



Summary report – outcomes of the request for information for designing an early childhood assistive technology approach

June 2022

Provider and Market Development Division

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1. Executive summary

The National Disability Insurance Agency (NDIA) is a corporate Commonwealth entity whose role is to implement the National Disability Insurance Scheme (NDIS or Scheme).

Our purpose is to support individuals with a significant and permanent disability or developmental delay who become participants in the Scheme (participants) to be more independent and engage more socially and economically. We aim to do this while delivering a sustainable NDIS that builds genuinely connected and engaged communities and stakeholders.

One of the ways the NDIA implements the Scheme is through assistive technology (AT). People use equipment, technology and devices every day to make their lives easier. When we talk about AT, we mean equipment, technology and devices that allow individuals to perform tasks they would otherwise be unable to do, or increase the ease and safety with which tasks can be performed. Examples may include wheelchairs, posture chairs, bath supports, communication devices and modified cutlery.

The challenges that participants face in accessing AT during early childhood have been well-documented, including in two recent inquiries, the Joint Standing Committee into the NDIS report on AT in 2019 and the Tune Review in 2020.

The NDIA shares the community's expectation that we will get this right for participants, their families and carers. To achieve this, we recognise the importance of listening to and understanding participant circumstances, preferences and goals in the planning and provision of AT supports under the NDIS. We will continue to invest in research and innovation aligned to the Scheme's goals of improving social and economic participation, and independence for participants. The NDIA early childhood approach is about giving children and their families the right supports at the right time to enable them to have the best possible start in life; that is both family-centred and strengths based acknowledging that families know their child best.

Recent AT consultations have made it clear there is an opportunity for market innovation in the adaptable supply of AT, particularly for participants with more rapidly changing needs. Whilst there are a wide range of AT providers, the majority offer a very similar purchase model. Families of children accessing AT identified their preference for a greater choice of flexible options from providers and a need for:

- flexible funding and timeliness of supply – children's needs are changing before funding is approved in a plan or before AT is delivered due to delays in stock;
- transparency – clear information on AT availability, supported by good information to empower decision making, including an ability to share feedback with other families via online reviews;
- sustainability – both financial and environmental including reduction of AT wastage
- safe and good quality products and services with after sales support;
- further development of digital marketplaces –that offer accessible online opportunities to buy and sell AT with appropriate safeguards in place.

The NDIA is particularly interested in improving options for young children with changing AT needs, as well as better understanding the market's appetite, and capacity to respond to different and flexible AT supply options for children.

The NDIA released a request for information (RFI) on the AusTender website on 17 June 2021. The RFI sought market input and advice on existing and future AT market solutions relevant to this area to:

- refine and improve the proposed early childhood AT approach, and
- develop participant-driven sourcing approaches for younger children with a disability or developmental delay and other participants with changing AT needs.

The release of the RFI followed an AT sourcing research phase involving consultation with parents and carers of children, providers, peak representatives and allied health professionals.

The RFI received 23 responses, offering broad views from across AT providers, allied health professionals, non-government organisations (NGOs) and peak organisations. It included both existing and new market providers.

A number of challenges were identified from the sector responses. A key challenge raised was the ability of the NDIA to steer the market through change, while balancing regulation versus flexibility. We aim to reduce the NDIA 'red tape', allowing families to more easily work with skilled providers to get best outcomes from AT options available for their children.

Recent improvements to the way AT is funded has increased the threshold for providing a quote for AT from \$5,000 to \$15,000, making it easier and quicker for participants to get access to reasonable and necessary AT. The ECATA builds on these improvements with the aim to further streamline and simplify processes so that families of younger children have access to the right AT supports, at the right time.

The NDIA is now considering options for the future delivery of early childhood AT, with the intention of undertaking further collaboration with invested stakeholders including participants and their families. We expect this to involve further engagement with the market to inform the development and market readiness of alternate AT supply models and delivering a collaborative Market Strategy to inform the delivery of AT supports that meets the needs of younger children with disability or developmental delay, their families and participants with changing needs.

2. Background

2.1 National Disability Insurance Scheme (NDIS) overview

The National Disability Insurance Agency (NDIA) is an independent statutory agency whose role is to implement the National Disability Insurance Scheme (NDIS). The Scheme provides a single, national approach to fund supports for people with disability and developmental delay, and their parents or carers. The Scheme is designed to give individuals reasonable and necessary supports over which they have choice and control as to how they want to live their life and who delivers the supports to help them achieve this.

