

**INQUIRY INTO FOUNDATIONAL AND DISABILITY
SUPPORTS AVAILABLE FOR CHILDREN AND YOUNG
PEOPLE IN NEW SOUTH WALES**

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Submission for the inquiry into foundational and disability supports available for children and young people in New South Wales

Overview: I am writing to outline what I believe to be key elements for foundational supports for children with neurodevelopmental differences. This submission focuses specifically on supports for very young children who may not have a diagnosis yet.

Parent-led therapy: It is crucial that therapy for children involves parents as active participants. Therapy in the childcare setting does not account for the critical role that the parent-child attachment plays in a child's developmental gains. Parent-led therapy empowers parents to understand the experience of their child and form stronger attachments in the context of difference. There is evidence that therapy centred on parent-child attachment results in improved developmental outcomes (Callanan et al., 2023) and improved psychological wellbeing for parents (Callanan et al., 2021). Parents should be fully informed, supported, and engaged in a partnership with allied health professionals to ensure that therapy is integrated meaningfully into daily routines.

Transdisciplinary model of therapy: The transdisciplinary approach to therapy is essential in providing holistic and coordinated care. In this model, an allied health professional with understanding of paediatric development, takes on the role of key therapist while collaborating with other professionals such as occupational therapists, physiotherapists, psychologists, and educators. This model fosters a shared understanding of the child's needs and ensures that the approach is consistent across various domains. The NDIS ECEI rollout caused a movement away from a transdisciplinary model of therapy, with families feeling panicked to "use it (their funding) or lose it", believing that more therapy is better and ultimately resulting in carer burnout. Streamlining supports should be a major consideration when designing foundational supports to reduce the burden on parents already struggling to manage work, family, cost of living pressures and multiple medical and therapy appointments.

Eligibility assessments and outcome reporting: Eligibility assessments should be straightforward and efficient. Outcome reporting should be succinct and focus on key milestones. Importantly, outcome reporting should serve as a tool for communication rather than for funding purposes, ensuring that it reflects meaningful progress and includes useful recommendations or referrals, e.g., to a medical specialist. Funding that is contingent on the allied health professionals report means that the allied health professional spends more time on reporting for the sole purpose of funding. Parents become future focussed, wanting to make sure that they have enough support hours for potential problems, rather than responding to their child's needs at the time.

Focus on therapy, not assessment: The focus should always be on therapy rather than extensive assessment. While assessments are essential to understanding a child's needs at the outset, the ratio of assessment to therapy must be reasonable. Any assessment undertaken should guide therapy practices, identifying areas of focus and tracking progress over time.

Budget for assistive technology and training: Items such as visual supports, communication books and iPads with communication apps, are a low-cost way to introduce very young children

to AAC. It is also a time when parents may not have returned full-time to the workforce and are more likely to have capacity to attend formal training and courses such as Key Word Sign workshops. These early inputs are more likely to pay dividends in the schoolyears when communication breakdowns and associated frustrations result in bigger, trickier behaviours and families have less 1:1 time for modelling AAC. iPads can be made a dedicated device by using the guided access feature and in my experience, families (including siblings) understand and respect that an iPad purchased under these circumstances is their child's voice.

Private clinics and sole practitioners: Since the rollout of the NDIS, many experienced Speech Pathologists have moved out of organisations that have KPIs and started working as sole practitioners. These practitioners should be recognised as key service providers who bring deep knowledge and practical experience to therapy. As sole practitioners, we often have the flexibility to tailor therapy to the child's unique needs, building strong relationships with families. There is a generally high staff turnover in larger organisations where KPIs are resulting in therapist burnout, and this can be disruptive to therapy. It is crucial that the professional expertise of experienced sole practitioners is valued and that we are provided with appropriate support and resources to continue delivering high-quality services.

Collaboration between professionals: Collaboration is central to delivering effective therapy for children with neurodevelopmental needs. Speech Pathologists, along with other professionals within the allied health, medical and education sector, must work together to ensure that appropriate diagnosis and support are provided. Professionals from different organisations should be encouraged to collaborate and share insights, ensuring that the therapy provided is well-rounded, consistent, and aligned with the child's needs. Allied health, medical, education sectors and community programs, need to interact more. There need to be avenues for letting a childcare know when a child will be needing additional supports, referrals to local programs such as toy libraries and case conferences between medical and allied health professionals about diagnosis and treatment. These channels of communication have been somewhat limited to therapist-parent-NDIS because of the reporting requirements, funding limitations and increase in private organisations with inexperienced therapists who aren't confident to liaise with medical professionals.

Conclusion: In summary, parent-led therapy, a transdisciplinary approach, succinct eligibility assessments, and a focus on therapy rather than extensive reporting are all essential components for foundational supports for children with neurodevelopmental needs. Therapy should be designed to meet the unique needs of each child and be responsive to their development over time. Collaboration among allied health professionals and a focus on cost-effective resources will ensure that therapy is both accessible and effective.

Kind regards,

Certified Practicing Speech Pathologist

References:

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