

Submission to the Annual Pricing Review (APR) consultation paper. March 2024

About Professionals and Researchers in Early Childhood Intervention (PRECI)

Professionals and Researchers in Early Childhood Intervention (PRECI) is the peak body for professionals and researchers working with young children with developmental delay or disability, and their families. It is an Australian research-to-practice network focussed on outcomes for young children with developmental disabilities. PRECI was established as a not-for-profit public company limited by guarantee in June 2022. preci.org.au

Our vision is excellence and equity in services for young children with developmental disabilities or at risk of developmental delay, and their families.

Our purpose is to lead Australian early childhood intervention (ECI) research, knowledge translation, quality practice, and policy for young children with developmental disabilities.

PRECI has been formed to:

- provide a national network connecting ECI practitioners and researchers with a focus on supporting collaborative research, knowledge sharing and peer support.
- provide ECI professionals, community organisations, researchers, higher education institutions and policymakers with an authoritative source of information about best practice in ECI.
- identify, develop, promote, and raise awareness of advances in effective models of service delivery to ensure consistent implementation of best practice for young children and families.
- promote a national approach to coordinated and comprehensive pre-service, in-service, and post-graduate training opportunities for professionals working with children with developmental delay and disability, and their families and related mainstream services, on contemporary and evidence-informed practices.
- develop a national research framework and conduct research projects to advance and inform ECI within Australia.
- promote interdisciplinary collaborations to ensure advances in research and translation of research into practice.
- provide nationally coordinated and timely responses to federal policy, funding, and service delivery guidelines to support consistent contemporary practice in ECI.

PRECI board members hold leadership positions across various professional and research organisations across Australia. Their views are based on Australian and international research and practice and have been continuously sought by Federal and State governments for the last 30 years.

Background to this submission

While PRECI is not a direct service provider to NDIS participants, a primary purpose of our organisation is to support professionals working under the Early Childhood Approach to

implement best practice in their work with children and families. We promote the evidence-based Early Childhood Intervention (ECI) Best Practice principles¹ and the impact that they have on child and family capacity and the achievement of short-term and long-term, life-affecting outcomes. It is therefore our role to advocate for the quality and sustainability of ECI broadly and the workforce that provides these supports.

PRECI is thereby engaging with this review as a stakeholder representing the interests of practitioners (therapists and early educators) providing early childhood intervention as well as the young children and families accessing these supports. We will provide feedback at a broad level, relating to the Scheme's existing price control framework (pricing arrangements and price limits) and whether they support a best practice approach in early childhood.

We refer to PRECI's previous submissions to the NDIS Review ([April & August 2023](#)) where a number of recommendations were made that linked to the pricing structure of the NDIS. These recommendations are echoed in this submission.

PRECI supports in principle the findings from the recent NDIS Review², specifically Recommendation 6: *Create a continuum of support for children under the age of 9 and their families*, and the actions below:

- Action 6.1: **National Cabinet** should agree to jointly invest in a continuum of mainstream, foundational and specialist supports to address the needs of all children with disability and developmental concerns.
- Action 6.2: The **National Disability Insurance Agency** should reform the pathway for all children under the age of 9 to enter the NDIS under early intervention requirements.
- Action 6.3: The **National Disability Insurance Agency** should introduce a more consistent and robust approach to assessing developmental delay.
- Action 6.4: The **National Disability Insurance Agency** should change the basis for setting a budget to a whole-of-person level, and introduce a new needs assessment process to more consistently determine the level of need for each child and set budgets on this basis.
- Action 6.5: The **National Disability Insurance Agency**, in partnership with the Department of Social Services, the National Disability Supports Quality and Safeguards Commission, should require early intervention capacity building supports for children be based on best practice principles and evidence.
- Action 6.6: The **National Disability Insurance Agency** should develop and implement an approach for ongoing monitoring and evaluation of the effectiveness of early intervention for children.
- Action 6.7: The **National Disability Insurance Agency** should implement reforms to support the continuum and pathway for children using an iterative, inclusive approach to design and testing, and ensure participants experience a smooth transition to the new arrangements.

