EC PEC - NDIS Pathway Hearing Stream

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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.

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1 Recent updates

7 April 2026
Linked article name updates

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2 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.

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3 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.**

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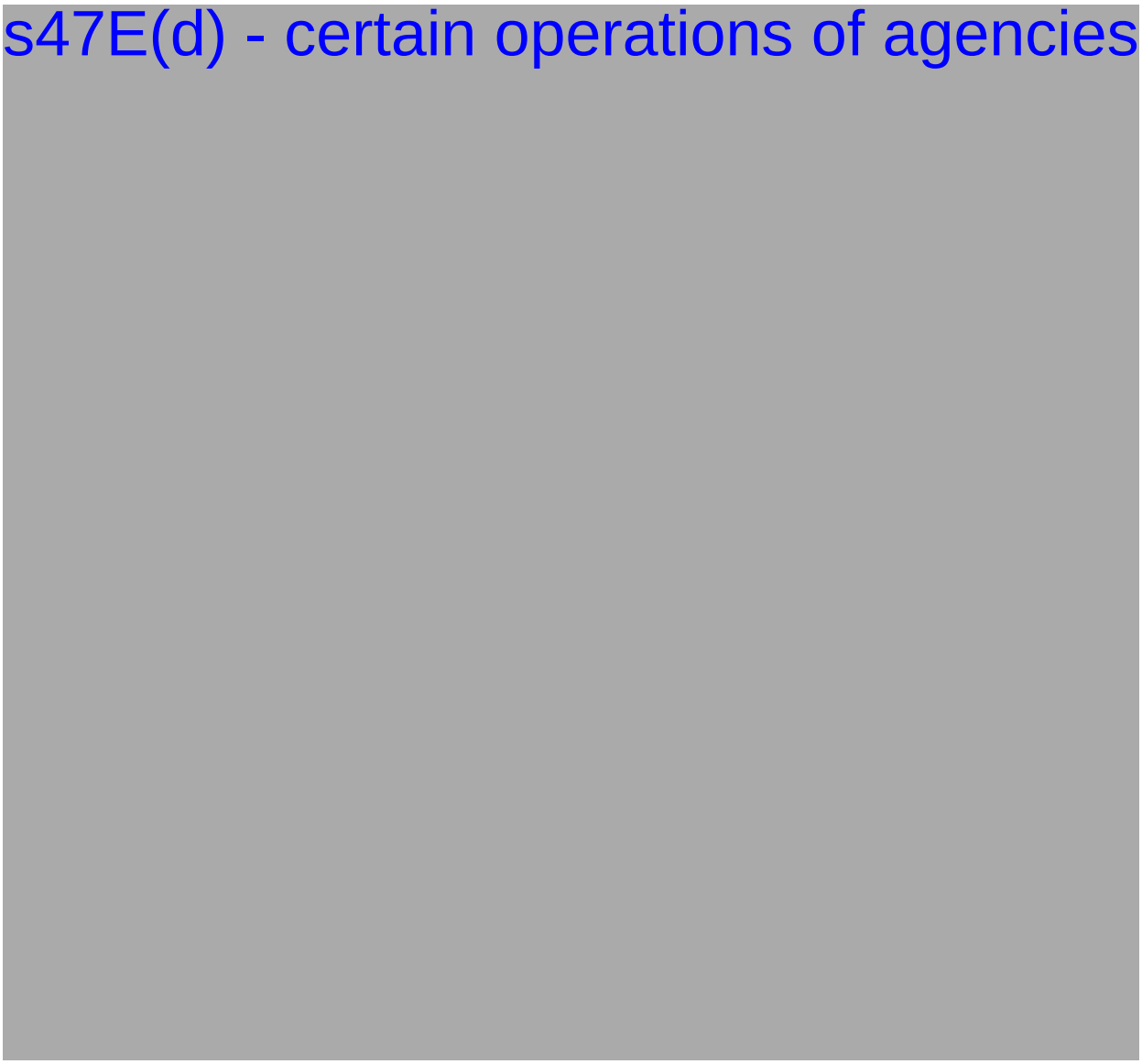

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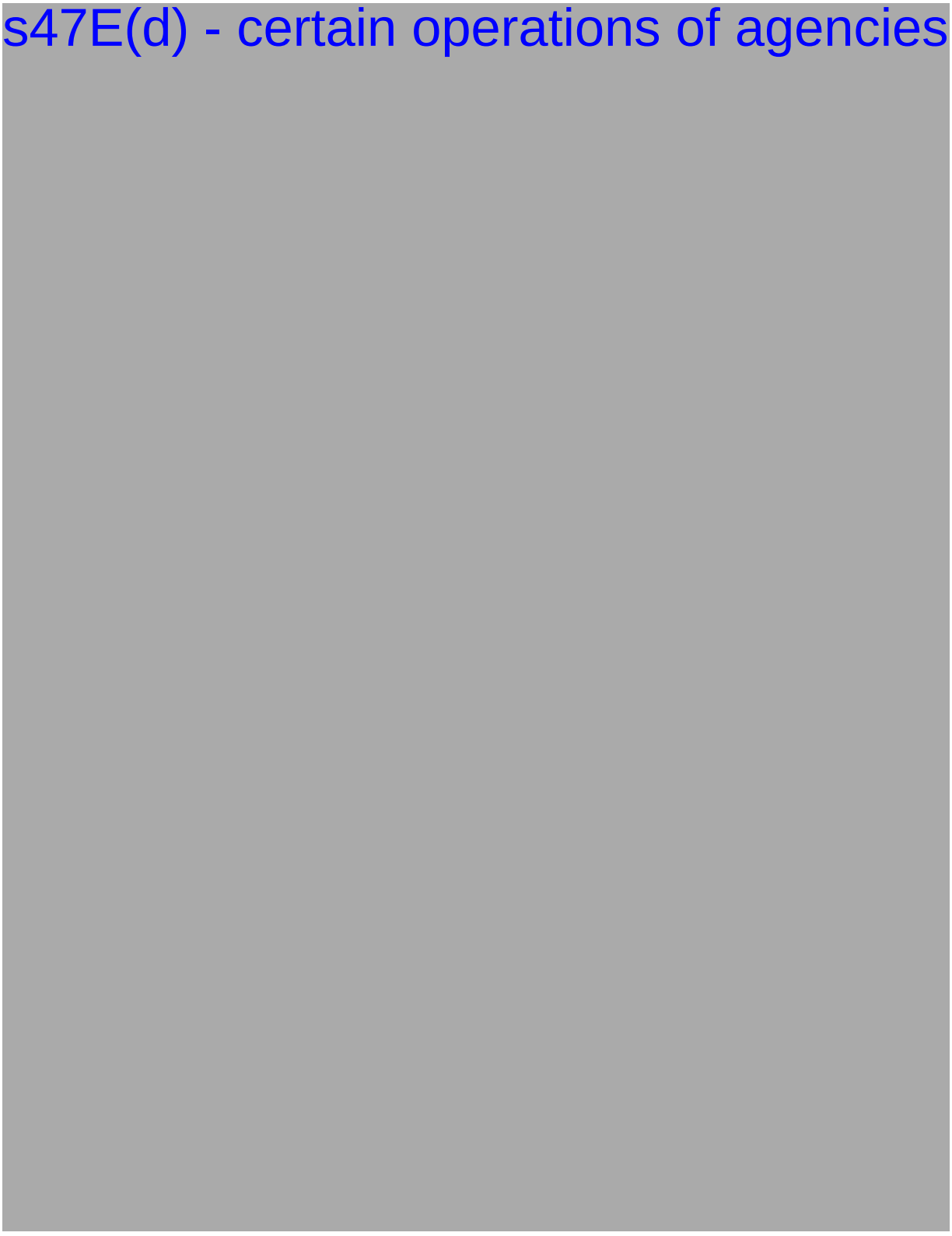

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5.2 Confirming permanency of hearing loss diagnosis

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.

5.3 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.

5.4 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).

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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**.

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6 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.

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The contents of this document are OFFICIAL.

Early childhood approach

Quick summary: Our nationally consistent early childhood approach is about giving your child the best possible start in life. It is for children younger than 6 with developmental delay or younger than 9 with disability.

Children younger than 6 who don't fully meet the definition of developmental delay and have developmental concerns will also be supported through our early childhood approach.

If you have concerns about your child's development your first point of contact will usually be your doctor, child health nurse, or other health professional. They will help you work out what supports you and your child might need, and they may connect you with our early childhood partners.

Our early childhood approach is about helping you support your child to learn new skills. It will also help your child to develop and take part at home and in the community. Your child doesn't need a diagnosis to get support.

When we say 'you', we mean anyone responsible for the care of a child. You may be a parent, carer, or legal representative.

When we say 'child', we mean children younger than 9.

When we say 'we', or 'our,' we mean the NDIA.

What's on this page?

This page covers:

- What is early childhood intervention?
- How do we work with young children and their families?
- Who can access our early childhood approach?
- What is the aim of our early childhood approach?
- What does the early childhood approach look like?
- What is an early childhood partner?

You might also be interested in:

- Applying to the NDIS
- Early connections

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What is early childhood intervention?

Early childhood intervention is all about giving children with developmental delay or disability, and their families, supports to enable the child to have the best possible start in life. Through early childhood intervention, infants, and young children as well as their families, can get specialised supports and services. These services aim to promote the:

- child's development
- family and child's wellbeing
- child taking part in their community.

The National Best Practice Framework for Early Childhood Intervention supports early childhood intervention practitioners across Australia to apply best practice approaches to early childhood intervention.

Best practice recognises children learn and develop in everyday settings. This includes their own home, and other places, such as childcare, playgroup or preschool, where they play with family or friends. This means the adults they are with need information, tools, and support to help the child's development and participation. Being included in these everyday activities gives children with developmental delay or disability the same opportunities as all children. It provides them with opportunities to develop friendships, interact with others and be a part of their community.

Best practice also recognises the importance of working together. A family works together with early childhood intervention professionals to form a team around the child, where they share information, knowledge, and skills. One person from this team may be the primary contact who works with the family. This person is sometimes called a key worker.

Best practice not only considers broad early childhood intervention research, but also evidence relating to the needs of children with a specific diagnosis, such as autism spectrum disorder or cerebral palsy.

How do we work with young children and their families?

We call our nationally consistent approach to working with children younger than 9 and their families the early childhood approach. We developed our approach from evidence-based research with the help of leading experts in early childhood intervention. Our early childhood approach focusses on being both family centred, and strengths based. We do this by acknowledging that as parents and carers you know your child best. We concentrate on understanding what your child can do.

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We know the early childhood years are critical. They set foundations for how children learn and develop. We want to support you and your child early to improve their outcomes later in life.

