Children who are deaf or hard of hearing [Website landing page]

Who are these guides for?

These guides are for families who have a child younger than 7, who is deaf or hard of hearing who want to understand the kinds of early intervention supports (including NDIS funded supports) that are available from providers and the community.

The guides can help you:

- Learn about best practice early childhood intervention.
- Think about what the best support option/s may be for your child and family.
- Plan your next steps to support your child and family.
- Choose the right provider(s) for your child and family.

Early childhood intervention supports are recommended as early as possible to help build a child's skills, independence, and development. They can also help families build skills and knowledge to support their children.

If your child has recently been diagnosed with a hearing loss, you may have already been in contact with Hearing Australia. Hearing Australia provide hearing services and devices to people under 26 years of age who have permanent or long-term hearing loss.

We suggest reading the Choices guide created by Hearing Australia. Choices provides families and carers with information about support they provide for children who are deaf or hard of hearing.

What topics does the guide cover?

- Developing your child's language and communication.
- Supporting your child's social-emotional wellbeing.
- Developing your family's knowledge and skills.

How can you use the guide?

Step 1: Read the information below to learn about early intervention for children who are deaf or hard of hearing.

Step 2: Choose which section(s) is most important for your child and family. Referring to your child's short and long-term goals may be helpful, which can include all aspects related to your child's development.

Step 3: Refer to the guide during meetings or appointments with your MyNDIS Contact (who may be an early childhood partner or planner) or provider(s).

Step 4: It is a good idea to have regular conversations with your provider(s) about the supports your child receives. This will help you better understand your child's progress and outcomes. Your provider should also write reports so you can see the impact funded supports have on you and your child's daily

life. To learn more go to early childhood provider reports. We will also check in with you regularly in case anything changes.

For families with children with additional disabilities:

Your child may also live with other disabilities. Your MyNDIS Contact can help you connect with providers who deliver early childhood interventions that best meet the needs of your child. This may involve providers working together with your family to form a team around your child.

What do we mean by deaf or hard of hearing?

Different terms describe issues with hearing such as hearing loss, hearing impairment, deaf or hard of hearing. In this guide we use the terms hearing loss and deaf or hard of hearing. Your child may be deaf or hard of hearing from birth (congenital hearing loss) or may have become deaf or hard of hearing later in life (acquired hearing loss). Hearing loss may occur in one ear (unilateral) or both ears (bilateral) and can range from mild to profound. The term Deaf (with a capital D) may be used by people who use Auslan (Australian Sign Language) to communicate and who identify as members of the signing Deaf community. Some people may also identify themselves as 'culturally Deaf."

Why is early childhood intervention important?

- Early childhood intervention is an evidence-based approach to provide children with developmental delay or disability with the best possible start in life.
- Accessing specialised supports and services during a child's early years will guide how they communicate, develop, and learn later in life. This can help you explore what's possible for your child.
- Development of language and communication is a strong focus of early childhood intervention for children who are deaf or hard of hearing.
- Early childhood intervention can support a family and child's wellbeing. It also helps children participate in the community.

Research shows families play an important role in early intervention. Children benefit most when their family is at the centre of all services and supports. That is why the family and early childhood professionals work together in partnership. This is called family centred practice and together it creates the best possible experience and outcomes for the child and family.

Having a key person work with your family is an important part of early childhood intervention. They coordinate care for your child and family across various systems (i.e. NDIS, community supports, healthcare professionals etc). We support this as part of our early childhood approach.

Best practice early childhood interventions should use the following principles:

- The family and early childhood professionals work together in partnership. Services and supports are based on the family's needs and choices.
- Services and supports are delivered in a way that is respectful of a family's cultural, language and social backgrounds, and their values and beliefs.
- The child takes part in home and community life, with supports as needed, to create a real sense of belonging

- The child learns and practises skills in the activities and daily routines of their everyday life.
- Early childhood professionals and family form a team around the child
- Supports build the knowledge, skills and confidence of the family and the important people in a child's life
- Services and supports work with the family on the goals they have for their child and family to achieve the best outcomes
- Early childhood professionals have qualifications and experience in early childhood development, and offer services based on sound evidence and research.

Tips for supporting your child who is deaf or hard of hearing

There are a number of different ways to support your child's development. The tips below come from best practice guidelines. You may find that some of these tips will work for your child and family and others may not be relevant for your situation.

- **Early action helps.** Seek supports as soon as possible after the hearing loss is diagnosed, so that you have the best possible chance to help your child's development.
- **Children do best when families and providers work in partnership.** Listen to what the professionals have to say but remember that you are an expert in the needs of your child and family. Together you can work out the best way to help your child to develop.
- **Everyday life provides many opportunities for language learning.** Talk to your provider(s) and peer supports about how you can build language learning into your child's and family's daily routines.
- **Family is important**. Involve the whole family and encourage whole of family communication and inclusiveness. An example is working with a provider who teaches your child and family to learn Auslan together.
- **Look after yourself.** Taking care of your own wellbeing is important. Talk to your family and friends or a health professional if you need some additional support.

What supports are available?

Supports will look different for every child and family. Your supports may change as your child's needs and goals change. Learning from a wide range of people and organisations with different experiences is a good way to learn about different supports.

Support from friends, family, peers, and community networks is often very important for families. This may include connecting with:

- **Other parents of children who are deaf or hard of hearing.** They may help you and your child learn about supports.
- **Online parent groups.** This can be through organised online forums for parents or carers of children who are deaf or hard of hearing.
- **Parent-to-parent mentoring.** This can involve parents who are trained to support and provide independent advice to new parents or carers.

- **Other people who are Deaf or hard of hearing.** This could include people who have a hearing loss and whose usual means of communication is by speech or meeting people who are part of the Deaf community.
- **Mainstream supports.** You can get these supports from other government funded services and they include things like health or early childhood education supports like your child health nurse or childcare.
- **Local councils or other community groups.** They may provide access to playgroups or other activities for children. This could include story time at the local library or a regular time to meet for a play at the local community centre.
- **Family and friends.** This can be an important source of support as they know your family, and you can share your experiences, including other people who are deaf or hard of hearing.

Supports can also be delivered by providers. When we talk about providers we mean people or organisations who provide you with supports and services funded by your child's NDIS plan. This can include early childhood professionals. When you are choosing a provider to support your child and your family, you should check whether they provide best practice early interventions and have evidence they are able to help achieve the goals and outcomes you have for your child. We include more information about providers here.

Where can you go to get more information?

- You can access our resources to learn about the NDIS early childhood approach. You can read What if my child has just been diagnosed with a hearing loss? This information explains the NDIS pathway hearing stream.
- You can read our guidelines that explains the early childhood approach and what we mean by reasonable and necessary supports and how we make decisions about the types of early intervention childhood supports that can be funded through the NDIS. Other supports may be available , such as community and mainstream supports. Examples of the types of supports that can be funded or provided through the NDIS is available on the Would we fund it website.
- If you want more information about supports specific, you could talk to:
  - Your early childhood partner.
  - Your provider(s). For example your key contact.
  - A peer support network.
  - Health professionals like your child health nurse, paediatrician or general practitioner.
  - Your audiologist at Hearing Australia.
  - Organisations who support people who are deaf or hard of hearing and their families and carers.
  - Your child's early childhood educator.

How do you record your choices?

We have a checklist to help you think about your supports. You can use it to keep a record of what you have read, record questions and who may help you answer them.

You could use the checklist when planning:

- A meeting with your early childhood partner or planner.
- An appointment with your provider or audiologist.

You can also take the checklist to your meeting and fill it out together.

Where can you go to find a provider?

- You can refer to Choices, a guide developed by Hearing Australia which describes the 'professionals you may meet'.
- Your early childhood partner or planner can help you find a provider.
- We have a list of providers that you can search on the Provider Finder webpage.
- Your GP or one of the other professionals working with your child may also be able to help.
- You can also contact Hearing Australia or check Disability Gateway for providers in each state or territory.

What to look for in a provider

Choose a provider who:

- Listens to you, understands your family's needs and helps you to explore what's possible for your child.
- Has skilled staff with expertise in working with children who are deaf or hard of hearing.
- Delivers best practice early childhood supports.
- Gives you information about all of your communication options.

Questions you can ask providers

When you are talking to a provider(s) it can be useful to ask them questions about how they will work with your child and your family. This can help you work out if they are the right provider for you. You may have your own questions, or you may like to ask questions like these below which are based on best practice guidelines.

Skills and experience of the provider:

- How will you support my child and family learn about which supports may be best for us, now and in the future?
- What experience do you have in working with children who are deaf or hard of hearing?
- What outcomes can your early intervention approach provide for my child and family?

Working with your family:

- How will you work with our family to meet our individual needs at your service and in our home?
- What evidence will you use to help us decide on the best supports for our child?
- Can you connect us with other families for peer support?

Delivering supports:

- How will you report back to us about our child's progress and outcomes so we can assess how well the supports are working for our child?
- What will your service do if the supports are not meeting our child's or families needs?

Where has the information in the guide come from?

The information is based on a scientific review of research and current national and international guidelines. Many people helped to develop these Guides. They include NDIS participants and families of NDIS participants, organisations who represent people with disability, peak bodies from the disability sector, and NDIA staff.

The research used to develop this guide can be found in the following publications:

1. Early Childhood Intervention Australia. National Guidelines: Best Practice in Early Childhood Intervention. Early Childhood Intervention Australia Ltd. 2016.
2. Moeller, M.P., et al. Best Practices in Family-Centred Early Intervention for Children Who Are Deaf or Hard of Hearing: An International Consensus Statement. Journal of Deaf Studies and Deaf Education.18 (4), 429-45. 2013.
3. Yoshinaga-Itano, C. Principles and Guidelines for Early Intervention After Confirmation That a Child is Deaf or Hard of Hearing. Journal of Deaf Studies and Deaf Education. Journal of Deaf Studies and Deaf Education. 19 (2), 143-175. 2013.
4. The Joint Committee on Infant Hearing. Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. The Journal of Early Hearing Detection and Intervention. 4 (2), 1-44. 2019.
5. Kumar, S., et al. A Systematic Review of the Literature on Early Intervention for Children with Permanent Hearing Loss: Volume 1. Centre for Allied Health Evidence, University of South Australia, Adelaide. 2008.

Disclaimer

This guide is designed to help you understand the supports that may be available to children who are deaf or hard of hearing. It does not imply that a specific support will automatically be included in your child's NDIS plan. Some supports may be provided outside of the NDIS. All of the supports included in your child's NDIS plan must meet the NDIS funding criteria. You should read this guide alongside Our Guideline – Early childhood approach and Mainstream and community supports.

Developing your child's communication and language

Why is communication and language important?

The early years of a child's life are important for their development of communication and language skills. Children younger than 7 are learning to express themselves, respond to and communicate with others.

It's important to seek support as early as possible. Research shows that the earlier intervention services begin, the better the outcomes for children. Early intervention often starts when a child is first diagnosed with hearing loss. The earlier there is language (spoken and/or signed) in your child's environment, the sooner their communication, language and literacy can develop. Early intervention supports are needed for young infants as their brain development benefits from early stimulation. Parents or carers also benefit from the support early intervention provides.

There are many options to help support your child's language and communication. Understanding all the options can help you to work out what is right for your child and family, now and into the future.

What are supports for language and communication?

1. Language and communication

The evidence shows that early intervention improves children's language and communication. There are a range of supports that help develop your child's language and communication skills. There is however limited high-quality evidence about each of these supports and their impact on children's outcomes. The evidence currently suggests there is no best approach when choosing what may suit your child and family's needs.

In all of these approaches, you are usually the main teacher, with support.

Auditory-verbal and oral-aural (spoken language)

These approaches help your child develop speech and understand spoken language. It usually involves the use of hearing technology, such as a hearing aids and/or cochlear implants. The oral-aural approach involves the added use of lip-reading, facial expression, and gestures.

Bilingual or bicultural

A bilingual approach is where children and families communicate using both English and Auslan. If your family does not already use Auslan you will need to learn it. A bilingual or bicultural approach may also include learning about Deaf and hearing cultures.

Sign language

The sign language of the Deaf community in Australia is Auslan. If you choose to use Auslan with your child it is important for all family members and carers (not just those in the household) to learn it as soon as possible. Learning Auslan is a long-term commitment for the child and family and fluency is needed for the best outcomes, including social-emotional wellbeing. Children who use Auslan may also use other forms of language and communication (see bilingual approach above). Other communities in

Australia may use different sign languages. For example, Yolŋu Sign Language is used by the Yolŋu community in Northeast Arnhem Land, Northern Territory.

Total communication

A total communication approach involves a range of communication methods, including many types of signing (including Auslan or key word signing), speaking and listening, lip-reading, gestures, body language and facial expression. Hearing technology and family involvement are important components.

Options for children with more than one disability:

- **Augmentative and Alternative Communication (AAC):** involves adding to or replacing a child's speech with other methods of communication such as gestures, objects, pictures, and symbols. Sometimes AAC involves the use of technology, for example speech generating devices.
- **Deaf-blind communication:** include tactile approaches to support a person who is deaf or hard of hearing and who is also blind to access suitable methods of developing language and communication.

2. Hearing technology

Hearing technology such as hearing aids, cochlear implants or other aids and assistive technology can assist your child to hear sounds. Not all children who are deaf or hard of hearing use hearing technology. Some children use both hearing technology and Auslan. For example, if your child is learning to listen and speak they are likely to use a hearing aid(s) or cochlear implant as part of the program. Some bilingual children may also use a hearing device.

You can access more information about hearing technology options and where to go for supports at Hearing Australia. Hearing Australia provide a range of services and supports including:

- Hearing devices and ongoing audiological services.
- Upgraded and replacement speech processors for cochlear implantable devices.
- Repairs and maintenance for devices.
- Ongoing services and support.

Hearing services and devices are usually available through mainstream service systems. Go to Hearing Australia's policy to learn more about the technology that is provided at no cost to children.

Who can you talk to about language and communication supports?

You can talk to an early childhood partner, providers, early childhood professionals, organisations who support people who are deaf or hard of hearing and their families, peer supports or other friends and family about communication and language supports.

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Supporting your child's social-emotional wellbeing

Why is your child's social-emotional wellbeing important?

Social-emotional wellbeing in children can impact their confidence, development of positive relationships, communication skills, school achievement and their willingness to take on and persist with challenging tasks. Supporting and encouraging social participation and inclusion plays an important role in fostering children's social-emotional wellbeing.

All children need to feel accepted to have a real sense of belonging. Children who are deaf or hard of hearing may benefit from additional supports to help them to participate meaningfully with their families, friends, community, and in early childhood settings. Supporting your own social-emotional wellbeing is also important.

What support options are available to promote social-emotional wellbeing?

Research shows having the right supports can benefit your child's social and emotional wellbeing. Best practice guidelines describe supports that may help to promote social-emotional wellbeing of children who are deaf or hard of hearing.

One or more of the following options may suit your child's needs.

Family to family/parent to parent supports: support from other parents or families who have experience with a child who is deaf or hard of hearing. This may also include adult role models who are deaf or hard of hearing. They can help:

- Develop your child's social participation skills in a safe environment.
- Develop confidence.
- Practice communication skills and making social connections in various settings.
- Introduce your child to the Deaf and/or hard of hearing community from a young age which may have longer term benefits.

Broader support networks: support from community groups, friends, extended family, religious affiliations and, play groups can help:

- Develop your child's confidence in various social settings.
- Enable your child to practice communication skills and making social connections in various settings.
- Teach other children how to communicate with your child.

Sometimes you may need to seek additional support for your child's social-emotional wellbeing for example, a psychologist, social worker, occupational therapist, or a specialist early intervention provider. Some providers may have experience working with children who are deaf or hard of hearing. They can help:

- Support emotional attachment between you and your child, and inclusion in the family.
- Help to facilitate contacts with other supports your child may need.
- Help families to develop a positive self-image in the child who is deaf or hard of hearing.

- Help your child develop strategies to manage their emotions.

Who can you talk to about social and emotional wellbeing supports?

You can talk to an early childhood partner, providers, early childhood professionals, organisations who support people who are deaf or hard of hearing and their families, peer supports or other friends and family about your child's social and emotional wellbeing.

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Developing your family's knowledge and skills

Why is developing your family's knowledge and skills important?

There may be lots of new information to understand and choices to make when your child is first diagnosed with a hearing loss. Developing a good understanding as early as possible will help you feel more confident about making decisions for your child and will increase your child's positive experiences of learning and development.

Research shows that a variety of supports can play an important role in developing your family's knowledge and skills. There is also emerging evidence to suggest accessing early intervention and ongoing supports can help reduce stress in parents or carers of children who are deaf or hard of hearing.

What support options can help build your family's knowledge and skills?

Research suggests that building your family's knowledge and skills can have a positive impact on your family and child. Best practice guidelines describe supports that may help build knowledge and skills of parents of children who are deaf or hard of hearing.

One or more of the following options may suit your child's needs:

Family to family/parent to parent supports: support from other families who have experience with a child who is deaf or hard of hearing. This may also include adult role models who are deaf or hard of hearing. This can help:

- Connect you with others who understand your situation.
- Provide social support and to help answer questions.
- Help practice new communication skills in a natural setting.
- Build your confidence.
- Provide a source of emotional support from those who understand your situation.
- Make you feel less isolated.
- Provide day-to-day support, including help with daily tasks or social support.
- Answer your questions to help you build your knowledge.

Broader support networks: support from community groups, friends, extended family, religious affiliations, or others you meet in your day-to-day such as play groups. This can:

- Provide social supports.
- Help practice new communication skills in various settings.
- Build confidence and capabilities in various settings.
- Reduce feelings of isolation.
- Provide day-to-day support, including help with daily tasks or social support.
- Meet specific needs/concerns for example if you need advice from someone within your cultural group.

Support from health or educational professionals for example, audiologist, speech pathologist, early intervention provider, mental health supports, educational professionals (including early learning, teacher of the Deaf), your doctor or services provided by community organisations). This can:

- Provide you with reliable information and answer your questions.
- Become knowledgeable about expectations and milestones in typical childhood development.
- Learn new skills and strategies to communicate with your child.
- Understand and choose support options which best suit your family.
- Reduce or help you to manage stress and improve your family's wellbeing.
- Help develop coping strategies.
- Support attachment (connections) between you and your child.
- A home environment where your child can learn and thrive.
- Help develop a positive outlook.
- Help to connect you with other supports.

Who can you talk to about developing your family's knowledge and skills?

You can talk with an early childhood partner, providers, early childhood professionals, peer supports or other friends and family about developing your family's knowledge and skills.

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Knowledge Article

For Internal Use Only

The contents of this document are OFFICIAL.

Deafness and Hearing Impairment Snapshot

Guidance in this document is not approved for use unless you view it in PACE.

This Disability Snapshot provides general information about deafness and hearing impairment to assist you in communicating effectively and supporting the participant in developing their goals in a planning meeting. Each person is an individual and will have their own needs, preferences and experiences that will impact on the planning process. This information has been prepared for NDIA staff and partners and is not intended for external distribution.

Peak body consulted

In developing this resource we consulted with Deaf Australia, Deafness Forum of Australia and Deafblind Australia, peak bodies for people with deafness, hearing impairment or deafblindness.

What is deafness and hearing impairment?

Deaf, deafness, hard of hearing, hearing loss, and hearing impairment are all terms used to describe the sensory disability that affects a person's ability to hear.

Levels of deafness vary from mild to profound and can occur at birth or at any age regardless of a person's gender or background. However, it can become more common as age increases.

The terms deafness and hearing impairment mean different things to different people and must be used sensitively. Deaf is the preferred term used by people who use Australian Sign Language (Auslan) as a primary or preferred communication method and who identify themselves as a member of the signing Deaf community. It is used to describe their unique cultural identity which is a result of their rich visual language and is used with pride. In this case the D in Deaf is capitalised.

Many in the Deaf community regard the terms ‘hearing impairment’ and ‘hearing loss’ as alienating and damaging because it implies deafness needs to be ‘fixed’.

Because of the sensitivities around the different terms, it is particularly important that participants are encouraged to take the lead in describing themselves and their disability or cultural identity. Care needs to be taken to ensure that the terminology preferred by the participant is consistently used in all meetings and correspondence. See the language and terminology section of this Disability Snapshot for further detail.

People who are deafblind have specific needs beyond deafness and blindness. Their communication and mobility requirements will be highly specialised and often require one-on-one supports. See the separate Deafblind Snapshot for further detail.

How are deafness and hearing impairment diagnosed?

Australia has a system of universal, hearing screening for newborns in all hospitals. When deafness or hearing impairment is identified, a referral is made for the newborn to be assessed by a diagnostic audiologist.

In some states, hearing testing is done in primary schools. People can also be referred to an audiologist by their GP, health provider or family members.

Approximately 95% of children born with hearing loss are born to parents who can hear and speak. These parents may have no prior knowledge of deafness or hearing impairment. They may experience a range of emotions and not fully understand the implications of the diagnosis.

A number of children may have multiple disabilities, including deafness or hearing impairment. These children will need a range of supports to address their different needs.

People may acquire hearing loss through a wide range of causes such as illness, accident, exposure to loud damaging noise and the natural process of ageing. Often it is a family member that notices the hearing loss and encourages the person to seek professional advice.

Australian Hearing is the only provider in Australia who receives government funding to deliver hearing services (including the fitting of hearing devices) for children and young adults (under 26 years of age). Australian Hearing do not do diagnostic testing. Once a child has a confirmed hearing loss they are then referred to Australian Hearing.

Common characteristics

Lack of access to communication and information is the primary barrier to inclusion and wellbeing - communication and quality of life are very closely linked. Poor access to communication and lower levels of interaction are known to negatively *impact on* social, emotional, psychological and physical wellbeing.

People who experience deafness and hearing impairment need access to a range of strategies to access information and to communicate.

They may need to access several of the following supports and strategies:

- listening and spoken language therapies in conjunction with assistive hearing technologies
- Auslan, the sign language used by the Deaf community in Australia
- lip-reading (a specialised skill used by a small part of the population)
- devices that amplify or replace sound (e.g. hearing aids, cochlear implants) and therapy / rehabilitative supports
- hearing augmentation systems such as hearing loops, remote microphone systems, soundfield systems and captioning
- assistive visual devices and systems (for example flashing doorbells, telephones and smoke alarms and live captioning).

For more information see Appendix A: technology as an enabler as the end of this document.

The most helpful approach to the provision of supports is to provide a person and their family with as much information as possible to identify strategies that might work for them. It is not true that people who are deaf only require Auslan interpreters, or that a single item of assistive technology (AT) (for example a cochlear implant) is sufficient to resolve access to communication and information.

It is important that planners, Local Area Coordinators and Early Childhood partners support participants and their families to obtain independent recommendations for interventions and/or AT from organisations that are independent of service provision.

Common misconceptions about deafness and hearing impairment

- Hearing aids or cochlear implants can significantly reduce the disabling effects of hearing loss although hearing loss is irreversible. The ability to hear and the ability to understand sounds are two different things. People who wear hearing devices may still have difficulty hearing in a noisy environment, on the phone or comprehending spoken language and speech.
    - A misconception is that hearing aids or Cochlear implants ‘fix’ or restore hearing loss.
- For many Deaf people, being deaf is an essential part of their identity which leads to positive social, emotional and language developments. An assumption that intervention is needed to fix the deafness needs careful consideration of each person’s choice, communication needs and participation opportunities.
    - A misconception is that deafness needs to be ‘fixed’.

- Technology is usually most effective when combined with hours of learning to interpret the device's sounds. This may be with the support of a speech pathologist or teacher, particularly during early childhood. Similar for all people with disability, intensive therapy needs to be balanced with other important elements of life such as recreation time, social interaction and general downtime.
    - A misconception is that hearing devices immediately allow a person to hear.
- Auslan (Australian Sign Language) is a visual and spatial language that has its own grammar rule. It has no written form. Auslan is recognised as a language. Auslan is different to English and does not translate directly. Sign language is not universal, Auslan is a unique language used within Australia.
    - A misconception is that Auslan is just a signed form of spoken English language.
- Lip-reading and listening skills are acquired through years of practice and training and these skills vary widely. It is difficult and complicated because there are many different speech sounds that look similar on the lips (for example 'b', 'p' and 'm'). Lip-reading is a tiring exercise - it requires high levels of concentration irrespective of the age of the person.
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    - A misconception is that all deaf people can lip-read.

Language and terminology

Terminology is a sensitive issue in the deafness and hearing impairment communities. NDIS participants must be given the opportunity to describe themselves and their disability. Take care to ensure the participant's preferred terminology is always used in any meetings and correspondence.

Preferred terms

- Deaf, for a person whose first language is Auslan.
- Person who is deaf and has other disability/s.

