

# Implementation of the NDIS in the early childhood intervention sector in NSW

## Report 1 – Findings from data collection Round 1

Prepared for:  
Early Childhood Intervention Australia NSW/ACT

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## Abbreviations

ADHC	NSW Government Family and Community Services – Ageing, Disability and Home Care
ECEC	Early Childhood Education and Care
ECEI	Early Childhood Early Intervention
ECI	Early Childhood Intervention
ECIA	Early Childhood Intervention Australia
FACS	NSW Government Family and Community Services
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NSW/ACT	New South Wales/Australian Capital Territory

# Executive summary

The early childhood intervention (ECI) sector is currently in transition to the full National Disability Insurance Scheme (NDIS). This transition requires families to make new choices about which services best meet their child's needs. It also requires ECI service providers to begin to deliver services under the NDIS, using its core approaches of maximising choice and control and individualised service provision. The quality of the transition to the NDIS has important implications for children with developmental delays and/or disabilities, families and ECI service providers.

There is a need to further understand what happens as more children, families and ECI service providers move to the NDIS. This will ensure that key transitional issues can be identified and addressed as the roll out occurs, to best achieve good practice ECI for children and families, and innovation and sustainability for ECI service types.

Early Childhood Intervention Australia (ECIA) NSW/ACT commissioned the Social Policy Research Centre to conduct research into the experiences of families and ECI service providers in the transition to the NDIS in New South Wales (NSW). Earlier research canvassed the relevant early intervention literature and good practices in the context of the NDIS (Meltzer et al 2016a). The research is a two time-point study with surveys, interviews and case studies. This report provides an analysis of the findings from the first round of data collection, and implications of the findings for the ongoing rollout of the NDIS.

In Round 1 of data collection, 24 people participated in semi-structured interviews: 10 family members and 14 service providers. The anonymous online survey was completed by 179 people: 67 family members and 112 service providers. Research participants came from areas across NSW. The data shows a wide range of experiences among both families and service providers regarding preparations for the NDIS and their first experiences while in the Scheme. The interim implications presented here will be further explored in the next phase of the research.

## Family experiences

There were no consistent family experiences in any aspect of the transition. In general, families appeared to fare well when they had educational and social capital to navigate the support system, financial resources to cover any funding gaps while waiting for the NDIS, effective support from an ECI provider, a knowledgeable and helpful National Disability Insurance Agency (NDIA) planner or a combination of the above. On the other hand, families who were vulnerable in any way – be it socially, culturally or financially – or who had unhelpful interactions with services or the NDIA were at higher risk of experiencing funding and service gaps, delays, frustration and distress.

It appears that NDIA processes were variable and might lead to inequitable Individual Funding Package funding and service provision among families. Any delay in funding allocation seemed particularly problematic in the context of early childhood as it put the efficacy of potential early intervention in question, thereby risking higher support need in the long term.

The implications are that NDIA might consider modifications that lead to consistent and equitable support for families during their transition process, including:

- provide families with independent information and preparatory support about the NDIS that is easily accessible and culturally appropriate
- consider more formalised information and preparation resources for families and service providers across the state, including in all regional and rural areas
- fund ECI service providers to perform more family information and preparation functions
- always offer respectful formats for NDIS planning meetings that consider families' needs regarding time, location, cultural and communication preferences
- inform families about the progress of their NDIS application in real time and maintain ways for families to proactively seek updates rather than wait for NDIA contact
- work with families and service providers to manage gaps in funding while waiting for the NDIS, or to find alternative sources of support
- provide families with NDIA planners and staff who have adequate and consistent expertise in early childhood development and disability
- give families and service providers opportunities for feedback to NDIA if the transition process is inadequate.

### **Service provider experiences**

The transition experiences of service providers were widely variable as well. In general, large organisations appeared to cope better with adapting to the new NDIS environment than smaller organisations, due to differences in financial and organisational capacity. Organisations in regional and rural areas often mentioned additional difficulties in accessing information and training about the NDIS and incorporating travel times into their pricing structure.

The adaptation issues that providers mentioned fell into two categories: some were transitional issues, which occur as service providers move over to the NDIS and which are likely to resolve once the NDIS is well established; others were systemic issues, which are embedded in the new NDIS environment and will likely remain unless they are addressed. The transitional issues are:

- higher workloads due to plan writing and implementing operational changes (administration, record keeping, software) without compensation
- insufficient, inconsistent and changeable information from NDIA makes operational change and business planning difficult.

The systemic issues are:

- ensuring adequate funding mechanisms to cover travel time
- higher ongoing administrative load and cost, which is more problematic for small organisations than bigger ones due to less overall financial capacity.

This research indicates that both types of issues could be addressed by NDIA to enable a smoother transition process for providers as well as a varied service network over time.

### **Implications**

The Round 1 research findings have implications for practices to adequately meet the needs of children in the context of the NDIS, in particular the following:



- **Good practice for children and families**

- build family capacity – to navigate the NDIS system, take over unfunded tasks (e.g. sourcing equipment) and choose appropriate, evidence-based support
- implement innovative travel solutions – e.g. service brokerage, satellite offices or working from home
- adapt mechanisms for staff communication and collaborative practice – e.g. core office days or online apps
- bridge funding gaps by tapping into a diversity of services and funding sources and lobbying NDIA.

- **Innovation and sustainability of ECI service types**

Implications for NDIA:

- monitor whether access to client families differs between Early Childhood Early Intervention (ECEI) and non-ECEI providers
- recognise the additional challenges of change management for small providers and providers in non-metropolitan areas
- offer ongoing opportunities for ECI and mainstream providers to give feedback and have input into NDIS design.

Implications for service providers:

- ensure good organisational leadership, which helps with change management
- consider changes in staffing and internal administrative processes, staff training, marketing, diversifying the business
- establish or foster local provider networks
- talk with families about managing changes in funded service types (e.g. how travel can be accommodated within packages).

- **Effective interface with mainstream services**

- NDIA can monitor and, if necessary, adjust referral pathways to ensure efficient, timely early intervention
- NDIA can produce information resources for mainstream services about the NDIS, including ECI good practice guidelines such as trans-disciplinary approaches and inclusion, or liaise with sector peak bodies to produce such information
- ECI providers can proactively inform mainstream services about NDIS and the ECI sector.

# 1. Research background and scope

## 1.1 Background

The introduction of the National Disability Insurance Scheme (NDIS) is an extensive restructuring of the disability support system in Australia. In the past, most disability services were funded by government through block funding to service provider organisations. Under the NDIS, access to services is instead through information and referral, short-term intervention supports, or an individualised funding package provided to a person with disability to make choices about which services best meet their needs. Through the package, reasonable and necessary supports are provided to people with disability for early intervention and social and economic participation.

As part of the disability service system, early childhood intervention (ECI) is provided through the NDIS. In the ECI context, children with disability and their families receive support through information and referral, short-term intervention supports, or through individualised funding and personalised, trans-disciplinary services.

While under trial since July 2013, the NDIS began its full roll out in New South Wales (NSW) and around Australia on 1 July 2016. In February 2016, the National Disability Insurance Agency (NDIA) announced its Early Childhood Early Intervention (ECEI) approach. The NDIS ECEI approach helps children with developmental delay or disability and their families to achieve better long-term outcomes through support services in their local community, regardless of diagnosis.

In October 2016, the NDIA announced that it had worked collaboratively with the NSW Government and Early Childhood Intervention Australia (ECIA) NSW/ACT to determine a transitional approach to the implementation of the ECEI approach in NSW. This transitional approach means that until June 2018, current NSW ECI providers who provide supports consistent with elements of the NDIA's ECEI approach are contracted to continue to deliver ECI, referral and information support to families through the NSW Government (ADHC).

These providers also develop and recommend reasonable and necessary supports to be funded under the NDIS. This aims to retain referral pathways, maintain capacity for short-term support and information provision, minimise disruption to children and families, and support the transition of ECI to the NDIS.

The ECI sector in NSW is therefore currently in transition to the full NDIS, with the arrangements for the ECEI approach forming a key part of the transition. The transition to the NDIS full scheme requires families to make new choices about which services best meet their child's needs. It also requires ECI service providers to begin to deliver services under the NDIS, using its core approaches of maximising choice and control and individualised service provision.

The quality of the transition to the NDIS has important implications for children, families and ECI service providers. Previous research in the Hunter region (an NDIS trial site) and the Nepean Blue Mountains (an early roll out site) indicates key transitional issues as ECI service provision moves to the NDIS (Meltzer et al. 2016a). These issues can include managing the service level provided to children and families with different entry points to the NDIS or different service entitlements; managing a renewed focus on trans-disciplinary collaboration, often with new providers in the

market; and learning how to fund different types of work, as well as cancellations, under a billable-hours system (Meltzer et al. 2016a). In the Nepean Blue Mountains, where the NDIA's ECEI approach was first implemented before its national roll out, ECI service providers found this approach useful for enabling them to continue to provide services to children who might not access NDIS individualised packages. They felt it was one of the key aspects of policy that eased the transition (Meltzer et al. 2016a).

In this context, there is a need to further understand what happens as more children, families and ECI service providers move to the NDIS, what transitional issues they experience, and how these issues can best be addressed. It is important to understand the benefits, challenges and unintended consequences that different groups of families and providers may be experiencing over time. While some study of these issues has taken place as the NDIS has been trialled and in the early roll out phase, there is a need for more thorough research about the transition as the full roll out takes place (including the ECEI approach). This will ensure a range of key transitional issues can be identified and addressed as the roll out occurs, to best achieve good practice ECI for children and families, and innovation and sustainability for ECI service types.

There is also a need for research into how different groups experience the transition. Families have different levels of experience of the NDIS and of ECI service provision, including those who have had experience of ECI services pre-NDIS, those who have only had NDIS ECI services, and those who have no NDIS experiences yet. Service providers also have different backgrounds, including those directly providing ECI services, and those who work closely with ECI, but come from education, health, allied health and other mainstream services. Each has a different experience of the transition that needs to be understood and any issues for them addressed.

Therefore, ECIA NSW/ACT commissioned the Social Policy Research Centre to conduct research into the experiences of families and ECI service providers in the transition to the NDIS in NSW. This is the first report from the research. Details about the research objectives and research questions are provided in the following section.

## **1.2 Research objectives and questions**

The research is being conducted to identify issues in the transition to the NDIS and to inform ways to address these issues for the full NDIS implementation. The objectives of the research are to:

1. Add to the evidence base about the transition to the NDIS in the ECI sector
2. Understand the experience and implications in NSW of the transition to the national ECEI approach
3. Inform practice change
4. Improve outcomes for children and families (by providing the information necessary to address transitional issues as they arise).

The research questions are:

1. What are the family, ECI service provider and mainstream provider experiences of the current transition to the NDIS in NSW?

2. How can ECI service types be delivered, including under the ECEI approach, to best achieve:
  - a. good practice services for children and families?
  - b. innovation and sustainability of ECI service types?
  - c. an effective interface with other service types?

## 2. Methodology

### 2.1 Research approach

The research is a two time-point study with surveys, interviews and case studies. Data will be collected twice throughout the project in the first and last half of 2017, with capacity for participants to contribute once or twice based on preference. This design allows information to be collected at the aggregate level, while also exploring longitudinal change. It also allows focus on the perspectives of families and service providers who enter the NDIS in both Years 1 and 2 of the transition. The project has three phases, as outlined below. More detail about the methodology can be found in Meltzer et al. (2016b).

#### 2.1.1 Phase 1: Planning and project set up

The project commenced early 2017 with planning with ECIA NSW/ACT to confirm the research focus, questions and methodology. A Reference Group composed of ECIA staff and Board members, ECI service providers and sector experts informs the project.

#### 2.1.2 Phase 2: Data collection round 1 and preliminary analysis

In Round 1 of data collection in the second quarter of 2017, semi-structured telephone interviews and online surveys were conducted with family members and service providers. The purpose of the interviews and surveys was to gain both in-depth and aggregate information about their experiences in the transition to the NDIS. Family members were asked about their experiences of using services, while service providers were asked about the changing experiences of their work and their perceptions of changes in the structure and system they work in. Appendix A contains the interview and survey questions. This report covers the research findings up to this phase of the research.

#### 2.1.3 Phase 3: Data collection round 2, final analysis and reporting

Phase 3 in the last quarter of 2017 will repeat the interview and survey data collection processes from Phase 2. Adapted interview and survey questions will be repeated to examine and measure change. Some new questions may be added to or deleted from both the interviews and surveys to cover gaps and further explore the preliminary findings from Phase 2. Participants from Phase 2 will be invited to take part again, and some new participants will also be recruited. This will enable examination of both longitudinal change and aggregate change at the second time-point. The final report for the project will cover the combined research findings from Phases 2 and 3.

### 2.2 Sample and recruitment

In Round 1 of data collection, 24 people participated in semi-structured interviews: 10 family members and 14 service providers. The anonymous online survey was completed by 179 people: 67 family members and 112 service providers (Table 2.1). Research participants may have completed the survey as well as taken part in an interview. Also, individual families may have completed the survey multiple times if they had concerns about the development of more than one of their young children or had more than one child with a disability.

**Table 2.1 Sample for Round 1 of data collection (N)**

	Family members	Service providers	Total
Interviews	10	14	24
Surveys	67	112	179
<b>Total<sup>1</sup></b>	<b>77</b>	<b>126</b>	<b>203</b>

Notes: <sup>1</sup>There may be double counting, as research participants may have completed both the interview and the anonymous survey.

ECIA NSW/ACT assisted with marketing the survey and recruiting for interviews. ECIA NSW/ACT marketed the online survey links to their membership, non-members and distribution lists, including asking key personnel, such as Board members, to pass on the information. Invitations to participate in interviews were also extended through ECIA NSW/ACT. Service provider organisations were contacted by ECIA NSW/ACT and invited to (a) nominate a staff member to be interviewed and (b) extend the interview invitation to one or two family members to whom they provide services. The family member contact details were passed on to the researchers only with permission and once they had agreed to participate. The service provider agencies that were contacted were spread across metropolitan and regional areas and types of agencies (e.g. ECI, ECEC, disability, education, health and mainstream services) to ensure that a variety of views were represented. Service providers who were known to specifically service Indigenous and culturally and linguistically diverse communities were also included, with request that they nominate family members from these communities for the interviews.

