



A better start for children with disability

Julia Gillard and Labor
Let's move Australia forward



A BETTER START IN LIFE FOR CHILDREN WITH DISABILITY

The Gillard Labor Government will provide new access to early intervention services to help give more children with disability a better start in life.

A Better Start for Children with Disability will ensure children with disabilities that affect their development have access to intensive early intervention therapies and treatments from expert health professionals.

Children diagnosed with sight and hearing impairments, cerebral palsy, Down syndrome or Fragile X syndrome will benefit under the program.

Children under six with a diagnosis of a listed disability will be eligible to receive up to \$12,000 for early intervention services. A maximum of \$6,000 can be spent in any financial year. Families will have up to their child's seventh birthday to use the funding.

A number of new Medicare funded diagnosis and treatment services will also be made available for children diagnosed before the age of 13 years with these conditions. Families will be able to access the treatment items up to their child's fifteenth birthday.

Why invest in early intervention?

Research demonstrates that access to high quality early intervention services is critical to assist children with a developmental disability to reach their potential. Intervention in the early years can help children with disability prepare for school and lifelong learning.

In particular, intensive early intervention in the pre-school years has been demonstrated to be effective for children with autism spectrum disorders, deaf-blindness, hearing loss, blindness, cerebral palsy, Down syndrome and Fragile X syndrome.

However, many families of children diagnosed with these disabilities cannot afford to access suitable therapies and treatments, or have to pay for expensive treatments which can put them under serious financial pressure.

Federal Labor believes every child deserves the chance to succeed. A Better Start for Children with Disability builds on a similar program for children with autism that has been successfully implemented by the Gillard Labor Government. That program has provided

more than 8,500 children with an autism spectrum disorder with early intervention funding since 2008.

What new services does this program provide?

From 1 July 2011, children under the age of six with a listed disability will have access to flexible funding of up to \$12,000 for early intervention services. In the first year, around 7,880 younger children with disability are expected to be eligible for early intervention funding.

A panel of service providers will be established covering a range of services such as occupational therapists, audiologists, speech pathologists, orthoptists, physiotherapists and psychologists.

Eligible families will then be able to choose the early intervention services that suit their child's development and individual circumstances.

Around 20,000 children under the age of 13 with these disabilities will also be able to access new Medicare services for diagnosis and treatment.

A Medicare rebate for the development of a treatment and management plan will be available for each diagnosed child under the age of 13. Medicare rebates will also be available for up to four allied health diagnostic services and for up to twenty allied health treatment services per child in total with relevant allied health professionals.

Medicare treatment services within the 20 service limit can be used until a child turns 15 years of age, provided they received a treatment and management plan before they were 13 years of age.

This program will provide more children with disability with the same entitlements to early intervention funding and Medicare services as children covered by the Helping Children with Autism Package.

The full list of eligible allied health professionals and early intervention programs that will be eligible to apply to be on the panel, and receive Medicare rebates, will be developed in consultation with disability peak bodies and professional associations in line with evidence on effective treatments.

What does this mean for children with disability?

Children with developmental disabilities will benefit from having better access to early intervention services and therapies which are proven to help prepare them for school and lifelong learning.

Children will also have access to treatment programs that are tailored to their individual needs, including access to occupational therapists, audiologists, speech pathologists, orthoptists and psychologists.

What does this mean for families?

This program will also reduce the financial pressures faced by families caring for a child with disability by providing families with vital assistance to meet therapy and medical costs.

It is also expected that this funding will support growth in the number and diversity of professionals offering early intervention programs and services as families have dedicated

funding they can use to purchase these services. This will mean families have more choice and will be able to choose the services and programs that best meet their child's needs.

Who will be eligible?

Children under 6 years of age with a listed condition will be eligible for early intervention funding.

Eligible conditions include deaf-blindness, hearing loss, blindness, cerebral palsy, Down syndrome and Fragile X syndrome.

A child must receive a diagnosis and be assessed as eligible for the program before their sixth birthday to receive up to \$12,000 (up to \$6000 in any financial year) in early intervention funding. Families will have up to a child's seventh birthday to use this funding.

The Medicare items will be available under this package for children aged under 13 years for diagnosis and treatment planning and under 15 years for treatment.

These criteria are consistent with the Helping Children with Autism package, and eligible families will be entitled to the same access to early intervention funding and Medicare services as families accessing under the autism package.

How A Better Start for Children with Disability will work in practice

Sally and Conrad have a new baby, Alex, who has a diagnosed hearing impairment.

Alex will be able to access \$12,000 for early intervention services through the Better Start for Children with Disability initiative.

Sally and Conrad want to focus on Alex's communication skills and preparing him for preschool. They decide to spread their funding over three years, focusing on accessing an audiologist and a speech pathologist, who provide targeted treatment to Alex to help him communicate.

By the time Alex is ready to start preschool, the services have really paid off and Alex is confident and happy to be starting preschool. By having access to support early, he is able to communicate with his new teacher and classmates.

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Brian and Ann have a four year old son, Darryn, who has cerebral palsy. Through their local support group they hear about Better Start for Children with Disability. Brian and Ann decide to prioritise occupational therapy for Darryn spending \$6,000 per year over two years. The occupational therapy greatly enhances Darryn's coordination and motor skills and he's been enjoying more outdoor activities.

Brian and Ann also develop a treatment and management plan for Darryn with their paediatrician which includes speech therapy. Darryn sees a speech therapist as eligible Medicare treatment which is provided at a significantly subsidised rate. The ongoing speech therapy has greatly improved Darryn's verbal communication.

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Erin and Stephen have a two year old daughter, Sarah, who is legally blind and a three year old son, Scott. Sarah will have access to \$12,000 for early intervention services.

