

AUTISM QUEENSLAND RESPONSE TO THE NDIS CONSULTATION PAPER: SUPPORTING YOUNG CHILDREN AND THEIR FAMILIES EARLY, TO REACH THEIR FULL POTENTIAL



Autism Queensland welcomes the opportunity to provide its feedback on the above Consultation Paper. Our organisation recognizes and appreciates the investigation and work that has gone into preparing both the Consultation Paper and ECEI Implementation Reset – Project Consultation Report. The acknowledgement by the NDIS that there are components of the Scheme that need changes and its commitment to continuous improvement are highly valued by Autism Queensland and we endorse the stated objectives of the ECEI Implementation Reset.

Autism Queensland responses to the ‘Improving the NDIS’ section

In response to the section in the Paper entitled “Improving the NDIS”, our organisation makes the below suggestions and comments:

- The Early Childhood (EC) Approach needs to reconnect with and better communicate the original clear vision for ECEI, and should be more adequately differentiated from the general, more adult-centric, Scheme.
- There needs to be a well-articulated, visible, easy-to-understand and comprehensive process for those children who will be moving from the EC Approach to the general scheme, regardless of what age it is finally determined is the end point for the EC approach.
- There needs to be a more clearly articulated Agency position on what constitutes best practice in Early Childhood Intervention (ECI).
- The Agency needs improved processes and tools to enable more consistent, fair and equitable decision making around access and planning, with far more significant oversight by the Agency of the Early Childhood Partners – the number of different organisations delivering EC Partner services across the country, and the large number of individual offices and staff members within these EC Partner organisations is causing significant differences in outcomes for children and their parents.
- School-aged children are currently overlooked by both the EC Approach and the general Scheme. As school-aged children also have very particular needs and circumstances that are different from early childhood and from adulthood, an Approach specifically for this age cohort would be valid.
- Autism Queensland is extremely concerned about the impact of this EC reset from the perspective that most of the recommendations will require a vastly increased number of allied health professionals. There is already a critical shortage of these professionals, particularly those with experience, and no information has been provided by the NDIS on how this issue – which is being voiced by all in the sector, including participants and parents – will be overcome. A lack of appropriately qualified service providers will drastically reduce the positive impact of the NDIS for participants. We would like to have information on the analysis that the NDIS has done on the impact of this model on the AHP workforce and the planned responses to it.
- In conjunction with the above point, Autism Queensland is concerned that the format and focus of the NDIS EC Approach continues to steer participants’ and providers’ perceptions of necessary service delivery along the lines of a medical model – individual sessions over long periods with multiple different therapists. Autism Queensland’s experience with EC Partners is that any other form of service delivery (e.g. group therapy, short intensive blocks of therapy, transdisciplinary service) is viewed with suspicion and often proves difficult, if not impossible, for parents to receive funding for. This is despite all these models being supported by research and meeting criteria for innovative service delivery. The static model most commonly funded in EC Plans adds to the issues of therapist capacity and availability. Autism Queensland recommends that the NDIS carry out further analysis of how it has impacted the AHP workforce in terms of what is driving the demand and patterns of accessing therapy supports.

Autism Queensland responses to the Recommendations proposed in the Consultation Paper

We have not made responses to every Recommendation, only those where we have something to say.

Overarching recommendations

Recommendation 1: Explain, rename and promote the NDIS Early Childhood Approach – and stop using the term “gateway” – so families understand and follow a clear pathway with a mix of early childhood support options available.

Autism Queensland response: As highlighted above, this action should include attention to how children who will continue to require and be eligible for NDIS support once they are over the EC age, are supported to transition to the general Scheme. At present, there can be confusion and stress experienced by parents about this process, especially if their child gains entry to the Early Childhood pathway only shortly before they will turn 7.

Recommendation 2: Clearly and consistently, communicate the intent of the new Early Childhood approach and the Agency’s support for best practice, so families understand how the approach informs positive outcomes for young children.

Autism Queensland response: Better communication and assistance to understand the EC Approach and the NDIS is required as the complexity and, at times, contradictory nature of the information provided significantly adds to the stress parents experience. Work in this area needs to particularly target how to engage with and communicate effectively with families from Culturally and Linguistically Diverse (CALD) backgrounds, families where the parent/carer also has a disability or additional needs (such as low literacy skills, or mental health challenges). Autism Queensland would highly value more detailed, consultative and clarified information on ‘the Agency’s support for best practice’, as this currently is contentious. Many young children’s NDIS Plans and the NDIS Price Guide, along with comments from and decisions by EC Partners, do not allow for some best practice supports to be provided.

