

Attachment security, early childhood intervention and the National Disability Insurance Scheme: a risk and rights analysis

Article

Cite this article: Alexander SL, Frederico M, and Long M (2019). Attachment security, early childhood intervention and the National Disability Insurance Scheme: a risk and rights analysis. *Children Australia* 44: 187–193. <https://doi.org/10.1017/cha.2019.39>

Received: 19 April 2019
Revised: 18 August 2019
Accepted: 23 August 2019
First published online: 7 October 2019

Keywords:

Attachment; children; disability; early intervention; SOCIAL policy

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Abstract

To promote the rights, well-being and development of the child, and for the benefit of families and the community, attachment should be a central focus of early childhood intervention (ECI) under the National Disability Insurance Scheme (NDIS). ECI Key Workers have the opportunity to positively influence parent–child relationships and are encouraged to do so by the ECI national guidelines. This article identifies how elements of the NDIS design and implementation may be counterproductive to fostering attachment security in children. These elements can lead to delayed intervention; increased parental stress; reduced expertise of service providers; and financial disincentives for best practice in working with disadvantaged families. The article highlights the implications for children with a disability and their families in Australian society and identifies lessons for the design and implementation of social policy.

Introduction

Attachment security is important in the development of all children, including those with a disability, and can have lifelong effects on social competence, sense of self, relationships, emotional regulation, behaviour and other aspects of development (Bowlby, 1982a, 1982b, 1982c; Sroufe, 2005). Early childhood intervention (ECI) professionals, operating in a Key Worker model, work closely with the families of young children with disabilities, sometimes with the same worker visiting a family for many years (Alexander & Forster, 2012). Thus, they are well placed to encourage positive parent–child relationships and the Australian national ECI guidelines assert this should be a significant focus of their work (Early Childhood Intervention Australia, 2016). This article presents evidence of the importance of secure attachment to child development, provides an overview of ECI services, and discusses why attachment security should be a key consideration in the design and implementation of the National Disability Insurance Scheme (NDIS). While the NDIS represents ‘a once-in-a-generation social and economic reform’ (National Disability Insurance Agency, 2018a, p. 5), enabling many people with a disability unprecedented access to services, there is a possibility that children and their families will experience unintended negative impacts regarding attachment security. This article analyses potential risks to attachment security of children with a disability within the design and implementation of the NDIS. Amendments to the NDIS to address these risks are suggested. While the design and implementation of the Australian NDIS are used as a case study for this discussion, the issues raised are relevant to social policy internationally.

Attachment and child development

Attachment behaviour refers to the actions taken by an infant or child to seek comfort preferentially from their parents or primary caregivers when they are ‘frightened, tired or ill’ (Bowlby, 1982a, p. 371). Attachment is often referred to as the emotional bond between a child and their caregiver, but it also has a cognitive function, as children use this attachment figure as a base from which to explore and learn (Mercer, 2011). The quality of attachment relationships has been found to derive largely from the sensitivity and responsiveness of the carer and may be categorised as secure, insecure-avoidant, insecure-resistant (Ainsworth, 1978) or insecure-disorganised (Main & Solomon, 1986). A secure child may express distress if separated from their caregiver but will be readily soothed upon their return (Ainsworth, 1978). An insecure-avoidant child may express little distress on separation and limited response to reunion while an insecure-resistant child may express significant distress on separation and be difficult to soothe upon reunion (Ainsworth, 1978). Finally, an insecure-disorganised child will have no coherent strategy to deal with either separation or reunion and this is thought to arise largely from frightened or frightening behaviour from the caregiver (Main & Solomon, 1986). The most sensitive period for attachment formation is generally thought to be the first three years of life

although the ability to form a secure attachment may persist longer than this if caregiving conditions improve for the child (Zeanah & Smyke, 2008). Under the NDIS, ECI professionals can be working with a family from birth to seven years of age if a child has a disability or developmental delay, and so may be closely involved with families during this important period in a child's development.