## 2.3 Participant profile

The characteristics of the Round 1 participant sample are summarised below. Detailed findings about the survey participants are in Appendix B.

### 2.3.1 Child and family characteristics and support

Both the family interview and the online survey for families included questions about the demographic characteristics of the child aged 0-8 years who received support or a child who a family member had concerns about and about the kind of support that the child and family received. The parents reported:

- most children were boys
- most were aged three to six years old
- the large majority spoke English at home; among the 10 interview participants, two were from a non-English speaking and two from an Indigenous background
- about one-half lived in the Sydney metropolitan region, and the others lived in regional and rural areas
- most children had a disability, most commonly social, communication, sensory processing and/or cognitive disability; more than half of the children with disability had four or more types of disability
- almost all families were receiving early intervention services, most often from community or non-government organisations

- the most common types of support that children received were for communication and interaction with others, the least frequent, for service planning and coordination, and community access
- a large majority of children had used allied or specialist health services or a general practitioner in the last 12 months, while few children had used mental health services or been to hospital
- around one-third of the children participated in some form of early childhood education
- the majority of family members said that the child needed more support than they were receiving, with the types of support that were needed varying widely
- less than half the family members had received support for themselves; if they had, the support type was most likely parenting education, support groups or counselling.

### **2.3.2 Service provider characteristics**

Service providers who completed the Round 1 online survey and/or interview gave the following information about their role and their organisation and its services:

- similar numbers of survey respondents had a management or direct worker role, and about one-third had dual roles in their organisation, working both as managers and directly with children and families
- all but one of the interview participants had a management role exclusively (although several came from a practice background), and one was working directly with children and families
- the most common service types that the organisations provided were ECI, specialist disability support and child care, with around 20% each
- half of the interview participants were ECI providers
- service locations included all Health or FACS areas in NSW, but respondents were concentrated in the Greater Sydney and surrounding areas
- the majority of respondents provided services in areas that were already in the NDIS
- one-half were offering services under the NDIS, and of those, one-half had two years' experience with the Scheme, while another one-third had offered NDIS services for one year
- about one-half of the organisations in the survey were ECEI transition providers/community partners, most of them since 2016; 11 of the 14 interview participants were ECEI providers
- 80% or more of the organisations provided support with the child's communication, interaction with others, playing, participation in education settings, behaviour and transition; less than half offered support with planning and coordination, sleep, community access and medical needs
- many organisations also supported family members, most commonly through providing referrals, parenting education and information, and supporting the family to access ECI funding; fewer organised parent or sibling support groups, or mental health counselling.

The following table (Table 2.2) outlines the number of service providers who responded to the survey and belonged in each service and area category for the subgroups responding to the questions about their experiences of the transition to the NDIS.

**Table 2.2 Numbers of service providers in each service/area category**

	<b>Area</b>	<b>In NDIS<sup>1</sup></b>	<b>Not in NDIS<sup>2</sup></b>	<b>Total</b>
<b>Service type</b>				
EI services <sup>3</sup>		17	8	25
Other service providers <sup>4</sup>		69	17	86
Missing		1		1
<b>Total</b>		<b>87</b>	<b>25</b>	<b>112</b>

Notes: 1. Respondents who indicated 'yes in all areas we service', 'yes -in some areas we service' or 'not sure' to the question about providing services in areas currently in the NDIS (Table B-24). 2. Respondents who indicated 'not yet' to the question about providing services in areas currently in the NDIS (Table B-24). 3 Respondents who indicated they provided EI services in Table B-21. 4. Respondents in all other categories in Table B -21.



## 3. Family member experiences

Ten family members – nine mothers and one father – took part in the semi-structured interviews. Their perspectives are reported in this section. In some places, the views of service providers talking about their perceptions of the experience of family members were also included. This is because service providers could give perspectives on the experiences of families who did not participate in the research, including some families from disadvantaged backgrounds.

Quantitative and qualitative findings from the survey were incorporated into this section where appropriate alongside the interview data. The complete quantitative survey findings are in Appendix B. Most of the qualitative survey answers were provided as optional comments, and families were, in the majority, complimentary of ECI service providers but critical of NDIS processes.

### 3.1 Experiences prior to the NDIS

Three families who participated in the interview had children who had not yet entered the NDIS. These families spoke about their perceptions of their upcoming entry to the NDIS, the preparation they were involved in and their service and funding arrangements in the meantime. The seven families who were just entering or already in the NDIS also spoke in hindsight about their experiences prior to entry to NDIS.

#### 3.1.1 Perceptions of upcoming entry to the NDIS

Family members spoke about their perceptions and emotions regarding their upcoming entry to the NDIS. They expressed a variety of views. Some families were looking forward to their child's entry to the NDIS and were hopeful that the Scheme would enable more consistent funding and more choice and control for their family, for example:

We're looking forward to it because ... there will be some lifelong funding, like it doesn't run out after two years like our Better Start did.

In practice, lifelong funding without review would generally not be provided. Others were hopeful that the NDIS would facilitate them having more control over which service provider organisations they used, which support workers came to their homes and which therapists they had access to. Service providers agreed with the benefits to families, saying that they felt the Scheme would facilitate more flexibility, choice, control and empowerment for families. One provider also noted that some families would potentially gain access to equipment they had not had before.

Other families were worried about the upcoming entry of their child to the NDIS. They spoke about how the NDIS was a significant change, which felt overwhelming, and that what they experienced as inconsistent information provision did not help:

What worries me is how it's constantly changing all the time ... it's one thing today and then tomorrow might be something different.

In the survey, several families commented that they found it difficult to get information about the NDIS, and that information they did manage to find was often confusing. One parent suggested the

NDIA establish information centres for families as a starting-off point. Service providers echoed the difficult experiences, noting that many families they worked with were anxious about their child's upcoming entry to the Scheme.

Other common concerns among parents whose children were yet to enter the NDIS were whether their child would be eligible and, if so, how long the entry process would take. They were also concerned that they needed to stay up to date with the relevant information, not miss any steps in the process and make good decisions when it came to their child's planning:

It's pretty hard having a child at the age of four to be able to predict what they may or may not need. A lot of the time, you cannot even be aware of it.

Some service providers also noted this difficulty, highlighting that an important part of their role was "helping families plan further ahead ... cover all your bases and think about everything". This was particularly important for children and families' initial entry to the NDIS, as the review process could be complicated, and at least one service provider commented that families might "not get a second chance to get [their plan] right". In practice, families can and will have plans reviewed periodically.

Those families who were already receiving ECI and/or disability services were also commonly concerned about whether they would continue to receive the same services, services at the same level or services from the same providers. Continuity and consistency were important to many families, as they wanted to retain the services they had worked hard to find prior to the NDIS. In the survey, 60% of families indicated they themselves had found at least some of the services they were using.

One mother worried that only recommended therapies would be allowed under the NDIS and that alternative treatments would not be funded, and two parents were unsure whether they would have the necessary skills to self-manage their child's funding.

Some families who had prior experience of ECI and/or other disability services also thought the NDIS might be particularly overwhelming for families with less experience of the service system. This concern was echoed by family participants who were already in the NDIS, including one person who commented that the NDIS portal website might be difficult for some families to use, especially if they had not had much formal education. A few parents already in the NDIS were worried that the NDIS system might be abused by some families and that allocation of support might not be equitable. One survey participant who had moved away from Sydney noted locational differences:

We are in a town with a population of under 2000. It is constantly disadvantaged in the NDIS rollout. We were far better off in Sydney.

### **3.1.2 Preparation for the NDIS**

Many family participants reported involvement in activities to prepare for the NDIS. Several families had been involved in significant preparation and opportunities to learn about the Scheme, including attending seminars, getting assistance from their current service providers or from specialised consultants and filling in some pre-planning resources. As a result, some families felt confident about their child's upcoming entry to the NDIS:

I'd say that our physio and my key worker ... have been excellent. Because I ... had no idea, and all the way along they kept saying 'Have this ready and think about this'.

Some families noted that planning experiences for previous services had helped them prepare. Similarly, service providers cited previous planning experiences or previous use of individualised funding that they hoped had helped families be well prepared for the arrangements under the NDIS. One service provider noted that her area had intentionally brought in an individualised funding program, which she called a "mini NDIS", in the few years before their area transitioned to the Scheme to help up-skill families in planning for and using this type of funding. Several families in the survey added comments about how helpful their service provider had been in preparing them for the NDIS and guiding them through the application process.

Other families had found the preparatory process less effective. Some families had received inconsistent information, which meant that they did not feel well prepared for the upcoming change:

Every information night I went to I came away with different, if not conflicting or less, information.

Some of these families had then sought information from peer support networks, finding that some of the best information available to them came from other parents, either through personal contacts or social media. Other parents however felt those online groups could be negative and did not wish to seek support there.

Further, not all families had equal access to preparatory support. Service providers reported that there was less support to get ready and become aware of the NDIS in some regional and rural areas. One provider suggested the NDIA put more formalised supports in place across the state, such as a knowledge pathway and peer support.

Several providers stated that families from culturally or linguistically diverse backgrounds had a particularly difficult time transitioning to the NDIS, as the information they needed to navigate was presented in too complex a manner. These and other service providers also felt that Aboriginal families had not received enough information or formalised preparatory support:

My biggest concern is for Aboriginal children and families that we service, they just do not know about the NDIS. I work with one provider in town, he's the Aboriginal Liaison and he doesn't know about the NDIS either.

The provider noted that information and support for Aboriginal families needed to be driven by Aboriginal liaisons – "it can't be a service like us going in and telling them what to do, it has to be driven by their own community", which has implications for informing and funding the liaison positions.

Mixed experiences with information provision are also evident from the survey findings, where family responses varied from 'always' to 'rarely/never' regarding how easy it was to find information about support, how easy to understand and how helpful the information was. Most difficulty was reported with ease of finding information, with 22% indicating that it was 'rarely' or 'never' easy, and 45% saying it was 'sometimes' easy to find. Similarly, 30% of survey respondents said they did not know much about the NDIS, and a further 48% indicated they knew 'some'.

### 3.1.3 Funding arrangements while waiting for the NDIS

Family participants also spoke about the funding and services they were receiving while waiting for their child to enter the NDIS. Some families were receiving a range of ECI services and therapies, which were funded through existing Better Start or other disability or ECI funding or through families' own financial resources.

However, more than a few families reported service gaps of up to 18 months from when their previous funding finished before their NDIS funding was in place. For example, one survey respondent commented:

We are devastated. Our son has had no funding or services since January 2016. We were approved for the NDIS in July 2016 and told our meeting will be in 2018. I had to approach Ombudsman and local MP [member of parliament] to get meeting. Just had meeting yesterday [April 2017]. Still need to fight for funding.

Some families, both in the interviews and survey, were self-funding all or part of their current services. Families varied in the extent to which this was financially sustainable. For some it was a relatively easy financial option, for others it was possible but created financial stress, and for some it was not an option. Even those who felt it was a viable solution were for example, taking funds out of their mortgage payments to cover the costs of their child's services. One service provider noted having seen families take out a second mortgage or being stressed because they had to work a second job to cover the expenses. For these families, the opportunity to potentially receive adequate, funded services through the NDIS was promising and something they looked forward to.

Some service providers talked about the implication for children's development of a funding gap. One health service provider noted that it was problematic where very young children did not receive therapy in a timely manner, as delays of as little as a few months could have significant implications for their development.

Other service providers said they managed the funding gap by continuing to provide services to families at reduced or no cost, although this put, as they said, a "huge financial strain" on the organisation. One provider said this arrangement extended to 85% of their client families.

## 3.2 Experiences at the point of entry to the NDIS

Three family participants took part in the interview shortly after their planning meeting had occurred or when they had just received their offer letter. These families could talk about their experiences at their point of entry to the Scheme. Other families already in the NDIS were also able to talk about these experiences in hindsight.

Some people indicated that their contact with the NDIA and process of entry to the NDIS had gone as expected, and they appeared satisfied. One mother, for example, commented on feeling that her child's planning meeting process went well:

There was lots of room for me to outline what my concerns and what my hopes were for my son. And I found the person that conducted the meeting really supportive and helpful.

Some families who had been apprehensive about their child's entry to the NDIS found the process easier and quicker than they had anticipated.

Other parents commented that they had received mixed messages, or confusing or inconsistent information, in their contact with the NDIA, that the staff they spoke with did not have sufficient knowledge, or that the NDIA's technological systems did not work well enough to determine their child's eligibility. As a result, they were not clear whether or not their child would be eligible for the Scheme. Some parents said these problems with the process undermined the confidence they had built during their preparation for the NDIS. Service providers confirmed that such experiences were not uncommon and that providers had to assist families to "unravel what the real message is".

In one example, a mother noted she felt that the NDIA planner did not take the time to listen to her closely and respond to her questions during the planning meeting. A service provider connected to this mother explained that her NDIS planning meeting had been conducted over the phone without the mother being aware that the planning meeting was taking place. They said that the mother did not seem to have received adequate support from the planner in the phone meeting to clearly articulate her child's needs and to frame what she wanted from their NDIS plan. The service provider said this process had happened in a similar fashion to many of the families they supported, and that many had subsequently appealed their NDIS plans.

Other families noted delays and insufficient information from the NDIA during the transition process. One mother said that she had to wait for six months for a call to get the planning process started. During that time, she called repeatedly to gauge how long the wait might take but was not given any indication: "They sort of would just say to me, 'No, you just have to wait for the call'". Several families in the survey echoed this experience.

The observation of long wait times was confirmed by several service providers. One mainstream provider added that, in their experience, wait times for the NDIS were significantly longer than they had been for previous funding streams such as Helping Children with Autism and Better Start.

Families also noted other difficulties entering the NDIS. One mother said the process of going to the planning meetings and having the required conversations with the NDIS had been time consuming on top of existing therapy appointments, and this was particularly difficult for her as she had more than one child receiving services under the Scheme.

