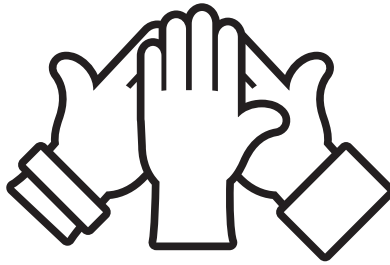


Discussion Paper:
Considerations, Research
& Perspectives relating to the
development of a National
Approach to Early Childhood
Foundational Supports



**WRITTEN AND DEVELOPED BY THE EARLY
CHILDHOOD PRIVATE PRACTICE
COMMUNITY OF PRACTICE**

SEPTEMBER 2024



Commitment Statement

Private practices from across Australia have come together to share a collaborative voice towards the development of Foundational Supports.

Our community of practice includes over 400 individuals from businesses across all States and Territories of Australia, ranging from sole traders to large national private practices.

Private practices in the group provide a range of Early Childhood Intervention (ECI) services including Occupational Therapy, Speech Pathology, Physiotherapy, Dietetics, Psychology, Behaviour Support, Early Educators, Disability Support and more.

Our community agrees with the NDIS Review that ECI reforms are required to ensure families and children across Australia are provided with timely support and access to the early intervention services they require to live their best life.

This discussion paper will highlight the four main issues our community has identified as requiring consideration during the planning and implementation of Early Childhood Foundational Supports.

**- PIP CULLEN
(CHAIR OF THE EI PRIVATE PRACTICE COMMUNITY OF PRACTICE
& CEO, ALL TOGETHER THERAPY)**

EARLY CHILDHOOD FOUNDATIONAL SUPPORTS

CONSIDERATIONS, RESEARCH & PERSPECTIVES RELATING TO THE DEVELOPMENT
OF A NATIONAL APPROACH TO EARLY CHILDHOOD FOUNDATIONAL SUPPORTS

Four primary considerations relating to the development and
implementation of a sustainable and effective Early Childhood Support Sector



ACCESS FOR ALL

1



**EARLY INTERVENTION
& IDENTIFICATION**

2



**SKILLED
WORKFORCE**

3



**COMMUNICATION &
COLLABORATION**

4

1 ACCESS FOR ALL

Current Landscapes and Context:

The current landscape of ECI services across Australia can be likened to an “all or nothing” system, with some children receiving access to essential supports and others receiving nothing at all. Children with disabilities, developmental delays, differences or concerns are faced with an unclear pathway that lacks consistency across the states and territories. Referrals and eligibility to the National Disability Insurance Scheme (NDIS), current state-run foundational supports and primary health services vary based on location and the organisations providing services. Children’s development is at risk and can wait over a year to have their eligibility for supports assessed, leading to delays in receiving essential services to support developmental outcomes. The current system has significant gaps in relation to equality, access and inclusion.

ECI eligibility and access to supports through local health services can have considerable wait times for assessments and services. Furthermore, the majority of current primary health services do not offer a full suite of allied health professionals to children, which may limit a child receiving tailored and individualised support to meet their unique needs.

The narrowing of access and eligibility to NDIS supports for children is already being reported prior to the official commencement of the ‘closing the gaps’ NDIS bill on the 3rd of October 2024. Private practices across Australia have noticed an upward trend in eligibility being reviewed and revoked for children aged 6, with limited notice and no foundational support systems available to transition to. The ECI space is currently going through a significant state of change, with uncertainty relating to eligibility, design and implementation.

Subsequently diversity continues to impact the provision of ECI supports whether that be cultural, geographical or socioeconomic. Whilst the past decade has seen sector wide growth in ECI, difficulties with access and equality of funding has further limited the accessibility of supports.

Considerations and Research-Based Insights:

- The consequences of a rushed and reactive design for foundational supports include developing inadequate support systems, misallocating resources, and the exclusion of vulnerable individuals from essential services.
- The recent legislative changes to the NDIS and the proposed foundational supports have led to heightened unease and distress among families and ECI professionals. Transitional supports and collaboration with existing supports need to be included in the transition framework to ensure continuity and minimise the impact to children, families and service providers.
- The NDIS Review recommended children without a permanent and significant disability currently receiving NDIS supports should have a longer transition period until the age of 9. The review also states that all people with disability and their families should have access to disability supports in their own community.