To deliver our early childhood approach, we have partnered with organisations called early childhood partners. They are well established in communities and have experience in working with families to connect with available support. Learn more about early childhood partners.

Who can access our early childhood approach?

If you have concerns about your child's development, or your child has a disability, you can contact an early childhood partner to access our early childhood approach. Usually, you would've already discussed your concerns, or your child's disability, with your doctor, child health nurse, or other health professional. Your child doesn't need a diagnosis from a medical professional to access support through our early childhood partners.

You will hear us use different terms including developmental concerns, developmental delay or disability.

When we talk about developmental concerns we mean there are delays in your child's development that don't fully meet our definition of developmental delay. These delays may impact the everyday activities your child can do when compared with children of the same age. But it may be unclear if support is required from a team of professionals or for more than 12 months. A child younger than 6 with developmental concerns can be supported by an early childhood partner with connection to early supports. They may also be supported by mainstream and community services. Learn more about early connections.

When we talk about developmental delay, we're talking about children younger than 6 who are likely to meet the NDIS developmental delay criteria. This means they are considered to have a substantial reduction in functional capacity. This means the everyday activities the child does or can do is at a significantly lower competency level or is substantially different when compared with children of the same age. The support needed for the child to do the activity would also be significantly greater compared to children the same age. If your child is younger than 6 with developmental delay, your early childhood partner may recommend you consider applying to the NDIS on your child's behalf. If you decide to apply to the NDIS, your early childhood partner can support you to apply.

When we talk about a child with a disability, we mean they have an impairment that's likely to be permanent. The impairment could be intellectual, cognitive, neurological, sensory, or physical. You can read more about the early intervention and disability requirements for applying to the NDIS.

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What is the aim of our early childhood approach?

Our early childhood approach recognises, as parents and carers, you are central in supporting your child's development.

Our early childhood approach aims to:

- provide timely support to make sure you are able to access the supports you need
- give you information about best practice early childhood intervention supports and how you can help your child
- increase your confidence and capacity to manage and respond to your child's support needs
- increase your child's ability to do everyday activities they need or want to do
- increase your child's inclusion and participation in mainstream and community settings like playgroup, childcare or preschool
- give you information about, and referrals to, other support services, like parent support groups to meet other people with similar experiences or situations, if you want to.

What does the early childhood approach look like?

Our early childhood approach is about supporting you and your child's needs. There are many different types of supports available, starting with providing you with information, connections to mainstream and community services, and receiving support from early childhood intervention professionals. These could include early childhood teachers, educators, or allied health professionals.

You can also get support and advice from our early childhood partners. Your child doesn't need a diagnosis to get these supports. We call these supports early connections. Our early childhood partners will connect you to the services that best meet the needs of your child. For some children younger than 6 with developmental concerns, this may include connection to early supports. For some children younger than 6 with developmental delay or younger than 9 with a disability, it may be help to apply to the NDIS. If your child meets the eligibility requirements and becomes a participant, our early childhood partners will help you and your child with your NDIS plan.

Our early childhood approach also includes community capacity building. This means we work with community and mainstream services, like childcare, to increase their awareness and ability to support children with delays in their development or with disability. We focus on this because early childhood education and the opportunity to interact with other children is a critical factor in child development and wellbeing.

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What do we mean by early connections?

Early connections are for children younger than 9 and their families. It's all about giving quick access to supports that meet your child's needs. Early connections can help you support your child's development regardless of whether they're eligible for the NDIS.

Your early childhood partner will talk with you about the different ways you and your child can receive early connections. This might include:

- understanding the goals you have for your child
- connecting you with activities in your local community such as playgroups and parent support groups
- connecting you with mainstream services including health services such as a child health nurse, community health, and education settings such as childcare or preschool
- connections to practical information to help you understand your child's development and their needs
- connections with other families for peer support
- connections to early supports, to build capacity in you and your child to promote everyday learning, if your child is younger than 6 and has developmental concerns
- help to apply to the NDIS, if you want to on your child's behalf.

An early childhood partner provides these early connections with the funding we give them. They complement what is already available in your local area through mainstream services such as health and education.

Early connections are available to you without the need for a diagnosis or confirmed developmental delay.

Learn more about early connections.

Example

Noah is 3 and lives with his parents, Leanne and John, and his sister. He goes to childcare 3 days a week. Leanne and John are concerned about Noah's speech and his emotional regulation. The childcare centre also reports that Noah is regularly yelling and hitting out at other children. During a recent visit, their paediatrician noted some delays in Noah's language and communication skills. These delays could be affecting his behaviour. She suggested that Leanne and John contact an early childhood partner in their local area for support.

Leanne, John, and Noah meet with an early childhood partner at their home. The early childhood partner reviews the paediatrician report and observes Noah. The early childhood

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partner discusses Leanne and John's developmental concerns and their goals for Noah's development. Leanne explains they would like Noah's speech to improve, so people can better understand him. They would also like support to help Noah with his behaviour and emotional regulation at home and at childcare. The early childhood partner observes Noah during his everyday routines and activities at home and childcare to get a clear understanding of Noah's interactions with others and the support he needs. The early childhood partner identifies Noah has developmental concerns. Noah and his family are offered a short period of early supports.

The early childhood partner helps Noah's family and childcare staff apply strategies in the home and childcare centre to improve Noah's language, communication skills and emotional regulation. After a few months, Noah's communication skills and behaviour are better. Leanne and John also start going to a parent support group at a local community centre and have developed friendships with other parents in the support group.

Towards the end of the period of early supports, childcare staff report Noah's interactions with other children have improved. He takes part more positively in the childcare program. Noah's family and childcare staff feel more confident to support his ongoing learning and development. The early childhood partner repeats their observations and confirms with the family that noticeable progress was made. Noah and his family no longer require early supports; however, Leanne and John know they can connect back with the early childhood partner if needed.

The program of early support delivered by the early childhood partner and their connection to the parent support group has supported Noah and his family, without Noah needing access to the NDIS as a participant.

What happens if my child becomes an NDIS participant?

Children who have met the eligibility requirements and become a participant will then receive a plan that sets out their NDIS supports. NDIS supports are the services, items, and equipment the NDIS can fund.

Under the early childhood approach your child's plan will include funding for early childhood supports. Early childhood supports are NDIS supports. Early childhood supports should draw on best practice principles that follow the National Best Practice Framework for Early Childhood Intervention. This includes early childhood intervention professionals working together as a team to deliver early childhood support to your child and family.

You can read more about creating your plan, your plan, and therapy supports.

We'll regularly check-in to understand your child's progress. This will also include talking about transitions that will happen throughout your child's early years. This may be to either:

- leave the NDIS and maintain connections with mainstream and community services

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- continue receiving supports through a local area coordinator or planner when your child turns 9.

Example

6-month-old Kim was diagnosed with Down syndrome in the week following her birth. Kim spent the first few months of her life in hospital with health complications associated with her disability. During this time her paediatrician and hospital's allied health team helped with feeding supports. After talking with Kim's parents, the paediatrician refers Kim to an early childhood partner. The referral includes a copy of Kim's diagnosis and discharge reports from the hospital allied health team.

Kim's parents, Chau, and Steve, meet with the early childhood partner and explain they feel overwhelmed by Kim's diagnosis. They report the hospital physiotherapist showed them how to support Kim during tummy time on the floor. As she has progressed since then, they would like more ideas. Due to Kim's time in hospital, Chau and Steve missed the parents' groups run by the child health centre. They want Kim to interact with other children but are unsure where to take her.

Through the early childhood partner, Chau and Steve connect to a local parent support group, library story time sessions and playgroups. The early childhood partner also helps Chau and Steve apply to the NDIS, ensuring all supporting evidence, such as diagnosis and hospital discharge reports, is included in their application.

Kim's application is approved as she meets all the eligibility requirements. Kim is eligible under the early intervention requirements. An NDIS plan is then developed for Kim and her family. The early childhood partner helps Chau and Steve understand how to use the funding in Kim's plan to buy NDIS supports. They show Chau and Steve further information on working with providers form.

The early childhood partner checks in with Chau and Steve to see how Kim's plan is going. Chau and Steve are feeling better equipped to support Kim.

What is an early childhood partner?

Early childhood partners are local organisations we fund to deliver the early childhood approach. Our early childhood partners have teams of professionals with experience and clinical expertise in working with young children with developmental delay or disability and their families.

We chose them as partners for their specialist skills in early childhood intervention. They focus on delivering family centred supports using a best practice model. You'll find them in most communities around Australia. If an early childhood partner is not in your area, we will support you to connect with alternative options depending on where you live.

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Easy Read information is available in The early childhood approach (PDF 2.7MB). It explains how to connect and work with an early childhood partner.

Find an early childhood partner, or for further information use the contact us page or call 1800 800 110.

What do the early childhood partners do?

Early childhood partners can:

- connect you to your local mainstream and community services such as community or child health service, playgroups, childcare, parent support groups, education options and recreation
- give you practical information about child development
- use observations and information from any screening tools, assessments, or reports to understand the impact of your child's delay or disability. But they don't complete assessments for diagnosis
- identify if your child is likely to benefit from early support and, where appropriate, provide a short period of early supports to help you and your child to work towards goals
- support you to apply to the NDIS, including support to put together information and evidence to help work out if your child is eligible
- help you connect with best practice early childhood intervention service providers
- monitor your child's progress and support them to transition from the early childhood approach.

Early childhood partners also work to build the capacity of community and mainstream services such as childcare. They also increase their awareness and ability to support children with developmental delay and disability. They focus on this because early childhood education and the opportunity to interact with other children is a critical factor in child development and wellbeing.

What if there are no early childhood partners in your area?

Early childhood partners are not located in remote and very remote areas. If you live in an area that doesn't have an early childhood partner, and you have concerns about your child's development or disability you should first speak with your doctor, child health nurse, early childhood educator or other health professional.

You can also contact us for further information.

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Version control

Version	Amended by	Brief Description of Change	Status	Date
1.0	MHM598	Class 3 approval. New Operational Guideline.	APPROVED	2021-09-02
2.0	GO0002 AGV957 DIL274	Class 2 approval. Updated to align with the early childhood age range change from 1 July 2023.	APPROVED	2023-06-26
3.0	CW0032	Class 2 approval.	APPROVED	2023-10-17
4.0	GO0002	Class 2 approval. Remove references to community connections plan and early supports plan.	APPROVED	2023-12-22
5.0	JC0088	Class 2 Approval Updates for AAT-ART Reform.	APPROVED	2024-10-11
6.0	CS0074	Class 2 approval Updated OG to align with the new Best Practice Framework for Early Childhood Intervention. Added links to new Our Guidelines – Therapy supports and the new Best Practice Framework for Early Childhood Intervention.	APPROVED	2025-12-15

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EC PEC – Capacity building – How to complete early childhood intervention supports questions

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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 and planner delegates on:

- how to complete the **Personal and Environmental Circumstances** (PEC) case
- capacity building questions relating to early childhood intervention including early childhood intervention at an intensive level.