### 3.3 Experiences in the NDIS

Four families who took part in an interview had a child who had already entered the NDIS. These families could talk about their experiences in the Scheme compared to their expectations of it and their experiences beforehand.

Some families noted that their experiences in the Scheme had been better than they had expected. One mother expressed her relief at not having to self-manage her son's funds:

The [service provider] came and we had a meeting with them just to see if we wanted to spend the allocated money with them ... then we just went through what he would need for the year ... I was super nervous, but it was so easy.

Some families also said they had more choice under the NDIS, for example, they could emphasise one kind of therapy over another as they felt appropriate. Service providers thought that families had always had choice between providers, but that the NDIS gave them the space and impetus to,

as one provider put it, “think about what their choices are and comparing different, distinctive features or benefits between different services”.

The experience of having more choice was also reported to some degree in the survey data, although the number of survey families in the NDIS was small (n=17), and thus the survey findings should be interpreted with caution. In the survey, 64.7% of families in the NDIS said they ‘often’ or ‘always’ had choice over the kind of support their child was getting compared to 34.0% of families not yet in the NDIS. Due to the small sample size, the estimates have relatively wide 95% confidence limits (38.3 to 85.8 for families in the NDIS and 21.2 to 48.8 for those not in the NDIS). While the difference is statistically significant,<sup>1</sup> this result must be interpreted with the small sample size in mind.

In response to the question about whether families had more choice about who provides the support, 76.5% in the NDIS said they ‘often’ or ‘always’ had choice compared to 34.0% of those not yet in the NDIS. Once again, while this difference is statistically significant (p=0.004, Fishers exact test), the confidence limits were also wide (50.1 to 93.2 for families in the NDIS and 21.2 to 48.8 for those not in the NDIS).

Further, other parents noted that they had learnt how to navigate the new system. For example, one mother said that because of going through the NDIS planning process for the first time, she had learnt more about how to frame what she asked for from NDIS services. She commented:

I think I'm a bit more clued up about how to ask for what I want. How to communicate what their needs are, in a very specific way that meets the NDIS framework.

Service providers also described families learning to navigate the system, including learning more about planning, reviews, timing and budgeting. One provider, for example, described how “families are becoming savvier around shopping around and really evaluating ... both the dollar value as well as the quality value in services”.

The survey data, although the sample size was small, reinforced this finding, in that 94.1% of families in the NDIS felt that the people supporting their child and family were ‘often’ or ‘always’ building their knowledge and skills to help them support their child compared to 60.0% of families not yet in the NDIS (statistically significant difference p=0.013, Fishers exact test, 95% confidence limits: 71.3 to 99.9 for families in the NDIS and 45.2 to 73.6 for those not in the NDIS).

Several families noted that they were pleased that not much had changed because of the transition to the NDIS. These families had chosen to keep the same service providers and service arrangements as before the NDIS and had received sufficient funding to do so. Others noted that small changes to their services occurred after entry to the Scheme, but that these had been likely to happen anyway, as their child’s support needs changed over time.

One mother noted that her three children had received less funding under the NDIS than under their previous funding arrangements. She regretted this reduction as, for example, she felt that one of her children did not speak well enough to keep up at school. She also suggested the Scheme

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<sup>1</sup> p=0.045, Fishers exact test



fund additional activities like day care and swimming lessons, which were beneficial for her children's speech and motor development.

Service providers also commented on challenges for families in the NDIS. One service provider noted that the yearly planning process could be difficult for many families she worked with, because of the recurrent effort and because the outcomes focus of the NDIS required parents of young children to look far into the future, which could involve grief and fear. While this provider felt that overall the focus on outcomes was beneficial for children and families, she worried that parents were not receiving adequate emotional and practical support during the regular planning and review processes.

Another difficulty mentioned by several service providers was the process of families getting used to more actively managing their child's funding and service choices – one service provider felt some families found having more choice and control was challenging and overwhelming. Other service providers made similar comments, saying that this shift required proper support and information. They also pointed out that families tried to self-manage their package to save the expense of a case manager only to end up with insufficient early intervention support because they were unable to find suitable therapists.

Service providers, both in the interviews and the survey, reported inequities and inconsistencies in plan assessments and allocations. Experiences varied overall, with some providers finding children with high needs were more likely to receive adequate support under the NDIS than those with low to medium needs, whereas others observed that children with low to medium needs were at an advantage. Several providers gave examples of families who had not received all that they felt was “reasonable and necessary” for their children. Other providers had observed inconsistencies in plans, with widely differing package sizes for children of similar needs and ages. Differences in social capital seemed to accentuate such inequities, with larger packages typically going to highly educated, well-off parents, who were better able to articulate their needs.

Providers were also concerned about the amount and type of service provision that some families received. One mainstream provider observed that some children from one area had had regular key worker attendance through the NDIS but minimal therapy, which the provider felt was responsible for delays in self-care and language development, leaving the children unfit for school. The provider suggested that professional assessments be conducted before NDIS planning so that appropriate early intervention therapies could be included.

## **Summary**

There were no consistent experiences in any aspect of the transition. In general, families appeared to fare well when they had educational and social capital to navigate the support system, financial resources to cover any funding gaps while waiting for the NDIS, effective support from an ECI provider, a knowledgeable and helpful NDIA planner or a combination of the above. On the other hand, families who were vulnerable in any way – be it socially, culturally or financially – or who had unhelpful interactions with services or the NDIA were at higher risk of experiencing funding and service gaps, delays, frustration and distress.

## 4. Service provider experiences

This section is based mainly on the views of 14 service providers who took part in the semi-structured interviews. Survey results were added where appropriate. The complete quantitative survey findings are in Appendix B, while qualitative answers are integrated into this section. Most of the qualitative survey answers were provided as optional comments, and they were largely critical of NDIS processes and outcomes so far.

### 4.1 Maintaining good practice

Service providers were conscious of the importance of maintaining good practice for children and families and spoke about how this could best be achieved under the NDIS. They positioned this goal in the context of the move from traditional, expert-driven models towards choice and control for families. Service providers spoke about maintaining good practice through “listen[ing] to the client”, “continual reflection” and “asking for feedback” from families. They also acknowledged how important it was to keep families informed about the NDIS process:

The huge responsibility is on ECI ... to have that thorough understanding and to be up to date and ... efficiently disseminating to our families, because how can they be empowered and have choice and control ... if they don't understand it.

Other providers added that, to exercise choice, families needed more information about appropriate therapies and supports for their child. This information could come from well-informed planners or from health professionals.

Reflecting the outcomes focus of the NDIS, service providers highlighted the need to communicate with other providers about how best to achieve outcomes. They said they had developed mechanisms for sharing with other providers their experiences with innovative, evidence-based practices. These mechanisms included e-mail lists and regular forums.

Within their discussion of maintaining good practice under the NDIS, service providers also raised some particular issues, detailed below.

#### 4.1.1 Good practice and efficiency

Service providers discussed the tension between maintaining good practice for children and families and adjusting to the NDIS business model and efficiency focus. Providers said they held conversations with families to inform them of the change and to build their capacity to take over some of the tasks that were not covered under the new funding regime, such as sourcing equipment and attending specialist appointments.

Some survey respondents observed that the drive towards efficiency had led to employment of junior staff with little expertise, reduced support for existing staff and, as a result, less evidence-based practice. One service provider was concerned that families might sacrifice high-quality but costly service types or elements because they perceived them as too expensive. This may include therapy planning, highly specialised interventions or joint therapy sessions. However, this provider also noted that, while challenging, the drive towards efficiency in the NDIS could also have benefits



for good practice, as it ensured that service providers were considering the most essential elements of their practice.

#### **4.1.2 Travel costs of diversified services**

Service providers spoke about servicing children and families in natural environments such as homes, schools and playgrounds as a key element of good practice, as opposed to services being provided in centres. With individualised funding under the NDIS, this type of good practice was becoming increasingly possible and prioritised. However, the diversification of services and locations also came with associated travel costs, which service providers acknowledged were not always well covered in children's plans and therefore could be challenging for good practice.

This was particularly an issue for service providers in rural and regional areas, where the travel distances were larger. One provider in the Sydney metro area suggested this balanced out when both travel time and distance were considered, as city distances might be shorter but traffic flow could be slower.

Service providers discussed some ways that they had been able to maintain good practice despite travel and distance barriers. This included brokerage, where a service provider in a small regional town organised another provider to send therapists out from a regional centre. Two larger services with staffing and resourcing capacity opened an additional office site to minimise travel costs. One of these providers also established online administrative processes so staff could work more from home. These changes had reduced overheads in the original office, making the additional work site more affordable. This good practice solution would not be available to all service provider organisations, particularly those who are smaller.

Some providers pointed out that more travel also reduced face-to-face contact between staff, potentially reducing collaboration and knowledge sharing between team members. To manage this risk, one provider had maintained weekly staff meetings on a particular day, when staff would organise to be in the office. Another had introduced an app for staff to connect with each other electronically.

Previous research also found other solutions to travel costs, including joint visits, arranging several visits on one day, recruiting new staff close to children and technological solutions (Meltzer et al, 2016a).

#### **4.1.3 Collaborative teams**

Service providers who had worked under the key worker model or a trans-disciplinary model spoke about the importance of this way of working for good practice. These models had been an important part of the NDIS in trial and early roll out sites (Meltzer et al, 2016a). In this project, some providers expressed concern that the models might be diminished under the NDIS, as families might choose to spend their funds on separate therapists whose approaches might not be coordinated:

That concerns me that that team around the child will not be as effective [under the NDIS] as I think it is now... I think we miss out when everyone's not on the same page.

On the other hand, one mainstream provider and her colleagues had the perception that the key worker model appeared to shift emphasis away from early intervention. They believe key workers

were generally not qualified to undertake ongoing assessments or to put appropriate therapies in place. As a result, these providers had observed that some children under the NDIS were missing out on essential early intervention therapy:

... we're seeing children again for assessment after 12 months of intervention and there's been no movement because they're not getting what they need. It's pretty devastating.

The providers believed this was because parents had not received enough information during their NDIS planning process about the role of the key worker and trans-disciplinary approaches. As a solution, providers felt more rigour was needed in the planning process. For example, if a child received an autism spectrum diagnosis, parents needed to be informed about what services to engage, how to prioritise interventions and what reasonable outcomes could be expected in which timeframe. The interviewees felt health professionals could perform this role; if NDIS planners did, they would need more training.

#### **4.1.4 Providing services to all children who need them**

Service providers saw the ECEI approach as an important way of maintaining good practice under the NDIS as it enabled them to continue to provide services to children who did not yet have a diagnosis, who were waiting for approval of their individual package or who would not receive a package. At the time of this report, the current ECEI approach was scheduled to extend to 30 June 2018. Some service providers expressed concern about how they would continue to maintain good practice if ECEI was not continued. They worried that without the ECEI approach it would again become difficult to service this group of children.

Organisations were reluctant to reject families who did not have funding. Instead they spent some unfunded time with those families and referred them to other services. One provider mentioned that they believed the NDIA was considering an emergency fund plan for children with hearing loss, to enable essential early intervention until NDIS packages were approved. Others relied on existing partnerships with community organisations to fill gaps in service provision for children who were not eligible for an NDIS package.

Previous research noted that where the ECEI approach was not available, service providers drew on other funding sources, such as Medicare Plans, Enhanced Primary Healthcare Plans, Mental Health Plans and Close the Gap funding (Meltzer et al. 2016a). This was not mentioned as an option by the service providers in this research. Instead, providers in both the interviews and survey expressed frustration or even distress about lengthy wait times for families to get NDIS approval, without these families having access to interim funding.

Many of the providers had been used to working with families from various backgrounds, including culturally and linguistically diverse, Indigenous, and socio-economically disadvantaged families. Several providers mentioned that transitioning to the NDIS added time in translating, interpreting and explaining the new processes to the families, especially since information material sent by the NDIS often appeared complex, contained jargon and was not always presented in culturally appropriate formats.

The quantitative survey findings reinforced some of the impressions from the interviews. Survey responses suggest that many organisations have found it difficult to provide appropriate support for specific groups of children since the NDIS started in their area, particularly for children who were

eligible but did not have a package yet (59% of respondents said providing support was 'hard' or 'very hard'), children who were not eligible (57%), children with complex needs (63%) and children from families at risk (50%). Fewer respondents found it more difficult than before the NDIS to support Indigenous children (15%) or those from culturally and linguistically diverse backgrounds (29%).

## 4.2 Ensuring innovation and sustainability

Almost all service providers in the interviews, whether they were already in the NDIS or not, said they had been involved in internal change and innovation processes for some time, and they expected these processes to continue for years until the NDIS was well established. All service providers expressed concern about the sustainability of their organisation – some more than others. The main issues they mentioned and the solutions they proposed are summarised in this section. Relevant survey questions were answered by a small number of respondents (16 or 17), and the findings are reported in Appendix B.

Providers acknowledged that larger organisations were generally better placed than smaller ones to adapt to change because they had more financial scope. Other differences in capacity to adapt might relate to the types of services offered: some providers felt those in niche markets, for example for particular disabilities, might do better than generalist providers; and some had experienced that ECEI providers might have an advantage over non-ECEI providers, as families who were coming into the system built a relationship first with their ECEI provider and were then less likely to buy services from a competitor.

### 4.2.1 Innovation: Operational change management

Providers observed significant changes in tasks and workload since they started preparing for the NDIS. For example, they needed to set up new administrative and financial systems to process individual family payments and keep service records; they learnt to write NDIS plans for families; and they tried to keep up-to-date with the rapid development of the NDIS.

These activities were in addition to regular, ongoing service provision, leading to increases in workload for many staff. In a few extreme cases, providers said “our workload has doubled” or “we are all drop-dead exhausted”. These statements are confirmed by the survey findings, where 44% of respondents reported that workload had increased ‘a lot’ and a further 33% that it had increased ‘somewhat’.

Several people found it difficult to prepare due to uncertainties about the NDIS. They expressed general frustration with inconsistent, late or insufficient information from the NDIA. Some were not sure about how many staff to retain or whether to employ more, because future income streams were uncertain. One person whose area was not yet in the NDIS was planning to deal with change as it happened, to ‘take it as it comes’.

