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National Disability Insurance Agency (NDIA)
Victoria & Tasmania

Via online portal: <https://www.ndis.gov.au/community/have-your-say/access-and-eligibility-policy-independent-assessments>

Supporting young children and families early, to reach their full potential

Introduction

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) welcomes this opportunity to provide feedback on Consultation Paper 3 'Supporting young children and families early, to reach their full potential' as part of the Early Childhood Early Intervention (ECEI) Reset Project. The emphasis of the submission is to provide a stronger understanding of Aboriginal families and their needs to ensure they can access ECEI and receive support. As the peak body for Aboriginal health and wellbeing in Victoria, VACCHO is well placed to respond to the National Disability Insurance Agency (NDIA) regarding the experience of Aboriginal families with young people needing support. The term Aboriginal is used inclusively throughout the submission and refers respectfully to Aboriginal and Torres Strait Islander people.

VACCHO is the peak body for Aboriginal health and wellbeing in Victoria, with 32 Aboriginal Community Controlled Organisations (ACCOs) as Members. VACCHO Members support over 25,000 Aboriginal people in Victoria, and combined are the largest employers of Aboriginal people in the state. VACCHO was established in 1996. The role of VACCHO is to build the capacity of our Membership and to advocate for issues on their behalf. Capacity is built amongst Members through strengthening support networks, increasing workforce development opportunity and through leadership on particular health areas. Advocacy is carried out with a range of private, community and government agencies at state and national levels, and on all issues related to Aboriginal health.

VACCHO also works closely with the Victorian Aboriginal Children and Young People's Alliance (the Alliance). The Alliance comprises 15 Victorian ACCOs involved in providing out of home care and family services for Aboriginal children and young people. The Alliance is a strong advocate for best practice approaches to supporting Aboriginal children and young people, and it would be prudent for NDIA to review the Alliance's key documents when considering the potential impacts of policy on already vulnerable participants. Key documents include a recent [submission to the Royal Commission into Victoria's Mental Health System](#) and the Commission for Children and Young People's inquiry reports: [Always was, always will be Koori children](#),ⁱ [Our youth, our way](#)ⁱⁱ and [In our own words](#).ⁱⁱⁱ A common thread throughout these documents is the importance of prioritising the voices and ideas of Aboriginal children and young people. There needs to be ongoing opportunities for LGBTQIA+, Culturally and Linguistically Diverse (CALD) and Aboriginal children to inform the review and implementation of changes to the ECEI approach. This requires a tailored process to ensure the lived experience of these groups can be heard.

VACCHO would also like to outline the importance of recognising and understanding the intersecting identities of Aboriginal children and young people. The NDIA frequently refers to LGBTQIA+, CALD and Aboriginal participants, for example, without acknowledging the layers of identity or 'double disadvantage' experienced by members of these groups. Available data tells us that young Rainbow (LGBTQIA+) mob are among the most vulnerable and high-risk population groups in Victoria. It is important that the NDIA understand these intersecting identities, and value them as all relevant and equally important to the service user. Compounding identities are integral to the full person, who should be supported in a holistic way.



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Overview of VACCHO's concerns with the current ECEI approach

The NDIA Consultation Paper covers some key areas of reform for the ECEI approach, however it does not acknowledge systemic issues with the ECEI approach for Aboriginal children and families. VACCHO is pleased to see the NDIA take steps to improve the implementation of the ECEI program. We want to see Aboriginal families supported to grow, with Aboriginal children thriving in the first 3 years of life and into older childhood. We are always considering the role of culture and kinship for families, including Aboriginal ways of doing, being and thinking. This starts with empowering ACCOs and Aboriginal participants to lead reforms and ensure their perspectives are prioritised. When taking into account the experiences faced by Aboriginal families and the information outlined in the consultation paper, it is evident that the NDIA's approach to delivering Short Term Early Intervention (STEI) and ECEI has been missing the following elements:

- Self-determination of children and families
- Trauma-informed practice
- Family-centered approaches
- Social and cultural models of disability
- Attuned to social and emotional wellbeing of participants
- Cultural safety and all staff trained to work in a culturally safe manner
- Partnership or co-location with trusted ACCO services
- Awareness of the legacy of child removals and the Stolen Generations

The absence of these factors contributes to a service system that does not fully support Aboriginal families and young people. We want to see the system improved so parents and families can access the NDIS to further their vision and aspirations for their child's health and wellbeing, so they can grow up strong and connected to Culture. Ultimately, we are supporting the next generation of Elders to grow up strong; this starts with the holistic health of children and with the provision of early intervention if needed. While the NDIS may see the Scheme as flexible to the needs of participants, in actuality people experience inconsistent service delivery and support.