Secure attachment increases the likelihood of positive developmental outcomes such as language proficiency (Belsky & Fearon, 2002), social competence (Groh *et al.*, 2014), the ability to emotionally self-regulate (Schore & Schore, 2008), and can provide a buffer against the deleterious effects of adverse events (Tharner *et al.*, 2012). Conversely, insecure and disorganised attachment increases the likelihood of negative developmental outcomes such as emotional and behavioural problems (Groh, Roisman, van Ijzendoorn, Bakermans-Kranenburg, & Fearon, 2012), obesity (Anderson, Gooze, Lemeshow, & Whitaker, 2012) and psychiatric disorders (Crawford, Cohen, Chen, Anglin, & Ehrensaft, 2009). The effects are enduring, with a UK comparative group study ($n = 859$) finding the adult attachment style of participants, their view of self and others, was significantly related to experiences of separation from their parents and the quality of care they received 50 years earlier (Rusby & Tasker, 2008).

Meta-analysis of attachment research spanning eight countries ($n = 1,990$) indicated that 65 % of typically developing children develop a secure attachment (van Ijzendoorn & Kroonenberg, 1988), while the limited studies of the attachment patterns of children with a disability have indicated that fewer than half may develop a secure attachment (Naber *et al.*, 2007). Children with disabilities are a heterogeneous group, and challenges to the development of attachment may vary with the type and severity of the disability, along with individual and family characteristics and circumstances (Howe, 2006). There are some complications with using standard measures of attachment such as the Strange Situation Procedure with children who have a disability or developmental delay (Vaughn *et al.*, 1994), such as the possibility of mistaking signs of neurological impairment such as stereotypies as indications of disorganised attachment (Pipp-Siegel, Siegel, & Dean, 1999). However, considering the potential impact on development of attachment, even if the rates of insecure attachment were not elevated in the population of children with a disability, that would still mean that around 35 % were likely to be insecure without any support or intervention (van Ijzendoorn & Kroonenberg, 1988) so attachment warrants considerable attention. There have been criticisms of some aspects of Bowlby's theory of attachment over time but it 'has not been replaced or extensively reworked' (Mercer, 2011, p. 41) and attachment remains widely accepted as a cornerstone of human development.

Many families cope well with having a child with a disability (Hodapp, 2013) and find the experience 'very rewarding' (Moore, 2012, p. 4). There are, however, increased challenges in caring for a child with a disability which can have an impact on attachment security. These challenges include the ongoing strain of additional caring needs and the physical and emotional stress this can cause (Alexander & Forster, 2012). There is an increased likelihood that the family will live in poverty (Emerson, 2004). Children living in poverty, whether they have a disability or not, are less likely to develop a secure attachment (Anderson *et al.*, 2012) and it is thought that it is the maternal stress associated with poverty that is at the root of this (Yeung, Linver, & Brooks-Gunn, 2002). Other challenges to developing a secure attachment for children with a disability include the emotional impact of the diagnosis on parents (Oppenheim, Koren-Karie, Dolev, & Yirmiya, 2012).

Moreover, the child may have a reduced capacity to communicate their needs and feelings making it more challenging for a parent to respond in an attuned way (Howe, 2006). Finally, if the child has medical complications, there may be repeated or prolonged separations for treatment (Bowlby, 1982c).

Overview of early childhood intervention services

Access to ECI services under the NDIS does not require a formal disability diagnosis but is defined as a child with a developmental delay due to a physical or cognitive impairment which significantly impacts their functional capacity in at least one life area – communication, self-care, mental or motor development (National Disability Insurance Agency, 2019). The broad aim of ECI is to promote the 'development, wellbeing and community participation' (Early Childhood Intervention Australia, 2016, p. 4) of children with a disability or developmental delay. The services offered by ECI to a child with a disability can vary widely, reflecting different concepts of disability (Moore, 2013).

A medical concept or model of disability posits that disability is an impairment or illness requiring treatment (Mackenzie, Cologon, & Fenech, 2016). A medical multidisciplinary ECI approach involves multiple professionals engaging the child, usually in a clinical setting, with the aim of treating various aspects of the child's disability as separate conditions (Moore, 2013). While the multidisciplinary model may maximise specialist skills, the disadvantages may include an uncoordinated response to families, with each professional potentially providing contradictory advice and the cumulative *homework* requests that may increase parents' stress levels (Moore, 2013). There is evidence to suggest the multidisciplinary clinic-based model is not effective and may be to the detriment of the 'wellbeing and functioning' (Dunst, 2007, p. 171) of parents.