Careful consideration should be made when completing the PEC case to best reflect the child and their family's actual circumstances and NDIS funded support needs. The PEC case is used to inform the draft budget and planner delegate reasonable and necessary decision making.

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1 Recent updates

7 April 2026

- Title change: Previously EC – PEC Capacity building – How to complete early intervention supports for early childhood questions
- Recording information for assessing risk and implementing safeguards for children
- Additional guidance to support answering PEC case questions for early childhood intervention at an intensive level
- 'Billy' example revised to include what is meant by delay in emotional development, how it is impacting on participation and examples of mainstream supports family could have tried before asking for NDIS support
- Example free text field responses

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2 Before you start

You have read and understood:

- article EC Early childhood intervention supports overview to learn more about what we mean by developmental areas of need, levels of early childhood intervention, including early childhood intervention at an intensive level.

For information on the PEC case Capacity building questions that relate to other areas, go to articles:

- EC Early childhood intervention supports guide (EC Guide)
- EC PEC – Capacity building – Health and wellbeing (Disability-related health supports)
- EC PEC – Capacity building – Regulated restrictive practices
- EC PEC – NDIS Pathway Hearing Stream.

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3 How to complete early childhood intervention supports questions

When working through the PEC case questions it is important that the early childhood partner or planner delegate:

- considers all the available information, including information they have gathered from the family and other professionals who support the child. They should provide responses to the PEC case questions based on the child and family's strengths and needs in the context of the responsibility of the NDIS. This might not align with the amount or type of funding a family is requesting.
- ensures any requests for funding from a family are accurately recorded in the **Activity Log – Internal Note**
- provides sufficient information to explain their responses to PEC case questions in terms of the family's context and the information needed to satisfy the requirements of NDIS legislation
- records information in the system about any concerns or factors which can provide further detail for NDIA staff and partners to assess potential harm at a future date. This information is important for assessing risk and implementing safeguards for children. For more information on safeguarding during the planning process go to article Guide – Safeguarding the participant's interests.

Having accurate information is important as responses to PEC case questions will help inform the draft budget for first plans. For all plans, responses to PEC case questions provides important information to help planner delegates make funding decisions.

Sometimes, the person asking the PEC case questions will need to ask follow-up questions to draw out the information needed to help with a funding decision.

The free text fields have character limits. If more space is required, add the information to **internal note** in the **Activity log**.

For each developmental area that is identified as needing capacity building support:

- select whether the NDIS support needed is **medium to low** or **high**
- describe in the free text field what the child can do, or requires support to do, to indicate why you have selected **medium to low** or **high**.

Once a draft budget is generated, a planner delegate will consider it against the reasonable and necessary criteria. They will need to review all the available information to allow them to make an informed decision about funding in the plan.

3.1 Example: Billy

s47E(d) - certain operations of agencies

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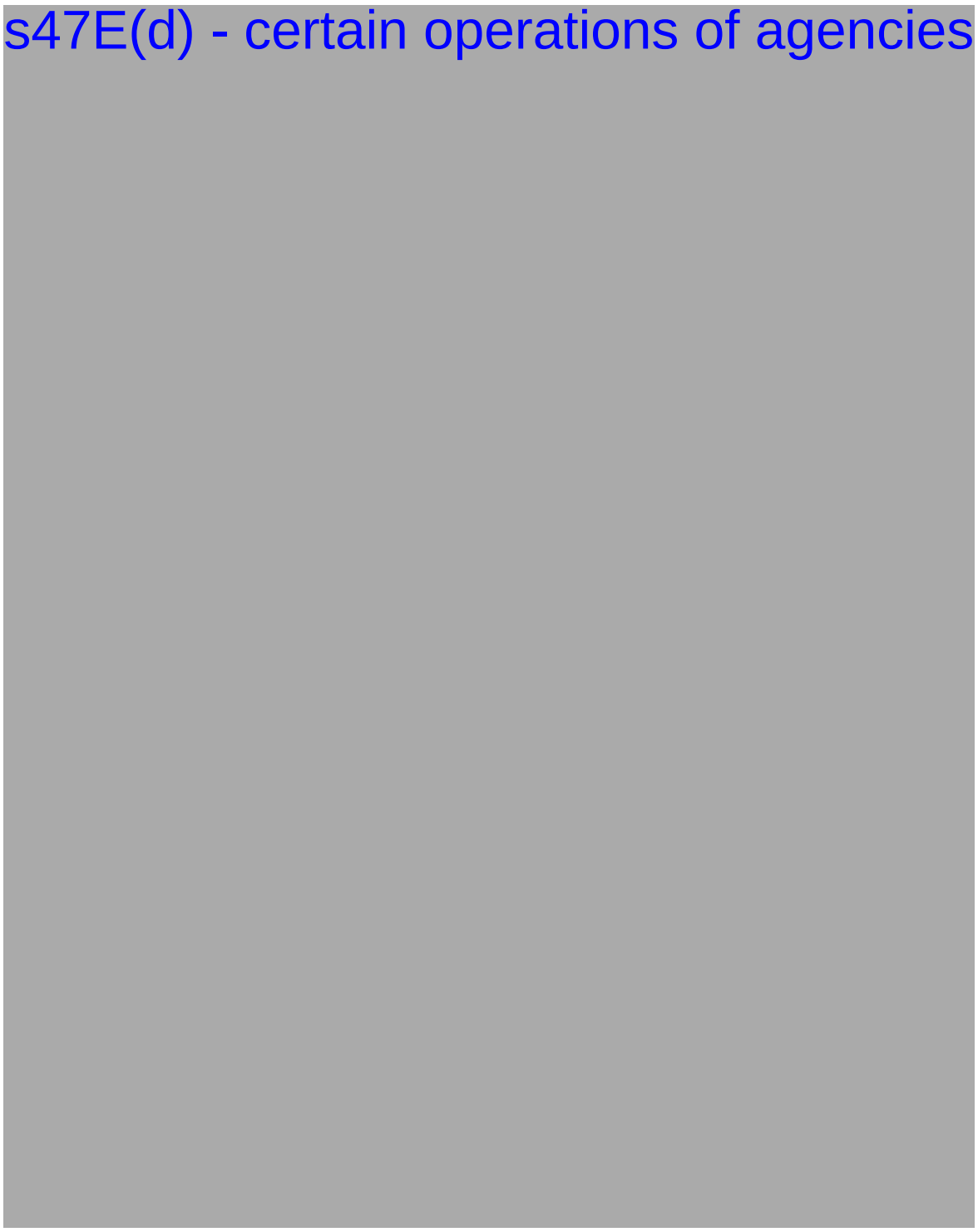

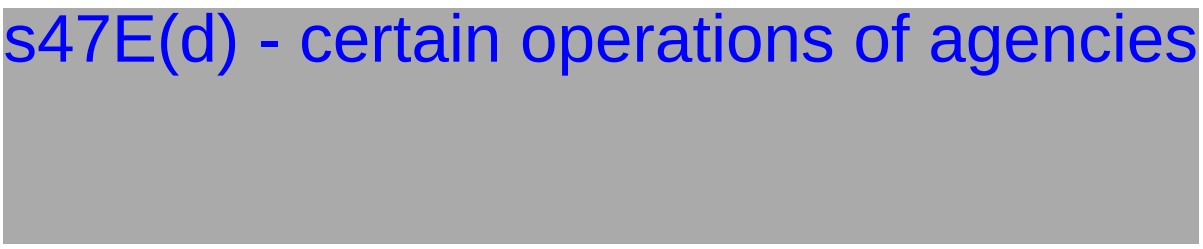

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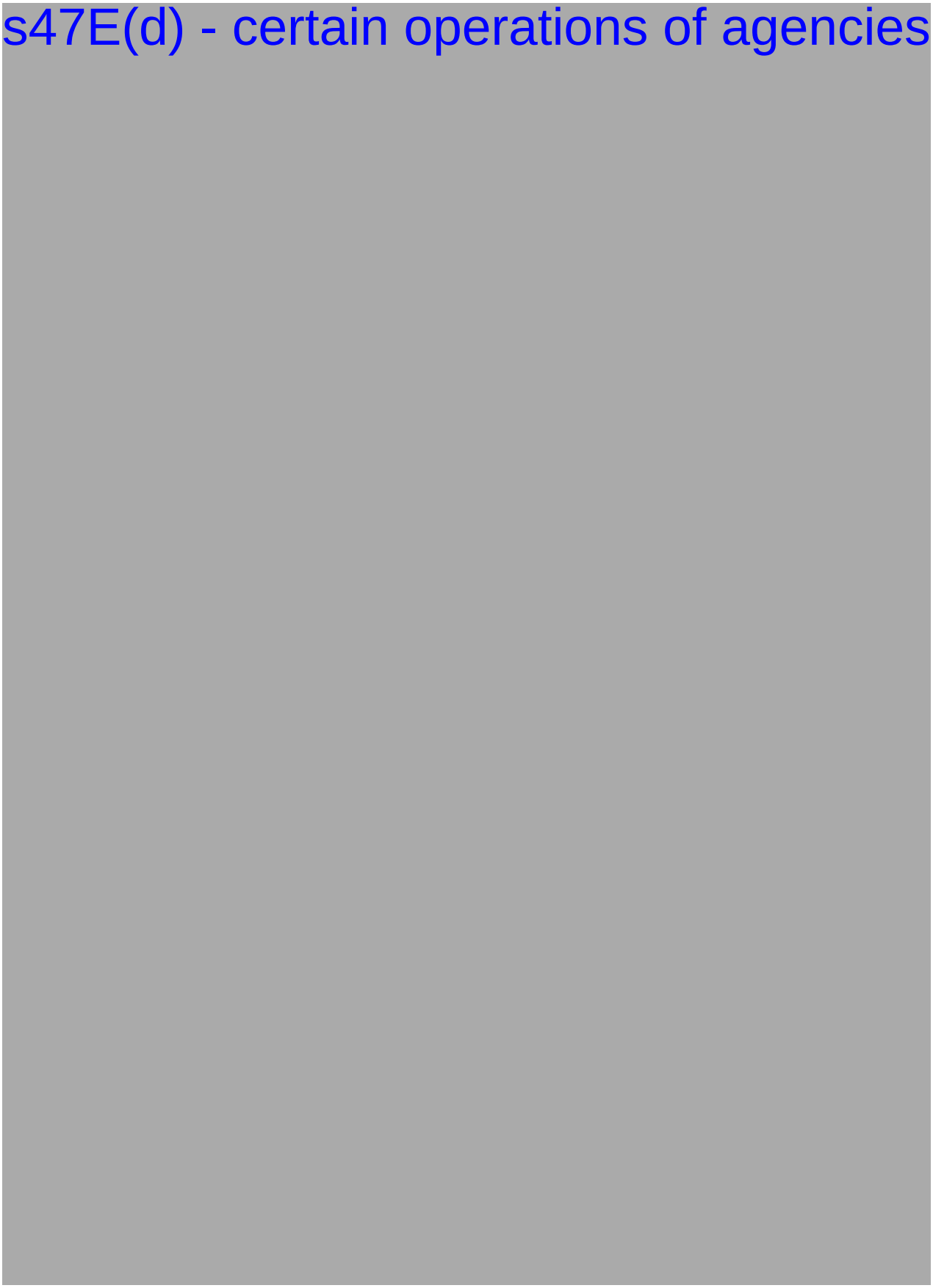

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EC Guide - Supporting children younger than 7 who are deaf or hard of hearing (including under the priority hearing stream)

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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

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1 Recent updates

7 April 2026
Linked article name updates

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2 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).

