2 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?

Communication with Families

Many families we support have let us know that they often feel that their voices have been lost in the NDIS process.

Families need to feel empowered to advocate for themselves and for their child. It is essential to value families as the most significant people in their child’s life and to respect the key role they play in supporting their child to reach their overall goals.

We believe that communication with families should be regular, ongoing, honest, reciprocal, and individually tailored to their preferences and needs. There should not be a one-size-fits-all approach to communicating with families.

Each family should be supported in their preferred communication style. Families need easy and free access to translators in their first language, including AUSLAN, if this is their preferred method of communication. It is also important to remember that some families may have difficulty accessing and using technology due to their experience, ability and/or financial situation.

Each family has the right to compassion, patience and thoughtful responses to their input. Families also deserve to have their opinions and feedback listened to with genuine interest and concern.

Children’s Goals and Tracking

Several families we support have also let us know that they feel that their children’s goals are too vague or are setting expectations too high too soon. Some are also constantly worried that their child’s funding will not be renewed appropriately to continue achieving their goals.



All children deserve a meaningful education which is tailored to their individual interests, needs and goals. Our Educators are passionate about supporting children with complex needs to participate in a wide range of learning experiences and provide one on one assistance with developing independence. These sessions are documented with photographs, descriptions and planned follow up experiences which are based on an individual Learning and Development Plan.

We believe that each child has the right to be supported in the way which best meets their individual needs. Children's goals should be created, and their progress then monitored in terms of specific outcomes, measurable achievement and realistic expectations at set intervals throughout the year.

Goal-tracking needs to incorporate a variety of perspectives to create a holistic view of the child and their progress over time. This involves collaborative practice including documented observations from the family, relevant allied health and medical professionals, early childhood Educators and the child themselves if developmentally-appropriate. It would also be beneficial to encourage different styles of documentation including reports, checklists, observations and photographs/videos.

We are of the view that our Learning and Development Plans provide families with measurable goals that go further than the NDIS goals they receive. This results in children applying and retaining those goals, so as to ensure that their outcomes are measurable and achieve long term outcomes for the child and the family.

We would be happy to be contacted for further information about our model of achieving children's NDIS goals and to discuss our views in this submission in further detail.

Kind regards,

A handwritten signature in blue ink, appearing to read 'Andrea Christie-David', with a long horizontal line extending to the right.

Andrea Christie-David
Managing Director