Description of terms

- Deaf (with capital ‘D’) is the preferred term used by people who use Auslan as a primary or preferred communication mode, and who identify themselves as a member of the signing deaf community. This group of people may also identify themselves as culturally Deaf. Auslan users have a unique language and experience, and like all cultural and linguistic groups, English is their second language. Auslan users are more likely to have been born deaf or have become deaf in early life. There are some who discover Auslan later in life and then use it as their primary language.
- deaf (with lower case ‘d’) is a general term used to describe people who have a physical condition of hearing loss of varying degree, no matter which communication mode they use (for example hearing devices, Auslan or lip reading).
- The term ‘hearing impairment’ refers to a full or partial decrease in the ability to hear. It is one of the commonly used terms to describe a person who has a hearing loss, irrespective of their level of hearing. This term must not be used as a blanket term for people who identify as ‘capital D’ Deaf. Some individuals may prefer to use hearing impairment to describe their identity but many Deaf and hard of hearing people find this term derogatory.
- ‘Hard of hearing’ is the internationally preferred term used to describe people with acquired hearing loss in a way that does not imply impairment.

Enabling social and economic participation

A person’s support needs for social and economic participation will vary depending on their strengths and level of function. Identifying potential solutions for increasing access to communication and information is critical. This could include arranging assistive technology or Auslan.

To enable and maintain work, ongoing supports or adjustments at work may be needed. This might require NDIS funding for specialist disability or employment related assessment services. Alternatively the person may access external employment retention and support initiatives such as Work Assist provided by the Disability Employment Services (DES) program.

Peer support from people who identify themselves as a member of the signing community or with other people who are deaf can also assist to address challenges to social and economic participation.

How can I tailor a meeting to suit people who experience Deafness or hearing impairment?

- Offer a variety of options to contact you: email, fax, text message or letter. Some people will nominate a TTY phone contact via the National Relay Service (NRS) as their preference. Ensure you are familiar with the NRS before use.
    - Do not use a phone call as the first point of contact. It is important to communicate with people in the means which they find accessible and most comfortable.
- Always ask what communication access is needed for the meeting. This could be a hearing loop, live captions, a room with Auslan interpreters or a combination of supports.
    - Do not impose unwanted supports. Interpreter and captioners preferences must be respected. NDIS meetings often include a lot of information and may be quite overwhelming.
- Book communication support as soon as possible and confirm the details with the participant.
    - Do not ask interpreters and captioners to provide advocacy or other support. Their role is solely to interpret/caption all communication. There is a shortage of Auslan interpreters, captioners are in high demand, and not all meeting rooms have hearing loops.

- Make sure meetings are held in a quiet space that is well lit.
    - Do not presume that a busy office or café is a welcoming environment. A quiet, well-lit space is a place where conversations can take place free of background noise, strong background light and distractions.
- Ensure that you are clearly visible and facing the person.
    - Do not wave hands or hold other objects near your face while speaking. Some people can read lips for some words.
- Use normal clear speech at normal speed.
    - Do not exaggerate your speech. Try not to speak too quickly, don't mumble and don't yell. It's clarity that counts. Hearing devices (including ears) work best when they are receiving normal speech free of background noise. Some people can read lips for some words.
- Look at and speak directly to the person.
    - It is always good manners to look at the person you are speaking to.
- Use plain language that is clear. Rephrase as needed.
    - Do not keep saying the same thing over again or assume that a person with communication support needs has an intellectual disability because they have a limited vocabulary or language difficulties.
- Hearing devices might not pick up every word clearly. Remember that a person whose first language is not English (this may include users of Auslan) might not have a high English literacy level.
- Have paper and pen available.
    - Don't rely on one communication method only. All people in the meeting need to have the same understanding about key information, support requirements, outcomes and next steps.
- Ask for clarification and things to be reworded if you do not understand. Play it back to check that both parties have the same understanding.

- Don't assume you know what the person is trying to say.

Helpful links

- Deaf Australia
- Deafness Forum of Australia
- Aussie Deaf Kids
- Better Hearing Australia
- CICADA (Cochlear implantee group)
- Parents of Deaf Children
- Hearing Topics A – Z
- The Meaning and Practice of Audism

Article labels

PACE user role names

Add: User role name label

Delete: User role name label

No change.

Topics

Add: Topic label

Delete: Topic label

No change.

Case names

Add: Case name label

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No change.

Ownership

Knowledge Article

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Add: Ownership label

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No change.

Version control

Version	Amended by	Brief Description of Change	Status	Date

Knowledge Article

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EC Early childhood intervention supports overview

Guidance in this document is not approved for use unless you view it in PACE.

When we say, early childhood intervention supports, we mean Early Intervention Supports for Early Childhood which is an NDIS support we fund in NDIS plans for children younger than 9.

This article provides guidance for early childhood partners, planner delegates, planner (non-partnered area) and review officers about:

- early childhood intervention supports
- developmental areas
- identifying support needs across developmental areas
- reasonable and necessary and early childhood intervention supports
- safeguarding for children.

Recent updates

7 April 2026

- Additional guidance to understand the child's strengths and support needs
- Guidance updated with examples of barriers that may prevent the child from participating in an activity
- Added guidance about, and link to the National Best Practice Framework for Early Childhood Intervention
- Guidance on safeguarding for children added
- Article name change – previously EC Early Intervention supports for early childhood overview
- PEC case question age range changed to younger than 9

Knowledge Article

For Internal Use Only

Before you start

For additional information on the **Personal and Environmental Circumstances** (PEC) case and capacity building early intervention supports for early childhood refer to:

- article EC Early childhood intervention supports guide (EC Guide)
- article EC Interpreting provider reports and recommendations
- article EC PEC – Capacity building – Health and wellbeing (Disability-related health supports)
- article EC PEC – Capacity building – Regulated restrictive practices
- article EC PEC – Capacity building – How to complete early childhood intervention supports questions
- article EC PEC – Carers – Support coordination
- article EC PEC – Carers – Sustaining informal supports
- article EC PEC – Core – Equipment and consumables
- article EC PEC – Daily support (mainstream participation)
- article EC PEC – General overview
- article EC PEC – NDIS Pathway Hearing Stream
- article Complete personal and environmental circumstances case
- article Record information for Capacity Building
- Our Guideline – Creating your plan (external)
- Our Guideline – Reasonable and necessary supports (external)
- Our Guideline – Mainstream and community supports (external)
- Our Guideline – Early childhood approach (external)

For further information on the role of a key worker refer to:

- article EC Understand the key worker role in the delivery of early childhood intervention supports

- Early childhood tip sheet - Key worker model case study (PDF 119KB).

Early childhood intervention supports

Early childhood intervention supports is an NDIS support (external) we include in NDIS plans for children younger than 9. NDIS supports are the services, items and equipment that can be funded by the NDIS. These NDIS supports help the child to develop new skills and help the important people in a child's life to support their child with developmental delay or disability to maximise their independence and participation in daily life.

Early childhood intervention supports build on learning opportunities as part of a child's everyday activities in their:

- home and where the family spend time together
- community, like playgrounds, shops, and friends' homes
- mainstream settings, like childcare, preschool and school.

The early childhood intervention supports included in an NDIS plan is for the **additional, professional support** that is required to support a child's development and functioning in daily life. They are for support related to a child's developmental delay or disability. They don't replace, but are in addition to the support informal, community and mainstream networks provide.

NDIS support for early childhood intervention is all about building the capability of important people in a child's life to support the child's skill development at home and in the community. It may also include direct support to the child, depending on their individual needs.

Early childhood intervention supports should align with the principles of the National Best Practice Framework for Early Childhood Intervention (external).

Supports may include:

- specialised support and strategies provided by early childhood intervention professionals

- key worker support for the child and family, provided by one of the early childhood intervention professionals.

Understanding developmental areas for children younger than 9

To understand a child's need for NDIS support for early childhood intervention it is important to firstly think about their strengths and how any delays in developmental areas impact their participation and independence in daily activities and in the community.

Information to understand the child's strengths and support needs can come from multiple sources. For example:

- The child, using their preferred communication mode.
- Families during information gathering or from a family statement.
- Early childhood education and care settings, for example childcare, preschool or school. Families can request a letter from their early childhood education and care service or school outlining their child's strengths, areas for development, challenges the educators are experiencing in supporting their child in a group setting; and progress they have noted in the education or care setting.
- Providers and other professionals involved with the child, for example, a paediatrician.

Early childhood partners, and planner delegates will need to understand:

- what the child can do (strengths)
- the areas in which a child's functioning is significantly delayed compared to similar age peers
- the family's perspective, as families know their child best and offer important information about what's going well for their child and any concerns they have
- what the child and their family want to work towards, including goals and areas where an early childhood professional may work directly with a child to build skills and help families learn how to build skills in every day settings

- if there are barriers to participation in everyday activities at home, in the community, an early childhood education and care setting or school. Barriers are things that make it harder for a child to take part in everyday activities. These can include physical, financial, environmental, attitudinal or logistical challenges.

Some barriers are **not** related to NDIS responsibilities. For example:

- Families who cannot afford childcare.
- Lack of public transport for a family to take the child to an activity.
- Other families indicating that the child with a disability is not welcome at a playgroup.
- Family work schedules prevent attendance at extra-curricular activities.

Other barriers may be supported through NDIS funding if they are related to a child's developmental delay or disability. For example, modifying a shower in the child's home that is not accessible (physical barrier) by funding an assessment for home modifications (Capacity Building – Improved Daily Living) and the subsequent home modifications (Capital).

The NDIS only funds supports that are related to the child's developmental delay or disability. The early childhood partner, Agency staff or providers can help a family find community and mainstream services that might help with supports that are not NDIS funded supports.

Relevant information will be recorded in PACE in the **Personal and Environmental Circumstances** (PEC) case, such as the Daily Support and Capacity Building steps, or the Check-In case. It may also be included in any available provider and other professional reports we have on record and for some first plans, this includes the Evidence of developmental delay form (EODD).

Developmental areas for children younger than 9

When identifying NDIS supports to include in a plan, the child's strengths and any need for early childhood intervention across the following developmental areas should be considered.

Physical development

How a child moves around, such as crawling, walking, running, and maintaining balance; and how they use their hands to pick up things.

Self-care

How a child looks after themselves or their own needs, such as, how they bathe, dress themselves, eat, drink, use the toilet and sleep.

Cognitive development

How a child understands and remembers information. How they learn, practice, and use new skills. It also includes how they show curiosity and interest in the world around them, solve problems, move between activities and places, play with toys, and develop their safety awareness.

Receptive and expressive language

How a child understands and uses words, gestures, signs, and facial expressions for communication. How a child communicates with other people to express their wants, needs, preferences and ideas.

Emotional development

How a child recognises, understands, expresses, and regulates their feelings and their sensory needs. How they build their confidence, self-identity and wellbeing. Whether there are any behaviours that are challenging or behaviours of concern, and how these are managed.

Social development

How a child builds relationships with family and with others. How they develop their interests, interact, and connect with others through play and childhood activities, and make friendships with peers.

Hearing and vision

Additional supports may be required for children who have met the disability or early intervention requirements for an impairment for which there are significant hearing or vision related needs. It's important to recognise that the functional impacts of these impairments are often reflected in other developmental areas. While hearing and vision aren't developmental areas, support in these areas, where required, is important for engaging with the child and maximising their inclusion in daily activities.

Only select hearing or vision as an area of need when funding in addition to what's been allocated to support developmental areas is clearly required. This will avoid funding for the

same area of need twice and maximise value for money when determining what's needed to meet each child's individual needs.

- **Hearing** - Children who are deaf or hard of hearing. These children may need additional support. This assistance early in a child's life is crucial for effective communication, reducing potential language delays, and ensuring the child can interact with their family and peers. For new plans and plan reassessments for participants younger than 7 newly diagnosed with a permanent hearing loss please refer to article EC Guide – Supporting children younger than 7 who are deaf or hard of hearing (including under the priority hearing stream) and article EC PEC – NDIS Pathway Hearing Stream.
- **Vision** - Children who are blind or have low vision. These children may need additional support from their families to understand their vision needs. This support may involve adapting the environment or play materials to help the child learn skills for independence and safety.

When making decisions about other NDIS supports and appropriate level of support included in the plan refer to relevant articles. For example Understand disability-related health supports – capacity building supports or article Add or update capacity building assistive technology (AT) supports in a plan approval case.

Informal, community and mainstream support

When determining a level of early childhood intervention supports to include in a plan, it's important to make sure we're only including funding for **the additional, professional support** required to support a child's development and functioning in daily life. We should recognise that support can also be provided by informal, community and mainstream supports which do not require NDIS funding.

- **Informal support** includes assistance provided by family and friends. These supports are often the first layer of assistance, offering daily care, emotional support, and basic learning experiences.

- **Community supports** are local resources such as playgroups, community health services, and recreational activities that facilitate a child's social interaction and community engagement.
- **Mainstream supports** are supports provided through mainstream services including educational institutions and healthcare services, which play a crucial role in a child's overall development and well-being.

Reasonable and necessary

The delegate will review information about the child's informal, community, and mainstream supports, their strengths and areas where development is delayed. Then, NDIS supports can be considered which will complement and enhance existing supports rather than replace them. This approach supports the child's independence and community involvement, ensuring they receive the most suitable support for their individual needs. It also helps to build the capability of families and other people who support the child in everyday activities.

If NDIS support for early childhood intervention is required for a developmental area, the early childhood partner will choose in the PEC case whether they believe that the level required is **high or medium to low.** For first plans this will help inform the Typical Support Package (TSP) and the delegate will make a final decision.

Refer to article: EC PEC – Capacity building – How to complete early childhood intervention supports questions and Complete personal and environmental circumstances case.

When identifying a level of NDIS support for early childhood intervention, we must think about the child's existing support systems. We must also think about the amount of NDIS support required over the course of the plan to support the child's development and functioning in daily life.

For school age children, careful consideration must be given to the responsibility of the education system when determining whether a developmental area needs high or medium to low level of early childhood intervention NDIS support. Children spend a large part of the week at school where support is provided to learn and develop, sometimes with additional support funded by the education system. For example, learning to follow routines and get along with peers.

Also, many children who are school age will have been an NDIS participant for a number of years. For school age children, delegates should look at whether developmental areas that previously required a high level of early childhood intervention, could now be considered as requiring a medium to low level of early childhood intervention due to the impact of early childhood intervention and the additional learning opportunities the school environment offers.

Examples of when a developmental area might need a medium to low or high level of NDIS support for early childhood intervention

Medium to low level of early childhood intervention for a developmental area is typically when a shorter period of early childhood intervention is needed followed by occasional monitoring (such as every second month) over the duration of the plan. This may be applied when support for a developmental area should be addressed predominantly by their existing informal, community and mainstream supports. However, the child and family also need a small amount of early childhood intervention NDIS support to support the developmental area.

High level of early childhood intervention for a developmental area is typically required when regular, frequent, and sustained early childhood intervention for the area is needed over the duration of the plan. The NDIS support required is in addition to informal, community and mainstream support.

When assessing the need for NDIS support for early childhood intervention, it's important to think about how a delay in one developmental area might impact another developmental area.

For example, if a child needs regular, frequent and sustained support for language and communication skills, this may be impacting their social skills. As a result, we'd include a high level of early childhood intervention for communication skills. However, there may be a medium to low level of early childhood intervention needed for social skills, or none at all, if other supports like informal, community, and mainstream services are adequate. This approach helps determine a level of NDIS support that helps prevent overfunding or duplication of effort by providers and encourages the family to choose supports that are value for money by concentrating on areas needing the most support.

Safeguarding for children

When you become aware of risk or harm or potential harm involving an NDIS participant who is a child, NDIA staff and partners are expected to identify and follow internal and external processes as a priority.

Further information on responding to a child or young person who you have witnessed being harmed or they disclose abuse or neglect, can be found in the Practice Guide - Participant Critical Incident (DOCX 902KB).
Note: Call emergency services when a child or young person is in immediate danger.

It is important to review and have a good understanding of article Guide – Safeguarding the participant's interests – Context and background.

To support participants and their families to reduce their risks of harm and understand their rights refer to Participant safeguarding policy (external).

To understand what to do when identifying risk, go to the article Identify risks and vulnerabilities.

Conversations about risk and recording information

To create an emotionally safe environment, refer to article Guide – Conversation style guide, including Guide - Conversation style guide appendix A which provides information on conversation techniques and also Guide - Conversation style guide appendix B to support phone or web-based conversations.

It is important when finding out about harm to a child to carefully consider questions you ask. Sometimes that might mean avoiding specific questioning and only gather enough information to be able to follow Participant Critical Incident reporting processes. This is also important when a parent or carer relays any challenges related to supporting a child. Further questions can be asked to understand how they can be supported.

Recording information in the system about any concerns or factors can provide further detail for NDIA staff and partners to assess the potential for harm at a future date. This information is important for assessing risk and implementing safeguards for children.

How to consider check-ins and funding when you have identified risks

Knowledge Article

For Internal Use Only

For more information on safeguarding during the check-in process refer to article Record risks and vulnerabilities during a check-in or during the planning process go to Guide - Safeguarding the participant's interests.

Article labels

PACE user role names

Add: User role name label

Delete: User role name label

No change.

Topics

Add: Topic label

Delete: Topic label

No change.

Case names

Add: Case name label

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Ownership

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No change.

Version control

Version	Amended by	Brief Description of Change	Status	Date

Knowledge Article

For Internal Use Only

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EC Guide - Supporting children younger than 7 who are deaf or hard of hearing (including under the priority hearing stream)

Guidance in this document is not approved for use unless you view it in PACE.

This article provides guidance for an early childhood partner or planner delegate to:

- understand the role of the early childhood partner when a referral has been made by Hearing Australia
- understand the NDIS Pathway Hearing Stream (priority hearing stream) and eligibility requirements
- understand supports for children who are deaf or hard of hearing

Recent updates

7 April 2026
Linked article name updates

Before you start

You have read and understood:

- article EC PEC – NDIS Pathway Hearing Stream
- article EC Early childhood intervention supports overview
- Deafness and hearing impairment snapshot
- Hearing Australia's Choices eBook (external)
- Our Guidelines – Early childhood approach (external)
- Our Guidelines – Early connections (external).

Knowledge Article

For Internal Use Only

What is the role of the early childhood partner under the NDIS Pathway Hearing Stream (priority hearing stream)?

Early childhood partners provide early connections for children, their families and carers. This includes supporting them to apply to the NDIS under the priority hearing stream if the child is likely to meet the NDIS eligibility requirements and hearing stream criteria. This support can also include connections with mainstream and community services, helpful information for the child and family or carer and connection to peer supports.

If a child with a hearing loss is unlikely to meet the NDIS eligibility requirements (for example, a temporary conductive hearing loss) but there are concerns about the child's development then the early childhood partner can provide early connections to determine the right supports and services for the child and their family or carer. This may include early supports if they are younger than 6 with developmental concerns.

For more information on our early childhood approach or early connections, go to Our Guidelines – Early childhood approach (external).

What is the priority hearing stream?

The priority hearing stream is a priority pathway established to allow children to move quickly from diagnosis to early intervention.

If a hearing loss is suspected in an infant or a child of any age, they will be referred to a paediatric audiologist for a full diagnostic assessment. If a permanent hearing loss is confirmed, the paediatric audiologist, with consent from the family or carer will arrange a priority referral to Hearing Australia (External).

The NDIA will be satisfied a person meets the early intervention requirements for hearing loss if they:

- are aged between 0 and 25
- have evidence from a specialist audiological assessment

- have auditory neuropathy or a hearing loss at least 25 decibels in either ear at 2 or more adjacent frequencies, and
- the hearing loss is likely to be permanent.

A child is eligible for the priority hearing stream if:

- they meet NDIS eligibility requirements
- are younger than 7, and
- have a new diagnosis of a confirmed, permanent hearing loss.

What is the Hearing Services Program?

The Hearing Services Program (HSP) provides government funded hearing services and devices to eligible people. Young Australians who are under 26 years of age and are a citizen or permanent resident are eligible for the Community Service Obligation (CSO) component of the HSP.

Hearing Australia is the sole provider of the CSO Program. The services and supports they provide to children who are deaf or hard of hearing includes:

- fully government subsidised hearing devices (for example hearing aids and remote microphone systems) and ongoing audiological services
- upgraded and replacement speech processors for cochlear implantable devices
- repairs and maintenance for devices
- ongoing services and support.

Hearing Australia have developed Choices (external) for families of children who are newly diagnosed with hearing loss from birth to 12 years of age. This resource provides information to help families confidently make the right choices for their child throughout their hearing journey. This resource aims to make it easier for families to understand and find information

about the range of hearing technology, communication and supports services that are available to help them.

A child does not need to be a participant with the NDIS to receive hearing devices from Hearing Australia under the HSP.

Applying to the NDIS

The Hearing Australia audiologist will complete **Form: NDIS Pathway Hearing Stream – evidence of hearing loss**, attach the audiological assessment report and email as a priority to the NDIA. This will often occur at the child's first appointment with Hearing Australia but may happen later if requested by the family or carer. The evidence of hearing loss form is unique to the priority hearing stream and is completed exclusively by Hearing Australia audiologists.

The Hearing Australia referral email will be used to create a priority enquiry case and routed to the early childhood partner. The early childhood partner will prioritise contact with the family or carer and determine if the child is likely to meet the priority hearing stream criteria. If likely to meet the criteria the early childhood partner will support completion of the access request by:

- completing the information gathering steps in PACE
- gathering a holistic picture of the child's developmental support needs in addition to their hearing loss.

Confirming identity

Parents or carers of a newborn applying to the NDIS through the priority hearing stream can provide a Proof of Birth Declaration if they do not yet have a birth certificate. This is found on the last page of the Newborn Child Declaration form which is included in the Parent Pack provided after birth and must be signed by a doctor or midwife.

If a proof of birth declaration is used as evidence of identity for an applicant in the priority Hearing Stream, a full birth certificate must be requested by the MyNDIS contact 6 months after access is met.

The early childhood partner will need to create an Alert and a Task to ensure the follow up occurs. For information on this, go to article Make an access decision.

For more information about evidence for children younger than 7 eligible for the priority hearing stream, go to article Understand age and residence evidence.

Requesting a priority eligibility decision

PACE should automatically add **Priority Reason** and **Priority Description** information to an **Access Request** case for a child younger than 7 with a disability of hearing loss.

For a child likely to be eligible for the priority hearing stream the early childhood partner should confirm the following details are entered in the **Access Request** case:

- At **Prioritisation Reason**, select **0-6 years with hearing loss**
- At **Priority Description**, select **Hearing Australia or EC Partner Priority**
- At **Prioritisation Comment** you **must** complete this template:
- Assessment: Urgent decision requirements **<not met/met>**. Priority eligibility decision looked at following request from **<Applicant>** on **<Date>**. Review based on available evidence and information from Our Guidelines – Applying to the NDIS (external).

Learn more in article Request priority eligibility decision.

Priority hearing stream timeframes

If a child younger than 7 is newly diagnosed with a permanent hearing loss, an eligibility decision will be made within 2 business days once a completed **Access Request** case is received.

The MyNDIS contact will receive a bell notification when a request for information (RFI) or an access decision is made.

The priority marker from the **Access Request** case will automatically transfer to the **Plan Approval** case. The initial plan will be approved within 10 business days of the child being eligible for the Scheme.

Plans developed under the priority hearing stream have a recommended plan duration of 12 months.

As the priority hearing stream is for children with a new diagnosis of a confirmed, permanent hearing loss, a child is not eligible for the priority hearing stream if they have an existing diagnosis of a confirmed hearing loss. The early childhood partner can support the family or carer to apply to the NDIS, through the early childhood approach. A priority access referral and planning decision is not required.

Capacity building supports

Evidence shows that communication outcomes are significantly improved when the hearing loss is identified early, and intervention starts soon after. The earlier there is language (spoken and/or signed) in a child's environment, the sooner their communication, language and literacy can develop.

The impact of mild and unilateral hearing loss varies amongst individuals, as does the benefit of early intervention including amplification. Given there are no clear recommendations of best management approaches, it is recommended that the outcomes of hearing related functional assessments (documented in provider reports) are also taken into consideration when determining whether hearing is identified as a high or medium to low area of need.

Newly diagnosed permanent hearing loss

For children with a newly diagnosed hearing loss, use information provided in the **Form: NDIS Pathway Hearing Stream – evidence of hearing loss** from Hearing Australia to complete the **Personal and Environmental Circumstances (PEC)** case. Refer to article: EC PEC – NDIS Pathway Hearing Stream.

For initial plans developed under priority hearing stream, the funding level for capacity building supports is primarily based on the child's average hearing loss, typically the four-frequency average hearing loss (4FAHL), in their poorer ear.

This level of capacity building supports is expected to support the child's:

- language and communication development
- social development
- emotional development.

Refer to the below table to see the recommended levels of capacity building supports for the initial 12 month plan.

Table one: Recommended levels of capacity building support included in the initial 12 month plan

Level	CB Supports	Description
Level 1	s47E(d) - certain operation	**Unilateral** hearing loss **(Mild/Moderate)** in affected ear
Level 2	s47E(d) - certain operation	**Unilateral** hearing loss **(Severe/Profound/ANSD)** in affected ear **Mild** hearing loss in both ears
Level 3	s47E(d) - certain operation	Hearing loss in both ears, with a **Moderate** hearing loss in the **poorer** ear
Level 4	s47E(d) - certain operations or	Hearing loss in both ears, with a **Severe/Profound/ANSD** hearing loss in the **poorer** ear

Note: the funding levels in this table only apply to the initial 12 month plan for a participant younger than 7, eligible for the priority hearing stream.

