Knowledge Article

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Guide - Therapy supports Appendix B

Guidance in this document is not approved for use unless you view it in PACE.

This article provides guidance for a **planner delegate, internal review delegate, national reassessment delegate, local area coordinator, early childhood partner, technical advisors, liaison officers (HLO/JLO)** or **complex support needs (CSN) planner** to understand:

- case examples of participants who need therapy supports.

Recent updates

October 2023

This guidance comes from the Practice Guide – Understanding Therapy Supports. We've made minor updates to change any NDIS Business System language to PACE language. We'll make improvements to this guidance in the future.

Before you start (optional)

You have read and understood:

- Our Guideline – Reasonable and necessary supports (external)
- Our Guideline – Creating your plan (external)
- What principles do we follow to create your plan? (external)
- Our Guideline – Mainstream and community supports (external).

Case example

Arnold is 10 years old. He lives at home with his parents and two siblings. He has a diagnosis of Down Syndrome and is experiencing difficulty with communication, social skills and mobility. He attends a mainstream school where he receives support from a teacher's aide.

During his previous plan, Arnold had difficulties building rapport with his therapists. This was due to negative behaviours and difficulty travelling to and waiting in his therapist's office. This resulted in intermittent engagement and Arnold not using all of his capacity building supports. The Allied Health Professionals (AHPS) progress report from the previous plan period

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recommended using a multidisciplinary approach of music, occupational and speech therapy, focused on skill-building in Arnold's natural environments to assist him to pursue his goals.

Progress report recommendations

16 hours of occupational therapy to work towards Arnold's goal "To join in playground games with friends":

- Develop strategies to assist Arnold to increase motor control.
- Develop strategies to assist Arnold to increase social skills.
- Provide guidance to important people in Arnold's life on ways he can be supported to join in games and the types of exercises and games he can do to build his endurance and muscle control.

Expected outcomes: Arnold will participate in a structured climbing activity or game with two peers with minimal adult support.

12 hours of speech therapy to work towards Arnold's goal of "Be able to tell people what I want or need":

- Communicate using 1-2 word phrases.
- Support communication through picture exchange while developing speech.
- Provide guidance to the important people in Arnold's life on techniques specific to Arnold to assist with communication.

Expected outcomes: Arnold will use 1-2 word picture exchange to request a motivating item or a need.

7 hours of music therapy to develop strategies to motivate Arnold to engage with other therapists by:

- Writing a song to motivate Arnold to participate in 1-2 word phrases.
- Use rhythmic and motivational elements of music to encourage Arnold to engage and participate in gross and fine motor activities.

Outcomes: Arnold will engage with the occupational therapist, speech pathologist and music therapist to develop his communication and motor skills.

- $300 of low cost assistive technology (AT) to develop communication supports. Picture exchange.
- Travel associated with delivery of supports in Arnold's natural environments

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- 10 hours of report writing.

Check-in conversation

During the check-in, Arnold and his family discussed how they and other people in Arnold's life can assist him to develop his skills and become more independent. The strategies they discussed included:

- AHPs will meet at the start and mid-way through Arnold's plan to discuss strategies and how these will complement each other.
- Each AHP will develop strategies to assist Arnold to work towards his goals and guide the people in Arnold's life on building his skills and independence.
- The school is using picture exchange with other students and will support Arnold to use picture exchange if he is unable to verbalise his wants or needs.
- Arnold's siblings are close to him and enjoy playing games. They can find it difficult when he gets upset. Arnold's parents and siblings have shown enthusiasm with structuring some group activities/games with the family to help him develop his social skills.

Arnold attends Scouts on a Thursday night. He has a support worker to assist him to attend and participate in activities. The support worker can implement strategies to assist Arnold to be more independent in interactions with peers.

Outcome

The included information from the check-in and progress report provides enough evidence for the planner to make a reasonable and necessary decision to include the recommended therapy support hours in Arnold's next plan.

Core – Consumables

$300 of low cost assistive technology has been included for the development of individualised picture exchange cards as recommended by the speech pathologist. These cards will support Arnold to communicate which will develop independence and increase participation in social, school and community activities. This will reduce reliance on supports in the future. Funding has been included in Capacity Building – Improved Daily Living Skills for Arnold's supports to receive training on implementing communication strategies.

