

22 February 2021

Early Childhood Early Intervention (ECEI) Implementation Reset

Consultation Response – Autism Spectrum Australia (Aspect)

Autism Spectrum Australia (Aspect) provides the following feedback on the NDIS Early Childhood Implementation Reset. We have provided responses to the consultation questions and also comments on each of the 23 recommendations as this has ensured we can provide detailed feedback on all changes being considered.

Autism Spectrum Australia (Aspect) is Australia's largest not-for-profit provider of services and supports for people on the autism spectrum and their families/carers. Our mission is to provide person centred solutions which are flexible, responsive and evidence informed. In our work, we focus on the strengths and interests of people on the autism spectrum, and we work in partnership with them, their families and their communities. We work to understand people on the autism spectrum from their perspective. Our approach is autism-specific. Our research focuses on best practice. We expect positive change and progress towards positive goals and outcomes. Aspect Therapy provides early childhood support, therapy and positive behaviour support services in New South Wales, Victoria, South Australia, Tasmania and the Australian Capital Territory. We provide services to over 3000 individuals with NDIS funding packages, employing more than 170 Allied Health Practitioners, Educators and Allied Health Assistants.

4. 1 General questions

- Do you have any specific feedback in relation to:
 - the increased focus on STEI outside of access to the Scheme
 - the proposed increase in age range for the EC Approach from under 7 to under 9 years of age,
 - the desire to see more successful transitions from the Scheme to the next state of life.

Aspect Feedback:

- If there is increased focus on short-term supports, then access to these need to be consistent across the country including in regional and remote areas – and if this cannot be guaranteed, then participants should be supported to receive funded individual support. It is hard to see how EC Partners will be able to provide consistent access to regular support while also balancing all other demands and there is a risk that once again short-term interventions fall away.
- Vulnerable families and those in regional and remote areas need access to the same opportunities for support and if this cannot be provided by EC Partners, there should be arrangements with local services that could provide this support.
- The provision of short term supports cannot lead to a delay in accessing specialist individual support if this is identified as the most appropriate support. An increased focus on providing “Short Term Supports” may result in families not following up a diagnosis that may guide the specific intervention and specialist support that would most benefit their child, and may result in families not being aware of or trying to access the most appropriate support until later – when they may then be faced with long waiting lists to access specialist support. For some children and their families who have a confirmed diagnosis the research evidence around best practice early intervention may indicate early and intensive specialist support, and short term supports and linking to community options should not delay access to the most appropriate early intervention approach or specialist support. The quality of “short term supports” may also vary widely depending on the training and experience of the EC Partner.
- The examples of STEI supports in the consultation document are all pitched at providing general EI supports by “key workers” which is not an individualised approach and will not be appropriate for many children depending on their specific needs (and again will depend on the skills/experience of the EC partners). They need to ensure that

there is no delay in accessing specialist support from the appropriate providers/health professionals if that will best meet the support needs of the child at such a crucial stage in their development.

- The proposed increase in age range will be beneficial but we need to ensure that regardless of the age, that if a child exits the scheme, or transitions to a new model of supports, that this is managed and supported for the child and family. There is also a need to ensure that if referrals are made back into community-based supports that these can be facilitated. There may need to be priority of access processes in place to ensure that there continues to be access to necessary supports in mainstream services for those exiting NDIA Early Childhood Supports.
 - Successful transitions are also achieved when there is child/family-centred support and hence flexibility so families have some choice and control regarding decisions. Collaboration between all key stakeholders would also support more successful transitions.
 - 6hrs over three months is not adequate to support successful transition from the Scheme, particularly for families that are complex or vulnerable. This does not allow for supports across environment. Preference would be for a yearlong transition (12months) to full mainstream support.
 - Mainstream providers also need to be supported to be able to maintain/provide appropriate support for the child and family and it is unclear where this support can be accessed – it certainly is not available consistently across the country.
 - An important point to note is that although fewer children are exiting the scheme than anticipated this does not mean that the current ECEI approach is not providing good value for money. Many children receiving support will require far less support during their lifetime because of timely and high quality early supports. The measure of success should not be tied to how many young children do not enter the full scheme, but rather on the progress young children have made and the impact on families and our community from these supports.
- How can we help families and carers better understand some of the terms the NDIA, and Early Childhood partners use such as:
 - best practice
 - capacity building
 - natural settings, and/or
 - evidence.