For a child with a bilateral hearing loss, where the evidence indicates they are at significant risk of auditory and language deprivation, planner delegates can consider increasing the funding level to the next level (capped at level 4). For example, where the diagnosis of a child's hearing loss was delayed by more than six months.

Early Childhood intervention supports can be used flexibly to access the most appropriate support for the child. This may include audiological services who are allied health professionals.

For a plan reassessment, or for children not eligible for the priority hearing stream, refer to article EC Early childhood intervention supports overview.

Additional support needs

If a child eligible for the priority hearing stream has additional support needs (high or medium-low) the early childhood partner will include supporting evidence from the child's treating professional. You could add this information in the **internal notes** section within the **activity log** tab.

A delegate will need to review the draft budget against all of the child's support needs and the reasonable and necessary criteria to determine whether an adjustment needs to be made in addition to the capacity building funding originally allocated under the priority hearing stream.Refer to article EC Early childhood intervention supports guide (EC Guide).

Core budget supports

Consumable – Low cost assistive technology

The early childhood partner will identify the low-cost assistive technology needs from conversations with the family or carer and evidence provided.

Hearing devices for children are provided by Hearing Australia, funded under the Hearing Services Program (HSP). Speech processors (including their replacement parts), remote microphones or wireless communication devices are all funded under the HSP.

Sometimes we see requests for a second FM device because Hearing Australia have a policy of only funding one ear even if the child has hearing loss in both ears. This is not the responsibility of the NDIS.

However we can fund accessories such as:

- **specialised alarm systems** like a flashing doorbell and other alerting systems.
- **waterproof accessories** such as the Aqua + which is the compatible option for the Nucleus 7 speech processor.

To learn more about the technology that is provided at no cost to children, go to Hearing Australia's website (external).

Through Hearing Australia, families or carers can enter into a Hearing Services Program Maintenance Agreement which will cover the costs of device batteries and maintenance for their child's hearing device for 12 months. This includes repairs and spare parts for their hearing device and/or speech processor. Under the maintenance agreement, the participant's family or carer makes a small co-payment towards the annual maintenance fee.

Learn more about including this support in article: EC PEC – NDIS Pathway Hearing Stream.

Communication approaches

The choice of communication approach is the family or carer's decision. There is widespread recognition that no single option is ideal for all children with hearing loss at all stages of their development. Some families may feel pressure when making choices about communication. It is important that families understand that they do not have to make a choice for life. They may wish to change their approach as they learn more about their child's needs and preferences. The right choice is the one that works best for the child and their family or carer and will adequately support a child's language development and minimise the risk of language deprivation.

To learn more about communication approaches go to Hearing Australia's Choices eBook (external). This resource can be shared with families if they do not already have it.

Based on the information that you have gathered with the family or carer you may include information in the PEC based on the families preferred communication approach.

Read more about daily supports in article: EC PEC – NDIS Pathway Hearing Stream.

When allocating funding for a first plan under the priority hearing stream pathway, planner delegates should use the recommended levels of support shown in **Table One** of this article. This funding is typically added to the improved daily living support category however there may be instances where the family or carer have chosen Auslan as their preferred communication

method. In these cases, the relevant funding level shown in the table can be split across the improved daily living and core consumables support categories, rather than adding additional funding for Auslan supports.

This will allow the family or carer flexibility to access the supports they require.

Auslan related supports

Auslan related supports should be considered on an individual basis and funded where the support meets the NDIS funding criteria. When determining reasonable and necessary supports, the NDIA will need to ensure the capacity of families is increased, so they can support their child's language development.

A participant's age and level of hearing loss are also factors to consider when determining the level of support an individual may need in their everyday life. Other factors to consider include:

- the child's family, carer and social networks
- the child's access to early intervention supports
- access to mainstream services, for example, education
- provider reports which include the child's progress towards goals, outcomes achieved and provider recommendation
- other disabilities, geographic location and cultural backgrounds also influence the type and severity of barriers which a child who is deaf or hard of hearing may experience.

The level of support that a participant might require will vary depending on the child's language development, literacy skills and the family or carer's preferred method of communication.

Auslan language development supports

This support type is best delivered in children's natural, everyday settings, such as home and childcare. Auslan language development supports aim to build the capacity of the child, family, carer and other important people in the child's life to ensure that they can meaningfully and effectively communicate.

Auslan language development support may include, but is not limited to teaching Auslan, provision of strategies to support communication and interaction between the child and informal supports, education around Deaf culture, recommendations and the development of resources.

Learning Auslan is not a short-term activity, it requires long-term support to ensure the child and their family or carer fully immerse in learning Auslan to maximise language acquisition and can effectively communicate with one another. Families should be encouraged to use quality Auslan trainers who are fluent and extensively experienced with teaching Auslan to children and families. It is important that families have opportunities to practice Auslan skills with other fluent Auslan users.

Auslan training

Auslan training is typically delivered at settings in the child's community, like their local sports club or church. This may include but is not limited to Deaf Awareness Training (DAT), provision of targeted strategies to promote inclusion and communication and education of specific Auslan signs. The availability and appropriateness of mainstream options for general Auslan training through, for example, the education system or the community should be explored prior to allocating funding through NDIS funded supports.

Auslan interpreting

This is an important consideration to ensure Deaf children can access services. It is recommended that funding for interpreting services be included where it is considered appropriate and meets the NDIS funding criteria. It is important to give children access to incidental learnings to improve their social and community participation as well as supporting their social and emotional development.

National Auslan Booking Service (NABS) isn't a free service for NDIS participants. If reasonable and necessary, interpreting services should be funded in the participant's plan. The minimum charge is 2 hours for each booking. Participants have choice and control over who provides their preferred communication support.

Article labels

PACE user role names

Add: User role name label

Delete: User role name label

No change.

Topics

Add: Topic label

Delete: Topic label

No change.

Case names

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Ownership

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Version control

Version	Amended by	Brief Description of Change	Status	Date

Knowledge Article

For Internal Use Only

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EC PEC - NDIS Pathway Hearing Stream

Guidance in this document is not approved for use unless you view it in PACE.

This article provides guidance for an early childhood partner and planner delegates to:

- complete the Personal and Environmental Circumstances (PEC) case for children who are likely to meet the NDIS Pathway Hearing Stream (priority hearing stream) criteria using the **Form: NDIS Pathway Hearing Stream – evidence of hearing loss**
- understand the areas of daily supports to consider in relation to the priority hearing stream
- understand the capacity building questions for children in relation to the priority hearing stream
- understand a child's requirement for equipment and consumables in relation to the priority hearing stream.

Recent updates

7 April 2026
Linked article name updates

Before you start

You have:

- opened a Personal and Environmental Circumstances Case (PEC)

You have read:

- article EC Guide – Supports for children younger than 7 who are deaf or hard of hearing (including under the priority hearing stream)
- article EC Early childhood intervention supports overview
- article EC PEC – Capacity building – How to complete early childhood intervention supports questions
- article Deafness and hearing impairment snapshot.

Complete the PEC questions using Form: NDIS Pathway Hearing Stream – evidence of hearing loss

To complete the PEC questions for children likely to meet the priority hearing stream criteria, use the information recorded by Hearing Australia audiologists in **Form: NDIS Pathway Hearing Stream – evidence of hearing loss**.

Early childhood partners will prioritise children younger than 7 who are likely to meet the priority hearing stream criteria. They will gather all the relevant information to answer the **PEC** questions in PACE to support the **Access Request case.**

Carers

Daily Supports

Refer to article EC Guide – Supports for children younger than 7 who are deaf or hard of hearing (including under the priority hearing stream).

To answer **Does this person require daily living support in one or more of the following areas?**

- Select the appropriate boxes where the child needs daily support to make sure the Total Support Package (TSP) generates appropriately. The options are: **Auslan language development** – Select this option if a child, their family, carer or their community supports require training to use Auslan in their everyday life.
- **Auslan interpreting** – Select this option if the child requires funding for an Auslan interpreter.

- **Specialised school transport** – Select this option if the child needs specialised school transport. This option won't typically be selected for a child with hearing loss.
- **Personal care in schools** – Select this option if the child needs supports to help with personal care in school. This option won't typically be selected for a child with hearing loss.
- **Specialised swimming lessons for water safety due to disability or high risk** – Select this option if the child needs specialised swimming lessons for water safety. This option won't typically be selected for a child with hearing loss however would require a further discussion with the family or carer and mainstream swim school.
- **Other** – Select this option if there are other reasons that the child requires daily living supports due to their hearing loss. Select this option for children with additional support needs outside their hearing loss.
- **Not applicable** – Select this option if none of the above options are needed.

1. Answer any of the other mandatory questions in this step by selecting the appropriate answer from the drop down option.
2. Select **Next** to complete the Carers step of the PEC case.

Capacity Building

Developmental domains

Gather information about the child's capacity building needs across all developmental areas in preparation for completion of an access request case.

Review article EC Early childhood intervention supports overview and article EC Capacity building – How to complete early childhood intervention supports questions to determine selection of either high or medium to low.

To answer **For each developmental area below, what level of early childhood supports (capacity building) are needed to build capacity of the child and family?**

1. Select each of the developmental areas needed to build the capacity of the child and family or carers. Select all the relevant areas of concern to support the planner delegate in their understanding of the child's needs and their reasonable and necessary decision making. The developmental area options are:

   - Cognitive
   - Social Skills
   - Self-care skills
   - Language and communication
   - Emotional development
   - Vision
   - Hearing

2. For each developmental area selected, indicate the level of early childhood supports needed to build the capacity of the child and their family or carer. The options are:

   - High
   - Medium to low
   - n/a.

3. A free text field will appear when you select the level of support needed from the drop down. This free text box is mandatory. Please use this section to describe information relating to a selected developmental area of concern and why you have selected the level as high or medium to low. Note: the free text fields have character limits and where additional information is available, you should also add this in the internal notes section within the activity log tab.
4. Repeat the above steps for each of the developmental areas identified.
5. Answer any of the other mandatory questions in this step by selecting the appropriate answer.

6. Select Next to complete the Capacity Building step of the PEC case.

Confirming permanency of hearing loss diagnosis

To answer **Does the child have a newly diagnosed permanent hearing loss OR are they at a high risk of auditory/language deprivation related to significantly delayed diagnosis of a hearing loss?**

1. Refer to Part B of Form: NDIS Pathway Hearing Stream – evidence of hearing loss question: Is the hearing loss permanent or is there a definitive diagnosis of Auditory Neuropathy (AN)?
2. Select the corresponding answer in the PEC drop-down options:

- Yes
- No
- Unsure/unanswered.

Unilateral/bilateral hearing loss

To answer **Does the child have a confirmed unilateral or bilateral hearing loss?**

1. Refer to Part B of Form: NDIS Pathway Hearing Stream - evidence of hearing loss question: 'Is the hearing loss'
2. Select the corresponding answer in the **PEC** drop-down options:

- Unilateral
- Bilateral
- Unsure/unanswered.

Confirmed level of hearing loss

Hearing Australia have calculated the 4 frequency average hearing loss (4FAHL) and used the classification table to describe the degree of hearing loss in the child's left and right ear.

Use the described degree of hearing loss for the **poorer** ear (higher degree of hearing loss) to complete this PEC question.

To answer **What is the child's confirmed level of hearing loss in the poorer ear?**

1. Refer to Part C of Form: NDIS Pathway Hearing Stream - evidence of hearing loss.
2. Select the described degree of hearing loss in the poorer ear in the **PEC** drop-down options:

   - Mild
   - Moderate
   - Severe
   - Profound
   - Auditory Neuropathy Spectrum Disorder (ANSD).

Note: there is no option to select for a description of Severe to Profound. For a child that has a hearing loss between 81- 90dB, select Profound in the **PEC**.

Equipment and Consumables

The early childhood partner will determine the low-cost assistive technology needs from conversations with the family or carer and evidence provided. There is no corresponding question in **Form: NDIS Pathway Hearing Stream – evidence of hearing loss** for this section of the PEC case.

The early childhood partner will indicate whether the child requires any equipment for their hearing loss (that is not funded under the Hearing Services Program) or for any additional developmental areas of need.

To answer **Are low cost assistive technology supports currently required or likely to be required in the next 12 months?**

1. Select **Communication** - to generate the Hearing Service Program Co-contribution fee (batteries and maintenance for a hearing device). **Note:** this is only required to be selected if the child is, or is likely to be, fitted with hearing aids by Hearing Australia.
2. Enter more information into the free text field to support this selection. The free text fields have character limits. If more space is needed, add the information to **internal note** in the **Activity log tab**.
3. Select **Confirmed** once you have uploaded all of the relevant documents.

Article labels

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No change.

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Version control

Knowledge Article

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Knowledge Article

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Record more information - PEC younger than 9

Guidance in this document is not approved for use unless you view it in PACE.

This article provides guidance for an early childhood partner and planner delegate to:

- record internal notes for additional responses for personal and environmental circumstances (PEC) questions.

Recent updates

7 April 2026

- PEC case question age range changed to younger than 9 to align with system change
- Title change: previously Record more information – PEC younger than 7
- Linked article name updates

Before you start

You have used related articles:

- EC PEC – General overview
- EC Early childhood intervention supports overview
- EC PEC – Capacity building - How to complete early childhood intervention supports questions

You have:

- additional information you can't enter within the PEC case questions
- free text box character limit restrictions and have more information to record.

Knowledge Article

For Internal Use Only

Record more information – PEC younger than 9

For any additional information you can't enter directly into the PEC case questions, you'll need to record them in the applicant's case activity.

For partners

Internal notes

1. In the personal and environmental circumstances case, select **Activity** tab.

   Note: find the activity tab on the screen's right.

2. Select **Log Activity** tab.
3. At **Activity Type** select **Internal Note** from drop-down menu.
4. At **Subject** select **Internal Communication** from drop-down menu.
5. At **Comments**, record additional information in the free text field

   Free text field note: Use headings and subheadings in the free text field. This will organise the information to make it easier to read.

   For example:

   - Housing
   - Daily support
   - Carers
   - Capacity building – cognitive
   - Equipment and consumables.

6. Select **Save**.

For delegates

Review **Internal Notes** along with the completed PEC questions to support plan development.

Find PEC case **Internal Notes** in the **Case Activity** tab, or the account timeline to the right of screen.

To view responses to the PEC questions:

1. In **Person Account**, select **My Profile** tab.
2. Select **Evidence** tab.
3. Select **GP** (number).

Note: Not all information in free text boxes in the PEC case is easily viewable. This has been escalated for a future fix release. To view the recorded free text that isn't visible, use the right arrow key to scroll and view the hidden information.

For delegates and partners

Date note: Take care when you review dates. This is because they'll appear in US format mm/dd/yyyy, instead of dd/mm/yyyy.

Mandatory upload

1. There is no way to continue entering information into the PEC without confirming completion of a mandatory upload.
2. If you can't attach documentation when you complete the case, tick the upload confirmation box, then add an **Internal Note** to explain. The PEC can then progress, and information can be uploaded later.

PEC Questions

Daily Support

1. How many weekdays is the child in an early childhood education and care or school setting?

Current issue - There is a choice of 1 to 5, but no 0.
Record instructions - To select 0 – you'll need to select 1 and in the next question 'Will the number of days the child attends an early childhood education and care or school setting change in the next 12 months?' - record no and it'll stay the same.
Add an **Internal Note**, for example, Daily support – How many days a week is the child in an early childhood education and care or school setting, this should be 0, however the system prevents this.

2. Will there be a change to the number of days a child attends an early childhood education and care or school setting in the next 12 months?

Current issue - **Comments** **should not** be a choice alongside yes or no.
Record instructions - Select **Yes** or **No** as appropriate. If comments are required, add additional comments to the **Internal Note** related to the PEC case.
EC delegates – date is entered in calendar but shows in US format mm/dd/yyyy.

3. Will the child transition to an early childhood education and care or school setting in the next 12 months? Option: 'Yes' and 'start date'.

Current issue - If yes is ticked the responses that follow don't have an asterisk beside them. However it's mandatory for them to be completed.
Record instructions - If yes is ticked for this question, then it's mandatory to enter a setting and a start date even though there's no mandatory asterisk beside the question.
Do not skip these questions if yes has been ticked.

4. Is the child eligible for any mainstream funding for inclusion or disability support?

Current issue - When answered no, there is no ability to add further comment.

Record instructions - Add additional comments to the internal note related to the PEC case.

Carers

1. Does the child's developmental delay or disability impact on the ability of the extended family, friends, or a typical babysitter to provide care?

   Current issue - If answered unsure/unanswered doesn't provide free text option to provide further detail.
   Record instructions - Add additional comments to the internal note related to the **PEC** case.

2. After thinking about informal, community and mainstream supports, does the family or carer require NDIS funded supports to sustain their caring role, because of the child's developmental delay or disability?

   Current issue - If this question is answered with a yes, users are prompted to select the option that 'best' describes the person with disability's use.
   Record instructions - Question should indicate select all that apply. Please tick multiple boxes if they apply.

3. Indicate the significant pressure points and daily routines in the week where NDIS funding is required to sustain informal supports.

   Current issue – There is no option for not applicable.
   Record instructions - If this question is not applicable, then select other.
   In the **Please specify** box write not applicable and at the question **Please specify other hours** and add **0**.

4. On average, how many hours per week of NDIS funded support is required to sustain informal supports?

   Current issue – There is no option for not applicable.
   Record information – If this question is not applicable, then select **0**.

5. Does this person need daily living support in one or more of the following areas?

   Current issue – currently, **Please specify** only appears when **Other** is selected.
   Record instructions – Select all categories that apply and enter comments in **Internal Note**.

6. What level of support coordination is required?

   Current issue – Users need to select a level of support coordination to proceed, even if support coordination isn't required.
   Record instructions – If support coordination isn't required:

   - Select **No** to the previous question **Is funding for support coordination required?**
   - Select **Connection only** = **Support Coordination – Level 6**
   - **No** budget will generate with these selections.

Capacity Building

1. For each developmental area what level of early childhood supports (capacity building) are needed to build capacity of the child and the family?

   Current issue – Not enough free text space to include detail.
   Record instructions – Add additional information to **Internal Note** using relevant

headings – subheadings, for example, Capacity Building – Cognitive.

2. Has the need for intensive early childhood supports been identified?

   Current Issue - The yes response currently includes the words upload evidence. However, with the removal of the intensive form there may be no other evidence available. The confirm evidence box **must** be selected otherwise an error will occur.
   Record instructions - Tick box and upload evidence if available.
   When no evidence is available, you still need to tick the box to confirm evidence is uploaded and add an **Internal Note** to say evidence is unavailable.

3. Who has recommended intensive early childhood supports? Please specify:

   Current issue - There is no **Not applicable** option if intensive early childhood supports have not been recommended.
   Record instructions - Add Not applicable to the free text box.

4. Does the parent or carer agree to the inclusion of intensive early childhood supports?

   Current issue - There is no **Not applicable** option if intensive early childhood supports have not been recommended.
   Record instructions – Select **Unsure/unanswered**.

5. Is an additional level of early childhood supports required to share strategies in mainstream settings?

   Current issue – There is no not applicable option if intensive early childhood supports have not been recommended.
   Record instructions – Select no.

6. Does this person need support to improve their health and wellbeing?

   Current issue - Not enough free test space to include detail.
   No space or prompt to upload evidence.
   If answering, **Not applicable** there is no evidence to upload, but you are still required to complete **Please specify and tick to confirm evidence is uploaded**, otherwise an error will occur.
   Record instructions - Add additional information to **Internal Note** using relevant headings, for example, Dysphagia, oral eating plan.
   Tick box and upload evidence if available.
   If answering not applicable write **Not applicable** in **Please specify and tick to confirm evidence is uploaded** (even when though there is none). Add an **Internal Note** to say evidence is unavailable.

7. Are regulated restrictive practices in use (or likely to be in use)

   Current issue – There is no question to ask if there is a current behaviour support plan in place, and no prompt to upload documents.
   Record instructions – Upload evidence if available.
   Add text to the free text box to indicate report is uploaded, for example, 'Refer to report: Dr. Ben Larkey (Paediatrician). Report date: 19/10/2022.

Equipment and Consumables

1. Does this person have any home modification needs?

   Current issue - There is no option of **Internal Access**, no option of n/a, and no ability to please specify.
   If any option is ticked there is no free text box to add additional information.
   Record instructions - If home modifications are needed for **Internal Access**, tick other and add information to **Internal Note**.

Add any additional information to **Internal Note**.

2. Are mid to high-cost assistive technology supports required or likely to be required in the next 12 months? (Repeat the same for low cost).

   Current issue – Does not provide a prosthetics tick box.
   Doesn't prompt upload documents and confirmed when orthotics is ticked.
   Record instructions – For prosthetics, tick **Other** and include information here.
   For orthotics tick both **Orthotics** and **Other** so you can select **Upload Documents**.

3. Is NDIS funding required for the following?

   Current issue – The question doesn't include the options of repairs, maintenance, rental, or trial, so **No** might be ticked without knowing what the question is referencing.
   When **Repairs** is selected, there is no drop-down box with **Please Specify and Upload Document(s)** as there is with the other 3.
   Record instructions – To view the options, users are required to select **Yes**.

   The response options are in relation to:

   - Repairs
   - Maintenance
   - Rental
   - Trial

   If the participant requires funding in these areas, select **Yes** and choose the applicable options.

   If selecting **Repairs**, add any additional information to **Internal Note**.

4. Is NDIS funding required to assess, find, and set up assistive technology supports?

   Current issue – Doesn't include prosthetics, vision, or orthotics in the options.

   Record instructions – Use **Other** if category isn't listed. For example, vision, orthotics, prosthetics.

   Tick **Other** and include information here.

Hearing Stream

1. What is the child's confirmed level of hearing loss in the poorer ear?

   Current issue – There is no option to select severe to profound. **Record instructions** – For a child that has a hearing loss between 81-90dB, select **Profound** in the **PEC**.

Article labels

PACE user role names

Add: User role name label

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No change.

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Knowledge Article

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Request priority eligibility decision

Guidance in this document is not approved for use unless you view it in PACE.

This article provides guidance for all NDIA staff and partners to:

- understand priority eligibility requests
- check the priority eligibility request
- record priority reason.

Recent updates

07 July 2025

- Updated guidance to reflect changes in language hearing impairment to **hearing loss.**
- Updated guidance to include reference to a 2-day milestone for priority hearing stream access decisions displayed in PACE.
- Updated guidance to advise that the my NDIS contact gets a bell notification when a request for information (RFI) or access decision is made for priority hearing stream eligibility requests.

Before you start

You have:

- read and understood Our Guidelines – Applying to the NDIS (external), including section **When do we make priority eligibility decisions?**
- followed the guidance in article How to apply for the NDIS in PACE.

Understand priority eligibility requests

A priority eligibility request is when either:

- the applicant has asked for a priority eligibility outcome for their NDIS application. To learn more about whether the applicant is eligible for a priority decision and to inform your conversation, go to section **Check the priority eligibility request** in this article
- evidence provided shows that a priority eligibility outcome is required.

Note: If a person gives any relevant information verbally, record their name. This means any further information can be followed up with the same person as needed. Use article Log an activity or internal note.

In the application, first check the reason and the supporting evidence. If the applicant is in one of the following situations, we must decide if they're eligible within 2 to 5 business days:

- A child younger than 7 who is newly diagnosed with permanent **hearing loss** and likely to be eligible for the priority hearing stream. For this situation, once we have received a complete access request, we must decide if the child is eligible within 2 business days. For the hearing stream, the my NDIS contact gets a bell notification when a request for information (RFI) or access decision is made.
- A child who has a **developmental delay** and is turning 6 years old within 30 days of a valid NDIS application. Learn more in article Priority considerations for early connections.
- An **immediate risk** or concern to self, others, community, or Agency where appropriate disability or informal supports aren't in place.
- An **unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports aren't in place. Learn more in article Understand functional capacity assessments.
- A **disability** which typically involves rapid deterioration in functional capacity of a person with:
- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)
- Brain Cancer
- Motor Neurone Disease (MND)
- Progressive Bulbar Palsy (PBP)

- Primary Lateral Sclerosis (PLS)
- Progressive Muscular Atrophy (PMA).
- A **terminal illness** and disability.

Note: To help progress these applicants quickly, don't complete cases for Community Connections or Early Supports, Participant Environmental Circumstances (PEC), Functional Capacity Assessment (FCA), or Short Form Outcomes Framework (SFOF).

- An **imminent risk**, within 1–14 days, of breakdown of either:
- accommodation – risk of homelessness
- caring arrangements, including informal supports due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.
- Where appropriate disability supports aren't in place and the person is re-entering the community after a long-term residence or hospital stay. Specific release date not required.
- A person with a **newly acquired, significant disability** such as spinal cord injury, ready for hospital discharge
- A younger person living in residential aged care (YPIRAC)
- A person ready for discharge from an inpatient mental health facility
- A person due for release from a correctional facility.
- A **vulnerable person** who doesn't have suitable disability supports to re-enter the community after a long-term residential, hospital, correctional or other institutional stay.
- An identified Agency reputation risk.