The market principles on which the NDIS is based have encouraged the perpetuation of a 'one sized fits all' approach within the disability sector, as providers strive to achieve economies of scale. This undermines the commitments to achieve health for Aboriginal people. All communities are different, meaning that consideration of the local context and Culture at the outset is paramount to the success of a service.^{iv} ACCOs are embedded in the local Community they serve and are an expression of self-determination, which is central to enhanced wellbeing and health outcomes for all Aboriginal people, including people with disability. Aboriginal people experiencing disability have a right to Culture, cultural safety and are entitled to be able to choose an Aboriginal provider of disability supports.

Cultural safety is about providing quality service that fits within the cultural values and norms of the person accessing the service that may differ from your own and/or the dominant culture. There must be culturally safe ECEI services so that an Aboriginal person seeking to access the scheme can trust the process and enable the assessor to have access to sensitive personal details. Without that trust, the assessor will not be able to make an accurate assessment and assist in connecting the individual with the services that will best support them. The person may also disengage for fear that the information shared could be used against them or their family. The impacts of colonisation, systemic and individual racism, and the Stolen Generation continue to affect Aboriginal communities, and have led to widespread distrust in the government, institutions and organisations--that currently and historically perpetuate and sustain harmful, culturally unsafe practices. This points to the importance of having Aboriginal people at the forefront of NDIS service delivery, and the need for Aboriginal health services to play an essential role in coordination and delivering of ECEI supports.

The NDIA promotes the aspiration that people with disability can live ‘an ordinary life’; however, an ‘ordinary life’ for an Aboriginal person includes Culture, Community and family-based culturally safe services which are not currently supported through the individual- focussed NDIS system. The NDIA must address the absence of cultural safety from their structures and processes to ensure Aboriginal people can be better supported by the Scheme.

The paper fails to acknowledge the need for better partnerships including with ACCOs or Aboriginal health services (including peak bodies, Aboriginal Medical Services (AMSs) and emerging hybrid Aboriginal primary health care non-government, not for profit organisations), who are the preferred service provider for Aboriginal people. The NDIA must recognise that they cannot operate separately from ACCOs, who are the primary, trusted health service for Aboriginal people in Victoria.

A strong connection to culture, Community and Country are some of the best protective factors for Aboriginal children and young people.^v It is the Elders, ACCOs and community leaders who play an essential role in fostering and strengthening these connections and their knowledge and expertise should be central to the ECEI approach. There has been delayed uptake and access barriers for Aboriginal people accessing the NDIS, and recognising Culture as a protective factor is crucial to further refining and operationalising the ECEI program to be suitable for Aboriginal children and their families.

Overall, the consultation paper is limited in scope, and VACCHO considers some structural elements of the NDIS not conducive to enabling long term sustainable change and improvement. We hope to be included in subsequent conversations with NDIA about how to better support Aboriginal families and children to access the NDIS.

In the context of this submission VACCHO uses the term ‘mainstream service’ in line with the NDIA in the consultation paper. This definition is as follows: “mainstream services for children include community services such as child health services, playgroup, childcare, early childhood education centres (pre-school, kindergarten)”.^{vi} In the ACCO sector, VACCHO uses the term ‘mainstream service’ to refer to all non-Aboriginal organisations and services. VACCHO interprets that all mainstream services referred to by the NDIS are non-Aboriginal services. If a reference is made to a mainstream service that falls outside of the definition of ‘mainstream’ provided by the NDIS, for example an ACCO-run kindergarten, this distinction will be made. In this submission, VACCHO uses mainstream services consistently with the NDIS, and stretches that definition to incorporate GP clinics and other similar services Aboriginal families may access if there is not an ACCO service offered in their region.

