



Early childhood approach

A guide for health professionals

ndis

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Early intervention represents best practice in early childhood

Early childhood intervention is the process of providing specialised support and services for children with developmental delay or disability, with the aim of promoting their development, well-being and community participation (Early Childhood Intervention Australia (ECIA) 2016).

A key part of early childhood intervention is ensuring that parents and caregivers have the information, tools and support they need to

help build a child's capacity within their natural environments, like at home and childcare. This ensures that capacity building is not just limited to formal clinical settings but occurs at every opportunity (ECIA 2016). This is in line with research that shows the important people in a child's life have the biggest impact on a child's learning and development (ECIA 2016).



Principles of best-practice early childhood intervention

The National Guidelines for Best Practice in Early Childhood (ECIA 2016) are based on the following 8 principles (ECIA 2017):

1. The family is at the centre of all services and supports

Family and professionals in early childhood work together as active and equal partners, where planning and interventions for the child are based on a family's life, priorities and choices.

2. All families are different and unique

Professionals in early childhood provide services and supports in ways that are sensitive and respectful of a family's cultural, language and social backgrounds, and their values and beliefs.

3. The child participates at home and in the community

The child is fully included, and participates meaningfully, in both home and community life, with additional supports as needed, to create a real sense of belonging.

4. The child practises and learns new skills everyday

The child engages, learns and practises skills through participation in the activities and daily routines of their everyday life.

5. Professionals of early childhood and family form a team around the child

A family works together with professionals to form a team around the child communicating and sharing information, knowledge and skills. One main person, called a key worker, works with the family.

6. Interventions build everyone's knowledge and skills

Building the knowledge, skills and confidence of the family and the important people in a child's life will have the biggest impact on a child's learning and development.

7. Services and supports align with what parents/caregivers want for their child and family

Professionals in early childhood focus on what parents want for their child and family, and work closely with the family to achieve the best outcomes for a child.

8. Professionals in early childhood deliver quality services and supports

Professionals in early childhood have appropriate qualifications and experience, and base their intervention on sound clinical evidence and research.

How does the NDIS support early intervention in early childhood?

The early childhood approach is the way the National Disability Insurance Scheme (NDIS or the Scheme) supports children younger than 7 with developmental delay or disability. The National Disability Insurance Agency (NDIA or the Agency) has engaged early childhood partners around Australia to deliver the early childhood approach.

Early childhood partners are local organisations made up of experienced professionals in early childhood (typically allied health practitioners from a range of disciplines, and early childhood educators). They are appointed by the NDIA to help families connect and create strong links with appropriate mainstream and community services, ensuring timely access to best-practice early intervention options for children.

In serving a local community, early childhood partners aim to represent a single point-of-contact for families and carers, helping them to understand the various providers available and to identify who would be helpful.

As part of this process, the early childhood partner will also help families to understand the potential role of the Scheme and where appropriate, help them apply for access. The early childhood approach ensures early connection to a range of relevant, supports in

a family's local community – including early supports which focuses on capacity building – but also the flexibility to apply to the Scheme if required.

The Scheme recognises that the right intervention at the right time, and for the right length of time, will ensure the most optimal outcomes for children.

To facilitate this best-practice approach, it is recommended that health professionals (e.g. general practitioners (GPs), paediatricians, allied health professionals) refer children younger than 7 who they believe may benefit from early childhood intervention supports – due either to a diagnosed disability or concerns regarding delays in their development – to an early childhood partner, regardless of whether or not they may be eligible for an individual NDIS plan.

Note: As an aim of the early childhood approach is to provide access to early childhood intervention supports as early as possible, a **formal diagnosis is not required** in order for children to be referred to an early childhood partner to access early connections. The Agency recognises that diagnosis for children can be complex and not all forms of delay warrant a formal diagnosis.

The early childhood approach is described on the [NDIS website](#).

Refer children with developmental delay or disability to an early childhood partner for early connections

An early childhood partner can quickly connect families to a range of supports in their local community while gathering information to understand a child's development and the types of early childhood supports that will deliver benefit.

Early childhood partners have been chosen by the Agency due to their specialist skill-sets in early childhood intervention. Early childhood partners do not provide free diagnostic assessments (e.g. speech pathology diagnostic assessments for language delay). Rather, early childhood partners use their specialist expertise to assess the functional impact of a child's developmental delay or disability, identify goals, and discuss evidence-based supports that will assist the child/family in meeting these goals.

Importantly, early childhood partners employ a 'team around the child' approach, ensuring a holistic assessment of a child's function based on parent report, objective assessment and observation of the child. This ensures the right breadth of supports are put in place for a child, supporting the delivery of best-practice early childhood intervention.