The NDIS has been in operation for eight years, with the first three years being the trial period, followed by a transition phase. Since 1 July 2020, the Scheme is operational in all

areas of Australia. Over this time the numbers of participants in the Scheme have grown significantly to 518,668 participants at 31 March 2022¹.

The Scheme is operationalised by working with participants and their parents and carers to build a plan that helps them achieve their goals. The plan can include a combination of help from family and friends, broader support through community and mainstream services and NDIS funded supports. Early support is also provided to younger children with developmental concerns who may not be eligible for the Scheme. This includes building connections to mainstream and community services and providing early connections for children.

2.2 Market stewardship

There is a diverse range of providers delivering disability supports across the country, including existing organisations that transitioned from state and territory disability systems and new providers entering the market for the first time.

The NDIA has a role, as market steward, to enable an efficient and sustainable marketplace of a diverse and competitive range of suppliers who are able to meet the needs of a consumer-driven market that is seeking a more flexible approach to accessing AT supports. We are therefore seeking to identify opportunities to streamline and improve the way we operate, and will continue to work with participants and providers to help shape the market and better respond to participant demand by:

- empowering parents and carers or participants as consumers of disability supports and services and increasing informed purchasing of supports
- encouraging providers to continue to put the participant first in their service delivery models
- encouraging the market to find innovative ways to respond to the needs of participants
- promoting contemporary and evidence based supports and services
- increasing competition and price deregulation by mitigating the risk of limited market readiness
- simplifying NDIS processes to drive greater productivity
- assisting communities in specific geographical locations to build local supply solutions.²

¹ NDIS Quarterly Report to disability ministers March 2022

² NDIA Corporate Plan 2021-25, Aspiration 2, p.31

2.3 South Australian trial and COVID-19 response

In early 2020 the NDIA tested a flexible approach to the provision of AT supports in South Australia (for young children through the Early Childhood Early Intervention (ECEI) Flexible AT project) and through rental AT to facilitate faster and more efficient hospital discharge as a response to COVID-19.

The trials explored:

- a new flexible AT pathway for children accessing rental AT supports in lieu of outright purchase
- development of a tool to support planning decisions on the most appropriate funding approach for AT supports
- establishing AT rental codes for participants being discharged from hospital to their home as part of the COVID-19 rapid response, and
- updated guidance for staff, including learning and development, to support the trials.

The trials provided evidence that flexibility in the provision of AT supports is valuable. Key benefits identified included:

- increased flexibility for participants to get the right AT in a way that suits them, to change or swap their AT without plan changes, and have access to appropriate AT supports quickly
- encouraging the use of refurbished equipment (for loan/hire) to minimise waste of valuable AT, building a new AT market, and
- lessening delays in the provision of AT supports, with fewer touchpoints with the NDIA.

The trials demonstrated the potential for successful uptake of flexible supply of AT, where the NDIA:

- engaged early with the market to identify providers that could offer flexible supply of AT to meet the demand while satisfying participant expectations
- Identified strategies to incentivise flexible approaches to AT supports with participants and providers (suppliers and assessors), and
- Embedded process changes into existing pathways where possible.

The key lessons from these two trialed approaches to flexible provision of AT supports, along with consultation with participants and families, AT assessors, and other supports, led to the development of the NDIA Early Childhood Assistive Technology Project, and helped inform the approach to the market through the Request for Information released in June 2021.

2.4 Early childhood assistive technology approach (ECATA)

It was recognised from the beginning of the Scheme that a different approach was required to support younger children with developmental delay or disability, and their parents and carers.

This led to the establishment of the Early Childhood Early Intervention (ECEI) Approach (now known as the Early Childhood Approach (ECA)) for children under the age of 7 in 2016

based on the best-practice principles of prevention, early intervention and a family-centered model of care.

As of March 2022, the Scheme was supporting 80,239³ children younger than 7 and their parents and carers throughout Australia, many of whom are receiving assistance for the very first time.

Early childhood intervention is all about giving children with developmental delay or disability and their families, supports to enable the child to have the best possible start in life.

Through early childhood intervention, infants and young children as well as their families and carers, can get specialised supports and services. These services aim to promote the:

- child's development
- family and child's wellbeing
- child's community participation.