Recommendation 4: Create a distinct delegate/planner workforce that is exclusively focused on young children and their families, to improve the way families are supported.

Autism Queensland response: We find it difficult to make a response to this Recommendation without a great deal more information about what it would look like. How delegates and planners currently work in this space is not information that is easily available, therefore how it could or should change is not able to be commented on.

Recommendation 5: Continue to 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 when they need it.

Autism Queensland response: We would see more effective cross-government interaction as being one of the most significant factors for improved outcomes for all NDIS participants, regardless of their age. Many opportunities for genuinely responsive, wrap-around supports that would enable participants to achieve goals more promptly and effectively are lost due to representatives from NDIS and other government departments responding simply that the particular assistance the person requires is not their responsibility. The time taken for the participant or parent to then find and engage with the sector that is appropriate (and many times, the overall result is that no one will provide the support), then to wrangle the interface between the two departments detracts significantly from the efficacy of the support and is

often too challenging for parents to take on. Attitudes by government sectors such as ‘NDIS stops at the [school] gate’ have added to this silo effect. Autism Queensland would highly value more detailed information on what work has been going on up to this point and what is proposed as a strategy to achieve this recommendation.

Recommendation 6: Consider a range of mechanisms that will enhance compliance of providers with the *NDIS Practice Standards on Early Childhood Supports* and increase awareness by families of providers that adopt that best practice framework.

Autism Queensland response: Please see our responses to Consultation Question 4.5.

Recommendation 9: Implement a tailored Independent Assessments (IAs) approach for young children to support consistent access and planning decisions.

Autism Queensland response: Please see our responses to Consultation Question 4.4.

Recommendations for early support (including NDIS access)

Recommendation 10: 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.

Recommendation 11: Increase Early Childhood partner capacity to connect families and young children to local support networks and services in their community.

Recommendation 12: Increase Early Childhood partner capacity to provide Short Term Early Intervention (STEI) support to eligible young children and families for longer.

Autism Queensland response: The above 3 requirements were all part of original role of EC Partners. Further information on the mechanisms that have been in place to carry these tasks out and detail on why EC Partners have been unable to achieve them so far would seem to be very necessary. Simply increasing the capacity of the EC Partners – which we interpret as primarily being increasing the *number* of EC Partners, may not be the most effective response. More staff who still do not have the skills to engage with hard-to-reach communities is not a solution.

One factor at play in particular for Recommendation 11 is the high turnover of staff within EC Partner organisations. Developing a useful knowledge of local networks and services takes time and each new staff member will have to start from scratch to obtain this. Data on staff turnover and confirmed reasons for this is required so that these issues can be addressed.

Recommendation 14: 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.

Autism Queensland response: Please see our responses to Consultation Question 4.1.

Recommendations for planning and implementation

Recommendation 16: 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.

Autism Queensland response: Is there information available that details how this would be done and what the barriers are to the Early Childhood partners working in this way up to now?

Recommendation 17: 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.

Autism Queensland response: We do not feel clear on what is being suggested here – a higher price cap? Autism Queensland requires further detail on how this would overcome the barriers that currently cause supports to not be offered in natural settings. The barriers we experience are:

- Settings such as schools and child care centres not allowing access for service providers.
- Travel costs for staff.
- Individual staff in the mainstream setting not engaging with the service provider, e.g. not being in agreement with an evidence-based strategy and therefore not implementing it or simply seeing presence of service provider as meaning they (the mainstream staff) do not need to be engaged with the child at that time.
- Parents not being present when supports are delivered at school/child care.
- ‘Silos’ seem to have become more pronounced since the commencement of the NDIS rather than less – this becomes even more evident once the child reaches school age - ‘the money’ drives the system so every system puts up boundaries; in the end children and families fall between the gaps; many disability providers feel they have less and less capacity to help bridge those gaps as they have lost block funding and billable hours do not allow for this kind of support.

Recommendation 18: 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 Cooperative Research Centre (CRC) 2020 report.

Autism Queensland response: We look forward to the imminent release of the Consultation Paper on this topic.