Overview of VACCHO recommendations

- 1.0** VACCHO recommends the NDIS partners with Aboriginal health sector organisations to deliver the new ECEI model inclusive of culturally relevant and trauma informed care.
- 2.0** NDIA to invest in upskilling and recruiting Aboriginal Allied Health Professionals and other therapists to provide ECEI Independent Assessments and ECEI supports.
 - 2.1** The NDIA to promote career pathways and resource across sector training and upskilling to bring more Aboriginal Allied Health Professionals into the Scheme.
 - 2.2** The NDIA needs to provide support for Aboriginal Allied Health Professionals and Aboriginal organisations to register as NDIS funded providers of ECEI supports.

- 3.0** The NDIA to increase accountability for ensuring that ECEI Partners engage in relationship building to map the external supports for participants transitioning out of STEI. This includes working with ECEI Partners and adjusting their funding model so that it supports, and does not dis-incentivise building relationships with ACCOs, Gathering Places, medical services, and other community support groups for Aboriginal children.
- 4.0** Introduce mechanisms to ensure the new ECEI approach does not incentivise staff to transition children out of STEI, and Independent Assessment decisions are prioritised in decisions about the next stage for the child.
- 5.0** The NDIA review how the ECEI process can better prioritise the voice of the child and provide resources on the importance of prioritising the client's voice for NDIA staff and ECEI Partners.
- 6.0** The NDIA needs a strategy to determine how they should work with mainstream health services, particularly in cases where the mainstream service is also a NDIS provider. This will help to ensure quality services for participants.
- 7.0** The NDIA to partner with and fund ACCOs to develop tailored, clear and effective plain English communications for the local community about the services available and how to access them.
- 8.0** ECEI Independent Assessors should be able to co-locate with ACCOs.
 - 8.1** Aboriginal applicants to the NDIS should have the option to choose an Aboriginal practitioner to provide their assessment.
 - 8.2** The NDIA workforce plan needs to commit to engaging enough Independent Assessors to work with all STEI participants and reduce wait times.
 - 8.3** The NDIA commit to continuous quality improvement for Independent Assessment tools and therapies to increase the range of options provided by the NDIS for Aboriginal clients.
- 9.0** The NDIA must engage with government departments responsible for Child Protective services in each State and Territory in order to coordinate a process for prioritising ECEI supports to Aboriginal children to reduce risk of removal from their support networks.
- 10.0** Aboriginal children and young people who are in the process of entering out of home care (OOHC) are provided with culturally appropriate assessments to determine their needs, including ECEI supports if in the age bracket, so that they can be factored into the care plan.
- 11.0** The new NDIA best practice evidence base must be developed in collaboration with health professionals in the Aboriginal health sector to ensure it accounts for the lived experience of Aboriginal people.

Discussion of the key recommendations

- 1.0** **VACCHO recommends the NDIS partners with Aboriginal health sector organisations to deliver the new ECEI model inclusive of culturally relevant and trauma informed care.** This is critical to the future success of ECEI approach for Aboriginal children. The knowledge and skill of ECEI Partners vary significantly, meaning Aboriginal participants can have mixed experiences using the services.

Aboriginal health sector organisations are committed to providing a consistently high-level of culturally safe care that will lead to better outcomes for Aboriginal participants.

VACCHO has seen success with Aboriginal people employed as Local Area Coordinators (LACs) and Aboriginal Support Coordinators.^{vii} We anticipate similar positives from enabling Aboriginal health services to operate as ECEI Partners. A natural by-product would be increasing knowledge about the NDIS amongst workers; this is key to translating the opportunities provided by the NDIS to Aboriginal people who may be sceptical or resistant to the unknown system. Aboriginal ECEI Partners would prioritise Culture, Community and family through the role and communicate in a way that fosters trust and connection.

This is the most critical recommendation as VACCHO recognises the type of NDIS service participants receive is largely dependent on the skill of the ECEI Partner/LAC. Some ECEI Partners are willing to interpret NDIS legislation and policy in ways that enable Cultural needs to be accommodated (such as provision of art supplies or therapy, travel to Country), while others do not. ECEI Partners who are non-Aboriginal and not educated in the needs of Aboriginal people with disability are unlikely to recognise the need for cultural supports. In addition to requests being assessed by non-Aboriginal staff, the NDIS requires 'evidence-based solutions to prove suggested outcomes', a criteria innovative therapies, without documented evaluation are unlikely to meet.

