

19 February 2021

Mr Martin Hoffman
Chief Executive Officer
National Disability Insurance Agency

Submitted using: [NDIS website portal](#)

Dear Mr Hoffman

Re: Consultation paper: Supporting young children and their families early, to reach their full potential (and supporting documents)

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide feedback on the Consultation Paper on supporting young children and their families early, to reach their full potential (the Consultation Paper) and supporting documents.

The RANZCP is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care.

The RANZCP has more than 6900 members including more than 5100 qualified psychiatrists and over 1800 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

The RANZCP welcomes initiatives to strengthen early childhood support for children and their families within the National Disability Insurance Scheme (NDIS). Early intervention has the potential to dramatically improve the futures of children and their families. As such, the increase in the age limit from 'under 7' to 'under 9' is a welcome change. However, we would like to suggest that the age for independent assessments to begin be expanded to 2 years of age.

The RANZCP supports Recommendation 4, as drafted in the Consultation Paper, which proposes creating a distinct delegate/planner workforce that is exclusively focused on young children and their families, to improve the way families are supported. Focus on family outcomes should be included and criteria on what outcomes are being considered for evaluating progress should be clear.

As per our letter in response to the Consultation Paper regarding independent assessments, the RANZCP has general concerns as to the implementation of independent assessment as part of the NDIS process. Children's behaviours and engagement with the assessment process may vary considerably based on a variety of factors. The RANZCP suggests it might be better strengthened by engaging a child with a developmental concern immediately with a service provider. In the meantime, a more comprehensive assessment should be undertaken so that a decision about further need for support can be determined at the time of the first review.

The RANZCP highlights that development is dynamic and if prevention is to be strengthened, short term intervention and support could be provided via community services rather than through 'entering' the NDIS. This initial support would be best provided via extra funding to mainstream and community services without having to go through an NDIS plan. The RANZCP is concerned that instead of improving access and engagement early and promptly, the new system might make families wait first for assessment and then join a waitlist for intervention where precious time will be lost.

Deep understanding and knowledge of psychosocial disability through appropriate experience and qualifications is important to assist in a proper functional capacity assessment, especially for children. As such all independent assessors should be proven competent in psychosocial and physical disability and with understanding of the strong correlation between the two. Given the variability on functional impact in different settings, it is important to include an observational component as things may change dependent upon settings.

The RANZCP would welcome further information as to the proposed changes mentioned in the Consultation Paper (page 13) on clarifying the interpretation of the developmental delay criteria under Section 25 of the NDIS Act (2013). The RANZCP would also welcome the opportunity to be involved in Recommendation 18, publishing new guidance about what is considered 'reasonable and necessary' when making decisions around support for children with Autism Spectrum Disorder.

The lack of interface with the health sector is of concern to the RANZCP. For example, if a medical practitioner in the health system were to have concerns about a child rather than being able to refer the family to Early Childhood Early Intervention for initial support and early intervention, they will have to refer the family to the NDIS where they will be required to wait further for assessment.

Given the all-encompassing nature of the reforms to the disability sector with the formation of the NDIS, the RANZCP has concerns as to how families with young children who transition out of the NDIS will be supported given the limited disability support services available outside of the NDIS.

Enhancing best practice within NDIS service providers is a positive step forward especially implementing mechanisms which strengthen the quality and safety measures in place for children. However, it has been noted by some members of the RANZCP that certain medications, such as risperidone which is used to treat Autism Spectrum Disorder, are listed as a restrictive practice and their use, in any capacity, requires formal documentation by the NDIA. There are concerns that the process requested may delay medication being administered by service providers to NDIS participants, including children.

To discuss any of the issues raised in this letter, please contact Rosie Forster, Executive Manager, Practice, Policy and Partnerships Department via rosie.forster@ranzcp.org or by phone on (03) 9601 4943.

Yours sincerely



Associate Professor John Allan
President

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