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3 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).

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4 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.

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5 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.

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6 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.

6.1 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.

6.2 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).

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Learn more in article Request priority eligibility decision.

6.3 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.

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7 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

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7.1.1 Table one: Recommended levels of capacity building support

Level 1	s47E(d) - certain operations of agencies	
Level 2		
Level 3		
Level 4		

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

7.2 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).

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8 Core budget supports

8.1 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.

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9 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.

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10 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.

10.1 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.

10.2 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.

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10.3 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.

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EC Interpreting provider reports and recommendations

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This article provides guidance for early childhood partners, planner delegates and review officers responsible for planning for children younger than 9. It is for use when considering early intervention supports for early childhood (early childhood intervention supports) to help:

- understand and interpret information and recommendations in provider progress reports
- apply reasonable and necessary criteria when using provider progress reports to support decision-making.

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1 Recent updates

7 April 2026

- Guidance on interpreting provider reports including weighting of evidence and barriers to participation and progress
- Provider goals and how they should link back to the family's goals
- Guidance on changes to level of support over time
- Considerations for provider progress reports informing funding decisions
- Expanded examples of reasonable and necessary considerations separated into different rules for clarity
- Link to the National Best Practice Framework for Early Childhood Intervention

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2 Before you start

You have read and understood:

- article EC Early childhood intervention supports overview
- article EC Early childhood intervention supports guide (EC Guide)
- article EC Understand the key worker role in the delivery of early childhood intervention supports
- article EC PEC – Capacity building – Regulated restrictive practices
- Our Guideline - Reasonable and necessary supports (external)
- Our Guideline - Creating your plan (external)

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3 Purpose of provider progress reports

NDIS providers should give families a report detailing the NDIS support (external) they have provided and the progress their child has made at key points set out in their service agreement. This information is essential for:

- families to understand a child's support needs, track their progress over time, and set goals
- planner delegates to make decisions about reasonable and necessary supports.

3.1 Frequency

Typically, progress reports are expected at least once a year for children younger than 9 due to their changing needs and environments.

Other reports may be provided as needed. For example, an assistive technology recommendation or a letter to support a plan reassessment request. Read more in Our Guideline - Changing your plan (external).

3.2 Content of reports

Provider reports should help you understand:

- the child and family's strengths
- measurable and achievable goals developed with the family to address the child's current and future support needs
- support provided during the plan period (by whom, to whom, where, when, how often, how long)
- the child and family's measurable progress towards meaningful goals and outcomes
- involvement and capability development of family and other informal and formal supports
- any upcoming transitions (to childcare, to preschool or school)
- challenges and barriers to progress or engagement with early childhood intervention.

To learn more, go to article EC Early childhood intervention supports (EC Guide) for children younger than 9.

Reports from other professionals can help to identify support needs across different settings and how the early childhood intervention has supported the child's progress in other settings.

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3.3 Provider reporting obligations

3.3.1 Progress reports

Funding for provider progress reports is included in a child's plan. Provider progress reports reflect good practice and support record keeping requirements under the NDIS Code of Conduct (external).

To assist with consistent and effective reporting, providers can use the Early childhood intervention provider report form and report writing guidance (external).

For children with a behaviour support plan, it is important to request a copy of the behaviour support plan to help with funding considerations. Read article Understand behaviour support for guidance regarding reporting obligations for behaviour support.

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4 Interpreting provider progress reports

4.1 Weighting of evidence

Partners and planner delegates are expected to review provider reports critically and carefully consider how much the content of these reports will influence their decision-making. This process is commonly called 'weighting the evidence.'

The sections below describe factors to consider in weighting evidence, which include:

- the source of the report
- the date of the report
- current support needs
- child and family's strengths
- barriers to participation and progress
- progress towards goals
- approaches to early childhood intervention support
- the outcomes achieved to date.

4.2 Source of the report: qualifications and role

Agreement among providers: When weighting information and recommendations, look for consistency and agreement among providers.

Qualifications of author: It is important to confirm that the provider has a qualification that allows them to claim NDIS funding; and that their recommendations are within their scope of practice in terms of the type of qualification. For information on qualifications of early childhood professionals that can claim funding for NDIS supports, go to the NDIS Pricing Arrangements and Price Limits (external).

For example, an occupational therapist can recommend that a child sees a speech pathologist to determine if a communication device should be recommended; but the occupational therapist is not suitably qualified to recommend a communication device. Similarly, an allied health assistant or support worker might report on what they have observed that a child can do and is working towards, however they wouldn't be qualified to generate goals or recommend an amount of early childhood intervention.

4.3 Date of report

It's important to check recency of reports when using information. For children younger than 9, any report older than 12 months is unlikely to reflect the child's current support needs accurately. For children younger than 3, reports older than 6 months may no longer be a good reflection of their support needs. Older reports carry less weight in influencing decisions than more recent reports.

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4.4 Current support needs

It is helpful to understand how the support needs identified impact the child's independence and participation in everyday activities.

To understand a child's support needs, you should consider any provider reports, including standardised test results (if available) alongside information from the family and other early childhood professionals, health, and education professionals.

Consider how support needs may change during the next plan period due to a planned transition, a new health condition, or progressive changes due to their disability or developmental delay.

4.5 Child and family's strengths

It is important for providers to identify the child and family's strengths. These strengths can be used to increase the effectiveness of early childhood intervention. Providers who provide intervention aligned with the National Best Practice Framework for Early Childhood Intervention (external) will identify how strengths are considered and used in early childhood intervention planning.

4.6 Barriers to participation and progress

It is helpful for partners and planners to understand whether there were any barriers to the child and family's participation in the planned early childhood intervention.

It is especially important to get feedback from both the provider and the family.

This information will help partners and planners to understand whether the provider is a good match for the family and whether changes in NDIS funding may address some of the barriers. A discussion around barriers is also a good opportunity to empower families with information or strategies to manage provider relationships.

For example:

- A provider offers only in-clinic sessions, while the family's goals are around managing everyday routines at home. Encouraging a family to consider providers who offer home visits could better support their goals.
- The provider reports positive outcomes from early childhood intervention, but the family reports no changes in their child's participation or independence, or their ability to support their child. The family can be encouraged to ask the provider to explain how current supports will increase the child's participation and independence. The family may want to change providers but do not feel empowered to look for a new provider. They may benefit from additional support from an early childhood partner to link with a new provider.
- A child's family reports that they have limited communication with the provider of early childhood intervention sessions at preschool, and they do not understand why the provider is working on certain goals. The family can be supported to access National Best Practice Framework for Ealy Childhood Intervention resources (external) to engage in a conversation with their provider about the family's right to improved communication and involvement in intervention.

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4.7 Progress towards goals

It is helpful to consider whether goals aim to increase independence and support participation in a variety of settings (e.g. home, school, playground, leisure activities) and not just improve performance on tasks in the intervention setting such as a clinic.

Goals that are specific and measurable, and linked to everyday activities, allow a child and their family's progress to be evaluated over time. Read more in article Understand goals for children younger than 9.

When considering the goals, also evaluate whether the goal relates to an NDIS funded support. For example, goals focusing on literacy development may be appropriate to the child's support needs, but do not relate to an NDIS funded support.

4.8 Approach to early childhood intervention support

Consider whether the report shows how and where NDIS support has been provided to help a child and their family progress towards goals and outcomes in a manner that is flexible and individualised.

For example:

- Individual vs group sessions.
- Sessions that include family members vs sessions with the early childhood intervention professional alone.
- Sessions at home vs clinic vs childcare/education setting.
- Face to face vs telehealth sessions, particularly where there is no shortage of providers in the child's geographical area.

4.9 Outcomes

In evaluating outcomes, more weight is given to progress reports that describe outcomes that improve the child's independence and participation in everyday activities.

A report may include formal outcome measures (such as tests or scales) or a description of an improvement in the child's ability to perform certain tasks or activities. Regardless of how outcomes are measured, the changes that have occurred in the life of the child and their family is what is important to understand. This information will guide decisions regarding future funding.

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5 Interpreting provider recommendations

5.1 Future goals and recommendations

While providers may propose a recommended number of intervention hours, it is more important for the partner and planner delegate to understand what the child's future support needs are, and how funded supports will help the child and their family to work towards their goals. Provider reports should include future goals and recommendations for supports. Look for:

- information about future early childhood intervention goals and how they relate to the child and family's goals
- recommended supports the child and their family are likely to benefit from and why. Recommendations may include a combination of community (for example playgroups), mainstream (for example preschool) and NDIS supports.
- recommendations for any type of assistive technology, including the child's experience in using such items
- expected outcomes of any recommended NDIS supports.

5.2 Changes to the level of recommended NDIS support over time

An important aspect of provider reports is to help partners and planner delegates to understand whether the amount of NDIS support needs to change in the next plan. It is reasonable to expect that for many children, the level of NDIS support for early childhood intervention will reduce over time. Early childhood intervention is intended to support an increase in capacity and independence as children develop. They should work alongside informal, mainstream and community support.

However, transitional periods such as starting school may require additional support for a limited period to support this.

Sometimes providers will report that a child has made limited progress during the plan period, despite substantial support from the provider. The provider may recommend that, due to lack of progress, the child requires an increase in funding. However, it is appropriate to consider whether the provider has considered varying their approach, working closely with other team members, or setting more realistic goals. It may be the case that it is not the amount of intervention that is a barrier, but rather the type of intervention is not meeting the child and family's needs.