In addition to Aboriginal health services being great candidates for this work, they are uniquely suited to supporting Aboriginal parents experiencing disability who have a child that needs ECEI services. Far too often, parents with intellectual disability are stereotyped by practitioners and mainstream/non-Aboriginal service staff as being incompetent, leading to their child being deemed to be at risk of harm.^{viii} ACCOs and the Aboriginal health sector are well-placed to support families where a parent or carer with a disability is supporting a child who also needs early intervention. This is due to the holistic wrap-around supports provided and knowledge that with sustainable and culturally suitable supports, parents with intellectual disability are very successful as parents. It is concerning that Aboriginal people with disability have been conditioned to hold low expectations of their future during their interactions with health services.^{ix} To counteract the current systemic issues that mean Aboriginal parents and carers disengage from their child's support services, Aboriginal health service ECEI Partners must be engaged.

Aboriginal health services are committed to prioritising Culture as the primary protective factor for Aboriginal people experiencing disability and enabling wrap-around supports and services that situate Culture as a cornerstone.^x Acknowledging the limitations of the NDIS individualised funding model and investing in ACCOs will lead to better outcomes for Aboriginal children, as they can continue to connect with Culture while receiving supports and remain embedded in the community.

As part of this recommendation the NDIS must provide VACCHO and other jurisdictional peaks with information for ACCOs and the Aboriginal health industry to inform them on the process to become an ECEI Partner. This material must detail the guidelines, business requirements, and the financial implications of accepting the role as an ECEI Partner to enable informed decision making. It is critical that becoming a partner does not pose excessive financial risk to the organisation, given the lack of economies of scale in the thin market.

Recommendations relevant to the consultation questions and discussion for NDIS consultation paper section 3.2 *Recommendations for early support*.

2.0 NDIA to invest in upskilling and recruiting Aboriginal Allied Health Professionals and other therapists. There has been a significant lack of Aboriginal Allied Health Professionals working with the

NDIS and able to provide support and service to Aboriginal participants. This is part of a greater issue with the lack of culturally safe services offered across the Scheme. This recommendation is critical to increasing the availability of Aboriginal workers in the ECEI approach and ensuring Aboriginal Independent Assessors increase Aboriginal participants' trust and confidence in the Scheme.

2.1 The NDIA to promote career pathways and resources across sector training and upskilling to bring more Aboriginal Allied Health Professionals into the Scheme. The NDIA should improve Aboriginal pathways into the NDIS workforce and incorporate this commitment into the NDIS workforce strategy. The commitment to improving pathways should also include streamlined recognition of prior learning (RPL) processes and other mechanisms to enable people with lived experience and work experience in the sector to meet and exceed quality standards. This includes people who are training to become qualified health professionals who could become Independent Assessors.

2.2 The NDIA needs to provide support for Aboriginal Allied Health Professionals and Aboriginal organisations to register as NDIS funded providers of ECEI supports. There is a lack of NDIS funded providers of ECEI supports. This is due in large part, to the activity-based funding model of the NDIS mentioned in Rec 1.0. The NDIS does not provide funding to providers to build organisational capacity for NDIS registration and service delivery—it only covers services to consumers once the services have been provided. Activity based funding models require providers to have an adequate economy of scale to be able to provide services in a financially viable manner. In Victoria, ACCOs—which are predominantly small to medium organisations—are not able to achieve this in the 'thin market' provided by small, dispersed Aboriginal communities. This needs to change. Taking on NDIS services, during a pandemic where government funding is uncertain, carries significant risk which could compromise an ACCO's ability to offer other critical services to the Community.