Aspect Feedback:

- There is work to be done to define the terms clearly and to make this information accessible. The focus needs to be on making terms understandable for a lay person, and for those for whom English is not their first language.
- Information should be provided using principles of Easy English with the removal of any jargon where possible. Ensure that cultural/language differences are also considered. Materials should be presented in a range of languages.
- Have information presented in a variety of ways eg written, visual and auditory. Ensure prior to embarking on discussions with planning/assessment services that time is taken to ensure that families do understand the terminology that is being used.
- Liaison officers from different backgrounds could support the development of the resources and also support the sharing of the information - from their community, in their community. There needs to be consideration that other community-based services may be able to provide this information directly to families if they are supported to do so.
- Information also needs to be made available to health professionals who may be directing families to request individual therapies for their child rather than considering capacity building supports – the idea of one hour of therapy versus 20+ hours of integrated support from all of those interacting and supporting the child across the week.

4.2 Support with achieving goals

- What is the best way for us to check in with families and carers on how their child is tracking to meet the goals for their child?
- Would a mandatory early childhood provider report developed between families and their provider be useful for tracking against their goals?

- How can we better support families to connect with services that are either funded or available to everyone in the community?
- How can we make the process of transitioning out of the NDIS something to celebrate?

Aspect Feedback:

- In terms of tracking progress, it is important to ensure that functional measures are used across environments and that there is discussion when therapists develop their therapy goals. Families should be included in discussion about how progress will be monitored and encouraged to be actively involved tracking progress. Prompts such as “what will it look like when this goal is achieved” should be part of the ISP discussion and this leads to a focus on documenting success and progress in a variety of ways., Other measures of progress may be important for specific therapy goals.
- It is important to consider the complexity for families when monitoring and reporting on progress, are they overstating what the child’s capacity is? This needs to be supported by skilled professionals who can elicit specific and detailed information and can report, whilst also ensuring a family’s voice is included.
- Reviewing and reporting on individual support plan progress is important and this too should ensure a family’s voice is included. If standardised reporting is required, it needs flexibility to ensure that individual profiles of children and families can be included to help inform the level of support they require. Reporting should include developmental information in terms of skills and challenges as well highlighting support systems available to the family. Aspect believes that there needs to be flexibility in reporting templates but clear guidelines about what the report needs to contain.
- One report – one child: All professionals should collaborate together. The time needed for meaningful collaboration needs to be funded as it is in the best interests of the child and family.
- IT systems should be developed that support ways to safely share documentation between providers and families.
- Transitioning out of the scheme will only feel like a celebration to a family if they feel ‘ready’ and also if they know that should their circumstances change in the future they have a process to re-access supports through NDIS or other services as needed. For a family to feel secure in their exiting of the scheme this information should be provided and discussed as part of entry process and not just at the time of exit.
- Celebrating transition also needs to allow time, again a planned staged transition out. Families need a safety net eg. children on the spectrum may face significant challenges at significant points/transitions such as transitioning into school.
- Consider other ways to support participants reducing their reliance on the scheme – rather than exiting a child/family – could a participant remain in the scheme with a \$0 plan. This would support easier re-engage support in a timely way if this is warranted. This would also be more cost effective while also acknowledging that support needs vary across the lifespan.
- Sharing of information about services in the community requires good understanding of the child/family as well as services in the community. Conflict of interests may exist and need to be managed. Staying up-to-date with services in each area is very time intensive and requires providers also to be proactive about sharing accurate and timely information.

