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Response to ECEI Reset – Project Consultation Report

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Our community health based team currently services 250 children 0-12 years old children with NDIS plans, about 70% of these are under 7. We have grown rapidly to a team of 32 staff (approx. 24 EFT). We work over 4 sites in the suburbs of Melbourne. We work in partnership with our community health team, so most of our clients come from low socio-economic and vulnerable backgrounds.

- There are many planned adjustments that are welcome:
 - We welcome a rename – many children do not need to enter a “DISABILITY” scheme; the name is confronting for families who are still processing the situation they find themselves; the name excludes families who are not yet prepared to take the step of acceptance
 - We welcome the focus on best practice – the current NDIS funding model is not compatible with best practice; tweaks have been made along the way to attempt to enable best practice, however, the funding model prevents significant steps forward (inclusion, natural settings, strengths based etc!)
 - We welcome the desire to celebrate success and achievement – the current annual review process is deficit based – in full contrast to best practice and best family outcomes
 - We welcome the desire to improve access for disadvantaged and vulnerable groups – the funding model currently fails vulnerable groups; they are DISEMPOWERED by “choice and control”; as a provider, we are not able to reclaim much of the costs associated with supporting these families and are not yet viable as a result.
- Many of the positive changes will bring about another very significant turbulent period:
 - Staff are at breaking point due to rapid change
 - Communication about change is difficult for a provider to navigate
 - Families are struggling to navigate a complicated system, let alone one that keeps changing
- One significant change that impacts us as a provider is the proposed move toward more STEI = short term early intervention
 - We understand STEI can only be delivered by partners
 - The proposal seems to indicate that the majority of children 0-9 will be supported by STEI
 - Only those with significant disability will be accepted onto the NDIS and funded by an NDIS plan, unfortunately we are not able to find more information about inclusion/exclusion criteria

The AccessHC Family
of Services Includes:



- It looks a bit like a return to the old block funding model for this STEI support – however can only be provided by partners.
- Our understanding is that STEI is an annual payment of \$2000 to provide fortnightly support; DET paid approx. \$8000. Neither are sufficient to provide fortnightly support in natural settings.
- The principles of STEI make a lot of sense... early intervention should never have been part of a disability scheme; this pathway encourages graduation; and it fits much better with best practice and empowerment (if sufficiently funded)
- We are deeply concerned that NDIS partners will NOT be able to supply the **workforce** for this; current ECEI providers such as ourselves will have our client population removed; we will be able to continue only with the minority of clients that receive an NDIS plan. Our business (and I believe many others) are staffed with experts in Early Intervention – that is... children with a broad range of abilities ... journeying with families as they learn about their children.
- We are deeply concerned that the push to STEI will have a very significant impact on allied health child and family **community health services**. Connecting families with networks and resources in their community will be vital. How will a very centralised partner understand what’s available deep in each community? Some children will need therapy intervention. How will this be provided to vulnerable families, those with financial disadvantage? I’d even argue that working and middle class families find private therapy a difficult cost to manage. Community health services are currently stretched beyond capacity. Many can only see children under 6 as a way to prioritise and manage excessive wait times. Community health services will not be able to support children who need early intervention therapeutic supports.
- Families in our community face significant risks:
 - They will not be able to access a local service for early intervention
 - They will potentially be forced to have a child diagnosed just to receive the support they need
 - They will not be supported by a wrap-around service that knows the local networks/resources
 - They will end up on long community health waitlists to get support for their child’s development
- Our organisation is facing significant risk:
 - A significant reduction in children with a plan, with impacts on viability
 - A significant change of the scope of our clinicians who are specialists in early childhood intervention

There is much to be hopeful about.

For our organisation though, there is now significant uncertainty. The reset sounds like a huge shake-up for providers. Will we survive this one?

However, in particular, we want to voice our support for disadvantaged and vulnerable families.. the system must change to enable providers to support these families.



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