

Publication Summary: Early Childhood Intervention Under the Australian National Disability Insurance Scheme: Characteristics and Recruitment Practices of Service Providers

The nature of Early Childhood Intervention (ECI) service provision has changed significantly over the last decade, following changes to the way in which it has been funded. Until the establishment of the National Disability Insurance Scheme (NDIS) in 2012, ECI services were mainly provided by not-for-profit organisations and, in some Australian states, government departments. Not-for-profit ECI services received much of their funding from state governments and funding was not tied to individual children and families. With the introduction of the NDIS, state governments no longer fund not-for-profit services and these services have had to rely on a market driven approach to service delivery. This has meant that some ECI services have broadened their remit to include individuals with disability of all ages and some generic human service and early childhood providers are now offering ECI services. In addition, for-profit organisations and individual professionals are also offering ECI services. These changes have affected the nature of ECI provision and potentially the adherence of organisations and individual providers to best practice guidelines. Following is a summary of research conducted by the InSpEd ECI research team into the characteristics of current ECI providers and the skills and experience required for ECI roles within provider organisations.

Gavidia-Payne, S., Zanuttini, J., Carlon, S. & Kemp, C. (2024). Early childhood intervention under the Australian National Disability Insurance Scheme: Characteristics and recruitment practices of service providers *Early Childhood Education Journal*, 1-10. <https://doi.org/10.1007/s10643-024-01759-w>

The Purpose of the Research

The aim of the research was to identify:

1. the characteristics of service providers currently delivering services to young children with developmental delays or disabilities and their families under the NDIS system;
2. whether the skills, knowledge and experience required of applicants for early childhood intervention (ECI) roles varied according to the category of service provider; and
3. whether the skills, knowledge and experience required for ECI roles met best practice guidelines.

Method

Data relating to provider characteristics and the types of practitioner skills, knowledge, and experience listed in advertisements were extracted, over a 5-month period, from 246 publicly available advertisements for ECI roles. Service provider data included whether they were (a) a not for profit generic disability service provider (i.e., providing for a range of age groups); (b) a not-for profit generic human services provider (not limited to infants and young children or individuals with disability); (c) a not-for-profit early childhood intervention provider; (d) a not-for-profit early childhood provider; (e) a for-profit therapy/early childhood intervention provider; or (f) a government service provider.

Assignment to the various categories was carried out by one of four researchers following careful checks of information on provider websites and a search of the Australian Charities and Not-for-profits Commission (ACNC) website. Interrater reliability for assignment to the various categories was determined by randomly selecting 65 of the 246 of the advertisements for independent coding by two researchers. Data relating to practitioner skills, knowledge and experience were extracted initially by one of the researchers, with just over a quarter of the advertisements checked for interrater reliability by a second researcher.

Results

Provider Classification

Seven of the 246 advertisements did not include the name of the service provider but 56 different providers were identified from the advertisements where the provider information was included. Of those, 39 were either registered charities or other not-for-profit organisations, 14 were for-profit providers and three were government providers. Of the 239 advertisements, for which provider information was available, 170 (70.1%) were from not-for-profit providers, 66 (27.6%) were from for-profit therapy/ECI providers and three were from government providers. The majority, 91 (53.5%), of the advertisements listing not-for-profit providers were from generic/human service providers, with 33 advertisements listing not-for-profit disability providers and 33 listing not-for-profit early childhood intervention providers.

Skills/Knowledge Required

The skills/knowledge most commonly required were those related to management and communication, and personal attributes such as motivation, ability to listen and willingness to learn. Only 57 (23.8%) of the advertisements required one or more skills/knowledge related to the ECI Best Practice Guidelines (2016), with 10 (15.2%) advertisements from for-profit providers requiring skills related to these guidelines. Of the advertisements requiring best practice skills, only 24 (10%) were in the area of family centred practice and 7 (2.9%) in the area of inclusion, the least commonly required best practice skills/knowledge. Skills in collaboration were required in 33 (13.8%) of advertisements and universal principles such as assessment and evidence-based interventions were required in 31 (13%) of advertisements.

Collaboration was the most commonly required skill area for advertisements from all but two categories of service provider, with advertisements from not-for-profit disability providers favouring family-centred practice, and advertisements from generic human service/education providers favouring universal principles. Only 6 (18.2%) of advertisements from not-for-profit ECI providers included collaboration as an essential skill set. Sadly, only 29 of the 56 service providers that were identified listed any of the best practice skills, three of the 14 for-profit organisations and 26 of the 39 not-for-profit organisations.

Experience Required

Experience in implementing best practice, at 14.2% of the advertisements, was listed as a requirement even less often than best practice skills. It was required most frequently by advertisements from not-for-profit disability service providers (42.4%) and not-for-profit early childhood education providers (15.4%), with advertisements from all other categories of provider requiring experience in implementation of best practice in less than 10% of advertisements. Best practice experience was most often required in the areas of family centred practice (12%), universal principles (10.9%) and collaboration (8.4%), with inclusion experience (1.3%) being least often required.

Discussion

Not-for-profit providers advertised for more roles than for-profit providers; however, the number of for-profit organisations advertising for ECI roles has increased substantially since the introduction of the NDIS. With little more than 20% of advertisements listing best practice skills/knowledge as essential requirements for an ECI role and an even lower percentage of advertisements listing experience in implementing best practice intervention as an essential requirement, these results are of concern. It is worth noting that just over 20% of for-profit providers listed best practice skills as a requirement in their advertisements for ECI roles compared to two thirds of not-for-profit providers.

Conclusion

Although not-for-profit organisations still represent the majority of ECI service providers, this research highlights a lack of emphasis on ECI best practice guidelines in the recruitment process. Over time, this may result in an ECI workforce that does not have the skills and experience to provide specialist support to young children with disabilities and their families.

References

Early Childhood Intervention Australia (ECIA). (2016). *National guidelines: Best practice in early childhood intervention*. Retrieved from <https://www.eciavic.org.au/resources/eci-best-practice-guidelines>