The NDIA wants participants to be able to routinely trial, rent, exchange and/or purchase AT supports to cost effectively meet their disability related needs, when or before they arise. The NDIA has acted as a facilitator, partnering with participant representatives to understand their needs and challenges when accessing AT supports, to enable a participant driven approach to a dynamic and innovative market that delivers customer focused AT information and services. Input from providers and the AT sector on designing a market solution to address the range of challenges faced by participants was sought through the Request for Information as part of the Early Childhood Assistive Technology Approach (ECATA). This program of work aims to deliver workable, market-based solutions for early childhood AT and provide parents and carers with more confidence to make informed decisions.

The original concept and design for an ECATA is built on [Joint Standing Committee \(JSC\)](#) recommendations for better access to refurbished AT and the need to prioritise adaptable AT solutions for children, whose circumstances and needs often change as they grow. In 2020, the [Tune Review](#) highlighted participant, parent and carer frustrations about delays and lack of transparency, and emphasised the need to provide participants, parents and carers with greater flexibility in using their NDIS funding.

Increasingly participants will be using more flexible plans, and market solutions are required that will enable participant demand for AT within their budgets, that is sustainable for the NDIS. Market solutions will need to be more tailored to the different ways a participant may identify, find and access the AT they need, and get the best value from their plans. All this while minimising dependency on the NDIA to alter plans or intervene to enable participant requested changes to AT because of expected growth or functional improvements.

³ NDIS Quarterly Report to disability ministers March 2022

How much a child's function will change is not always easy to predict; age of the child, growth, level of functional ability, and progress with other supports such as early intervention, all play a part. Disposal of used (but still functional) AT is often a problem. Consultation with participants, and families of young participants, over the last year has confirmed there is a need to change the way AT for younger children is provided. NDIA held workshops and conducted surveys with NDIS participants and families of young participants, including both the Participant Reference Group and nominees from Participant First, on barriers experienced by participants in accessing AT.

A number of AT assessors and providers contributed their insights to this work through provider engagement sessions held throughout February and March 2021. Information was gathered to gain a broader understanding on some of the barriers experienced in the market around prescription and supply options for early childhood AT supports.

2.5 ECATA request for information (RFI)

On 17 June 2021 NDIA released a Request for Information (RFI) to the market and stakeholders, drawing on all the feedback received, focused on the design of an ECATA, including how a new approach could deliver various ways of offering adaptable AT supply options.

Through the RFI, the NDIA sought to hear from a wide variety of providers with a range of capabilities, including in supply, logistics, assessment and technology. The goal was to use responses to the RFI to help test and validate a number of important elements necessary to establish an ECATA. It also sought to explore whether existing market services and/or emerging technologies could deliver improvement to this process in the face of growing demand for timely and flexible supply of early childhood AT supports.

In particular the NDIA was seeking to resolve the following key questions:

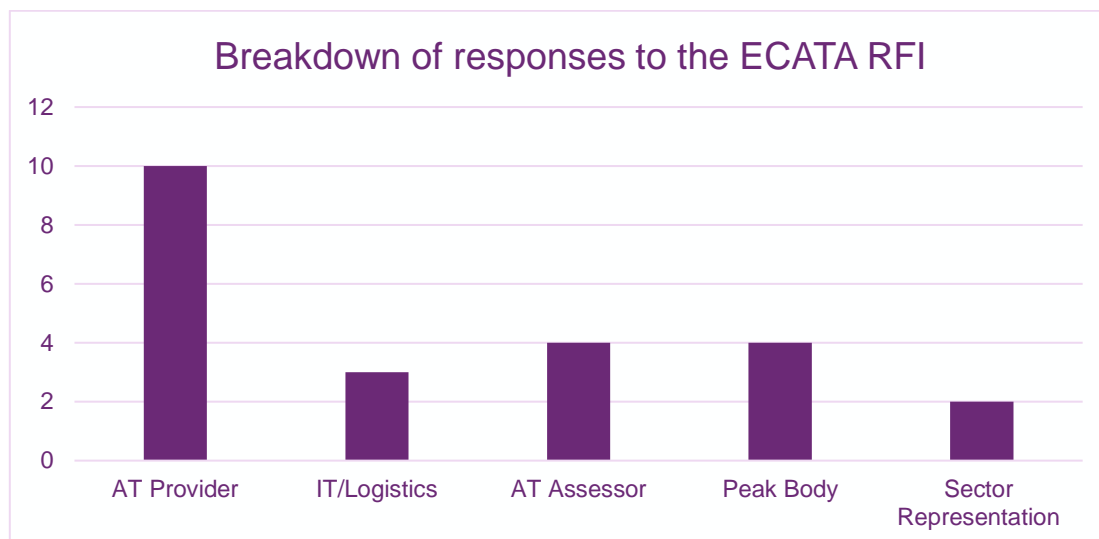
- What market solutions exist to offer AT under an ECATA as described?
- How can the ECATA be designed to ensure national coverage? Are suppliers willing and able to form consortia and/or partnerships to help ensure national coverage is achieved? What lead-time would suppliers need to negotiate such arrangements?
- Are the minimum market requirements right to empower NDIS participants? What ways exist/can be developed to support informed consumer demand and use under an ECATA?
- How can the ECATA be developed with the market to deliver efficiency and effectiveness?
- What are the barriers and incentives to market adoption of the ECATA?
- Options (current or emerging) to support trade and recycling of secondhand AT?