Capacity Building – Improved Daily Living Skills

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45 hours of support has been included for a multidisciplinary team to build Arnold's capacity in communication, mobility and social skills. The multidisciplinary team will meet at the start and mid-way through the plan period to create consistency in their approach.

Arnold had difficulties in the last plan period engaging with therapists and is highly motivated by music. The progress report from the AHPs has recommended a music therapist be engaged to develop strategies that will motivate Arnold to engage with other therapists to develop his skills. This will increase participation in school, home and community life and is likely to result in a reduced need of supports in the future.

Arnold will be assisted to implement communication, mobility and social skills strategies by his family at home, teacher's aide at school and support worker during Scouts.

Funding has been included for:

- 16 hours of occupational therapy to work with Arnold to achieve his goal of joining in playground games with friends. The occupational therapist (OT) will provide training to informal and formal supports on how to implement these strategies.

- 12 hours of speech therapy to work with Arnold to achieve his goal of telling people what he wants or needs. The speech pathologist will work with Arnold to develop strategies to communicate using picture exchange, while he develops 1-2 word phrases in speech. The speech pathologist will provide training to informal and formal supports on how to implement these strategies.

- 7 hours of music therapy to develop strategies to motivate Arnold to engage with other therapists.

- 10 hours of report writing to understand the benefits and gains achieved by Arnold across the plan period.

Funding has been included for travel of the allied health professionals to deliver supports in Arnold's natural environments.

Article labels

PACE user role names

Add: User role name label

Delete: User role name label

No change.

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Topics

Add: Topic label

Delete: Topic label

No change.

Case names

Add: Case name label

Delete: Case name label

No change.

Ownership

Add: Ownership label

Delete: Ownership label

No change.

Version control

Version	Amended by	Brief Description of Change	Status	Date
0.1	BCK161	Draft Appendix B to go with Guide – Therapy supports transitioned from Practice Guide – Understanding Therapy Supports.	DRAFT	2023-03-03
0.2	MJB576	Peer review	DRAFT	2023-03-10
0.3	BCK161	Actioned peer review	DRAFT	2023-03-15
0.4	DD0014	EL1 review and edit	DRAFT	2023-03-29
1.0	JS0082	Class 1 Approval	APPROVED	2023-03-30

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Version	Amended by	Brief Description of Change	Status	Date
1.1	REB563	Continuous improvement enhancements. Updates to formatting in alignment with new Knowledge Article template. Updated links and user roles added.	DRAFT	2023-09-21
2.0	JS0082	Class 1 Approval	DRAFT	2023-09-22

EC: PEC - Capaci...   Confluenc...   ∨ ✕

Knowledge
EC: PEC - Capacity Building – Early childhood supports overview

Article Record Type	Article Number	Publication Status	Last Modified Date	Version Number
Guidance	000002074	Published	9/10/2023, 1:36 pm	1

Details   Related   Versions

∨ Information

Title   EC: PEC - Capacity Building – Early childhood supports overview

🔍 Advanced Person Search   ⚲ Omni-Channel

Description	This article provides guidance for **early childhood partners** and **early childhood planner delegates** with an overview of the **Personal and Environmental Circumstances (PEC)** case - **Capacity Building** questions that specifically relate to early childhood supports, including intensive early childhood supports. The article covers:

- what are developmental areas of need
- what are **high** and **medium to low** developmental support needs
- information in provider progress reports
- when the Typical Support Package (TSP) needs adjusting
- intensive early childhood supports.

You must consider the role you deliver to support a successful completion of the **PEC** so that the TSP best reflects the participant and their family's actual circumstances and need.

Recent updates

October 2023
Current guidance

Additional knowledge articles

For information on the **PEC** case – Capacity building questions relating to other support areas, go to:

- **EC – PEC – Capacity Building – Health and wellbeing**
- **EC – PEC – Capacity Building – Regulated restrictive practices.**
- **EC – PEC – Capacity Building – NDIS Hearing Stream Pathway.**

What are developmental areas of need?

Consider what a child can do in everyday activities, at home, in the community and in early childhood education. Consider their strengths and needs across the following developmental areas: **cognitive development, social development, self-care, receptive and expressive language, emotional development, motor development, vision,** and **hearing supports.**

What are high and medium to low developmental areas of need?

