



GETTING BACK TO THE FUTURE

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

RESPONSE TO CONSULTATION PAPER FOR HOW THE NDIA WORKS FOR YOUNG CHILDREN

SUBMISSION

February 2021

REIMAGINE
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AUSTRALIA

OUR ALLIANCE PARTNERS:

This submission is made by Reimagine Australia in partnership with the following organisations and individuals:

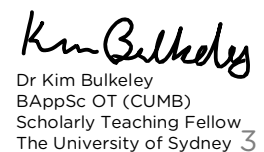


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1. Executive Summary: Getting Back to the Future

Reimagine Australia (RA) acknowledges the significant work undertaken by the National Disability Insurance Agency (NDIA) to support the needs of families with young children. RA has welcomed the opportunity to work in partnership with the NDIA to design and support the implementation of the evolving ECEI Approach since the commencement of the roll-out.

The current reset process of the ECEI approach is strongly supported by RA and the early childhood alliance we work to support and represent across Australia.

Our collective submission is a summary of what we believe is possible to achieve. Acknowledging what was working well before the NDIS and incorporating what is working well now, we hope that this plan of 'Getting back to the Future' will support the ECEI reset. We welcome the opportunity to work alongside the NDIA to see the implementation of the renewed vision and plan for families of young children.

1.1 Contributing Partners for the ECEI Reset Submission

Reimagine Australia has co-developed this submission with the guidance, input and evidence from providers of early childhood services across Australia.

The submission is informed by the ongoing discussions with the Early Childhood sector across Australia and underpinned by the [Reimagine Early Childhood National Action Plan to 2030](#) (Action Plan), which was co-developed with families and services across Australia.

RA strongly recommends the Action Plan is read in conjunction with this submission, as it provides an in-depth evidence-based analysis and vision for a future state for children with developmental delay and/or disability and their families.

1.2 Overarching ECEI Reset Recommendations

Reimagine Australia has responded to all the proposed recommendations in the ECEI consultation paper; see Appendix A for commentary on these.

2. Key Design Challenges for the ECEI Approach

RA acknowledges the ongoing commitment and understanding of the NDIA, that families of young children require a unique approach under an NDIS.

Despite the efforts and intentions of the NDIA and the Early Childhood sector as a whole, RA believes the initial intention of supporting families of young children differently to older participants in the scheme, has not yet been realised.

The Current Fundamental Design Challenges are being shaped by:

- The **price guide** is being used as a singular document for participants aged 0-65 years and a policy driver, dictating the shape and nature of services in early childhood. There is a lack of national consistency in practice, with vastly different approaches to early childhood development service delivery, within and across states and territories. This inconsistency is underpinned by different state-based operation models pre-NDIS and current workforce supply and quality issues across Australia. This is significantly magnified for regional, rural, remote and very remote communities.
- Early intervention is almost exclusively understood by families to be **1:1 Therapy** by Allied Health professionals.
 1. Individualised funding and a free-market approach has flipped practice on its head, incentivising clinical models of support rather than home and community-based support.
 2. Allied health disciplines are currently privileged as the sole workforce delivering early childhood developmental supports, which is incentivised through individualised therapy funding. This is resulting in significant demand, limited supply, waitlists, workforce recruitment and retention challenges and quality issues.
- Early intervention service delivery being currently exacerbated by:
 1. A tension of what evidence informed practice states is required in the early years and what families believe is required (see Appendix B for further understanding of the whole umbrella of early childhood intervention support).
 2. Professional led language rather than family led language.
 3. Lack of family friendly information on what services could and should look like.
 4. The impact of advertising and marketing.
 5. A lack of national education to GPs and Paediatricians regarding best practices in early childhood intervention, including the benefits of the whole umbrella of supports.