It is important to note that there were many questions that the Autism CRC umbrella review (meta-review of other systematic reviews) was unable to answer (see page 97 of the report on *Interventions for children on the autism spectrum: A Synthesis of research evidence*). Rather than being a reflection on the quality of the umbrella review provided by the Autism CRC, this issue related to the lack of available evidence and/or inconsistencies in the available evidence for some research questions. These gaps in current knowledge point to the need for more high-quality research focusing on the range of early intervention approaches required to address the high level of heterogeneity among young children on the spectrum.

For example, the review was unable to provide information on which interventions have a positive effect on which outcomes, for which children. As there is a high level of variability in the outcomes of interventions, there is a need for autism-informed expertise in clinical decision-making for each child (as discussed on page 101 of the report).

Similarly, there was a lack of consistency in how the total amount of intervention was measured and reported on within and between the systematic reviews included in this umbrella review. As a result, it is not currently possible to draw firm conclusions about the number of hours of intervention required for each child. Again, more research is required to determine the intensity of intervention needed by children on the spectrum with different clinical presentations.

Likewise, based on current evidence, conclusions were unable to be drawn on the best intervention setting (e.g. clinical, home or educational), intervention format (e.g. group or individual) or intervention agent (e.g. delivered by therapists or parents, or peer-mediated delivery).

The clinical decision-making involved in selecting an intervention that will best meet the needs of an individual child and family is a complex process. Service providers with a high level of clinical expertise in

autism are needed to apply the best available scientific evidence to an appraisal of factors such as parental and child preferences and priorities, and the context in which the intervention is to be delivered.

Recommendation 19: 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.

Autism Queensland response: We have concerns about this based on our experience so far. Specific providers were recommended or deemed to automatically meet ‘reasonable and necessary’ requirements whilst others were not, without any engagement by the partners with either the recommended or not recommended provider. The Helping Children with Autism (HCWA) model is worth reviewing in that providers had to be registered, therefore it was known that all providers met key criteria. The Autism Advisors, whose role was to provide information about autism, mainstream services available and the services that could be purchased with their HCWA funding, needed to have in-depth understanding of the various evidence-based approaches for ASD and would then discuss the practical differences between providers that would help the family choose – mobile service delivery compared with only centre-based; the different (but evidence-based) approaches used by different providers; transdisciplinary practice provided compared with single discipline, etc. The families were assisted towards a decision without being told “this one is better for your child than that one”. Many families would like to be told very clearly which support or provider to access – in a manner similar to consulting a specialist medical professional for a physical illness – but to do so disempowers them and dismisses the value each provider may have to the family. Additionally, as Early Childhood Partners are generalists not specialists, it would be inappropriate to believe that such a Partner would have an in-depth understanding of each service provider’s supports.

Recommendations for transitions

Recommendation 21: 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.

Recommendation 22: Ensure providers are using the recently introduced ‘provider outcomes report’, as a mandatory measure to evaluate the effectiveness of their supports and services.

Recommendation 23: 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.

Autism Queensland response: Please see our responses to Consultation Question 4.1.

Autism Queensland responses to the Consultation Questions

4.1 GENERAL QUESTIONS

Feedback in relation to the increased focus on Short-term Early Intervention (STEI) outside of access to the Scheme:

- Evidence is required of the positive outcomes for STEI – there are no outcomes measured or reported for the benefits or shortcomings of STEI.
- We are concerned that increased focus on STEI will delay access, at a critical time, to specialist early childhood supports for those children who require this. How will decisions on which child is directed to STEI and which to full Scheme be made?
- This proposal seems to be a return to the state systems that were recently dismantled, e.g. the Queensland Family and Early Childhood Services (FECS) – problems experienced were minimal intervention sessions due to high demand, lack of continuity due to staff turnover, lack of disability-specific expertise, delays in accessing appropriate specialist support.
- Furthermore this model removes choice of provider for these children and their parents
- The level of upskilling required for EC Partners would be immense, particularly given the current shortage of experience early childhood intervention practitioners.
- The requirement for an increased number of experienced allied health professionals will severely negatively impact on service providers in all services (not just NDIS providers).