- Families are concerned about what the future of supports will look like for their children. A consistent national approach with a clear pathway of supports needs to be developed. This should include transparent, clear and accessible referral pathways, funding access points, and access to general and targeted foundational supports without the need to fight for services.
- The National Guideline for the Assessment and Diagnosis of Autism (2023) emphasises that all individuals should have access to timely and affordable assessment and diagnostic services, regardless of their location, background, or resources. This recommendation should be broadened to children with developmental concerns, delays, differences and disabilities. Private clinicians, who often operate in diverse and underserved geographical areas, can play a crucial role in bridging service gaps.
- In rural and remote communities, it is sometimes only the small private practices that are available to support their local communities, with limited access to not-for-profits or local government services such as community health services.

Proposed Solutions & Recommendations:

- A national approach which is accessible, consistent, inclusive, equitable and offers continuity of care should be developed. Clear definitions of foundational supports, including the separation and distinction of general and targeted supports. Guidelines must be created to outline aims, outcomes and target audiences for each of the tiers of support with clear criteria which is consistently applied for all tiers, including levels of functional impairment or diagnostic criteria to access supports.
- Children and families receive access to supports during the transitional period, with the extension of existing ECEI plans and the creation of short term ECEI plans for those waiting for foundational supports.
- The framework should take a trauma-informed, neuro-affirming and culturally sensitive approach, with no restrictions on early access to general supports.
- Work should be completed across health, mainstream and education services to promote inclusion and increased knowledge so that foundational supports are complementary in nature and seamless transitions between services and systems can occur.
- Some flexibility at a local level should be available to accommodate for different needs including geographical location, socioeconomic and cultural backgrounds. Local community connections should be developed and fostered to enable services that are culturally and contextually relevant.
- Consultation with First Nations representatives is essential and should occur during all stages of development and implementation of foundational supports.
- There should not be a one stop shop for service access; choice and control is essential to promote the best outcomes. A range of service providers should be accessible including government services, non-government organisations and private businesses. This market variety will drive innovation, access, quality and accessibility, as well as allowing for cost-effective delivery of foundational support services.

2

EARLY INTERVENTION & IDENTIFICATION



Current Landscape and Context:

There is a mismatch between evidence-based practice and current service provision. Evidence-based practice includes the integration of three pillars including best available research, clinical expertise/experience, and patient values and circumstances. PRECI is currently undergoing a review of ECI best practice, however this will not be completed in time to allow the outcomes to be considered in the development of Foundational Supports. Research across all three pillars of best practice confirm that early identification and intervention leads to the best outcomes for children and families, however access to ECI services outside of the NDIS is at best limited and in some cases, non-existent.

For children with identified delays, disabilities and yet-to-be diagnosed differences, access to the NDIS can be very slow and can include significant variations in funded supports offered. Caregivers are often needing to self-fund assessments which in many cases is not possible, limiting access to essential ECI services, or delayed supports whilst waiting for publicly funded assessment services. By the time children receive supports their developmental gap has widened. Schools are reaching breaking point with teachers being stretched to provide supports with little guidance and education. Furthermore, current state-based parenting programs are often very general in nature and do not meet the unique needs of all children and families. Individualised caregiver supports are often required for families with children who are developing differently.

Considerations and Research-Based Insights:

- The earlier children are identified as having disabilities, developmental delay and/or differences the more likely they are to benefit from strategies targeted towards their needs (Klein & Jones 2008). The success of early intervention strategies not only assists families through the provision of extra support for their child, but also decreases costs to schools and communities in the later years as children transition to school (Bruder, 2010).
- The National Guideline for the Assessment and Diagnosis of Autism emphasises the need for comprehensive assessments that identify support needs, especially for children and adolescents.

- Children who have experienced a medical condition or disability place a much greater costs on the public health system, with children aged 0-17 years who have an identified disability contributing an annual average of \$170 million costs to the public healthcare system. (Ahmad, 2022)
- Education departments across Australia are at breaking point, with all states reporting a dramatic increase in the number of children being home schooled. The current “square peg, round hole” system of education is failing to support children with additional support needs. “School Can’t” (previously known as school refusal) is seen as a negative behaviour due to a lack of awareness relating to neurodiversity. A lack of flexibility further limit options for children and families that are unable to be supported by mainstream services.