- There are a number of structural issues impacting on service delivery for EC Partners. RA is concerned that short term contracts such as those provided under the EC Partner model impact on a stable, consistent, safe and healthy workforce. If relationships with families are at the core of service design and values, the current structural issues are contrary to this being achieved. RA is concerned that to recruit, train and develop relationships with families in the timeframe of an annual contract is significantly impacting on outcomes.
- RA is concerned with the graphic in the consultation paper that maps the pathways for children into and out of the NDIS. RA is concerned about the complete separation between EC Partners and Early Childhood Providers. Rather than working alongside, in partnership or in contractual arrangements with service providers, currently Early Childhood Providers are only involved in post planning and assessment. This is contrary to international research on the necessity for relationships, trust, closeness to community and continuity of care to achieve outcomes. Further, an understanding of what families need in terms of support (See Appendix C) requires time spent with the family in their everyday environments as opposed to short term, transactional relationships. RA acknowledges that there are leaders in the EC Partner space who are working to navigate the complexities of the confines of the contract to work in partnership with Early Childhood Providers and deliver however this is not consistent across Australia.
- RA is concerned that the recommendations to build capacity of EC Partners to deliver a whole range of services which can be built into the role of Early Childhood Providers will affect the workforce crisis already at play. The current ECEI approach is pulling workforce from an already small supply to undertake functions that were initially intended to be leveraged in partnership through accredited and high-quality Early Childhood Providers. This included short term intervention support, community linkages and capacity building, meaningful assessments and elements of the long-term planning process. These functions which have been woven into the early childhood model are fundamental to what early childhood intervention actually is, resulting in a sector who is delivering one part of the whole of umbrella services (see Appendix B)
- RA would like to challenge the assumption that a free-market response will achieve the outcomes we want to see in early childhood human services. RA would like to see a reimagining of the way funding is provided under the NDIS model to ensure the whole umbrella of what early childhood intervention is can be funded.

- Children with disability and their families are excluded from the universal service system at alarming rates. RA believes Australia has not yet deinstitutionalized its systems, services and community mindsets. RA would like to see a strong commitment to dismantling ableism, and the promotion of meaningful participation for people with disabilities and their families to be everyone’s business. Everyone has to care about it, people at the library, pool, soccer club, workplace, shopping centre, and so on.

2.1 An all-encompassing early childhood development system

RA is concerned the inclusion mandate in universal services has been compromised with the introduction of the NDIS. RA believes the NDIS has inadvertently segregated specialised support from the universal service system (see image below). This has been exacerbated by significant gaps that have historically not been filled, such as the support for children without diagnosis in many states and territories.

Consultation feedback has made it clear that children with disability and/or developmental delay are now being viewed as the NDIS’s ‘problem’. RA encourages the reset to place the tiered model of early childhood support at the centre of the redesign. The tiered model of the future state would have seamless integration and investment in a whole range of support and services from universal through to specialised.

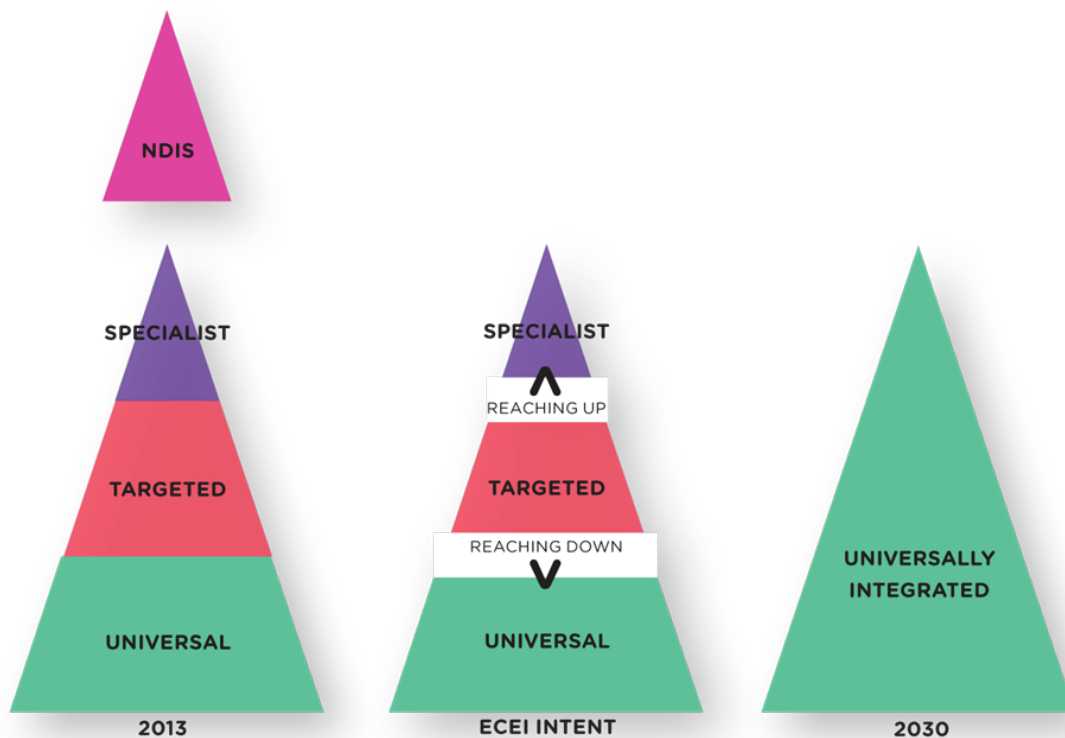


Image: Towards the Future State

The role of Early Childhood Providers has historically been to be the conduit of supporting families to access both universal services and specialist services across systems through the key worker model. This model which has been challenged under an NDIS is a critical function which should be promoted.

