

**Submission to the
National Disability Insurance Scheme
Thin Markets Project
(2nd Submission)**



Noah's Ark Inc

30 July, 2019

1. Introduction

This submission is in addition to an earlier submission made by Noah's Ark Inc. The first submission expresses the overall view of the organisation. The focus of this submission is on specific issues related to the workforce for supporting young children and their families in the NDIS and the viability of providing a choice of service in rural areas without direct commissioning of services.

2. The workforce for supporting young children and their families in the NDIS

One impact of the 'therapy' emphasis throughout the information and planning processes and in the Price Guide is on the employment of Special Education Teachers in Early Childhood Intervention (ECI). Historically, ECI teams included special education teachers and therapists in Victoria. This dated back to reforms in the 1980s, which were consistent with the development of a more holistic approach to ECI and a focus on a coordinated approach to the developmental needs of children, rather than the therapies operating in isolation from each other. This holistic and coordinated approach is supported by a strong body of research.

At a national level, ECI has involved both Teachers and Therapists across most States and Territories. Some jurisdictions employed these two groups of staff through different government departments and sometimes through one department. In all cases, they had a specific remit to work with young children before school commencement.

Special education teachers brought specific expertise to the ECI team, including skills related to children's cognitive development and behaviour. They also brought a detailed understanding of early childhood development and the variability of that development, providing a context for an understanding of the impact of a child's disability. They have an understanding of children's learning and development within the context of the child's family and the importance of parent-professional partnerships. Their prior experience working in early childhood settings has provided them with the knowledge and skills necessary to support the ECI teams understanding of inclusive practices in these environments. Noah's Ark, like most ECI Services in Victoria, employed a core team of professionals including speech pathology, occupational therapy and special education.

Since the inception of the NDIS, the role of specialist teachers in ECI has been undermined in a significant way. The emphasis by the NDIA on therapy has led organisations to either retrench or stop employing teachers. In addition to the loss of skills and knowledge of child development, this has had a serious impact on the capacity of the ECI workforce.

The reduction of capacity is at two levels. Firstly, it has effectively removed what was a core professional group from ECI. The recruitment of staff to work in ECI has always been challenging because it has been desirable to attract experienced professionals and because of the limited supply of suitably qualified staff outside limited geographical areas. Areas in which it is difficult to recruit includes parts of the northern and western areas of metropolitan Melbourne and outside the major rural cities. Recruitment in rural areas has always been very difficult given the limited availability of therapists and special education teachers in general. We are now trying to recruit to these areas with one less professional group available.

The second loss of capacity is concerning the skill gap that exists when special education teachers are not part of the ECI teams. Therapists do not have any specific training about young children as part of their Tertiary Course. Special Education Teachers are the only professional group to study complex early childhood development in detail. Teams that have a specialist teacher as part of the group have a greater capacity to professionally develop new staff about the specific challenges of working with young children. This also allows the employment of less experienced staff and broadens the range of candidates who might be employed.

The public promotion by the NDIA of the NDIS as focused entirely on 'therapy' has undermined the position of teachers in ECI. Teachers have exited the ECI field as a result of major change in the operation of services, such as the introduction of billable hours, and they can find employment in areas which continue to value the role of teachers. There has always been a competition for special education teachers between the ECI sector and the early childhood and primary education sectors. Teachers are in high demand in early childhood services; a demand that will increase with the announcement of subsidised kindergarten programs for three-year-olds in Victoria. In our view, this is making it more difficult to provide the scale of NDIS services now being requested by families and it is in the interests of participants in the NDIS that this situation is reversed.

This situation of Special Education Teachers in the NDIS could be further addressed through a review of registration requirements for children aged over seven years. The introduction of Developmental Educators registration category for primary aged children means the current registration category and registration body does not recognise or accept Special Education Teachers. If Special Education Teachers were recognised as having essential childhood development and disability skills and a less restrictive approach to registration introduced it would help redress the current situation.

3. The importance of commissioning rural services to support market choice and quality

The NDIS has proposed the need for market choice. One of the challenges of achieving market choice in rural Victoria is the small number of children eligible for the NDIS in a given local geographical area. The low population density means that there is a tension between maintaining relatively local service and having more than one service. A service can reach sustainability by either working with all the 'local' children or by covering a larger geographical area that includes more children and means higher travel costs. In our view, the NDIA Pricing has been designed for areas with high population concentrations, such as metropolitan Melbourne. To sustain choice and quality in rural areas will require an alternative funding model, such as the direct commissioning of services.

Best practice in ECI recommends services are provided by a team of staff with different professional therapy and education backgrounds. This approach allows a program to be developed for the child which is holistic and coordinated. Poor practice occurs when therapies are applied to a child in isolation from each other. A small team should include three disciplines, which traditionally have included a speech pathologist, occupational therapist and special education teacher or another discipline. The need to have teams in early childhood disability services also impacts on the cost of services.

The costs for an ECI team include infrastructure costs, management costs and the cost of direct service staff. Infrastructure costs are relatively static. The key variable, in our modelling, is the ratio of management time to direct service staff. The role of management includes a series of required activities including talking with families seeking a service, quality assurance and staff supervision. The service becomes viable when the number of staff generates the income required to pay for the infrastructure and management costs.

Under current funding arrangements, it will not be possible to achieve a viable service unless the service works with all or nearly all the children in the area. This is because the number of children is small relative to the geographic reach of a service and the service needs to work with all the children to reach a scale where it can employ enough staff to meet its fixed costs. This means a choice between having a viable service under the current funding with an effective monopoly or having a different model of funding. In rural areas at present some organisations are currently operating small team-based services at a loss and covering that loss through profitable services in other areas. Other organisations have chosen to close their service in rural areas. The longer-term scenario is that children in these areas will not be able to access high-quality services.

A different approach to funding small teams in rural areas is also necessary to overcome the recruitment challenges that these services have traditionally faced, continue to face and which have been accentuated by the introduction of the NDIS. Services for children with a disability compete for staff within a very limited pool of candidates. Other employers, including hospitals, health services, early childhood services, family services and schools, can offer stable employment. If services for children with a disability cannot offer an equal or better employment package, then the quality of services that can be accessed by children in rural areas will deteriorate. The funding for these services needs to be suitable for employers to be able to offer stable employment.

Further information

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