

Practice Guide – Early childhood planning

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1. Purpose

The content of this document is **OFFICIAL**. This Practice Guide will help you prepare and approve NDIS plans (plans) for participants younger than 7. It will help you develop plans following the principles of the early childhood approach and will assist you to complete the required pre-planning and planning tasks in the NDIS Business System (System).

2. To be used by

Plan developers – early childhood partners, National Disability Insurance Agency (NDIA) planners and plan delegates (delegates).

3. Scope

From 1 July 2023, the age of children supported under the early childhood approach will progressively change to include children younger than 9.

Children aged 7 and 8 newly engaging with the NDIS and those who have an access met decision made from 1 July 2023, will be supported by an early childhood partner or the NDIA in non-partner areas.

Children already in the Scheme who turn 7 or 8 before 1 July 2023 will be supported by a local area coordination partner. However, if they are in non partnered areas or streamed intensive or super intensive they will be supported by the NDIA.

Children already in the Scheme who turn 7 from 1 July 2023, will continue to be supported by an early childhood partner. However, if they are in non partnered areas they will be supported by the NDIA.

For further information go to the [Age range change page](#).

For support to develop and approve plans for participants who are 7 or older please refer to the intranet page on [planning](#) including the [Practice Guide - Understanding Therapy Supports](#).

This Practice Guide will support you to develop and approve plans for participants younger than 6, with [developmental delay](#) or younger than 7 with disability. It will guide you on how to develop a plan with a participant and their family or carers; and determine reasonable and necessary funded supports. When completing the pre-planning and planning tasks, National Disability Insurance Agency (Agency) staff including early childhood partners must consider the [best practice principles in early childhood intervention](#), these are highlighted in [Our Guideline – Early childhood approach](#). The Agency must be satisfied that the funded supports in the participant's plan meet each of the reasonable and necessary criteria outlined in [section 34](#) of the *National Disability Insurance Agency Act 2013* and the [NDIS Rules 2013](#).

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[2014 and 2016](#). For further information go to [Our Guideline – Creating your plan](#) and [Our Guideline – Reasonable and necessary supports](#).

Note: Most often the child representative will be the participant's parent or carer. In this Practice Guide reference to the participant's parents, family or carer also includes any other child representative.

4. Pre-planning

4.1 Overview

Plans for participants younger than 7, are built by gathering information relevant to the participant and their parent or carer during pre-planning.

When calculating Capacity Building supports for participants younger than 7 refer to Appendix 2, Guide for calculating early childhood capacity building supports ([the Guide](#)).

Note: For support to develop and approve plans for participants who are 7 or older please refer to the intranet page on [planning](#) including the [Practice Guide - Understanding Therapy Supports](#)

Plan preparation

Following an access met decision you are required to make initial contact with the participant's parents or carers to commence the plan preparation. You will then create a Plan Preparation interaction, refer to [Interaction templates – Pre-planning](#).

Pre planning

The pre-planning stage involves gathering information regarding the participant's daily life, the family or carers' goals for the participant, current and potential supports and the functional impact of the participant's developmental delay or disability on their daily life.

The participant's plan should be individualised and directed by the participant's family or carers. Plans should respect the role of the participant's family or other significant people (informal supports) and strengthen their capacity to support the participant. For further information refer to our guideline which explains [the principles we follow to create a plan](#).

4.2 Pre-planning tasks

The [Early childhood approach booklet](#) (booklet) is an internal resource designed to support your initial conversations with the family or carer. It explains the early childhood approach, the role of the early childhood partners and available supports. It also offers a place for parents and carers to write about their priorities for their child, supports available, goals for their child, and important next steps.

The booklet includes an opportunity to complete an ecomap, which is an effective method to understand the current supports in the child's life. An ecomap is a visual representation of the

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family's informal and formal supports. The ecomap centres on the family living in the home together. Informal supports are drawn at the top of the ecomap and formal services are included below. For further guidance, view this [training video](#) on how to complete an ecomap.

The completed booklet should be kept by the family or carers who can share it with mainstream supports and providers. A scanned copy of the ecomap should be uploaded to the participant's record.

Where early connections including early supports, have been provided, the early childhood partner will have already gathered information about the participant and their family. Refer to the participant's [Evidence of developmental delay form](#), if this is the case.

For children living in statutory out of home care you must confirm with the state or territory child protection agency who the child representative is and who needs to be involved in the planning meeting or given the opportunity to contribute. For example: the participant, state or territory child protection services, foster carer(s), guardian, parent(s), other family members or provider(s).

Discuss with the relevant case manager the value in foster carers and/or other family members contributing to the child's plan where appropriate. Foster carers can provide information about the day-to-day life of the child. If this is not possible, the case manager should be encouraged to obtain any information that would be useful in developing the child's plan from foster carers and bring this with them to the planning meeting. In these circumstances it is essential you do not share personal information, such as home address, on the child's plan or in other correspondence. It may be appropriate to record the address of the child protection agency as the child's home address in the business system. For further information refer to the [Practice Guide – Children living in statutory out of home care](#).

Note: The Early childhood approach booklet is also suitable to support initial conversations with families of children who are 7 and 8 and are supported by the early childhood approach.

4.3 Participant details

Participant details can be updated at any stage of the participant pathway. It is important the participant's details are kept up-to-date in the System. For further information refer to the [Standard Operating Procedure – Update participant details](#).

4.4 Streaming

If the participant's circumstances have changed the participant's streaming may need to be updated by a delegate. For further information refer to the [Standard Operation Procedure – Update participant streaming](#).

4.5 Severity Tool

The severity tool used for all participants younger than 7, is the PEDI-CAT tool. This may have been administered during early connections or during the planning conversation. You

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should note the current PEDI-CAT scores (including age percentiles for later justification) and enter them into the System. Attach the PEDI-CAT Summary Report to the System as an inbound document. For further information refer to [Standard Operating Procedure – Manage inbound documents](#).

You will complete the PEDI-CAT at each plan reassessment, with the exception of a plan reassessment (light touch or renewal), where the PEDI-CAT is **not** required to be completed.

The PEDI-CAT will generate T Scores, which need to be entered into the System. This will then generate a PEDI-CAT Rating, as shown in the table below:

Severity Tool Categories

PEDI-CAT Rating	T Score Criteria
Profound	<10 across all domains
Severe	<10 in at least two domains
Moderate	One domain <10 or at least two between 10-19
Mild	All other scores outside the above criteria

When the T-score is generated and displayed as <10 (less than 10), record the score as 1 in the System. If the T-score generated is greater than or equal to 10 record the exact score in the System.

The Responsibility domain on the PEDI-CAT should **not** be administered for participants younger than 3.

Should a participant present with a completed functional assessment via an alternative tool the score should be recorded in the System in addition to the PEDI-CAT. For example, if a participant presents with Autism, include the DSM 5 level or for Cerebral Palsy include the GMFCS score. Further information is available in the [Cerebral Palsy Severity Tool](#).

Note: Severity level or severity tool are terms used in **internal** communications only and should not be used when speaking directly with participants and their families. Instead, you should refer to them as ‘assessment tools’ which help us learn more about their child’s development and what their child can do in everyday activities.

The Internal Agency Assessment Tool **should not be used** and reflects a default score which should be ignored. For further information, refer to the [Standard Operating Procedure - Complete the Update the Severity Tools task](#).

