

SUBMISSION TO THE NDIS PROVIDER AND WORKER REGISTRATION TASKFORCE

About Professionals and Researchers in Early Childhood Intervention

Professionals and Researchers in Early Childhood Intervention (PRECI) is an Australian research-to-practice network focussed on outcomes for young children with developmental disabilities.¹ PRECI was established as a not-for-profit public company limited by guarantee in June 2022.

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

Our purpose is to lead Australian early childhood intervention² (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 practitioners³ 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 members⁴ 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.

¹ The term 'developmental disabilities' in this document encompasses children with disability, developmental delays, and developmental concerns.

² Early Childhood Intervention (ECI) is described as "the process of providing specialised support and services for infants and young children with disability and/or developmental delay, and their families in order to promote development, well-being and community participation". (ECIA Vic/Tas, 2023)

³ ECI practitioners are minimum bachelor qualified members of a collaborative team (e.g., speech pathologists, occupational therapists, psychologists, physiotherapists, specialist teachers, social workers...)

⁴ See below for current PRECI Board members.

Our submission responds directly to the NDIS Provider and Worker Registration Taskforce (the Taskforce) areas for improvement questions.

How do you currently engage with the NDIS?

PRECI currently engages with the NDIS through submissions that support and advocate for best practice in ECI and by conducting research and collaborating with researchers to inform NDIS of the current state of evidence internationally and locally. PRECI engages with the NDIS Children's Taskforce directly through regular meetings and we interact indirectly with the NDIS via our members and stakeholders.

PRECI represents the needs of our members and stakeholders including:

- Children with a delay in development, or disability, and their families
- Service Providers, such as allied health practitioners and specialist educators, who are delivering ECI services, including:
 - Early childhood education and care service providers
 - Early Childhood Partners in the Community
 - Sole providers (NDIS Registered and unregistered)
 - Employees for Providers of NDIS services (Registered and unregistered)
 - Policymakers
 - Researchers

PRECI currently engages with our members and stakeholders through our website, social media channels, emails, conferences, newsletters and professional learning opportunities.

Refer to our website for all details <https://www.preci.org.au/>

What do you think of the proposed levels of registration and enrolment in the report?

PRECI supports the *scale of a graduated risk-proportionate regulatory model*, as proposed in the NDIS Review Final Report, as this would ensure that all NDIS providers are registered, thus **ensuring oversight and safeguards**. However, the current proposed graduated risk-proportionate registration model does not consider or reflect best practice in ECI. Nor does it highlight the additional needs of practitioners and organisations to provide services within the framework of evidence-informed ECI.

Currently, there is a broad range of service providers with varying skills, knowledge and experience delivering ECI services and programs for children and their families and the registration and enrolment process needs to consider this diversity of service providers. Some of these providers include

- National, state-based, and local providers
- Providers serving metropolitan, rural, or remote locations, or a combination of all three
- Large and medium-sized organisations, and small organisations with only a few employees
- Sole providers

- Not-for-profit generic service providers
- Not-for-profit early childhood intervention service providers
- Non-government organisations that deliver ECI services only, and who were in operation prior to the roll-out of the NDIS
- For-profit private practices which are: (a) consortiums of allied health services, or a single discipline, (b) services provided only to young children, or delivered across ages from 0-65 years, and (c) new businesses since the roll-out of NDIS, or well-established practices.

PRECIP proposes that registration for Category E (ECI) includes the demonstration of **core competencies** of ECI practitioners such as competencies for evidence-informed practice as well as quality and safeguard competencies that benefit all the above providers and ultimately the participants and their families. Through a competencies-based registration process, NDIS will be able to ensure that ECI practitioners are providing quality and safeguard competencies. The demonstration of these competencies will ensure that children and their families receive the support to (i) keep children safe, (ii) are based on evidence-informed service approaches, and (iii) give children equal opportunities to inclusion and best possible outcomes. This will ensure that registration is not watered down but supports service providers to improve services, ensuring that all employees have the knowledge and skills required to deliver evidence informed practices.

PRECIP proposes that in addition to the proposed four broad categories (A-D), a fifth category (E) for children under 9 years of age be added. The NDIS already recognises that children 0-9 years need the support of professionals with specific knowledge and skills as evidenced by the NDIS using a separate Early Childhood Approach for children, different pricing arrangements for children, and the introduction of assessments against Module3: Early Childhood Supports for registration. We propose a crucial enhancement to the proposed model with the implementation of a **dual registration approach** consisting of a **separate level of registration** for **all ECI practitioners**. Our proposed **dual registration approach will include a stand-alone registration** for **all ECI practitioners** and a **separate registration for organisations**. This will ensure that not only the **organisations** are registered and follow best practices in ECI, but **every** ECI practitioner demonstrates knowledge and understanding of **evidence informed practices** in ECI, juxtaposed with **quality and safety competencies**.