4.3 Targeted support

- If you live in a remote or very remote part of Australia, what are some ideas you have on how we can get early childhood supports to work in your community or communities like yours?
- How can our Early Childhood partners and mainstream services best support peer-to-peer connections?
- Are you interested in helping us co-design an approach that would make peer-to-peer networks easier to find and join for people?
- How can we better reach and get support to young children and families who experience vulnerability and remove barriers so they can receive outcomes in line with other children and families?

Aspect Feedback:

- Aspect provides services in some regional and remote areas and we are concerned about access for children and families that live some distance from main centres. We have developed a model where visiting Allied Health Professionals (AHP) are supported by local Allied Health Assistants (AHA) and this is providing access to regular

support, however the model relies on a certain level of funding to ensure that travel costs and collaboration can be adequately supported. The model also provides intensive induction and ongoing support to AHAs which is essential to ensuring quality service.

- We envisage that it will be extremely challenging for EC Partners to provide equitable levels of service across the whole of the country and particularly for these services to be consistently available to support our most vulnerable communities.
- Aspect is interested in working collaboratively with local communities in regional, remote and very remote parts of Australia to provide autism specific understanding to support existing services, particularly using teletherapy practices but it is difficult when this support and collaboration can only be funded through individual funding packages.
- Aspect is interested in working to co-design peer-to-peer professional networks - building capacity for staff. There are existing models such as the Extending Community Health Outcomes (ECHO) which could be utilised to ensure that regardless of where you live you are able to access high quality services that meet your unique needs and support the team working with you.
- We wonder if the proposal to continue to increase the range of work that EC Partners undertake is the best approach and wonder if the EC Partners would be better to focus on less and do it well. Perhaps developing peer-to-peer support networks for families could be undertaken by other services already active in communities.
- It is important that local community supports and networks are accessed so that our most vulnerable children and families can be supported before, during and following individualised funding supports.

4.4 Tailored Independent Assessments (IAs) approach

It is recommended that the Agency implement a tailored Independent Assessments (IAs) approach for young children to support consistent access and planning decisions. Specifically, we are planning to:

- Commission Early Childhood partners to administer Independent Assessments for young children rather than use a separate IA Assessor workforce
- Use IAs for young children above 1 years of age
- Use the following tools (as outlined in an appendix to the previously published [Independent Assessment Tools Paper](#)):
 - Ages and Stages Questionnaire (ASQ-3) **OR** Ages and Stages Questionnaire -Talking About Raising Aboriginal Kids (ASQ-TRAK)
 - PEDI-CAT (Speedy) **OR** PEDI-CAT ASD (Speedy)
 - Vineland-3 Comprehensive (Interview Form)
 - Young Children's Participation and Environment Measure (YC-PEM) for children under 6 years
 - Participation and Environment Measure - Children and Youth (PEM-CY) for children 5+ years

Aspect Feedback:

- Aspect does not support the use of the PEDI-CAT (Speedy) or PEDI-CAT ASD (Speedy) as tools that can adequately support consistent access and planning decisions. The Vineland 3 is more comprehensive but again is best used as part of an assessment process that also involves observations and collaboration with those who know the child best (eg those who have provided ongoing support as well as parents).
- Young children with autism do not follow a linear developmental trajectory and a snap-shot, one-off assessment, may not identify all challenges impacting on a child and certainly does not identify the impact on the family especially when more than one child in the family has autism. There can be periods of regression and performance can be very different in different environments.
- Children with autism may physically be able to do a task – but need additional supports and prompts to do the task regularly or in different environments. Parents may not be aware of the level of support they are providing to help their child.
- Caregivers need to be able to accurately present information and this depends on how they view their child and their ability to advocate for their child and themselves. It will be challenging for an EC Planner to get the level of information needed to complete an Independent Assessment during one or two visits. It is very strange that the views of professionals who know the child and family well are not considered best placed to conduct assessments.