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6 Provider progress reports informing funding decisions

The key consideration for funding decisions continues to be the child's support needs. Provider reports should outline a child's support needs which may inform funding decisions. Provider recommendations should not be the only information used to determine a child's funded supports.

When reviewing provider progress reports it is also important to consider:

- evidence that the intervention is resulting in positive changes to the child's independence, participation and wellbeing, and to the capability and wellbeing of the family.
- evidence that the intervention has included the child's informal, community, and mainstream supports and how they have contributed to progress.
- how much of the intervention is focused on supporting families to learn and use strategies at home, or supporting educators to implement strategies in childcare, preschool or school. The National Best Practice Framework for Early Childhood Intervention (external) tells us that early childhood intervention is most effective if families and educators provide frequent practice in everyday situations.

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7 Reasonable and necessary considerations

All NDIS supports need to meet each of the reasonable and necessary criteria and be an NDIS support before they can be funded in a plan.

Refer to article EC Early childhood intervention supports overview.

Sometimes providers or families will recommend a level of support that is higher than is recommended in the EC Early childhood intervention supports guide (EC Guide).

It is important to consider the recommendations from **all** early childhood intervention providers, not just those recommending an intensive level of supports.

In some cases, the level of funding recommended in current guidance may not fully align with the intensity or cost of specific programs, provider recommendations or family requests. The level of funding continues to be based on the child's evidenced support needs, rather than a quote or recommendation.

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8 Examples of reasonable and necessary considerations

Below are some common examples of reasonable and necessary considerations relating to provider recommendations and parent requests for NDIS supports for early childhood intervention.

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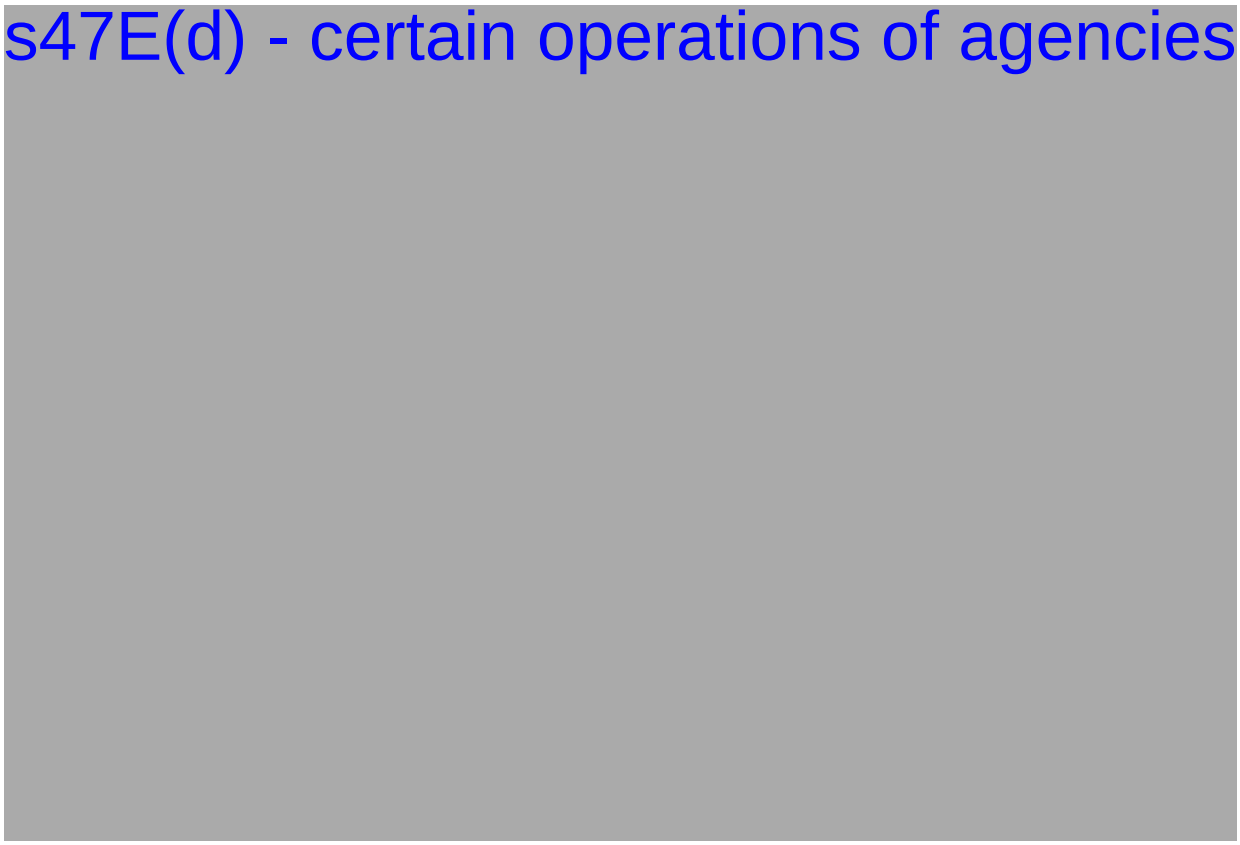

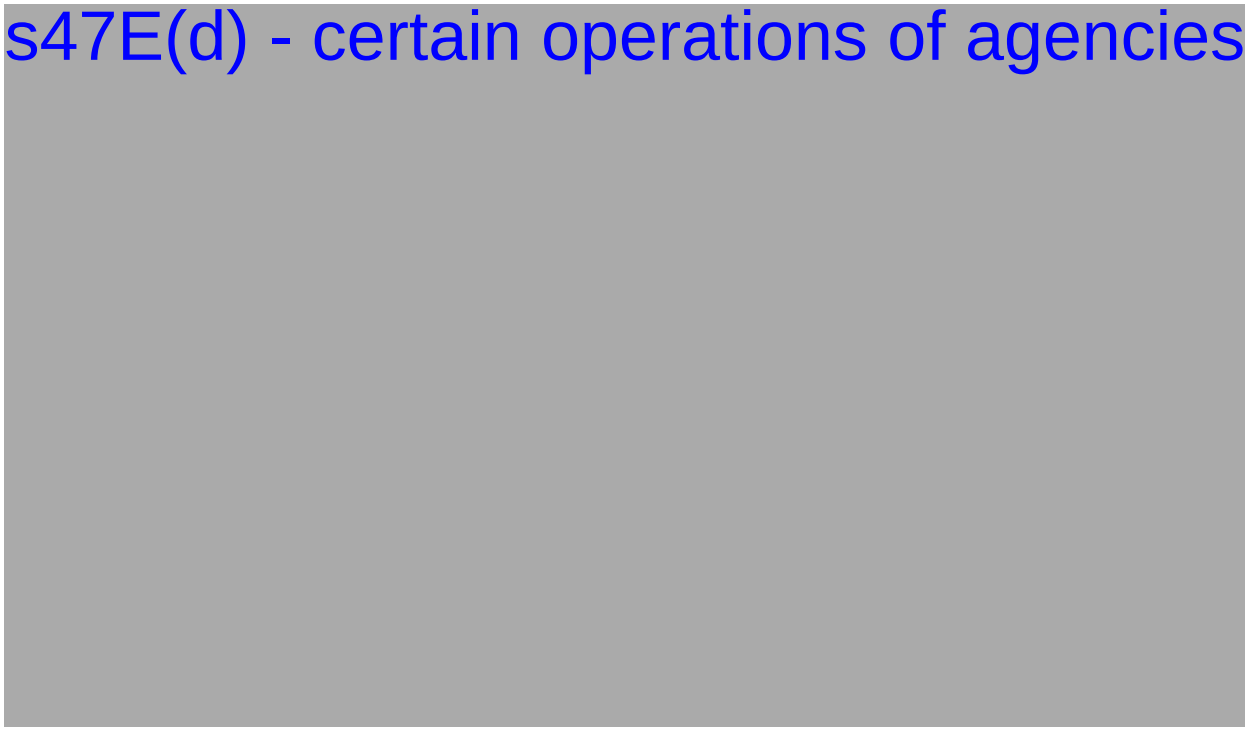

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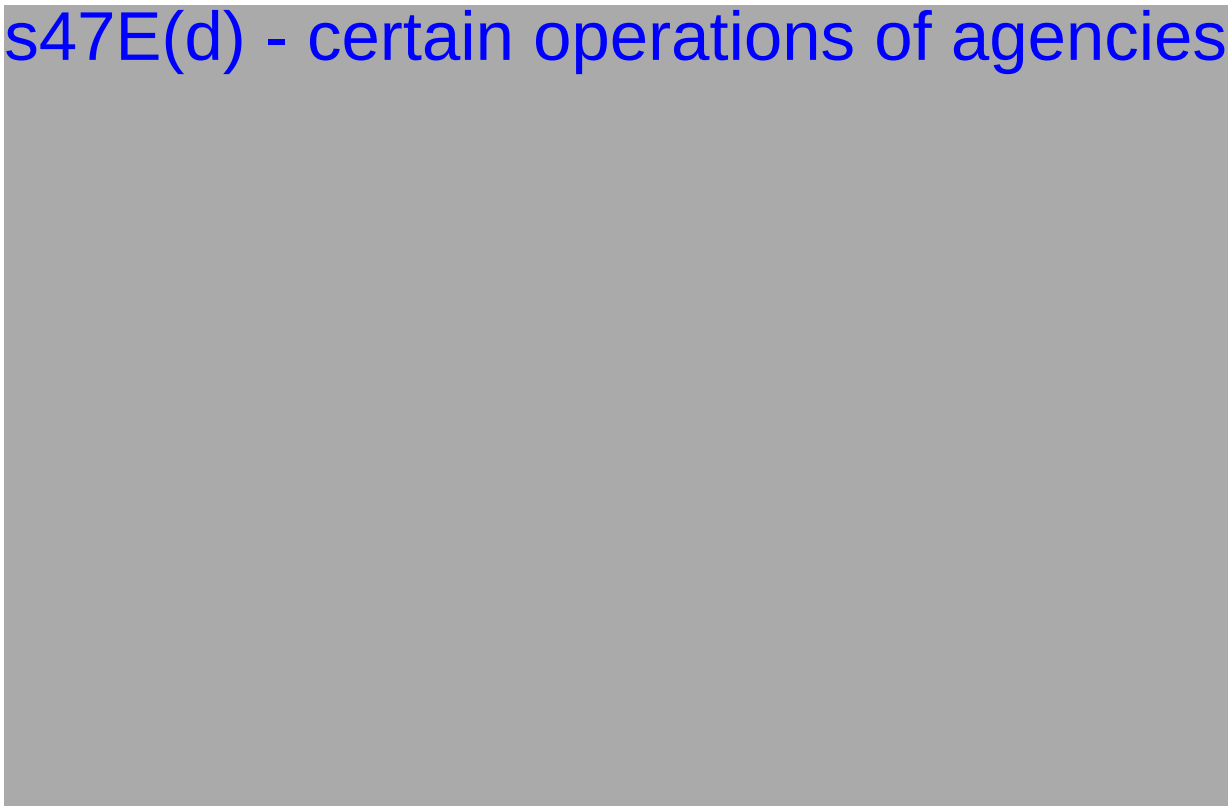