The early childhood approach is based on the principles of best practice in early childhood intervention and allows for access to timely, targeted and individualised early childhood intervention supports for children.

Every child is different and early childhood partners specifically tailor support to align with a child's individual needs and circumstances. In doing so, they help the child and family to build their skills and independence, supporting greater inclusion in the community and everyday settings.

In line with the principles of best-practice early childhood intervention, early childhood partners play an important role in supporting families to connect with supports in their local area. This may include both community and mainstream supports. If a child becomes a Scheme participant, the early childhood partner will support the child and their family to connect with local service provider/s who can coordinate and deliver NDIS-funded early childhood intervention supports.

The early childhood approach is described on the [NDIS website](#).

The role of early childhood partners

- Provide information to family and caregivers about early childhood intervention supports and providers in their local community and, where appropriate, the NDIS
- Refer the family to community and mainstream services (e.g. Community Health Service, playgroup, early childhood education centres (pre-school/kindergarten), childcare, peer support group, child health services, special education options)
- Use standardised functional assessments, parent report and observation to establish the functional impact of a child's delay or disability (but not diagnose)
- Identify if a child may benefit from early support and, where appropriate, provide some short-term early childhood intervention supports to assist the child and family to work towards their goals
- Identify if a child requires long-term specialised early childhood intervention supports and is likely to meet eligibility requirements. Then assist the family to request access to the NDIS and submit the required information and evidence
- Support an access request by gathering evidence of the child's current functioning and developmental profile
- Undertake the planning process with families if a child becomes a Scheme participant
- Coordinate a combination of the above options
- Support families to connect with best practice early childhood intervention providers
- Monitor the child's progress to ensure their NDIS plan is helping them work towards their goals

How are individuals aged over 7 and their families supported?

Local area coordinators are local organisations that help deliver the Scheme in the community for **individuals aged 7 years and over**. This includes providing individuals with information about the Scheme, so they can make an informed choice about whether or not to apply for NDIS funding and supports; guiding individuals through the process of making an access request; and assisting Scheme participants to create, implement and review their NDIS plans. Local area coordinators can also help identify whether the supports an individual requires are best funded by the Scheme or other mainstream services. Unlike early childhood partners, local area coordinators do not have specialist skill-sets in early childhood intervention and are not experts in the delivery of the early childhood approach.

What criteria must be met for Scheme access under the early intervention requirements?

Children younger than 7 with developmental delay or disability **do not need to be an NDIS participant in order to receive support through early connections.** However, if the early childhood partner identifies that the child would benefit from longer-term, funded early childhood intervention supports, the child must meet the NDIS access criteria for early intervention or disability in order to become an NDIS participant. For children younger than 7 (except for children with a diagnosed condition

on [List A - Conditions which are likely to meet the disability requirements](#)) the NDIA will first consider whether a child meets the early intervention requirements before considering the disability requirements.*

NDIS access becomes relevant when a child with delay or disability would clearly benefit from a coordinated, long-term, multidisciplinary service response.**

In general, a child is likely to meet the early intervention requirements for Scheme access if they have:

- ☐ Developmental delay (younger than 6),**

OR

An identified impairment (intellectual, cognitive, neurological, sensory or physical) that is, or is likely to be, permanent,

AND

- ☐ It is evident that the provision of early intervention supports is likely to reduce the child's future needs for support by mitigating or alleviating the functional impact of their delay/impairment, improving or preventing deterioration of functional capacity, or strengthening the sustainability of informal supports (e.g. by building the capacity of the child's family/caregivers)

AND

- ☐ The early childhood intervention supports are most appropriately funded by or provided through the Scheme.

* The disability requirements are described in detail on the [NDIS website](#).

** The NDIS website has information and guidance on [early intervention requirements](#) and [developmental delay](#).

Does a child need a diagnosis to receive Scheme supports?

A child younger than 6, may be able to enter the Scheme without a diagnosis. For example:

- A child younger than 6 with developmental delay*
- A child younger than 6 with delayed development waiting for a diagnostic assessment to be completed with health services
- A child younger than 6 showing early signs of a disability (e.g. Autism Spectrum Disorder, Cerebral Palsy, Intellectual Disability)

Developmental delay versus Global Developmental Delay

For the purposes of the Scheme early intervention requirements, the term ‘developmental delay’ refers to a child whose development is not at the level expected for their age and has a significant effect on their ability to perform daily routines and activities.