- The tools proposed for IA's are very deficit focused and place the burden on the parent to emphasise what their child can't do, as opposed to what they could do if given appropriate support. Some of the tools (e.g Vineland 3 Comprehensive version) are lengthy and very emotionally draining for parents to complete and should not be repeated as part of an IA if that assessment (or a similar functional assessment) has already been recently completed.
- The person conducting the independent assessment would also need to be experienced in administering and interpreting the results of the tools and have experience and knowledge about early intervention/disability – and be able to incorporate information gathered from the tools with information provided by the parents in order to make appropriate decisions about that child's support needs, and it's unclear what training/experience the independent assessors will have and how their decision making around plan budgets will ensure that the child/families support needs are met.
- Independent assessments should include information not just from parents/caregivers but should also take into consideration information and recommendations from any involved health professionals about the appropriate support needed for that child. While acknowledging that part of the purpose of the independent assessments is to remove the need for families to gather reports from specialists/health professionals to meet eligibility requirements which can create significant financial cost for families (and sometimes time cost in terms of length of time to wait to see the appropriate professionals etc), if there are health professionals currently working with the family that can provide information and recommendations as to the most appropriate supports for that child and family, this should be included in the decision making around planning/budgets following the independent assessment.
- Aspect is concerned that level of functioning as identified in a one-off assessment does not equate to level of need for funding. Some support that a child and family need may be intensive although the child may be functioning at a higher level than a peer who because of the support systems around them, may require less funded supports. It is also important to consider which domains are impacted as an assessment may not adequately reflect a very uneven developmental profile.
- It is also concerning that children and families will be involved in assessment processes that do not guide support but rather they go through the process only to determine funding. It is easy to see how these assessments will not be valued by families if they do not lead to identifying strengths and challenges that can be directly addressed in planning and support.

4.5 Greater transparency on providers of best practice

It is recommended, from the previous consultation leading to this paper, that a range of mechanisms be considered to enhance providers' compliance with best practice standards and to provide greater transparency on which providers, both registered and unregistered, are following Early Childhood Intervention best practice.

- What mechanisms do you think could help achieve this?
- Who would be best placed to lead the development of, and manage, any additional complementary mechanisms?
- What do you think of the following ideas for potential mechanisms? What are the benefits or concerns with these potential mechanisms?
- Provide greater information to families about the benefits of using providers registered by the NDIS Commission.
- Establish an industry-led 'best practice accreditation system'.
- Establish a 'quality feedback / rating system'.
- Make registration with the NDIS Commission mandatory for all providers operating in the EC space.
- Require self and plan-managed participants in the new Early Childhood approach to use only registered providers.

Aspect Feedback:

- The current registration process for providers is financially prohibitive for small organisations or sole traders and is also time-intensive and costly for larger organisations. There may be a number of reasons why providers choose not to register and it would be worthwhile understanding the range of factors influencing these decisions. Before we seek mandatory compliance, we must seek more information on why providers choose not to register and work done to make registration more desirable.

- We agree that there could be an accreditation system that includes ratings. This would incentivise registration with the NDIS and compliance with best practice but it would be important that the ratings were applied consistently and this system would require auditors to fully understand best practice in early childhood support. Providers would still need flexibility to meet the particular needs of each young child and family and families would still need to make choices about the type of service they accessed. Attaining accreditation should be based on a continuous development model where services continue to develop and improve the quality of support.
- The latest umbrella review on evidence-based practice for children on the autism spectrum names four core principles - Holistic assessment, Individual and family-centred supports, Lifespan perspective, and Evidence-based and they do not prescribe how any particular service would operate.
- However, the review was unable to:
 - understand the effect of interventions at the individual level (i.e., which interventions have a positive effect on which outcomes, for which children).
 - report on whether the amount of intervention children received influenced the effects of intervention.
 - report on whether particular delivery characteristics (e.g., individual or group delivery; clinic, home or school setting) may maximise the effects of intervention and, if so, for which children.
- One important consideration was made - that active caregiver involvement in intervention was reported to have a similar, and at times greater, intervention effect on child outcomes compared to interventions delivered by clinical practitioners or educators alone.
- Aspect would support the development of a national program of early childhood supports (centre and home based) with a focus on the family being at the centre of all intervention. This program should be funded by a quarantined amount of money within a child's early intervention package that all children access on an equal basis. All providers should have the opportunity to develop and seek accreditation for a program based on a proposed set of guidelines.
- It should be a 12-month program of support so that families can establish a support network in the early days and providers can have consistency in their service delivery.
- Having this in place would also allow for the development of a national accreditation system where all providers must adhere and be audited on the proposed guidelines.
- These guidelines should include a holistic assessment, active involvement of carers, supports in at least one natural environment (parent-mediated support), and include a group-based format (peer mediated supports). The service should be focussed on transition to mainstream services.
- On top of this standard program, all children in early intervention should then be able to access a range of reasonable and necessary specialist supports as needed.
- This will mean that all children with developmental delays and disabilities have immediate access to an accredited early childhood program that will provide support for them and their families through the first year of services. Their most vulnerable year.