4.6 Participant’s disabilities

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A delegate is responsible for updating a participant's primary and/or secondary disability in the System. If new information is provided early childhood partners should request that a disability is added or changed in the participant's record.

4.7 Early childhood planning note pad – optional

The [early childhood planning note pad](#) (planning note pad) is an optional resource designed to help you document the planning conversation with the family of participants younger than 7. The planning note pad can be used to capture planning notes relating to the participant's current supports and functional impact on daily life. The planning note pad also includes a template to help you document the Core supports - daily timetable and to calculate hours for Capacity Building supports, intensive Capacity Building supports and Daily Living (capacity support needs) using [the Guide](#) (Appendix 2), and the [alternative method](#) (Appendix 3).

You will then summarise the information captured in the planning note pad and include this in the relevant areas in the System. All information related to the functional impact of the participant's needs and calculations of supports must be documented in the justification comments (refer to the [Standard Operating Procedure – Review and submit plan for approval](#) for further information). This can also be done directly into the System if you prefer to not use the planning note pad. You will also use the [planning conversation](#) interaction to document a summary of your conversation with the family or carer.

4.8 Complete the Participant Statement

The participant statement captures information about the participant's life, relationships, living arrangements and plan goals. You may assist the participant's family or carers' to prepare their statement, if required.

The statement should be written in the participant's family or carer's own words, and is recorded on the participant's plan.

In some cases the participant's family or carer may have prepared pre-planning documents that contains information they would like included in the participant statement. The [booklet](#) can be used by the participant's family or carers to support the preparation of the participant statement. Where possible you can enter this information directly into the System. For further information, refer to the [Standard Operating Procedure – Complete the participant statement](#).

Plan goals

When developing a plan for participants younger than 7, goals should be written in the voice of their family or carer. The goals should represent what the participants' family or carers would like their child to pursue during the plan period (ignore any reference in the System to medium to long term life goals for children younger than 7). If the participant's family or carers have identified a longer list of goals, you can group **similar** goals together. For example, group all communication goals together and add them to the System as one in **'My Plan Goal'** so all goals can be captured in the System.

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If families or carers require support with writing goals refer to [Appendix 1 - Example NDIS plan goals](#). This lists example goals, across the different developmental areas of need that may be used to guide the planning conversation. The example goals are optional, you can support the family to further individualise the goals if the family prefer.

The following prompts may help to guide a discussion:

- What activities does your child need assistance with?
- What supports are already in place? Are they working well?
- What are the priorities for your child and your family?
- What would you like your child to be able to do?
- Where is it important for this to happen and who should this happen with?

Recording goals

When each participant goal is recorded in the System, you must select a Goal Type which best represents a life domain aligning with the NDIS outcomes framework.

When developing a plan for participants younger than 7, the commonly used Goal Types are: daily life; health and wellbeing; learning, relationships and social and community activities.

My plan goals

The **My plan goals** field for each goal should include broad examples related to the relevant developmental areas of need.

How I will achieve this goal

The **How I will achieve this goal** field for each goal should include examples of functional outcomes expected to be achieved over the plan duration. These should follow the general principles of SMART (specific, measurable, achievable, realistic, timeframe) goals.

Note: Information recorded in this field print in the goals section of the participant's plan.

How I will be supported

Consideration needs to be given to existing and available Informal, Community and Mainstream supports.

You will discuss with family or carers the ongoing availability and suitability of Informal, Community and Mainstream supports in assisting the participant to pursue their goal(s). The discussion should also include supports that the participant is likely to commence over the duration of the plan (for example, starting school). Record this information in the 'How will I be supported' section.

Note: Information recorded in this field will print in the goals section of the participant's plan.

4.9 Informal, community and mainstream supports

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Your conversations with the participant's family or carers should include a discussion about which community and mainstream services or supports will assist the participant to pursue their plan goals. For further information refer to [Our Guideline – Mainstream and community supports overview](#) and the [Standard Operating Procedure – Record informal, community and mainstream supports](#).

4.10 Outcomes and Family Questionnaires

Complete the Outcomes Questionnaire and Family Questionnaire during pre-planning prior to the Risk Assessment and Guided Planning Questions. Before completing these questionnaires the question in the Participant School Determination section needs to be answered. The answer to this question will determine which questions will be included in the Outcomes Questionnaire. For further information refer to the [Standard Operating Procedure – Complete the update the outcomes questionnaire task](#).

4.11 Complete the Risk Assessment

The risk assessment enables you to identify risks and safeguards in the participant's life. The questions explore risks associated with the participant, their family or carers and their support network. For further information refer to the [Standard Operating Procedure – Complete the risk assessment task](#).

Compensation

The compensation questions in the risk assessment identify whether the participant has received, or may be entitled to receive, compensation. If the participant's child representative responds **Yes** to these questions and it has been identified that the participant may receive (or has received) compensation, refer to [Compensation intranet page](#) for further guidance.

Plan management

The participant's child representative must be fully informed about the plan management options, tasks, responsibilities and the risks and benefits associated with each option. This will support them to make an informed decision about their plan management preference. For further information refer to the [Standard Operating Procedure – Complete the determine plan management task](#).

Plan duration

Early childhood intervention aims to achieve outcomes for participants that result in reduced Capacity Building budgets and increased transitions (exits) from the Scheme. For participants younger than 7, a maximum plan duration of 24 months may be recommended. If you are recommending a plan duration that is longer than 12 months, consider the child's likely attendance at, or their transition to an early childhood education setting or school during the next plan period when determining the funded supports.

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Due to the significant changes in early childhood and the likelihood that many children will need their eligibility reassessed, 24 month plans should not be considered for participants younger than 7 if:

- They are likely to exit the Scheme due to improved functional capacity and require their eligibility re-assessed at 6 years of age.
- They are a child with developmental delay who has turned 5.
- The Capacity Building supports in their current plan exceed \$25,000 per annum.
- There is likely to be a significant change in circumstances or supports.
- There are identified risks to the participant and/or their family or carer.

A plan duration of up to 12 months is likely to be appropriate in any of the circumstances listed above.

Shorter plan durations under 12 months can be considered, especially if there are any exceptional circumstances which are likely to impact the participant during the plan period.

For further information go to [Our Guideline – Creating your plan](#), [Support tool to determine CEO-initiated plan reassessment type within 100 days of plan reassessment date](#) and [Standard Operating Procedure – Complete the risk assessment task](#).

You can also refer to [Our Guideline – Creating your plan](#) for information on plan duration for participants 7 and older.

4.12 Guided Planning Questions

When developing a plan for a participants younger than 7, the Guided Planning Questions are completed and saved, but not submitted. Do not press 'submit' for participants younger than 7. For further information, refer to [Standard operating procedure – Complete the guided planning questions](#).

4.13 Verify my NDIS Contact

The NDIS contact provides participants' families or carers with a consistent point of contact throughout the stages of the participant pathway.

The NDIS contact details will appear on the plan as well as the myplace portal, making contacting the Agency as easy as possible.

For participants younger than 7 the single point of contact will be either:

- Early childhood partner – typically this will be for participants who are streamed as General, Supported, Intensive or Super Intensive; **or**
- An NDIA planner – for participants who don't have an early childhood partner in their local area or participants who require the [Complex Support Needs](#) pathway.

To create, update, change and verify a participant's My NDIS Contact, refer to [Standard Operating Procedure – Add, check or change a My NDIS contact](#).