Developmental delay is different to Global Developmental Delay (GDD). GDD is a disability that is diagnosed by health professionals (as per DSM-5 criteria), whereas developmental delay is not a diagnosed disability.

A diagnosis of GDD is reserved for children up to 5 years of age who are unable to undertake a formal assessment for intellectual disability. A diagnosis of GDD is made when the child experiences developmental delay in 2 or more areas of functioning for at least 6 months.

GDD is a condition on [List D Permanent Impairment/Early Intervention, under seven years](#). This means that evidence of diagnosis (but no further assessment) is required when applying for access to the NDIS.

* The definition of developmental delay is described in detail on the [NDIS website](#).

What if a child would benefit from early intervention but does not meet the Scheme access criteria?

Early childhood is a time of high variability and developmental delay is a term that is not always used within the context of a formal diagnosis or impairment (Oberklaid 2011). It may also be used when a child is simply slower to reach, or has not yet reached, age-appropriate developmental milestones. This includes milder presentations that do not have a substantial impact on day-to-day function and are anticipated to resolve with age and appropriate intervention in the short-term.

Early childhood partners can provide early supports to children who don't meet our criteria for developmental delay.

A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

This means that there is a cohort of children who may benefit from early supports while further evidence is being gathered to fully understand their individual needs, including whether or not there is a need for longer-term early childhood intervention supports. This may include children whose functional needs are still being formally investigated by treating professionals.

The early childhood approach delivered by early childhood partners caters for all these scenarios by connecting young children and their families with the supports they need now, regardless of whether or not they may be eligible to become a participant in the Scheme. This approach recognises that some children's needs will be best met via mainstream and community supports (e.g. a child with a mild stutter and no other developmental concerns), while other children will require early childhood intervention supports of an extended duration, in which case, applying for the NDIS may be appropriate.

Refer children younger than 7 with developmental delay or disability (with or without a diagnosis) to an NDIS early childhood partner. They will support the family with early connections which may include help to apply to the NDIS, if the child is likely to meet eligibility requirement.



How to refer to an early childhood partner

Early childhood partners are located in most communities around Australia. In areas where an early childhood partner is not present, the Agency will provide alternative support arrangements to children and their families. Each early childhood partner has a designated service area, ensuring they have a deep understanding of the different types of supports and providers available within their geographic territory.

Child health nurses, paediatricians, allied health professionals and GPs can all refer to an early childhood partner. Families are also able to self-refer to early childhood partners in their local area.

To make a referral, complete and submit a referral form – this can be found on your early childhood partner's website. The referral process may differ slightly between individual partner organisations, so we recommend contacting your local early childhood partner to find out their preferred process.

To find an early childhood partner in your local area, use the links below or call 1800 800 110:

[Northern Territory](#)

[ACT](#)

[New South Wales](#)

[Queensland](#)

[South Australia](#)

[Tasmania](#)

[Victoria](#)

[Western Australia](#) – Please note, in Western Australia GPs may refer children with developmental concerns to Child Development Services (CDS) within Child and Adolescent Health Services – www.caahs.health.wa.gov.au or Western Australian Country Health Services – www.wacountry.health.wa.gov.au

Refer to an early childhood partner in parallel to other appropriate referrals

We recommend making any appropriate medical referrals (e.g. paediatrician, other medical specialists) in parallel to a referral to a early childhood partner. This will enable the early childhood partner to gather information about the child's development, determine support needs, connect the family to appropriate supports and, if appropriate, request Scheme access while the child is awaiting specialist review – this is especially important if wait-times to see a specialist are long. We also encourage health professionals to refer the family to Community Health at the same time as a referral to an early childhood partner.

What information should you include in a referral to an early childhood partner?

Health professionals play an important role in acting as their patient's advocate. Your referral can help articulate or clarify parents' concerns, so a child can be quickly directed to the right early connections. In your referral, it is helpful to:

- ☐ Describe your concerns regarding a child's development or provide sufficient detail about the disability.
- ☐ Outline how the delay or disability impacts on the child's activities of daily living and participation in family and community life.
- ☐ Identify any complexity factors (e.g. non-English speaking or culturally and linguistically diverse (CALD) background, sensitive family dynamics, concomitant health conditions or co-morbidities).
- ☐ Provide evidence of delay or disability if a formal diagnosis has been made; however, a diagnosis is not required to make an referral.
- ☐ Provide details of any other referrals that have been made (e.g. specialist medical, allied health, community health).
- ☐ Summarise the child's functional needs and how early childhood intervention supports are likely to benefit the child's development, as well as their inclusion and participation in family and community life.
- ☐ Indicate if there are any obvious Scheme access criteria the child does not meet (e.g. the child does not meet the Australian residency or visa requirements, in which case, the child can still be referred to an early childhood partner for support).
- ☐ Provide copies of relevant documents (e.g. previous medical assessments and reports, letters, screening assessments from health and/or educational professionals).
- ☐ Ensure the parent or carer has provided informed consent for the early childhood partner referral.