Where change processes worked well, providers often said their organisation had good leadership:

We have a very supportive management team... they have invested into helping with change management for the past two years... I believe that's helped staff to be able to change, to be a little bit more flexible.

Several service providers in the interviews had recruited new staff, including managers, administrators, finance staff, therapists and other child support workers. Larger organisations were generally at an advantage compared to smaller ones, due to their higher financial capacity for employing additional staff. One person said they had difficulty attracting new staff because people were not changing jobs due to current uncertainty and change in the disability sector. Those who were not expanding hoped that high workloads during the transition phase would reduce once the NDIS was in place. In the survey, 37% of respondents indicated an increase in staff numbers since the NDIS started in their area, and about half reported no change so far.

Providers usually said they had invested in extensive and ongoing staff training. Interviewees mentioned internal administration training for all staff and managers sharing information from NDIA sessions. Some providers sent staff to external training and conferences. Providers from rural areas suggested the NDIA organise more training in smaller towns to make it easier for providers to attend, or subsidise their travel to information sessions in larger centres.

Several providers said they found support through cooperation with similar organisations. A few mentioned local provider networks, some of which had been established specifically to deal with the transition challenges by exchanging experiences. One partnership of five ECEI providers had existed before but been strengthened since preparation for the NDIS started. Another model involved six organisations in one geographical area who, in the lead up to the NDIS, had been funded by the local ADHC office to develop NDIS-style planning and administrative processes and thereby get both families and providers ready for the rollout. The provider found this program extremely helpful and felt they were now well prepared for the NDIS. The majority of ECI respondents to the survey reported that collaboration with other ECI providers had not changed in amount or quality since the NDIS started in their area.

#### **4.2.2 Sustainability: Adapting to the new business model**

All providers in the interviews had some concern about their organisation's sustainability under the NDIS. Smaller providers generally felt more vulnerable than larger ones. Some non-ECEI providers were worried about maintaining client numbers when they would not be the first point of contact for new families in the NDIS. Some people observed increased competition in the sector. However, all accepted that they needed to work under a new business model, and they reported using various strategies to adapt and remain financially viable, including:

- employing therapists for the first time, or employing more therapists, to gain a prospective income stream under the NDIS
- streamlining administrative systems and operations to reduce cost, e.g. using the client record management system for workforce and travel planning
- putting aside contingency funds for employing additional staff if and when needed
- reducing staff numbers and service provision
- introducing or enhancing marketing, e.g. providers were advertising in the local paper and distributing brochures in schools and doctors' surgeries; for some this was new, for example "We've never had to address the marketing... because there's always been waiting lists." Another provider said their marketing had already been successful and increased their profile in their town

- increasing the number of weeks of service provision per year, in one case from 40 to 44 weeks; this not only improved financial viability but also made it easier for the provider to recruit new therapists and teachers, although morale of existing staff dropped
- diversifying the business, e.g. buying and selling real estate, and broadening the geographical area in which the provider operated
- providing services to families at reduced or no cost during the gap between previous funding and NDIS; one provider said they had been financially carrying 85% of the families to continue with the child's therapy until their NDIS package came through.

Many of these strategies involved substantial financial investment, which was an option only for larger providers. Most of those who used the strategies reported financial strain to their organisation.

Some providers made suggestions for how the NDIA could address sustainability issues. One provider had concerns about losing business to ECEI providers. Small organisations and those in remote areas said they needed support with travel costs and overheads. Several interviewees and survey respondents felt the NDIA could work more in partnership with them to support a sustainable, diversified provider network, e.g. referring to smaller and bigger providers equitably, or agreeing on reference packages with fixed amounts for certain support needs rather than variable, itemised funding.

### 4.3 Interfacing with mainstream services

According to the providers, relationships between ECI providers and mainstream services, mainly from the health and education sectors, were unsettled and in a state of flux in transition to the NDIS. Providers spoke about changes in referrals from mainstream services, and in their contacts and collaboration with schools, ECEC settings and medical practitioners.

#### 4.3.1 Referrals from mainstream services

Referral experiences varied among the providers who participated in interviews, with some feeling that referral pathways were similar to before the transition to the NDIS started and some expressing confusion about the current processes. Others observed changes due to ADHC reducing its operations: for one ECI provider, ADHC's impending departure meant an established referral pathway had broken down and their vacancies had increased, while a mainstream health provider said they now received more referrals for assessments and had longer waiting lists. In the survey, a mainstream provider expressed uncertainty about how to ensure their organisation made referrals equitably to a range of ECI service providers.

Providers spoke about how they dealt with changes in referral patterns. Several had increased their marketing efforts. One organisation proactively created what they called 'information and referral packages' for mainstream providers, with a handbook and other information about the NDIS and about the role that ECI services can play.

The interviews indicated that referral issues may vary among different types of providers as the NDIS is established. For example, a provider of ECI services for children with hearing loss, who was also an ECEI provider, voiced concern that the ECEI approach might cause delays that could reduce the effectiveness of early intervention, such as a baby receiving a cochlear implant (if the

parents wanted the operation) much later than medically advised. The provider said they had lobbied the NDIA to either retain existing referral pathways for hearing loss that went directly from diagnosis to treatment options, create accelerated pathways, or provide emergency funds for early surgery if the family wanted it:

There are a number of different sorts of solutions, but they all involve the fact that the families get to us super quickly without being held up in bureaucracy.

Providers in the interviews had not observed any changes in referrals back to mainstream services. Similarly, in the survey, few ECI services answered the relevant question. In the survey, only about one-third of non-ECI providers reported that it was 'hard' or 'very hard' to refer to ECI services since the NDIS had started in their area, while just over half noticed no change.

#### **4.3.2 Collaboration between ECI and mainstream services**

Many providers in the interviews had observed a change in their collaborative relationships with mainstream services, especially in the education sector. Staff from the provider organisations said they had less time and funding than before to visit schools, preschools and other early education settings, due to adapting to new business models and operations in the transition to the NDIS. They were worried that networking, collaboration and informal exchanges would suffer. On the other hand, the providers acknowledged the need to maintain communication with mainstream settings under the NDIS, to ensure effective service provision and inclusion of children with disability.

Interviewees observed that many mainstream services were not well informed about the NDIS. Therefore, some ECEI providers said they had taken on the role of communicating NDIS processes to the education and health sectors. For example, some responded to requests from schools, preschools or hospitals to give presentations to staff and parents. Many had proactively prepared written information about the NDIS that they distributed in schools and doctors' surgeries. ECEI providers said they observed that traditional medical models of early childhood intervention were still dominant among mainstream services, which created tension with the best-practice NDIS approach that they advocated, including transdisciplinary and key worker models.

Providers considered their continued engagement with mainstream services was important but said it put additional strain on their resources. One provider suggested that governments, or health or educational peak bodies, take responsibility for informing mainstream providers about the NDIS and the current good practice approaches in early childhood intervention.

Apart from informing mainstream services about the NDIS, the second collaboration issue that many ECI providers talked about was negotiating access of therapists to educational settings according to good practice guidelines. Several providers described how they talked with school principals or ECEC services to facilitate therapists or key workers to either provide inclusive support in the classroom or work with the child somewhere else on school grounds. Providers acknowledged this was work in progress, as the needs of the school, the service provider, the children and their families all had to be reconciled:

This is where choice and control [for families] is problematic because ... the principal needs to be on board, it needs to be a reasonable time, we need to be able to get there.



One provider suggested that principals with experience could support others, who were still hesitant, to work out arrangements that suited everyone and followed the evidence on good practice. More fundamentally, as well as information about evidence-informed practice, one provider felt that more advocacy for inclusion was needed:

What I would like is for the federal government to start working with mainstream organisations and doing much more campaigning about inclusion and about society being welcoming for everybody.

## Summary

The transition experiences of service providers were widely variable as well. In general, large organisations appeared to cope better with adapting to the new NDIS environment than smaller organisations, due to differences in financial and organisational capacity. Organisations in regional and rural areas often mentioned additional difficulties in accessing information and training about the NDIS and incorporating travel times into their pricing structure.

The adaptation issues that providers mentioned fell into two categories: some were transitional issues, which occur as service providers move over to the NDIS and which are likely to resolve once the NDIS is well established; others were systemic issues, which are embedded in the new NDIS environment and will likely remain unless they are addressed. The transitional issues are:

- higher workloads due to plan writing and implementing operational changes (administration, record keeping, software) without compensation
- insufficient, inconsistent and changeable information from NDIA makes operational change and business planning difficult.

The systemic issues are:

- ensuring adequate funding mechanisms to cover travel time
- higher ongoing administrative load and cost, which is more problematic for small organisations than bigger ones due to less overall financial capacity.

This research indicates that both types of issues could be addressed by NDIA to enable a smoother transition process for providers as well as a varied service network over time.

## 5. Interim implications for adapting to policy change

The first round of data collection in this project found a wide range of experiences among both families and service providers regarding preparations for the NDIS and their first experiences while in the Scheme. The interim implications in this section will be further explored in the next phase of the research. These implications are included in the Executive Summary.

It appears that NDIA processes were variable and might lead to inequitable Individual Funding Package funding and service provision among families. Any delay in funding allocation seemed particularly problematic in the context of early childhood as it put the efficacy of potential early intervention in question, thereby risking higher support need in the long term.

### **Transition for children and families**

The implications are that NDIA might consider modifications that lead to consistent and equitable support for families during their transition process, including:

- provide families with independent information and preparatory support about the NDIS that is easily accessible and culturally appropriate
- consider more formalised information and preparation resources for families and service providers across the state, including in all regional and rural areas
- fund ECI service providers to perform more family information and preparation functions
- always offer respectful formats for NDIS planning meetings that consider families' needs regarding time, location, cultural and communication preferences
- inform families about the progress of their NDIS application in real time and maintain ways for families to proactively seek updates rather than wait for NDIA contact
- work with families and service providers to manage gaps in funding while waiting for the NDIS, or to find alternative sources of support
- provide families with NDIA planners and staff who have adequate and consistent expertise in early childhood development and disability
- give families and service providers opportunities for feedback to NDIA if the transition process is inadequate.

### **Good practice for children and families**

- build family capacity – to navigate the NDIS system, take over unfunded tasks (e.g. sourcing equipment) and choose appropriate, evidence-based support
- implement innovative travel solutions – e.g. service brokerage, satellite offices or working from home
- adapt mechanisms for staff communication and collaborative practice – e.g. core office days or online apps



- bridge funding gaps by tapping into a diversity of services and funding sources and lobbying NDIA.

### **Innovation and sustainability of ECI service types**

Implications for NDIA:

- monitor whether access to client families differs between ECEI and non-ECEI providers
- recognise the additional challenges of change management for small providers and providers in non-metropolitan areas
- offer ongoing opportunities for ECI and mainstream providers to give feedback and have input into NDIS design.

Implications for service providers:

- ensure good organisational leadership, which helps with change management
- consider changes in staffing and internal administrative processes, staff training, marketing, diversifying the business
- establish or foster local provider networks
- talk with families about managing changes in funded service types (e.g. how travel can be accommodated within packages).

### **Effective interface with mainstream services**

- NDIA can monitor and, if necessary, adjust referral pathways to ensure efficient, timely early intervention
- NDIA can produce information resources for mainstream services about the NDIS, including ECI good practice guidelines such as trans-disciplinary approaches and inclusion, or liaise with sector peak bodies to produce such information
- ECI providers can proactively inform mainstream services about NDIS and the ECI sector.

## References

Meltzer, A., Purcal, C. and Fisher, K.R. (2016a). Early childhood intervention review Nepean Blue Mountains/Hunter Trial Sites: *Final Report*. Sydney: Social Policy Research Centre, UNSW Australia. The report includes an early intervention literature review.

Meltzer, A., Purcal, C. & Fisher, K. R. (2016b). *Implementation of the NDIS in the early childhood intervention sector in NSW: Project plan*. Sydney: Social Policy Research Centre, UNSW Australia.

# Appendix A Data collection tools Round 1

## Family experiences of the transition of early childhood intervention (ECI) to the NDIS in NSW

**First, please let us know if your child lives in NSW.**

---

1. Does your child live in NSW?

- Yes
- No

**Next, please answer a few questions about you child.**

---

2. Which postcode does the child live in?

3. Which languages are spoken at the child's home? *Please fill in all that apply*

- English
- Other languages:

4. How old is the child?

- 0 years
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 7 years
- 8 years

5. What is the child's gender?

- Male
- Female
- Other

6. Is the child from an Aboriginal or Torres Strait Islander background?

- Yes
- No

**Please tell us what kind of support your child and family have received in the last 12 months.**

---

7. Have you or your child got help with your child's: *Tick all that apply*

- communication (understanding and/or telling their wants and needs)
- playing
- interaction with other children and adults
- behaviour
- sleep
- movement and being physically independent
- development of self-help skills such as toilet training, feeding, dressing
- sensory processing issues (e.g. difficulties with sounds, sight and touch)
- participation in early childhood education or school
- community access, e.g. going shopping, attending playgroup
- transition to next setting, e.g. early childhood setting or school
- learning at school
- planning and coordination of services
- medical needs
- help with accessing funding for early childhood intervention
- other

Comments

8. At the moment, does your child use any of the following? *Tick all that apply*

- Playgroup
- Child care centre - long day care or occasional care
- Family day care
- Preschool
- Primary school
- GP
- Specialist health services (e.g. doctor for specific condition)
- Allied health services (e.g. OT, speech therapy)
- Mental health services
- Hospital

9. Do you get any of the following help for yourself or other family members?  
*Tick all that apply*

- information and education around parenting
- mental health support or counselling
- parent/carer support group
- sibling support
- other

Comments

10. Does your child need any support that he/she is not getting at the moment?

- No
- Yes - what support do you need?