A social relational understanding of disability looks at social barriers to *doing* and *being* as well as impairment effects (Mackenzie *et al.*, 2016) and may be more aligned with the Key Worker model of ECI, sometimes referred to as the primary service provider model. The Key Worker model is designed to reduce family stress (Alexander & Forster, 2012) and is promoted by Early Childhood Intervention Australia (ECIA) as best practice. The Key Worker model can be described as having one main ECI professional working with the family of a child with a disability or developmental delay, operating as a conduit to the skills and expertise of the range of other professionals on their team (Early Childhood Intervention Australia, 2016). The Key Worker takes a holistic view of the child within the context of the family and assists the family to develop strategies to address family-identified goals regarding their child's development (Alexander & Forster, 2012). The Key Worker operates through coaching and consultation with the significant people in the child's life, primarily parents and educators, helping them to enhance the child's participation and development in their everyday environments and activities (Early Childhood Intervention Australia, 2016).

Building a relationship with the family is an essential part of the Key Worker role. This is different from a multidisciplinary model where the focus is on the individual child and on treating an aspect of the child's condition (Moore, 2013). The home-visiting, family-focused Key Worker model facilitates identification of problems with attachment security and the identification of strategies to address it. This is different from the multidisciplinary model where contact would normally be implemented in a clinical appointment mode focused on singular issues such as speech problems or weak hand grip.

The National Disability Insurance Scheme (NDIS)

The NDIS, introduced in pilot locations in 2013 and expected to be fully implemented by 2020, is the new way of funding services and supports for people with a disability in Australia. The aim of the NDIS is to fund *reasonable and necessary* supports to enable people with a disability aged from birth to 65 years, to optimally participate in society, both socially and economically (Bonyhady, 2016). Funding is individualised, with services and supports available for purchase from a range of government, non-government, not-for-profit, and for profit providers. The NDIS follows an insurance rather than a welfare model approach to funding, aiming to reduce long-term costs with early investment (National Disability Insurance Agency, 2017). With one national agency financially responsible for funding services and resources from birth to 65 years, the long-term benefits of ECI, and within that, a focus on improving the attachment security of children with a disability, should become a financial imperative as the benefits of early intervention have the potential to reduce the cost of individuals to the scheme over their lifespan.

Early Childhood Early Intervention (ECEI) Partners were introduced in 2017 by the National Disability Insurance Agency (NDIA) as the entry point to ECI to obtain services funded under the NDIS. ECEI Partners are funded by the NDIA to provide information, assessment, planning and short-term services. The introduction of ECEI may have been an opportunity to ease access for young families; however, the gatekeeping role of the ECEI may run counter to this, ensuring 'that only children meeting the eligibility criteria enter as participants' (National Disability Insurance Agency, 2017, p. 156). While 3.4% of Australian children aged from birth to four years are estimated to have a disability (Australian Bureau of Statistics, 2012), only around 2% of children in this age group received an NDIS plan during the NDIS trial in Barwon, Victoria (Noah's Ark Inc, 2017). This indicates that while expressing concern about 'higher than expected numbers of children entering the Scheme' (National Disability Insurance Agency, 2017, p. 20), the NDIA may only be providing funds to just over half of young children considered to have a disability. While it may not have been intended for the NDIS to cover all people with a disability, casting a wider net in the early years may be more in keeping with the notion of a focus on early investment to reduce long-term costs.

Why attachment should be the central focus of ECI under the NDIS

Responsive parenting is a 'potent determinant' (Dunst, 2007, p. 167) of child development and 'especially necessary for infants and toddlers with disabilities' (Dunst, 2007, p. 168); however, they are less likely to receive this kind of parenting (Eshbaugh et al., 2011). Children learn through repetition and through engagement with those around them (Center on the Developing Child at Harvard University, 2016). A strong parent-child bond supports the provision of the encouragement and stimulation children with a disability need to keep them engaged in activities that will promote their development. Thus, the environment of the primary attachment relationship is the driver and context for cognitive, emotional and physical development (Perry, 2013).