The RFI suggested various options including AT loan pools, subscription models, trial to buy, and outright purchase, but did not limit responses to those options.

3. Outcomes of the RFI

3.1 Number of responses

Submissions closed on 27 July 2021 with a good market response of 23 submissions received covering broad views across AT providers / suppliers, AT assessors / allied health professionals and peak organisations.



3.2 RFI response themes

3.2.1 Models

The RFI included four broad types of market solutions, equipment loan pool, subscription, trial to buy and purchase. The Agency was seeking an understanding of how the right mix of solutions could deliver timely supply of AT supports for younger participants across Australia.

It is understood from RFI responses and feedback received that there are current and varied market solutions offered by a range of providers that would support an ECATA. These include, but are not limited to:

- Equipment loan pool
- Subscription
- Trial to buy
- eCommerce platforms
- Combination of above

The feedback also indicates there are various limitations and/or barriers to the current market solutions when viewed in context of offering AT under a broad-scale ECATA model.

Assistive Technology loan pools

An equipment loan or lending pool for AT was generally well supported, with a number of AT providers able to readily expand existing hire systems.

The cost-benefit analysis of this model was widely discussed, with a general consensus across responses that the trial, build, delivery and fitting of AT is required regardless of the rental length or ownership time, making this model likely to be cost prohibitive for low to medium cost AT.

There is a need to consider the upfront and ongoing costs for managing the equipment loan pool, which may include the creation of a purpose built delivery centre and warehousing with industry grade cleaning facilities; the need for experienced AT technical staff for maintenance and refurbishment; and AT engineering sign off for reuse. Increased administrative costs and introducing a model that is too complex to integrate into current systems were viewed as barriers to successful implementation of this model.

The need to establish economies of scale for short, medium and long term rentals and the cost associated with delivery, cleaning, and packaging was widely discussed in responses, and many suggested that these functions should be itemised for price transparency.

It was noted that this model has the potential to create added revenue streams for suppliers as hire equipment can often reap highly profitable returns, with an additional ability to claim for depreciation.

Subscription

A number of responses provided comment on a subscription model, noting that there needs to be some measures in place to protect providers from customer 'change of mind' after the provider commences the process of providing highly customised and high cost assistive technology. Clear terms and conditions at the point of ordering equipment will be critical for ensuring the feasibility of long-term supply in a subscription model.

Remunerating the different aspects of the value chain was viewed as important for business survival, and a management model based on mobile phone plans with lock-in timeframe periods was suggested as a solution. After the minimum subscription period, which varies based on the AT complexity, the participant and family could then choose to source their AT equipment elsewhere.

Trial to buy or secondhand AT purchase models

There was a small response received in relation to Trial to Buy models. These centred on a pathway where a trial to buy approach is linked to a loan pool model, where an AT support is trialed (rented) for a short period of time and then if purchase was the desired outcome, the trial costs would be offset against the purchase price of the equipment.

Either the suitable trialed equipment would simply become the participant's property (after payment of the balance owing), with a new product added to the 'trial' pool, or a new AT product supplied to the participant and the trialed item returned. The former approach minimises changing consumable accessories (such as belts, harnesses and upholstery) from loaned equipment to a new product, and also ensures the trial products are always the latest model.