4.14 Relationships

The names and contact information of relevant relationships identified by the participant's family or carers needs to be recorded; including assigning the participant's child representative or guardian.

For information on child representatives, refer to [Our Guideline – Child representatives](#). For information on how to record child representatives in the System, refer to the [Standard Operating Procedure – Record the child representative request](#), or for children in statutory out of home care, refer to the [Practice Guide – Children living in statutory out of home care](#) and [Standard Operating Procedure – Add the guardian as a contact](#).

4.15 Bank account details

Bank account details of the listed child representative on the System are required for any participant where part or all of their NDIS funding is being self-managed.

Refer to the [Standard Operating Procedure – Collect and update bank account details](#) for further information.

4.16 Unable to complete pre-planning

If the participant's child representatives are unable to engage in pre-planning, you should explore options to overcome any barriers. For example, alternative meeting venues, times or engaging other informal, community or mainstream supports to assist them to progress pre-planning where appropriate.

If there is a reason the participant's child representative still cannot participate in pre-planning, record this in the [Interaction template – Pre-planning](#) titled 'Unable to complete Pre-Planning'.

If further attempts have been made to progress pre-planning and you have been unable to contact the participant's child representative, follow the process in the [Standard Operating Procedure – Unable to contact the participant](#).

5. Planning

5.1 Overview

The NDIS funded supports are determined in accordance with the reasonable and necessary decision making criteria, for further information go to [Our Guideline – Reasonable and necessary supports](#).

In early childhood, you must also consider the [best practice principles in early childhood intervention](#), which are highlighted in [Our Guideline – Early childhood approach](#). The [Would we fund it](#) guides explain how we make decisions about commonly requested items. These guides can be used to support your conversations with families, to explain what the NDIS will and will not typically fund. The early childhood approach does not base funding in plans for participants younger than 7 on typical support package (TSP) generated through the Guided Planning Questions. Instead refer to [the Guide](#).

Note: For support to develop and approve plans for participants who are 7 or older please refer to the intranet page on [planning](#) including the [Practice Guide - Understanding Therapy Supports](#)

5.2 Supports in the Capacity Building (CB) budget for participants younger than 7

Funding in the Capacity Building budget in plans for participants younger than 7, is typically included in the Improved Daily Living Skills support category. Inclusion of funding in other Capacity Building support categories, should only be done under exceptional circumstances and recorded in the justification comments.

The Capacity Building budget will be determined based on the participant's number of high and medium to low areas of need. The areas of need consider current functioning across the developmental areas: Physical Development, Cognitive Development, Language and Communication skills, Emotional Development, Social Development, Self-Care skills, Hearing and/or Vision. When determining if an area of need is a **high** or **medium to low** need, consider the level of effort required over the course of the plan to support the child's development. For example, an area of need that may require regular, frequent and sustained early intervention supports over the duration of the plan is likely to be a high area of need. A shorter burst of early intervention support followed by occasional reviews is likely to be a medium to low area of need.

When one area of need is impacting other areas of need it may be identified as high. For example, a significant language delay may have further impacts on social and emotional development, language and communication would therefore be considered a high area and social and emotional development may be considered as medium to low.

To determine the level of 'Capacity Building Supports for Early childhood supports - Early childhood professional' to be included in the plan, apply [the Guide](#) to the identified areas of need. The [Guide](#) will typically provide a level of Capacity Building supports that will allow participants to pursue their plan goals. The Capacity Building justification for reasonable and necessary supports will be recorded in the [justification comments](#).

Funding under Early Childhood Supports – Early Childhood Professional is intended to provide best practice models of early childhood intervention (ECI) for children younger than 7. ECI is often provided through a key worker who is the main person working alongside the

family to support the child's progress. For further information go to [Our Guideline – Early childhood approach](#).

Intensive level of Capacity Building supports in early childhood

The Guide will typically provide a level of Capacity Building supports that will allow participants younger than 7 and families to pursue their plan goals. In exceptional circumstances however, an intensive level of Capacity Building support for participants younger than 7 may be required. The Intensive capacity building supports in early childhood form ([Intensive form](#)) is an internal document for participants younger than 7 which must be completed for all requests for intensive supports.

A request for an intensive level of Capacity Building support is where the requested level of Capacity Building support for participants younger than 7 is greater than the 'severe and profound' level in [the Guide](#) including funding to support natural settings and/or transition to school. The request must be considered irrespective of the number of high areas of need identified. For example, if a provider and parent have requested 180 hours of support (this is above the severe and profound level on [the Guide](#)), the request must be considered by completing the [Intensive form](#).

Where more than one provider is engaged, the requested level of intensive supports refers to the sum of requests of all the Capacity Building supports across all the providers.

It is important that you look at both the hours and the rates that form part of the request. This is because some supports, like group or therapy assistance, are likely to be quoted at a different rate compared to the individual rate for Early Childhood Supports – Early Childhood Professional. For example, a recommendation for 150 hours of group therapy for 12 months at \$50 per hour, comes to a total of \$7500.00, if this is the total that is recommended for capacity building supports, this falls within [the Guide](#) and would not be considered an intensive level of support.

When should you complete the Intensive form?

You must complete this form for participants younger than 7 when:

- a family or carer request an intensive level of Capacity Building support
- a provider or health professional recommends an intensive level of Capacity Building support; and/or
- when you believe an intensive level of Capacity Building support is required.

Do not complete the Intensive form where a parent or carer does not want to access the level of intensive supports (their request fits within [the Guide](#)) requested by a provider, a health professional/s or the early childhood partner. Instead complete the [Interaction template – Pre-planning – Planning Conversation](#) to record a summary of your conversation with the family or carer during the planning process.

Do not complete the Intensive form for supports relating to:

- core supports
- disability-related health supports (for further information on disability-related health supports go to [our guidelines](#)).
- assistive technology, or Capacity Building supports related to assistive technology
- behaviour support plans with restrictive practices.

Note: If you are recommending intensive support for a participant with a degenerative condition, complete the Intensive form **and** contact the ECS Partner Practice team via [ECS Partner inbox](#).

What to consider when completing the Intensive form

The Intensive form is made up of 9 parts. Parts A to C ask you to record participant details, any available reports and who is making the request. Parts D to E prompt you to consider the impact of the participant's disability on daily life, including mainstream participation, to determine if intensive supports are needed. If intensive supports are needed, Parts F to G prompt you to consider provider recommendations and other evidence against the reasonable and necessary criteria. Part H supports you to make a funding recommendation informed by the provider quote, if it is reasonable and necessary to do so. Part I supports you to make a funding recommendation based on an alternative method, where provider recommendations cannot be used.

The Intensive form will help you to consider the available evidence relating to a request or the need for an intensive level of support. It is expected that a request and the evidence be considered against the principles of the early childhood approach, the principles relating to plans (NDIS Act 2013 s 31), the reasonable and necessary criteria (NDIS Act 2013 s 34) and the NDIS (Supports for Participants) Rules 2013. The below documents should also be considered when reviewing a request:

- [Autism CRC early intervention report](#).
- [best practice principles in early childhood intervention](#) which underpins the early childhood approach.

The evidence can come from multiple sources, including but not limited to:

- parent or carer information (for example information gathered during a planning conversation, parent or carer's statement),
- information from childcare, preschool and schools,
- providers and other professionals involved with the child (for example paediatrician).