For each developmental area of need, consider the level of NDIS funded early childhood capacity building supports required over the course of the plan to support the child's development and functioning in daily life. If support is required for a developmental area, you will need to determine whether the NDIS funded support need is **medium to low** or **high**.

It is important to consider the role of informal support provided by families and carers and mainstream and community learning opportunities that also support a child's development. These supports must be considered alongside NDIS funded early childhood capacity building supports.

Medium to low support to address a developmental area of need is typically when a shorter burst of NDIS funded early childhood capacity building supports are needed followed by occasional reviews over the duration of the plan.

High support to address a developmental area of need is typically when regular, frequent, and sustained NDIS funded early childhood capacity building supports are needed over the duration of the plan. Or when there are very substantial support needs and specialised supports and therapy are required across several days in the week,

for a set period of time. For example, when intensive NDIS funded early childhood capacity building supports are needed.

The planner delegate will consider the information gathered by the early childhood partner. This includes any information from families, early childhood educators, teachers, providers, health professionals early childhood partners. You will find this information in PACE, for example, in the **PEC** case responses for Capacity Building, '**internal note**' in the **Activity log**, and in attached provider reports.

Information in provider progress reports

To help you determine support needs you can look at provider progress reports, if these are available. You should expect to see information about how the service provision is or will be supporting the child and family to pursue their NDIS goals. See table below.

Provider reports - Information about service provision should cover all of the below areas	
Baseline assessment information	Current results of functional capacity assessments for all relevant developmental areas of need are available in one or more provider reports, within 6 months (NDIS Act 2013 s 34(d)).
Annual outcome measures	Where early childhood supports have already been provided (for at least 6 months), there are outcome measures which show that there has been a progression with skills in daily activities, and an increase in participation (NDIS Act 2013 s 34(d)). Outcomes measures are not required if early childhood supports have been provided for less than 6 months.
Therapy goals	There are therapy goals in at least one report, or the family or carer can describe the therapy goals. The goals: • are consistent with NDIS goals (NDIS Act 2013 s 34(a)), **and** • are specific enough to allow a measure of progress (NDIS Act 2013 s 34(d)), **and** • focus on increasing the child's independence, participation in everyday routines, activities and places of daily life (NDIS Act 2013 s 34(b)), **and** • cover all developmental areas of need requiring therapy support (NDIS Act 2013 s 34(a)).
Parent capacity building	The early intervention will strongly focus on building the family or carer's capacity to support the child. For example, the parent is involved in therapy sessions, the therapist supports parent with strategies. (NDIS Act 2013 s 31(c)-(e)).
Early intervention embedded in the	The early intervention support is implemented so that strategies are embedded in the child's everyday routines, activities and places of daily life For

home and community		activities, and places of daily life. For example, when therapy is centre based strategies are implemented in daily routines and activities. (NDIS Act 2013 s 34(b)).
Early intervention embedded in early childhood education, childcare or school	👤	If the child is attending early childhood c... education, childcare or school, their participation is supported through the provider's consultation with staff. For example, strategies are shared with childcare staff (NDIS Act 2013 s 34b, s 34(d)-(e)). This may not be applicable for a child who is not attending early childhood education, childcare or school due to very young age or health reasons.

When you are approving the plan or supporting plan implementation it is important that you strongly recommend to parents and carers that their provider completes the **early childhood - provider report form** at least annually. The report, which can be found on the NDIS website, can help everyone to understand the outcomes of supports provided and what the future goals and recommended supports are.

When the TSP needs adjusting

The following examples can be used as a guide to the planner delegate to assist with any considerations for adjusting the generated TSP for early childhood capacity building supports, if required.