3.0 The NDIA to increase accountability for ensuring that ECEI Partners engage in relationship building to map the external supports for participants transitioning out of STEI. This includes working with ECEI Partners and adjusting their funding model so that it supports, and does not dis-incentivise building relationships with ACCOs, Gathering Places, medical services, and other community support groups for Aboriginal children. ECEI Partners seemingly have little opportunity to activate the broader connecting function, and families are often left to navigate central support interfaces themselves. VACCHO has observed that ECEI Partners do not appear to have the time, or the knowledge and expertise, to develop meaningful links with external supports and improve their supports for children experiencing developmental delay or disability. Additionally, there are limited numbers of culturally safe staff who could build relationships with local ACCOs and Aboriginal community groups. This could then raise the risk of ECEI Partners referring families to unsafe mainstream (non-NDIS and non-Aboriginal controlled) services.

4.0 Introduce mechanisms to ensure the new ECEI approach does not incentivise staff to transition children out of STEI, and Independent Assessment decisions are prioritised in decisions about the next stage for the child. VACCHO recognise that the NDIA intends to address the large number of children who are transitioning from STEI to a NDIS Plan, and make the Scheme more cost and resource efficient. However, the NDIA's description of the new approach prioritises the speed of STEI processes and assumes that better STEI processes will successfully divert participants from NDIS plans. It is concerning that this is the NDIA's preferred outcome and could be at the expense of children who need a NDIS plan.

It is problematic that staff may be incentivised to transition children quickly rather than always prioritising the child's needs in the process. Ensuring there is an option for an Aboriginal

Independent Assessor (covered in Rec 9.0, 9.1, 9.2) and strong partnerships with Aboriginal organisations would lead to equitable, effective early intervention with holistically assessed and supported children. In the vision VACCHO sees for ECEI, children would be directed to the supports most appropriate for their developmental needs which includes either STEI or NDIS plan. VACCHO would consider a decrease in rates of transition from STEI program to NDIS plan to evidence failures of the assessment rather than demonstrating effectiveness of the system. The NDIA needs to keep a close eye on the way these changes might further exacerbate access barriers.

5.0 The NDIA review how the ECEI process can better prioritise the voice of the child and provide resources on the importance of prioritizing the client's voice for NDIA staff and ECEI Partners.

VACCHO has heard from participants that ECEI Partners and NDIS staff have interacted with them in a way that shows they aren't listening to the family and child to prioritise the needs of the child. There have been repeated efforts by the Commission for Children and Young People and the Victorian Aboriginal Child Care Agency (VACCA) to advocate for the voice of the child being prioritised throughout service delivery; however, in many cases the child's wishes are overlooked.^{xi} It is enshrined in the *Children, Youth and Families Act 2005* (Vic) (CYFA) that a child's views and wishes, if they can be ascertained, should be given appropriate weight.^{xii} It is critical that Aboriginal children with disability are active contributors to the planning for their care (in an age appropriate way). Aboriginal children with disability also have a right to special care to ensure they can achieve their fullest possible social integration and individual development, as noted in the Convention on the Rights of the Child and the United Nations Declaration on the Rights of Indigenous Peoples.^{xiii} Changes need to be made to ensure there is a shift across ECEI Partners and service delivery organisations to uphold the rights of children experiencing developmental delay and disability.

Aboriginal workers and participants who describe experiences where their perspective and the voice of the child was not prioritised have suggested this could be due to underlying bias or racism. Recent data has confirmed that 'avoidance behaviours' (Aboriginal people with disability avoiding mainstream services) were, at minimum, double for Aboriginal people with profound or severe disability when compared to Aboriginal people without disability.^{xiv} This is largely due to the discrimination faced by Aboriginal people with disability in healthcare settings, where 42 per cent of Aboriginal people with disability reported experiences of racism.^{xv} It is disappointing that mainstream health services continually let down and harm Aboriginal families in this way, and it is one of the primary reasons ACCOs are the preferred provider for health services. Families need to be able to communicate their service needs and desires without fear of racism, including requests for culturally safe services which could best facilitate the wellbeing of a child with disability.

6.0 The NDIA needs a strategy to determine how they should work with mainstream health services, particularly in cases where the mainstream service is also a NDIS provider. This will help to ensure quality services for participants.

The NDIA lacks oversight on the quality of mainstream services they refer participants to, which poses additional risk for Aboriginal children and families that these are culturally unsafe. There is unfortunately still significant racism experienced by Aboriginal people in mainstream health settings and institutions. From VACCHO's experience, the most culturally safe option for participants is receiving services from an ACCO or Aboriginal service.