Your role once a referral has been made

Once a referral has been made, the treating health professional can expect to receive information from the early childhood partner that is working to support the child and their family. As well as provide ongoing medical support, the GP plays an important role in closing the loop between all the different organisations providing support to the child and family, and making sure all parties are aware of the other's involvement. When referring to an early childhood partner, it's good practice to advise the early childhood partner if one or more specialist medical referrals have been made. Similarly, when referring to a specialist or other provider, please advise them that a referral to an early childhood partner has also been made.

Recognising children with signs of delay who would benefit from early intervention

Developmental problems in young children are common and have lifelong implications for health and wellbeing (Oberklaid 2011). Early detection of developmental problems provides an opportunity for early intervention to shift a child's developmental trajectory and optimise their potential (Oberklaid 2011).

Every encounter that a GP has with a child is an opportunity to consider their developmental progress (Oberklaid 2011).

Health professionals such as GPs, maternal child health nurses and practice nurses (especially those who administer the National Immunisation Schedule) are ideally placed to recognise the signs of developmental delay because of their ongoing relationship and frequent contact with a child and their family (Oberklaid 2011). However, research shows that relying on clinical judgement alone often fails to detect delay in infants and young children (Oberklaid 2011).

Current best practice in early childhood intervention has moved towards functional-based assessments using developmental screening and observational tools such as the Pediatric Evaluation of Disability Inventory Computer Adaptive Test (PEDI-CAT) and the Ages and Stages Questionnaire (ASQ) to evidence the degree of delay in a child's development.

Developmental screening identifies areas in which a child's development differs from same age norms to help objectively identify children presenting with delay.

Parents are often the first to suspect a delay in development and will seek reassurance from a GP or other health professional (Oberklaid 2011). Indeed, research shows that parent report is one of the most effective ways of detecting developmental delay and selecting out children who require a more detailed assessment and/or referral (Oberklaid 2011; Glascoe 2000).

Collaborative parent and clinician screening has a synergistic effect and increases the likelihood of discovering developmental delay.

As such, methods that involve parents more closely in the detection process are now considered the gold standard in screening for developmental concerns. For this reason, the Parents' Evaluation of Development Status (PEDS) questionnaire is incorporated within the state and territory-specific child health and development record books provided to all new parents. By documenting the achievement of (or failure to achieve) age-appropriate developmental motor, social and language milestones, parents can provide important insights for primary care clinicians.

Early referral enables early intervention

Developmental delay may affect a single domain or span multiple domains, is not always permanent (bearing in mind the normal variation in childhood development), and does not necessarily result in a disability. However, if you identify a red flag, timely referral to an appropriate specialist, with concomitant referral to an early childhood partner, is warranted.

Children do not require a diagnosis to be referred to an early childhood partner and can be referred as early as infancy (aged younger than 7).



Red flags – what to look out for* (Oberklaid 2011).

- Persistent parental concerns, even in the face of normal observation (e.g. ‘something just isn’t right’, ‘she seems very floppy’, ‘he doesn’t really look at me’, ‘he’s not interested in things’)
- Low arousal to external stimuli, noticeable hypo or hypertonia affecting motor skills (including any asymmetrical differences), little-to-no eye contact, little-to-no interest or interaction
- Developmental regression (where a child is going backward in one or more aspects of their development)
- Prematurity (most of these children will already be enrolled in a follow-up program, but if not, consider early referral to a paediatrician or hospital clinic)
- Conditions associated with high risk of developmental delay (these include chromosomal abnormalities, significant hearing and/or vision problems, dysmorphism, and where there is a clearly abnormal neurological examination)
- High index of suspicion on the basis of observations, failed screening tests, or major psychosocial/family risk factors
- Suspicion of autism

Not all developmental delay will present with ‘florid’ red flags. In such cases, it can be tempting to employ a ‘wait and see’ approach but true early intervention starts as soon as it is identified there may be issues. Even if you deem that a specialist referral is not warranted, referral to an early childhood partner for assessment

may still be appropriate. Classically, this will be a child demonstrating delay in one or more areas where there is no suspicion of an underlying medical condition but early intervention and support prior to school age would still be of value (e.g. speech delay, under-developed fine motor skills, behavioural concerns).