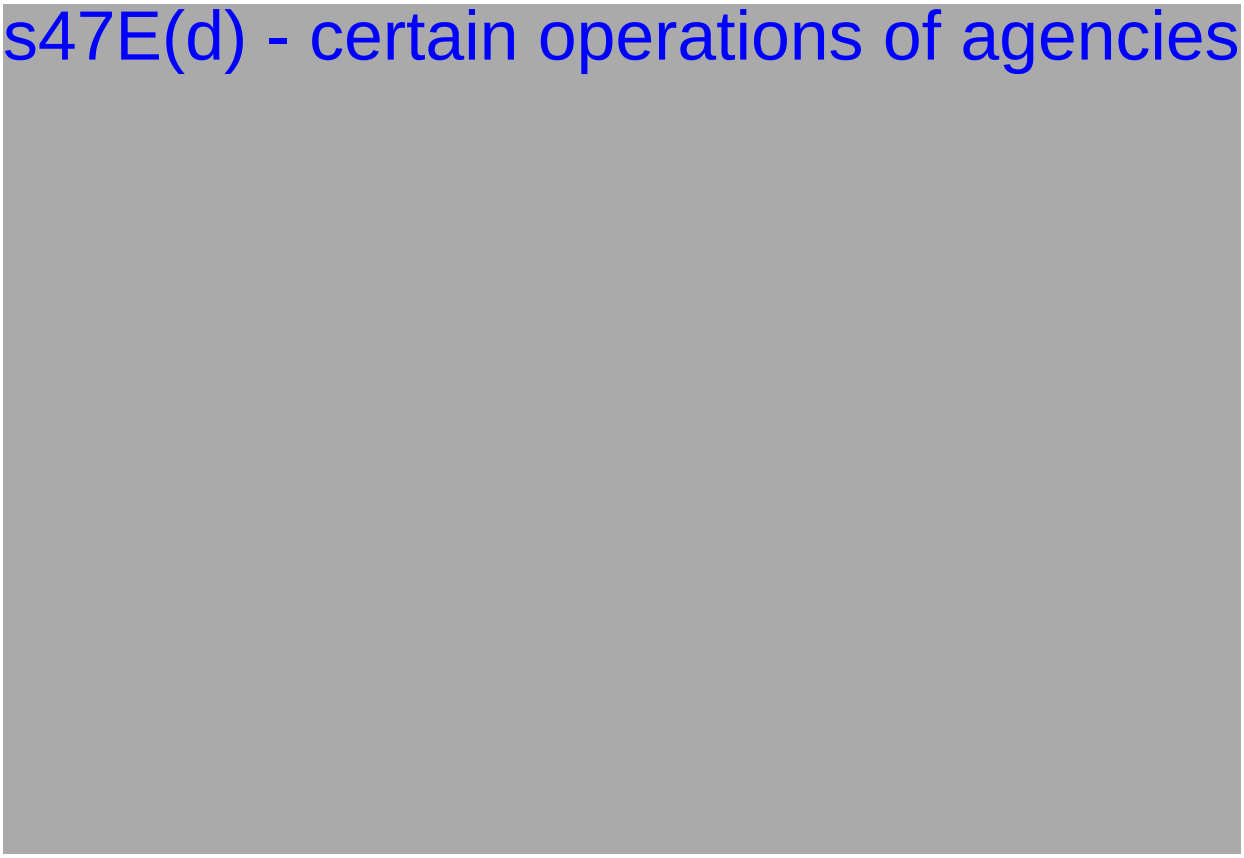

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EC Early childhood intervention supports overview

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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.

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1 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

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2 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).

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3 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.

3.1 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.

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- 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).

3.2 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.

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3.2.1 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.

3.2.2 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.

3.2.3 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.

3.2.4 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.

3.2.5 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.

3.2.6 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.

3.2.7 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

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(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.

3.3 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.

3.4 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.

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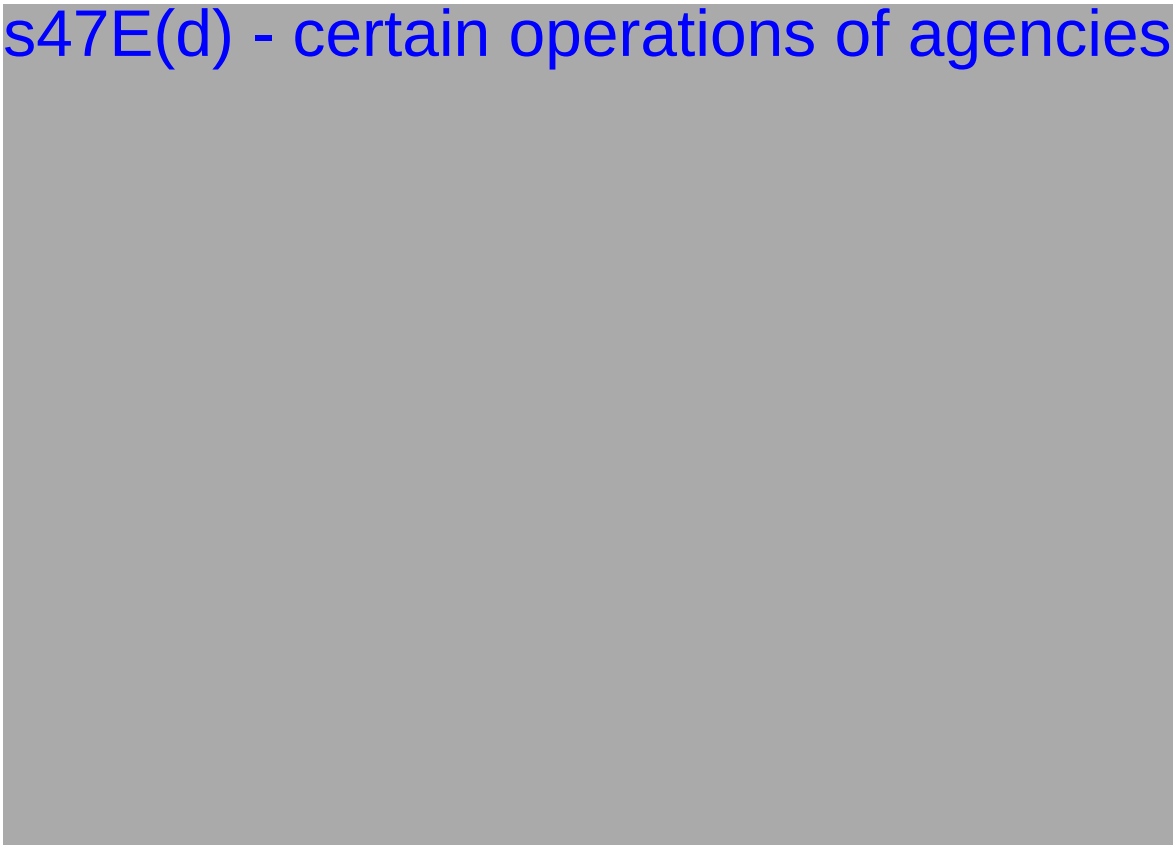
For school age children, careful consideration must be given to the responsibility of the education system when determining whether a developmental area needs high or medium to low level of early childhood intervention NDIS support. Children spend a large part of the week at school where support is provided 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.



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4 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.

4.1 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.

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

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.

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FOI 26/27-0107

EC PEC – Capacity building – Health and wellbeing (Disability related health supports)

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This article provides guidance for early childhood partners and planner delegates to complete the **Personal and Environmental Circumstances** (**PEC**) case relating to capacity building questions for disability-related health supports (DRHS), currently under the heading of 'Health and Wellbeing' in the PEC case.

Careful consideration should be made when completing the PEC case to best reflect the child and their family's actual circumstances and NDIS funded support needs. The PEC case is used to inform the draft budget and planner delegate reasonable and necessary decision making.

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1 Recent updates

7 April 2026

- Added guidance to support gathering information about disability-related health support needs
- Added information regarding commonly requested capacity building to address DRHS needs funded by the NDIS
- Added guidance to free text field example to complete the PEC case question
- Article title change – previously EC PEC – Capacity building – Health and wellbeing

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2 Before you start

You have read and understood:

- Our Guideline – Disability-related health supports (external)
- Our Guideline – Continence supports (external)
- Our Guideline – Diabetes management supports (external)
- Our Guideline – Dysphagia supports (external)
- Our Guideline – Nutrition supports including meal preparation (external)
- Our Guideline – Podiatry and foot care supports (external)
- Our Guideline – Wound and pressure care supports (external)
- Our Guideline – Creating your plan (external)
- Our Guideline – Changing your plan (external)
- article Guide – Respiratory supports
- article Determine disability-related health supports and meal preparation supports
- article EC Early childhood intervention supports overview
- article EC PEC – Capacity building – How to complete early childhood intervention supports questions

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3 Disability- related health supports

The PEC case health and wellbeing questions gather information about Disability-Related Health Support (DRHS) needs.

3.1 Health and wellbeing questions (DRHS) in the PEC case

When gathering information to complete the PEC case health and wellbeing questions, use the following prompts to guide your responses to the PEC questions:

- Is the DRHS need related to the disability for which the child met access? If not, consider requesting technical advice.
- Is the DRHS support needed for a registered nurse (RN) to delegate tasks, provide training about the child's specific needs and supervise a high intensity disability support worker? If a support worker is spending time alone with a child, they will need to perform all tasks typically performed by the child's parents, including high intensity personal activities, even if the tasks do not relate directly to the disabilities listed on PACE. High intensity support workers should already have training to complete high intensity personal activities. However, if a support worker is performing a high intensity personal activity, they will require an RN to delegate the task, train them in the child's individual needs and supervise them.
- What type of DRHS is required? If the child needs DRHS consumables, refer to article: EC PEC – Core – Equipment and consumables. This KA provides guidance regarding DRHS needs that require funding of allied health or nursing supports.
- What is the expected outcome? For example, a nutrition plan, mealtime management plan, RN Delegation and Supervision of Care model of support.