The registration for ECI accreditation will ensure that families **retain choice and control** of services that can support their child's development **with the assurance that due diligence** has been completed. Families are currently **expected to be the expert** in evidence-informed practice in ECI prior to making decisions about which service providers they engage with. The **burden of responsibility** is on the families when making these decisions, often without adequate knowledge of ECI services available and the quality of services and programs offered by providers.

Similar to the **Helping Children with Autism (HCWA)** and **Better Start** programs, the **end process** would be families receiving a **menu of providers** so they can be confident that not only are the providers registered with NDIS and are geographically suited to their family, but they have fulfilled the **due diligence** for being an accredited ECI provider. Everyone will benefit from registrations that are done well, including **families**, as they **can be confident** that the services they are engaging with have completed all the relevant requirements and make an informed choice. Ultimately, this will support the **best outcomes for children and their families**.

What key features of the proposed model are important to you?

The most important feature is that **NDIS will have oversight** and that **all ECI service providers will be accredited with some form of registration process** to undertake and demonstrate their competencies and knowledge of best practice in ECI.

The key features that PRECI proposes for the development of a workforce dual registration model are as follows:

- That an additional tier of registration is required for organisations, along with individual registration for every ECI practitioner, to become accredited to provide ECI. This tier of registration needs to ensure that all organisations, and individual practitioners, have the competencies to deliver high-quality ECI services.
- That a set of competencies are designed with a) leadership from peak bodies such as PRECI, (b) the support of an ECI expert advisory group, and c) in collaboration with the Early Childhood sector and children and families.
- That the competencies need to be linked to the education and health sectors to ensure a more inclusive universal approach to best practices in ECI across all systems.
- This proposed model needs to be transparent, accessible, child-centred and family-centred.

What is the most important thing to you that you want the Taskforce to consider when developing their advice?

The most important things PRECI wants the Taskforce to consider, in addition to the general registration process, is that

- The ECI sector has a **registration and accreditation process** that is **specific to the ECI sector**, and which reflects recommendations of evidence-informed practice.
- The registration process needs to be **easy and accessible** for all service providers whilst maintaining a focus on **governance, safety, and quality**.
- The recipients of the registration process need to have the **confidence** that the services they are engaging with are providing evidence-informed practice, and that the practitioners are periodically reviewed based on the evidence-based nature of their practices. This could include peer reviews or audits that assess the application of research in their clinical decision-making processes.
- A system of checks is in place to **ensure quality is maintained**, and regular **reviews** are conducted rather than being of a reactive nature.
- The registration processes need to **build the sector's capacity and be strength-based**, with a focus on continuous quality improvement.
- The registration process needs to **engage peak bodies such as PRECI** and collaborate with **academic institutions** to inform knowledge and practices within the sector.

Lastly, we propose **not to restrict participants' choice and control**, but to provide **families with the capacity to make informed choices** from a **menu of registered ECI providers**, ensuring the best outcomes for their child and family.

In your view, how can the proposed model uphold the rights of people with disability including the right to live independently and be included in the community, be free from violence, abuse,

neglect, and exploitation, have an adequate standard of living and economic and social participation?

The proposed model needs to ensure that not only the rights of people with disability are upheld but the **additional rights children have, in line with the Convention of the Rights of the Child, are strongly considered**. This includes the right to play, have fun, be safe, have a voice about decisions that affect them, be included and participate in the everyday life of their family and community. Adopting the model proposed by PRECI to include additional registration and accreditation for ECI providers will ensure that children receive **support that aligns** with the most current and up-to-date best practice guidelines. These guidelines inherently support and uphold the rights of a child.

The model needs to ensure that registered services prove they are **inclusive**, focussing on the child's needs including **child-centred practice**, and ensures **protection from harm, family and community engagement, access** to facilities and activities, **advocacy** and legal support, feedback mechanisms, **monitoring and evaluation**.

PRECI board members would welcome the opportunity to meet and discuss our recommendations with the Taskforce.

We would like to point out that we can see various ways in which PRECI could support the implementation of some of the recommendations made in our submission, both in the short and long term. PRECI board members would be happy to explore these with the Taskforce.

Kind regards,



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- Dr Kerry Bull: ECI consultant (Vic)
- Paula Buttigieg: Executive Director Wize Therapy (WA)
- Kerry Dominish: CEO EarlyEd (NSW)
- John Forster: CEO Noah's Ark Inc. (Vic)
- Megan Fox: National Early Childhood Specialist , Mission Australia (NSW)
- Dr Susana Gavidia-Payne: Adjunct Associate Professor, Educational and Developmental Psychology, RMIT University (Vic)

- Susan Gibson: Director Play, Move & Grow Assoc (SA)
- Prof Christine Johnston: School of Education Western Sydney University (NSW)
- Denise Luscombe: ECI Consultant, Director Postural Care Australia (WA)
- Dr Tim Moore: Senior Research Fellow, Centre for Community Child Health, The Royal Children's Hospital (Vic)
- Trish Wachtel: Area Manager, Early Childhood Approach, Early Childhood Australia, Developmental Educator (NT)