Responding to the Consultation Questions

PRECI's submission pertains to pricing arrangements under the Early Childhood Approach (ECA) which impacts participants aged from birth to under 9 years and relates primarily to the topic *Therapy Supports*, **question 10. "What is unique to the cost of providing early childhood supports for NDIS participants?"** Our response and recommendations extend beyond this question, reflecting on the ways that the current pricing arrangements have an unintended negative effect on early childhood intervention providers and outcomes for early childhood participants.

PRECI's responses to this consultation focus on the effect that the pricing arrangements have on 4 main areas;

1. The ECI workforce – the current pricing arrangements are not conducive to sufficient recruitment, ongoing training & development, remuneration and retention of experienced practitioners who are needed in this critical area.
2. The fidelity of the NDIS recognised ECI best practice principles – the current pricing arrangements do not support the implementation of best practice and further, they inadvertently disincentivise best practice.
3. Equity and choice in access to services for children and families – the current pricing arrangements have led to decreases in service offerings (such as group programs), a reduction in inclusion and capacity building supports offered in a family's home or early childhood education setting and preferential access for participants based on distance from the provider, complexity of need and plan size.
4. Rights of the child and inclusion - the current pricing arrangements present a risk to these fundamental tenets. There is significant indirect cost borne by organisations to ensure that the basic rights and freedoms of children are protected. The principle of "paying what it takes to create impact"³ will ensure rights are upheld and inclusion is supported.

1. A quality ECI workforce

The recent State of the Disability Sector report (NDS)⁴ revealed worrying, yet not unexpected results relating to the concerns of disability service providers when it comes to the workforce. As well as "34 percent of respondents reporting a loss last year and the 18 percent just breaking even...the worst year for financial viability in the eight years of the survey..." the survey found that "it is still tough to find support workers (78 percent reported extreme to moderate difficulty) and the availability of allied health professionals ranges from low to non-existent. Bad as finding staff is in the cities and major towns, it is much worse in regional and remote Australia."

These findings mirrored those from the 2023 Ability Round Table White Paper on Financial and Workforce Benchmarking⁵. This paper noted that the financial situation for therapy providers was the most dire.

It is our view that the NDIA, through its current pricing arrangements (established 2019) has not succeeded in its "role, as market steward, to create an efficient and sustainable

marketplace through a diverse and competitive range of suppliers who are able to meet the structural changes created by a consumer-driven market.” Instead we are seeing a thinning of the market when it comes to quality ECI services.

There is an acute shortage of appropriately qualified and experienced ECI practitioners. Appropriate qualification includes training in the ECI best practice principles along with a sound understanding of child development, coaching and capacity building approaches. Recruiting and retaining staff is a major problem for ECI service organisations because of the competitive market. Higher salaries and clinic based positions are more attractive and markedly so when the cost of living is increasing.

The latest national workforce plan for the NDIS unfortunately does not address ECI workforce issues.

Our recommendations

- **Based on the feedback from the sector, including the State of the Disability Sector report and the White Paper on Financial and Workforce Benchmarking, we believe that the NDIS rate for early childhood supports should be increased to cover the additional training and development, compliance activities (Module 2) and to pay competitive salaries to attract and retain experienced practitioners within the ECI workforce.**
- **The pricing framework should include strategies to enable providers to access technical assistance and induction supports for new ECI practitioners. Eg. Increase the price cap to account for these or alternatively provide financial subsidies for those services employing new graduates.**
- **Funding should be available for registered ECI providers to offer student placements to give them exposure to the sector that will be able to influence the future trajectory of NDIS participants.**
- **We also believe that Early Childhood Educators have an important and valuable role in early childhood intervention due to their knowledge of early childhood development and learning and therefore the pricing arrangements and price limits guide should be reviewed to encourage services to employ early childhood educators.**

2. Best Practice in ECI

Best practice in Early Childhood Intervention consists of 4 elements that are internationally recognised and supported by the NDIS (Inclusion and services in natural environments; family-centred practice; collaborative teamwork and capacity building; and evidence-based and outcomes-based approaches). These approaches, if implemented with fidelity, take time and consequently funding. For example, the relationship-based nature of a family-centred approach requires sufficient time to build rapport with caregivers and children and to gain an understanding of family values, preferences, culture, routines as well as their

capacities and networks. The structure of the current pricing framework, along with a lack of information for families on best practice means that there are perverse incentives for families to choose services that provide supports that are not in line with the Best Practice Guidelines. For example, choosing services that provide a clinic-only or siloed discipline-based (medical) model rather than a contextual collaborative transdisciplinary approach that builds the capacity of families, in order to get more “therapy”.