A number of responses outlined ways to incentivise the uptake of second hand or trade-in AT where a participant can then use the funds towards the purchase of their next AT item. These approaches were largely linked to an eMarket, but some want to see the Agency encourage a model where the manufacturer has the ability to regain possession and manage the trade-in assessment and transaction process.

Online marketplace

An online marketplace was generally viewed as a positive model to simplify the process of sourcing suitable AT, as well as help to identify opportunities for demand pooling (regional and remote locations), facilitating price monitoring and identifying supply gaps.

A number of different online marketplace models were suggested, including auction houses, similar to eBay for obsolete (but functioning) AT equipment; secure e-Commerce platforms for participants to sell to AT providers (which offered recycling of AT with reduced risk); and development of an e-Platform that connects participants to providers / suppliers, creating an information centre website that provides information on AT equipment and availability.

Respondents noted the importance of ensuring that any digital platform developed is accessible and empowering for participants, and that participants and their families are supported to be able to increase their digital literacy to be able to use such platforms or marketplaces easily and efficiently.

It was generally agreed that the digitalisation and centralisation of information relating to the supply, loan, hire and trial before buying of AT products is in the best interests of all participants, but such a system must have checks in place to ensure the appropriateness of the equipment selected. Concerns were raised that it is not possible to get good AT outcomes without a hands on approach, which included detailed assessment and fitting by a qualified AT assessor.

There were a number of favourable responses suggesting the creation of a central information website. This would provide information and availability on AT equipment, provide an increased level of pricing transparency for a wide range of AT, and enable AT assessors, participants, families and carers to browse AT equipment, evaluate the benefits and advantages, and be informed about cost, supply and delivery times.

A limited number of responses believed that the most that can be achieved in the online space with regards to complex early childhood AT is to make available appropriate information on AT supports to enable informed decision making.

Costing for a new online marketplace was viewed as potentially resource intensive, particularly if providers are required to continually update their equipment catalogues to accommodate stock levels and introduction of new products.

Combination models

Combination models, such as a loan pool or outright purchase for low complexity AT and a subscription model for medium to high complexity AT, was a common theme in responses received. Essentially, a three tiered approach which could include a combination of models such as an equipment loan pool, subscription, and trial to buy was deemed to be appropriate.

Other combination models linked ePlatforms to existing AT supply networks, similar to a consortium approach, with one lead agency, to ensure national coordination.

These models would be based on a digital ecosystem to manage an online booking platform for a national shared loan pool, where the equipment is held at strategic locations across Australia, including regional areas. In such an ecosystem, it was suggested that independent suppliers would service their own region, similar to AT partnerships that are currently in place. It was noted that these relationships may take time to establish and that to achieve a national coverage, it was not necessary to establish a consortia that supplies to every region.

Some responses suggested that AT providers will not want to form a consortia with any other supplier due to the different levels of running costs, such as travel time and time spent with customers. Supplier lead times could increase, not decrease, due to extra administrative steps in the process, and the challenges posed by rural and remote locations with logistical and financial barriers. Providers would need to understand the model in more detail in order to assess and spread risks appropriately.

3.2.2 Rural and remote initiatives

It was encouraging to see a large number of responses outlining the importance of providing support to participants in rural and remote areas, or from culturally and linguistically diverse (CALD) backgrounds. Providers in a significant number of responses outlined their existing models that are in place that offer broad geographical coverage for these communities and initiatives such as outreach or telepractice clinics supported by experienced allied health professionals.

A significant barrier identified from responses indicated that the funding levels that rural participants have in their plans does not generally cover associated travel and remote servicing costs for AT supports.

3.2.3 Positives

Overall, the responses to the RFI offered positive solutions to inform the design of a new approach to the provision of AT for children. There was a large interest in collaboration with the NDIA as part of any prospective model, including testing the market with small scale trials.

Common positive themes to emerge from the RFI responses across all market solutions included:

- Pricing benefits and incentives would be presented to families to encourage consideration of change in equipment as the participant's needs change.
- Significant reductions in supply time.

- Providing participants and AT assessors with up to date relevant information and products to enable informed decision making on AT equipment that is suitable, relevant, and necessary to meet their needs.
- Impartial information and transparency in pricing.
- Reduced landfill and waste and improved usage of AT.
- Assessors having greater confidence to explore various types of AT through more flexible supply options without the need to purchase.
- Future innovation opportunities, particularly in bulk procurement and trial of new AT supports.