RA believes that the conduit role currently part of the role of the EC Partners, as demonstrated in the image above, is actually a long term, fluid role best placed for early childhood services that work with families ongoing to reclaim, as this is an inherent part of effective early childhood intervention.

RA would like to see strong partnerships established with early learning settings as they are an important point of access to a large number of families. They also offer a significant opportunity to disseminate information and resources to families or to work with professionals in supporting children and families.

In addition, early learning settings, such as long day care, are ideally placed to support the work of the NDIS and how the NDIA works with young children.

Other opportunities such as the Inclusion Agencies located in each state, should be working closely with EC Partners. These are just a few examples of services and supports that can be working in partnership rather than parallel to the NDIS.

3. Erosion of Informal Supports for Families

The National Action Plan consultations identified the more complex the needs of the whole family, the more professionals are often involved. The Action Plan consultations found that the dominant funding model (the NDIS), has inadvertently built up the outer circle of professionals for a family. A re-balancing is required to allow families opportunities to build up the inner 'circles of support' (See Appendix C) in their lives so that sustainability, learning, nurturing and participation can occur.

This re-balancing requires a market environment, which promotes rights of the child, collaboration, team around the family approaches and an incentivising of services that focus on coaching, capacity building and participation.

4. Quality of Services

At present, there is a porous overview of the quality of services being provided through NDIS funding. The current framework provides overview of registered providers only, which does not provide an accurate reflection of the quality of the market as a whole.

Providers who are not registered are not asked to show that they are delivering services in ways that are consistent with best practice, which may not be due to a

lack of quality but because of the accessibility, justification and necessity for registering considering the number of self-managed participants.

The individualised funding model does not incentivise organisations to work in a way that aligns with evidence-based practice, this also includes the necessity to build networks, collaborate and innovate together as they have historically.

RA recognises that the NDIA are strong advocates for best practice, however this needs to be backed up with ensuring that funding, processes and mechanisms actually support the delivery of evidence informed service delivery.

5. Proposed Recommendations for Further Co-Design:

The following recommendations build on and/or offer alternatives to the recommendations made by the NDIA. See Appendix A for further commentary.

1. Supporting, as policy, the **establishment of an authority** with a mandate to coordinate the specialist early childhood sector nationally guiding quality practice, training and workforce capability for early childhood services.
2. Family centred plans - include all members of the family through a holistic lens and can support the connection and accessing support and services outside of the NDIA mandate.
3. RA would like to see more flexible, streamlined and longer-term contracts to ensure staff can be secure in their jobs resulting in stronger outcomes. The role of the EC Partner should be intersectional in nature, working in partnership with health, housing, child protection, family services, education and mental health in a more proactive way.
4. A comprehensive approach to incentivising practice which is evidence informed, and acknowledges and values collaborative, community based planning and supports, rather than a pricing environment which is supporting a therapy focused, siloed, transactional market environment.
5. The development of a **Family Centred NDIS Capability Framework** for the early years approach under the NDIS. Along with promoting quality it would encourage the workforce pendulum to swing back from only allied health to once again supporting a diverse and culturally appropriate workforce that includes early childhood educators, teachers, peer-led models, cultural leaders, health assistants, family support workers. This needs to be supported by a pricing and quality oversight provision which enables the whole umbrella of early childhood intervention to be available for families (see Appendix B), taking away the focus of clinic based individual therapy as the only option for children with developmental delay and disability.

6. Recognising the strengths of the current quality system, RA would like to see an accessible, affordable and a contextualised **accreditation process available to all Early Childhood Providers** (responsive to geographical, cultural & community-based support also) operating in the NDIS space. This would be relative to the size and service provision of the provider but give an oversight on quality and an ability for providers to measure, interrogate and innovate service models aligning with capability framework. This may see the promotion of auspicing /contracting arrangements across providers. Once access to accreditation is made more accessible, 12 month plans to registered providers only for new families in the NDIS could be explored.
7. Introduction of **Meaningful Practice Plans** which build on the current provider report forms, but that have a greater focus on promoting partnership with family, community, other service systems, early childhood education and care settings and partnership with other service providers. These plans would focus on goals for the whole family. These plans would be mandatory for all services and fall under the scope of the accreditation process.
8. Eliminating the persistent and evasive inequalities of supporting Aboriginal and Torres Strait Islander children, must be a national priority. This should be shaped by Indigenous knowledge and culturally appropriate and safe ways in design and implementation.
9. RA recommends further exploration of methods to facilitate transferring specialist knowledge to caregivers, community workers and allied health workers/teacher assistants across Australia - including the role of technology. This could result in the establishment of 'communities of practice' to promote peer learning and engagement with best practice.
10. RA would like to see the NDIA working in formalised partnership with early Childhood Providers in more effective ways. The more the NDIA and EC Partners recruit early childhood qualified staff, the greater the challenges grow for recruitment and retention of meeting the demand of children requiring services. *This is a currently experienced in some areas as a complete parallel system of support.*
11. Operational Guidelines underpinned by a strong outcomes framework for children and families and a strong early childhood vision, shared across Government.
12. Targeted commissioning in thin markets where other national workforce strategies may have less of an effect.