Please note: Aspect has provided detailed feedback to each recommendation in the table below:

Summary of recommended change	Aspect Response to Recommendations
1: Explain, rename and promote the new NDIS Early Childhood approach	Aspect has changed all communication to Early Childhood Supports and supports the change to move away from thinking about what we do as an "intervention". There is also some benefit from removing the idea of a "gateway" but there is complexity in the processes outlined and it may be difficult to ensure consistency and transparency in the new model.
2: Clearly and consistently, communicate the intent of the Early Childhood approach and the Agency's support for best practice	The concept of "best practice" for Early Childhood support should be promoted including key concepts of inclusion, capacity-building, natural environments, functional and meaningful goals, but it is extremely complex to look at what is "best" for any one individual child. "Evidence-based practice" ensures professionals use clinical judgement, experience and skills and knowledge of the child and family to decide on the most appropriate therapy options. The information needs to be easily available to professionals (including GPs, Paediatricians, community Health) and families, with key messages around value of collaboration, timing of intervention, and need to embed across all environments, activities. Aspect supports the points outlined in 1.4 of the document.

Summary of recommended change	Aspect Response to Recommendations
<p>3: Develop and publish new Early Childhood-specific Operating Guidelines</p>	<p>It will be important that the new Operating guidelines are developed and published and then implemented consistently. There will be challenges for how this can occur for families who live regionally or remotely or have other vulnerabilities. There are complexities in the system currently with varying levels of access to other community-based supports. Some participants and families should know that they will have ongoing access to timely supports. Participants and families who need specialist supports should be able to access without delay.</p>
<p>4: Create a distinct delegate/planner workforce that is exclusively focused on young children and their families</p>	<p>Aspect supports a dedicated delegate/planner workforce with an exclusive focus on early childhood supports. This needs to be supported by good transition processes and Scheme-wide panning to ensure that we are not building two distinct silos (EC Approach/ NDIS Scheme) There is also a need for access to a specialised workforce to build planners capacity – We need generalist EC knowledge and specialist knowledge working collaboratively.</p>
<p>5: Continue to work with federal, state and territory governments to identify gaps and strengthen the role of mainstream services</p>	<p>Aspect agrees that this is important but it will not be easy. Sometimes the local initiatives have led to the best outcomes as there has been flexibility. Different jurisdictions, agencies and services have differing challenges and are working towards different outcomes. There is much work to be done to ensure mainstream services are inclusive for all children and families. Allows for families to access the best support for them according to disability and waitlists. We do not want duplication of services when there are already staffing shortages or when something can be best delivered by local services.</p>
<p>6: Consider a range of mechanisms that will enhance compliance of providers with best practice</p>	<p>This is an important area to ensure consistent quality and to also identify when service falls below acceptable levels. All providers should be audited/measured against the NDIS Practice Standards for EC Supports and all should be open to collaboration and capacity-building. We are developing a 2-tier system with only registered providers needing to meet standards. Compliance is meaningless when it does not relate to all providers and there is a need for practice to be reviewed rather than processes. More can be done to communicate to families regarding questions to ask services to understand their compliance with standards. Can there be carrots such as an Accreditation system – ratings which might incentivise providers to be registered. They could use as part of marketing but costs prohibitive for providers-needs to change.</p>
<p>7: Improve sector wide understanding of how to identify families and young children experiencing disadvantage or vulnerability and tailor culturally appropriate services and resources</p>	<p>Yes, we need more targeted support to establish engagement and walk alongside families as they start of the journey – this is time and resource intensive and needs to be consistently available across the country. Is this best done by partners or should they be building networks with those already in the community. There is a need for active engagement in the communities, ensure equitable access, face to face local support. There is still a delay in children with developmental delays being identified either by early childhood nurses/doctors or early childhood professionals, and then frequently long delays for families to access an assessment or support from Paediatrician or developmental assessment service (particularly in the public system).</p>
<p>8: Implement tailored methods of delivering supports for young children and their families living in remote and very remote areas</p>	<p>This is another crucial area and may demand again the link with local community groups to ensure access for all. There is a need to support providers to develop local and telepractice supports in identified areas and to work with local services rather than compete against them. Can STEI be delivered across the country or does there need to be provision to work with local providers to provide this support and then encourage specialist support providers to work alongside. Need to trust local communities to support children and families and support them to do this in regional and remote areas, Focus more on early childhood supports – not medical model. There may be a need for block funded services, fund the community to provide the EC approach, not individualised services that are scarce, develop community capacity, bring all services together, meet the particular needs of whole community, flexibility in funding</p>
<p>9: Implement a tailored Independent Assessments (IAs) approach for young children to support</p>	<p>The Early Childhood Approach is a capacity building one that supports the systems in which a child engages so it seems at odds to then conduct individual assessments when we should be looking at the strengths, needs and challenges of the supports around the child.</p>