Refer to Technical Advice and Practice Improvement Branch (TAPIB) resources for additional information and examples, including TAPIB Digest and TAPIB Talks.

3.2 PEC Health and wellbeing question

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

When completing the PEC question, describe the child's support needs for any relevant support areas. Consider all the areas of disability-related health supports:

- Continence
- Diabetes
- Dysphagia
- Epilepsy
- Nutrition
- Podiatry
- Respiration
- Wound and Pressure Care.

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3.3 Commonly requested allied health and nursing DRHS supports funded for children younger than 9 (in addition to the hours funded for early childhood intervention)

3.3.1 Nutrition – Dietitian

Nutrition plan for children who are tube-fed or who have dysphagia (swallowing difficulties) due to their disability. The dietitian may also recommend consumables associated with tube feeding and formula. Note: for children who are fussy eaters, this can be supported through the early childhood intervention supports funding and are not added as DRHS supports. Refer to article: EC PEC – Core – Equipment and consumables as well as TAPIB digest located on TAPIB Confluence.

3.3.2 Dysphagia - Speech Pathologist

Mealtime management plan for children with dysphagia related to their disability to recommend appropriate seating, utensils and modified food texture or liquid consistency. The speech pathologist may recommend thickener for fluids or food. Intervention and management of fussy eating is included in the early childhood intervention supports funding and are not added as DRHS supports. Refer to article: EC PEC – Core – Equipment and consumables.

3.3.3 Training of support workers to perform DRHS tasks - Registered Nurse (RN)

A nurse may be required to develop a support plan and delegate support tasks to support workers where appropriate by training them in the child's individual support needs to ensure that they can follow the care plan correctly. Some tasks may meet the description of high intensity daily personal activity support. Refer to NDIS Quality and Safeguards Commission – Supplementary module: High intensity daily personal activities (external) to find out more. Refer to the section **'What is registered nurse delegation and supervision of care?'** in the Our Guideline - Disability-related health supports (external) for a description of what delegation and supervision entails. Note that 'supervision' includes periodic monitoring to ensure the support worker is still performing tasks correctly, as well as being available to answer questions from support workers.

3.3.4 Continence assessment

Children older than 5 who are not continent or any child with DRHS needs requiring continence supports that are not typical for their age (such as children requiring complex bowel care or catheters) will need an assessment by a nurse to recommend continence management strategies and consumables. Refer to article EC PEC – Core – Equipment and consumables for additional guidance to determine when a continence assessment is required.

3.4 Example free text field responses for PEC question for DRHS

Below are examples to answer the free text fields in the **PEC** case capacity building question for health and wellbeing. If the information is available in a report, add the name, profession, date of report/s. Reports must be uploaded into PACE.

The free text fields have character limits. If more space is required, add the information to an **internal note** in the **Activity log** for the PEC case.

These examples of responses for each of the DRHS areas are a guide only.

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EC PEC – Core – Equipment and consumables

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This article provides guidance for early childhood partners and planner delegates on:

- how to complete the **Personal and Environmental Circumstances (PEC)** case equipment and consumables section for children younger than 9
- how to consider equipment, home and vehicle modifications
- how to consider consumable products
- evidence requirements for consumables.

Careful consideration should be made when completing the PEC case to best reflect the child and their family's actual circumstances and NDIS funded support needs. The PEC case is used to inform the draft budget and planner delegate reasonable and necessary decision making.

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1 Recent updates

7 April 2026

- Guidance added to provide examples of type of information required in response to PEC case questions with examples of follow-up questions
- Evidence requirements for consumables
- Guidance to interpret consumables evidence
- Included PEC case free text examples for DRHS consumables
- PEC case question age range changed to younger than 9

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2 Before you start

You have read and understood relevant guidance from:

- Our Guideline – Assistive technology (external)
- Our Guideline – Home modifications (external)
- Our Guideline – Vehicle modifications (external)
- Would we fund it – Consumables (external)
- Our Guideline – Disability-related health supports (external)
- Our Guideline – Dysphagia supports (external)
- Our Guideline – Diabetes management supports (external)
- Our Guideline – Continence supports (external)
- Our Guideline – Wound and pressure care supports (external)
- Our Guideline – Nutrition supports including meal preparation (external)
- Our Guideline – Podiatry and foot care supports (external)
- Technical Advice and Practice Improvement Branch Mandatory and Non-Mandatory Advice Requests
- National Disability Insurance Scheme (Getting the NDIS Back on Track No. 1) (NDIS Supports) Transitional Rules 2024 - Federal Register of Legislation (external).

You have also read and understood:

- article Complete personal and environmental circumstances case
- article Understand disability-related health supports – core supports
- article Understand disability-related health supports – capacity building supports
- article Determine disability-related health supports and meal preparation supports
- article Record equipment and consumables information.

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3 How to complete equipment and consumables questions in the PEC case for children younger than 9

The responses for the PEC case capture information about home modification, equipment and consumable supports that a child may need in their plan.

It is important that the questions are answered in relation to the child's developmental delay or disability related support needs and what would be considered typical development for their age, considering support that may be reasonable and necessary.

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4 Equipment

4.1 How to consider equipment

The equipment questions capture any assistive technology that a child may require in their plan, including NDIS supports to help them manage their disability related health condition. It includes low-cost, mid-cost and high-cost assistive technology items, as well as home or vehicle modifications a child may need related to their developmental delay or disability.

It is essential to capture both current equipment alongside any new equipment as a child grows and support needs change. A clear understanding of current equipment helps inform decisions about funding replacement equipment and funding for related consumables, repairs and maintenance.

This information also helps inform how the child is currently completing tasks without the equipment, and whether lower-cost options have been considered.

Note:

- Some disability-related health supports are funded through the healthcare system and may not meet the reasonable and necessary criteria of the NDIS. For example, any technology related to monitoring and managing diabetes is funded through the National Diabetes Services Scheme (NDSS).
- In order to capture information regarding repairs, maintenance, rental or trial, the question 'Is NDIS funding required for the following?' must be answered as 'yes.'

Consider evidence for:

- any equipment a child is currently using, and any identified new or replacement items due to changing needs or growth
- whether equipment remains functional and appropriate for the child's current needs and environment
- whether equipment requires repairs**,** ongoing maintenance or ongoing funding of consumables is required for the functioning of the equipment. For example, filters, batteries or masks.
- whether equipment can be transferred with the child among all their every-day settings, including their early childhood care setting or school.

4.2 Optional follow up questions to answer equipment questions

4.2.1 Question: Does this person have any home modification needs?

- Has the child already had a home modification assessment? Do they need funding in their next plan for a home modification assessment?
- Has a home modification assessment and recommendation been received? Confirm whether mandatory TAPIB advice is required. You can find out more at the Technical

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Advice and Practice Improvement Branch - National Early Childhood Branch confluence page.

- Provide a brief description of the type of home modification required. Examples may include grab rails, ramps, widening doorways, hoist installation, bathroom modifications.

If the response indicates that the child may have home modification needs, refer the family to Our Guidelines – Home modifications (external) to help them understand what can and cannot be funded.

4.2.2 Questions: Does this person currently use any equipment? Does this person require any new equipment? Are mid to high-cost assistive technology supports required or likely to be required in the next 12 months?

4.2.3 Current equipment details

List information about all current equipment in use across all settings.

- Does the child use any equipment related to Disability Related Health Supports? For example, to support safe breathing, to monitor seizures, to support feeding.
- How old is the current equipment?
- Check whether it is reasonable and necessary for the NDIS to fund replacements and maintenance of all equipment. For example, some equipment may have been self-funded or funded through fund-raising. Where the original equipment would not meet NDIS funding criteria, replacements and maintenance will not be funded either.

4.2.4 Future equipment needs

- Is current equipment functional and appropriate for the child's current needs and environments?
- Is it possible that the child may outgrow any of the current equipment during the next year?
- Is it possible that the child may need equipment replaced during the next year due to wear and tear or frequent repairs?
- Will the child need new equipment due to changing needs or environments?
- Will the child need funding for rental or trial of new equipment to replace current equipment or to support an unmet need and reduce the risks to the child in the interim?
- Will the early intervention professionals need additional hours to assess, source and set up all low-cost, mid-cost or high-cost equipment recorded?
- Is any of the equipment used to manage a child's behaviour, rather than their physical support needs? Refer article EC PEC – Capacity building – Regulated restrictive practices.

4.2.5 Vehicle modifications

For children with mobility equipment:

- Is there information that indicates difficulty fitting the child's wheelchair into the family's vehicle during the next 1 to 2 years?

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- Is there information that indicates difficulty lifting the child into the family's vehicle during the next 1 to 2 years?
- Does the child need funding for a vehicle modification assessment?

If the response to any of these questions is 'yes,' refer the family to Our Guidelines – Vehicle modifications (external).

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5 Consumable products

5.1 How to consider consumable products

The consumable questions capture some of the items a child uses regularly to help them with a condition which directly relates to their disability.

For resources regarding consumables for specific disabilities, refer to TAPIB Digest - Technical Advice and Practice Improvement Branch.

Consumable products may include:

- Dysphagia support for children who have trouble eating, drinking or swallowing, such as thickeners.
- Continence supports such as nappies, pads, bedding, and catheterisation products. Refer to TAPIB Talks - Technical Advice and Practice Improvement Branch for additional information regarding continence supports.
- Nutrition support such as tubing, tape, or formula for children who require Home Enteral Nutrition (HEN) support.
- Other supports such as oxygen tubes, wound, and pressure care products.

5.2 Optional follow up questions to answer consumable products questions accurately

In order to answer PEC questions about consumable products accurately, you may need to probe for more information from the family or use information from provider reports. Families may not remember to mention their child's consumable product needs without prompting. The questions below are intended as a guide during the information gathering process. Early childhood partners can determine whether to ask these questions during interactions with families.

5.3 Question: Does the child need any consumable products or supports because of their developmental delay or disability?

5.3.1 Related to equipment

Does any of the child's current equipment need consumables (small components that may need to be replaced regularly)?

Does the child need equipment or products that cost less than $1,500 in the following categories:

- Communication or Cognitive supports (e.g. visual schedules, paper-based communication choice-boards, mid-technology such as communication buttons)

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- Hearing related AT (noting that Hearing Australia will fund most hearing AT) For older children, this may include visual or tactile (vibrating) alerting systems such as alarms or doorbells.
- Personal Care and Safety. For example, seizure alarms or adapted cutlery.
- Orthotics
- Vision Related AT such as a long cane or Braille related consumables.

5.3.2 Dysphagia

- Does the child have any difficulty with eating or drinking?
- Has a speech pathologist recommended changing the consistency of food and drinks?
- Does the child have a report or a meal-time management plan from their speech pathologist?
- Does the child need any special utensils or thickener for eating and drinking?