There is also a lack of sufficient technical assistance supports for providers to implement best practices. These approaches are not included in tertiary education and therefore this knowledge must be developed once a practitioner enters the ECI workforce.

A further point to note with regards to implementation of best practice in ECI, is that in order to have an infrastructure that supports best practice, organisations need to be of sufficient size and scope. This allows for staff to be supported and mentored, ongoing training and development, team around the child collaboration, ability to connect families and children with each other and the broader community

Our recommendations

- **Make changes to the pricing arrangements and price limits guide to encourage use of funding within the Best Practice Guidelines (e.g., restructure with separate components of funding for travel, key workers, family capacity building, family supports, collaboration and inclusion support).**
- **Provide funding for technical assistance to ensure ECI practitioners receive high quality training and regular coaching in order to deliver services in line with the Best Practice Guidelines. Additional strategies such as further study incentives and funded communities of practice should also be considered.**
- **In line with the findings of the NDIS Review, we also support the proposal for all providers, and specifically ECI providers, to be registered so that there is greater recognition of and accountability for best practice and meaningful outcomes for families and children.**
- **The pricing framework needs to acknowledge the importance of sustaining larger, multi-professional ECI organisations who play an important role in supporting access to best practice but inherently have greater costs to cover. An increase to the pricing for capacity building supports will allow for these higher costs to be met and thereby sustain the best practice approach.**

3. Access, Equity and Choice

The current pricing arrangements and its focus on increasing the number of businesses in the market have meant that the NDIA has failed as market steward in its responsibility for:

- i. “Empowering people supported by the NDIS to exercise choice and control”.
- ii. “Maintaining and expanding the supply of high-quality disability supports.”
- iii. “Driving efficiency and innovation in the market for those supports.”

- iv. “Supporting the transition of NDIS over the longer term to a more deregulated outcomes-based approach.”

Our observations and feedback received from the sector present a starkly different picture.

Choice and control have been eroded as there are fewer quality service options on offer to children and families. For example;

- Many organisations have ceased running programs at risk of not making a profit (eg. Group programs that require considerable planning, set-up and staffing).
- Travel is seen as a “waste” of valuable therapy funding and as such, more services are operating out of a clinic setting rather than travelling to the natural environment.
- Where travel does occur, providers are having to choose not to travel outside the 30 minute radius thus limiting access and equity in services.

As mentioned in the previous sections, the pricing framework has not supported providers to implement a truly best practice based approach. Workforce issues and the competitive salary market has also meant that expertise has not stayed within the ECI sector. As a result of these factors the choice of quality ECI providers has diminished meaning it can be harder for families to find and access a quality ECI service. This is exacerbated by the fact that there has not been sufficient support for families to understand supported evidence practices such as teamwork and collaboration between providers, understanding the importance of support in natural environments and inclusion support services, capacity building and empowering practices. Furthermore, the reduced access to qualified ECI practitioners is contributing to long waiting lists for ECI services and is compromising access, quality, and choice for families.

The State of the Disability Sector report and the White Paper present a concerning economic picture for the disability sector and particularly the therapy providers which includes ECI providers. The current pricing framework demands efficiency at the cost of innovation and best practice. Again, this has the effect of limiting quality choices for families and children. There has been a significant increase in the number of sole practitioners with limited expertise in ECI entering this space. As a result, collaboration and teamwork between providers has been more challenging and less efficient if it occurs at all. Small providers are also restricted in their ability to offer innovative services and programs due to logistics and lack of resources. This again has impacted access and choice for families.