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

- We would like to have access to detailed and research-driven information on what the benefits of this change would be.
- We see this suggestion as creating a further diminishing of targeted support for those children who would then fall between the EC Approach and the NDIS full scheme.
- This change prolongs the period when families do not have choice and control over who provides their services if they are directed to Short-Term Early Intervention, as this is provided by the EC Partners *only*.
- It would further increase the number of EC partners required, once again drawing from the already too small number of experienced allied health providers.
- The current EC Approach age range already covers the period of children transitioning into school. Widening the age range to include the first 3 to 4 years of schooling into the EC Approach is bringing in a period that is very different from before school age needs and would be spreading the required skill-set of EC Partners much more widely.
- The value of EC Partner support for children transitioning to school is dependent on collaboration between the NDIS and education systems, which has been problematic up to this point, due to the NDIS position on funding not able to support education and school systems' position on 'NDIS stopping at the school gate'. For this change to be actively helpful, there first needs to significant work in the area of collaborative interactions between sectors. This should happen and be effective before any change to the age range for EC Approach is implemented.
- Another major transition for children is the move to secondary school, which is not being accounted for or acknowledged in this model.
- As stated in our introductory statement about additional improvements, we believe that a specific NDIS Approach for school-aged children would be more valuable. Within the autism cohort, parents consistently experience and reference huge challenges during their child's school life. This would also allow more concentrated effort by partners on address the current silos between NDIS and education.

- Autism Queensland's *Have Your Say* survey captured this data. In response to this survey question, "Has your child/have you ever had to change schools because the school wasn't the right fit for him/her?", 34% of 403 parents of primary school-age students on the spectrum and 53% of 175 parents of secondary school-aged students on the spectrum said that they had changed schools because the school was not a good fit. Of those who had changed schools, 30% had changed more than once. Parents gave many different reasons for changing schools, but the top 5 reasons were (1) lack of appropriate support, (2) bullying by other students (3) lack of understanding of the student's autism, (4) unfair or inappropriate treatment by teachers and (5) lack of academic progress. Parents were also asked "What are your preferences regarding your child's school placement?". Although regular mainstream school classrooms placements were the most preferred placements, around half of the parents identified an option other than a regular mainstream classroom as their preferred option. The most notable differences between parent-preferred school placement options and current school placements were that many parents preferred autism-specific classes in mainstream schools rather than special education classes that were not autism-specific, and autism-specific schools rather than special schools. Together these findings suggest that mainstream education systems are currently struggling to successfully include many students on the spectrum, and that parents are seeking educators who have a good understanding of the needs of students on the spectrum.
- The comment below made during recent information sessions on these Consultation Papers for our clients expresses this clearly:

What support is out there for children in schools? I've heard so many mothers including myself, where the schooling system completely fails their child. Can NDIS support them somehow in their education journey?

Having Partners who are specifically informed and dedicated to the needs of children at school seems more relevant than extending the expected tasks and skills of those with expertise in very young children to also include school-aged children.

Feedback in relation to the desire to see more successful transitions from the Scheme to the next stage of life:

- It is counter-productive and contradictory for there to be an emphasis on needing people to exit the Scheme when gaining access to it in the first place required evidence of permanent impairment. As commented by parents in the recent information sessions:

Leave NDIS meaning somehow the person no longer needs support? From a lifelong condition that requires ongoing supports? How can you no longer be eligible if you have a lifelong disability?

How does a person become "no longer eligible for the NDIS" if their condition is permanent?

- 'Early intervention' leads to *improved* outcomes, not a cure; children who meet the criteria for NDIS early intervention support will do so because they have significant disabilities and their functional capacity will be reduced, compared with same age peers, long-term. The financial requirements may **reduce** but there should not be the expectation that early intervention will lead to large numbers of children no longer meeting the criteria for NDIS support. It is stated in the consultation paper that the NDIS takes 'a lifetime approach'; an emphasis on moving people out of the Scheme as soon as possible is counter to this message. Section 25 of the NDIS Act states "likely to benefit the person by reducing the person's future needs for supports in relation to disability", 'likely' means that the future cannot be foretold for any child – how much

improvement they will show is not known at the start of the intervention; 'reducing' is not the same as 'removing'.