Proposed Solutions & Recommendations:

- Australian children need access to quality, timely and easy to access early intervention services. We cannot merely recommission services that were retired at the beginning of the NDIS, we need to strive for current best practice, reflective of community need. The PRECI best practice guidelines need to be considered in the development of foundational supports. Failure to include these crucial findings may lead to the need for future reforms and service delivery modifications that will cause uncertainty, unrest for families, and may ultimately lead to reduced developmental outcomes for children.
- Urgent action needs to be taken to ensure that children are not at risk during this transition period. NDIS funding should be extended for children until foundational supports are fully operational. ECEI NDIS funding should also be provided to those waiting and seeking supports during the transitional period.
- Professionals, in particular those within the private sector, with direct access to families in clinical and school settings, can provide earlier screenings and faster referrals, crucial for effective early intervention. Professionals engagement with families allow them to track developmental milestones and potential regressions, enabling timely intervention and improved early identification.
- Foundational Supports have the potential to build the capacity of children and families, reducing the long-term need for ongoing supports leading to substantial savings in the public health, education and disability systems.
- The private sector has the capacity to provide foundational supports, including providing education of the community to support the wellbeing and mental health of children and their families, allowing inclusion and engagement in mainstream services.



3

SKILLED WORKFORCE

Current Landscape and Context:

Over the past decade the ECI sector has sustained a period of significant change and growth. The wealth of ECI experience is no longer held within the government positions. It is now spread across the not-for-profit and predominantly the private sector.

The key worker/lead practitioner role proposed requires significant experience, training and knowledge to elicit it in line with best practice. This role can be undertaken by early childhood teachers, social workers and allied health professionals. A key worker is required to work in a transdisciplinary manner as well as knowing when and how to involve the right supports at the right time. Due to the vast changes across the ECI sector in recent years, the private sector currently holds a significant amount experience and expertise which is required to fulfil these requirements. This expertise is required to continue to upskill the ECI workforce and support families to prevent risk to both children and their ECI supports. A lack of training and support can lead to professionals risking overstepping their professional boundaries.

Considerations and Research-Based Insights:

- The private sector has grown exponentially with experienced professionals finding innovative ways to support children and families in the current landscape. The strength of the private sector lies within its flexibility both for the provision of services and the affordances it allows staff including greater flexibility within roles, hours and working conditions.
- New graduates or unskilled staff within the sector are at risk of burnout and are unable to independently provide the high level of skill required. They require significant support and education. Providing funding to one part of the sector could risk these therapists experiencing a further lack of support and dissociation from best practice.
- Early Childhood Intervention is an expansive scope of practice with knowledge that cannot be maintained by one professional or group of professionals. Access to a range of highly qualified and experienced therapists and educators is required to ensure the best outcomes for families and children.
- A key worker or lead practitioner model should not be implemented as a cost cutting exercise, instead supports offered should consider the individuals needs and the experience of the provider to ensure best outcomes. Providing generalised information to the family is not enough, we need to ensure children are supported to reach their goals. Utilisation of a 'team around the child' approach which utilises a diverse workforce which has ECI qualifications is a more appropriate model to meet the unique needs and goals of children.



- The National Guideline for the Assessment and Diagnosis of Autism (2023) emphasises that practitioners must have appropriate qualifications, up-to-date knowledge, skills, and attitudes. Private clinicians, with targeted training and ongoing professional development, enhance service quality and share best practices in collaborative early intervention models.
- Those assessing eligibility and access to support need to have the training and experience in ECI to be able to identify the current and long-term needs of an individual. Without this knowledge there is an increased risk of long-term disability and health related costs.
- Education departments across Australia are struggling to meet the demands of children with additional needs and barriers exist regarding inclusion. Access is frequently denied and supports within schools are siloed, often without consideration of the family or home environment. This is reflected in the current home-schooling statistics across Australia.