13. The resourcing in the development of communities of practice to create opportunities for collaboration, partnership, cross pollination of practice and the sharing of resources, and;
14. Re-evaluation of current service delivery responses: Re-evaluation of current models being trialled and/or rolled out across rural and remote areas, such as telepractice which has traditionally had limited uptake, to ensure that the needs of the community are being met through the responses that government are investing in. There is emerging evidence that the adoption of telepractice as a delivery of service has increased significantly during COVID-19, with providers moving to online practice and supporting families to access technology during this process. Further investigation is required to better understand how these changing models have impacted on families unable to access in person services.

Appendix A - Feedback on Recommendations from the ECEI Consultation Paper

Recommendation	Sector Support	Commentary
<p>Explain, rename and promote the NDIS Early Childhood Approach - Stop using the term “gateway” to show a clear pathway for support options</p>	<p>Yes</p>	<p>Identified in Action Plan from feedback from families and services. Access to services must be built around the assumption that there are multiple pathways rather than a linear one (see Area 2 in main document)</p> <p>Further, RA recommends NDIA cease the medicalised term ‘intervention’ when referring to early childhood specialist support.</p>
<p>Communicate clearly the purpose of the Early Childhood approach and the meaning of best practice to families</p>	<p>Yes</p>	<p>To achieve this there needs to be a clear north star and an outcomes framework, which guides decision making, goals, quality & long-term outcomes for families with young children.</p> <p>RA believes that in the current conversation around best practice, professional language is being centred with the expectation families learn a new language. This results in families arriving in the disability world needing to navigate their own needs as well as learn a new language. RA suggests instead of asking how families can understand professional led terms, the NDIA asks how the NDIS can adopt family led terminology.</p> <p>Ensuring that when best practice is promoted, it can also be implemented under the current NDIS structure.</p>

<p>Develop and publish new Early Childhood-specific Operating Guidelines</p>	<p>Yes</p>	<p>Yes, RA are in strong support of operating guidelines that are early childhood specific to ensure consistency, quality and evidence informed decision making. These need to be tied to an outcomes framework relevant for the whole family. RA strongly recommends that family centred plans are implemented as per the Tune Review recommendation and advocacy from RA and multiple stakeholders.</p> <p>RA would like to see the introduction of the guidelines backed by an investment in training and capability development to ensure practice change occurs through the operationalisation. This would be linked to the capability framework (see recommendations in main doc)</p>
<p>Create a distinct delegate/planner workforce that is exclusively focused on young children and their families, to improve the way families are supported.</p>	<p>Partial</p>	<p>RA agrees that there should be a specific and skilled early childhood workforce focused on working with families in the early years. Although this needs to be designed with careful consideration of the current workforce crisis. The building up of the NDIA and EC Partner workforce pulls from the sector who currently cannot meet the demand of children.</p> <p>RA recommends stronger partnerships and working together with accredited early Childhood Providers, including planning and STEI sitting with the established and accredited providers rather than building up a parallel workforce through the NDIA and EC Partners.</p> <p>The NDIS Early Childhood approach should be tightly aligned and coupled to the early childhood learning/teaching frameworks rather than creating another "system" just for children with disability or within the NDIS. This way, children will not "fall through the cracks"</p>