- The focus on transitioning out seems to reflect an overall lack of understanding of the true impact of disability as suggested by the Social Model of Disability. The Social Model of Disability sees 'disability' as the result of the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers. Children with disabilities encounter many new environments as they mature (e.g. transition to school, transition to secondary school, transition to post-school options). They often need support to overcome different sets of barriers associated with different environments in order to ensure that they can successfully participate in each new environment. Although the child may have received effective early intervention services that led to improved outcomes, it is therefore likely that further supports will be needed during these times of transition.
- If too much focus is placed on 'celebrating' transitioning out of the Scheme, a future need to re-enter – which is extremely likely for life-long disabilities – will be seen as a failure. Furthermore, this position seems to suggest failure for those children that do not transition out. Celebrating achievement of our goals should not mean we did not aspire to more.
- This focus also seems likely to perpetuate families' interpretation of the need to focus on their child's deficits in order to stay the scheme as they are so fearful of losing this access. There needs to be consideration of the capacity for participants to come and go from the Scheme – or have funding to use when they need it, without the sense that if they don't use it now, they will lose all access forever.
- We suggest turning this around and making it clear that the child is an NDIS participant for life, just not accessing funding unless it is needed. Check-ins, as per one of the proposals in the Plan Flexibility Consultation Paper, would occur throughout life, including when the person was not actively using NDIS funding.

Feedback in relation to how can we help families and carers better understand some of the terms the NDIA, and Early Childhood partners use such as:

- best practice
 - capacity building
 - natural settings, and/or
 - evidence.
- Minimise use of sector-specific jargon – this is particularly important for those families from CALD backgrounds, those with their own disability and/or those who are otherwise already disconnected with systems and supports. Over-use of these and other terms will alienate.
 - Use the already existing resource (for those on the autism spectrum) of the Early Days Parent and Carer workshops which have been in place since the commencement of the Helping Children with Autism initiative and came about due to the already recognized need to improve understanding of such terms. These workshops have a strong focus on achieving this.
 - The understanding and/or the ability to convey the meaning of these terms seems inconsistent amongst current EC partners, therefore further training of these partners is needed. For example, an EC partner recently made reference to evidence in response to a support being requested by a parent but was then unable to provide that evidence.

4.2 SUPPORT WITH ACHIEVING GOALS

What is the best way for us to check with families and carers on how their child is tracking to meet the goals for their child?

- Improve the goal statements in the first place. If they are not SMART goals, how is anybody to know if they are on track?

- Consider meetings with the parent and child whilst services are being delivered – EC Partner makes observations and asks questions based on what is actually occurring. This would also assist the development of truly collaborative 3- or 4-way relationships between the parent, the EC partner, the service provider and, where relevant, the mainstream support.

Would a mandatory early childhood provider report developed between families and their provider be useful for tracking against their goals?

- It would be expected that any provider of early childhood supports (or any other supports) would already have a process for establishing and recording goals, along with tracking progress. A specific template is helpful in ensuring that information is being provided in the way that the NDIS needs it – we believe this is in place already.

How can we better support families to connect with services that are either funded or available to everyone in the community?

- Regular engagement with providers in the community – currently capacity and high staff turnover make it difficult for Partners to stay informed about these supports.
- EC Partners need to be proactive in gaining information and have as part of their role that they go and look at such services so that they can informatively and supportively convey to families what they can expect and how such services are appropriate.
- More work with those medical / health professionals who may be the first contact that the family has – GPs, General Practice nurses, paediatricians – who often operate outside of the relevant systems and are unfamiliar with (e.g.) inclusion support in child care, state specialist early childhood services, government funded workshops, etc – so that families are directed to those services as a matter of course when first consulting about their child.

4.3 TARGETED SUPPORT

If you live in a remote or very remote part of Australia, what are some ideas you have on how we can get early childhood supports to work in your community or communities like yours?

- Provide a base level of block funding to support providers to establish and maintain services – may include a combination of travel to communities and online focussing on coaching models.
- Allow for connection for provider and participant initially, (face to face), move to graded supports – towards more online/less frequent support. A study that the NDIS commissioned Autism Queensland to conduct demonstrated that online support is more effective if there is an initial face-to-face contact in order to understand the child within his or her local environment (Ashburner, Vickerstaff, Beetge & Copley, 2016).
- Provide support for families to travel to specialist providers (e.g. over holidays) where intensive support can be provided and then maintained less intensively through online and less frequent face-to-face contacts.
- Supporting and facilitating links with existing cultural connections in community that promote children's development and family knowledge.
- Building the connectedness and communication between local teams and visiting providers.
- The Indigenous Liaison Officer (ILO) program has been very successful in assisting families across the country – funding ceases 31 March 2021.

How can our Early Childhood partners and mainstream services best support peer-to-peer connections?

- Keeping up-to-date information on all the peer-to-peer support groups that are in their vicinity and passing that on.

- Being a central point for such information to be maintained and passing on information on changes, new groups, upcoming events.
- Offer to attend sessions to provide information to the group and/or to conduct brief consultations with individual group members who are in need.