When more than one provider is engaged, consider the information that is available from all providers to address the questions on the Intensive form. Reference the evidence you have considered in Part B of the intensive form, stating who reported the information (for example mother's name, provider's name) and the date. This information must be uploaded onto the System, in Inbound Documents for reports or statements and in the case of conversations, these are recorded as an Interaction using the [Interaction template – Pre-planning – Planning Conversation](#).

It is important to remember that provider recommendations will be considered against the reasonable and necessary criteria. The NDIS plan includes funding for [reasonable and necessary supports](#) to help the family pursue their child's goals. It is the family's choice to engage with their preferred provider(s) which can include accessing specific programs.

Where provider reports are not available and/or evidence is insufficient to meet the reasonable and necessary criteria

There will be instances where the answers to Part D of the intensive form demonstrate that an intensive level of support is required, however, provider reports are not available (Part F 6.1) or there is insufficient evidence to meet the reasonable and necessary criteria (Part F 6.3). This may occur for participants who are yet to receive their first NDIS plan, participants who are yet to commence early intervention, or if the professional report does not have the required information.

When this occurs, funding for a 3 month period of intensive support can be included in a 12 month plan. Funding for the remaining 9 months of the plan is built using a pro rata amount based on [the Guide](#). You can add 9 hours to the plan on the support item Early Childhood Supports – Early Childhood Professional to allow for an assessment and report to be completed. This will enable the family to begin (or continue) with services whilst obtaining the required evidence to address Part F 6.2. It is not expected that the report will include information on outcomes for this period. [Appendix 3](#) provides examples of how to calculate 3 months of intensive supports within a 12 months plan.

It is important to make every effort to gather the necessary evidence before recommending or approving a plan (12 months) with a 3 month period of intensive supports. If sufficient evidence can be obtained and 12 months of intensive funding can be considered it will negate the need for a participant requested plan reassessment.

When the family has gathered the required evidence, they can ask for a plan reassessment if their situation and support needs have changed since the plan was approved and the plan no longer meets the participant's needs. Any new evidence and recommendations will be considered to help decide if we approve the plan reassessment.

This is different to the family requesting a review of the decision. A family can ask for an internal review if they do not agree with the original decision. For example, if the family are not satisfied with the original decision to include 3 month period of intensive supports within a

12 month plan. Supporting the family with information to help them select the right review may prevent any delays in having the review considered.

For further information on participant requested plan reassessment refer to [Our Guideline – Changing your plans](#) and [Our Guideline – Reviewing our decisions](#) or use the [Choose the Right Request Tool](#).

Calculating funding for a level of intensive supports

When you have determined that intensive supports are likely to be required (Part D) and have considered the information relating to the child's mainstream participation (Part E) you will need to consider the level of Capacity Building support you recommend funding in the plan. At Part F (6.1 or 6.3), you have already determined whether in a 12 month plan the intensive supports will be funded for a 3 month period or up to the 12 months. The next step is to determine whether you will be basing your funding recommendation for intensive supports, on provider recommendations or you will be using an [alternative method](#).

When provider report(s) are available and they include recommendations for funded supports it is important to consider each of the provider recommendations and evaluate them against the reasonable and necessary criteria (Part G). Based on your evaluation, if there are no significant reasonable and necessary concerns identified, the provider recommendations may be used to inform your funding recommendation at Part H.

This can also include making minor adjustments to the provider recommendation to ensure it meets all the reasonable and necessary criteria. For example, minor adjustments to represent value for money (NDIS Act 2013 s 34(c)) can include:

- removing recommended hours for provider travel (not including remote MMM6, very remote MMM7)
- accepting the recommended hours, but applying NDIS rate
- adjusting a 52 week recommendation to 48 weeks (or for 3 months)
- adjusting provider recommendations for report writing to 2-6 hours, to allow for a progress report to be completed for a plan reassessment.

When using provider recommendations to inform your funding recommendations, do not include additional funding based on the Guide for the period of the plan that is at an intensive level.

If provider reports are not available (Part F 6.1), or the provider recommendations are not likely to meet the reasonable and necessary criteria after any minor adjustments are considered (Part G), your funding recommendation in the plan will be based on an alternative method (Part I). Refer to [Appendix 3](#) to calculate a level of intensive Capacity Building supports using an alternative method that is not based on a provider recommendation. However, the [alternative method](#) should not be used when the required supports are

intensive, for shorter bursts of time (for example, sometimes seen in recommendations for supports for children with physical disabilities) or when the [alternative method](#) comes to a total amount that is greater than the provider's recommendations. Instead an individualised approach will be required, and your recommendation is included at Part I. For further assistance speak to your team leader or [contact](#) the ECS Branch.

All funding for intensive supports must be entered on the System as a funded support category 'Daily Activities' using the support item Early Childhood Supports – Early Childhood Professional'. If you are using the provider recommendation to inform your calculations, be sure to convert any hours that are typically funded at lower rate (for example: therapy assistant hours, group therapy hours) to the equivalent hours before placing your recommendation on the support item Early Childhood Supports – Early Childhood Professional.

The completed Intensive form should be referenced in the [justification comments – Capacity Building](#) in the Review and Submit Draft Plan tab on the System and within the Interaction '[Early childhood Plan Submitted For Approval](#)' on the System. The Intensive form should also be attached in the System in Inbound Documents.

Complete an Interaction for [Early childhood – declined supports](#) if you are recommending less than what was requested by the family or carer. For example, when you have adjusted the provider quote, or when you are recommending 3 months of intensive supports within a 12 month plan.

Add an alert to the System when 3 months of intensive supports are funded in a 12 month plan. For example – 'Funding for a 3 mth period of intensive CB support has been included within a 12 mth plan for an assessment and report. Contact <partner org> once this is available. Refer to interaction number <xx>.

Support coordination

Funding for support coordination is generally not included in plans for participants younger than 7. Support coordination is likely to be considered reasonable and necessary for children who:

- live in remote and very remote areas and any other non-partner areas
- are supported by NDIA staff due to complexity of planning <https://intranet.ndiastaff.ndia.gov.au/service-delivery/Pages/Planning.aspx> as the National Delivery role does not cover additional implementation support.

There may be other circumstances where the level of support the participant's family or carer needs to implement their child's plan is above what the early childhood partner and service provider (i.e their key worker) can provide. In these circumstances funding for support coordination may be required.

For example:

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- The support a participant requires involves significant interface between numerous services (such as the NDIS, child protection services and health services) and it is evident that support coordination is required in addition to the support that would be expected of the partner and the provider.
- It has been recommended by the early childhood partner that increased monitoring and support is required due to identified risks and/or significant underutilisation of plans.
- Where a family requires culturally safe coordination of supports that responds to their cultural identity and language diversity, to support their engagement.
- Where there are barriers to accessing and coordinating supports for the participant which are related to a parent's health or disability needs.
- Where a combination of complex support needs has been identified.

When support coordination is being recommended, it is important to consider all the available evidence to determine whether the support is needed and what level of support may be reasonable and necessary.

When support coordination is funded in a child's plan, it is beneficial for early childhood partners to continue to check in during the plan period to ensure the child and their family are well supported.

Support coordination may not be required on an ongoing basis and the need for the support should be reviewed at plan reassessment. The level of support required will depend on the child and family's individual circumstances. This should be clearly outlined and justified within the system to reflect the barriers and individual support needs for the child and family.