3.2.4 Challenges and dependencies

A number of challenges and dependencies were highlighted in responses, some of which were broader than the ECATA focus of the RFI. These included:

- **Costs:** Scoping of costs involved in establishing different models; up-front investment costs; regulation to ensure safe recycling and maintenance. Significant ongoing work would be required to keep an online marketplace both current and relevant. Further information was sought on the numbers of participants and range and number of AT supports funded (within the scope of an ECATA model) to understand the capital required to establish a new model (rental / loan). The capital expenditure required to have sufficient product available to meet the changing needs of participants was seen as a significant challenge.
- **National credentialing framework:** Responses highlighted that there is a need for online information to enable families to identify and find suitable AT assessors. Minimum standards for the skillset of clinicians assessing and scripting AT for younger children needs to be established through a national credentialing framework to ensure consistency of service experience.
- **Process improvement:** NDIS access and planning processes require streamlining and greater flexibility, and better support provided to participants in developing their capability to navigate the NDIS, while ensuring appropriate monitoring and safeguards are in place. It was generally agreed that innovation in the market will only be viable if the NDIS has a more flexible and responsive funding mechanism to allow the AT market to grow and develop.
- **Safety and risk liability concerns on reissue AT:** Manufacturer approval may be needed to refurbish and reissue products; and understanding how equipment warranties can be incorporated into the models. Establishing a risk matrix for each AT product group which identifies the level of clinical support and risk associated with reissue was suggested.
- **Safeguards:** Maintaining a separation between AT assessor and provider/supplier roles to mitigate the risk of conflict of interest, whereby providers could misuse their roles to influence participant purchasing decisions, must be considered to safeguard any future model.

3.2.5 Information Gaps

Through the RFI, the NDIA sought to obtain information from a wide variety of providers with a range of capabilities to help in designing an AT approach for young children that represents flexibility and value for money.

The feedback gained from responses to the RFI is being used to inform the design of the new approach to the provision of AT, including to assist NDIA to identify and refine model options, develop a market strategy and to inform the preparation of any future procurement or sourcing activities.

From the responses received, gaps in information have been noted that require further research, analysis and discussion to get a deeper understanding of the issues and capabilities relevant to the NDIA's proposed Early Childhood Assistive Technology Approach. This will be important to further refine the approach.

The information gaps identified through the RFI include need for more data/information on:

- early childhood demographics and the existing and potential early childhood AT market;
- pricing and establishment costs for providers;
- further development of AT matrices for different disability cohorts;
- workforce issues and the options for an assessor credentialing framework;
- supporting regional, rural and remote families; and
- an AT complexity risk assessment matrix.

Work is already underway across the NDIA on a number of these areas.

4. Working Together

4.1 Priority action areas

From the consultation undertaken to this point, including responses to the RFI and stakeholder engagement, four key priority action areas have been identified:

4.1.1 Participant empowerment

The vision of the NDIS is to build a competitive marketplace that is flexible and responds to participants' choices and preferences, based on best practice. Early childhood is a time of significant change and development, and we want to empower children's families to get better outcomes from the market.

Success is dependent upon a robust, sustainable and competitive market that is transparent, and has capable participants, particularly for younger children and their parents and carers, as informed consumers. Increasingly participants will be using more flexible plans. For young children with rapidly changing AT needs, this could be an annualised AT budget is allocated that facilitates subscription to a package of AT rather than funding for outright purchase, if the AT is likely to need replacement within three years or may no longer be required due to developmental progress.

This approach to the provision of AT requires market solutions that will enable informed, participant demand for AT within their budgets. It also requires families to be open to different ways to identify, find and access the AT they need, and get the best value from their plans.

The benefit to families and carers of young children in embracing a more flexible approach to AT funding in plans will be less need to seek NDIA assistance to review plans (outside of a scheduled plan review) or intervene to enable participant requested changes to AT because of expected growth or functional change within a shorter period of time.

Participant empowerment also involves helping participants to strengthen their AT capability and learning together, boosting the role of people with disability as AT peers and mentors, which is reflected in the recent launch of the Independent Living Assessment (WA) AT Chat Navigator resource.

The NDIA is acting as a facilitator, partnering with participant representatives to understand their needs and challenges when accessing AT supports, to enable a participant driven approach. The future state of AT will be participant empowering, data guided and delivering better outcomes for participants and their families.