* Refer to your state or territory child health and development record book for detailed, age-appropriate target milestones

Documenting a child's disability or delay

As a treating health professional, you may be asked by a parent, caregiver or a professional of early childhood (e.g. allied health professional or early childhood educator), to help support an NDIS access request by providing evidence of a child's impairment or delay and its functional impact.

In these instances, we strongly recommend referring the family to an early childhood partner for the support they need, which may include supporting them to apply for access to the NDIS. This approach has numerous benefits, including the use of a holistic framework to contextualise a child's developmental needs. This enables rapid connection to appropriate community and mainstream supports, and if required, early supports for children younger than 6 with developmental concerns.

You can facilitate this approach and where relevant, the access request process, by clearly documenting:

- Your concerns regarding a child's development or providing sufficient detail about the disability

- What the child is currently able to do and what they currently require support or assistance to do – relative to what children of that age can typically do
- How the delay or disability impacts on the child's activities of daily living and participation in family and community life
- Whether the child's impairment is (or is likely to be) permanent, particularly if the child is 6 years or older
- What types of treatment have been tried and to what degree they have been successful (or not)
- How early childhood intervention supports are likely to benefit the child's development, as well as their inclusion and participation in family and community life.

Providing copies of relevant documents (e.g. previous medical assessments and reports, letters, screening assessments from health and/or educational professionals) is also helpful.

Paving the path to access

The NDIA has partnered with the Royal Australian College of General Practitioners to develop this [Continuing Professional Development activity](#) (3 CPD points) on how to best support patients seeking access to the Scheme.

Case studies

Every child is unique and therefore each journey under the early childhood approach will be different. The following case studies illustrate

how the early childhood approach can support children and their families.



Riley, early connections for dietary concerns via mainstream and community supports

Riley is a 3 year-old boy who is a fussy eater. His dad, a single parent, raises his concerns with their family GP, explaining that Riley only drinks milk and eats a minimal variety of food colours and textures– primarily bread, bananas, and sometimes pasta. Concerned about Riley’s limited diet, the GP completes a health check to confirm that Riley’s health and weight are within normal range, then refers the family to an early childhood partner.

The early childhood partner meets with Riley and his dad, who explains that he is worried that Riley’s diet will affect his health. Through this conversation, it becomes evident to the early childhood partner that there are no other health or developmental concerns.

The early childhood partner consults with her colleague in the early childhood partner team and provides Riley’s dad with some strategies he can use at home to support Riley’s eating habits and to start expanding his diet. Riley and his dad are also referred back to their local Child Health Nurse, and to a dietitian at the local Community Health Centre. The early childhood partner follows up with Riley and his dad after they have been connected with these services. Riley’s dad explains that he now feels confident about how he can best support Riley’s diet and eating habits. He is also aware that he can contact the early childhood partner again if any further concerns arise.



Isabelle, early connections for speech delay via mainstream and community supports

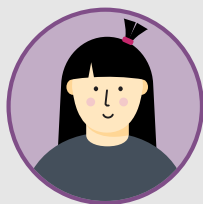
Isabelle is a 3 year-old girl who lives with her mother, Rachel, and 2 year-old twin sisters. A busy working single parent, Rachel finds it difficult to manage the competing demands of working and caring for 3 young children.

Isabelle's father lives interstate. He visits Isabelle twice a year. When Rachel is working, her elderly parents care for Isabelle and her siblings but they are finding it challenging to care for 3 small children.

Rachel only has one day a week off work and on that day she takes Isabelle to playgroup. During the playgroup sessions, Rachel notices that Isabelle's speech is not as well developed as other children her age. The playgroup leader suggests Rachel makes an appointment with an early childhood partner.

During the appointment, through careful questioning, functional screening and observation of Isabelle, it became clear to the early childhood partner that Isabelle had met most of her developmental milestones but appeared to have a speech delay. However, it didn't have a substantial impact on Isabelle's other developmental domains. Her behaviour, social skills and physical development were all at an age-appropriate level. It was determined the support required for her speech delay was best met through mainstream services.

The early childhood partner discussed mainstream and community referral options with Rachel. Isabelle was then referred to the local Community Health Centre to access speech therapy. The early childhood partner and Rachel also discussed suitable childcare options for Isabelle to assist in relieving some of the caring responsibilities for Rachel and her elderly parents.



Georgia, NDIS participant – early intervention for developmental delay

Three-year-old Georgia and her parents have just started seeing a paediatrician who referred them to an early childhood partner. Georgia presents with significant communication, physical and social developmental delay. She can walk short distances but fatigues easily and is unsteady on her feet. Georgia has started speaking but she is only using one or 2 words, so she has difficulty expressing herself. Her family are concerned and have tried various strategies to encourage her development but feel these are not working. It's frustrating for Georgia too, who often screams at length and is unsettled during the day and night.