<p>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.</p>	<p>Yes</p>	<p>Multiple bottlenecks and a tick-box culture of eligibility are causing significant delays in accessing support for specialised services. Too many systems are interfacing with each other on local, State & Commonwealth levels and there appears to be no coherent shared planning model or integrated governance in place.</p> <p>Strengthening the role requires investment in initiatives and supports that work as conduits between mainstream and specialised & targeted supports- children and families require transition support, information, guidance and support when engaging with and entering 'mainstream' activities.</p> <p>RA recommends the current 2015 Applied Principles are revised.</p> <p>RA recommends shared plans across systems in particular promoting the collaboration between the NDIA, Health and Education.</p> <p>RA recommends that the NDIS works with State/Territory based Health and Education systems, to support seamless transition for families when they cross State/Territory borders. This is currently a minefield, and families often have to start again when they reach their new destination.</p>
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<p>Consider a range of mechanisms that will enhance compliance of providers with the <i>NDIS Practice Standards on Early Childhood Supports</i> and increase awareness by families of providers that adopt that best practice framework</p>	<p>Yes</p>	<p>RA would like to see the following:</p> <ul style="list-style-type: none"> ● Establish an authority with a mandate to coordinate the specialist early childhood sector nationally guiding quality practice, training and workforce capability for early childhood services. ● Family-centred plans to include all members of the family through a holistic lens and that can support the connection and access to support and services outside of the NDIA mandate. ● A comprehensive approach to incentivising practice, which is evidence-informed, rather than a pricing environment which is supporting a therapy focused, siloed, transactional market environment. ● The development of a Family Centred NDIS Capability Framework for the early years approach under the NDIS (see main doc). ● Accreditation process for all Early Childhood Providers to be managed by an independent organisation, external to government (see main doc) ● Introduction of Meaningful Practice Plans (see main doc).
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<p>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 intervention support.</p>	<p>Yes</p>	<p>Rather than direct engagement, capacity needs to be built around building knowledge and understanding of what organisations, services or supports have existing relationships with families that are underrepresented or not engaged with the NDIS. For underrepresented groups to be supported and engaged in trauma informed and culturally appropriate ways, the NDIA should work to establish new ways of long-term support that are more effective than the NDIA establishing new and short-term relationships.</p> <p>Importantly, supports must be developed in collaboration with communities and not for communities.</p> <p>The recommendation of qualifications requires discussion in terms of looking at more relational based ways of working with communities. This would see community and cultural leaders play more of a role in supporting services and would also assist in the promotion of building on the community navigator and health assistant and community-based roles to facilitate engagement, safety and service access (see main doc for capability framework as part of accreditation)</p>
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<p>Implement tailored methods of delivering supports for young children and their families living in remote and very remote areas to strengthen access to services.</p>	<p>Yes</p>	<p>RA strongly believes that this cannot be a one size fits all model. There needs to be a way of identifying the organisations that already have relationships and strengthening/leveraging off these relationships through targeted commissioning and community led models of care. RA would like to see a strong commitment and investment in First Nation led service design and delivery.</p> <p>Re-evaluation of current service delivery responses: Re-evaluation of current models being trialled and/or rolled out across rural and remote areas, such as telepractice which has traditionally had limited uptake, to ensure that the needs of the community are being met. There is emerging evidence that the adoption of telepractice as a delivery of service has increased significantly during COVID-19, with providers moving to online practice and supporting families to access technology during this process. This opportunity allows for families to choose providers not based on geographical closeness or convenience but rather their actual needs.</p>
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<p>Implement a tailored Independent Assessments (IAs) approach for young children to support consistent access and planning decisions</p>	<p>No</p>	<p>The evidence firmly says that you cannot get an accurate and comprehensive assessment without a strong relationship. RA would like to see the use of functional assessments in a relational way.</p> <p>RA acknowledges the work already commenced by the NDIA early childhood team to ensure IA's remain with EC Partners. However, RA strongly disagrees with the introduction of Independent Assessments. RA firmly believes this aligns with the medical model of disability and promotes deficit-based assumptions, planning and subsequent service choice for families.</p> <p>RA acknowledges the inconsistencies across the country around access to the scheme and funding amounts, however the introduction of IA's is <u>not</u> the right response to address this. RA would like to see the structural issues impacting inconsistency (see main doc) as well as investment in training, support and quality review addressed before impacting on the lives of participants even further.</p> <p>The use of assessments, including the interpretation of s25 needs to be viewed over time in relationship in the context of everyday environments. This is contrary to what is currently occurring with the PEDI-CAT.</p> <p>RA recommends that quality Early Childhood Providers who are working alongside families undertake Routines Based Assessment, as they are already doing, over time, through goal setting and evaluating. RA recommends in the case where EC Partners take on this role, that they also adopt a Routines Based Interview approach to functional assessments in children and are adequately trained and supported to do this of a high standard.</p>
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<p>Increase EC partner capacity to identify and help young children and families from hard-to-reach communities, those experiencing disadvantage or vulnerability to connect to - and benefit from - early intervention supports.</p>	<p>No</p>	<p>RA would like to see the increase in capacity targeted toward identifying and helping Early Childhood Providers and existing community services across all human services, including Health and Education, to connect with hard-to-reach communities, those experiencing disadvantage or vulnerability.</p> <p>RA believes that the EC Partner's role should not be to build new relationships with families directly who are not currently connected to the agency, but instead support services with the information and knowledge required so that they can help families connect with the NDIS, working with and through existing relationships.</p> <p>RA would like to see more flexible, streamlined and longer-term contracts, to ensure staff can be secure in their jobs resulting in stronger outcomes. The role of the EC Partner should be intersectional in nature working in partnership with health, housing, child protection, family services, education and mental health in a more proactive way.</p>
<p>Increase EC Partner capacity to connect families and young children to local support networks and services in their community.</p>	<p>No</p>	<p>This is a fundamental aspect of what early childhood specialist support is. If Early Childhood Providers are operating within a best practice framework, they will be doing this.</p> <p>RA would like to see the NDIA strengthen the measures in place to manage potential conflicts of interest, with clear transparency around the services and support families are linked to, ensuring choice, control and quality are at the core of decision making.</p>