Comments

**The next questions are about any early intervention services you may use. Early intervention services are organisations or groups that help you with a young child's disability or with a concern about a young child's development.**

---

11. Are you currently involved with early intervention services?

- Yes
- No
- Not sure

12. How long have you been involved with early intervention services?

Months

Years

13. Why are you involved with early intervention services? *Tick all that apply*

- Concern about the child's development
- Child has a disability

Comments

14. What kind of disability does your child have? *Tick all that apply*

- sensory processing (e.g. difficulties with sight, sound or touch)
- communication (e.g. speaking)
- cognitive (difficulty with learning or understanding)
- physical (e.g. difficulty with using arms or legs)
- medical (e.g. fits, breathing difficulties)
- social (e.g. relating to others, anxiety or emotional difficulties)
- Other - Write In

Comments



15. Who provides the early intervention services that you use? *Tick all that apply*

community or non-government organisation/s - name/s of organisation/s:

private practitioner

NDIS - child got a package in month/year:

NSW Government - ADHC

NSW Government - FACS

Australian Government - DSS (Better Start)

Australian Government - DSS (Helping Children with Autism HCWA)

Medicare

other:

not sure

Comments

**Please tell us about your experiences with the support you may be getting for your child and family.**

---

16. Is information about support for your child's development:

	Never	Rarely	Sometimes	Often	Always
easy to find	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

17. Overall, do you feel you have a choice of:

	Never	Rarely	Sometimes	Often	Always
what kind of support your child is getting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who provides the support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

18. Overall, do you find that the people who are supporting your child and family are:

	Never	Rarely	Sometimes	Often	Always
considering your choices and priorities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
culturally respectful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
helping your child participate more in your family and community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
working in partnership with you and other members of your child's team (doctors, specialists, teachers, child care workers etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
building your knowledge and skills to help you support your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
well-qualified and experienced?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
focusing on the outcomes you want for your child and family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

19. How much do you know about the NDIS?

Not much

Some

A lot

Comments

20. How did you find out about the services you are getting at the moment?

*Tick all that apply*

- found them myself
- someone told me about them
- someone referred me

Comments

21. How happy are you with how you found new services and started with them?

- |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| very<br>unhappy       | unhappy               | neutral               | happy                 | very happy            | does not<br>apply     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments

22. Finally, would you like to tell us anything else about your experiences with support for your child and family?

## Service provider experiences of the transition of early childhood intervention (ECI) to the NDIS in NSW

### Location

---

1. Do you and your organisation you provide services to children and families in NSW?

- Yes
- No

### Questions about the organisation you work for

---

2. Thinking about the types of support your organisation provides to children 0-8 and their families, which option best describes the type of service you provide?

- ECI service
- Specialist disability services (with ECI being part, but not all, of support provided)
- Playgroup
- Child care centre – long day or occasional
- Family day care
- Preschool
- Primary school
- Other education role
- GP
- Specialist health services
- Private therapy / private practice
- Mental health services
- Hospital
- Other health role
- Community service (e.g. family support, support for families from non-English speaking backgrounds etc)
- Other - Write In

3. What kind of role(s) are you in? Tick all that apply

- Management role
- Direct work with children and families
- Other - Write In

4. What Health or FACS district/s is your organisation funded to provide services in?

- Central Coast
- Far West
- Hunter New England
- Illawarra Shoalhaven
- Mid North Coast
- Murrumbidgee
- Nepean Blue Mountains
- Northern NSW
- Northern Sydney
- South Eastern Sydney
- South Western Sydney
- Southern NSW
- Sydney
- Western NSW
- Western Sydney
- Don't know
- Private or unfunded service
- Other - Write In

5. What is the postcode of the office/location you work at? If you work at more than one office/location, please choose your main office.



6. Are your Health/FACS area/s currently in the NDIS?

- Yes - All areas we service
- Yes - Some areas we service
- Not yet
- Not sure

7. Is your organisation currently providing services under the NDIS?

- Yes
- No
- Not sure

8. When did your organisation start providing services under the NDIS?

9. Is your organisation an Early Childhood Early Intervention (ECEI) transition provider/community partner?

- Yes
- No
- Not sure

10. When did your organisation start as an ECEI transition provider/community partner?

- 2016
- 2017

**Questions about the services you and your organisation provide**

---

11. At the moment, are you or your organisation providing support to **children** for any of the following?

Tick all that apply.

- Communication (understanding and/or telling their wants and needs)
- Playing
- Interacting with other children and adults
- Behaviour
- Sleep
- Movement and being physically independent
- Development of self help skills such as toilet training, feeding, dressing
- Sensory processing issues
- Learning at school
- Participation in early childhood education or school
- Community access, e.g. going shopping, attending playgroup
- Transition to next setting, e.g. early childhood setting or school
- Planning and coordination of services
- Medical needs
- Other - Write In

12. At the moment, are you or your organisation providing support to **parents or other family members** for any of the following? Tick all that apply.

- Information and education around parenting
- Referral to services
- Mental health support or counselling
- Accessing funding for early childhood intervention
- Parent/carer support group
- Sibling support
- Other - Write In

13. Comments about the types of support that your organisation is providing to children and/or parents or other family members (OPTIONAL):

---

#### Questions about the transition to the NDIS

14. Since the NDIS started in your area, what changes have you observed to the following aspects of your work and service system you work in?

	A lot less	Somewhat less	No change	Somewhat more	A lot more	Don't know
Number of service types your organisation now provides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The variety of services families now want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of ECI service providers in your area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of ECI places available in your area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff turnover in your organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workload in your organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of staff your organisation employs now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of supervision staff at your organisation need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of specialist training and mentoring staff at your organisation need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Comments about changes you have observed since the NDIS started in your area (OPTIONAL):

16. Since the NDIS started in your area, what changes have you observed to the following aspects of your ECI service?

	A lot less	Somewhat less	No change	Somewhat more	A lot more	Don't know
Ease of servicing families, given the billable hours model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of children your service supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of collaboration your service has with families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of children on your service's waiting list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of children on the waiting lists of health services you refer to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of understanding a child's needs based on the plans provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of travelling to support children in their natural environments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of covering no show/cancellation costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sustainability of your service as an organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of filling vacant positions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Comments about changes you have observed in your ECI service since the NDIS started in your area (OPTIONAL):

18. Since the NDIS started in your area, how easy or hard has it been to provide appropriate support for the following groups?

	Very easy	Easy	Neither easy nor hard	Hard	Very hard	Don't know	Not applicable
Children with an NDIS individualised package	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children accessing ECEI funding only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children not accessing NDIS but who will be eligible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children who are not eligible for the NDIS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aboriginal and Torres Strait Islander children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culturally and linguistically diverse children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children and families who are at risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children with complex needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



24. Since the NDIS started in your area, how has your **amount** of collaboration with other service providers changed?

- |                         |                       |                                     |                       |                         |
|-------------------------|-----------------------|-------------------------------------|-----------------------|-------------------------|
| Much more collaboration | More collaboration    | Neither more nor less collaboration | Less collaboration    | Much less collaboration |
| <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/>   |

25. Since the NDIS started in your area, how has the **quality** of your collaboration with other service providers changed?

- |                           |                       |  |                       |                          |
|---------------------------|-----------------------|--|-----------------------|--------------------------|
| Much better collaboration | Better collaboration  | Neither better nor worse collaboration | Worse collaboration   | Much worse collaboration |
| <input type="radio"/>     | <input type="radio"/> | <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/>    |

26. At the moment, how much do you collaborate with other service providers?

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 - Very much         | 2                     | 3                     | 4                     | 5 - Not at all        |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

27. At the moment, how would you rate the quality of your collaboration with other service providers?

- |                       |                       |                              |                       |                       |
|-----------------------|-----------------------|------------------------------|-----------------------|-----------------------|
| Very good quality     | Good quality          | Neither good nor bad quality | Poor quality          | Very poor quality     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> |



28. Since the NDIS started in your area, how has your **amount** of collaboration with ECI providers changed?

- |                         |                       |                                     |                       |                         |
|-------------------------|-----------------------|-------------------------------------|-----------------------|-------------------------|
| Much more collaboration | More collaboration    | Neither more nor less collaboration | Less collaboration    | Much less collaboration |
| <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/>   |

29. Since the NDIS started in your area, how has the **quality** of your collaboration with ECI providers changed?

- |                           |                       |  |                       |                          |
|---------------------------|-----------------------|--|-----------------------|--------------------------|
| Much better collaboration | Better collaboration  | Neither better nor worse collaboration | Worse collaboration   | Much worse collaboration |
| <input type="radio"/>     | <input type="radio"/> | <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/>    |

30. At the moment, how much do you collaborate with ECI providers?

- |                         |                       |                                     |                       |                         |
|-------------------------|-----------------------|-------------------------------------|-----------------------|-------------------------|
| Much more collaboration | More collaboration    | Neither more nor less collaboration | Less collaboration    | Much less collaboration |
| <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/>   |

31. At the moment, how would you rate the quality of your collaboration with ECI providers?

- |                       |                       |                               |                       |                       |
|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|
| Very good quality     | Good quality          | Neither good nor poor quality | Poor quality          | Very poor quality     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         | <input type="radio"/> | <input type="radio"/> |

32. Any other comments about any of the areas covered in this survey or about your or your organisation's experience of transitioning to the NDIS:

# Appendix B Survey results Round 1

## Family survey

The family survey had a total of 67 valid submitted responses from families with children living in NSW. If families had concerns about the development of more than one of their young children or had more than one child with a disability, they were asked to answer the survey about the youngest child only. They were also given the option to complete the survey again for other children.

## Demographics

Almost all respondents (66) spoke English at home. Six respondents reported speaking other languages including Cantonese, Creole, Filipino, French and Hungarian. Seven respondents indicated that the child was from an Aboriginal or Torres Strait Islander background.

Table B-1 outlines the gender composition of the children. The majority of children were male (52 children or 78%). The age groups of children are outlined in Table B-2 Age of children. The majority of children (73%) were in the 3–6-year-old age range.

**Table B-1 Gender of children**

	Number	Per cent
Female	15	22
Male	52	78
<b>Total</b>	<b>67</b>	<b>100</b>

**Table B-2 Age of children**

	Number	Per cent
0-1 year	3	4
2 years	5	7
3 years	12	18
4 years	15	22
5 years	11	16
6 years	11	16
7 years	3	4
8 years	7	10
<b>Total</b>	<b>67</b>	<b>100</b>

Table B-3 provides a breakdown of the geographical area of residence of children in the family survey by NSW Local Health Districts. Nearly an equal number of respondents of children lived in metropolitan areas (48%) and rural and regional areas (52%). The largest group lived in the Hunter New England region (26%), while 12% each were living in Northern Sydney and Western NSW, and 11% lived in the Murrumbidgee Local Health District.

**Table B-3 Geographical area of residence of children**

<b>NSW Local Health Districts</b>	<b>Number</b>	<b>Per cent</b>
Central Coast	4	6
Illawarra Shoalhaven	n/a	n/a
Nepean Blue Mountains	3	5
Northern Sydney	8	12
South Eastern Sydney	4	6
South Western Sydney	4	6
Sydney	3	5
Western Sydney	4	6
<b>Total metropolitan*</b>	<b>32</b>	<b>48</b>
Hunter New England	17	26
Mid North Coast	n/a	n/a
Murrumbidgee	7	11
Southern NSW	n/a	n/a
Western NSW	8	12
<b>Total rural and regional*</b>	<b>34</b>	<b>52</b>
<b>Total</b>	<b>66</b>	<b>100</b>

Notes: Missing= 1. 'n/a' indicates fewer than 3 respondents. \* Distinction between metro and rural/regional follows NSW Health groupings: <http://www.health.nsw.gov.au/lhd/Pages/default.aspx>

## Support received

The survey asked families about the support they had received for their children in the last 12 months. The most common types of support were for the child's communication (82%), interaction with other children or adults (64%), playing (58%), behaviour (58%), sensory processing issues (57%) and participation in early childhood education (57%). The least frequently types of support accessed were planning and coordination of services (19%) and community access (27%) (Table B-4).

**Table B-4 Help received in the last 12 months**

Have you or your child got help with your child's: (Tick all that apply)	Number	Percent of respondents
Communication	55	82
Playing	39	58
Interaction with other children or adults	43	64
Behaviour	39	58
Sleep	22	33
Movement and being physically independent	21	31
Development of self-help skills	37	55
Sensory processing issues	38	57
Participation in early childhood education or school	38	57
Community access	18	27
Transition to next setting	22	33
Learning at school	24	36
Planning and coordination of services	13	19
Medical needs	26	39
Help with accessing funding for early childhood intervention	27	40

Total number of respondents = 67.

Table B-5 outlines the number of supports used by children. Around one-third of respondents were in each category, with 33% using 1–4 types of support, 34% using 5–9, and 31% using 10–14 types of supports.

**Table B-5 Total number of types of support used**

	Number	Percent
Zero	n/a	n/a
1–4	22	33
5–9	23	34
10–14	21	31
<b>Total</b>	<b>66</b>	<b>99</b>

Note: percentage may not sum to 100 due to exclusion of cells containing fewer than 3 respondents.

Other services that children currently used are outlined in Table B-6. The majority of children had used allied health services (85%), a general practitioner (76%) or specialist health services (70%). Few children had been engaged with mental health services (13%) or used hospitals (24%). Around one-third of children had used play groups (34%), child care centres (31%) preschool (31%) and primary school (37%).

**Table B-6 Services children use**

<b>At the moment, does your child use any of the following? (Tick all that apply):</b>	<b>Number</b>	<b>Percent</b>
Playgroup	23	34
Child care centre - long day care or occasional care	21	31
Family day care	n/a	n/a
Preschool	21	31
Primary school	25	37
General practitioner	51	76
Specialist health services (e.g. doctor for specific condition)	47	70
Allied health services (e.g. occupational therapy, speech therapy)	57	85
Mental health services	9	13
Hospital	16	24

Notes: 'n/a' indicates fewer than 3 respondents

The survey also asked whether family members were receiving any help (Table B-7). Forty per cent indicated that they had received information and education around parenting, and around one-quarter had attended a parent/carer support group (28%) or had received mental health support or counselling (25%). Six respondents had received sibling support, and none indicated that they had received referrals to services or help with accessing funding for early childhood education.