Table 2 – Examples of areas of need and early childhood supports

Number of areas of need	Examples of early childhood supports
1 high area + up to 1 medium to low area	Weekly early intervention support for a short period (for example, 6 weeks), followed by less regular individual supports and/or group programs. Includes short term secondary consultation/s for all areas of need and a progress report. For a child in an early childhood setting: 1 observation and 1 planning meeting per term, per setting by key worker. For a child transitioning to school: Child and family support, consultation (visits or meetings) with school.
1 high area + 2 to 3 medium to low areas	Regular early intervention supports for 12 months (individual and/or group). Includes medium term secondary consultation/s for all areas of need and a progress report. For a child in an early childhood setting: Fortnightly key worker visits for 1 term, followed by less frequent visits for remaining terms, per setting by key worker. For a child transitioning to school: Child and family support, consultation (visits or meetings) with school.
2 high areas + 1 to 3 medium to low areas	Regular early intervention supports for 12 months (individual and/or group). Includes medium to longer term secondary consultation/s for all areas of need and a progress report. For a child in an early childhood setting: Fortnightly key worker visits for 1 term, followed by less frequent visits for remaining terms, per setting by key worker. For a child transitioning to school: Child and family support consultation (visits or meetings)

	with school.
3 high areas + 1 to 3 medium to low areas	Regular early intervention supports for 12 months (individual and/or group). Includes longer term secondary consultation/s for all areas of need and a progress report. For a child in an early childhood setting: Fortnightly key worker visits for 1 term, followed by less frequent visits for remaining terms, per setting by key worker. For a child transitioning to school: Child and family support, consultation (visits or meetings) with school.
4 or more high areas	Regular early intervention supports for 12 months (individual and/or group). Includes longer term secondary consultation/s for all areas of need and a progress report. For a child in an early childhood setting: Fortnightly key worker visits for 1 term, followed by less frequent visits for remaining terms, per setting by key worker. For a child transitioning to school: Child and family support, consultation (visits or meetings) with school.

Intensive early childhood supports

Intensive early childhood supports are for children who have very substantial capacity building support needs to maximise their independence and participation in daily life. Most children with developmental delay or disability do not need intensive early childhood supports.

Intensive early childhood supports do not include supports relating to: core supports, disability-related health supports, assistive technology (or capacity building supports for assistive technology) or behaviour support plans with restrictive practices.

The requests or recommendations for intensive early childhood supports can come from a family or carer, a provider, a health professional, or an early childhood partner.

Consideration for intensive early childhood supports is given to **requests or recommendations that are greater than $24,000**. When more than 1 provider is engaged, this refers to the total amount recommended across all providers that the family is requesting support for.

A TSP will generate for intensive early childhood supports if in the PEC case the early childhood partner has indicated that a parent or provider has identified that there is need for intensive early childhood supports and this is supported by the family. The early childhood partner is required to attach any relevant reports available that are related to the request.

To approve intensive early childhood supports you must ensure there is evidence to show that the support is required for the main areas of need related to a child's diagnosis. You must also ensure that very substantial support is required for capacity building to support participation in a range of activities in all of the following:

- daily life in the home, and
- daily life in the community, and
- early childhood education and care or school, and
- family life.

You can look for this information within PACE which was gathered by the early childhood partner. For example, in the PEC case responses for Daily Support and Capacity Building.

If a provider is already providing services to the child and family you should expect to see a report attached in PACE that includes

information covering all areas in the table under Information in provider reports. See Table 1 – Provider Reports.

If your review of the evidence does not support the need for intensive early childhood supports you will need to adjust the budget. Refer to Table 2 – Examples of areas of need and early childhood supports.

Comparing the generated TSP for intensive early childhood supports to parent requests and provider recommendations

The planner delegate will need to check if there is a difference between what the TSP has generated for intensive early childhood supports and what the parent/carer has requested or what the provider has recommended (if recommendations are available). You may need to consider adjusting the TSP up or down based on your considerations.

If provider recommendations are available, consider the recommendations with any additional parent or carer information against the R&N criteria. See Table 4 – Common examples of R&N consideration relating to intensive early childhood supports.

Funding based on the TSP for intensive early childhood supports

If the family feel their child and family will benefit from intensive early childhood supports and the planner delegate agrees, the planner delegate will consider approving the TSP without adjustment when provider recommendations:

- do not meet the R&N criteria, or
- are similar to the generated TSP, or
- are not available.

When the TSP for intensive early childhood supports needs adjusting

The TSP for intensive early childhood supports may need to be adjusted (up or down) when the parent requests or provider recommendations:

- meet the R&N criteria, and
- are above or below the generated TSP.