Proposed Solutions & Recommendations:

- In the development of foundational supports it is essential to consider which supports are ready to provide these supports. The delivery of these supports needs to be provided by organisations and individuals from across the sector. A collaborative approach is needed to ensure the best outcomes and continuity for those children that will be transitioning from the NDIS or starting their journey.
- Over the past decade the private sector has grown in response to the unmet demands that were unable to be addressed within the health and not-for-profit sector. The private sector has built services that are flexible and responsive to change, holding an experienced and passionate workforce, determined to provide best practice in ECI. The private sector is ready to provide early supports for families and children with emerging developmental concerns through Targeted Foundational Supports.
- The private sector is also well positioned to provide information, education and advice along with individual and family capacity building through the General Foundational Supports.
- The private sector includes a vast number of small to medium sized businesses which can pivot effectively and efficiently to deliver Foundational Supports. Larger not-for-profits and government services may require significantly more time to recruit, establish service delivery models and upskill their staff to deliver Foundational Supports.
- To effectively deliver Foundational Supports, provider requirements and service delivery models need to be defined with clear guidelines including registration, qualifications, competencies and supervision requirements.
- Key worker models should be used with caution, with clear guidelines and education requirements to ensure professional boundaries are maintained and outcomes for children are maximised.



4

COMMUNICATION & COLLABORATION



Current Landscape and Context:

Unclear pathways make referral to ECI supports complex and stressful for families. GPs and child and family health nurses lack a definitive pathway to refer children. The ambiguity in the current system reduces ease of access, allows children to fall through the gaps, delays access to services and does not support the wellbeing of the family.

The current Early Connections pathway under NDIS ECEI has been unsuccessful in supporting those determined to have lower support needs. Instead leaving these vulnerable children at risk, waiting for services that either never eventuate or fail to meet their individual needs.

Currently if a child receives NDIS ECEI supports, there can be a lack of collaboration and continuity to support the “team around the child” approach. Providers are restricted in providing a collaborative approach to support due to the workload demands and financial restraints of individualised funding.

Considerations and Research-Based Insights:

- The recent national co-design roundtable: child and family foundational supports meeting highlighted the importance of a national alliance. The private sector agree that this alliance is essential in ensuring communication and collaboration. Yet the private sector is severely under represented compared to the not-for-profit sector.
- We need to create a collaborative team around the child and making sure that children do not fall through the gaps. Whilst not restricting choice and control of providers.


- We need to create a collaborative team around the child and making sure that children do not fall through the gaps. Whilst not restricting choice and control of providers.
- The National Guideline for the Assessment and Diagnosis of Autism advocates for collaboration among practitioners to improve access and reduce client burden. Private clinicians, are key communication points between families and public health professionals, helping to coordinate services and minimise fragmented care.
- Continuity and collaboration needs to occur between the NDIS and foundational supports, there must be easy pathways of support and transition. To ensure earlier access for those deemed eligible for NDIS, we must guarantee that foundational supports does not replace NDIS services as a cost shifting exercise.
- The HCWA review recognised that families of children with Autism have different needs at various stages of their journey, providing a combination of intervention and support components, as well as education to assist in meeting these needs. Greater synergies between support components and with the existing service systems are required to ensure effective pathways for families.

Proposed Solutions & Recommendations:

- All parts of the sector need to be included in the planning, implementation and provision of foundational supports. To ensure the future and success of ECI the private, not-for-profit, government, education, advocacy and consumer sectors need to work together with equal representation in a respectful and open manner.
- We must establish a mechanism/s for cross sector communication, sharing of resources and opportunities to form relationships. Opportunities to communicate and collaboration between private, not-for-profit and government (health and education) sectors is essential to providing best practice in early childhood intervention. This should be rolled out at a local and national level to ensure that the unique needs of each community are meet, whilst the system continues to work as a whole.
- We need to work hard to reduce stigma- promote understanding and awareness of developmental differences to foster a more inclusive society.



EXECUTIVE SUMMARY



The private sector is uniquely positioned to support the design, implementation and provision of General and Targeted Foundational Supports. Our extensive knowledge and passion allow us to be responsive and innovative.

Foundational Supports have the opportunity to revolutionise ECI in Australia, ensuring all children have access to mainstream and specialist supports. With access to local services responsive to the community needs in a timely and effective manner. Research shows that early intervention can reduce the long-term cost of disability and benefit the economy.

Foundational supports must be provided by professionals with experience and knowledge to embed best practice principles tailored to the needs of the children and families they support. The private sector currently holds a significant proportion of this experience.

Children and Families need a clear framework for ECI support. A unified approach with collaboration across the sector including Government, Not-for-profit organisations, the private sector, families and individuals with disabilities, developmental delays or differences needs to be included in the national alliance and design of foundational supports.

For more information or a verbal briefing please contact Philippa (Pip) Cullen - chair of our community of practice on 0408143391 or pip@altogethertherapy.com.au