Recommendations relevant to the consultation questions and discussion for NDIS consultation paper section *Recommendation 7: 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.*

7.0 The NDIA to partner with and fund ACCOs to develop tailored, clear and effective plain English communications for the local community about what services are available and how to access them.

This is necessary to increase knowledge transmission for Aboriginal families and carers, who can better understand the ECEI approach and connect with services that will support the child. The information must be tailored to the local region and will complement the advocacy and access support provided by staff. The NDIA have improved the availability of Easy Read and clear communications on their website, but we are still hearing from community members that the website is hard to use, and materials are difficult to locate.

There are assumptions made by NDIS staff and non-Aboriginal organisations that Aboriginal clients know all the services available to them and merely choose not to access them. This is a false assumption; clearer information about services that is tailored to Aboriginal people would help to bridge the gap in some instances where advocacy is not available or not provided for the client. As we have recently witnessed with the success of COVID-19 messaging from ACCOs, Community trust information from ACCOs.

There are frequently barriers for Aboriginal people accessing and trusting communications from mainstream and non-Aboriginal organisations. Additionally, Aboriginal parents or carers who themselves experience disability may already be receiving services from an ACCO. Workers would thus be able to tailor the communications with that individual based on their knowledge of the person, their needs and best ways to communicate. This is part of the unique wrap-around service offering from ACCOs whose staff see the whole person in the context of family and community, rather than viewing the person in terms of their disability.

Recommendations relevant to the consultation questions and discussion for NDIS consultation paper section *Recommendation 9: Implement a tailored Independent Assessments (IAs) approach for young children to support consistent access and planning decisions.*

8.0 ECEI Independent Assessors should be able to co-locate with ACCOs. VACCHO has a strong preference for Aboriginal practitioners to undertake assessments for Aboriginal children. Aboriginal assessors will be able to provide better attuned assessments based on their lived experience and their placement with ACCOs would enable sharing of information and collaboration to provide the best care for Aboriginal people with disability. The importance of cultural safe services is detailed on page 2. If this is not possible, the minimum standard is to have an ACCO provide oversight for a non-Aboriginal assessor who has undertaken ACCO--led cultural safety training.¹

Acting on this recommendation is critical as current strategies to improve cultural safety have failed. This is evidenced in reports of unsafe services by Aboriginal community members, lack of uptake of the Scheme and under—utilisation of NDIS plans.

VACCHO has included the alternative option to have assessors who are not Aboriginal located at ACCOs as we acknowledge there is need for transformation of the ECEI and Independent Assessment approaches. These measures are necessary while the sector transitions to uphold meaningful choice and control for Aboriginal participants, which features widespread availability Aboriginal assessors, ECEI Partners and service providers. The anticipated outcome of this recommendation is increased participation in the NDIS by Aboriginal people, as well as an increase in the accuracy of assessment and better alignment of resource allocation to client need.

¹ Please see submission on Access and Independent Assessments for further commentary on importance of Aboriginal Independent Assessors.

8.1 Aboriginal applicants to the NDIS should have the option to choose an Aboriginal practitioner to provide their assessment. We have previously noted the need to recruit more Aboriginal staff and assessors to combat the challenges faced with practitioners who operated only within Western perspectives of disability and do not offer a holistic approach. Offering the option of an Aboriginal assessor would ensure the Aboriginal participant, and their family, can be confident the assessment will encompass their functional capacity.

8.2 The NDIA workforce plan needs to commit to engaging enough Independent Assessors to work with all STEI participants and reduce wait times. Demand is far exceeding supply in Melbourne Metropolitan area and there needs to be consideration of whether funding levels and obligations are working effectively to match the needs of Aboriginal children requiring early interventions. In the current system children are on waitlists beyond the target early intervention period or age range. VACCHO wants to see the NDIA workplan prioritise the need to onboard enough Independent Assessors so that this problem does not persist with the transition to the new model.

Additionally, the NDIA need to consider the way their system interfaces with institutions that engage with children. Through the Child Safe Standards, mainstream maternal health, childcare and early education centres have responsibilities when it comes to children with disability. It is vital that the new ECEI approach supports timely referral from mainstream child wellbeing services and ongoing quality support for families.