<p>Increase Early Childhood partner capacity to provide Short Term Early Intervention (STEI) support to eligible young children and families for longer.</p>	<p>No</p>	<p>RA would like to see continuity of supports be at the centre of the ECEI reset. RA is concerned that the recommendation to increase capacity, means employing more staff in early childhood roles, which will take from a workforce already struggling to find staff to meet demand. This is also creating a parallel system of support.</p> <p>RA recommends short-term support be the role of quality Early Childhood providers who deliver this alongside the longer-term supports they currently offer, through the development of ‘Early Childhood Packages’.</p>
<p>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</p>	<p>Partial</p>	<p>RA supports this recommendation of clarity around the interpretation of developmental delay. However, this criterion needs to be applied to the everyday context of the child and family life. The areas of functioning must be observed through relationship in natural settings to understand the needs of the child and family.</p> <p>Note: RA hold that Independent Assessments should not be a mechanism to establish thresholds for key criteria, as we do not support the introduction of Independent Assessments.</p>
<p>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.</p>	<p>Yes</p>	<p>RA would like to see the age limit increase to 12 years of age, if s25 is used to determine access for all children. RA sees this as a key element to support the need for a separate approach entirely for children under the NDIS. RA would like to see a strong commitment to moving from the medicalised, diagnosis mandate. An increase to 12 would see the ability for families (who may not have a diagnosis by this age) to access the supports they require.</p> <p>On an operational level, RA would like to see the NDIA extend the qualifications of key worker educators to include Primary Qualifications, as there is a big difference in transition from ECEC to Primary with different challenges to overcome. RA would like to see this tied to the recommended capability framework.</p>

<p>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.</p>	<p>Yes</p>	<p>RA understands rationale behind using s25 for all children as it applies to ECEI, we also understand that this is seen as a way of distinguishing between children and older age groups. RA strongly believe that very young children shouldn't enter adult centric disability services. A commitment to remove the diagnosis mandate as a necessity for accessing support is welcomed.</p> <p>RA would like to see a separate scheme approach for families of young children, taking a developmental approach (see main document for discussion of developmental system)</p> <p>RA would like to acknowledge the processes of receiving support through Education is vastly different to NDIA criteria, which will be exacerbated if this recommendation were to come into effect.</p> <p>This is further evidence as to why we need shared planning across departments with eligibility and access across systems being looked at and understood.</p>
<p>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.</p>	<p>No</p>	<p>RA is concerned that specialist support for children is not happening early enough across Australia. In order for the "Right Supports at the Right Time" to be realised, processes need to be far less complex than they currently are. RA believes capacity needs to be built in the Early Childhood sector to respond immediately and in a tailored way. This would require permission for EC Partners to refer to providers who are accredited.</p>

<p>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.</p>	<p>Partial</p>	<p>Agree with the need to incentivise supports that are woven into the everyday lives of families. However, RA would recommend the NDIA review the entire approach to funding early childhood, as a whole, including the implications of the current pricing guide on practice.</p>
<p>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 CRC 2020 report.</p>	<p>Yes</p>	<p>RA agrees that guidance is necessary across the whole early childhood landscape relating to evidence. However, RA is concerned that binary tools that determine what is in and out, misunderstand what it is to have a child on the spectrum and the unique needs that presents to each family.</p>
<p>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.</p>	<p>Partial</p>	<p>RA believes EC Partners should be allowed to indicate which providers are registered as offering early childhood supports and operate using best practice principles. To do this there needs to be clear processes that manage any conflict of interest; clear ways for demonstrating how providers are using best practices; transparency about where referrals are being made and systems for providers to give feedback on these recommendations. Families need to maintain their right to choice and control (see recommendation on comprehensive accreditation system)</p> <p>RA believes if EC Partners were allowed to direct or provide advice re providers that operated under best practice principles then we would see a better/re-established early childhood approach.</p> <p>RA believes the best way for the NDIA to check in with families and carers on their goals is to use an approach which is meaningful and useful for the family. Using goals and needs assessments which show areas of strengths and areas which require ongoing support, that can be used across systems would be one way. For example, families are able to track goals they are working toward in both education and the NDIS.</p>