**Table B-7 Help received by family members**

<b>Do you get any of the following help for yourself or other family members? (Tick all that apply)</b>	<b>Number</b>	<b>Percent</b>
Information and education around parenting	27	40
Referral to services	0	0
Mental health support or counselling	17	25
Help with accessing funding for early childhood intervention	0	0
Parent/carer support group	19	28
Sibling support	6	9
Other (No help)	n/a	n/a

Notes: 'n/a' indicates fewer than 3 respondents

When asked whether their child needed any support that he/she was not getting now, 61% (40 respondents) indicated that they did need further support, while 39% (26 respondents) indicated that no more was needed. Responses to what support was needed included: speech therapy, behavioural therapy, physiotherapy, occupational therapy, psychology, hearing, food therapy, assistance with transition and integration at school, social skills and activities, sporting and extra-curricular activities, case management, counselling for parents, respite, transport and travel, NDIS funding, and more community services.

## Early intervention services

The large majority (85%) of respondents indicated that they were currently involved in early intervention services, while 9% indicated that they were not and 6% were unsure.

Among the 57 respondents indicating they were involved in early intervention services, the length of time they had been involved is outlined in Table B-8. The minimum time was one month, and the maximum time was six years (72 months). One-quarter of the respondents had been involved with early intervention services for one year, and around another quarter (23%) had been involved for between one and two years. Seven respondents (13%) had been involved for five or more years.

Respondents were asked why they were involved with early intervention services and given two possible responses: 18% indicated that they were concerned about the child's development, 32% indicated that the child had a disability, while 51% indicated that both these reasons were relevant (Table B-9).

**Table B-8 Length of time involved in early intervention services**

	Number	Percent
Less than one year	14	25
1 to less than 2 years	13	23
2-3 years	11	20
3-4 years	5	9
4-5 years	6	11
5 years and over	7	13
<b>Total</b>	<b>56</b>	<b>101</b>

Notes: One respondent missing data, total percent may not sum to 100 due to rounding.

**Table B-9 Reasons for involvement with early intervention services**

Why are you involved with early intervention services?	Number	Percent
Concern about the child's development	10	18
Child has a disability	18	32
Both reasons	29	51
<b>Total</b>	<b>57</b>	<b>100</b>

Among the 47 respondents who indicated that their child had a disability, the most common types were social (91%), communication (85%), sensory processing (83%) and cognitive (68%) disabilities. A small number had physical (17%) and medical (13%) disabilities (Table B-10).

**Table B-10 Types of disability**

What kind of disability does your child have? (Tick all that apply)	Number	Percent
Sensory processing	39	83
Vision or hearing	0	0
Communication	40	85
Cognitive	32	68
Physical	8	17
Medical	6	13
Social	43	91

Notes: Number of respondents= 47

The number of types of disability reported for the children in the family survey are outlined in Table B-11. Twenty-one (31%) of the children had no reported disability. A small number (6%) had one or

two disabilities, 13% had three, 33% had four, and 10% had five or six types of disabilities. Therefore, more than half of the children with disability had four or more types of disability.

**Table B-11 Number of types of disabilities reported for children**

	Number	Percent
Zero	21	31
One	4	6
Two	4	6
Three	9	13
Four	22	33
Five or Six	7	10
<b>Total</b>	<b>67</b>	<b>100</b>

The sources of early intervention services for the 57 respondents indicating involvement with these services are outlined in

Table B-12. Respondents could provide more than one answer. The most common source of services (51% of respondents) was community or non-government organisations, followed by Medicare (33%), private practitioner (32%) and NDIS (30%). Services were also received from NSW and Commonwealth government sources: ADHC (11%), Family and Community Services (FACS) (9%), Department of Social Services (DSS) Helping Children with Autism (21%) and Better Start (5%).

**Table B-12 Early intervention service providers**

Who provides the early intervention services that you use? (Tick all that apply)	Number	Percent
Community or non-government organisation/s	29	51
Private practitioner	18	32
NDIS	17	30
NSW Government - ADHC	6	11
NSW Government - FACS	5	9
Australian Government - DSS (Better Start)	3	5
Australian Government - DSS (Helping Children with Autism)	12	21
Medicare	19	33
Other	8	14
Not sure	n/a	n/a

Notes: 'n/a' indicates fewer than 3 respondents

## Experiences with support

Respondents were asked a range of questions about their experiences with support. The first question related to information about support. Table B-13 and Figure B-1 report the percentage of respondents who found information about support for their child's development easy to find, easy to understand and helpful. Most difficulties were reported with ease of finding information, with 22% indicating that it was rarely or never easy, and 45% saying it was 'sometimes' easy to find. Over half (55%) of the respondents found the information about support 'always' or 'often' helpful. This



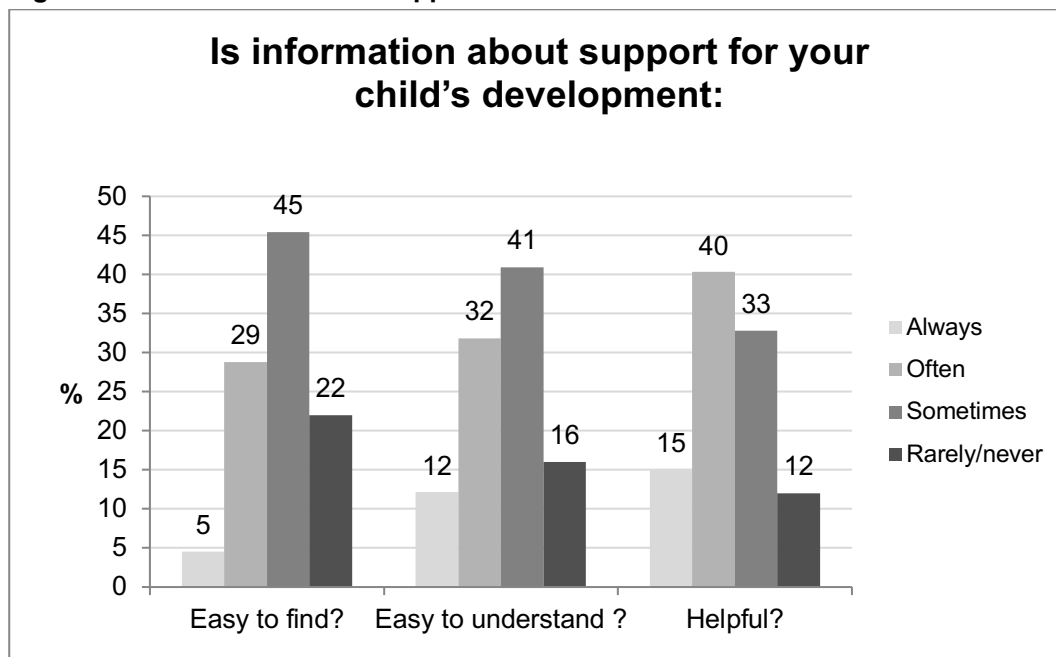
compared with 47% for 'always' or 'often' easy to understand and 34% for 'always' or 'often' easy to find.

**Table B-13 Information about support (%)**

Is information about support for your child's development:	Always	Often	Sometimes	Rarely/never
Easy to find?	5	29	45	22
Easy to understand?	12	32	41	16
Helpful?	15	40	33	12

Notes: Number of respondents= 66. 'Rarely' and 'Never' categories have been combined due to small numbers in the never category (3 or less).

**Figure B-1 Information about support**



Respondents were also asked about their perceptions of choice in relation to what kind of support their child got and who provided the support (Table B-14 and Table B-15

Figure B-2). The most common response to both questions was 'sometimes', with 39% of respondents indicating that they sometimes had a choice in the kind of support their child was getting and one-third (33%) indicating that they sometimes had choice in who provided the support. Around one-fifth of respondents indicated that they lacked choice in relation to both questions: 7% said they 'never' and 12% indicated that they 'rarely' felt they had a choice in the kind of support their child was getting. On the question of who provided support, 6% indicated they 'never' had a choice and 16% reported that they 'rarely' had a choice.

**Table B-14 Perception of choice (%)**

Overall, do you feel you have a choice of:	Always	Often	Sometimes	Rarely	Never
What kind of support your child is getting?	19	22	39	12	7
Who provides the support?	19	25	33	16	6

Notes: Number of respondents = 67

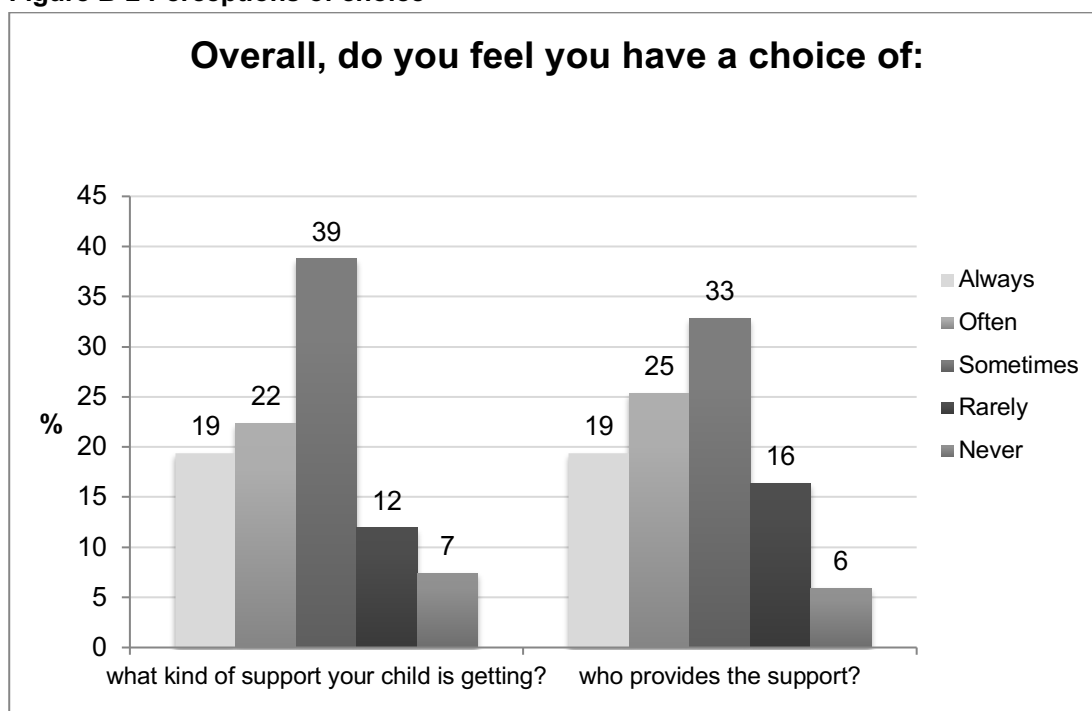


**Table B-15 Perception of choice (confidence limits)**

Overall, do you feel you have a choice of:	Percentage "often/always"	95% confidence limits for percentage	
		Lower	Upper
<b>What kind of support your child is getting?</b>			
Not in NDIS	34.0	21.2	48.8
In NDIS	64.7	38.3	85.8
<b>Who provides the support?</b>			
Not in NDIS	34.0	21.2	48.8
In NDIS	76.5	50.1	93.2

Notes: Number of respondents = 67

**Figure B-2 Perceptions of choice**



Respondents were also asked about their perceptions in relation to several questions outlined in Table B-16 and Table B-17. Figure B-3 provides graphs showing the distribution of responses to each of these questions.

**Table B-16 Experiences of support (percentages)**

<b>Overall, do you find that the people who are supporting your child and family are:</b>	<b>Always</b>	<b>Often</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>
considering your choices and priorities?	30	39	19	6	6
are culturally respectful?	59	29	6	6*	
helping your child participate more in your family and community?	28	37	18	10	6
working in partnership with you and other members of your child's team (doctors, specialists, teachers, child care workers etc.)?	27	36	24	13*	
building your knowledge and skills to help you support your child?	28	40	21	10*	
well-qualified and experienced?	46	33	16	4*	
focusing on the outcomes you want for your child and family?	39	30	24	7*	

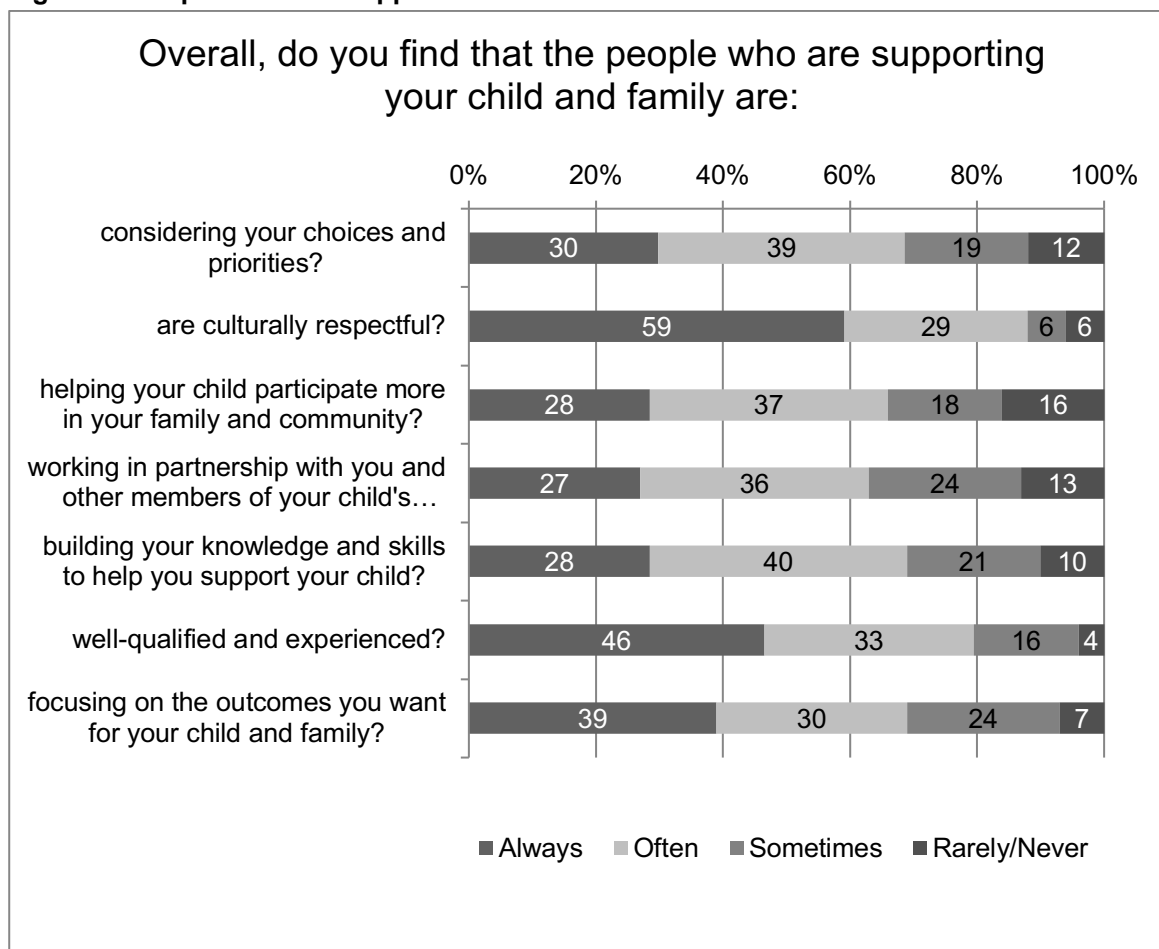
Notes: Number of respondents = 67, except for culturally respectful question where the number of respondents = 66.  
\* indicates that 'Rarely' and 'Never' categories have been combined in due to small numbers in either category (3 or fewer).