Timeframes

Participant Service Guarantee (PSG) timeframes

For applicants that are **not eligible** for a priority decision, we must follow the PSG timeframes. We must make a decision about the application within 21 days from the valid application date. This is a PSG key performance indicator (KPI). Learn more in article Check decision – legislative timeframes.

Timeframes for priority eligibility requests

For a **child younger than 7** who is newly diagnosed with permanent hearing loss and likely to be eligible for the priority hearing stream, we **must** decide if they're eligible within 2 business days. A 2-day milestone displays on the Access Decision case.

Learn more in article Guide – Supporting children younger than 7 who are deaf or hard of hearing (including under the priority hearing stream).

For all **other applicants** eligible for a priority decision, we aim to make the decision and send a notification within 2 to 5 business days. This is the timeframe for priority eligibility decisions. It isn't a PSG KPI.

Check the priority eligibility request

Check priority evidence

1. Select the **Documents** tab.
2. Review document **Category**, **Sub Category** and **Description**.
3. Open the document to review further detail.

Look at applicant's situation

1. Look at the available evidence about the applicant's situation.
2. Check if their situation meets any of the priority eligibility criteria outlined above and in line with Our Guideline – Applying to the NDIS (external). If:

    - yes, and when applicable, also refer to these articles:

      Check evidence for a decision – developmental delay
      Check evidence for a decision – hearing loss 0-25 years of age
      Check evidence for a decision – terminal illness.

- no, you still need to follow the steps in section **Record priority reason** in this article. Contact the applicant to explain the reason why they may not be eligible for a priority decision.

Record priority reason

1. From the **Person Account**, select the **Cases** tab.
2. Select the open **Access Request** case, then select the **Details** tab.
3. Scroll to **Prioritisation**.
4. You **must** enter the relevant information from the evidence in **Prioritisation Reason** and **Priority Description**. Entering this information is **mandatory** to action your request.

- For applicants with rapidly progressing disabilities:

- At **Prioritisation Reason**, record **Disability**
- At **Priority Description**, record the correct condition, for example Motor Neurone Disease.

- For a child likely to be **eligible** for the priority hearing pathway:

- At **Prioritisation Reason**, select **0-6 years with hearing impairment**
- At **Priority Description**, select **Hearing Australia or EC Partner Priority**.

- For a participant with terminal illness and disability:

- At **Prioritisation Reason**, select **Vulnerable Cohorts**.
- At **Priority Description**, leave blank.
- From the **System information** section, at **Subject**, record **Terminal Illness**.

5. At **Prioritisation Comment** you **must** complete this template:

   Assessment: Urgent decision requirements **<not met/met>**. Priority eligibility decision looked at following request from **<Applicant>** on **<Date>**. Review based on available evidence and information from Our Guidelines – Applying to the NDIS (external).

   Note: Completing this template is **mandatory** to action your request. Refer to sections **Check priority evidence** and **Look at an applicant's situation** in this article to understand who's eligible for a priority eligibility decision.

Next steps

1. Complete and submit the **Access Request** case. The priority request will route for a decision by an **access delegate**.
2. Continue to use guidance in article How to apply for the NDIS in PACE.

Article labels

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DOCUMENT 8

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Practice Guide –
Early childhood- supports for children who are deaf or hard of hearing

Contents

1. Purpose

This practice guide will help you understand the NDIS Pathway Hearing Stream (hearing stream) and how to determine reasonable and necessary funded supports for participants younger than 7, newly diagnosed with a permanent hearing loss. It will also help you determine funded supports for participants at plan reassessment and for new participants with existing hearing loss.

2. To be used by

Plan Developers – National Disability Insurance Agency (NDIA) planners, plan delegates and early childhood partners. Plan delegates includes Hearing Stream Lead (HSL) delegates.

3. Scope

This practice guide will support you to understand the priority hearing stream and how to develop and approve NDIS plans (plan) for participants younger than 7, newly diagnosed with a permanent hearing loss. These participants are eligible to access the Scheme via the hearing stream, where they are prioritised to access timely NDIS funding and early intervention supports.

From 1 July 2023, the age of children supported under the early childhood approach will progressively change to include children younger than 9. However, there is no change to the age of participants accessing the hearing stream, it remains for participants younger than 7, newly diagnosed with a permanent hearing loss.

This guidance will assist you to determine reasonable and necessary funded supports in accordance with section 34 of the *National Disability Insurance Agency Act 2013* and the NDIS Rules 2013, 2014 and 2016. For further information go to Practice Guide – Early childhood planning, Our Guidelines - early childhood approach, Our Guidelines – Creating your plan and Our Guideline – Reasonable and necessary supports.

Note: Most often the child representative will be the participant's parent or carer. In this practice guide reference to the participant's parents, family or carer also includes any other child representative.

Note: For further information regarding the Agency's language and terminology, refer to Deafness and Hearing Impairment Snapshot. To learn more go to the Practice Guide - Assisting Communications.

4. Hearing loss

Hearing loss presents in many forms and varies according to type, amount and range.

Hearing loss can be described as:

- **congenital** -present at birth or soon after birth or
- **acquired** -occurs or develops during a person's life but was not present at birth.

A hearing loss can be described as **unilateral** (only one ear is affected) or **bilateral** (the hearing loss is in both ears).

Types of hearing loss:

- **Sensorineural** hearing loss is considered permanent affecting the inner ear (cochlear).
- **Conductive** hearing loss is typically considered a temporary condition that is associated with middle ear pathology (for example an ear infection). A conductive hearing can sometimes be permanent. Permanent conductive hearing loss is less common and often associated with a malformed ear (for example microtia or atresia).
- **Mixed** hearing loss is a combination of a sensorineural (permanent) hearing loss with a conductive overlay.
- **Auditory Neuropathy Spectrum Disorder** (ANSD) is sometimes called auditory neuropathy or auditory dys-synchrony. It is a condition which impacts on the ability of the hearing (auditory) nerve to send sounds from the inner ear (cochlear) to the brain. This type of hearing disorder is considered complex. It is not possible to predict the functional impact auditory neuropathy has on a child's ability to hear or prognosis for the child's speech and language development.

The degree of a person's hearing loss describes how much they can or cannot hear on their own. The terms used are mild, moderate, severe and profound. To learn more about hearing loss go to Hearing Australia's Choices guide.

Table one: Classification of hearing loss

Degree of hearing loss	Decibel Range
Normal hearing	0 – 20dBHL
Mild	21 – 40dBHL
Moderate	41 – 60dBHL
Severe	61 – 90dBHL
Profound	>90dBHL

5. Early childhood intervention

The National guidelines best practice in early childhood intervention and our guideline on the early childhood approach highlight the importance of a child's early years. Early intervention starts soon after a child has been diagnosed with hearing loss. The primary goal of early

intervention is to help families communicate with their child and encourage their development. The earlier there is language (spoken and/or signed) in their environment, the sooner their communication can develop. Early childhood supports are needed for young infants as their brain development benefits from early stimulation and parents or carers benefit from the support early intervention provides.

Research shows that the earlier intervention services begin, the better the outcomes for children, so early intervention often starts when a child is first diagnosed with hearing loss. Australia has a world class system including the early detection of hearing loss supported by the Universal Newborn Hearing Screening (UNHS) program, and timely access to early intervention supports.

Advances in technology and the introduction of the newborn hearing screening program have provided children with improved access to the sounds of speech at the earliest possible age. A growing body of evidence demonstrates the positive impact this has on children's language outcomes later in life.

Early intervention supports for children who are deaf or hard of hearing focus on supporting:

- development of the neural pathways involved in speech, listening and communication
- development of age-appropriate language, using chosen communication modality
- development of age-appropriate social and emotional skills
- families with the acceptance of the hearing loss and teaching them to be effective language role models
- optimal use of Assistive Technology (AT)

5.1 Communication Approaches

In 2007, a systematic review of the literature on early intervention for children with a permanent hearing loss suggested there is a lack of high level, quality research on the effectiveness of one particular communication approach over another. There is widespread recognition that no single option is ideal for all children with hearing loss at all stages of their development. Some families feel under pressure when making choices about communication. It is important that families understand that they do not have to make a choice for life. They may wish to change their approach as they learn more about their child's needs and preferences. The right choice is the one that works best for the child and their family.

The choice of communication approach is the family's decision. There are various communication approaches, and there is no one communication approach that fits every family's needs. You will need to take this into account when determining reasonable and necessary supports to adequately support the child's language development and minimise the risk of language deprivation.

To learn more about communication approaches go to Hearing Australia's Choices eBook. This resource can be shared with families if they do not already have it.

5.1.1 Table Two: Different communication approaches

Communication approach	Description
Auditory-verbal/ oral-aural	• Focuses on using residual hearing to listen, understand spoken language and communicate through speech. • In the oral-aural approach they also use lipreading. • Emphasises consistent use of optimally fitted hearing devices to make the best use of residual hearing.
Bilingual/bicultural	• Focuses on the child learning Auslan and English, to foster language, communication and literacy skills. Typically, the child will start accessing both modalities at around the same time. • Children may learn about Deaf community, its history, language and culture as well as learning about the hearing community.
Total communication	• Focuses on using a range of communication methods including speech, listening, signing and finger spelling, either on their own or in combinations. • The idea is to communicate and teach vocabulary and language in the way that works best for the child.

5.1.2 Auslan

Auslan (Australian Sign Language) is a native language of the Australian Deaf community. Auslan has its own syntax, grammar and uses a combination of handshapes, movements and facial expression.

Note: It is written 'Auslan' rather than 'AUSLAN'.

It is common to confuse Auslan with Key Word Sign (previously known as Makaton), however they are very different. Key Word Sign (Makaton) is the use of Auslan signs and natural gesture to support communication. Unlike Auslan, Key Word Sign is not a language. It does not contain structure and grammar but follows the same grammatical structure as spoken English. Along with speech, it uses symbols or signs to highlight the core vocabulary. Key Word Sign is commonly used to support individuals with communication difficulties and language delays.

Go to the Auslan related supports section in this guide or the Practice Guide - Assisting Communications to learn more.

6. Hearing Services Program

The Hearing Services Program (HSP) provides government funded hearing services and devices to eligible people. Young Australians who are under 26 years of age and are a citizen or permanent resident are eligible for the Community Service Obligation (CSO) component of the HSP.

Hearing Australia is the sole provider of the CSO Program. The services and supports they provide to children who are deaf or hard of hearing includes:

- fully government subsidised hearing devices (for example hearing aids and remote microphone systems) and ongoing audiological services
- upgraded and replacement speech processors for cochlear implantable devices
- repairs and maintenance for devices
- ongoing services and support

Funding for hearing services and devices should not be included in a child's NDIS plan. Only include NDIS funding for additional reasonable and necessary supports that are not available through Hearing Australia. For example, funding for early childhood intervention, Auslan related supports, and low cost assistive technology such as alerting systems.

Go to Hearing Australia's policy to learn more about the technology that is provided at no cost to children.

Hearing Australia have developed Choices. Choices is a free resource for families of children who are newly diagnosed with hearing loss from birth to 12 years of age. This resource provides valuable information to help families confidently make the right choices for their child throughout their hearing journey.

Choices was developed in consultation with a range of different stakeholders including families and aims to make it easier for families to understand and find information about the range of hearing technology, communication and supports services that are available to help them.

7. Applying

7.1 Early Intervention requirements

The NDIS will be satisfied a person meets the early intervention requirements if they are aged between 0 and 25; and have auditory neuropathy or a hearing loss at least 25 decibels in either ear at 2 or more adjacent frequencies. The evidence must show the hearing loss is likely to be permanent.

For further information regarding the early intervention requirements go to Our guidelines - Applying.

Note: For all children younger than 7 (except children diagnosed with a condition on List A, with a permanent hearing loss greater than 90 decibels in the better ear) the NDIA will first

consider whether the child meets the early intervention requirements before considering the disability requirements.

8. The NDIS Pathway Hearing Stream (hearing stream)

8.1 Overview of the hearing stream

The priority hearing stream is for infants and children, younger than 7, newly diagnosed with a permanent hearing loss. Refer to the Standard Operating Procedure - NDIS Pathway Hearing Stream for children younger than 7 for further information.

8.2 Summary of the hearing stream

The hearing stream supports infants and children newly diagnosed with hearing loss to receive priority and streamlined access (within 2 days) to the NDIS. The initial plan will be approved within 10 business days. The plan includes NDIS funded supports so the child and their family can access timely early childhood support, to assist their child's language and communication development.

The Hearing Stream Lead (HSL) delegate is a role specific to the hearing stream, they will develop and approve the initial plan. HSL delegates are skill tagged National Delivery delegates who have completed all relevant training requirements, as set out by the Early Childhood Services (ECS) branch.

8.2.1 Diagnosis of confirmed hearing loss, referral to Hearing Australia

In Australia, under the universal newborn hearing screening program, hearing loss may be detected in an infant when they are only days old. If a hearing loss is suspected in an infant or a child of any age, they will be referred to a paediatric audiologist for a full diagnostic assessment. If a permanent hearing loss is confirmed, the paediatric audiologist will arrange a priority referral to Hearing Australia (with consent from the family).

8.2.2 Making a priority access request under the hearing stream

Once the hearing loss is confirmed, Hearing Australia will assist the family to submit a priority access request to the NDIA. This will generally occur at the child's first appointment but may happen later if requested by the family.

With permission, Hearing Australia will submit:

- all documentation including an audiological assessment report with an audiogram and
- the specific Evidence of Disability (EOD) form to the National Access and Reassessment Branch, marked as a high priority.

The EOD form has been specifically designed for use by Hearing Australia under the hearing stream. Once a completed access request has been submitted the access decision will be made by the delegate within 2 business days.

Note: If it is identified that the child has additional needs or other areas of concern, Hearing Australia may support the family to also make early contact with their early childhood partner.

An early childhood partner can also support the child's family with early connections, and if required can submit a priority access request under the hearing stream. For example, the child has a newly diagnosed hearing loss which is likely to meet the eligibility criteria, however the family have chosen not to receive services from Hearing Australia. In this case, the early childhood partner will email the access request and supporting evidence to:

- s47E(d) @ndis.gov.au
- **with the email subject header:** Priority Access Level 1 early childhood partner - Hearing Australia – Urgent – Access Request for <Insert Person's first and last name>

8.2.3 Developing the initial plan under the hearing stream

Once access is met, the participant will be triaged to the hearing stream. The HSL delegate will contact the participant's child representative to develop the plan.

The plan will:

- be developed over the phone or via video link
- have a generic goal as agreed to by the family or carer
- have an initial funding amount primarily based on the degree of the participant's hearing loss.

Note: Should the child's family or carer wish to include additional goals in their child's plan they can be encouraged to do so. To learn more go to Appendix 1 of the Practice Guide - Early childhood planning and Our Guideline – Creating your plan.

8.2.4 Plan approval

The plan will then be developed and approved within 10 business days of the access decision date. The HSL delegate will inform the family or carer once the plan is approved and connect them with their local early childhood partner to support plan implementation.

8.2.5 Plan implementation and connection to local community and mainstream supports

Following the approval of the plan, the early childhood partner will then become the family's key contact, supporting plan implementation and linkages to mainstream and community supports.

8.2.6 Plan reassessment

If it is identified during the initial planning conversation that the participant has additional support needs which are unmet in the plan, the early childhood partner will meet with the child's family to undertake a family-centred, evidence-based assessment of the child and family's needs. This may result in a plan reassessment being recommended, this will require delegate approval.

Refer to the Plan reassessment – CEO-initiated section of this practice guide for further information.

8.3 Determining eligibility for the hearing stream

Once priority access is met, the participant will be assigned in the NDIS Business System (System) to the HSL Coordinator managed via the Early Childhood Services Branch.

A new participant is likely to be eligible for the hearing stream if they:

- have a **new** diagnosis of a confirmed, **permanent** hearing loss and they have been referred by Hearing Australia
- have a **new** diagnosis of a confirmed, **permanent** hearing loss and they have been referred by the early childhood partner
- are identified with high risk of auditory / language deprivation related to a significantly delayed diagnosis of a permanent hearing loss, which requires immediate early intervention support.

A child is **not eligible** for the hearing stream if they are a new participant with an existing diagnosis of a confirmed hearing loss. This is because they are likely to have already been connected to early intervention supports.

8.4 Having the planning conversation

The NDIA must ensure that assistance is provided to the participant's child representative to support their communication with the Agency. For further information refer to Practice Guidance – Assisting Communications.

The child representative's preferred method of communication needs to be established before the planning conversation. Where necessary alternative face to face (for example via video link or in person) arrangements can be made to ensure they are able to fully participate in the planning conversation.

If a child's representative has alternative communication needs:

- confirm if the planning conversation can take place over the phone or via video link
- understand and respect communication barriers for example, the child representative may require an interpreter (Auslan or LOTE) or live captioning.

HSL delegates will engage with the participant's child representative in a conversational manner, reflecting a family-centred focus to avoid information gathering in an interview style. Refer to Appendix 2 of the Standard Operating Procedure - NDIS Pathway Hearing Stream for children younger than 7 for the recommended script.

8.5 Pre-planning tasks

When developing plans under the hearing stream, the HSL delegate should complete the following pre-planning tasks in the System:

- review participant streaming

- update consent and proof of identity
- update the severity tools (including the PEDI-CAT)
- check participant's disabilities
- complete early childhood planning note pad (optional off system tool)
- complete participant statement
- complete informal and community mainstream supports (for example listing Hearing Australia as a mainstream support)
- update Outcomes and Family Questionnaire
- complete risk assessment
- complete share plan information
- update the relevant guided planning questions (saved but not submitted)
- read and tick the reasonable and necessary supports statement in the planning conversation tool (PCT)
- update My NDIS Contact

Go to the pre-planning tasks section of the Practice Guide - Early childhood planning for further information. The information below highlights the pre-planning tasks where there are slight differences under the hearing stream.

8.5.1 Hearing Australia - Evidence of disability (EOD) form

The EOD form is unique to the hearing stream and is completed exclusively by Hearing Australia's audiologists.

In preparation for the planning conversation the HSL delegate should review the:

- evidence including the EOD form
- audiological assessment report
- audiogram to confirm which funding level best aligns to the severity of the participant's hearing loss and its likely functional impact.

8.5.2 Completing the participant statement

The HSL delegate may assist the participant's child representative to prepare their statement and with agreement, inclusion of the recommended plan goal. Under the hearing stream the recommended plan goal focuses mainly on the child's language and communication.

Recommended NDIS Plan Goal: <Child representative> would like <child's name> to be able to understand and communicate effectively with those around them.

Note: This example goal is optional, the HSL delegate can support the family to further individualise the goals if the family wish to do so. Should the child representative wish to include additional goals in their child's plan refer to Appendix 1 Practice Guide - Early childhood planning.

8.5.3 Informal, community and mainstream supports

The supports and services provided by Hearing Australia, including details of the participant's devices, would be considered a mainstream service for children who are deaf or hard of hearing.

Existing community and mainstream supports, like Hearing Australia, should be listed in the System as well as any supports the participant will engage with during the plan period. For further information refer to Our Guidelines – Mainstream and community supports overview and the Standard Operating Procedure – Record informal, community and mainstream supports.

8.5.4 Complete the risk assessment

Plans developed under the hearing stream will have a recommended plan duration of **12 months**. For further information refer to the Standard Operating Procedure – Complete the determine plan management task.

8.6 Planning

8.6.1 Support budgets

Funded supports in a participant's plan are included in one or more budgets based on the purpose of the support: Core, Capacity Building and Capital. Under the hearing stream, funding is included in the Core and Capacity Building budgets.

8.6.2 Core supports

For plans developed under the hearing stream consider including funding for low cost assistive technology (AT).

Under the HSP, the participant can enter into a maintenance agreement to receive batteries and maintenance (including repairs and spare parts) for their hearing device. Under the maintenance agreement, the participant is required to make a small co-payment towards the annual maintenance fee.

Include low cost AT for Hearing Related AT Core – Consumables to cover the cost of this annual maintenance co-contribution fee in the initial plan. For further information refer to the Standard Operating Procedure - NDIS Pathway Hearing Stream for children younger than 7, the Fact Sheet -AT- Guide for low cost support funding or Standard Operating Procedure - Add low cost assistive technology supports in a plan.

8.6.3 Capacity Building (CB) supports

Based on the planning conversation and upon reviewing available evidence the HSL delegate can determine the most appropriate level of funding to include in the initial plan. The hours of **Early Childhood Supports– Early Childhood Professional** to include in the initial plan is selected from the four levels outlined in Table three.

For initial plans developed under the hearing stream the funding level for capacity building supports is primarily based on the child's average hearing loss, typically the four-frequency average hearing loss (4FAHL), in their poorer ear.

For further information on how to calculate the four frequency average hearing loss (4FAHL) refer to the Standard Operating Procedure - NDIS Pathway Hearing Stream for children younger than 7.

8.6.4 Table three: Recommended levels of CB support to be included in the initial 12-month plan

Level	CB Supports	Description
Level 1	s47E(d) - certain operations	**Unilateral** hearing loss **(Mild/Moderate)** in affected ear
Level 2	s47E(d) - certain operations	**Unilateral** hearing loss **(Severe/Profound/ANSD)** in affected ear **Mild** hearing loss in both ears
Level 3	s47E(d) - certain operations	Hearing loss in both ears, with a **Moderate** hearing loss in the **poorer** ear
Level 4	s47E(d) - certain operations or	Hearing loss in both ears, with a **Severe/Profound/ANSD** hearing loss in the **poorer** ear

Note: The funding levels in table three should only be used by HSL delegates developing an initial plan for a participant younger than 7, eligible for the hearing stream. For participants younger than 7 who are not eligible for the hearing stream please refer to the determining capacity building supports for participants with hearing loss section in this guide and the Practice Guide - Early childhood planning. For a child with a bilateral hearing loss, where the evidence indicates they are at significant risk of auditory and language deprivation, consider increasing the funding level to the next level (capped at level 4). For example, the diagnosis of a child's hearing loss was delayed by more than six months.

8.6.5 Case Study: Olive – evidence of a delayed diagnosed

Olive's family reported she did not pass her initial hearing screen as a newborn. Follow up diagnostic assessments were not pursued as Olive's family were not concerned at the time and noticed she was responding to sounds around the home. Olive's family took her to see a speech pathologist when she was 3 years old as they had some concerns around the development of her speech sounds. The speech pathologist referred Olive to a paediatric audiologist where she was diagnosed with a mild, sensorineural hearing loss in both ears. Olive was immediately referred to Hearing Australia. Hearing Australia fitted Olive with hearing aids in each ear and supported her to access the NDIS under the priority hearing stream.

Given Olive did not pass her newborn hearing screen, Olive's audiologist and ear specialist reported her hearing loss was likely to be congenital and the diagnosis of Olive's hearing loss was considered significantly delayed. With reference to table three, under the hearing stream she would normally be allocated level 2 funding, however given the evidence of the delayed diagnosis it would be appropriate to increase the amount of funding to level 3. Olive now receives regular specialist early childhood intervention to support the development of her listening skills, speech and language development.

8.6.6 Capital supports

Under the hearing stream, assistive technology including hearing devices, remote microphone systems and cochlear implant speech processors are provided by Hearing Australia, funded under the Hearing Services Program. To learn more, go to Determining supports in the Capital budget.

8.7 Justification for reasonable and necessary supports

Justification comments must be recorded before the plan can be submitted for approval. HSL delegates are responsible for providing adequate justifications, including recording that the plan was developed under the hearing stream.

It is best practice to include the following information in justification comments:

- succinct summary of the child context and impact of disability
- description of the support and reasons for including it in the plan
- how the proposed support enables the participant to pursue goals
- how the proposed support meets the reasonable and necessary criteria
- any relevant supporting evidence to support the inclusion of proposed supports

For more information refer to the Standard Operating Procedure - Review and submit a plan for approval and the Interaction template - planning.

8.8 Finalise and Approve a Plan

This task is completed by the HSL delegate and involves determining if the proposed plan meets the reasonable and necessary criteria under s.34 of the NDIS Act.

For more information refer to Our Guidelines – Creating your plan and Our Guidelines – Reasonable and necessary supports. Further information is also available in the Practice Guide – Early childhood planning and Standard Operating Procedure - Finalise and Approve a Plan.

Once a plan is approved, the NDIA must provide a copy of the plan to the participant's child representative within 7 days of the plan coming into effect.

A participant's approved plan can be provided in alternate accessible formats as per the Practice Guide - Assisting Communication. This provision is satisfied by the plan being sent to the participant's child representative or by being able to view it in the participant portal.

If the participant's child representative has not received the portal activation code, provide this and information on accessing the myGov portal.

Once the plan is approved, the HSL delegate will assign the participant to their identified early childhood partner using the interaction template Early childhood - Plan approved and ready for implementation – Hearing stream for participants younger than 7 (along with an email where possible) to advise the early childhood partner that the plan has been approved. Advise the participant's family who their local early childhood partner is, clarifying they will

support plan implementation and be the family's ongoing point of contact with the Agency. Make sure the family understand that they can now start using their NDIS funding.