Are you interested in helping us co-design an approach that would make peer-to-peer networks easier to find and join for people?

- Gaining the necessary information about such groups and keeping it up-to-date is extremely time-consuming and demanding; the implementation of the NDIS has made it too difficult for many organisations to do this due to not being funded to do so and the emphasis on billable hours for clients.

How can we better reach and get support to young children and families who experience vulnerability and remove barriers so they can receive outcomes in line with other children and families?

- Commit to serious staff training in the relevant areas – these families and children are hard-to-reach for a variety of reasons, which makes proper understanding and access to specialised knowledge of how to engage essential.
- Consider all other suggestions made regarding reduction of the ‘silo’ effect, improved cross-government interaction, promotion of positive and open working relationships between providers and partners and block funding for some services so that there can be a flexible and fluid response.

4.4 TAILORED INDEPENDENT ASSESSMENTS (IAs) APPROACH

Do you have any feedback on this recommendation and/or any suggestions on how this proposed approach would work best for young children and their families/carers?

- How are they *independent* if the NDIS Early Childhood partners are administering the assessments and, in many cases, determining access? This is of serious concern to Autism Queensland and seems to be in direct contradiction to reasons put forward for many other NDIS decisions, processes and changes, where avoidance of conflict of interest, concern about service providers inappropriately funnelling clients to themselves, choice and control, best practice and more are highlighted.
- There are many concerns about IAs in general, for all age groups, which we cover in more detail in our submission to the Consultation Paper on this topic.

4.5 GREATER TRANSPARENCY ON PROVIDERS OF BEST PRACTICE

What mechanisms do you think could help achieve this?

- All providers of professional ECI services should be registered and audited. This is listed by the NDIS as an option as a dot point as part of this Consultation Question (see below) and yet information presented at an information session held by the NDIS on the topic of the Early Childhood Implementation Reset stated that this will not happen, which is confusing and extremely concerning. If ensuring that best practice is delivered to all children is genuinely a priority, then the delivery of services needs to be closely monitored and controlled. The registration process and renewal of registration audits are gruelling and thorough, which ensure adherence by registered providers to the NDIS requirements. If a provider is not registered, there are no mechanisms for categorically ensuring the quality of the service provided. It has apparently

been commented that to require all Early Childhood service providers to be registered with the NDIS would “reduce a parent’s/carer’s ‘choice and control’” and yet if that child is deemed to require STEI, there is no choice possible; similarly for the EC Partners are proposed to conduct the child’s IA (once IAs are introduced), and also determine the amount of funding the child will receive – absolutely no choice or control are available to families.

Please note we find it particularly concerning that this mechanism is proposed in this document but has apparently already been pre-determined within the NDIS to be not an option, which begs the question of why have it as a Consultation Question and creates concern that many other decisions have already been made, regardless of feedback.

- It is suggested that Early Childhood partners engage in more contact with Early Childhood service providers to gain understanding of services delivered and whether they meet best practice, and so that they can provide useful information to families about these services. Early Childhood partners are still seen to be discriminating between service providers eg. suggesting individual therapy but never small group or intensive supports

Who would be best placed to lead the development of, and manage, any additional complementary mechanisms?

- The Agency.

What do you think of the following ideas for potential mechanisms? What are the benefits or concerns with these potential mechanisms?

- Provide greater information to families about the benefits of using providers registered by the NDIS Commission.
 - Extremely beneficial – families would be in a better position to make an informed choice and be fully aware of the difference between registered and unregistered providers.
- Establish an industry-led 'best practice accreditation system'.
 - In theory this sounds good, but Autism Queensland has concerns for the additional workload for providers it seems likely to represent.
 - Such a system would need to recognise best practice disability specific intervention /approaches as well as generic EI best practice.
 - This seems as though it would take considerable time to set up.
 - Would this be managed by the Commission?
- Establish a 'quality feedback/rating system'.
 - If managed well, this kind of system can create value for participants and providers, BUT must be managed well, as there is a high risk of fraudulent reviews by providers and participants and of selection bias.
 - Additionally, people are more likely to leave reviews if their experience was very good or very poor and you are less likely to hear about anything in between.
- Make registration with the NDIS Commission mandatory for all providers operating in the EC space.
 - As stated above, Autism Queensland considers this to be the most effective way of ensuring quality of service to participants.
- Require self and plan-managed participants in the new Early Childhood approach to use only registered providers.
 - As above.

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