**Table B-17 Experiences of support (confidence limits)**

<b>Overall, do you find that the people who are supporting your child and family are:</b>	<b>Percentage "often/always"</b>	<b>95% confidence limits for percentage</b>	
		<b>Lower</b>	<b>Upper</b>
<b>Building your knowledge and skills to help you support your child?</b>			
Not in NDIS	60.0	45.2	73.6
In NDIS	94.1	71.3	99.9

Notes: Number of respondents = 67

**Figure B-3 Experiences of support**



Respondents were also asked about their knowledge of the NDIS (Table B-18). Around one-fifth (22%) indicated that they knew 'a lot', while around half (48%) knew 'some' and just under one-third (30%) indicated that they did not know much.

**Table B-18 Knowledge of the NDIS**

How much do you know about the NDIS?	Number	Percent
A lot	15	22
Some	32	48
Not much	20	30
<b>Total</b>	<b>67</b>	<b>100</b>

Sources of information for the services they were getting are outlined in Table B-19. Respondents could choose more than one answer: over half (60%) had found out about them themselves, around half (51%) had been referred by someone, and 31% had been told by someone else.

**Table B-19 Sources of information about services**

How did you find out about the services you are getting at the moment? (Tick all that apply)	Number	Percent
Found them myself	40	60
Someone told me about them	21	31
Someone referred me	34	51

Notes: Total respondents =67.

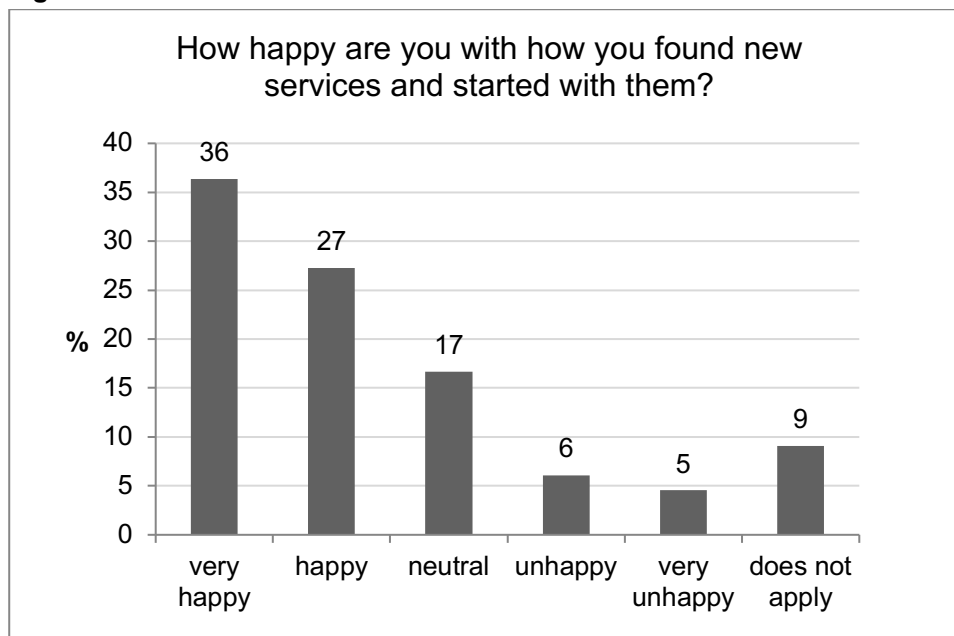
Respondents to the family survey were also asked how happy they were with how they found the new services and started with them (Table B-20 and Figure B-4). Around two-thirds of respondents indicated that were very happy or happy (total for these categories was 63%).

**Table B-20 Satisfaction**

How happy are you with how you found new services and started with them?	Number	Percent
Very happy	24	36
Happy	18	27
Neutral	11	17
Unhappy	4	6
Very unhappy	3	5
Does not apply	6	9
<b>Total</b>	<b>66</b>	<b>100</b>

Notes: Missing=1.

**Figure B-4 Satisfaction**



## Service provider survey

The service provider survey had 112 submitted responses from organisations in NSW.

Respondents were asked about the type of support their organisation provided. Table B-21 gives an overview of the types of organisations. The largest category was the ECI service group with 23% of respondents, followed by specialist disability services (22%), child care centres at 20%, preschools at 16% and private therapy/private practice at 8%. The 'other' services category included inclusion support, Ability Link and Out of School Hours.

**Table B-21 Service types**

Thinking about the types of support your organisation provides to children 0-8 and their families, which option best describes the type of service you provide?	Number	Percent
Child care centre: long day or occasional	22	20
Community service (e.g. family support, support for families from non-English speaking backgrounds etc.)	3	3
ECI service	25	23
Family day care	n/a	n/a
General practitioner	n/a	n/a
Other - Write In	5	5
Other education role	n/a	n/a
Playgroup	n/a	n/a
Preschool	18	16
Private therapy / private practice	9	8
Specialist disability services (with ECI being part, but not all, of support provided)	24	22
<b>Total</b>	<b>111</b>	<b>100</b>

Notes: Missing = 1. 'n/a' indicates fewer than 3 respondents

Nearly two-thirds (64%) of respondents were in management roles, while 62% were involved with direct work with children, and 31% indicated that they were engaged in both these roles (Table B-22). Other roles respondents had included educators, supervisors, NDIS planning, administration and owning a private practice.

**Table B-22 Respondent roles**

What kind of role(s) are you in? Tick all that apply	Number	Per cent
Management role	72	64
Direct work with children and families	69	62
Both management role and direct work with children and families	35	31
Other	8	7

Notes: Number of respondents = 112

Respondents provided services across a range of areas in NSW, with organisations also providing services in multiple areas. The areas with the highest proportion of service providers in this survey were Hunter New England (22%), Nepean Blue Mountains (19%), Northern Sydney and South Western Sydney (14%), Sydney and Northern NSW (13%) and South Eastern Sydney (12%) (Table B-23).

**Table B-23 Location of services**

<b>What Health or FACS district/s is your organisation funded to provide services in?</b>	<b>Number</b>	<b>Percent</b>
Central Coast	7	6
Illawarra Shoalhaven	11	10
Nepean Blue Mountains	21	19
Northern Sydney	16	14
South Eastern Sydney	13	12
South Western Sydney	16	14
Sydney	15	13
Western Sydney	12	11
Hunter New England	25	22
Mid North Coast	8	7
Murrumbidgee	8	7
Southern NSW	7	6
Western NSW	8	7
Far West	6	5
Northern NSW	14	13
Don't know	5	4
Private or unfunded service	11	10
<b>Total responses</b>	<b>203</b>	

Among the survey respondents, 40% provided services in areas that were all in the NDIS, and for 21% the NDIS was in some of the areas they serviced. The NDIS was not yet in the areas serviced by 22% of respondents, while 17% were not sure if it was available in their areas (Table B-24)

**Table B-24 Areas in the NDIS**

<b>Are your Health/FACS area/s currently in the NDIS?</b>	<b>Number</b>	<b>Percent</b>
Not sure	19	17
Not yet	25	22
Yes - All areas we service	45	40
Yes - Some areas we service	23	21
<b>Total</b>	<b>112</b>	<b>100</b>

Around half (51%) of the service providers were offering services under the NDIS, one-third (34%) were not, and 14% were unsure (Table B-25).

**Table B-25 NDIS services**

<b>Is your organisation currently providing services under the NDIS?</b>	<b>Number</b>	<b>Percent</b>
No	38	34
Not sure	16	14
Yes	57	51
<b>Total</b>	<b>111</b>	<b>99</b>

Notes: Missing = 1. May not sum to 100% due to rounding



Among those organisations providing services under the NDIS, just over half (54%) had provided services since 2015, and another one-third began in 2016 (Table B-26).

**Table B-26 When commenced services under the NDIS**

<b>When did your organisation start providing services under the NDIS?</b>	<b>Number</b>	<b>Percent</b>
2015	31	54
2016	20	35
2017	6	11
<b>Total</b>	<b>57</b>	<b>100</b>

Notes: Question only asked of respondents who indicated “yes” in Table B-26.

Just under half (45%) of survey respondents, who indicated that they were providing services under the NDIS or not sure about whether they were, were from organisations that were transition providers/community partners (Table B-27). The majority of these organisations (79% or 21 organisations) had commenced in 2016, with the rest in 2017 (21%, 7 organisations).

**Table B-27 ECEI Transition providers/partners**

<b>Is your organisation an Early Childhood Early Intervention (ECEI) transition provider/community partner?</b>	<b>Number</b>	<b>Percent</b>
No	29	40
Not sure	11	15
Yes	33	45
<b>Total</b>	<b>73</b>	<b>100</b>

Notes: Respondents only asked this question if they answered “yes” or “not sure” in Table B-25.

Respondents were asked about the types of support provided to children (Table B-28). The most common forms of support included communication (87%), Interacting with other children and adults (86%), playing (83%), participation in early education or school (83%), behaviour (81%) and transition to next setting (80%). Fewer than half the organisations indicated that they provided support for planning and coordination of services (45%), sleep (40%), community access (40%) and medical needs (21%). Types of support in the ‘other’ category included coordination of support and referrals, peer connections, orientation and mobility, child protection and social skills development.

**Table B-28 Types of support provided to children**

<b>At the moment, are you or your organisation providing support to children for any of the following? Tick all that apply.</b>	<b>Number</b>	<b>Percent</b>
Communication (understanding and/or telling their wants and needs)	97	87
Playing	93	83
Interacting with other children and adults	96	86
Behaviour	91	81
Sleep	45	40
Movement and being physically independent	64	57
Development of self-help skills such as toilet training, feeding, dressing	80	71
Sensory processing issues	83	74
Learning at school	64	57
Participation in early childhood education or school	93	83
Community access, e.g. going shopping, attending playgroup	45	40
Transition to next setting, e.g. early childhood setting or school	90	80
Planning and coordination of services	50	45
Medical needs	23	21
Other - Write In	11	10

Notes: Number of respondents = 112.

Among the types of support provided to parents and family members, most organisations were engaged in providing referrals (88%), information and education around parenting (78%), and accessing funding for early childhood interventions (71%). A smaller number of organisations provided parent carer support groups (44%), mental health counselling or support (28%) and sibling support (21%). As well as these types of support, respondents also indicated that they provided advocacy and emotional support, support around trauma, domestic violence, homelessness and child protection, education around hearing loss, networking with other therapists, support to access ECEC and transition to school, and Certificate III in Disability Support Work (Table B-29).

**Table B-29 Support provided to parents**

<b>At the moment, are you or your organisation providing support to parents or other family members for any of the following? Tick all that apply.</b>	<b>Number</b>	<b>Percent</b>
Information and education around parenting	87	78
Referral to services	98	88
Mental health support or counselling	31	28
Accessing funding for early childhood intervention	79	71
Parent/carer support group	49	44
Sibling support	24	21
Other - Write In	13	12

Notes: Total respondents = 112

## Transition to the NDIS

Respondents were asked questions about changes that they had observed since the NDIS started in their area. The findings from these questions are outlined in Table B-30. Among the 87 organisations for which these questions were relevant (as they had responded either 'yes in all areas we service', 'yes - in some areas we service' or 'not sure' to the question about providing services in areas currently in the NDIS - Table B-24), 22% indicated that they provided somewhat more, and 16% indicated that they provided a lot more types of services. A small proportion (12%) indicated that they provided fewer types of services, while 42% indicated no change. Around one-third (32%) of respondents indicated that families now wanted somewhat more variety in services, and 15% indicated that they wanted a lot more.

Just over one-fifth (22%) indicated that there had been no change in the number of ECI service providers in their area, 29% said there were somewhat more, and 15% said a lot more, while 10% indicated that there were somewhat less and 25% said they did not know. Just under one-third (31%) of service providers reported that they did not know whether the number of ECI places had changed in their area, while 25% said there had been no change. A smaller proportion (17%) thought there were somewhat more, and 6% thought there were a lot more.

The majority (65%) of respondents thought that there had been no change in staff turnover in their organisation, while some indicated that it had increased (19% somewhat more and 9% a lot more). Just under half of the respondents (44%) indicated that the workloads in their organisation had increased a lot more, while a third (33%) indicated that it was somewhat more and one-fifth reported no change (22%). Despite this change in workload, just over half of the respondents (53%) indicated that they had not increased their staff numbers, 21% had increased them somewhat more and 16% had increased them a lot more. Around two-fifths (43%) of the respondents said that there had been no change in the amount of supervision that staff needed, while 37% said that they needed somewhat more, and 14% indicated that they needed a lot more. Nearly two-thirds indicated that staff needed more specialist training and mentoring (43% somewhat more and 21% a lot more), while around a third (31%) reported no change.

