

PRECI (Professionals and Researchers in Early Childhood Intervention)

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.

Response to the “Draft Lists of NDIS Support” from **PRECI** - these suggestions are primarily focussed on the needs of children and young people with disability or developmental delay.

1. Do you think the draft list of NDIS Supports covers the kinds of disability supports you think should be included?

Yes - for the most part. However some supports are still unclear and would benefit from further clarification. Some additions are also suggested.

● **If not, what changes would you suggest?**

Suggestion 1:

There should be an additional category of Assistive Equipment to cover supports used for a “productivity” purpose in the case where it is not something that would usually be provided by a workplace or educational facility, or where the use is primarily in the home environment. For example, aids for self-regulation, aids for organisation/executive function.

Suggestion 2: *Under Assistance with Travel/Transport Arrangements*

The provider travel component should be more clearly linked to travel “with the participant” in the activity of accessing community activities, or in transport training. This should be clearly distinguished from the provider travel that is used by the provider to deliver supports to the participant in the natural context. For example, by therapists and/or key workers/lead



practitioners travelling to see a child in the home environment (see Suggestion 3).

Suggestion 3:

We would also suggest that funding for providers to deliver supports in the natural context has its own category so it does not form part of the budget for therapeutic or early childhood supports. This will provide incentive for families to engage in a best practice model of contextually based supports, rather than accessing only clinic or centre-based supports to get a higher intensity of supports. This funding should include sufficient funds to cover the provider time in travel as well as the non-labour mileage costs.

Suggestion 4: *Under Assistive Products for Personal Care and Safety*

This should specify that it MAY include some off the shelf products that can address a disability-related need. An example would be helmets that are for the purpose of protecting the head in the case of seizures or headbanging behaviours that are as a result of a disability.

Suggestion 5: *Under Customised Prosthetics (includes Orthotics)*

This should specify that it MAY include some off the shelf products that can address a disability-related need (clearly distinguished from orthotics that are typically required by individuals for treatable conditions - ie. not permanent conditions arising from a disability). Examples of off the shelf items that address a disability-related need include wrist splints, postural garments, and heel raisers.

Suggestion 6:

Consider alternative wording for the Early Intervention Supports for Early Childhood to capture the full scope of these important supports and better reflect best practice.

Early Childhood and Family Supports: Provision of evidence-based early childhood intervention in natural settings by a team of suitably qualified professionals (including therapists and educators) led by a key worker (also known as a lead practitioner). Capacity building supports for all children 0-



9 years with developmental delay or disability and their families to achieve better long-term outcomes, regardless of diagnosis. This includes funding further assessment by health professionals for support planning and review as required.

Suggestion 7: *Under Household Tasks*

Make inclusive of the caregivers of younger participants in the extreme situations where the additional care needs of the child mean that the caregiver/s is/are unable to undertake these tasks. (It is important that this is a choice for families in order to sustain the family unit and allow parents to be a strong, connected support for their children. In many cases this is also greater value for money than respite or utilising a support worker).

Suggestion 8: *Under Therapeutic Supports*

Consider the different needs of young people aged 9-16+ who are still under the care of their family. Therapeutic supports for these individuals need to take their specific social and family contexts into consideration and to collaborate and build capacity with people within these contexts. Family-centred practice and utilisation of a key worker/lead practitioner continue to be very relevant for these children and young people.

- 2. Are there goods or services on the draft exclusion list that you think shouldn't be there?** On the whole we would agree with most of the exclusions. With regards to children, we would suggest a few considerations.
- **If yes, please list in order of importance** (these suggestions are all considered important - ordered based on the order they appear in the list).

Suggestion 9: *Under Day to Day Living - Accommodation and household related*

- Standard home security and maintenance costs, fencing, gates and building repairs. Consideration as a carve out would be additional costs for home safety equipment and modifications for older children who are at risk



of absconding or accessing dangerous items due to their disability (eg. intellectual disability, autism) provided these are part of a behaviour support plan. We recognise that this could fall under the general carve out of “Additional living costs that are incurred by a participant solely and directly as a result of their disability support needs” however more specific clarification is helpful in these lists.

Suggestion 10: *Under Day to Day Living - Lifestyle related*

- Trampolines - modifications/accessories to make this equipment accessible to children with disability should be included as a funded support. e.gg. customised steps, below ground trampolines.
- Menstrual products - while these products are considered an everyday expense, there are some situations relating to children and young people that should be considered a carve out, where the cost relates to the disability and exceeds what would typically be expected. Examples include children with intellectual disability or children with ASD and sensory processing differences who require considerable additional time and practice to learn to manage menstruation prior to onset; period bathers to allow participation in swimming lessons and recreational swimming; additional equipment to assist with the task (requirement due to physical and/or sensory difficulties) eg. gloves, wipes, tampon inserters.

Suggestion 11: *Under Day to Day Living - Clothing related*

- Smart watches - not considered an everyday expense for young children. Can assist children with intellectual disability, ASD, or other disabilities (that impact cognition and specifically executive function), with reminders for self-care (such as managing menstruation, applying deodorant etc.), routines/organisation, self-management, relaxation/regulation. Additionally, SIM-enabled smart watches can provide valuable safety features for children who are learning to be more independent in the community (for example, GPS tracking and ability to make calls). These are typically more expensive than basic smart watches.



Suggestion 12: *Under Not Value for Money/ not effective or beneficial - Wellness and coaching related*

- Gaming therapy - further clarification required about when this would not be considered value for money. A wide range of modalities may be used in Early Childhood Early Intervention (Early Childhood Supports) or Therapeutic Supports and in many cases this includes "Gaming" - either electronic or board games. When working with children to target specific functional goals, therapy needs to be engaging and should tap into children's interests and strengths. As well as being engaging and child-led, there is some strong supporting evidence for the use of gaming therapy eg. for social communication (cooperation, turn-taking etc), and for targeted functional movement eg. for children with cerebral palsy.

3. Do you have any further feedback or concerns with the draft NDIS support lists?

Suggestion 13:

A specific phone assistance line should be set up for NDIS supports-related questions, staffed by people who have comprehensive and consistent knowledge of the support types and what is and isn't included.

Suggestion 14:

Consider use of plain English and remove confusing terms such as "carve outs".