Note: Assign participant to designated early childhood partner inbox in participant's region as an open interaction.

For further information refer to the Standard Operating Procedure - NDIS Pathway Hearing Stream for children younger than 7.

9. Plan changes

9.1 Plan reassessment - CEO-initiated

Participants younger than 7 who have newly diagnosed hearing loss and additional disabilities, or other areas of need identified will be offered an initial plan under the hearing stream. Once the plan is approved the early childhood partner should then engage with the family to undertake a family-centred, evidence-based assessment of the child and family's needs. Ideally, this will be conducted within four weeks of the approval of the initial plan. This may include linkages to mainstream or community services and other supports. It may result in a plan reassessment.

If additional funded supports are required, the Agency may need to initiate a plan reassessment.

9.2 Requesting a CEO-initiated plan reassessment

Contact the HSL delegate who approved the initial plan via email (provide justification and attach any supporting evidence) and an open interaction to request a plan reassessment. Create an Open Interaction using the Interaction template – NDIS staff: pre-check and booking.

The HSL delegate will review the evidence to decide whether to conduct a plan reassessment.

If a plan reassessment is approved the HSL delegate will:

- initiate the reassessment
- reassign the application back to the early childhood partner.

The early childhood partner will then complete pre-planning and planning tasks and will assign the application to the HSL delegate for approval.

Note: Do not 'Review and Submit Plan for Approval' if using Work Load Manager as it will not be assigned to the appropriate HSL delegate.

If a plan reassessment is declined the HSL delegate will discuss this with the early childhood partner and create an interaction detailing the decision.

Go to Our Guidelines – Your Plan, Our Guidelines -Changing your plan and Standard Operating Procedure – Initiate an Agency-initiated plan review more than 100 days of plan review date.

For further information related to participant requested plan reassessments, where the participant's circumstances have changed or their current plan no longer meets their needs (see case study below) go to the Standard Operating Procedure - Create a plan reassessment (or variation) request (PRR) and Standard Operating Procedure – Support tool to determine CEO-initiated plan reassessment type within 100 days of plan reassessment date.

9.2.1 Determining additional funded supports

Continue to use the recommended level of supports funded under the hearing stream, Table three. This level of capacity building supports, is predominantly based on the degree of the child's hearing loss (and likely functional impact) and is expected to support the child's:

- language and communication development
- social development
- emotional development.

If the child has additional support needs (high or medium-low) identified, for example, related to their physical development, (go to the Guide Appendix 2) consider these in addition to the capacity building funding originally allocated under the hearing stream.

Include your reasonable and necessary justification for these supports as a justification comment in the System also including this in the Interaction Early childhood – Plan Submitted for Approval – First Plan or Plan Reassessment (full) within 100 days of plan reassessment date.

Refer to the Practice Guide - Early childhood planning for further information.

9.2.2 Case Study - Zoe, infant requiring a plan reassessment (CEO-initiated)

After Zoe's newborn hearing screening tests, she was immediately referred to an audiologist for a full diagnostic audiological assessment. Results confirmed Zoe had a severe, sensorineural hearing loss in both ears. Zoe was referred to Hearing Australia and she proceeded to have hearing aids fitted. At their appointment, the family informed their audiologist that they had significant concerns regarding Zoe's physical development, and that she was undergoing paediatric neurology investigations.

Hearing Australia supported Zoe's family to submit a priority access request to the NDIA via the hearing stream. The audiologist noted on the EOD form that Zoe was undergoing paediatric neurology investigations due to other identified areas of concern.

Zoe quickly became a NDIS participant and was contacted by a HSL delegate to develop her initial plan. The approved plan included s47E(d) - c hours (level 4) of Early Childhood Supports – Early Childhood Professional. As it was identified that Zoe had other areas of concern, a priority appointment with their early childhood partner was arranged.

The early childhood partner met with the family and identified that Zoe had one other area of concern which related to her physical development. A plan reassessment was initiated and approved. Zoe's initial plan was reassessed to include new goals and additional funding to address Zoe's physical development, which was identified as a 'high' area of need. In this

example, s47E(d) - cb hours plus s47E(d) additional hours, a total of s47E(d) - cb hours of Early Childhood Supports – Early Childhood Professional was included in the new plan.

9.2.3 Case Study - Zayden infant, plan reassessment – participant requested

Zayden is a 7-month-old, his family have requested a reassessment due to a change in circumstance.

Zayden was diagnosed with a unilateral hearing loss at 2 months of age. He was referred to Hearing Australia and was fitted with a hearing aid in the affected ear. Hearing Australia assisted Zayden to access the priority hearing stream. Under the hearing stream Zayden received a level 1 plan which included s47E(d) hours of 'Early Childhood Supports – Early Childhood Professional'. At the time the initial plan was developed, hearing was the only reported area of need.

Five months later, Zayden's family contacted their early childhood partner to report that Zayden's paediatrician recently confirmed several other delays in his development including his fine and gross motor skills, cognition and a visual impairment. Based on this new evidence Zayden's family require additional funding to access other early childhood intervention supports. In view of the change in circumstance and new evidence, the early childhood partner supports the family with a plan reassessment request. The decision to conduct the plan reassessment was referred to the National reassessment team.

9.3 Determining capacity building supports

Note: This guidance will help you develop plans for participants younger than 7 who are deaf or hard of hearing. Whether it be for their plan reassessment or for a new participant with an existing hearing loss, who has not accessed the Scheme via the priority hearing stream. Use the early childhood approach outlined in the Practice Guide - Early childhood planning Our Guidelines - early childhood approach, and Our Guideline – Changing your plan when developing these plans.

More information can also be found in Guides for understanding supports - children who are deaf of hard of hearing.

The early childhood approach will assist you to determine a level of reasonable and necessary funded supports to include in plans. The plans should be built based on the family and carers' goals for the participant, the functional impact of the participant's disability on daily life, and the level of support required. For participants younger than 7, Capacity Building budgets are determined based on the participant's number of **high** and **medium to low** areas of need. Section 5.2 of the Practice Guide – Early childhood planning unpacks what we mean by high and medium to low areas of need. You will need to have a clear understanding of this when planning for children younger than 7.

During the planning conversation with the participant's family or carer, it is important to understand current plan utilisation and future recommendations. If the child's first plan was, for example, developed under the hearing stream, then discuss plan utilisation. Where the plan was underutilised, the reasons for this should be understood. For example, the family may have needed time to come to terms with the diagnosis of their child's hearing loss.

For participants younger than 7, the Guide for calculating early childhood capacity building supports (the Guide), outlined in Appendix 2 of the Practice Guide – Early childhood planning should be used to develop these plans. The Guide will typically provide a level of Capacity Building supports based the number of identified high and medium to low areas of need. You should use the 'intensive capacity building supports in early childhood form' (Intensive form) when considering requests for intensive supports for participants younger than 7.

The newborn hearing screening program targets children with moderate or above hearing loss in both ears. This is because evidence shows that communication outcomes are significantly improved when the hearing loss is identified early, and intervention commences soon after. Hearing should always be identified as a high area of need for children who have this degree of hearing loss.

The impact of mild and unilateral hearing loss varies amongst individuals, as does the benefit of early intervention including amplification. These children may be at risk, however to date, research has been inconclusive. Given there are no clear recommendations of best management approaches, it is recommended that the outcomes of hearing related functional assessments (documented in provider reports) are also taken into consideration when determining whether hearing is identified as a high or medium to low area of need.

Include your justification for reasonable and necessary supports in the justification comments. All information related to the functional impact of the participant's needs and calculations of supports must be documented in the justification comments, refer to Standard Operating Procedure – Review and submit plan for approval for further information.

9.4 Determining supports in Core budget

9.4.1 Consumable – Low cost assistive technology

Hearing devices for children are provided by Hearing Australia, funded under the HSP. Families can enter into a maintenance agreement, receiving batteries and maintenance for their child's hearing device. This includes repairs and spare parts for their hearing device and/or speech processor. Under the maintenance agreement the participant's family makes a small co-payment towards the annual maintenance fee. This can be funded as low cost AT. Go to the Fact Sheet - AT - Guide for low cost support funding, Assistive Technology, Home Modification and Consumables Code Guide or Standard Operating Procedure - Add low cost assistive technology supports in a plan for further information.

The following low cost AT items are commonly requested and may be funded if there is sufficient evidence to demonstrate that they meet the reasonable and necessary criteria:

- **specialised alarm systems** such as a flashing doorbell and other alerting systems.
- **cochlear Implant waterproof accessories** such as the Aqua + which is the compatible option for the Nucleus 7 speech processor.

Speech processors (including their replacement parts), remote microphone or wireless communication devices are funded under the HSP and are generally not funded under the NDIS.

9.4.2 Auslan related supports

Auslan related supports should be considered on an individual basis and funded under the NDIS where the support meets the reasonable and necessary criteria. The choice of communication approach is the family's decision. There are various communication approaches, and there is no one communication approach that fits every family's needs. The NDIA will need to take this into account when determining reasonable and necessary supports to ensure the capacity of families is increased, so they can support their child's language development. Auslan related supports are considered reasonable and necessary and need to be considered on an individual basis.

A participant's age and level of hearing loss are some of the factors to consider when determining the level of support an individual may need in their everyday life. Other factors to consider include:

- the child's family and social networks
- the child's access to early intervention supports
- access to mainstream service, for example, education
- provider reports which include the child's progress towards goals, outcomes achieved and provider recommendation
- other disabilities, geographic location and cultural backgrounds also influence the type and severity of barriers which a child who is deaf may experience.

The level of support that a participant might require will vary depending on their language development, literacy skills and preferred method of communication.

For further information related to Auslan related supports go to the Practice Guide - Assisting Communications and Would We fund it resources related to Auslan.

- **Auslan language development supports**

  This support type is typically delivered in children's natural, everyday settings, such as home and childcare. Auslan language development supports aim to build the capacity of the child, family, and other important people in the child's life to ensure that they can meaningfully and effectively communicate.

  Auslan language development support may include, but is not limited to teaching Auslan, provision of strategies to support communication and interaction between the child and informal supports, education around Deaf culture, recommendations and the development of resources.

  Learning Auslan is not a short-term activity, it requires long-term support to ensure the child and their family fully immerse in learning Auslan to maximise language acquisition. Families should be encouraged to use quality Auslan trainers who are fluent and extensively experienced with teaching Auslan to children and families. It is important that families have opportunities to practice Auslan skills with other fluent Auslan users.

Case Study: Jeff – Auslan development supports

Jeff is a deaf child; he was born with a profound hearing loss in both ears. Jeff wears hearing aids and uses Auslan to communicate. He attends a mainstream bilingual early intervention program twice a week. Jeff's family is invested in supporting him to be bilingual and is learning Auslan to maximise the development of Jeff's communication and language development. Jeff's family have also made some connection to deaf community groups such as Deaf 4WD Social Group and Parents Mentor support group.

During the planning meeting, Jeff's family expressed interest in increasing their Auslan skills and submitted a provider report recommending a high level of Auslan language development supports including 'Auslan in the home' for Jeff and his family.

Based on the evidence, funding for the Auslan language development supports was deemed to be reasonable and necessary.

- **Auslan training**

This is typically delivered at settings in the child's community, like their local sports club or church. They may include but are not limited to Deaf Awareness Training (DAT), provision of targeted strategies to promote inclusion and communication and education of specific Auslan signs. The availability and appropriateness of mainstream options for general Auslan training through, for example, the education system or the community should be explored alongside NDIS funded supports.

- **Auslan interpreting**

This is an important consideration to ensure Deaf children can access services. It is recommended that funding for interpreting services be included where it is considered appropriate and meets the reasonable and necessary criteria. It is important to give children access to incidental learnings and positively increasing their social and community participation, supporting their social and emotional development. For further information related to interpreting and translation supports go to the Practice Guide - Assisting Communications.

9.5 Determining support in the Capital budget

Funding for hearing services and devices should not be included in a child's NDIS plan. Fully government subsidised hearing devices are provided to children at no cost under the HSP. Hearing Australia is responsible for managing this program, including the provision of hearing devices and speech processors. Go to Hearing Australia's policy to learn more about the technology that is provided at no cost to children.

Eligible young Australians under 26 years of age can obtain speech processors to replace those that are lost or damaged beyond repair. Upgraded technology can be provided to young people who meet certain clinical criteria. For further information go to Hearing Australia's Cochlear Implant Speech Processor Upgrade and Replacement Program.

10. Supporting material

- NDIS Act 2013 and NDIS Rules 2013, 2014 and 2016
- Our Guidelines – Mainstream and community supports overview
- Our Guidelines – Creating your plan
- Our Guidelines – Reasonable and necessary supports.
- Our Guidelines – Assistive technology
- Our Guidelines – Early childhood approach
- Our Guidelines - Early connections
- Our Guidelines -Changing your plan
- Cochlear Implant Speech Processor Upgrade and Replacement Program
- Hearing Australia's policy
- Choices eBook
- Assistive Technology, Home Modification and Consumables Code Guide
- Systematic review of the literature on early intervention for children with a permanent hearing loss
- National Guidelines Best Practice in Early Childhood Intervention
- Deafness and Hearing Impairment Snapshot
- Fact Sheet - AT - Guide for low cost support funding
- Practice Guide - Assisting Communications
- Practice Guide - Early childhood planning
- Standard Operating Procedure - NDIS Pathway Hearing Stream for children younger than 7
- Standard Operating Procedure – Record informal, community and mainstream supports
- Standard Operating Procedure - Complete the determine plan management task
- Standard Operating Procedure - Add low cost assistive technology supports in a plan
- Standard Operating Procedure - Review and submit a plan for approval
- Standard Operating Procedure - Finalise and Approve a Plan
- Standard Operating Procedure – Initiate an Agency-initiated plan review more than 100 days of plan review date
- Intensive capacity building supports in early childhood form (Intensive form)

- Interaction templates – Pre-planning
- Interaction Template - Planning
- Would We fund it

11. Process owner and approver

Branch Manager Early Childhood Services.

12. Feedback

If you have any feedback about this Practice Guide please submit your feedback by completing and submitting this Early Childhood feedback email form. Alternatively, you can use this accessible feedback form. First save it to your computer, then complete the form and send it to Early Childhood inbox

13. Version change control

Version No	Amended by	Brief Description of Change	Status	Date
1.0	CM0032	Minor feedback to enhance ECI wording; accessibility check	APPROVED	2019-09-16
2.0	LNL387	Class 3 approval	APPROVED	2020-05-28
3.0	CM0032	Updated to include new eligibility criteria, updated links to OGs and removal of reference to CBSN	APPROVED	2022-05-23
4.0	FC0007	Class 1 approval	APPROVED	2022-12-20
4.1	MM0095	Age range change updates	DRAFT	2023-04-06
4.2	FC0007	Class 1 approval	APPROVED	2023-04-11
4.3	DHO937	Accessibility check	APPROVED	2023-04-11

Standard Operating Procedure

For Internal Use Only

The contents of this document are OFFICIAL.

NDIS Pathway hearing stream for children younger than 7

This Standard Operating Procedure (SOP) will assist you to complete the following in the NDIS Business System (System):

- Complete the pre-planning and planning tasks for participants younger than 7, newly diagnosed with a permanent hearing loss and eligible to receive a NDIS plan under the NDIS Pathway hearing stream (hearing stream).
- Determine the reasonable and necessary level of funding for Capacity Building and Core supports for an initial plan under the hearing stream.

From 1 July 2023, the age of children supported under the early childhood approach will progressively change to include children younger than 9. However, there is no change to the age of participants accessing the hearing stream, it remains for participants younger than 7, newly diagnosed with a permanent hearing loss.

Note: The funding levels in Table 2 should only be used by Hearing Stream Lead (HSL) delegates developing an initial plan for participants younger than 7, who are eligible for the hearing stream. For participants younger than 7 not eligible for the hearing stream, follow the Practice Guide – Early childhood planning using the Guide for calculating capacity building supports for early childhood. Plans developed under the hearing stream are generally approved within 10 business days from the date the access met decision was made. They will have a recommended duration of 12 months.

1. Recent updates

Date	What's changed
July 2023	The following update has been made: • Age range change to younger than 9 for the early childhood approach, however hearing stream remains for participants younger than 7.

Standard Operating Procedure

For Internal Use Only

Date	What's changed
November 2022	The following update has been made to section 3.7 – Enter Capacity Building funding: • Updated comment recorded on the child's plan (section 3.7 step 9).
May 2022	The following updates have been made: • Updated to align with updated Practice Guide – Early Childhood – Supports for children who are deaf or hard of hearing. • Name changed from SOP – NDIS Pathway Hearing Stream for children aged under seven years to SOP – NDIS Pathway Hearing Stream for children younger than 7. • Transitioned to current Standard Operating Procedure template.

2. Checklist

Topic	Checklist
Pre-requisites	You have: ☐ read Practice Guide – Early Childhood – Supports for children who are deaf or hard of hearing ☐ read and are familiar with Practice Guide – Early childhood planning, Our Guideline – Early childhood approach, Our Guideline – Creating your plan and Our Guideline – Reasonable and necessary supports. ☐ made sure the primary disability and streaming have been correctly recorded in the System and the participant is eligible for the hearing stream. ☐ access to PEDI-CAT to complete the **Update Severity Tools** task.
Actions	☐ 3.1 Prepare for the planning conversation ☐ 3.2 Conduct the planning conversation ☐ 3.3 Complete pre-planning tasks

Topic	Checklist
	☐ 3.4 Add a Capacity Building goal ☐ 3.5 Complete planning tasks ☐ 3.6 Enter Core funding ☐ 3.7 Enter Capacity Building funding ☐ 3.8 Capital ☐ 3.9 Save and submit funding ☐ 3.10 Determine plan management ☐ 3.11 Review and submit plan for approval ☐ 3.12 Finalise and approve plan ☐ 3.13 Implementation

3. Procedure

3.1 Prepare for the planning conversation

When developing plans under the hearing stream, the HSL delegate will complete the following pre-planning tasks in the System:

- review participant streaming
- update consent and proof of identity
- update the severity tools (including the PEDI-CAT)
- check the participant's disabilities
- complete the participant statement
- update the Outcomes and Family Questionnaire
- complete share plan information
- update the relevant guided planning questions (saved but not submitted)
- read and tick the reasonable and necessary supports statement in the planning conversation tool (PCT)
- update My NDIS Contact.

There may be relevant information in the System from the participant's family or carers to help you understand the participant's circumstances. Check this information to avoid asking for information already provided. Go to the pre-planning tasks section of the Practice Guide – Early childhood planning for further information.

The following pre-planning tasks are specific to the hearing stream:

- Review the evidence including the Hearing Australia Evidence of Disability (EOD) form.
- Review the audiological assessment report.
- Review the audiogram to determine which funding level best aligns to the degree of the participant's hearing loss and its likely functional impact. Refer to section 4.1.
- Review information gathered by the early childhood partner where early connections have been provided (if applicable).
- Review other relevant information available within the participant's record, including any Alerts and information for staff.
- Review information recorded in Interactions.
- Complete Risk Assessment. Plans developed under the hearing stream will have a recommended plan duration of **12 months**. For further information refer to the Standard Operating Procedure – Complete the Risk Assessment task.
- Complete informal community and mainstream supports. The supports and services provided by Hearing Australia, including details of the participant's devices, are considered a mainstream service for children who are deaf or hard of hearing. For more information refer to Our Guideline – Mainstream and community supports overview and the Standard Operating Procedure – Record informal, community and mainstream supports.

3.2 Conducting the planning conversation

The planning conversation is conducted by the HSL. The HSL is a nominated delegate who has received training to develop plans under the hearing stream. The HSL delegate will guide the development of the plan, considering the participant's goals, strengths and abilities, and support needs. To ensure the planning conversation is a positive experience, the HSL delegate will engage with the participant's child representative in a conversational manner, reflecting a family-centred focus. For recommended scripting to assist with planning conversations refer to section 4.2.

We must make sure that the child representative is supported to communicate with the Agency. For further information refer to Practice Guidance – Assisting Communications.

If a child representative has alternative communication needs:

- confirm if the planning conversation can take place over the phone or via video link
- understand and respect communication barriers for example, the child representative may require an interpreter (Auslan or LOTE) or live captioning.

Note: If an interpreter is unavailable within the 2-week timeframe, create an interaction to explain why the approval of the plan will be more than 10 business days from the access met decision.

When conducting your conversation, confirm that you are speaking with the participant's child representative. The child representative has authority to act on the participant's behalf. Refer to:

- Our Guideline – Child representatives
- Standard operating procedure – Record and verify identity for an individual
- Standard operating procedure – Verify identity for a third party organisation

Note: If you are unable to contact the child representative on 5 occasions refer to Standard Operating Procedure – Unable to contact the participant. Advise the ECS Branch Hearing stream coordinator via email once this process has been completed.

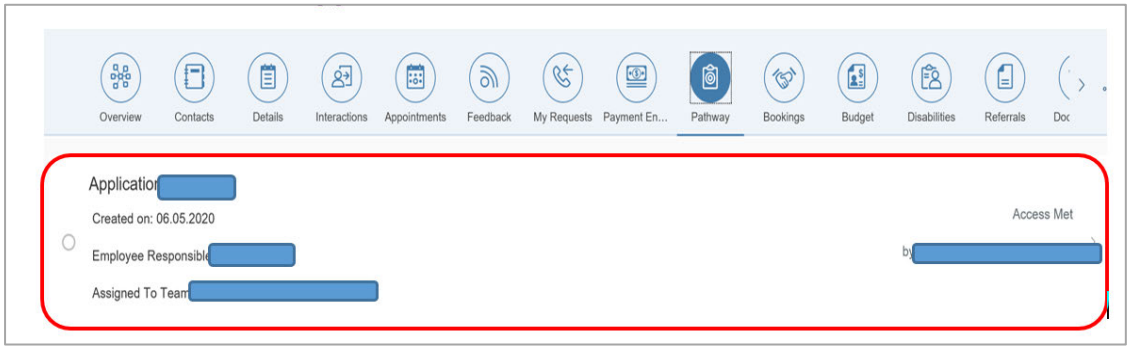
Face-to-Face planning appointment required (priority)

Where a planning conversation over the phone or via video link is not appropriate, a face-to-face planning conversation with the early childhood partner will be arranged as a high priority. Where possible, the HSL delegate can join this appointment by video/teleconference or in person. The HSL delegate will be responsible for developing and approving the initial plan.

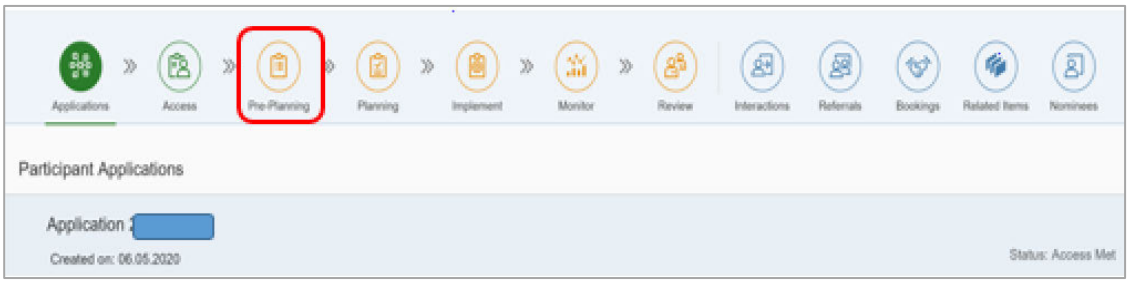
3.3 Complete pre-planning tasks

1. From the NDIS account, select **Pathway**.

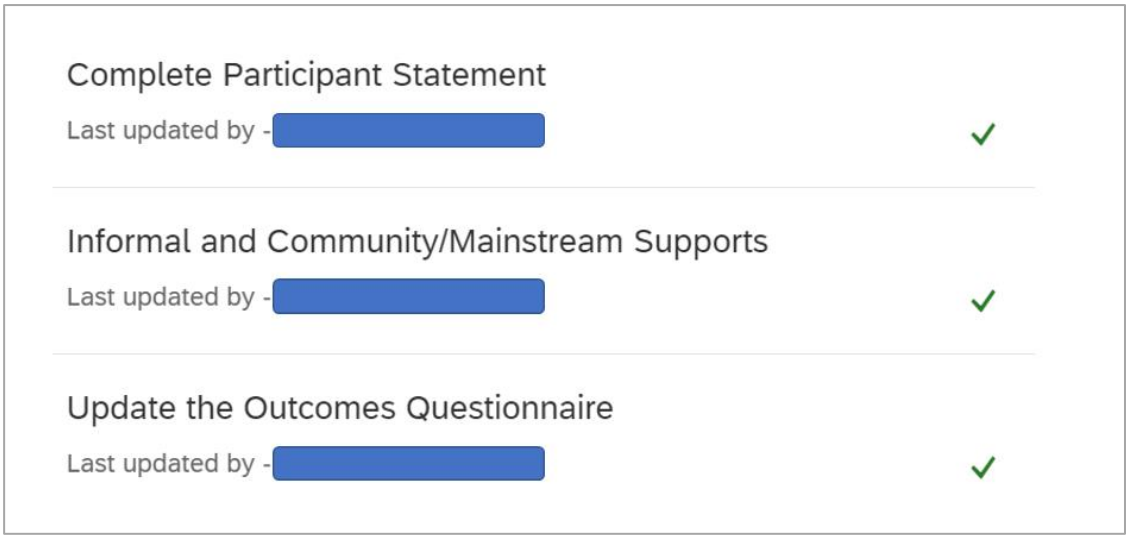
2. Select the relevant **Application**.