Summary of recommended change	Aspect Response to Recommendations
consistent access and planning decisions	<p>IA's are not looking at needs for family such as the number of children in the family with additional needs, mental health concerns,</p> <p>There are challenges with one-off assessments where we may look at what a child <i>can do</i>, rather than what they <i>do</i> on a given day - eg a child has the physical capacity to dress themselves but does not do this because they are overwhelmed by other things/have difficulty engaging in each step of the task, do not understand what is required etc.</p> <p>These challenges are often not picked up by assessment tools and the amount of support provided is also often overlooked. Good assessments can identify not only the challenges but also shape intervention. Point in time measure – very discrete – misses the whole picture – yes they can do the tasks but are they doing it consistently at home, school, preschool – this is where external reports/consultation helps</p> <p>Results of IAs are also impacted by the level of advocacy of parents and their understanding of the system and the assessment process. The level of advocacy of parents – can significantly alter the outcome.</p> <p>Once again vulnerable families (CALD/ATSI lower SES), are impacted by the IA process when it is separated from those who know them well.</p> <p>Point in time measure – very discrete – misses the whole picture – yes they can do the tasks but are they doing it consistently at home, school, preschool – this is where external reports/consultation helps</p> <p>Those working in the field understand that some families are reluctance to talk negatively about their child, may not understand child development and are at different stages of accepting their child has a disability – these can all impact on an assessment which is based on parent-report.</p> <p>There is already significant work force issues in the sector and increased STEI and IAs being completed by partners will require an larger workforce.</p>
10: Increase Early Childhood partner capacity to identify and help young children and families from hard-to-reach communities or those experiencing disadvantage or vulnerability	<p>Early childhood partners are not doing this through Initial supports or short term EI at this point and they are often not responsive to needs of family that may need access to timely support but if they are to do this then it will mean substantial changes to the funding levels particularly is access is to be equitable across the country.</p> <p>There would need to be clearly articulated priority of access and child-find targets. It may be beneficial link with and support (fund) local agencies who work with vulnerable families – head start program on intervention for families. E.g. Therapy Ready/Early childhood supports ready.</p> <p>It could be more beneficial to manage transitions across services at local levels.</p>
11: Increase Early Childhood partner capacity to connect families and young children to local support networks and services in their community.	<p>ECP role should be to connect families with local support network, but this will rely on them actively finding out more about opportunities for families.</p> <p>Currently ECP have not connected effectively with AA or Early Days program.</p> <p>More than just peer support networks, knowing what other services are out there that provide opportunities to connect with other families e.g. groups, mainstream services, playgroups,</p> <p>Should be about “Receiving access to support networks that encourage peer connections” e.g. join early days, join play group, join EI group.</p> <p>Services should be actively encouraging peer support connections as well.</p>
12: Increase Early Childhood partner capacity to provide Short Term Early Intervention (STEI) support to eligible young children and families for longer	<p>Should not be used to provide a “fix” for children, especially for children on the autism spectrum where they will continue to be autistic throughout their life regardless of intervention.</p> <p>Should be viewed as an early start to their early childhood supports, focus on supporting access to and transition to specialist supports. Building capacity of families to get started in those situations where a child will need support from specialist service providers.</p> <p>STEI cannot be very short term for vulnerable families when there needs to be time spent developing relationships and trust – in some situations it is better to go straight to a service provider rather than have STEI and then transition to service provider.</p> <p>There are concerns regarding workforce if the EC Partner is to grow their staffing to meet this requirement.</p> <p>There are also concerns about how consistently this will be able to be provided in rural and remote communities.</p> <p>STEI support from Early Childhood partners may vary widely in quality/experience of staff and should not delay getting information and access to the most appropriate specialist health professionals when being able to access is critical during the early intervention years; the “key worker” model applied by an Early Childhood partner may not be appropriate for children requiring support from service providers/health professionals with specialist knowledge and training.</p>