8.3 The NDIA commit to continuous quality improvement for Independent Assessment tools and therapies to increase the range of options provided by the NDIS for Aboriginal clients NDIS funds tools and therapies on the basis of evidence, however this precludes the use of innovative tools which draw on Aboriginal Culture. The NDIS must continually review the evidence base for assessment tools and therapies and look for appropriate culturally-based tools to add to the suite available.

Additionally, this review process should be applied to patterns of therapy being accessed and approved for ECEI NDIS Plans. Services such as ABA therapy have helped many children manage aberrant behaviour to become school ready; ABA is one of the only interventions that has been shown to produce comprehensive, lasting results for children with autism.^{xvi} Yet the NDIA infrequently funds this therapy in people's plans due to the expense. It is hypocritical for the NDIS to refuse to fund some therapies because lack of effectiveness while simultaneously refusing to fund those therapies, such as ABA, which do have an appropriate evidence base on the basis of expense.

VACCHO is optimistic about the introduction of Independent Assessments as long as ACCOs and the Aboriginal health sector have the opportunity to oversee whether they are culturally safe and are able to deliver this service to Aboriginal community members.

Additional considerations of the intersection of ECEI and Aboriginal communities

Additional resourcing is required to support Aboriginal parents and carers who experience disability. Many Aboriginal people with disability are caring for others with disability.^{xvii} Risks to children who have a parent with disability are exacerbated when combined with factors such as poverty, unemployment, social isolation, stress, and relationship difficulties. Research suggests factors contributing to the over-representation of children whose parents have intellectual disability in child protection include

discrimination, prejudice and a lack of support services.^{xviii} This is an area that has not been addressed in consultations about the ECEI. It is a major concern given that Aboriginal parents with disability are at greater risk of forced removal of their child(ren) and the trauma or harm their child(ren) from out-of-home care (OOHC).^{xix}

There is an intrinsic connection between families experiencing disability/undiagnosed disability (which is twice as prevalent in the Aboriginal community) and the overrepresentation of Aboriginal children in Child Protection. A recent report by the Productivity Commission into Government Services found that Aboriginal and Torres Strait Islander young people are 19 times more likely than their non-Indigenous peers to be placed in out-of-home care in Victoria.^{xx}

9.0 The NDIA must engage with government departments responsible for Child Protective services in each State and Territory in order to coordinate a process for prioritising ECEI supports to Aboriginal children to reduce risk of removal from their support networks. ECEI needs to be provided before Child Protection intervention to reduce the risk of forced removal of children; this can only happen if there is a coordinated approach. When a child protection investigation occurs and the results are not critical, the family is referred to Child First and/or a family service program. If the family do engage in the service run through an ACCO then culturally safe assessments can take place and appropriate supports can be provided which may stop the child/ren entering OOHC. The NDIA should review funding and partnership with ACCOs and work with the Victorian DFFH to explore how these assessments can be streamlined so especially vulnerable children can be best supported. This also applies to Aboriginal children who may be known to child protective services.

10.0 Aboriginal children and young people who are in the process of entering out of home care (OOHC) are provided with culturally appropriate assessments to determine their needs, including ECEI supports if in the age bracket, so that they can be factored into the care plan. Where possible, ECEI assessments and STEI should be provided for children who are at risk or identified by parents as candidates, so they can receive services and are supported to prevent escalation and the involvement of Child Protection. This issue is particularly pressing as there is an overrepresentation of Aboriginal young people in OOHC in Victoria.^{xxi} Unfortunately interagency collaboration with Aboriginal services like child protection support are also generally poor. The NDIA needs to investigate how this process could be improved to better support Aboriginal children who are eligible for STEI. VACCHO argues that what appear on face value to be insignificant inefficiencies with ECEI can contribute to serious consequences such as overrepresentation of Aboriginal children and young people in OOHC. VACCHO recommend the NDIA investigate with the Victorian DFFH how ECEI assessment could be streamlined and prioritised for at-risk children so they can receive an assessment prior to intervention by child protection services. The NDIA also needs to take responsibility for engaging with families and carers where a child has been removed, so they can receive services and community support (ideally from an ACCO) while the child or young person is in care.