3. Select **Pre-Planning**.



4. Complete **Pre-Planning** tasks. The Practice Guide – Early childhood planning outlines the approach to develop plans for participants younger than 7.
5. To add a goal go to 3.3.1 Add a Capacity building goal.
6. Make sure all **Pre-Planning** tasks are submitted except for the **Guided Planning Questions** which you must answer and save. Do not submit. Go to the Standard Operating Procedure – Complete the Guided Planning Questions for further information.
7. The **Pre-Planning** tasks will display a green tick when complete.



8. Confirm the preferred method of contact with the child representative. Advise the child representative of the timeframe when the plan will be approved. Once approved, advise the child representative.

3.4 Add a Capacity Building goal

Within **Complete Participant Statement**, the HSL delegate may assist the participant's child representative to prepare their statement and, with agreement, include the recommended plan goal. Under the hearing stream the recommended plan goal focuses on the child's language and communication.

1. At **My Plan Goals** add a goal. **Recommended NDIS plan goal:** <child representative> would like <child's name> to be able to understand and communicate effectively with those around them.

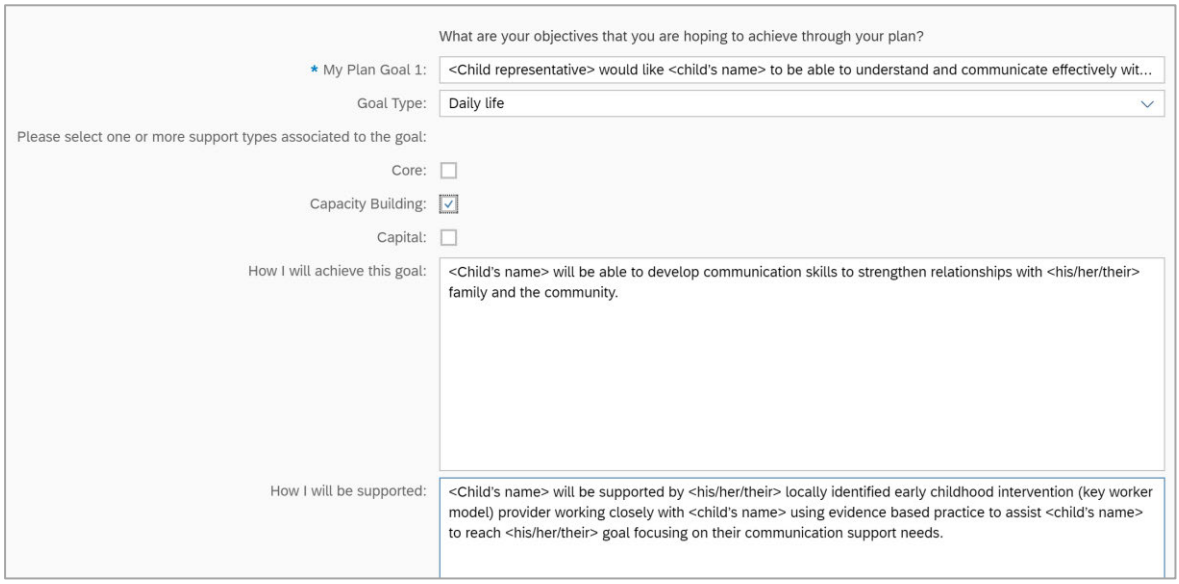
Note: This example goal is optional, the HSL delegate can support the family to further individualise the goals if the family wish to do so. To include additional goals in their child's plan refer to Appendix 1 Practice Guide – Early childhood planning.

2. Select **Daily Life**.
3. Select **Capacity Building**.
4. At **How I will achieve this goal** enter:

<child's name> will be able to develop communication skills to strengthen relationships with <his/her/their> family and the community.

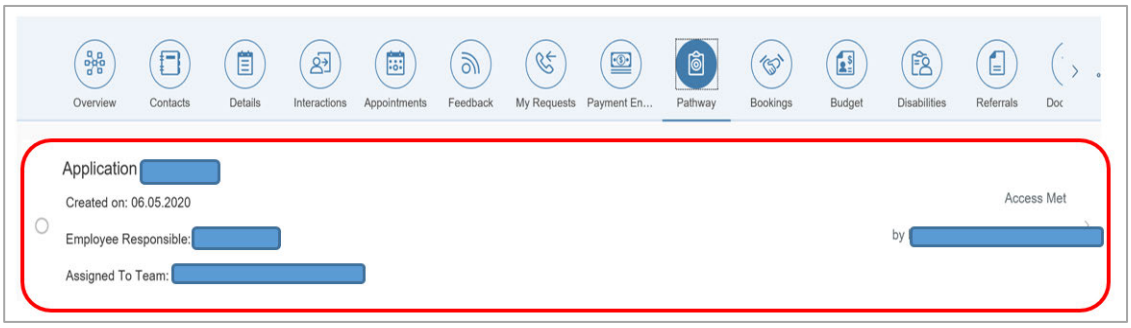
At **How will I be supported** enter:

<child's name> will be supported by <his/her/their> locally identified early childhood intervention (key worker model) provider working closely with <child's name> using evidence based practice to assist <child's name> to reach <his/her/their> goal focusing on their communication support needs.

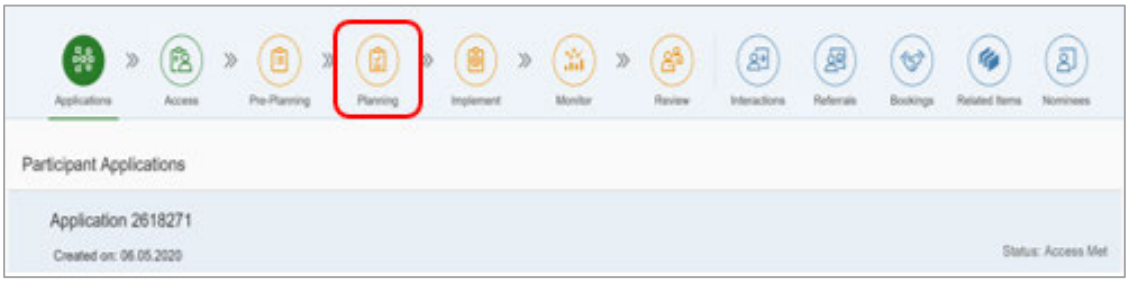


3.5 Complete planning tasks

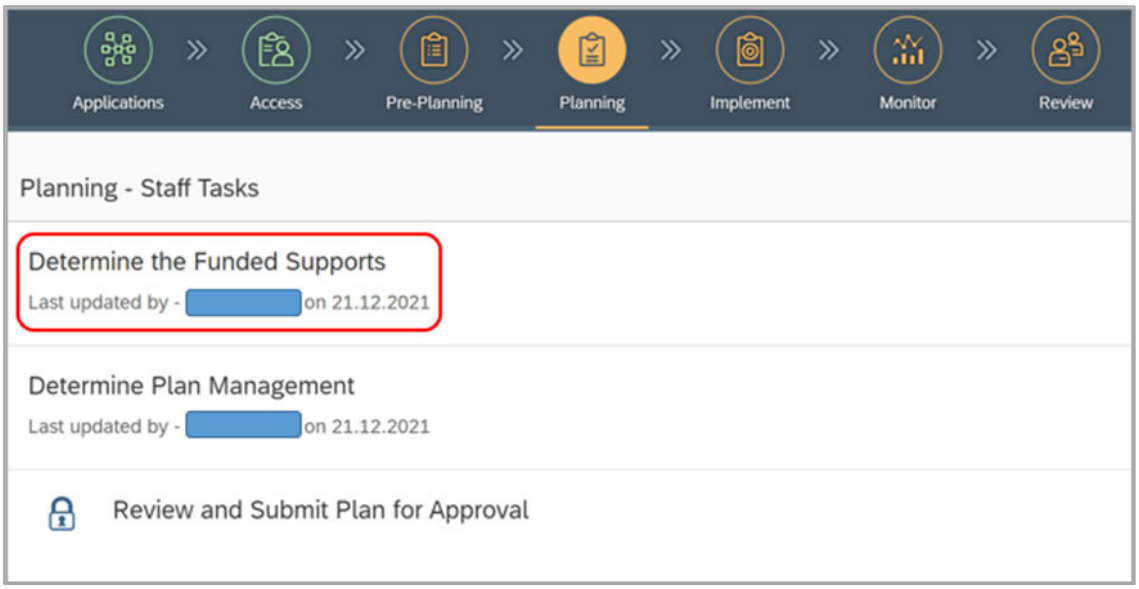
5. From the Participant Account screen select **Pathway**.
6. Select the relevant **Application**.



7. Select **Planning.**



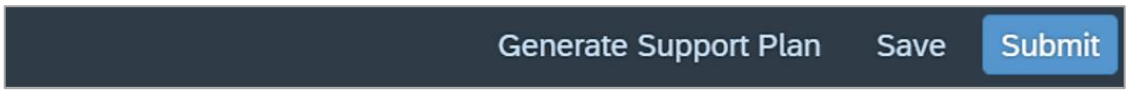
8. The **Planning** page displays. Select **Determine the Funded Supports**.



9. The **Determine the Support Needs** form opens. There is the option for 3 **Support Types** in the plan budget **Core, Capacity Building and Capital**. Under the hearing stream, funding is included in the Core and Capacity Building budgets.

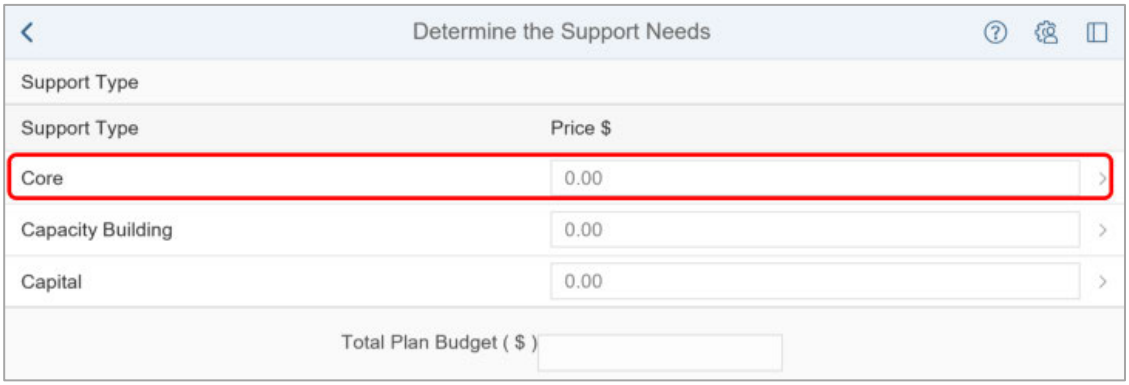
Note: Do not click on **Generate Support Plan**. For early childhood plans a TSP is **not** generated. Plans developed under the hearing stream are first plans, the values

displayed will all be zero and there will be no prepopulated funds.

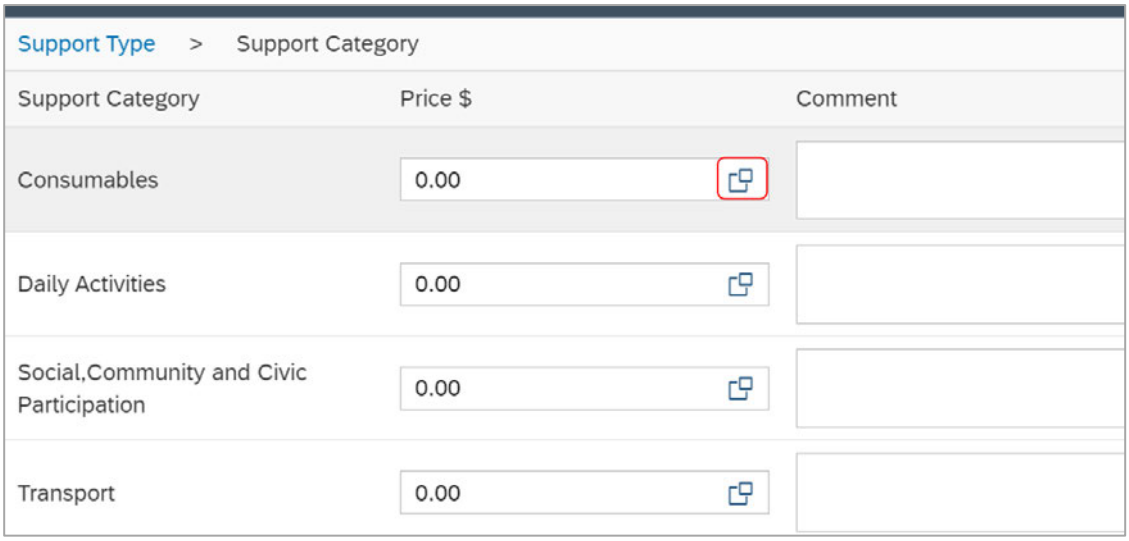


3.6 Enter Core funding

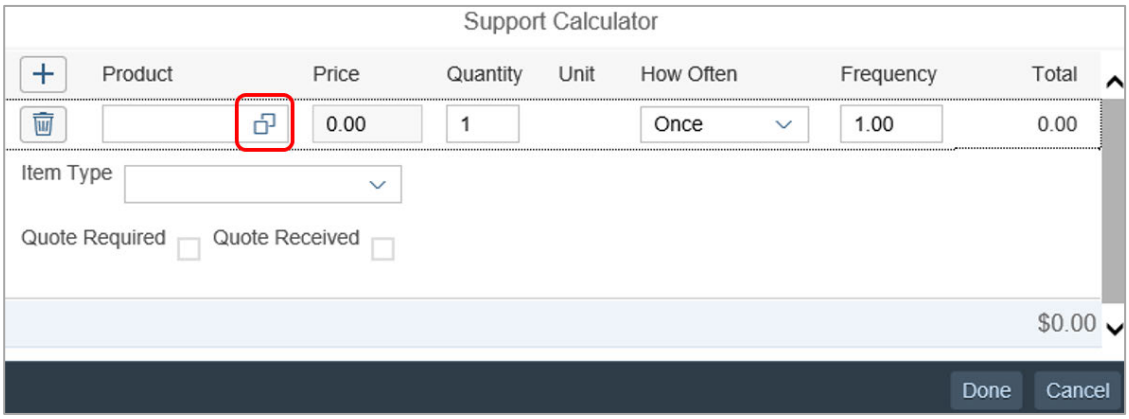
10. Include funding for low-cost AT. Select the Support Type **Core**.



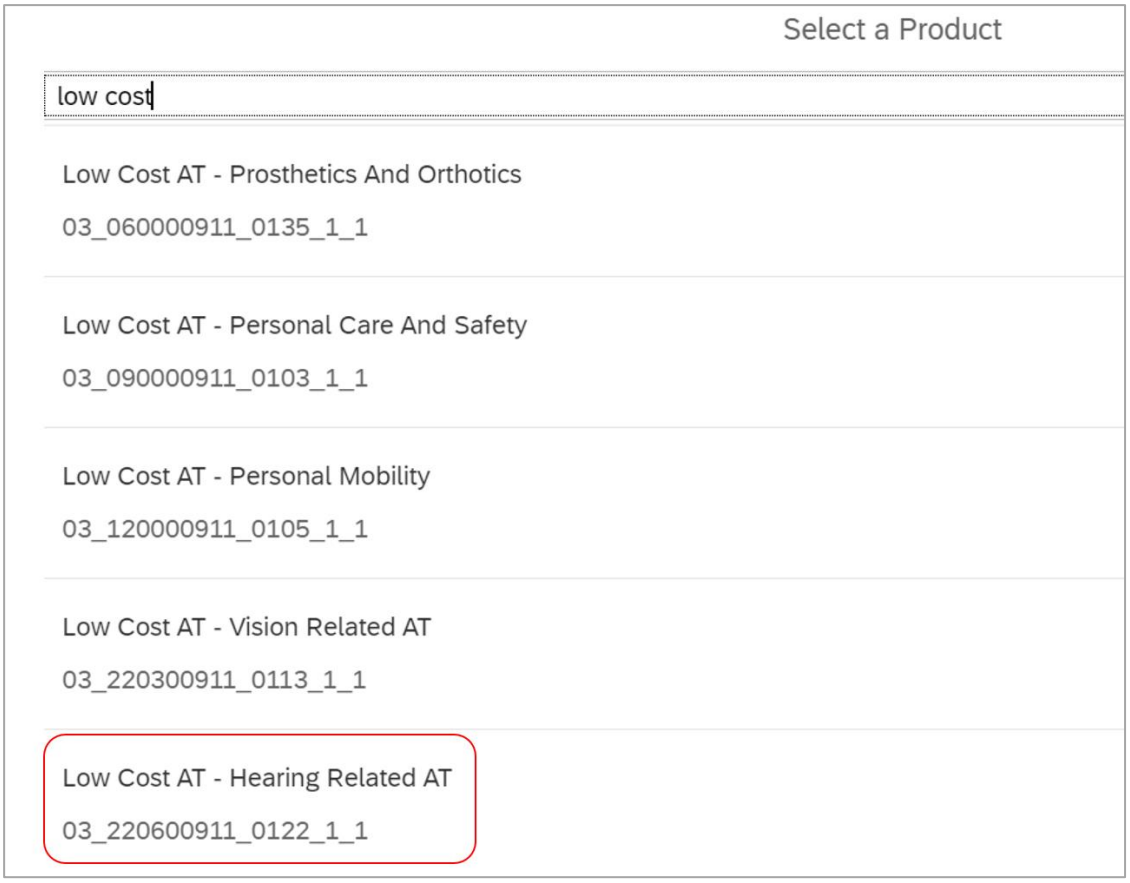
11. The support categories are displayed. Select the support calculator category at **Consumables** by clicking on the **Expander** (2 overlapping boxes).



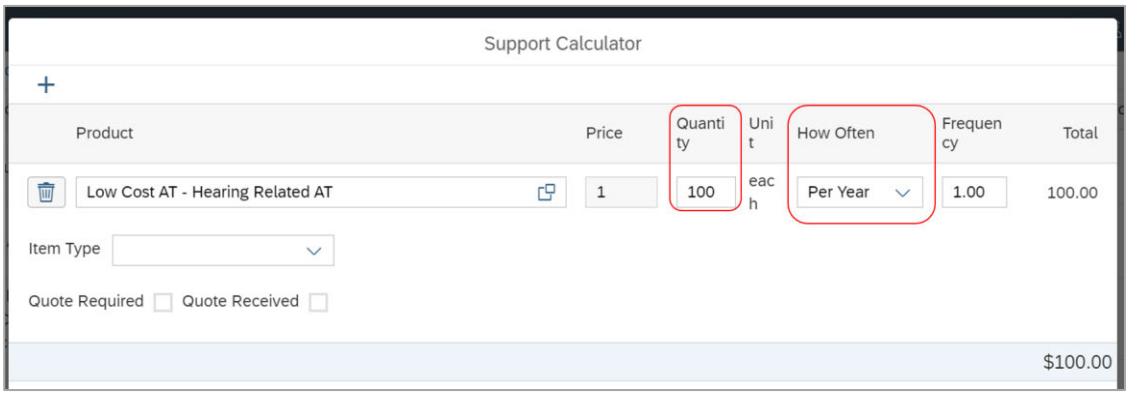
12. Select the **Product** field.



13. In the product field, search for **Low Cost AT** and select the line item **Low Cost AT For Hearing Related AT**.



14. The **Support Calculator** opens.



At **Quantity** enter one hundred quantities ($100) of Low Cost AT units using the guidance in the.

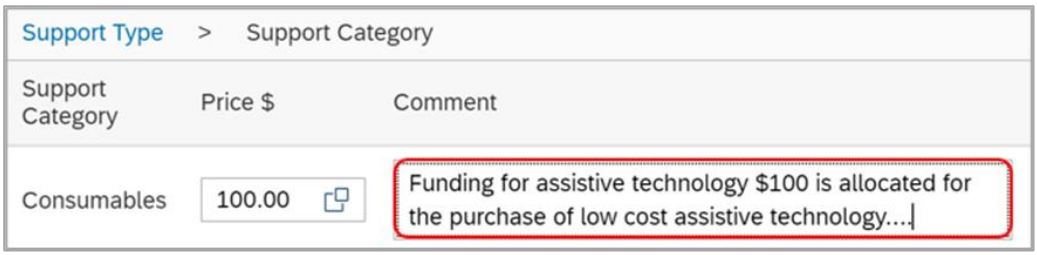
- At **Quantity** enter the number of units (1 unit = $1)
- At **How Often**, select **Per Year** from the drop down box
- Select **Done**

Note: If a child is using hearing devices, you must enter one hundred quantities ($100) of low cost AT to make sure the family can access funding for the co-contribution fee for the annual maintenance agreement under the Hearing Services Program (HSP).

For further information refer to Practice Guide – Early Childhood – Supports for children who are deaf or hard of hearing or Standard Operating Procedure-Add low cost assistive technology support in a plan.

15. Remove the automatically generated support item comment in the **Consumables** field and replace with the comment below.

<Funding for assistive technology: <$insert budget amount> is allocated for the purchase of low cost assistive technology to support you to pursue your goals and outcomes for <insert participants name>. This funding may be used flexibly to cover the annual maintenance and batteries contribution related to the services your child receives from the Hearing Services Program>.

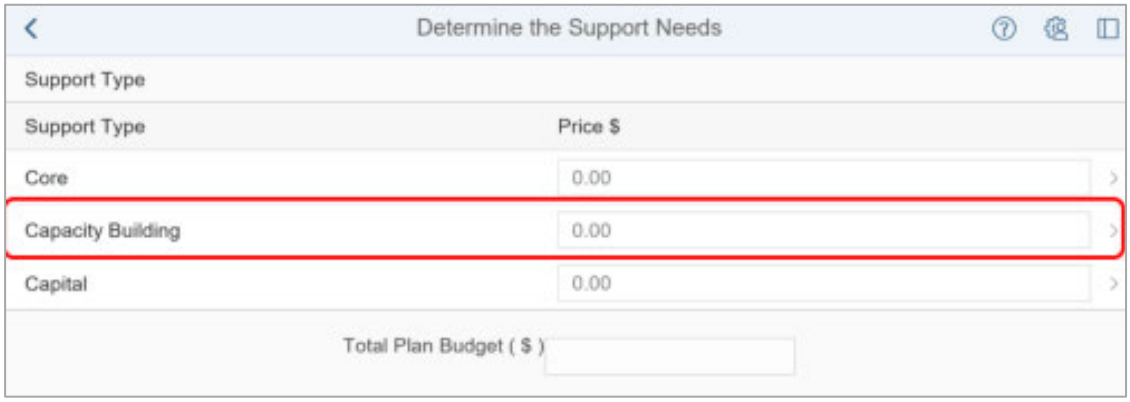


Note: Only include additional quantities of **Low Cost AT For Hearing Related AT** if this is reasonable and necessary.

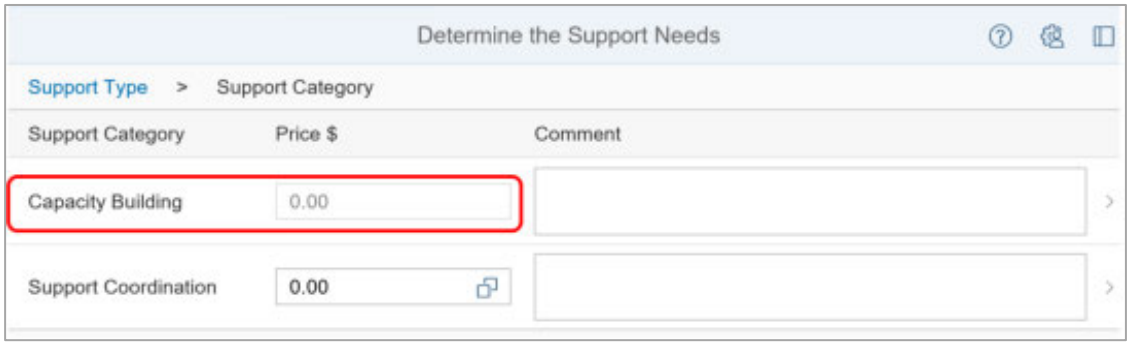
16. Select **Support Type** to return to the main **Determine Support Needs** screen.