There are limited examples of services with a true outcomes-based approach. The pricing framework is not conducive to this approach as it is focused on funding amounts, numbers of hours and individual therapies rather than opportunities for support.

Our recommendations

- **As stated previously, those recommendations that nudge best practices will maintain quality services and increase the number and types of evidence-based supports available to young participants and their families.**
- **Funding in NDIS plans should be focussed on needs rather than amounts so families are not limited in their access to supports that will meet their individual needs.**

- **Funding should be included in the pricing arrangements and price guide that recognise the true cost and allow for the additional time spent on activities that support innovation and therefore choice for participants. eg group programs, community collaborations.**
- **As mentioned, we believe funding should be available for registered ECI providers to offer student placements to give them exposure to the sector that will increase numbers of ECI practitioners and enable greater access to and equity in quality services.**

4. Rights and Inclusion

All early childhood practitioners and organisations support the UN Conventions on the Rights of the Child (UNCRC) and the Rights of Persons with Disability (UNCRPD). Within this, professionals and organisations need to create and support child-safe environments and practices. This requires that all practitioners take part in training, are supervised and undertake mandatory reporting activities if a child is thought to be at significant risk of harm. They must also find ways to ensure that the voice of the child is heard and that children can participate in decision-making and choice as appropriate. The Final report of the Disability Royal Commission is appropriately titled “Our vision for an Inclusive Australia and Recommendations; Realising the human rights of people with disability”.⁶ Many of the volumes refer to the importance of rights and inclusion throughout all stages of the lifespan and within all sectors of society (eg. Volume 4, Realising the human rights of people with disability Volume 5, Governing for inclusion Volume 6, Enabling autonomy and access Volume 7, Inclusive education, employment and housing Volume 8, Criminal justice and people with disability Volume 9, First Nations people with disability Volume 10, Disability services Volume 11, Independent oversight and complaint mechanisms). The inclusion practices as outlined by their recommendations are all impacted by funding of services that support compliance and best practices in early childhood intervention.

Inclusion for children with disability and/or developmental delay across all sections of society is reliant on the ability of organisations to communicate freely and comprehensively with agencies and departments relating to individual children or cohorts of children. The current pricing framework does not allow for this time. The NDIS Annual Pricing Review needs to acknowledge that “paying what it takes” in a way that nudges good practice - that which upholds child safety, decision-making and choice and inclusion - must be an outcome of this pricing review.

Our recommendations

- **PRECI supports the findings of both the NDIS Independent Review and the Disability Royal Commission.**
- **The pricing framework must “pay what it takes” to support the indirect but highly valuable elements of service provision that support the rights and inclusion of children more broadly.**

- The pricing framework needs to discourage silos of support and facilitate collaboration across agencies and departments to enhance the outcomes for children with disabilities and their families.

References

¹ Early Childhood Intervention Australia (2020). *National Guidelines for Best Practice in Early Childhood Intervention*. Retrieved from <https://www.preci.org.au/practice-guidelines/>

² NDIS (2023a). *NDIS review report*. Retrieved from <https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis>

³ Social Ventures Australia (March 2022). *Paying what it takes to create impact*. Retrieved from <https://www.socialventures.com.au/sva-quarterly/paying-what-it-takes-to-create-social-impact>

⁴ NDS (2023). *State of the Disability Sector Report*. Retrieved from <https://www.nds.org.au/index.php/about/state-of-the-disability-sector-report>

⁵ Ability Round Table (2023) *White Paper: FY23 Financial and Workforce Benchmarking Results*. retrieved from <https://www.abilityroundtable.org/post/white-paper-fy23-financial-and-workforce-benchmarking-results>

⁶ Disability Royal Commission (2023). *Final Report. Executive Summary, Our vision for an Inclusive Australia and Recommendations*. Retrieved from <https://disability.royalcommission.gov.au/publications/final-report-executive-summary-our-vision-inclusive-australia-and-recommendations>

PRECI board members would welcome the opportunity to meet and discuss our recommendations with the Pricing Review Committee.

Kind regards,

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