The planner delegate can consider adjusting the TSP by basing the R&N decision for funding on provider quote after **adjustments** are made to the quote. For example, if it is R&N to fund the quote after removing provider travel, accepting number of hours but applying NDIS rate, or reducing the number of program delivery weeks an amount is calculated for, from 52 weeks to 48 weeks to allow for holidays, so the recommendations represent value for money.

Table 3 – Common examples of R&N considerations relating to intensive early childhood supports.

Common examples of R&N considerations relating to parent requests and provider recommendations	
Duplication of funded supports (NDIS (Supports for Participants) Rules 2013 Part 5(1) (c)).	*Duplication of similar supports* by one provider or multiple providers. For example, the recommendation is for funding where two professionals within the one organisation are providing similar supports or two different providers are supporting the child to develop the same skill.
Value for money (NDIS Act 2013 s 34(c))	*Calculations* in the quote that *do not represent value for money*. For example, hourly rates in provider reports are above prices in the NDIS Support Catalogue, or 52 weeks of the year calculated rather than 48 weeks

		Requested supports that are excessive compared to the outcomes to be achieved. For example, the provider recommends an increase in funding which is not justified in reports, the provider recommends funding for an intensive toilet training program in addition to a comprehensive early intervention program which supports the area of self-care.
Value for money (NDIS Act 2013 s 34(c))		Hours for *provider travel* (not including remote MMM6, very remote MMM7), report writing, multiple staff attending the same meeting, professional development, *do not represent value for money*.
Effective and beneficial, having regard to current good practice (NDIS Act 2013 s 34(d))		*Delivery of service or recommendations* made by a *professional* who is *not qualified.* For example, a therapy assistant has written the therapy program, or recommendations include funding for a behaviour therapist (rather than allied health professional) to supervise a therapy program.
Effective and beneficial, having regard to current good practice (NDIS Act 2013 s 34(d))		Supports and programs with a *low evidence base* when considering the best available research evidence. For example, equine therapy, dance therapy.
More appropriately funded or provided through other general systems (NDIS Act 2013 s 34(f)).		Recommendation includes funding for a support which is more appropriately **provided** *by mainstream and community supports.* For example, a therapy assistant in a preschool, a therapist to teach a child to read, or therapy that is recommended on days when the child should be at a mainstream setting.

How long can intensive supports be funded in a plan?

If a child's NDIS plan has intensive early childhood supports, it will typically go for 12 months.

When approving intensive early childhood supports in a plan, it is important that you discuss with parents or carers that, almost always, the need for intensive supports will reduce over time. This is because:

- their child's disability support needs are likely to change as their child independence and participation increases
- their child is likely to start participating in other services such as early childhood education and care or school. The early childhood education and care service or school will provide some of the supports their child needs.

When you reassess the child's plan some of things you will need to consider include:

- how the support has helped to build the family and child's skills to maximise their independence
- how the child takes part at home, in the community, and in mainstream settings
- if the supports have helped the child use the skills they have learned with different people, across different settings and activities.
- whether the child continues to use the things they have learned

over time.

Standard Operating Procedure

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Determine the funded supports in early childhood

This Standard Operating Procedure (SOP) will assist you to complete the following in the NDIS Business System (System):

- Use the support calculator.
- Determine the funded supports for participants younger than 7.

Note: Do not use this SOP for participants who are older than 7. Refer to Standard Operating Procedure – Complete the determine the funded supports task. This SOP is for early childhood partners and delegates.

1. Recent updates

Date	What's changed
October 2022	The following updates have been made: • Updated line item name from 'Capacity Building Supports for Early Childhood – Other professional' to 'Early Childhood Supports – Early Childhood Professional' to align with Price guide language changes. • Additional information added to section 3.2 step 6 about how to complete the support calculator in the System. • Changes to the comments recorded on child's plan (section 3.2 step 9), including providing clarity by updating the instructional text. • Added links to relevant SOPs.
August 2022	The following updates have been made in section 3.2 Enter Capacity Building Funding: • Updated comments recorded on child's plan (section 3.2 step 9). • New step and associated comment added about considering a plan management statement if there is a risk that the plan budget may be overspent (section 3.2 step 10).