Georgia and her parents meet with an early childhood partner in their home, which allows Georgia's parents to discuss their concerns about Georgia's development. The early childhood partner observes Georgia in her natural environment and completes a functional screening tool. Georgia's parents also identify and discuss goals for their daughter's development.

The early childhood partner advise Georgia's parents that Georgia would benefit from early childhood intervention supports for an extended duration in a 'team around the child' approach. This would include engaging a service provider, with a key worker delivering specialised early childhood intervention, as well as consultations/ongoing support with other members of the early childhood intervention team as required. As such, the early childhood partner supports the family to request access to the Scheme for Georgia and also supports them to connect with a local peer group and playgroup.

Once access is met, the family works with the early childhood partner to develop an NDIS plan and identify goals for their daughter's development. The early childhood partner also identifies and recommends an assistive technology assessment as part of Georgia's NDIS plan to help aid Georgia's mobility.

Once Georgia's NDIS plan is approved, the early childhood partner supports the family to connect with a service provider. They are assigned a key worker with a background in speech pathology who then implements the required early childhood intervention supports. The key worker also liaises with the physiotherapist who completes the assistive technology assessment. The early childhood partner checks in with the family from time to time to ensure Georgia's current NDIS plan continues to meet her support needs.



Jason, early supports for delay and related behavioural issues followed by an NDIS plan

Jason is a 4 year-old boy who lives with his parents, Lisa and James, and his 6 year-old sister. Jason attends childcare 3 days a week. Lisa and James have been concerned about delays in Jason's speech and his emotional regulation. They decided to seek help when Jason's childcare reported he was yelling at other children and hitting out.

During a recent visit, their paediatrician confirmed that Jason was experiencing some delays in his development and recommended they contact an early childhood partner in their local area for support.

Lisa, James and Jason meet with an early childhood partner at their home. The early childhood partner observes Jason in his natural setting, completes a functional screening tool, and discusses Lisa and James's concerns. The early childhood partner reviews Jason's developmental needs and assists the family to connect with mainstream services in the community and offers a short period of early supports. Lisa, James and the early childhood partner discuss desired goals for Jason's development. Lisa explains that they would like to improve Jason's speech, so people can understand him better. She also indicates that James and herself would like support to better assist Jason with his behaviour and emotional regulation at home and especially at childcare.

The early childhood partner works alongside the family to help them implement early childhood intervention strategies at home to support Jason's communication skills and emotional regulation. The family shares these strategies with Jason's childcare educators. The early childhood partner also visits the childcare centre, observes and provides support to assist staff in managing Jason's challenging behaviour and assisting him to follow the childcare routine positively. Both Jason's parents and childcare educators implement the suggested strategies and, over time, there is some improvement in Jason's communication skills and behaviour.

The early childhood partner also links Lisa and James to the local community centre parent support group where they start attending weekly. There, they are able to develop some friendships with other parents.

The early childhood partner monitors Jason's progress over the next few months and continues to offer support to the family. Although some improvements in Jason's development are noted, delays in his speech and language development, behaviour and social interactions persist, and it becomes evident that Jason is now likely to meet the criteria for developmental delay and would benefit from longer-term support. The early childhood partner discusses this with Lisa and James and supports them to request access to the Scheme for Jason. Once access is met and an NDIS plan is in place, the family is supported to connect with a service provider and assigned a key worker. The early childhood partner completes a warm handover with the key worker outlining the supports and strategies currently in place and regularly checks in with the family to discuss Jason's support needs.



Tiana, NDIS participant – early intervention in the setting of suspected autism spectrum disorder

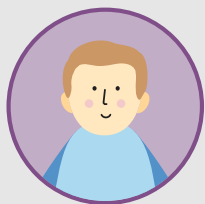
Tiana is a 3 year-old girl with a history and signs suggestive of autism spectrum disorder. Her GP has referred her to a paediatrician and to an early childhood partner in the family's local area. Although she has not been formally diagnosed, the paediatrician recognises that Tiana presents with significant delays in her development and would benefit from early childhood intervention supports. The early childhood partner meets with Tiana, her mum and her stepdad at their home to talk about Tiana's support needs and the family's goals for her.