Under the Convention on the Rights of the Child, children with a disability in Australia have the right to 'special care and support... so that they can live full and independent lives' (UNICEF, 2014, p. 3). Considering the potential consequences,

failure to support the development of secure attachment could be considered a breach of rights. Some of the consequences for failing to take a proactive approach are considerable. Children with a disability are significantly more likely to develop obesity which is a leading cause of morbidity and premature death (Froehlich-Grobe & Lollar, 2011). They are three times more likely to have behavioural problems than typically developing children (Baker et al., 2003), are three to four times more likely to suffer abuse or neglect (Sullivan & Knutson, 2000) and are overrepresented in out-of-home care (CREATE Foundation, 2012). Population studies indicate that around 40% of children and adolescents with an intellectual disability have a psychiatric disorder, seven times the likelihood of typically developing children (Emerson, 2003). Children who have difficulty self-regulating their behaviour may be considered to have challenging behaviour when they, for example, hit another child. If they are unable to regulate their emotion and behaviour, they may continue this challenging behaviour as adults. This creates another risk and it is noted that adults with an intellectual disability are overrepresented in the criminal justice system (Holland, Clare, & Mukhopadhyay, 2002). Thus, failing to take a proactive stance may thwart the goals of the NDIS, the rights of people with a disability, and negatively impact society. The financial implications across the lifespan of an individual may also be considerable.

Barriers to addressing attachment security within the NDIS model

Currently, some aspects of the NDIS may undermine efforts to improve the attachment security of children with a disability or developmental delay because they impact adversely on intervening early; parental stress; engaging disadvantaged families; and staff expertise.

Intervening early

NDIS creates delays in obtaining services. While there is no particular age at which it is too late to help a child with an insecure attachment, it is readily accepted that the earlier support can be provided, the easier and more inexpensive it is to effectively intervene (Carlson, Sampson, & Sroufe, 2003). A recent meta-analysis of 16 studies ($n = 1,360$) on the effectiveness of intervention in preventing disorganised attachment has shown early interventions such as parent coaching, video feedback, reflective processing, and parental support can prevent disorganised attachment from developing (Facompré, Bernard, & Waters, 2018). There is already a problem with the identification of disabilities such as autism being delayed (Anderson et al., 2016), so it is important that any further barriers to intervening early are removed where possible.

There are several aspects of the NDIS that are detrimental to intervening early with attachment. One is the need to access service under the banner of the NDIS. Parents of children with a developmental delay may not feel comfortable to access funding that is for people with a disability, when they view their child as having a transitory delay and may be deterred from seeking support until it becomes evident that the child's developmental delay has become a permanent disability (May et al., 2018).

Another potential barrier for some families may be that NDIS offices are often now co-located with the national distributor of social security payments, Centrelink. Aggression towards Centrelink staff by customers is not uncommon (Towell, 2015) and so Centrelink may not be an environment everyone feels is

safe to take very young children. Additionally, some people may hold negative views about Centrelink being a place of government handouts (Eardley & Matheson, 1999).

The next barrier to intervening early is the administrative hurdles that parents must overcome to successfully register their child for the NDIS and proceed through an eligibility process. A small study in South Australia ($n = 42$) found nearly half the respondents had required assistance from professionals to register (Ranasinghe, Jeyaseelan, White, & Russo, 2017). Reasons for having difficulty with the process included complexity of the forms, lack of information on the website and parents' limited computer skills (Ranasinghe *et al.*, 2017). Once parents manage to register, they may have to wait a long time to get a planning meeting. Ranasinghe *et al.* (2017) found that the length of time between registering and receiving contact from the NDIA ranged from one week to one year. While the NDIA does not include data on the waiting times between first enquiry, registration and planning in their annual or quarterly reporting, they have reported that 32 % of the 17,676 complaints made about the NDIA related to timeliness (National Disability Insurance Agency, 2018d, p. 42). Once a plan is finally approved, it is then up to the family to select a service provider. This is done by 75 % of participants within 90 days of plan approval, 12 % between 90 and 180 days and another 12 % have not activated their plan beyond this period (National Disability Insurance Agency, 2018d). Overall, the time between realising their child may have a developmental delay and accessing service can be quite lengthy for parents. There are numerous contributors to this delay, many of which may create additional stress for parents.