Note: Involvement with child protection alone is not sufficient justification to include support coordination in a child's plan. Principles of family centred practice suggest that additional 'professionals' involved in a family's life can have other negative consequences for family functioning and wellbeing.

For further information refer to the [Practice Guide – Children living in statutory out of home care](#). Additionally, refer to the [Standard Operating Procedure – Include support coordination in a plan](#) which should be used when considering support coordination funding in a plan for participants of all ages.

Specialist behaviour support

Early Childhood Intervention (ECI) providers are likely to provide positive behaviour support as part of Capacity Building supports for early childhood for example, for emotional regulation. However, if regulated restrictive practices are identified as being considered or indicated, they must only be used as part of a behaviour support plan developed by, or under the direct supervision of, a behaviour support specialist who is recognised as being suitable by the [NDIS Quality and Safeguards Commission](#). Behavioural support intervention in the

context of restrictive practices requires funding under the support category Improved Relationships. The early childhood approach recognises that collaborative and coordinated teamwork is an essential best practice for ECI therefore the behaviour support specialist can operate within the key worker model, or any collaborative model, as part of the team around the child to reduce and eliminate the use of restrictive practices. The ECI sector needs to embed a clear commitment to the reduction and elimination of restrictive practices as per the [National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector](#).

As a child's behaviour support needs can be met through early childhood intervention, only in exceptional circumstances would specialist behavioural intervention support be required within early childhood intervention and this would usually be due to an identified restrictive practice. In cases where there is sufficient evidence to support the need for specialist behavioural intervention support, plan developers should apply the guidance in the [Practice Guide – Positive behaviour support and behaviours of concern](#) and the [Standard Operating Procedure – Behaviour intervention supports](#).

Under the [NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018](#), restrictive practices are subject to regulation. Restrictive practices can only be used based on an assessment of behaviour with the appropriate authorisation from the relevant state or territory and where it is part of a Behaviour Support Plan that has been developed by a registered behaviour support specialist.

If there is the use of restrictive practices or restrictive practices are indicated or being considered, you must make a referral for advice to the [Technical Advisory Branch](#) (TAB) via the TAPS. The referral must take place prior to inclusion or exclusion of funding related to restrictive practice in the participant's NDIS plan. Refer to the [TAB mandatory referrals page](#) for more information.

5.3 Supports in the Core budget

Core supports assist a participant to manage aspects of their daily living such as self-care and support to sustain informal support (respite).

There are four Core support categories:

- **Consumables:** this may include continence products (generally for participants five years and older) or for children who, for example, require [Disability-related health supports](#), [Auslan support](#) or low cost AT. For further information refer to [Our Guideline- Continence supports](#) or relevant [Would we fund it guide](#).
- **Daily Activities:** this may include assistance with self-care and support to sustain informal support.
- **Social, Community and Civic Participation:** this may include individual and group based community, social and recreational activity participation.

- **Transport:** this may include in-kind student transport. For further information refer to the [Practice Guide – In-kind](#).

When recommending Core supports you should ensure the level of support meets the reasonable and necessary criteria as appropriate to the participant's circumstances and capture this information in the [justification comments – Core](#). This involves considering typical parental responsibility for a young child and the supports available through community and mainstream services, for example through early childhood and education services. For plan reassessments, you should also consider how the family's capacity has built over the previous plan period and current support needs. Refer to [Standard Operating Procedure – Review and submit plan for approval](#) for example justification comments.

Information detailing the child's participation in community and mainstream settings and the times of the day where support above typical parental responsibility is required, needs to be clearly outlined in the [justification comments – Core](#). You will need to provide clear calculation of the amount of hour/s per day and how many day/s per week additional support is required within the [justification comments – Core](#). It is recommended that this information is captured in a timetable where there are complex support needs for a child or family. You may use the timetable template provided in the [planning note pad](#). When using a timetable, refer to the document with the timetable in your [justification comments – Core](#) and attach it to Inbound documents.

The informal support provided by parents and carers, siblings and other family members is vitally important to children. Typically the supports provided to children for support with daily activities and community access is provided by family or carers. Some children also receive support from mainstream services such as childcare. Where participants younger than 7 require a level of support with daily activities significantly beyond the level usually required for children of the same age, funded supports in the plan may be required. This support however is not intended to replace the usual care and supervision provided by family or informal carers or what is available through community and mainstream services.

Where there are considerations for including support in a plan to assist in sustaining informal supports an understanding of a participant's overall support needs is required. This includes identifying the range of informal supports which are available and what is needed so they can be sustained.

The following considerations should always be described in the [justification comments – Core](#) when recommending Core funding in a plan under any of the following five scenarios:

Sustaining informal supports (respite) overview

Consider:

- The impact of the participant's developmental delay or disability on the level of support required for daily activities. Is support required which is significantly above what would generally be considered typical family responsibility for children of a

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similar age? If yes, please describe including the times of the day and pressure points.

- Who are the participant's informal supports including the primary carer(s)?
- Is there a goal related to the support which is being considered? It is important that any justification for funding recommendations show how the funding will support a plan goal. Are there any changes or fluctuations that may occur during the course of the plan which will affect required funding? For example, is an interim period of funded support required while other supports such as assistive technology or behavioural management strategies are being put into place or assistive technology accessed?

Support required with daily routines such as completing personal care

Where a participant requires support with personal care activities significantly beyond what is usually required for children of the same age, the family may require support so they can sustain the care they provide to the participant.

A weekly timetable (refer to the [planning note pad](#)), can help to evidence the participant and family routine, highlighting where the pressure points are during the week. Additional points which should be considered are listed below and can be demonstrated in the weekly timetable:

- Does the participant have personal care support needs, significantly above similar age children, for example complex feeding support needs, manual handling?
- What are the tasks that require support, how long do they take and how frequently is the support required?
- Who is in the family home when the support is required e.g. one parent or carer, both parents or carers, extended family?
- Are there simultaneous caring demands on parents or carers for other family members? If yes, describe?
- Are there particular pressure points during the week where support is required?
- Does the support that will be funded through the Capacity Building budget also provide support with the participant's personal care needs? For example, therapy assistance.
- Are there any changes which are likely to occur during the course of the NDIS plan? For example, an assistive technology assessment is pending which will lead to assistive technology support for manual handling and may result in a reduction in the need for Core funding.
- Are there any other considerations?

If support for personal care is required you should demonstrate clear calculations for specific number of hours to include as a subtotal.

Support required so parents or carers have time to attend to daily tasks

Where a participant's needs related to their developmental delay or disability is significantly impacting on the parent or carers' ability to complete daily tasks (for example, parents or carers attending to their own appointments) additional points which should be addressed are:

- What are the parent or carers' daily tasks that are impacted by the participant's needs? What are the frequency and duration of these activities?
- Does the participant attend childcare, kindergarten or school? If so, can the participant's parents or carers attend to daily tasks during this time?
- If the participant does not attend mainstream activities such as childcare, kinder or school are they able to? If not, include information noting, support can only be considered if the barriers relate to the participant's developmental delay or disability.
- Can a typical babysitter or mainstream support provide the support? If not, are the barriers to accessing supports related to the participant's developmental delay or disability?
- Can the parent or carer carry out daily tasks whilst another informal support (for example second parent or carer, grandparent) is caring for the participant?
- Are there any other considerations?

If support is required to support primary carers to attend to daily tasks you should demonstrate clear calculations for specific number of hours to include as a subtotal.