3.7 Enter Capacity Building funding

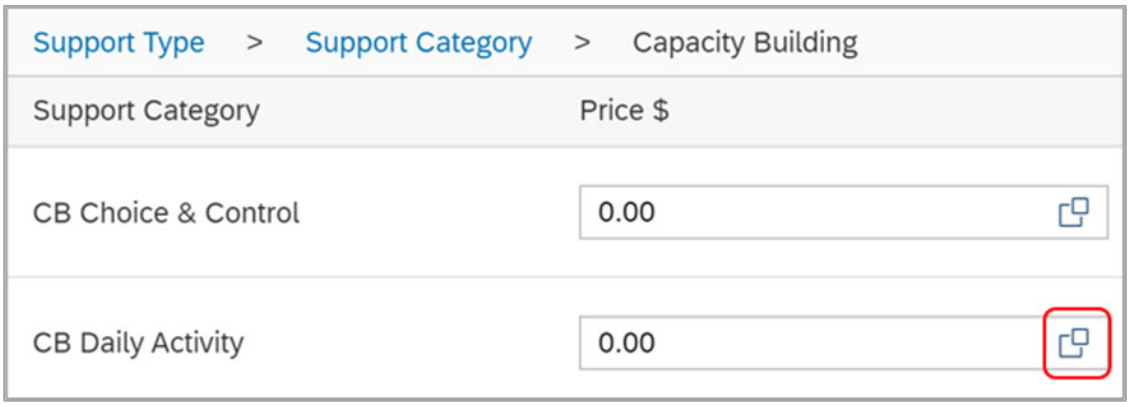
1. From the **Support Type** screen select **Capacity Building**. The support categories **Capacity Building** and **Support Coordination** are displayed.



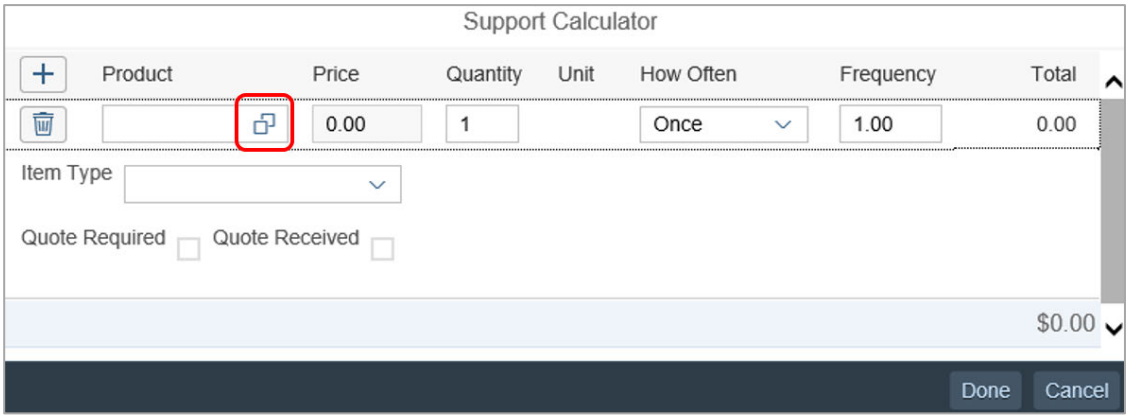
2. Select the support category **Capacity Building**. All of the Capacity Building supports will be displayed.



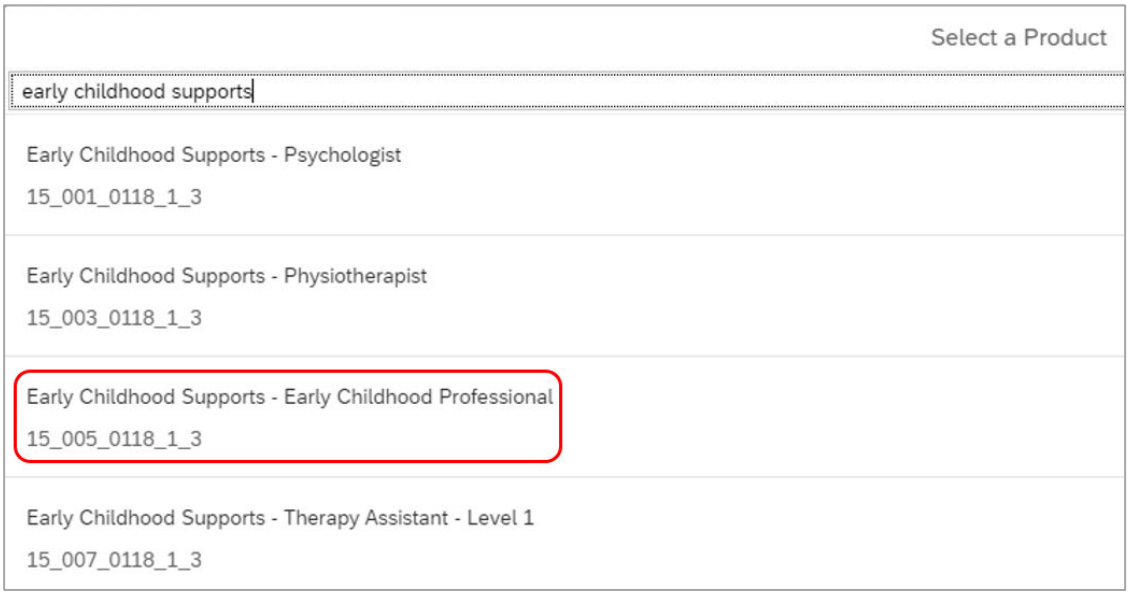
3. Open the support calculator from the **CB Daily Activity** category by selecting the **Expander** (2 overlapping boxes).



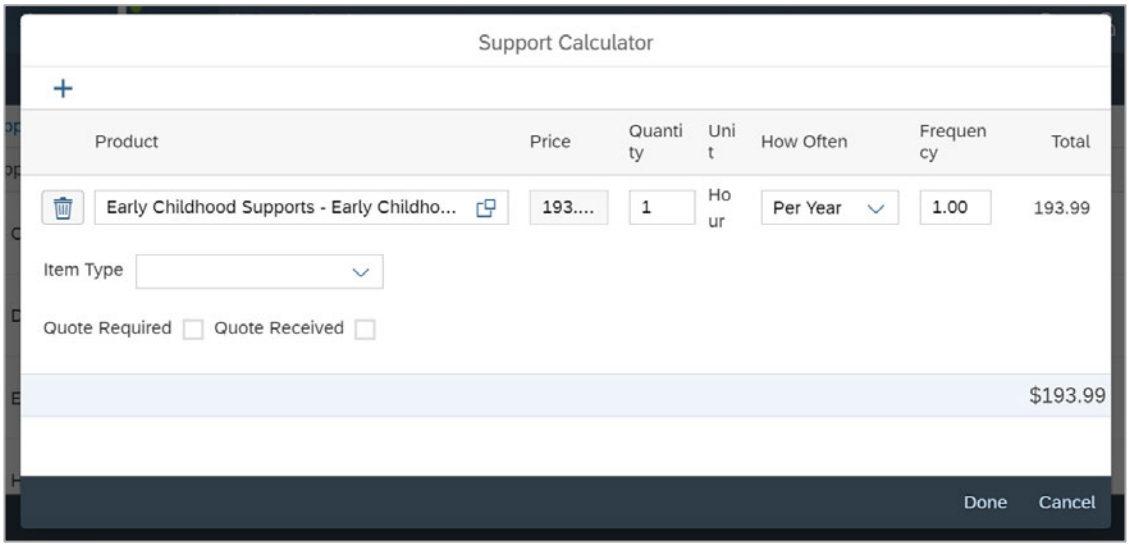
4. The **Support Calculator** opens. Select the **Expander** (2 overlapping boxes) in the **Product** field.



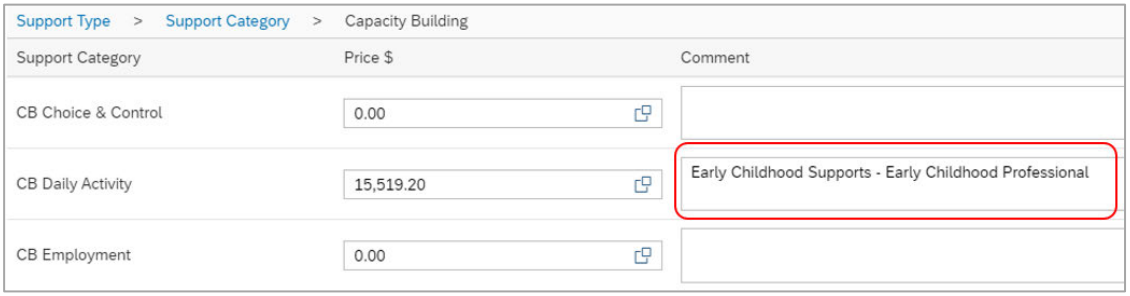
5. Select **Early Childhood Supports – Early Childhood Professional**. The search field can also be used to find the item.



6. Enter the **Quantity** determined in pre-planning.
    - **Level 1** quantity [redacted] (hours)
    - **Level 2** quantity [redacted] (hours)
    - **Level 3** quantity [redacted] (hours)
    - **Level 4** quantity [redacted] (hours)
    - At **Quantity** select the relevant amount
    - At **How Often** select **per year**.



7. Select **Done**.
8. Delete the auto-generated **Comment**.



9. In the **Comment** section of the **Determine the Support Needs** screen add the following comment:
    - Insert the next 3 paragraphs.

This funding is for capacity building - early childhood supports. To achieve the best outcomes it is important that these supports are delivered within the home and

community, by early childhood professionals. These professionals should have a Bachelor's degree or higher and have registration or membership with relevant professional bodies, such as an occupational therapist, speech pathologist, physiotherapist, psychologist, social worker, early childhood teacher and developmental educator.

Professionals should use a best practice model, all working together as a team with your family to pursue your goals for <insert participant name> and preferably using a key worker model. It is expected the supports are delivered in line with the NDIS Commission's NDIS Practice Standards and Quality Indicators for Early Childhood Supports, the NDIS Code of Conduct and the NDIS Pricing Arrangement and Price Limits.

This funding includes time for professionals to build the capacity of those supporting <insert participant name>, at home, childcare, preschool and/or school <remove setting if not required> and support the effective use of hearing devices <remove if child is unaided>. It is expected that an annual progress report on <participant's name> outcomes will take approximately <include between s47E(d) hours as per the Guide - Appendix 2> per year shared between your providers and it is strongly recommended they collaborate to use the NDIS early childhood provider report form. This funding also includes <hours> for Assistive Technology (AT) assessment <remove if not required>.**Note**: Any comments recorded will print on the participant's plan. The comments should include any information the family may need to describe and understand this support.

10. Link the funding in the **Support Category** to the participant's **Associated Goal** using the drop down box next to the comment.
11. Return to the **Support Category** section of the System and enter any additional reasonable and necessary support items. Record any relevant comments.

Note: For more information on adding supports, such as plan management, refer to Standard Operating Procedure – Include plan management support items.

3.8 Capital

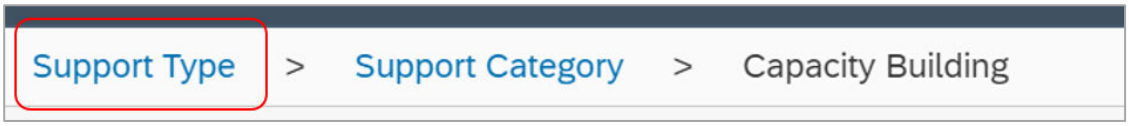
Funding for hearing services and devices should not be included in a child's NDIS plan. Fully government subsidised hearing devices are provided to children at no cost under the HSP. Hearing Australia is responsible for managing this program, including providing hearing devices and speech processors. Go to Hearing Australia's policy to learn more about the technology that is provided to children at no cost.

Eligible young Australians under 26 years of age can get speech processors to replace those that are lost or damaged beyond repair. Upgraded technology can be provided to young people who meet certain clinical criteria. For more information go to Hearing Australia's Cochlear Implant Speech Processor Upgrade and Replacement Program.

In general, we will not fund supports that are available to participants through mainstream supports like the HSP. For more information refer to the Practice Guide – Hearing Supports and Our Guideline – Reasonable and necessary supports.

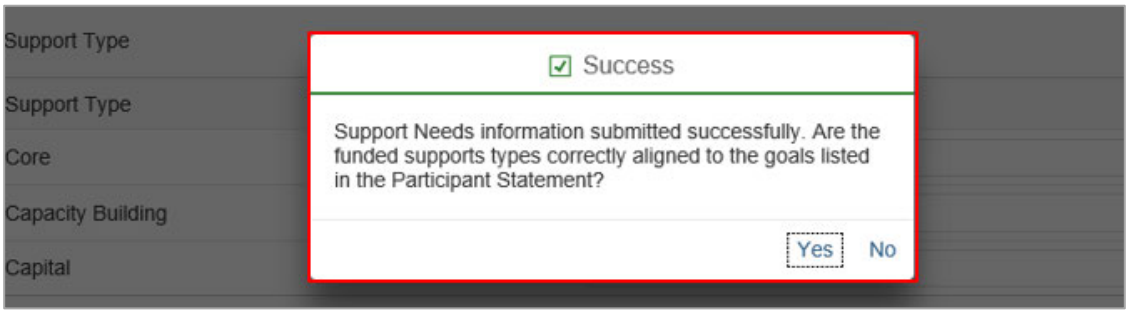
3.9 Save and submit funding

1. Once all supports have been included in the plan you can return to the **Determine the Funded Supports** screen by selecting **Support Type**.



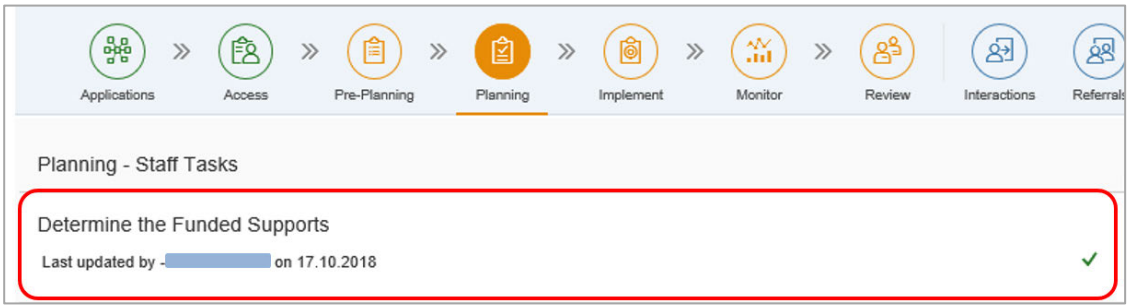
Note: you can select **Save** at any time and return to complete it later.

2. When the form is complete, select **Submit**.
3. A confirmation message appears. This confirmation message will ask **Are the funded supports correctly aligned to the goals listed in the Participant Statement?**



- If you select **No**, you will be taken to the **Create-NDIS Participant Statement** page to review the goals section and make sure the correct support type boxes have been ticked.
- If you select **Yes**, you will continue as usual.

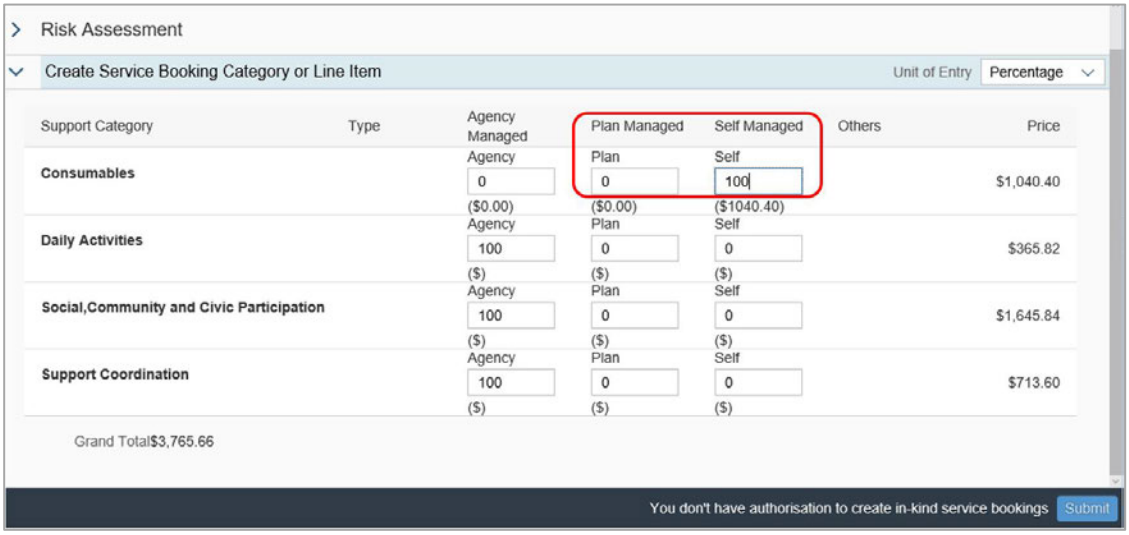
4. The **Planning – Staff Tasks** page displays. **Determine the Funded Supports** has a green tick to show it is now complete.



3.10 Determine plan management

1. Select **Determine Plan Management** and refer to the guidance in Standard Operating Procedure – Complete the Determine Plan Management task.

2. For low cost AT make sure the Core-Consumable funding is either Plan Managed or Self Managed, where possible. Refer to Our Guideline – Assistive technology.



3.11 Review and submit plan for approval

Refer to Standard Operating Procedure – Review and submit plan for approval to complete the next step in the pathway.

3.12 Finalise and approve plan

Prior to approving the plan, it is important you are satisfied there is sufficient evidence on the participant record to justify and support the reasonable and necessary decision making. This information should be recorded within **Pre-Planning** and **Planning** tasks, referencing that the plan was developed under the NDIS pathway hearing stream.

The HSL delegate will determine if the proposed plan meets the reasonable and necessary criteria. The HSL delegate will then approve the plan.

For more information refer to:

- Our Guideline – Creating your plan
- Our Guideline – Reasonable and necessary supports
- Practice Guide – Early childhood planning
- Standard Operating Procedure – Finalise and approve a plan.

3.13 Implementation

When a plan is approved, a copy of the plan is automatically sent to the participant's child representative within 7 days. A participant's approved plan can be provided in alternate accessible formats. Refer to the Practice Guide – Assisting Communication for more information.

If the child representative has not received a my place portal activation code, make contact to provide them with this. Refer to Standard Operating Procedure – Generate an activation code.

If needed, provide the family with a link to the Hearing Supports page on the NDIS website.

After the call is complete use Interaction templates – General to create an open **Interaction** to the identified early childhood partner.

4. Appendices

4.1 Appendix 1 – Determining Capacity Building funding under the hearing stream

Under the priority hearing stream, the level of Capacity Building supports funded in the first plan is primarily based on the child's average hearing loss (based on the four frequency average hearing loss (4FAHL) in their poorer ear (highest 4FAHL). The 4FAHL is an average of hearing thresholds at 500, 1000, 2000 and 4000Hz. If the audiogram is incomplete, then the HSL delegate will use available hearing thresholds to estimate the most appropriate initial funding level.

Note: Refer to the **poorer** ear to determine the initial plan funding levels.

4.1.1 Table one: Classification of hearing loss

Degree of hearing loss	Decibel Range
Normal hearing	0 – 20dBHL
Mild	21 – 40dBHL
Moderate	41 – 60dBHL
Severe	61 – 90dBHL
Profound	>90dBHL

4.1.2 Table 2: Determining level of funding for NDIS plan for Capacity Building Supports for Early Childhood Professional

Level	CB Supports	Description
Level 1	s47E(d) hours	**Unilateral** hearing loss (Mild/Moderate) in affected ear
Level 2	s47E(d) hours	**Unilateral** hearing loss **(Severe/Profound/ANSD)** in affected ear **Mild** hearing loss in both ears
Level 3	s47E(d) hours	Hearing loss in both ears, with a **Moderate** hearing loss in the **poorer** ear
Level 4	s47E(d) - OP hours	Hearing loss in both ears, with a **Severe/Profound/ANSD** hearing loss in the **poorer** ear

4.1.3 Table 3: Example of how to calculate the four frequency average hearing loss (4FAHL)

	Left Ear	Right Ear
500Hz	20	55
1000Hz	30	65
2000Hz	35	70
4000Hz	35	70
4FAHL	20 + 30 + 35 + 35 = 120 ÷ 4	55 + 65 + 70 + 70 = 260 ÷ 4

	Left Ear	Right Ear
Degree of hearing loss	30 (mild)	65 (severe)
Recommended funding level		Level 4

4.2 Appendix 2 – Recommended hearing stream script

This script is recommended for use when developing the initial plan under the hearing stream.

4.2.1 Task 1 Initiate call

Step 1: Make Outbound call

If call answered: go to **Step 2**

If call not answered:

- Record an Interaction Using Interaction templates – Pre-planning - Unable to complete Pre-planning and record the contact attempt.
- Refer back to Standard Operating Procedure – Unable to contact the participant.
- END.

Step 2: Introduction

- Hi, my name is <your name>. I'm calling from the National Disability Insurance Agency.
- Is <child representative's name> available please?

Yes – child representative available: go to **Step 3**

No, person identifies as a person not listed as primary contact.

If the person does not identify themselves as an authorised contact of the participant (their child representative) do not proceed with the call.

- Record an Interaction using Interaction templates – Pre-planning - Unable to complete Pre-planning. As per Chapter 3: Australian Privacy Principle (APP) 3 – Collection of solicited personal information (external) the name of the person who answered the phone should only be recorded if this information is needed to support contact with the participant's child representative or authorised contact.
- END.

Step 3: Checking identity and authority

Before proceeding, verify the identity of the participant's child representative. Refer to Standard Operating Procedure – Record and verify identity for an individual.

If identity is verified, proceed to **Task 2**.

If identity is unable to be verified:

- Do not proceed with the call.
- Record an Interaction using Interaction Templates – Pre-planning - Unable to complete Pre-planning. As per the Australian Privacy Principle 3 (external) the name of the person who answered the phone should only be recorded if this information is needed to support contact with the child representative.
- END.

4.2.2 Task 2 Provide information about the purpose of the call

- I understand <child's name> has recently met access to the NDIS and we would like to develop a plan to assist <child's name> have access early intervention supports as soon as possible.
- If you agree we can develop this plan together now, would you like to proceed?
- Do you have time to talk to me now, so I can develop <child's name> plan today?
- It will take about 45 minutes. Alternatively, we can make a start and finish at another time or arrange another time to speak over the phone?

Yes, child representative wants to develop plan now: go to **Step 4**

No, child representative would like an appointment over the phone at a later date

- When would it suit to have a planning conversation with me over the phone? Do you have any question or is there any information you require in the meantime?
    - Book an appointment providing your name and contact details.
    - END

No, I want to meet with the early childhood partner in my local area

I will refer you back to <early childhood partner name> where you will go on their waiting list. <Early childhood partner name> will contact you to arrange a planning appointment at a later stage. Refer the participant and their child representative to the early childhood partner.

Add Interaction Note: Document the date and details of the conversation as an open interaction to early childhood partner nominated person in the System. '<Child representative> has declined the offer of an initial plan under the NDIS pathway hearing stream and would prefer to wait for a planning appointment. The early childhood partner organisation <early childhood partner name> has been informed and will contact the family.'

If the child has additional disabilities or other developmental areas of need:

- It is indicated that there are needs related to <other developmental areas / or other diagnosed disabilities>. We can continue over the phone today to develop a NDIS plan now, and this plan will primarily focus on supporting <child's name's> communication needs so you can immediately access early intervention supports. Once this plan is approved your early childhood partner <early childhood partner name> will then be able to meet with you to better understand all areas of <child's name> development. If needed, this may result in <child's name> plan being reviewed. Alternatively, I can arrange for you to meet directly with <early childhood partner name> over the coming weeks. They will then help you develop <child's name> a NDIS plan that will address all developmental areas of need. How would you like to proceed?

Yes, child representative wants to develop plan now: go to **Step 4**

No, I would prefer to meet with the early childhood partner in my local area.

I will refer you back to <early childhood partner name>. <Early childhood partner name> will contact you to arrange a planning appointment as soon as possible.

If child representative prefers to wait to have their planning appointment with their early childhood partner.

- Refer the participant and their child representative to the early childhood partner.
- Add Interaction Note: Document the date and details of the conversation as an open interaction to early childhood partner nominated person in the System. <child representative> has declined the offer of an initial plan under the NDIS pathway hearing stream and would prefer to wait for a planning appointment as <child's name > has <name other disabilities or other developmental areas of need>. The early childhood partner organisation <early childhood partner name> has been informed and will contact the family.
- END

Step 4: Planning Conversation

Yes, I have time to develop the initial plan now

Today I would like to gather some information in relation to <child's name> to better understand <his/her/their> everyday activities, people in <his/her/their> life and current supports received. We will discuss your plan goals for <child's name> and discuss the NDIS funded support to be included in this 12-month plan. I can give you an example of a goal you might like to use for this plan. <Optional talking point-recommended goal for plan: "<child representative> would like <child's name> to be able to understand and communicate effectively with those around them.

Would you like to include any additional goals for <child's name>?

At the end of our conversation, I will be able to approve the plan and a copy of <child's name's> plan will be available to access on the myplace portal and will be mailed to you within seven days.