Parental stress

One of the key tenets of the NDIS is *choice and control*. This means that parents can have free choice of any service that has received a provider number, with 'little direction' (May *et al.*, 2018, p. 120) from the NDIA. Quality control of the NDIS is evolving over time. There is a risk that parents may be overwhelmed by the choice of services and research has indicated that open choice affects 'the anxiety, control and wellbeing' (Fawcett & Plath, 2014, p. 752) of people differently. Parents may be unsure of the basis on which to make their decisions. The service market they engage with includes provider organisations of all sizes, individual practitioners and not-for-profit services competing with private providers. Marketing and advertising have become a necessary focus of service providers. The Key Worker model competes with a clinic-based multidisciplinary service model. One of the appealing things for families regarding a more medical approach may be the idea that a professional person might *fix* their child (Bricout, Porterfield, Tracey, & Howard, 2004). The Key Worker model is focused on working with families to help them help their child (Alexander & Forster, 2012). A parent who is stressed and struggling may be more attracted to the idea of not being involved, of having someone do things for them. A parent who is stressed and struggling may also be more likely to be experiencing difficulty in the attachment process. Insufficient guidance from the NDIA for parents in selecting services may increase parental stress and reduce the likelihood that families will receive the most beneficial services for their needs.

An essential aspect of best practice in ECI is the recognition of the importance of travelling to the child's natural environments such as their home and/or education setting as 'infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts' (Workgroup on

Principles and Practices in Natural Environments, & Settings, O. T. C. o. P. P. C., 2008, p. 2). Also, the alternative of making families travel to access services can create additional emotional and financial stress, and raises health and safety concerns, particularly for infants (Humphries & Kiraly, 2009). Travelling to the family incurs expenses for service providers and the reimbursement for these, although recently improved (National Disability Insurance Agency, 2018b), is limited under the NDIS, risking a best practice approach. Parents are in control of the funding expenditure for their child's NDIS package, which can be empowering for some families. However, some families may find budgeting and management of the package a stressful addition to an already stressful life. Parents with unresolved histories of insecure attachment may have trouble in trusting others, so the layer of finance over their relationship with helping professionals can be fraught.

Another potentially stressful aspect of the NDIS is the number of different people families need to meet in order to establish eligibility, create a plan and access a service. Parents will have initial contact with an NDIA staff member to register interest. They will then meet with another NDIA or ECEI employee who will administer an assessment questionnaire to determine if the child is eligible for services. Planning of the package is often undertaken by a different person, and there may be yet another person who provides them with information about the types of services available. The parent may then visit several service providers before selecting. Parents are usually not given access to direct contact details of NDIA staff so will have to speak to more people if there is a problem or a need for review. They will then need to see a new person within 12 months to create another plan. Interacting with numerous professionals can be stressful for some families (Moore, 2013).

Disadvantaged families

Parental risk factors regarding attachment include their own insecure attachment history, drug and alcohol problems, mental health problems, learning difficulties, anger management problems (Rees, 2005) and a history of trauma (Moore, Arefadib, Deery, & West, 2017). Families with one or more risk factors are more likely to experience difficulty with attachment and also more likely to be considered challenging to engage by service providers (McArthur, Thomson, Winkworth, & Butler, 2010). Socio-economically disadvantaged families may thus be seen by some service providers as a financial risk to work with due to the frequency of cancellations without notice. Pressure to meet tight financial targets may lead some providers to leave harder to engage families to seek support elsewhere. There has been some acknowledgement of this effect by the NDIA which has now made it possible to charge for a limited number of cancellations. However, families that have significant difficulty with trust take a very long time to engage, requiring considerable persistence from professionals to build a positive relationship. Extended engagement periods were possible under previous block funding arrangements, but the NDIS makes the families who are more challenging to engage a financial risk for service providers.

Staff expertise

ECI is not credentialed through a tertiary qualifying course in Australia, but rather draws professionals from early childhood or special education, occupational therapy, physiotherapy, psychology, social work and speech pathology (Forster, 2017). Pilot research suggested that fewer than half of these professionals may learn about

attachment in their undergraduate training and so it is important that they are able to access training once they enter the field of ECI (Alexander, Frederico, & Long, 2018). Training has historically been offered to ECI staff by their employers, sometimes assisted by state and territory government subsidies. However, there is a risk that the roll-out of the NDIS may reduce the likelihood of ECI professionals receiving the training they need due to the cessation of state and territory government support and a loss of revenue to organisations transitioning to the NDIS. Although the NDIS has increased demand for services, service provider organisations have reported lower business confidence and that various flaws in the NDIS have negatively impacted their finances (Malone, 2017). The funding strain is due to a range of issues including, but not limited to, the irregular flow of new clients; increased competition; the delay between service delivery and payment; unfunded essential activities such as staff supervision, team meetings, professional training, client administration and intake processes; and the pricing of the NDIS. With around one in four disability providers making a loss in 2017 (Malone, 2017), organisations may restrict the training opportunities of staff in an attempt to reduce costs, risking a reduction in service quality.