Recommendations relevant to the consultation questions and discussion for NDIS consultation paper section *Recommendation 2 & 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.*

11.0 The new NDIA best practice evidence base must be developed in collaboration with health professionals in the Aboriginal health sector to ensure it accounts for the lived experience of Aboriginal people. The concept of ‘best practice’, as it relates to disability supports, has not to date included evidence that relates to Aboriginal people. VACCHO wants to ensure that Aboriginal children are not pigeonholed into a set of supports which may not meet their individual needs and contribute

to their developmental goals. Until a more robust evidence base can be integrated, or many Aboriginal ECEI Partners begin operating, planning processes for Aboriginal children should include input from a health professional to tailor the plan to the participant. The same practitioner engaged in tailoring the plan can also assist with ongoing monitoring of the child's progress to assess whether the child is meeting desired milestones. The introduction of identified assessors will contribute positively to this process.

VACCHO looks forward to further work with the NDIA to refine and improve the ECEI process and welcomes further correspondence about the matters raised in the submission. VACCHO is also eager to see the NDIA further consult with ACCO NDIS service providers and families who have received ECEI supports. VACCHO is also able to provide advice on developing an appropriate, culturally safe consultation approach.

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- ⁱ Commission for Children and Young People, *Always Was, Always Will Be Koori Children: Systemic Inquiry into Services Provided to Aboriginal Children and Young People in Out-Of-Home Care in Victoria* (Melbourne: Commission for Children and Young People, 2016), 95.
- ⁱⁱ Commission for Children and Young People, *Our Youth, Our Way: Systemic inquiry into the over-representation of Aboriginal children and young people in Victoria's youth justice system* (Melbourne: Commission for Children and Young People, 2019).
- ⁱⁱⁱ Commission for Children and Young People, *In our own words: Systemic inquiry into the lived experience of children and young people in the Victorian out-of-home care system* (Melbourne: Commission for Children and Young People, 2019).
- ^{iv} Commission for Children and Young People, *In our own words: Systemic inquiry into the lived experience of children and young people in the Victorian out-of-home care system* (Melbourne: Commission for Children and Young People, 2019).
- ^v Shaun Lohoar, Nick Butera and Edita Kennedy, 'Strengths of Australian Aboriginal cultural practices in family life and child rearing', *Australian Institute of Family Studies*, 2014, 1-20, 2.
- ^{vi} National Disability Insurance Scheme, *Supporting young children and families early, to reach their full potential*, November 2020, <https://www.ndis.gov.au/community/have-your-say/supporting-young-children-and-their-families-early-reach-their-full-potential>.
- ^{vii} Based on anecdotal evidence from Aboriginal community members who have worked with Aboriginal LACs and Support Coordinators employed by the Brotherhood of St Laurence in Melbourne Metropolitan offices.
- ^{viii} Tim Booth, Wendy Booth and David McConnell, "Parents with learning difficulties, care proceedings and the family courts: Threshold decisions and the moral matrix," *Child and Family Law Quarterly*, 16 (2012): 409-422, SSRN.
- ^{ix} First Peoples Disability Network, *Response to the Productivity Commission Position Paper on national Disability Insurance Scheme (NDIS) Costs*, (Sydney: First Peoples Disability Network, 2017), 5. Data has been contrasted with the NDIS, *Aboriginal and Torres Strait Islander Report* (Canberra: NDIA, 2019), 13, <https://data.ndis.gov.au/reports-and-analyses/aboriginal-and-torres-strait-islander-report>.
- ^x "Resources," First Peoples Disability Network (FPDN), page modified 2019, <https://fpdn.org.au/our-resources/>.
- ^{xi} Commission for Children and Young People, *Lost, not Forgotten*, Inquiry into children who died by suicide and were known by Child Protection, (Melbourne: CCYP, 2019), 76
- ^{xii} Department of Health and Human Services, *Families & Children: Child protection*, (Victoria: DHHS, 2019), <https://services.dhhs.vic.gov.au/child-protection>; *Children, Youth and Families Act 2005* (Vic) [No.96/2005] sch 4.7- 4.9.
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