Support for parents or carers to attend to other responsibilities such as siblings needs

Where a participant's needs related to their developmental delay or disability is significantly impacting on parent or carers' ability to attend to siblings needs (for example, parents or carers are unable to take a sibling to sporting activities) additional points which should be addressed are:

- What are the participant's parent or carers caring responsibilities in addition to caring for the participant?
- What are the siblings (or other family members) needs or activities that are being impacted? Please include frequency and duration of activities.
- Is support required to support an event which is not typical of the weekly routine, for instance, parent or carer attending sibling's graduation?
- Can the parent or carers attend to the participant's sibling's needs whilst the participant is present (for example, activities at home or community activities which

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parent or carer usually attends with siblings such as sporting games)? If not, what are the barriers?

- Can informal supports provide the required support? For example, can one primary carer or extended family member provide support whilst the other is attending to sibling's needs?
- Can a typical babysitter or mainstream support provide the support? If not, are the barriers to accessing supports related to the participant's developmental delay or disability?
- Can the sibling's activity be completed at the time the participant is engaged in mainstream activity such as childcare, kinder or school?
- Are there other considerations?

If support is required to support primary carers to attend to other caring responsibilities you should demonstrate clear calculations for specific number of hours to include as a subtotal. For example, consider whether a sibling's activity is based on school term rather than every week of the year.

Support for parents or carers to sustain their caring role by having a break from caring for the participant

Where a participant's needs related to their developmental delay or disability is significantly impacting on the ability to have a break from caring for the participant additional points which should be addressed are:

- Can support be provided by other informal supports for example extended family or friends? If not, include the barriers.
- Is the participant able to be cared for by a typical babysitter? If not, what are the barriers?
- If the support requested is for parents or carers to spend time together or to attend social events consider the time and frequency parents or carers with a young child typically spend together without the child. For example, it may be considered typical for parents or carers to be able to go out without the child up to 4 times per year.
- Are there any other considerations?

If support is required to support parents or carers to have a break from caring for the participant, you should demonstrate clear calculations for specific number of hours to include as a subtotal.

Core budget flexibility

There is capacity to make the Core support categories Consumables, Daily Activities and Social, Community and Civic Participation flexible. This means that they can be set up so that funding from one Core category (such as Daily Activities) can be used to purchase supports

from another Core category (for example Consumables) that have the same fund management type (such as Agency Managed).

Although Core funds can be set up to be used flexibly, it is important that the participant's family and carers understand that the Core funding can only be used to purchase reasonable and necessary supports in line with the plan's objectives. In a plan for a participant younger than 7, typically this flexibility is not required because the funding in each category is determined at the time of planning based on participant's needs and goals.

5.4 Supports in Capital budget

Capital supports assist a participant to increase independence and participation in a range of different environments, such as their home and community. It may be identified through the planning conversation that assistive technology and/or home modifications are required to meet the participant's needs. This information will need to be captured in the [justification comments – Capital](#).

Unlike the Core support budget, Capital support categories are **not** flexible between assistive technology and home modifications.

Note: Capital support items must not be added to a plan (even if they are quote required) unless there is sufficient evidence that the assistive technology meets reasonable and necessary criteria.

Assistive Technology

Includes equipment for mobility, personal care, communication and recreational inclusion such as wheelchairs, pressure mattresses, standing frames, bathing and toileting equipment, personal readers and vision equipment, hearing devices and vehicle modifications. For further information refer to [Our Guidelines – Assistive technology](#).

Home modifications

Includes interior and exterior home modifications, consultation and project management. For further information on including funding for home modifications within a plan, refer to the [Standard Operating Procedure – Include minor home modification supports in plans](#) or [Standard Operating Procedure – Include complex home modification supports in plans](#).

5.5 Linking goals to supports

When entering funding into a support category in the System, the related goal(s) need to be selected. This is because a participant can only receive funded supports if the supports will assist the participant to pursue the goals included in the participant's statement, NDIS Act 2013 (s.34 (1) (a)). An important part of successful plan implementation is ensuring the participant's family and carers understand the way the plan is intended to support the participant to pursue the plan goals.

Justification for Reasonable and Necessary Supports

Justification comments must be recorded before the plan can be submitted for approval. Plan developers and delegates are responsible for providing adequate and succinct [justification comments](#). It is best practice to include the following information:

- succinct summary of the child context and impact of disability or developmental delay
- description of the support and reasons for including it in the plan
- how the proposed support enables the participant to pursue goals
- how the proposed support meets the reasonable and necessary criteria
- any relevant supporting evidence to support the inclusion of proposed supports.

For best practice examples as well as templates of the justification comments, refer to the [Standard Operating Procedure – Review and submit plan for approval](#).

5.5.2 Supports not recommended

During the planning conversation you may determine that supports requested by the family or carer:

- would not be funded by the NDIS, or
- would not be considered reasonable and necessary to fund, or
- would be recommended to fund at a level lower than what was requested by the family or carer.

Where you are not recommending supports be included in the plan, there must be a clear outline of what supports the family or carer requested, and your reasons for not recommending those support. If you are recommending a level of support lower than the level requested by the family or carer, there must also be a clear outline of your reasoning for this. Supports not recommended should be documented in the [Interaction template – Planning – Early childhood declined supports](#).

If a request for support was made by the participant's early childhood provider, however not requested by the family or carer this should be documented in the [Interaction template – Pre-planning – Planning conversation](#). A declined supports interaction is not required if the family or carer has not requested a support.

5.6 Review and submit plan for approval

You will need to review and progress the draft plan for approval. To progress a plan for approval refer to the [Standard Operating Procedure – Review and submit plan for approval](#).

Once the plan is ready for approval complete the interaction to record information for the delegate to consider prior to approval in [Interaction template – Planning – Early childhood plan submitted for approval](#).

6. Finalise and approve plan

This task is completed by a delegate and involves determining if the proposed plan meets the reasonable and necessary criteria under s.34 of the NDIS Act 2013. The delegate will review and consider information within the System such as:

- Planning conversation interaction
- Participant streaming
- Severity tools (including the PEDI-CAT)
- Participant Statement, including plan goals
- Informal and community/mainstream supports
- Outcomes Questionnaire and Family Questionnaire
- Guided Planning Questions
- Risk assessment, including plan duration
- Plan management
- Relevant inbound documents e.g. assessment reports
- [Justification comments](#) are recorded in the Review and submit draft plan tab on the System.

If the delegate believes the funded supports in the plan may not meet the reasonable and necessary criteria, they should have a conversation with the plan developer (usually the early childhood partner). This conversation will allow the delegate to determine if there is further information available to assist them to make a reasonable and necessary decision. Refer to the [Standard Operating Procedure – Undertake the plan alignment meeting](#) for further information.

Following the conversation the delegate may determine that the supports in the plan meets the reasonable and necessary criteria. If not, they may modify the funded supports and include a justification and document supports not approved in the [Early childhood declined supports](#) Interaction. The plan, including the [plan management decision](#) should then be finalised. The date the delegate approves the plan is the date the plan comes into effect.

Once a plan is approved, the NDIA must provide a copy of the plan to the participant's child representative within seven days of the plan coming into effect. A participant's approved plan can be provided in alternate [accessible formats](#). This provision is satisfied by the plan being sent to the participant's child representative or by being able to view it in the participant portal.