Finally, but importantly, a further impact of both the financial strain on ECI service providers and the increased number of service providers is that many service provider organisations have broadened the age range of their client base to remain financially viable, thus reducing the expertise of the services available to families. The approach of the NDIA to build the market, that is, increase provider numbers, has reduced the financial viability of specialising in ECI (Noah's Ark Inc, 2017). To broaden from seeing clients aged from birth to school age, to also accepting school age children or even expanding to cover all of life, recruitment will have to be widened to include staff with a broader range of experience. The proportion of staff having the opportunity to build skills and confidence in addressing the specific developmental issues of early childhood such as attachment may wane as will the quality of services available to families.

Suggestions for design improvements for NDIS

The NDIS is continually evolving (Ranasinghe et al., 2017) as feedback from consumers and providers helps to shape the system (Bonyhady, 2016). Following are some further suggestions for improvements which address the barriers to effective services discussed above.

Easing access

Instead of resources being used to protect the gateway to the NDIS, there needs to be investment in ECI which will save money across the lifespan of individuals. Research suggests a roughly US\$8:60 return for every dollar spent on early childhood services (Executive Office of the President of the United States, 2014). Currently, the average amount of money being spent per participant aged from birth to six years appears to be less than a fifth of the average spent on adults aged over 25 with a disability (National Disability Insurance Agency, 2018c, p. 93). Investing more 'when the brain is most easily shaped' (Perry, 2004, p. 3) could reduce the lifetime costs of individuals to the NDIS. Those without a permanent disability are unable to continue service beyond the age of seven years so the financial risk of easing access to ECI is limited, while improving the attachment security of the children remaining in the system has potential to reduce their ongoing service needs.

One way of easing access is to reduce the likelihood of parents being deterred from seeking services. ECEI could be separated more from the NDIS in its branding and operations, accessible as a community service to young families concerned about their child's development. The role ECEI plays in educating parents regarding best practice in ECI could be strengthened. Reducing the parental stress involved in accessing services would be helpful and cost-effective. Suggestions from parents include simplifying the forms and processes; improving the training of staff; ensuring there is one familiar contact person for families; and not requiring families to revisit the process annually when they have established an ongoing need (Ranasinghe et al., 2017).

Make the Key Worker Model and working with vulnerable families financially viable

Funding services in larger blocks than the current per minute arrangement may reduce administrative overheads; decrease stress on ECI professionals and parents; and improve the financial viability of engaging vulnerable families. Reducing the stress on workers increases the likelihood of them staying in the field, thus increasing the likelihood of families having long-term trusting relationships with their Key Worker. This is helpful for attachment as a positive relationship between a parent and Key Worker has flow through effects to the relationship between the parent and child (Popp & Wilcox, 2012). The current system of charging for every minute fosters stress for staff and parents and can also at times foster distrust. This is not helpful for attachment.

Ensure staff are skilled

Providers of services must have the skills and knowledge required to make a difference. Funding, subsidising or at least making core training such as best practice, coaching and attachment training obligatory would enhance the likelihood that families would receive the support they need. Ensuring that specialisation in ECI is financially viable for service providers is crucial, particularly in working with disadvantaged families.

Conclusion

The stated aims of the NDIS to maximise the development, physical and emotional well-being, and social and economic participation of people with a disability are supported through the fostering of early attachment security. Attachment is central to child development with secure attachment increasing the likelihood of positive outcomes; and insecure attachment increasing the likelihood of detrimental outcomes for children, families and society. Given the increased risk of insecure attachment for children with a disability, it is vital their families have specialist support available to them as early as possible to promote positive and responsive parent-child relationships and the ECI Key Worker is well placed to undertake this role. Currently, there are aspects of the NDIS design and implementation which are counterproductive to improving the attachment security of children with a disability. There are steps the NDIA can take to ease access for families and increase the quality of the services available. This has the potential to not only positively change the trajectory of the lives of children and their families, but reduce the costs to the NDIS over their lifespan. The experience of the implementation of NDIS in relation to ECI provides lessons not just for Australia, but for the design and implementation of social policy internationally.

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