4.1.2 Education to support decision making

We know families need the NDIA to have simple processes with clear information about what help is available. Families do not want added stress at an uncertain time, they want processes that reduce confusion and frustration, and to get the help their child needs at the right time. The needs of young children and families are vastly different to other Scheme participants, and feedback has highlighted that there is limited official external guidance material specific to AT for this group.

We will continue to engage with the early childhood sector and our early childhood partners, as well as families through the Agency's Participant First Engagement Initiative, to better understand these concerns, and work together to improve targeted education on AT to better

support young children and their families. This will include sharing information about how participants are using AT and the outcomes they achieve, to help other families plan for their potential AT needs.

Enhanced support and reliable AT information is required to ensure families (especially those new to disability or developmental delay) are equipped to utilise plans flexibly and navigate the process for accessing appropriate AT supports. We will support market development and innovation so that participants have access to a greater range of flexible AT support options.

Our work in this area will seek to complement other community led education and support initiatives.

4.1.3 Process improvement

We are working towards a NDIS that is simpler, more consistent, flexible and easier to use. This will support and enable participants to have more choice and control and will also help make the Scheme more sustainable and available for future generations.

Simplifying NDIS processes and providing participants, their families and carers with more control over their supports and who delivers them will help to shape a strong and diverse market that supports providers to operate confidently and effectively under the NDIS. The NDIA wants to facilitate a smooth and easy experience for providers and participants and their families.

Extended wait times for AT is impacting on the effectiveness of early intervention for children and can hinder and even undermine good outcomes. The NDIA has undertaken significant work to improve its approach to AT processes, and recently introduced changes to mid-cost AT, increasing the upper-level threshold from \$5,000 to \$15,000. This means participants no longer need to provide NDIA with quotes for most AT that costs less than \$15,000, resulting in less red tape and access to AT supports without delay.

4.1.4 Sustainability and effective outcomes

Our focus is to make the Scheme work better for participants and this will be achieved through the development of a market with high quality, competitive, and innovative supports and services.

The Scheme has a lifespan, person-centric approach (family centred for early childhood) to its model of support for people with disability or developmental delay, where early investment in core, capacity building and capital supports are anticipated to drive better outcomes for participants and their families over their lifetime.

Quality data drives the ability of the NDIA to monitor emerging experience, perform meaningful analyses, project the financial position of the Scheme and make consistent evidence-based decisions to support the Scheme objectives. Measuring the success of the NDIS is dependent on the availability and quality of the data and information collected.

It is anticipated that data shared from an ECATA will inform the development of an accessible, sustainable and well-functioning market which will adapt to more flexible models of delivering AT supports. This is essential for achieving the expected benefits of the NDIS.

5. Next steps

We acknowledge and sincerely thank everyone who has provided their feedback on the early childhood approach to the flexible provision of assistive technology, including respondents to the RFI, members of the Independent Advisory Council (IAC) and Participant First. Through your responses, you are helping us deliver a better and fairer experience for children with disability and developmental delay and their families in accessing AT supports through the NDIS. This also assists us developing options for new approaches to ensure the NDIS market meets the needs of children; and provides an opportunity for market innovation in the adaptable supply of AT.

The NDIA fully recognises that there is a range of experience and feedback, and we have learnt much about the challenges faced by younger children, families, allied health professionals and providers when accessing AT supports through the NDIS. As we roll-out any new process, we will continue to keep testing, listening, learning, and improving what we do.

The NDIA remains committed to delivering a NDIS that provides choice and control of reasonable and necessary supports in a way that is fair, consistent and equitable for all participants, regardless of their geography or socio-demographic circumstances.

The next steps for the early childhood assistive technology approach include:

- Continued market engagement activities, building on the work already undertaken, to further develop early childhood assistive technology models.
- Refining, testing and assessing the reliability and validity of the AT matrix (and similar matrices for other disability groups) as detailed in the RFI to ensure it is fit for purpose.
- Developing guidance for families and carers that supports choice and control and informed decision making about the options available to obtain AT supports.
- Using findings of the 2020 trial evaluation, responses to the June 2021 RFI and experience of participants and providers to inform future design of an early childhood assistive technology approach.
- Further explore flexibility to better support rural and remote participants and their families including through the use of initiatives such as group outreach clinics or telepractice supported by experienced allied health professionals

5.1 Contact Information

If you would like to contribute to the ECATA Project, please email the team at:

ASSISTIVE.TECH@ndis.gov.au

Include ECATA in the subject line.