From the early childhood partner's functional screening and observations, it is determined that Tiana has functional needs across multiple areas of her life and would benefit from a 'team around the child' early childhood intervention for an extended period of time. The early childhood partner supports the family to request access to the Scheme and connects them to a local support group, allowing them to meet with families in a similar situation. Once access is met, the early childhood partner works with the family to develop an NDIS plan for Tiana and supports the family to connect with a service provider, where a key worker supports the delivery of NDIS-funded early childhood intervention supports.

Tiana's NDIS plan includes goals focused on motor skills, communication and social interaction, with the aim of helping Tiana learn, play and better express herself with her peers. The key worker provides Tiana's parents with information and strategies they can use at home to support Tiana's development.

Tiana will be transitioning to preschool in the coming months. Her transition will be discussed as part of her upcoming NDIS plan review to ensure her supports continue to meet her needs across all the settings in which Tiana spends time.

In this case, Tiana was yet to be formally diagnosed but there was clear evidence from the early childhood partners functional screening and observations that early childhood intervention supports of an extended duration would be beneficial. Using this evidence, the early childhood partner supported the family to request access to the Scheme.



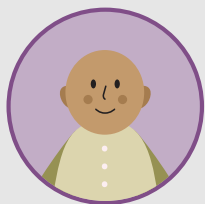
Aiden, NDIS participant – early intervention in the setting of autism

Aiden is a 2 year-old boy who has been diagnosed with autism. Aiden's struggle to communicate often leads to vocal and physical outbursts, which his parents and childcare centre staff have found increasingly difficult to manage. Aiden's paediatrician refers him to an early childhood partner for early intervention and support. The early childhood partner supports the family to request Scheme access to enable the delivery of early childhood intervention supports over an extended duration. While waiting for an access decision, the early childhood partner supports Aiden's family to connect with an Autism Advisor and to attend an 'Early Days information session', which provides Aiden's parents with valuable information about caring for a child with autism.

Once access is met, Aiden's parents work with the early childhood partner to develop an NDIS plan. The early childhood partner also supports the family to connect with a service provider. The family choose an early childhood intervention provider who offers a key worker, a professional in early childhood who can coordinate and deliver NDIS-funded early childhood intervention supports. The key worker implements a range of therapies designed to improve Aiden's cognitive, behavioural and social development, as well as supports to help Aiden's family better understand his needs.

The key worker also supports the educators at Aiden's childcare centre with training and practical support, so they can also assist Aiden to work towards his NDIS goals. This includes helping them implement the same strategies being implemented at home, so there is better consistency for Aiden across the 2 settings.

In this case, Aiden had clear evidence of a permanent disability that was impacting his daily life. By referring the family to an early childhood partner in the first instance, additional information and supports were able to be provided to support Aiden and his family on their journey to understanding Aiden's support needs.



Max, NDIS participant – early intervention in the setting of Down syndrome

Max is 6 months old. He was diagnosed with Down syndrome in the weeks following his birth. Max spent the first few months of his life in hospital with health complications associated with his disability, and was supported during this time by a paediatrician and the hospital's allied health team for feeding supports. Max recently had an appointment with his paediatrician, who discussed early childhood intervention with Max's parents for the purposes of early family support, information provision and a proactive approach to assisting Max's development. His paediatrician referred Max to a local early childhood partner, and included with his referral, a copy of Max's diagnosis and discharge reports from the hospital's allied health team.

The early childhood partner meets with Max's parents, Sue and Steve, who explain that they are feeling overwhelmed by Max's diagnosis. They want Max to interact with other children, but are not sure where to take him as they are worried he won't be accepted because of his disability. Sue and Steve missed all the 'Mums, Dads and Bubs Groups' run by the Child Health Centre, as Max was in hospital. The early childhood partner supports Sue and Steve to connect with a local parent support group and playgroup, as well as the local library's story-time sessions. They also support Sue and Steve to request access to the NDIS for Max.

Once access is met, the early childhood partner works with Max's family to create an NDIS plan, and provide them with information and support to implement the plan and connect with an early childhood intervention service provider of their choice. Max now has a key worker supporting him and his family. The key worker implemented a range of supports, including therapies designed to support Max's development, as well as practical supports and strategies for his parents.

Max's early childhood partner recently checked in with Sue and Steve to see how Max's plan was going. Sue and Steve thanked their early childhood partner for connecting them to the parent support group and commented on how valuable this support group has been to them and how being able to talk to other families in similar circumstances has helped them to better support Max.

Conversations with family and caregivers

When discussing parental concerns about a child's development and/or the role of early intervention within the context of a referral to the early childhood approach, we recommend covering the following points with family and caregivers:

1. Be clear about the purpose of the referral

The purpose of a referral to the early childhood partner is to connect children who may benefit from early connections – either due to a diagnosed disability or developmental concerns – with an early childhood partner in their local community who can assist the family to determine the child's support needs and identify appropriate services and providers.