Sarah's parents have decided to use the funding to enrol Sarah in an early learning program in a centre such as the Royal Institute for Deaf and Blind Children which has been approved as a provider on the early intervention panel. The program provides intensive multidisciplinary services to children with a sensory disability. Sarah's brother Scott also benefits from the family support element of the program and has a better understanding of Sarah's special needs.

How will the program be delivered?

The Better Start for Children with Disability initiative will be delivered on a similar basis to the Helping Children with Autism package.

The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) will administer the early intervention component. Once a child under six years of age has received a valid diagnosis from a medical professional, the child's parents will be able to access up to \$12,000 (up to \$6,000 in any financial year) in early intervention funding which can be used with members of the Early Intervention Service Provider Panel until the child's seventh birthday.

Allied health professionals and other early intervention service providers will apply to FaHCSIA to become a member of the Early Intervention Service Provider Panel. Upon providing a service to an eligible child, the service provider is rebated by FaHCSIA.

The Medicare items will operate through the Medicare system in the same way as the current diagnostic and treatment Medicare items under the Helping Children with Autism Package operate.

A re-elected Gillard Labor Government will work with professional associations and peak bodies over coming months to finalise implementation arrangements to ensure that once the program begins, participating families are supported to access the funding, including by linking families with service providers and providing advice to families on their entitlements.

Federal Labor's record on disability

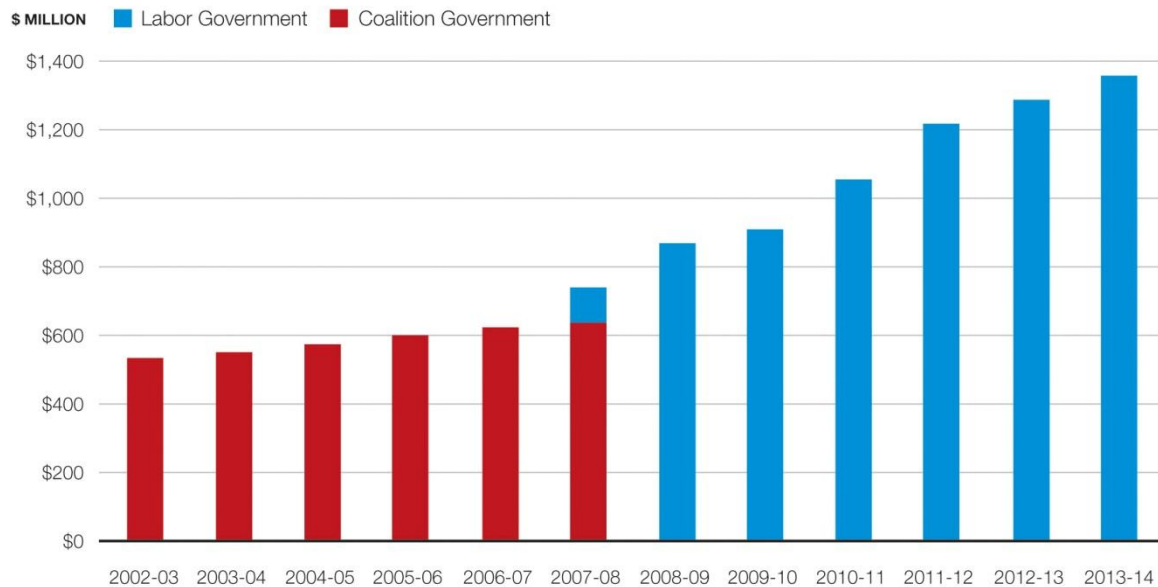
The Gillard Labor Government is providing more than \$6 billion to the States and Territories for more and improved specialist disability services under the National Disability Agreement over five years.

By 2012, the Gillard Labor Government will have doubled the contribution to disability services under the National Disability Agreement compared to the former Liberal-National Coalition Government.

Federal Labor has improved support for parents of children with severe or profound disability through our reforms to Carer Payment (child) by changing the previously restrictive eligibility criteria to better reflect the care needs of the child. Federal Labor understands that many parents have difficulty working while they are caring for a child with disability. Our reforms have driven an increase of \$100 a fortnight for the maximum single rate and \$74 a fortnight for couples combined on the Carer Payment.

The new \$600 Carer Supplement, introduced by Federal Labor in 2009, also provides certainty and ongoing support to carers of children with disability.

Commonwealth funding under National Disability Agreement



Financial Implications (\$m, underlying cash balance)

2010-11	2011-12	2012-13	2013-14	Total
-0.3	-39.5	-44.1	-38.0	-122.0

The cost of this new policy will be fully offset over the forward estimates, consistent with the Gillard Labor Government's commitment to return the Budget to surplus in three years.

THE LIBERALS' RECORD

In government, the Liberals ignored disability.

As a former Cabinet Minister in the Coalition Government, Tony Abbott and the Liberals:

- ✘ Allowed funding for disability services to stagnate under the failed Commonwealth State Territory Disability Agreement (CSTDA).
- ✘ Oversaw Commonwealth contributions to disability funding under the CSTDA grow at a measly 1.8 per cent a year, less than the rate of inflation which effectively saw the Australian Government's investment go backwards.
- ✘ Provided just \$620 million in 2006-07 to the States and Territories for disability services compared with the more than \$1 billion the Gillard Labor Government will spend in 2010-11.
- ✘ Ignored the recommendations of the Senate Inquiry into the CSTDA to provide increased funding for disability services but they also initially voted down the bi-partisan inquiry to try and stop it proceeding at all.
- ✘ The Liberals sat on their hands while demand in the disability service system increased and the capacity for an ageing population to provide informal care diminished.

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