Summary of recommended change	Aspect Response to Recommendations
13: Clarify the interpretation of the developmental delay criteria under Section 25 of the NDIS Act (2013)	Needs to have extensive consultation and clarification. Needs will vary for children across the lifetime and through each transition. The process will need to ensure that children from vulnerable families are not excluded because of delay in more than one language or because IAs do not adequately capture their ongoing needs. Some short term developmental delay does require highly specialised intervention to make progress – eg the level of delay does not equate to the level or type of support needed to attain great outcomes.
14: Increase the age limit for children supported under the Early Childhood approach from 'under 7' to 'under 9' years of age	Aspect would see it as equitable that a vulnerable child with DD who was not identified until they were 6 could still enter the scheme. Over time, when referral pathways are better understood this could change as we would expect that the child would have been identified earlier. Increasing the age limit from under 7 to under 9 will also be positive as it allows for better support throughout their transition to school or for children who experiences additional challenges once they start primary school.
15: Use the early intervention criteria, under Section 25 of the NDIS Act (2013) to make decisions around access to the NDIS for all young children	This is still a confusing area and it seems that everyone who is eligible will enter as an EC participant and then by age 9 those who are eligible under S24 would be transitioned. There does seem to be a change in language to looking at those who have "profound or severely complex disabilities" entering the Scheme at that point which seems to be a much higher bar than previously. Is this the intention?
16: Increase Early Childhood Partner capacity and flexibility to tailor the level of support provided to families	If EC Partners are to increase their support to families then this will mean an increase in staff – can this be supported given current workforce issues. Could this lead to gatekeeping when children and families who would benefit from specialist providers are not accessing this in a timely way? There will need to be careful planning to ensure that Partners are aware of all service offerings and are making recommendations in a transparent manner and that any perceived conflict of interest is managed (many EC Partners have come directly from the sector). Aspect does support the need for much more individualised support to help vulnerable families access the supports that they need.
17: Introduce a 'capacity building support in natural settings' item in the NDIS Price Guide	Aspect supports this recommendation as families have struggled to make decisions for community-based service knowing that it reduces the amount of therapy hours (while we do not agree that more is better, the setting of the support should not decrease the amount of therapy intended). This change will ensure that more support is provided in natural settings and this will ensure that there is more capacity-building support provided in homes, early childhood settings and other community settings. We envisage that outlining a level of therapy as a stated support and being able to charge for travel time on top of this will help ensure that there is more therapy provided in natural settings.
18: Publish new guidance about what is considered 'reasonable and necessary' when making decisions around support for children on the autism spectrum	Aspect welcomes this as a separate recommendation and look forward to consultation to support ensuring that all young children have access to universal best practice principles. We also support the notion of all children being able to play and have a childhood that is not taken over by highly intensive amounts of adult-directed therapy. This review looking at what is reasonable and necessary should also include listening to autistic people. Aspect is keen to ensure that therapy goals target meaningful and functional goals that can be targeted across natural settings and daily activities.
19: Empower Early Childhood partners to provide families with clear advice about the best providers for their child and situation	Aspect supports this recommendation but it will require EC Partners to develop better relationships with providers. This will entail being able to match individual child and family needs with services. We hope that information regarding compliance with Service Standards and EC best practice (accreditation, registrations etc) will be provide useful and transparent information for decision-making. Again, any perceived conflict of interest will need to be managed.
20: Undertake further ongoing research and study on the outcomes of young children after	Aspect supports this recommendation and also cautions that work needs to be done to understand the longer term outcomes (not just those impacting on the child and family) but also society. For example:

Summary of recommended change	Aspect Response to Recommendations
receiving early intervention support	<ul style="list-style-type: none"> • Are we becoming more inclusive? • Are more autistic people finding long-term and meaningful employment? • Are suspension and expulsion rates in schools reducing? <p>Evidence of meaningful outcomes for young children and their families can be captured on an individual basis and the data is extremely rich when time is spent looking at changes and impact rather than just if a goal has been achieved.</p>
21: Improve the existing annual progress review process for young children	<p>Transitions can be challenging particularly for autistic people so carefully planning is essential and time is needed for adjustments.</p> <p>If participants are to be transitioned from the scheme they need to be confident that there is a way back if their needs change.</p> <p>Having goals met during a plan does not mean they won't/don't need further support and the planning and review process should be separated from eligibility for ongoing support. This recommendation is a bit confusing as improving the annual review process is quite separate from transitioning people from the scheme. Celebrating the success of a participant does not mean that they no longer have a need for supports.</p> <p>Aspect strongly advocates that the "Use it or lose it mentality" needs to change. Support should be there when and as needed and participants should not feel that they need to use all their funding or it will be removed. If this was the case, then providers could work with participants to carefully tailor packages that just met needs and reduce wastage – this would have a big impact on the funding used.</p> <p>Aspect does not believe that autistic people should not be transitioned out of the scheme as their lifelong neurological condition may mean that they, or their support networks, need specialist support at times throughout their life, but we do acknowledge that the levels of this support will fluctuate.</p> <p>Aspect acknowledge that many young children who need support during their Early Childhood years may not require ongoing support.</p>
22: Ensure providers are using the recently introduced 'provider outcomes report', as a mandatory measure	<p>Aspect believes that we cannot have a "one size fits all" approach to paperwork and does not support the use of a template report as mandatory. We need the flexibility to report in ways that are person and family centred and meet the needs of the family. We advocate for flexibility in documentation to meet the needs of families. Especially where English may be second language or there is a need to provide Easy English format.</p> <p>We do support the headings and key information is provided in outcome reporting and that where possible this is a collaboratively developed document.</p>
23: Offer families of young children a 'transition out' plan for up to three months' duration	<p>Any transition from funded supports needs to be signalled well ahead of time and adequate time and funding made available to support transition to mainstream and community-based services. Up to 6 hours over 3 months is completely inadequate to address this future state. Warm handover would be continued services for three months or a gradual reduction over a 12 month period which would be more natural and is something that providers could manage.</p> <p>Needs to be more emphasis on capacity building during the EI approach to make sure families are equipped to have support removed.</p> <p>Eligibility for mainstream services does not indicate success. Continued supports are needed to maintain placements.</p>

Yours sincerely



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