The approval of a statement of supports is a reviewable decision under NDIS legislation.

For more information refer to the [Standard Operating Procedure – Finalise and approve a plan](#).

7. Early childhood planning documents

7.1 Planning document list and purpose

Table 1 outlines documents which are used during the planning process for children younger than 7, their purpose and when to use them.

Early childhood planning document type	Document purpose	When to use the document
Pre-planning Interaction – Planning conversation	Ensure a summary of information from the planning conversation is recorded, including the family or carers report of functional information related to their child’s developmental delay or disability and any requests made.	Post planning conversation.
Planning note pad (optional)	An optional template to support the plan developer to record information from the planning conversation, Core supports- daily timetable, funding calculations and any other relevant notes.	During the planning conversation.
Intensive form	A form that must be completed when you consider the available evidence relating to a request or the need for an intensive level of support.	When completing pre-planning and planning tasks. This form must be completed when there is a request or the need for an intensive level of Capacity Building supports above the Guide . The completed form must be uploaded onto the System as an inbound documents.
Justification comments	Ensure functional and family information relating to all requests	When completing pre-planning and planning tasks to provide a summary

exceptional circumstances and the participant has funding for support coordination in their plan, a referral to the chosen support coordinator is required.

Note: For most participants younger than 7 the Interaction will be assigned to an early childhood partner (where available).

For information to support plan implementation, refer to [Our Guideline - Your Plan](#) and [Plan implementation directory](#).

9. Appendices

9.1 Appendix 1: Example NDIS plan goals

When developing plans for participants younger than 7, the goals should be written in the voice of the family or carer. The goals should represent what the participant’s family or carers would like their child to pursue during the plan period.

Area of Need	Example Goals
<p>Physical development</p> <p>Ability to move around the home (crawling/walking), ability to move to perform everyday routines and activities, moving about in the community and manipulating objects and using hands</p> <p>Larger muscle development (body, arms, legs)</p> <p>Smaller muscle development (hands, fingers)</p>	<p>Goal 1</p> <p><Parent/carers name/s> would like <child’s name> to move independently and to join in activities with others.</p> <p>How I will achieve this goal</p> <p><Child’s name>, for example, will/will begin to crawl, sit, walk, run, paint, draw, hold a cup or spoon, play with balls.</p> <p>How I will be supported Option 1</p> <p><Child’s name>, will be provided with opportunities at home and in <name any relevant community setting, early childhood settings, education setting> to practice skills and strategies to support the goal. There will be a plan in place that assists <child’s name> and <parent/carers name/s> to achieve the goal.</p> <p>And, if relevant, add:</p> <p>The early childhood partner will support the family to connect to a provider delivering early childhood supports.</p> <p>The early childhood partner will support the family to connect to community or other broader services. <If known, name these services e.g. ‘to connect to a local preschool and a local paediatrician’></p>

Area of Need	Example Goals
	<p>How I will be supported Option 2 – transition out of Scheme</p> <p><Child's name>, will be provided with opportunities at home and in <name any relevant community setting, early childhood settings, education setting> to practice skills and strategies to support the goal. There will be a transition plan in place that will support the family with information to connect to community or other broader services to achieve this goal. <If known, name these services e.g. 'to connect to community health services, private providers, Medicare plans'; e.g. 'to connect to a local preschool and a local paediatrician'>.</p>
<p>Self-care skills</p> <p>Sleeping, eating, dressing, teeth cleaning and going to the toilet</p>	<p>Goal 2</p> <p><Parent/carer name/s> would like <child's name> to take care of themselves as best as they can.</p> <p>How I will achieve this goal</p> <p><Child's name>, for example, will/will begin to take themselves to the toilet, start dressing themselves, feed themselves.</p> <p>Goal 3</p> <p><Parent/carer name/s> would like <child's name> to follow daily routines more independently.</p> <p>How I will achieve this goal</p> <p><Child's name>, for example, will/will begin to get ready for bed, follow the morning routine, getting ready for pre/school.</p>
<p>Language and communication skills</p> <p>Understanding words and language including gesture/Key Word Sign (KWS)/Australian Sign Language (Auslan)</p>	<p>Goal 4</p> <p>< Parent/carer name/s> would like <child's name> to communicate with those around them.</p> <p>How I will achieve this goal</p> <p><Child's name>, for example, will/will begin to use words to request food, follow simple instructions around the home.</p>

Area of Need	Example Goals
<p>Communicating wants and needs through facial expressions, gesture, KWS, Auslan, vocalisations or speech</p> <p>Social communication and interaction with others</p>	<p>Goal 5</p> <p><Parent/carer name/s> would like <child's name> to tell others what they want.</p> <p>How I will achieve this goal</p> <p><Child's name>, for example, will/will begin to tell others that they wants to eat or drink, say/sign 'can I play?'</p> <p>Goal 6</p> <p><Parent/carer name/s> would like <child's name> to understand what others say to them.</p> <p>How I will achieve this goal</p> <p><Child's name>, for example, will/will begin to follow instructions like 'bring me your shoes', answer 'what is your name?'</p>
<p>Social development</p> <p>How the child relates, interacts and plays with others</p> <p>Initiating play or conversation and responding to others</p> <p>Waiting, sharing, taking turns in play</p> <p>Playing by self, parallel play, cooperative play with other children</p>	<p>Goal 7</p> <p>< Parent/carer name/s> would like <child's name> to play with other children.</p> <p>How I will achieve this goal</p> <p><Child's name>, for example, will/will begin to share and take turns with another child, will be able to greet and say goodbye to peers, play happily and make friends (for example be invited to a party).</p>
<p>Cognitive development</p> <p>Understanding and remembering information</p> <p>Learning new things</p> <p>Practicing and using new skills, planning and making decisions, problem solving</p> <p>Developing pretend play skills</p> <p>Developing play interests</p>	<p>Goal 8</p> <p>< Parent/carer name/s> would like <child's name> to do or learn new things and to join in activities with others.</p> <p>How I will achieve this goal</p> <p><Child's name>, for example, will/will begin to recognise their name, play a game with their sibling, play with messy materials, retell a favourite story, explain the rules of a simple game.</p>

Area of Need	Example Goals
<p>Safety awareness</p> <p>Sensory/information processing</p>	<p>Goal 9</p> <p><Parent/carer name/s> would like <child's name> to remember what they need to do in a familiar routine.</p> <p>How I will achieve this goal</p> <p><Child's name>, for example, will/will begin to pack up their toys, complete the steps for dressing with minimal support, ask for a turn.</p> <p>Goal 10</p> <p><Parent/carer name/s> would like <child's name> to play longer with toys and stay longer at activities.</p> <p>How I will achieve this goal</p> <p><Child's name>, for example, will finish a painting, engage in group time at child care, and persist with a challenging task.</p> <p>Goal 11</p> <p><Parent/carer name/s> would like <child's name> to follow rules that help them stay safe.</p> <p>How I will achieve this goal</p> <p><Child's name>, for example, will/will begin to stop at the curb, hold hands, and follow safety instructions with some support.</p>
<p>Emotional development</p> <p>Emotional regulation</p> <p>Emotional awareness</p> <p>Behaviours of concern</p>	<p>Goal 12</p> <p><Parent/carer name/s> would like <child's name> to name their feelings.</p> <p>How I will achieve this goal</p> <p><Child's name>, for example, will/will begin to say they are feeling happy, sad, and angry or scared.</p> <p>Goal 13</p> <p><Parent/carer name/s> would like <child's name> to calm more quickly when they are upset.</p> <p>How I will achieve this goal</p> <p><Child's name>, for example, will respond appropriately when told 'no', talk about why they are upset, use</p>