Step 5: Reasonable and necessay supports explanation

- Explain the definition to the child representative and select the checkbox in the PCT to indicate this has been completed.

The NDIS provides reasonable and necessary supports that aim to assist people to live a good life through building and maintaining independence and through participation in community, work and social activities. There must be evidence that funded supports are likely to be effective and beneficial (good practice) and represent a reasonable cost in comparison to alternative support. Importantly, funded supports must relate to a person's disability and have a clear link to their goals. The NDIS does not fund supports that are seen as day-to-day living costs, that is, costs that everyone would incur regardless of whether they have a disability. Before the NDIS can determine what is reasonable and necessary to fund, we must first explore what can be provided by informal and other support systems. This is because the NDIS does not want to replace the positive natural supports a person has in their life (such as those supports provided by family, carers and friends); and because the NDIS is not responsible for funding supports that are already available through existing services, community groups or government departments (such as Medicare or the education system).

Step 6: Approved NDIS funded supports

<child's name's> plan will include <hours of support> for the provision of early childhood intervention supports to work together within the home and community settings, utilising relevant disciplines within a key worker model to support the development of <child's name's> communication skills. Hearing supports and services will continue to be provided by Hearing Australia funded under the Hearing Services Program. There is the inclusion of <$0.00> for low cost equipment <optional: to pay for the cost of your annual maintenance fee for Hearing Australia>.

Step 7: Plan approved

<child's name's> plan will be approved by <expected timeframe within the next 24 hours>. A copy of the plan will be available on the NDIS portal, a copy of the plan will also be automatically sent to you in the mail.

Are you aware of the early childhood intervention providers in your local area? Your audiologist at Hearing Australia may have provided you information about this.

Yes, I am aware of early childhood intervention providers in my local area, and I feel confident in contacting them to deliver early intervention supports for my child.

Great, you can get started. If you have any difficulties implementing your child's plan, <early childhood partner name > can assist you to engage with an early childhood intervention provider. The early childhood partner can also link you to other government and community services who may assist you and <child's name> as needed. <Early childhood partner name > will be your ongoing point of contact with the NDIA and will also conduct future plan reviews with you and your child.

- Optional: If <child's name> has support needs in addition to their hearing loss, < early childhood partner name > may meet with you sooner to discuss this.

No, I do not know of any early childhood providers and would like assistance so <child's name > can start accessing early intervention supports

The early childhood partner organisation <early childhood partner name> will contact you as soon as possible to help you if you are having difficulty engaging with an early childhood provider. They can also connect you to other government and community services who may assist you and <child's name> as needed. <Early childhood partner name> will be your ongoing point of contact with the NDIA and will also conduct future plan reviews with you and your child. You can also find service providers on the NDIS website and further information about the NDIS.

- Optional: If <child's name> has support needs in addition to their hearing loss, < early childhood partner name> may meet with you sooner to discuss this.

Step 8: Activation code to access NDIS portal

I will now give you an activation code <if not already received> (valid for 10 days) and information about how to access <child's Name> NDIS portal via myGov. Further information is also available on the NDIS website.

- END

5. Related procedures or resources

- Our Guideline – Reasonable and necessary supports
- Our Guideline – Assistive technology
- Practice Guide – Early childhood planning
- Standard Operation Procedure – Update participant streaming
- Standard Operating Procedure – Record and verify identity for an individual
- Standard Operating Procedure – Verify identity for a third party organisation
- Standard Operating Procedure – Complete the update the severity tools task

- Standard Operating Procedure – Complete the participant statement
- Standard Operating Procedure – Record informal, community and mainstream supports
- Standard Operating Procedure – Complete the update the outcomes questionnaire task
- Standard Operating Procedure – Complete the risk assessment task
- Standard Operating Procedure – Complete the guided planning questions
- Standard Operating Procedure – Add, check or change a My NDIS contact
- Standard Operating Procedure-Add low cost assistive technology support in a plan
- Standard Operating Procedure – Complete the determine plan management task
- Standard Operating Procedure – Include plan management support items
- Standard Operating Procedure – Navigate the participant record in the NDIS business system
- Standard Operating Procedure – Update participant details
- Standard Operating Procedure – Add or change disability
- Standard Operating Procedure – Review and submit plan for approval
- Practice Guide – Hearing supports
- Practice Guide – Early Childhood – Supports for children who are deaf or hard of hearing

6. Feedback

If you have any feedback about this Standard Operating Procedure, please complete our feedback form.

7. Version control

Version	Amended by	Brief Description of Change	Status	Date
1.0	LCN545	Remove Draft and upgrade version	FINAL	2018-09-06
2.0	LNL387	Class 3 Approval	APPROVED	2020-05-28

Standard Operating Procedure

For Internal Use Only

Version	Amended by	Brief Description of Change	Status	Date
3.0	CM0032	Class 3 Approval	APPROVED	2020-09-13
4.0	CM0032	Class 3 Approval of changes including transfer to new template and updating content in line with updates to PG-Early childhood- Supports for children who are deaf or hard of hearing	APPROVED	2022-05-23
5.0	LKM022	Class 2 Approval	APPROVED	2022-11-21
6.0	FC0007	Class 1 Approval	APPROVED	2023-04-11

Knowledge Article

For Internal Use Only

The contents of this document are OFFICIAL.

EC Early childhood intervention supports guide (EC Guide)

Guidance in this document is not approved for use unless you view it in PACE.

When we say early childhood intervention supports, we mean Early Intervention Supports for Early Childhood which is an NDIS support we fund in NDIS plans for children younger than 9.

This article provides guidance for a planner delegate and review officer to understand:

- the draft budget and early childhood intervention
- how to use the Early intervention supports for early childhood guide (EC Guide)
- early childhood intervention supports at an intensive level.

Recent updates

7 April 2026

- Article name change – previously EC Early intervention supports for early childhood guide (EC Guide)
- Additional guidance for determining early childhood intervention support
- Added guidance and link to National Best Practice Framework for Early Childhood Intervention
- Decision making criteria for funding intensive early childhood intervention supports
- PEC case question age range changed to younger than 9

Before you start

You have read and understood:

- article EC Early childhood intervention supports overview
- article EC Understand the key worker role in the delivery of early childhood intervention supports
- article Understand and update the plan conversation support tool
- article EC Interpreting provider reports and recommendations
- Our Guideline – Reasonable and necessary supports (external)
- Our Guideline – Mainstream and community supports (external)
- Our Guideline – Creating your plan (external)
- Our Guideline – Early childhood approach (external)

The draft budget and early childhood intervention

In PACE, the draft budget is developed based on:

- the Typical Support Package (TSP) for first plans. This considers information gathered within the Community Connections case, and the additional cases required to apply for the NDIS.
- a replication of the previous plan budget for plan reassessments.

The draft budget includes funding for early childhood intervention supports which is an NDIS support in the support category **Capacity Building - Improved Daily Living**.

A planner delegate will need to review the draft budget against the support needs of the child and the reasonable and necessary criteria to determine whether an adjustment needs to be made. Planner delegates can use the EC Guide below to help determine a reasonable and necessary amount of support.

For information on what is early childhood intervention, read article EC Early childhood intervention supports overview.

Occasionally, in addition to early childhood intervention supports, other NDIS supports may be required in some children's plans. For example:

- To support families to sustain their caring role refer to EC PEC – Carers – Sustaining informal supports.
- For Assistive Technology refer to Add or update capacity building assistive technology (AT) supports in a plan approval case.
- For disability related health supports refer to Understand disability related health supports – capacity building supports.
- For behaviour supports where there are actual or likely restrictive practices, or where there are significant risks to the child or others and implemented strategies are not effective, refer to article Understand behaviour support and EC PEC – Capacity building – Regulated restrictive practices.
- For supports in relation to personal care in state and territory government schools or school transport, read article Guide – In-kind and Add or remove in-kind supports.

Overview for determining early childhood intervention supports

It's important to think about all the available information when making decisions about the amount of early childhood intervention supports that will be included in an NDIS plan. This includes information from:

- the child
- the child's family
- providers and any other professional reports
- any previously accessed supports, including those funded through the NDIS, privately, or by other government or community programs.

For first plans, look at any early childhood intervention supports the child has accessed in the past, regardless of how they were funded and consider the outcomes that were observed.

For plan reassessments, consider how previously funded NDIS supports have contributed to the child's progress, built the family's capacity and the outcomes that have been achieved.

This information can be used to identify a child's strengths, areas requiring support, and support needs.

Whilst it's important to consider family requests for early childhood intervention supports and provider information, the planner delegate may not be satisfied that the amount of NDIS supports requested meets all the reasonable and necessary criteria. Planner delegates base decisions on the individual needs of a child and consider the amount of NDIS supports that meet the reasonable and necessary criteria, taking into account the role of informal, community and mainstream supports. It's crucial to remember that funding for NDIS supports in a plan isn't based on an amount required for specific program models adopted by some providers, or provider quotes.

Once early childhood intervention supports funding is approved in a plan, the family can choose how to use the supports to best meet their child's needs. They should be encouraged to choose a provider that delivers high-quality early childhood intervention aligned with the National Best Practice Framework for Early Childhood Intervention (external). The provider should tailor supports to the family's goals for their child and the child's developmental needs. Read more about quality early childhood supports in Quality supports for children (external). For guidance when determining an amount of early childhood intervention supports to include in a plan, a delegate can refer to the examples in the EC Guide below.

The Plan Conversation Support Tool (PCST) must be used for all new plans and plan reassessments regardless of the TSP confidence level to help adjust the draft budget. Make sure the total of the PCST budget matches the final budget in PACE. Read more about the PCST in article Understand and update the plan conversation support tool.

Introduction to the Early childhood intervention supports guide (EC Guide)

The EC Guide in the next section provides some examples of how the amount of early childhood intervention NDIS support can be calculated. These examples:

- suggest an amount of funding for NDIS support sufficient for the family to access appropriately qualified providers. These providers are expected to deliver early childhood

intervention using a best practice approach, including the key worker model. Refer to article EC Understand the key worker role in the delivery of early childhood intervention supports.

- are based on a fixed hourly rate for Early Intervention Supports for Early Childhood - Early Childhood Professional from the NDIS Pricing Arrangements and Price Limits 2025-2026. Allied health professionals need to claim at the rate for which they are funded.

Note: Reasonable and necessary decisions are always individualised and, whilst planner delegates can refer to the EC Guide, individual circumstances must always be considered. The examples in the EC Guide are based on a 12-month plan.

There are 6 tables in the EC Guide. Each table provides an example based on an identified number of developmental areas requiring a high and medium to low level of early childhood intervention for a child.

Each table includes an example of how an amount of funding for NDIS supports can be calculated for:

- a base level of early childhood intervention
- early childhood intervention to support early childhood education and care settings
- early childhood intervention for transition to school (table 1-5)
- OR early childhood intervention in the home and other natural settings (table 6).

A base level of early childhood intervention

A base level of early childhood intervention can be calculated based on how many developmental areas require a **high** versus **medium to low** level of early childhood intervention. Refer to article EC Early childhood intervention supports overview.

It's important to check all available information when determining the level of NDIS support required. Some examples of places to find relevant information are provider reports, the **Personal Environmental Circumstances** (PEC) case or the **Check In** case.

Remember, funding for early childhood intervention is the NDIS support required **in addition** to that provided by informal, community and mainstream supports.

Early childhood intervention to support early childhood education and care (ECEC) settings

When making reasonable and necessary decisions about early childhood intervention it's important to think about whether a child is currently attending, or there are plans to attend, ECEC. This includes childcare, preschool, or similar settings. Refer to article EC PEC - Daily support (mainstream participation).

A planner delegate may determine that funding for early childhood intervention to support the child in the ECEC setting is required. Educators may need support to identify and implement strategies to maximise a child's independence and participation in ECEC. Funding for early childhood intervention allows early childhood intervention professionals to help educators build their capability to support a child's specific, individual needs.

For children attending ECEC:

- The early childhood service is responsible for costs associated with the reasonable adjustments required to accommodate the child with developmental delay or disability. Read more in Our Guideline - Mainstream and community supports (external), section: Early childhood development.
- Early childhood intervention to support the child's participation in ECEC may be considered an NDIS support. Where funded, this should **not** be used for regular support directly to the child in the ECEC as that's the responsibility of the ECEC service.

Early childhood intervention to support transition to school

Transitioning to school is a significant milestone for children and families. Children are more likely to experience a successful transition when the 'team around the child' work together. Read more about using a key worker model in article EC Understand the key worker role in the delivery of early childhood intervention supports.

A planner delegate may determine that funding for early childhood intervention to support a child's transition to school is required. This is typically included for the half year leading up to school commencement and extending through the first term once the child has started school. This helps ensure supports are in place to help with the child's inclusion into their new educational setting.

Families may use this funding for providers to work collaboratively with their child's educators. This may include attending meetings, developing a transition plan, sharing strategies to support the child's participation, observing the child in the school environment, and problem-solving with educators as challenges arise.

When a child's plan reassessment date occurs during the transition to school period, a planner delegate might think about a pro rata amount of funding for this support to be allocated across two plans. Consideration can be given to using funding periods to make sure the funds are available at the time needed for transition.

The age at which a child can start school, and the compulsory schooling age can vary depending on the state or territory. The family may also choose to apply for an exemption to start their child later. Make sure the PEC case includes information about planned school entry date. Read more in Choosing a school and when to start (external).

Total amount of early childhood intervention

Obtain a total amount of NDIS support for early childhood intervention by adding:

- the base amount of early childhood intervention
- if applicable, early childhood intervention to support early childhood education and care
- if applicable, early childhood intervention to support transition to school

Remember:

- The early childhood intervention in a plan is to support a child's development and functioning in daily life and build a family's capacity.

- A child and family will likely benefit from a break from early childhood intervention across the course of a year. There are also likely to be natural breaks due to family commitments, illness or holidays. As such, a planner delegate may calculate support across 48 weeks of the year rather than 52.
- Families and providers have the flexibility to choose to do shorter, more frequent sessions if this suits the child's and family situation. Alternatively, they can do longer, less frequent sessions. This should be an agreement between the family and the provider based on the child and family needs.
- NDIS support for provider travel may also be required for a child who lives in a remote or very remote area (Modified Monash Model, MMM 6/7). For more information refer to NDIS Pricing Arrangement and Price Limits (external).
- If a child's circumstances meet the criteria for a **two year plan**, funding for provider reports should be allocated **once**, rather than annually.

The EC Guide

Important Note: This is a guide only. Planner delegates should exercise judgement when applying this to individual circumstances.

The examples in the tables below are a guide for an amount of NDIS support for early childhood intervention a planner delegate might include in a participant's plan, according to their individual support needs.

Table 1: 1 area requiring a high level of NDIS support for early childhood intervention and 1 requiring medium to low

Support	Example hours of early childhood intervention
Early childhood intervention: including a key worker model	s47E(d) - certain operations of agencies

Early childhood education and care settings support	s47E(d) - certain operations of agencies
Transition to school support	

Example: A child who needs a high level of early childhood intervention for language and communication skills development and medium to low level for emotional development.

Table 2: 1 area requiring a high level of NDIS support for early childhood intervention and 2 to 3 requiring medium to low

Support	Example hours of early childhood intervention
Early childhood intervention: including a key worker model	s47E(d) - certain operations of agencies
Early childhood education and care settings support	
Transition to school support	

Example: A child with a need for a high level of early childhood intervention for self-care skills and medium to low for language development, physical development and fine motor skill development.

Table 3: 2 areas requiring a high level of NDIS support for early childhood intervention and up to 3 requiring medium to low

Support	Example hours of early childhood intervention

Early childhood intervention: including a key worker model	s47E(d) - certain operations of agencies
Early childhood settings support	
Transition to school support	

Example: A child with a need for a high level of early childhood intervention for physical development and self-care skills. The child also needs a medium to low level of early childhood intervention for social skills development.

Table 4: 3 areas requiring a high level of NDIS support for early childhood intervention and up to 3 requiring medium to low

Support	Example hours of early childhood intervention
Early childhood intervention: including a key worker model	s47E(d) - certain operations of agencies
Early childhood settings support	
Transition to school support	

Example: A child needing a high level of early childhood intervention for physical development, self-care skills, and language and communication. They also need a medium to low level of early childhood intervention for social skills development.

Table 5: 4 or more areas requiring a high level of NDIS support for early childhood intervention

Support	Example hours of early childhood intervention
Early childhood intervention: including a key worker model	s47E(d) - certain operations of agencies
Early childhood settings support	
Transition to school support	

Example: A child needing a high level of early childhood intervention for communication, social skills, self-care skills and physical development, and some medium to low early intervention supports need with cognitive development.

NDIS intensive early childhood intervention support

In exceptional circumstances, a child and family may need an amount of NDIS supports for early childhood intervention, which is greater than an amount typically calculated using Table 5. When this occurs, we refer to the support as intensive early childhood intervention supports. When an amount of early childhood intervention supports is greater than s47E(d) - oe hours in a 12 month period, it is described as intensive.

Note: The National Guideline for supporting the learning, participation, and wellbeing of

autistic children and their families in Australia (external) (Supporting Autistic Children Guideline) provides the following guidance regarding intensive supports:

- More support does not consistently lead to better outcomes for a child and family.
- Support provided should not take away from the natural role of families and other children in the child's life.
- The amount of support provided should consider a child's right to play, have time to relax and participate in recreational activities.

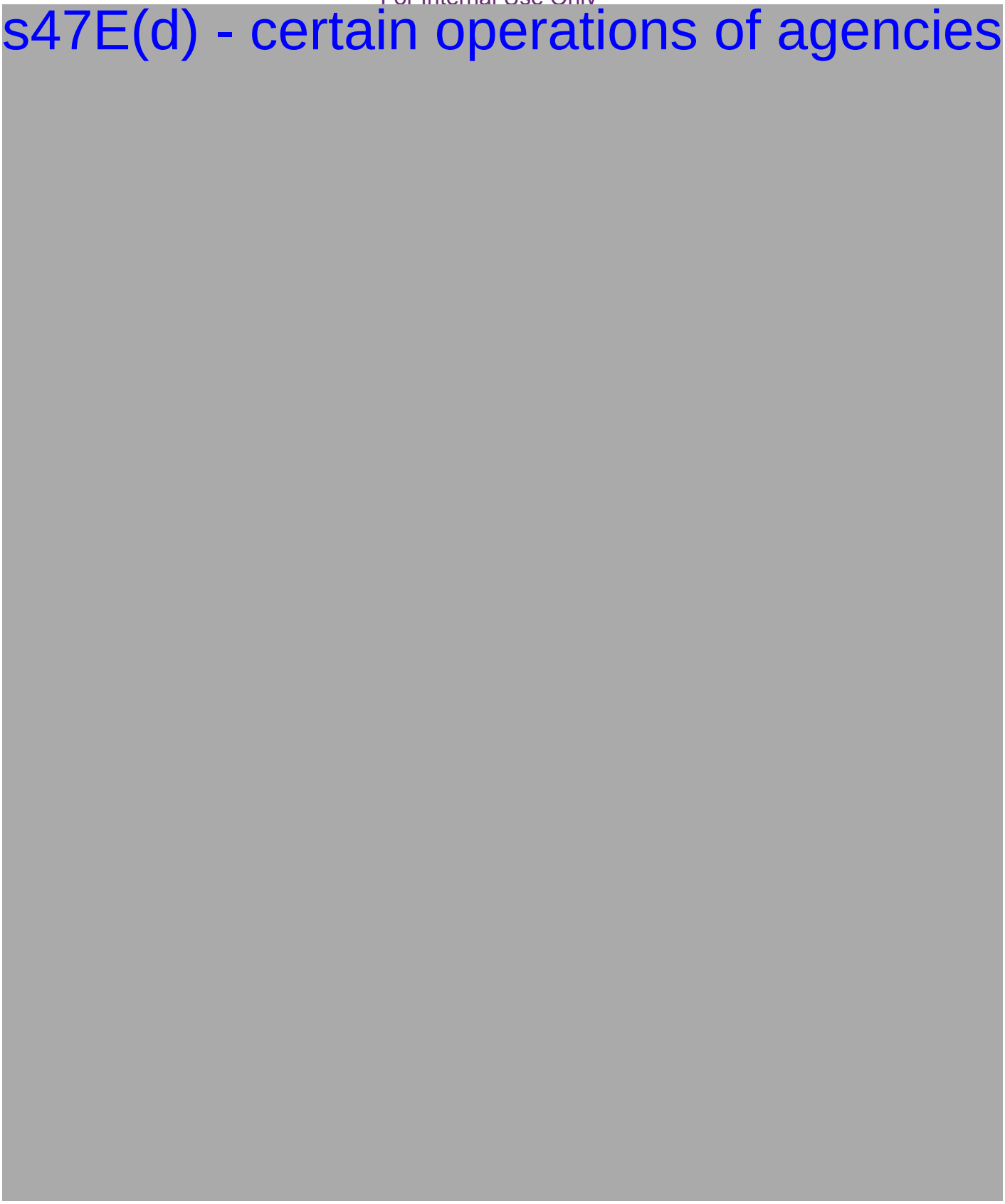
Decision-making criteria for funding intensive early childhood intervention supports

A planner delegate may consider funding intensive supports in a child's plan when **ALL of the below criteria** are met.

s47E(d) - certain operations of agencies

s47E(d) - certain operations of agencies

s47E(d) - certain operations of agencies



s47E(d) - certain operations of agencies

Table 6 offers some considerations for, and examples of, determining an amount of intensive early childhood intervention supports. These are examples only and decisions need to be made based on individual needs of each child and family. For help with considering provider recommendations refer to article EC Interpreting provider reports and recommendations.

Note: The table below is example guidance only.

The plan duration for plans with intensive supports should be for 12 months. These plans require reassessment to review the supports and outcomes and consider the reasonable and necessary supports for the next plan period.

There will be times when a different approach to determining an amount of support will be needed. For example, where short periods of intensive supports are needed during the course of the plan.

Technical advice can be requested, **if required**, to determine a reasonable and necessary level of intensive early childhood intervention support.

Table 6: Example guidance for intensive early childhood intervention supports

Support	Examples of considerations for determining an amount of intensive early childhood intervention
Early childhood intervention: including a key worker model	s47E(d) - certain operations of agencies

	s47E(d) - certain operations of agencies
Early childhood education and care settings or school support	
Support in the home and other natural settings	

A plan which includes intensive early childhood intervention supports typically goes for 12 months, followed by a plan reassessment to review outcomes and determine further needs. Funding can be distributed across funding periods on a pro rata basis when intensive early childhood intervention supports are needed for a limited period within plan duration. For example, intensive early childhood intervention supports may be required during the child's preschool year and no longer indicated once they've transitioned to school.

When a family or a provider requests a second year of intensive supports, look at the provider

report carefully to see whether there are outcomes that have made a significant difference to the child's independence and participation. If the support has been received already for a significant period such as 12 months, it is important to consider whether the child has made progress to help determine:

- if further intensive support will likely be effective
- if further support is needed if progress has already been significant.

When determining this it is also important to consider any changes in mainstream participation, like commencing school.

Funding periods

When including funds in the plan, it is important to consider how the needs of the child and the family may fluctuate over the duration of the plan. There will be instances where more support is required earlier in the plan, and where this is the case, the planner delegate should make sure a higher proportion of allocated funds are included in the first funding period. If the funding is not used in the first period, funds will roll over.

For example: If a child will transition to school during the plan period and funding to support transition to school is included, this should be available in the first funding period or the equivalent of 6 months prior to school commencement date. Similarly for children attending or transitioning to ECEC, a higher amount of funding may be needed in the first funding period to be used flexibly across the plan. For more information refer to article Understand funding periods.

Using NDIS early childhood intervention supports

The examples in the EC Guide are based on a child's NDIS support needs and included in a plan at the rate for Early Childhood Professional in the NDIS price guide in the support category Capacity Building - Improved Daily Living. Once a plan is approved, funding can be used flexibly within the same support category. For example, to access early childhood intervention provided in a group setting and/or therapy assistance guided by an allied health professional. The funding for NDIS supports needs to be used in line with the intent of the NDIS plan, to support progress towards plan goals, and this should be communicated to families.

Knowledge Article

For Internal Use Only

Early childhood intervention typically reduces over time

A child's developmental delay or disability NDIS support needs usually change over time. It's reasonable to expect that for most children, the amount of early childhood intervention supports in their plan will reduce over time as they develop skills and benefit from NDIS supports alongside informal, mainstream and community supports.

In addition, their families will also have built their skills in supporting the child's individual needs. This includes when intensive early childhood intervention supports is funded. Intensive early childhood intervention supports funding is intended to be time limited. It's important that families understand that funding for early childhood intervention supports usually reduces over time and the reasons for this.

Plan reassessments are an opportunity to think about:

- information from families to see if a child's support needs have changed
- provider information about the child's current functional abilities
- outcomes of capacity building support provided
- current mainstream and community participation.

Next Steps

Consider changing the draft budget if required. Refer to article Change the draft budget.

Article labels

PACE user role names

Add: User role name label

Delete: User role name label

No change.

Topics

Add: Topic label

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No change.

Case names

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Version control

Version	Amended by	Brief Description of Change	Status	Date