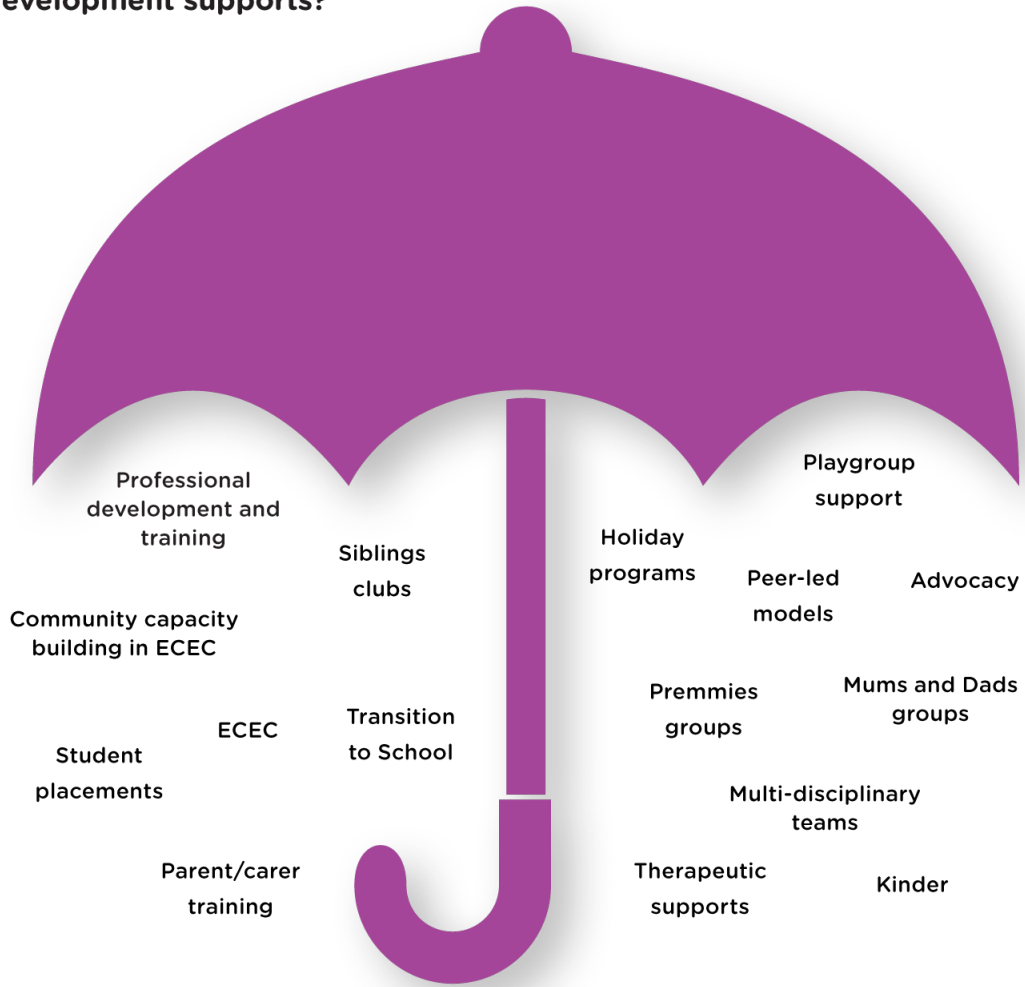
<p>Undertake further ongoing research and study on the outcomes of young children after receiving early intervention support, to inform future policy and operational changes.</p>	<p>Yes</p>	<p>Invest in translational and collaborative research on early childhood developmental care that both expands the evidence-base and leads to innovation around solutions to challenges and information and tools for families, providers and professionals.</p> <p>RA recommends establishing baseline data to understand the social return on investment and the economic contribution of the national early childhood developmental care market.</p>
<p>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.</p>	<p>Yes</p>	<p>RA recommends that the strengthening of the annual review process is developed after an outcomes framework for early childhood is developed and a comprehensive plan around quality practice and support. To celebrate goals and achievements and for successful transitions to occur, we need an early childhood system which is responsive, relational, resourced, seamless & integrated.</p>
<p>Ensure providers are using the recently introduced 'provider outcomes report', as a mandatory measure to evaluate the effectiveness of their supports and services.</p>	<p>Yes</p>	<p>However, we strongly recommend that this needs to be overseen by an early childhood body that governs quality, training & workforce needs for specialist early childhood supports. See Quality area for detailed response to this.</p>