Area of Need	Example Goals
	<p>soothing strategies, ask for and/or accept help, re-engage in an activity after being upset.</p> <p>Goal 14</p> <p><Parent/carer name/s> would like <child's name> to go to places outside of the home.</p> <p>How I will achieve this goal</p> <p><Child's name>, for example, will begin to consistently separate calmly from their loved one in order to start gymnastics/ soccer/ play on the playground/ go to child care/ preschool/ go to a friend's house.</p>
<p>Vision supports</p> <p>Blindness and low vision</p>	<p>Goal 15</p> <p><Parent/carer name/s> would like <child's name> to plan and carry out routine activities independently at home and at preschool.</p> <p>How I will achieve this goal</p> <p><Child's name>, for example, will/will begin to locate rooms and landmarks in indoor and outdoor settings to find items of need such as clothing items, toys, food, play equipment.</p> <p>Goal 16</p> <p><Parent/carer name/s> would like <child's name> to explore a variety of objects to gather information.</p> <p>How I will achieve this goal</p> <p><Child's name>, for example, will/will begin to use both hands together to manipulate objects, touch a variety of textures; temperatures; shapes and sizes.</p>
<p>Hearing supports</p> <p>Permanent hearing loss, deafness</p>	<p>Goal 17</p> <p>< Parent/carer name/s> would like <child's name> to understand and communicate with those around them.</p> <p>How I will achieve this goal</p> <p><Child's name>, for example, will/will begin to hear and recognise sounds around them like cars, birds, dogs barking; to have access to speech sounds so they can</p>

Area of Need	Example Goals
	<p>understand what is being said; to follow conversations in noisy places for example childcare/preschool; to communicate <using modality of choice> and socially participate in activities with peers.</p>
<p>Sustaining Informal Supports/Respite (related to Core supports, where applicable)</p>	<p>Goal 18 <Parent/carer name/s> would like to sustain their care of <child's name> and have their personal care and daily routines support needs met.</p> <p>Goal 19 <Parent/carer name/s> would like to have time to attend to their daily tasks whilst ensuring <child's name> support needs are met.</p> <p>Goal 20 <Parent/carer name/s> would like to be supported to maintain their caring role for of <child's name>.</p> <p>Goal 21 <Parent/carer name/s> would like <child's name> sibling/s to participate in community and social activities whilst ensuring <child's name> support needs are met.</p>

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10. Supporting material

- [NDIS Act 2013](#)
- [National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector](#)
- [NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018](#)
- [NDIS Quality and Safeguards Commission](#)
- [NDIS Rules 2013, 2014 and 2016](#)
- [Our Guideline – Early childhood approach](#)
- [Our Guideline – Mainstream and community supports overview](#)
- [Our Guideline – Creating your plan](#)
- [Our Guideline – Reasonable and necessary supports.](#)
- [Our Guideline – Reviewing our decisions](#)
- [Our Guideline – Changing your plan](#)
- [Our Guideline – Assistive technology](#)
- [Our Guideline – Child representatives](#)
- [Our Guidelines – Continence supports](#)
- [Practice Guide – Children living in statutory out of home care](#)
- [Practice Guide - Understanding Therapy Supports](#)
- [Practice Guide – Positive behaviour support and behaviours of concern](#)
- [Practice Guide – Early Childhood – Supports for children who have a permanent hearing loss \(including children who are deaf\)](#)
- [Choose the Right Request Tool](#)
- [Standard Operating Procedure – Add the guardian as a contact](#)
- [Standard Operating Procedure – Behaviour intervention supports](#)
- [Standard Operating Procedure – Complete the determine plan management task](#)

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- [Standard Operating procedure – Complete the guided planning questions](#)
- [Standard Operating Procedure – Complete the participant statement](#)
- [Standard Operating Procedure - Complete risk assessment](#)
- [Standard Operating Procedure – Add, check or change a My NDIS contact](#)
- [Standard Operating Procedure – Determine or revoke a child representative](#)
- [Standard Operating Procedure – Determine the funded supports in early childhood](#)
- [Standard Operating Procedure – Finalise and approve a plan](#)
- [Standard Operating Procedure – Include minor home modification supports in plans](#)
- [Standard Operating Procedure – Include complex home modification supports in plans](#)
- [Standard Operating Procedure – Record informal, community and mainstream supports](#)
- [Standard Operating Procedure – Manage inbound documents](#)
- [Standard Operating Procedure – Review and submit plan for approval](#)
- [Standard Operating Procedure – Unable to contact the participant](#)
- [Standard Operating Procedure – Update participant details](#)
- [Standard Operating Procedure – Update participant streaming](#)
- [Standard Operating Procedure – Complete the update the outcomes questionnaire task](#)
- [Standard Operating Procedure – Collect and update bank account details](#)
- [Standard Operating Procedure – Include support coordination in a plan](#)
- [Standard Operating Procedure – Undertake the plan alignment meeting](#)
- [Interaction templates – Pre-planning](#)
- [Interaction templates – Planning](#)
- [NDIS early childhood booklet](#)
- [Evidence of developmental delay form](#)
- [Early childhood planning note pad](#)
- [Intensive capacity building supports in early childhood form \(Intensive form\)](#)
- [Cerebral Palsy Severity Tool](#)
- [Would we fund it](#)

- [Pricing arrangements](#)
- [NDIS Support Catalogue rates](#)
- [Autism CRC early intervention report](#)
- [Best practice principles in early childhood intervention](#)

11. Feedback

If you have any feedback about this Practice Guide please complete the [ECS Branch feedback form](#).

12. Version control

Version	Amended by	Brief Description of Change	Status	Date
1.0	MBT613	Class 2	APPROVED	2019-01-24
1.1	IIW664	Class 1	APPROVED	2020-03-13
2.0	CM0032	Class 2	APPROVED	2020-07-24
2.2	IIW664	Class 1	APPROVED	2020-08-26
3.0	CM0032	Class 2	APPROVED	2021-02-23
4.0	CM0032	Class 2	APPROVED	2021-03-25
5.0	CM0032	Class 2	APPROVED	2021-04-13
6.0	CM0032	Class 2 Updated terminology to align with OG early childhood approach. Plan duration information added.	APPROVED	2021-08-26
7.0	CM0032	Class 2 Updated planning process to reflect streamlined planning approach	APPROVED	2022-01-20
8.0	LJ0007	Class 1 Replace pronouns	APPROVED	2022-05-04
8.2	LJ0007	Class 1 Approval Update link provided by SG&P for OG Continence Supports	APPROVED	2022-06-16

9.0	LKM022	Class 2 Approval Update SOP and OG links and remove continence supports example Updates to reflect changes in price guide	APPROVED	2022-07-08
9.5	LJ0007	Class 1 Approval	APPROVED	2022-08-09
10.0	FC0007	Class 1 approval	APPROVED	2022-12-20
11.0	LKM022	Class 2- Update to support coordination section and other CI	APPROVED	2023-02-06
11.1	IIW664	Class 1 Approval	APPROVED	2023-02-28
12.0	FC0007	Class 1 Approval - Age range updates	APPROVED	2023-05-11