**Table B-30 Changes since the NDIS (percentages)**

Since the NDIS started in your area, what changes have you observed to the following aspects of your work and service system you work in.	A lot more	Some-what more	No change	Some-what less	A lot less	Don't know	Total %	n
Number of service types your organisation now provides	16	22	42	6	6	8	100	86
The variety of services families now want	17	37	37	n/a	n/a	7	100	87
The number of ECI service providers in your area	15	29	22	10	n/a	23	100	87
The number of ECI places available in your area	6	17	25	14	7	31	100	84
Staff turnover in your organisation	9	19	65	n/a	n/a	3	100	86
Workload in your organisation	44	33	22	n/a	n/a	n/a	100	85
The number of staff your organisation employs now	16	21	53	7	n/a	n/a	100	85
The amount of supervision staff at your organisation need	14	37	43	n/a	n/a	6	100	86
The amount of specialist training and mentoring staff at your organisation need	21	43	31	n/a	n/a	5	100	86

Notes: 'n/a' indicates fewer than 3 respondents, including zero. Questions asked only of respondents who indicated 'yes in all areas we service', 'yes - in some areas we service' or 'not sure' to the question about providing services in areas currently in the NDIS (Table B-24).

Respondents were asked about changes in aspects of their ECI services, which are outlined in Table B-31. A small number (16–17) of respondents replied to these questions, as they had to be both providing ECI services (Table B-21) and providing services in areas currently in the NDIS (or not sure if they were) (Table B-24), so the answers must be interpreted with caution. Overall, among this small number of respondents there was an indication of increases in relation to:

- amount of collaboration the service has with families
- number of children on the service's waiting list
- number of children on the waiting lists of health services they refer to.

Among these respondents there was a tendency to report a decrease in:

- ease of understanding a child's needs based on the plans provided
- ease of travelling to support children in their natural environments
- ease of covering no-show/cancellation costs
- sustainability of the service as an organisation
- ease of filling vacant positions.

As noted above, a small number of respondents answered these questions, so the answers cannot be considered broadly representative.

**Table B-31 Changes in ECI service (numbers)**

Since the NDIS started in your area, what changes have you observed to the following aspects of your ECI service?	A lot more	Some-what more	No change	Some-what less	A lot less	Don't know	n
Ease of servicing families, given the billable hours model	n/a	5*	7	4	n/a	n/a	16
The number of children your service support	n/a	7*	4	5*	n/a	n/a	16
The amount of collaboration your service has with families	3	4	8	n/a	n/a	n/a	17
The number of children on your service's waiting list	3	4	4	4*	n/a	n/a	17
The number of children on the waiting lists of health services you refer to	4	3	n/a	n/a	n/a	8	17
Ease of understanding a child's needs based on the plans provided	n/a	n/a	7	3	4	n/a	17
Ease of travelling to support children in their natural environments	n/a	n/a	6	5	4	n/a	17
Ease of covering no show/cancellation costs	n/a	n/a	n/a	5	6	3	17
Sustainability of your service as an organisation	n/a	n/a	n/a	6	6	n/a	17
Ease of filling vacant positions	n/a	n/a	4	4	4	4	17

Notes: 'n/a' indicates fewer than 3 respondents, including zero. This table does not report percentages since overall response numbers were low. Questions asked only of respondents who indicated that they were both providing ECI services (Table B-21) and who indicated 'yes in all areas we service', 'yes - in some areas we service' or 'not sure' to the question about providing services in areas currently in the NDIS (Table B-24).

Table B-32 reports on perceived changes in support for specific groups since the introduction of the NDIS. Overall, the responses suggest that there has been increased difficulty in providing support for some groups. Over half or half of the respondents indicated that it had become harder to access support for: children with complex needs (63%); children not accessing NDIS but who will be eligible (59%); children who are not eligible for the NDIS (57%); and children and families at risk (50%). Nearly half reported that it was neither easy nor hard to support children from Aboriginal and Torres Strait Islander backgrounds (47%) and children from culturally and linguistically diverse communities (45%). There were significant numbers of 'don't know' responses (21%) to some of these questions.

**Table B-32 Support for specific groups since NDIS (percentages)**

Since the NDIS started in your area, how easy or hard has it been to provide appropriate support for the following groups?	Very easy	Easy	Neither easy nor hard	Hard	Very hard	Don't know	N/A	Total %	n
Children with an NDIS individualised package	n/a	13	38	17	9	13	8	100	87
Children accessing ECEI funding only	n/a	6	21	30	9	21	12	100	86
Children not accessing NDIS but who will be eligible	n/a	6	15	29	30	15	5	100	87
Children who are not eligible for the NDIS	3	3	21	23	34	10	5	100	87
Aboriginal and Torres Strait Islander children	n/a	5	47	7	8	21	12	100	85
Culturally and linguistically diverse children	n/a	n/a	45	16	13	14	9	100	86
Children and families who are at risk	n/a	n/a	23	27	23	13	12	100	86
Children with complex needs	n/a	n/a	18	37	26	11	7	100	87

Notes: 'n/a' indicates fewer than 3 respondents, including zero. Questions asked only of respondents who indicated 'yes in all areas we service', 'yes - in some areas we service' or 'not sure' to the question about providing services in areas currently in the NDIS (Table B-24).

## ECI Service providers

Table B-33 to Table B-36 outline the responses relating to changes in referrals to other services for ECI service providers and other services. Only small numbers responded in some cases, so the data should be interpreted with caution.

## ECI Service providers

**Table B-33 Ease of referral to other services since NDIS**

Since the NDIS started in your area, how easy or hard has it been to refer out to other services?	Number
Easy	n/a
Neither easy nor hard	7
Hard	7
Very hard	n/a
<b>Total responses</b>	<b>17</b>

Notes: 'n/a' indicates fewer than 3 respondents. Question asked only of respondents who indicated that they were both providing ECI services (Table B-21) and who indicated 'yes in all areas we service', 'yes - in some areas we service' or 'not sure' to the question about providing services in areas currently in the NDIS (Table B-24).

Respondents who were from ECI services and had indicated that they were not yet in areas currently in the NDIS were asked how hard or easy it was to refer out to other services. The numbers of respondents were low (8), and half of this group indicated that it was easy (4) (Table B-34).

**Table B-34 Current ease of referral to other services**

At the moment, how easy or hard is it to refer out to other services?	Number
Easy	4
Neither easy nor hard	n/a
Hard	n/a
<b>Total responses</b>	<b>8</b>

Notes: 'n/a' indicates fewer than 3 respondents. Question asked only of respondents who indicated that they were both providing ECI services (Table B-21) and who indicated 'not yet' to the question about providing services in areas currently in the NDIS (Table B-24).

### Other service providers

Sixty-eight organisations that were not ECI service providers exclusively but were in areas currently in the NDIS or not sure responded to the question about how easy or hard it had been to refer to ECI services since the NDIS started. Of these, around half (53%) reported that it was neither easy nor hard, and 35% indicated that it had become harder (Table B-35). Among the small number of other service providers who were not yet in areas in the NDIS, most indicated that they generally found it very easy, easy or neither easy or hard to refer to ECI services (Table B-36).

**Table B-35 Ease of referral to ECI services since NDIS**

Since the NDIS started in your area, how easy or hard has it been to refer to ECI services?	Number	Percent
Very easy	n/a	3
Easy	6	9
Neither easy nor hard	36	53
Hard	18	26
Very hard	6	9
<b>Total responses</b>	<b>68</b>	<b>100</b>

Notes: Missing = 1. 'n/a' indicates fewer than 3 respondents. Question was asked only of respondents who had indicated that they were not providing ECI services in Table B-21 and who indicated 'yes in all areas we service', 'yes - in some areas we service' or 'not sure' to the question about providing services in areas currently in the NDIS (Table B-24).

**Table B-36 Current ease of referral to ECI services**

At the moment, how easy or hard is it to refer to ECI services?	Number
Very easy	4
Easy	3
Neither easy nor hard	8
Hard	n/a
<b>Total responses</b>	<b>17</b>

Notes: 'n/a' indicates fewer than 3 respondents. Question was asked only of respondents who had indicated that they were not providing ECI services in Table B-21 and who indicated 'not yet' to the question about providing services in areas currently in the NDIS (Table B-24).

## ECI service providers

Table B-37 and Table B-38 report on changes in the amount and quality of collaboration with other service providers since the NDIS. Only a small number of service providers who were from ECI services and in the areas currently in the NDIS responded to these questions (16–17). The majority of respondents (8–9) to these questions reported no change in either.

**Table B-37 Amount of collaboration since NDIS**

Since the NDIS started in your area, how has your <i>amount</i> of collaboration with other service providers changed?	Number
More collaboration	n/a
Neither more nor less collaboration	8
Less collaboration	4
Much less collaboration	4
<b>Total responses</b>	<b>17</b>

Notes: 'n/a' indicates fewer than 3 respondents. Question asked only of respondents who indicated that they were both providing ECI services (Table B-21) and who indicated 'yes in all areas we service', 'yes - in some areas we service' or 'not sure' to the question about providing services in areas currently in the NDIS (Table B-24).

**Table B-38 Quality of collaboration since NDIS**

Since the NDIS started in your area, how has the quality of your collaboration with other service providers changed?	Number
Better collaboration	n/a
Neither better nor worse collaboration	9
Worse collaboration	4
Much worse collaboration	n/a
<b>Total responses</b>	<b>16</b>

Notes: Missing = 1. 'n/a' indicates fewer than 3 respondents. Question asked only of respondents who indicated that they were both providing ECI services (Table B-21) and who indicated 'yes in all areas we service', 'yes - in some areas we service' or 'not sure' to the question about providing services in areas currently in the NDIS (Table B-24).

Table B-39 and Table B-40 report on responses to the extent and quality of current collaboration. Few service providers responded to these questions (8), as they were only asked of service providers who were ECI services and not yet in areas in the NDIS.

**Table B-39 Extent of current collaboration**

At the moment, how much do you collaborate with other service providers?	Number
Very much - 1	4
2	n/a
3	n/a
<b>Total responses</b>	<b>8</b>

Notes: Scale of 1 'very much' to 5 'not at all'. 'n/a' indicates fewer than 3 respondents. Questions asked only of respondents who indicated that they were both providing ECI services (Table B-21) and who indicated 'not yet' to the question about providing services in areas currently in the NDIS (Table B-24).



**Table B-40 Quality of current collaboration**

<b>At the moment, how would you rate the quality of your collaboration with other service providers?</b>	<b>Number</b>
Very good quality	n/a
Good quality	5
Neither good	n/a
<b>Total responses</b>	<b>8</b>

Notes: 'n/a' indicates fewer than 3 respondents. Questions asked only of respondents who indicated that they were providing ECI services (Table B-21) and indicated 'not yet' to the question about providing services in areas currently in the NDIS (Table B-24).

### Other service providers

Table B-41 and Table B-42 report on changes in the amount and quality of collaboration with ECI providers since the NDIS. Around one-fifth (22%) of the 66 respondents (who were not ECI services and were in areas currently in the NDIS) reported an increase in the amount of collaboration, over half (58%) reported no change, and around one-fifth reported less collaboration. Just over two-thirds (67%) of respondents reported no change in the quality of collaboration, with 9% reporting an increase and one-quarter (24%) reporting that it had got worse.

**Table B-41 Change in amount of collaboration with ECI providers since the NDIS**

<b>Since the NDIS started in your area, how has your amount of collaboration with ECI providers changed?</b>	<b>Number</b>	<b>Percent</b>
Much more collaboration	3	5
More collaboration	11	17
Neither more nor less collaboration	38	58
Less collaboration	9	14
Much less collaboration	5	8
<b>Total responses</b>	<b>66</b>	<b>100</b>

Notes: Missing = 3. Question was asked only of respondents who had indicated that they were not providing ECI services in Table B-21 and who indicated 'yes in all areas we service', 'yes - in some areas we service' or 'not sure' to the question about providing services in areas currently in the NDIS (Table B-24).

**Table B-42 Change in the quality of collaboration with ECI providers since the NDIS**

<b>Since the NDIS started in your area, how has the quality of your collaboration with ECI providers changed?</b>	<b>Number</b>	<b>Percent</b>
Better collaboration	6	9
Neither better nor worse collaboration	44	67
Worse collaboration	12	18
Much worse collaboration	4	6
<b>Total responses</b>	<b>66</b>	<b>100</b>

Notes: Missing = 3. Question was asked only of respondents who had indicated that they were not providing ECI services in Table B-21 and who indicated 'yes in all areas we service', 'yes - in some areas we service' or 'not sure' to the question about providing services in areas currently in the NDIS (Table B-24).

Table B-43 and Table B-44 describe the responses to questions on current amount and quality of collaboration with ECI providers. Seventeen service providers who were not from ECI services and not yet in areas currently in the NDIS gave responses to these questions. Around half (8) indicated

no change in the amount of collaboration, while 7 indicated that the quality of their collaboration was good, and 6 indicated that it was neither good nor poor quality.

**Table B-43 Current amount of collaboration with ECI providers**

<b>At the moment, how much do you collaborate with ECI providers?</b>	<b>Number</b>
Much more collaboration	n/a
More collaboration	3
Neither more nor less collaboration	8
Less collaboration	n/a
Much less collaboration	n/a
<b>Total responses</b>	<b>17</b>

Notes: 'n/a' indicates fewer than 3 respondents. Question asked only of respondents who indicated that they were not providing ECI services (Table B-21) and who indicated 'not yet' to the question about providing services in areas currently in the NDIS (Table B-24).

**Table B-44 Current quality of collaboration with ECI providers**

<b>At the moment, how would you rate the quality of your collaboration with ECI providers?</b>	<b>Number</b>
Very good quality	n/a
Good quality	7
Neither good nor poor quality	6
Very poor quality	n/a
<b>Total responses</b>	<b>17</b>

Notes: 'n/a' indicates fewer than 3 respondents. Question asked only of respondents who indicated that they were not providing ECI services (Table B-21) and who indicated 'not yet' to the question about providing services in areas currently in the NDIS (Table B-24).