Promoting best practice in ECEI

March 2020

In response to concerns that the sector could not agree on best practice in ECI and the inequity in plans, the Council:

- **reviewed tension and evidence related to best practice, comparing Australian best practice (including best practice for children with ASD) with that in UK, Scotland, NZ and US;**
- **examined challenges in delivery in the NDIA; and**
- **identified a best practice approach to participant planning and budget.**

What did we learn

In relation to best practice:

- There is significant similarity between general best practice guidance and that for children with ASD.
- Australian guidance for children with ASD differed from guidance for children with ASD in the UK, Scotland, NZ & US, with its focus on expert intervention to get the child ready for participation rather than having experts working with the family and carers in natural settings to enhance development.

In relation to equity in plans:

- Access is broadly in line with population expectations BUT:
  - plans for children of Indigenous and CALD families have lower than expected committed supports, plan utilisation and rates of self-management; and
  - increasing socio economic status is associated with higher committed supports, plan utilisation and self-management.

In relation to delivery:

- Practice in ECEI is very different to that modelled, with 60% more children aged 0-6 becoming participants and more likely to enter under disability criteria (s24).
- More children than expected progressing through to funded supports, with ECEI Partners with less ECI experience having the highest number of children becoming long-term participants.
- Access decisions increased over last 2 quarters, with 96% of children found eligible for ECEI Pathway becoming participants (strategies to reduce backlogs contributed to this).
- Plan utilisation is lowest in the first year.
- Parents of children aged 0-6 perceive the NDIS helped their child's development and accessing to specialist services, but found the NDIS less helpful in how the child fits into family and community.
- ECEI Approach lacks a vision and framework for implementation.
- Planning is child focused, deficit-based (rather than family-centred and strengths-based).
- Short time frame for planning and high staff turnover reduces effective support for decision making
- Services increasingly centre-based or delivered in offices of sole therapists resulting in duplication and lack of coordination.
- ECI conflated with therapy and other staffing options ignored.

What should the NDIA do?

1. Refocus the ECEI Pathway to:
   - provide information, referral and short-term support for parents concerned about their child's development with only those requiring long term support becoming NDIS participants; and
   - redress equity in plans, plan utilisation and rates of self-management.
2. Develop effective decision support.
3. Promote the use of family-centred practice in planning and funding.
4. Develop new guidelines for children with ASD.
5. Strengthen ECI practice including:
   - close the research to practice gap;
   - strengthen emphasis on participation and inclusion;
   - shift to strengths based planning;
   - evaluate innovative approaches; and
   - promote market development.
6. Develop & promote a workforce strategy.

Independent Advisory Council to the ndis