If, by engaging in this process, it becomes apparent that the child may meet the eligibility requirements for access, then the early childhood partner can support the family to apply for the NDIS. If the child meets the Scheme access criteria, the early childhood partner will work with the family to create an NDIS plan that funds the involvement of the relevant professionals in early childhood over the longer term.

2. Manage expectations about the Scheme

It is important to manage a family's expectations about the Scheme and the types of support it will fund. Specifically, it should be communicated that an NDIS plan is not necessarily required to access the supports their child needs. By referring the child to an early childhood partner in the first instance, the family can be connected to services and supports in their community, information, other families, early supports or helped to apply to the NDIS if eligible.

3. Make access to early intervention supports the focus, not the Scheme

When family or caregivers have concerns about their child's development, it should be emphasised that the priority is early intervention – helping the family to connect to the right types of supports for their child as early as possible. This should be the immediate focus, not getting an NDIS plan, which may or may not be right for the child over the longer term.

4. Explain how to access best-practice early childhood intervention

If a child is already seeing a private service provider (e.g. speech pathologist), we recommend that the private practitioner and family do not apply for Scheme access on the child's behalf in isolation but rather, refer the child to an early childhood partner for functional assessment and collaborative input first. If the child meets the access criteria, the NDIS plan is likely to include funding for early childhood intervention support in which case, the family can now use their NDIS funds to access early childhood intervention supports from new or existing early childhood intervention providers. Under the key worker model, the key worker will be the main person who will work alongside the family/caregiver to support the child's progress towards goals.

Where relevant, the key worker will liaise with the wider early childhood intervention team – which can include occupational therapists, speech therapists, physiotherapists, psychologists, social workers and specialist early childhood educators – as well as other services (e.g. Early Childhood Education and Care centres) to help build a team around the child that best supports their needs and goals. This collaboration supports the best-practice delivery of early childhood intervention, whereby a team is built around the child, rather than different disciplines working in isolation.

Support early intervention in early childhood

- Refer all children younger than 7 with developmental delay or disability to an early childhood partner in the first instance, for early connections (a diagnosis is not required)
- Where appropriate, refer to other specialists in parallel, so the family can access supports from the early childhood partner while waiting for further assessment
- Refer children early, rather than taking a 'wait and watch' approach, to enable true early intervention as soon as it is identified there may be evidence of delay
- Manage the expectations of family and caregivers regarding the Scheme and the early childhood approach; the priority is timely access to early childhood intervention supports with support to apply for Scheme access, only where necessary.
- [Contact us](#) or call 1800 800110, if the family lives in an area with no childhood partner.



Contacts

Further information

For further information about the early childhood approach and the Scheme in general, including a range of practical resources for GPs and health professionals, visit ndis.gov.au/gps-and-health-professionals

Your local early childhood partner

For quick reference, record the details of your local early childhood partner here (find using links):

[Northern Territory](#)

[ACT](#)

[New South Wales](#)

[Queensland](#)

[South Australia](#)

[Tasmania](#)

[Victoria](#)

[Western Australia](#)

Non early childhood partner locations

There are some locations in Australia, where an early childhood partner is not present, for example some rural and remote locations. If you are making a referral for a child who lives in a non early childhood partner area, please contact the Agency directly on 1800 800 110 or visit the website ndis.gov.au for further information.

References

Early Childhood Intervention Australia (ECIA) (2016) 'National Guidelines: Best Practice in Early Childhood Intervention', (Sydney).

Early Childhood Intervention Australia (ECIA) (2017) 'Choosing Quality Early Childhood Intervention Services and Supports for Your Child: What you need to know', (Perth).




Glascoe F. (2000) 'Evidence-based approach to developmental and behavioural surveillance using parents' concerns', Child: Care Health Dev, 26(2):137–149.

Oberklaid F, Drever K (2011) 'Is my child normal? Milestones and red flags for referral', Aust Fam Physician 40(9):666–670.



For more information about the NDIS, please contact:

National Disability Insurance Agency




-  Telephone 1800 800 110
-  Find us on Facebook/NDISAus
-  Follow us on Twitter @NDIS

[ndis.gov.au](https://www.ndis.gov.au)

For people who need help with English

 TIS: 131 450

For people who are Deaf or hard of hearing

-  TTY: 1800 555 677
-  For Speak and Listen: 1800 555 727
-  Internet relay: National Relay Service
relayservice.gov.au