<p>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.</p>	<p>Partial</p>	<p>RA Acknowledges that the flow of children through services is a challenge and creating bottlenecks and large waiting times. A needs-based system is not currently being realised. RA agrees that a heavy focus of the reset needs to be on transitions in and out of the scheme, and also in and out of different services and supports families require.</p> <p>RA is worried that 'up to three months', is a tight time frame for the support and guidance required at key transition times. Successful transition requires much more than 6 contact hours, it involves all of the behind the scenes planning and collaboration, direct support across multiple environments with multiple people. It is a well thought out, proactive planned set of activities that involves constant input across a number of people.</p>
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Appendix B

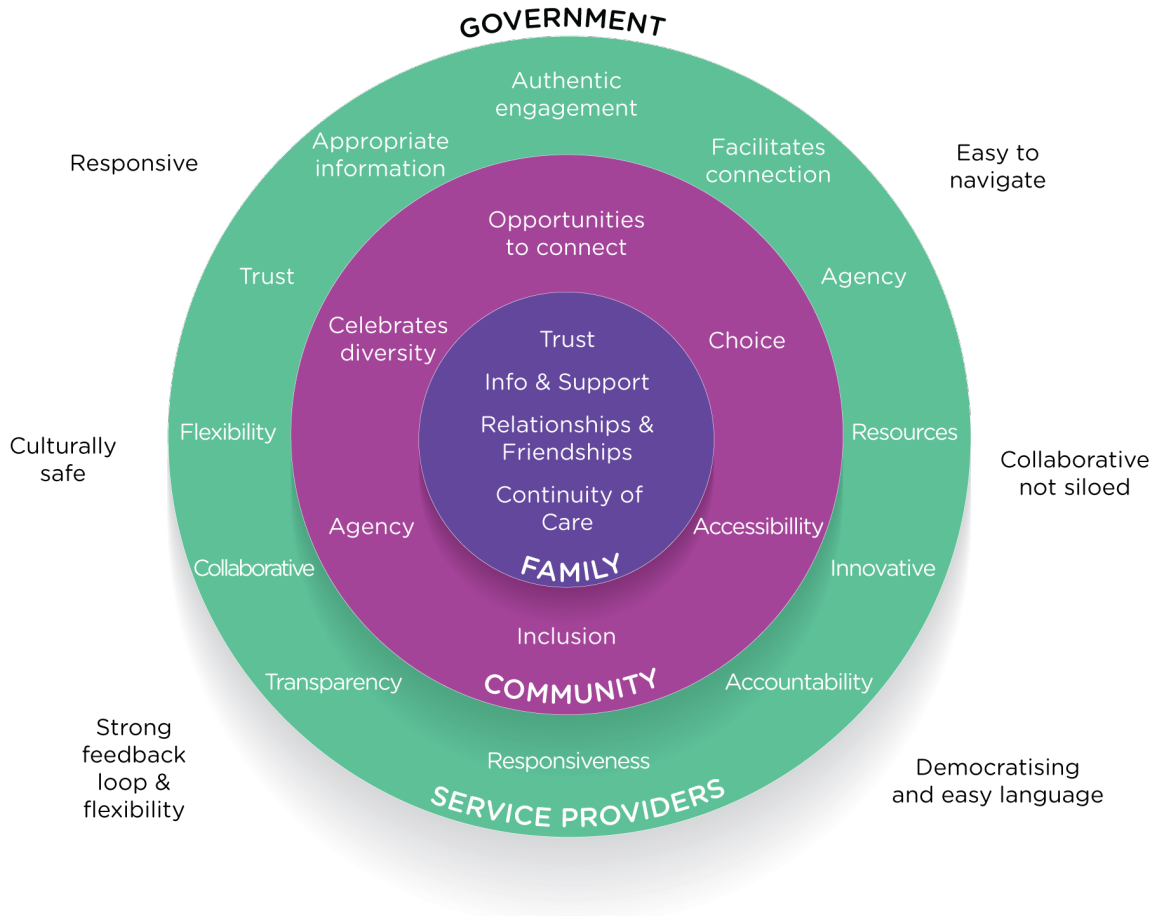
Umbrella of Supports

What makes up the umbrella of early childhood development supports?



Appendix C

What Families Need





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