5.3.3 Continence

- Does the child have a disability related need to use catheters to help drainage of urine?
- Is the child older than 5 years and still needs nappies as a direct result of their disability? Do they need nappies all the time or only some of the time?
- Is the child on a medication or a HEN feeding regime that causes excessive urination or defecation? (Please use culturally appropriate everyday terms when recording).
- Was the child previously fully toilet trained and now needs continence products due to an acquired or progressive disability?
- Does the child need complex bowel care such as enemas, abdominal massage or trans-anal irrigation to manage bowel movements/stools?
- Has the child had a continence assessment by a nurse?

5.3.4 Nutrition

- Is the child tube-fed?
- What type of tube do they have (through the nose into the stomach [nasogastric], or directly into the stomach or intestine [PEG])? Is tube feeding likely to be an ongoing need, or is it intended as a temporary/transitional support?
- Does the child receive food through a pump or a syringe?
- Do they get all their food, liquid and medication through the tube?
- Is there a report or recommendations from a dietitian and/or nurse?

5.3.5 Podiatry

- Has a podiatrist, prosthetist and orthotist or physiotherapist recommended specialised footwear or orthotics for the child?

5.3.6 Respiration

- If the child uses any equipment to support safe breathing: Has a health professional provided an itemised quote for consumable products needed for this equipment?

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5.3.7 Wound and/or Pressure Care

- Has a health professional talked to the family about the need for pressure care to keep the child's skin healthy?
- Has a health professional recommended products that need to be used regularly specifically to keep the child's skin healthy and prevent skin breakdown? Do you have a report from a health professional with an itemised quote?

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6 Evidence requirements

While gathering information about consumables, you may find that there is no evidence or that families are requesting supports that are not NDIS supports. You may also find that responses to questions about consumables have implications for capacity building supports.

Use the guidance below to help you answer the PEC questions about consumables and support families to gather the necessary evidence for their requests.

6.1 Consumables related to dysphagia

6.1.1 Evidence required: consumables related to dysphagia

Typically, a recommendation from a speech pathologist is expected, such as a mealtime management plan recommending any adjustments to food texture or liquid consistency. Ideally, an itemised quote will specify the amount of thickener required, as this can vary substantially among children who require different levels of consistency or who have fluctuating impairments. Where a mealtime management plan is not yet available, the evidence provided by the family or treating professionals can be considered to make a reasonable and necessary decision to fund an interim amount of dysphagia consumables.

Read more in article Understand disability-related health supports – core supports.

Note the need for funding of capacity building Improved Daily Living for delivery of health supports by a speech pathologist. Refer to article Understand disability-related health supports – capacity building supports. Read more about the role of a speech pathologist in dysphagia support in Our Guideline – Dysphagia supports (external).

6.1.2 Understanding a dysphagia consumables request

Respond 'YES' to 'Does the child need any consumable products or supports because of their developmental delay or disability?' if the child's family requests supports that are NDIS supports, such as:

- Modified cups, bottles or cutlery to manage dysphagia. For example, cut-out cups will promote the correct head position and reduce choking risk.
- Thickener added to food or drink will that assist to change the texture of food/drink to support safe swallowing.
- Nutritional supplement formula that is not funded by PBS.

Respond 'NO' to 'Does the child need any consumable products or supports because of their developmental delay or disability?' if the child's family requests supports that are NOT NDIS supports, such as:

- Pre-prepared blenderised meals (available in shops or from a meal preparation service), that have not been modified in any way other than changing the consistency, are considered food. As food is considered a day-to-day living cost, it is not an NDIS support. If an itemised quote separates the cost of the ingredients from the preparation and delivery, a planner delegate could consider funding the meal preparation component.

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- Medication and supplements. Many of these items are available through the Pharmaceutical Benefits Scheme (PBS).

6.2 Continence consumable products

Consider the information in the table below when recording information about continence consumables.

6.2.1 Table 1: Continence consumables by age

<4 years	Responsibility of families to fund for standard supports such as nappies/pullups. Non-standard items such as catheters are NDIS supports.	Responsibility of families to fund	Responsibility of families to fund
5 years	Funding consumables (e.g. nappies), AT and continence assessment	Responsibility of families to fund Fund continence assessment	Funding consumables (e.g. nappies), AT and continence assessment
6 to 8 years	Funding consumables (e.g. nappies), AT and continence assessment	Funding consumables (e.g. nappies), AT and continence assessment	Funding consumables (e.g. nappies), AT and continence assessment

6.2.2 Evidence required: continence consumables

Evidence is required to demonstrate that the support is related to a child's developmental delay or disability. Typically, a continence assessment by a nurse within the last year is considered the most reliable evidence. For children younger than 3 who request catheters or bowel management products, where a change in continence may be expected, more recent evidence may be needed. Where a continence assessment is not yet available, the evidence provided by the family or treating professionals can be considered to make a reasonable and necessary decision to fund an interim amount of continence consumables.

If a child is incontinent after the age of 5, or requires non-standard continence supports such as catheters, keep in mind that a continence assessment will be needed when you answer questions about capacity building supports. Read more in Our Guidelines – Continence supports (external).

6.2.3 Understanding a continence consumables request

Respond 'YES' to 'Does the child need any consumable products or supports because of their developmental delay or disability?' if the child's family requests supports that are NDIS supports, such as:

- Continence products for children older than 5
- Continence products for children of any age with a disability-related health condition resulting in a requirement for higher cost continence needs or a higher volume of continence supplies. For example, a child who has a neurogenic bladder, which is disability related, and needs catheters.

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Refer to the Technical Advice and Practice Improvement Branch - National Early Childhood Branch confluence page to understand if the request needs mandatory TAPIB advice. Once items that are not NDIS supports have been excluded from the quote, a request may no longer require mandatory TAPIB advice.

Respond 'NO' to 'Does the child need any consumable products or supports because of their developmental delay or disability?' if the child's family requests supports that are NOT NDIS supports, such as:

- Continence products for children younger than 5 without a disability-related health condition
- Medication, such as laxatives or stool softeners. Many of these items are available through the Pharmaceutical Benefits Scheme (PBS)
- Pharmaceuticals such as bladder flushes/washouts, for example Uro-Tainer
- General household items such as bin bags, bins, mops and cleaning materials, or laundry products
- Personal protective equipment (PPE) for use by paid supports such as support workers or nurses. Examples include gloves, masks, or hand sanitiser.

Apart from nappies, the following items may also be NDIS supports and require a response of 'YES' on the PEC. For example:

- Protective sheets – a higher quantity than would be expected for the child's age.
- Personal protective equipment for use by informal supports when in the community where no hand-washing facilities are available.

6.3 Consumables related to nutrition

6.3.1 Evidence required: consumables related to nutrition

Nutrition consumables may be requested for children who are tube-fed or who cannot meet all their nutritional needs through the food they eat. Typically, a dietitian is considered the most appropriate professional to provide the recommendation and itemised quote for nutrition consumables. A nurse may be able to provide a quote for the equipment but is not qualified to recommend the feeding formula. Similarly, a speech pathologist can make recommendations about changes to texture, such as thickener, but not the formula required for tube feeding. A medical professional may provide a letter/report to indicate whether the tube feeding is temporary or likely to be long-term.

Note that additional funding will be needed under CB Improved Daily Living in addition to the early intervention funding calculated based on support needs for a dietitian to provide a standard or complex nutrition plan. Refer to Our Guideline – Nutrition supports including meal preparation (external).

6.3.2 Understanding a nutrition consumables request

Respond 'YES' to 'Does the child need any consumable products or supports because of their developmental delay or disability?' if the child's family requests supports that are NDIS supports, such as:

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- Equipment such as tubing for tube-feeding
- Personal protective equipment for use by the informal supports and wound care consumables where a child has a stoma (a hole through which the feeding tube passes into the body. The stoma site will require regular cleaning to prevent infection).

Read more in article Understand disability-related health supports – core supports.

Respond 'NO' to 'Does the child need any consumable products or supports because of their developmental delay or disability?' if the child's family requests supports that are NOT NDIS supports, such as:

- Health funded formula: some of the tube-feeding formulas recommended for children are funded through the Pharmaceutical Benefits Scheme (PBS). If you cannot find the recommended formula listed on the PBS website Pharmaceutical Benefits Scheme (PBS) (external), consider a request for Early Childhood technical advice. Declining to fund feeding formula without confirmation that it is funded by PBS can hold significant risk to the child.
- Personal protective equipment (PPE) for paid supports.
- Medication and supplements.

6.4 Respiratory and wound care consumables

6.4.1 Evidence required: respiratory and wound care consumables

Any requests for respiratory, wound or pressure care consumables will need evidence that these are related to the child's disability to be considered a NDIS support.

A health professional should provide a recent (less than one year old) recommendation and itemised quote. For young children whose condition may change rapidly, a more recent assessment may be needed.

In many instances, especially for very young children, the recommendation will come from a hospital-based nurse. For children with respiratory support needs, a letter from a respiratory physician can confirm that the support need is related to the child's disability.
Where a child has a listed disability of Developmental Delay or Global Developmental Delay, and there is no listed disability that is associated with respiratory needs, consider a request for Early Childhood technical advice.

If a child's family requests funding for respiratory consumables, note that the child will need funding under capacity building for a health professional such as a physiotherapist or RN to provide a respiratory assessment, recommendation and itemised quotes.
Refer to Technical Advice and Practice Improvement Branch - National Early Childhood Branch confluence page for the mandatory referral criteria for respiratory and wound care consumables.

Read more in article Understand disability-related health supports – core supports and Determine disability-related health supports and meal preparation supports.

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6.4.2 Understanding respiratory and wound care consumables

Respond 'YES' to 'Does the child need any consumable products or supports because of their developmental delay or disability?' if the child's family requests supports that are NDIS supports.

Consider respiratory consumables that need to be replaced frequently, such as tubing, filters and masks.

Consider wound care consumables:

- to prevent skin breakdown or pressure injuries in children with limited independent mobility, such as moisturiser, barrier cream, pressure relief cushions, non-pH wash when used to prevent wounds, not as a replacement for soap
- for the management of chronic pressure injuries for children.

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7 Example free text field responses for PEC questions for equipment and consumables

When completing the free text fields in the **PEC** case equipment and consumable questions, describe the child's support needs for each relevant support area ensuring the child's age and what would be considered as age-appropriate development has been considered.

If the information is available in a report, include the name, profession, date of report/s in your response. Reports must be uploaded into PACE.

The free text fields have character limits. If more space is required, add the information to an **internal note** in the **Activity log** for the PEC case.

These example responses are a **guide** only.

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