Standard Operating Procedure

Date	What's changed
	• Updated line item name from 'Capacity Building Supports for Early Childhood – Other therapy' to 'Capacity Building Supports for Early Childhood – Other professional' to align with Price guide language changes.
January 2022	The following updates have been made: • Updated to align with streamlined planning process updates. • SOP name changed from SOP – Determine the funded supports in ECEI to SOP – Determine the funded supports in early childhood to align with Our Guideline – Early childhood approach. • Transitioned to new SOP template.

2. Checklist

Topic	Checklist
Pre-requisites	❑ You are familiar with Practice Guide – Early childhood planning and have decided what reasonable and necessary supports to include using Our Guideline – Reasonable and necessary supports. ❑ You are familiar with Our Guideline – Early childhood approach. You have: ❑ Checked and updated any participant details that have changed, including contacts and communication preferences. Refer to Standard Operating Procedure – Update participant details. ❑ Checked evidence of the participant's disability is attached in Inbound Documents. Refer to Standard Operating Procedure – Add or change disability. ❑ Confirmed participant streaming. Refer to Standard Operating Procedure – Update participant streaming. ❑ Updated the Severity Tools (including the PEDI-CAT). Refer to Standard Operating Procedure – Complete the update the severity tools task.

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	❑ Completed Participant Statement. Refer to Standard Operating Procedure – Complete the participant statement and Practice Guide – Early childhood planning for example NDIS plan goals. ❑ Completed informal community and mainstream supports. Refer to Standard Operating Procedure – Record informal, community and mainstream supports. ❑ Updated the Outcomes Questionnaire. Refer to Standard Operating Procedure – Complete the update the outcomes questionnaire task. ❑ Updated the Family Questionnaire. Refer to Standard Operating Procedure – Complete update the family questionnaire task. ❑ Completed Risk Assessment, Refer to the Standard Operating Procedure – Complete the risk assessment task. ❑ Updated the Guided Planning Questions (saved but not submitted). Refer to Standard Operating Procedure – Complete the guided planning questions. ❑ Completed the Planning Conversation Tool (PCT) by ticking the box to state your reasonable and necessary declaration. ❑ Verified my NDIS contact. Refer to Standard Operating Procedure – Add, check or change a My NDIS contact. ❑ Created an Early childhood planning conversation interaction. Refer to Interaction templates – Pre-planning.
Actions	❑ 3.1 Determine the Funded Supports ❑ 3.2 Enter Capacity Building Funding If required: ❑ 3.3 Enter Core Supports Funding ❑ 3.4 Enter Capital Supports Funding Then: ❑ 3.5 Next steps

3. Procedure

Note: Data in screenshots is fictional and intended for instructional purposes only.

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3.1   Determine the Funded Supports

1. Navigate to the **Planning – Staff Tasks** page and select the **Determine the Funded Supports** task.

2. The **Determine the Support Needs** screen displays. There are 3 **Support Types** in the plan budget **Core, Capacity Building and Capital.** For further information refer to Practice Guide – Early childhood planning.

    Note: For plans for participants younger than 7, a Typical Support Package is **not** generated. **Do not click on Generate Support Plan.**

    - If this is the participant's first plan, the values displayed will all be zero. Continue to section 3.2 Enter Capacity Building Funding.

    - If the plan has changed, this screen may display amounts from the previous plan. You will need to delete these amounts and any related support items. Continue to step 3.

3. To manually remove the auto-generated supports from a previous plan, select each support type where funding is displayed.

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4. If funding has been entered at the **Support Item Level**, select each **Support Category** with funding using the **Expander** (2 overlapping squares).

Determine the Support Needs			
Support Type > Support Category > Capacity Building			
Support Category	Price $	Comment	Associated Goal
CB Choice & Control	0.00		⌄
CB Daily Activity	15,519.20	Provision of Early Childhood Intervention supports to work together within the	⌄
CB Employment	0.00		⌄
CB Health & Wellbeing	0.00		⌄

5. Select **Delete** (trash can) next to the line item.

Support Calculator							
+	Product	Price	Quantity	Unit	How Often	Frequency	Total
🗑	Capacity	193.99	80	Hour	Once ⌄	1.00	15519.20
Item Type	⌄						
Quote Required ☐ Quote Received ☐							
							$15519.20

6. Select **Done.**

7. The message **Do you want to increase the Support Category Price** displays. Select **No**.

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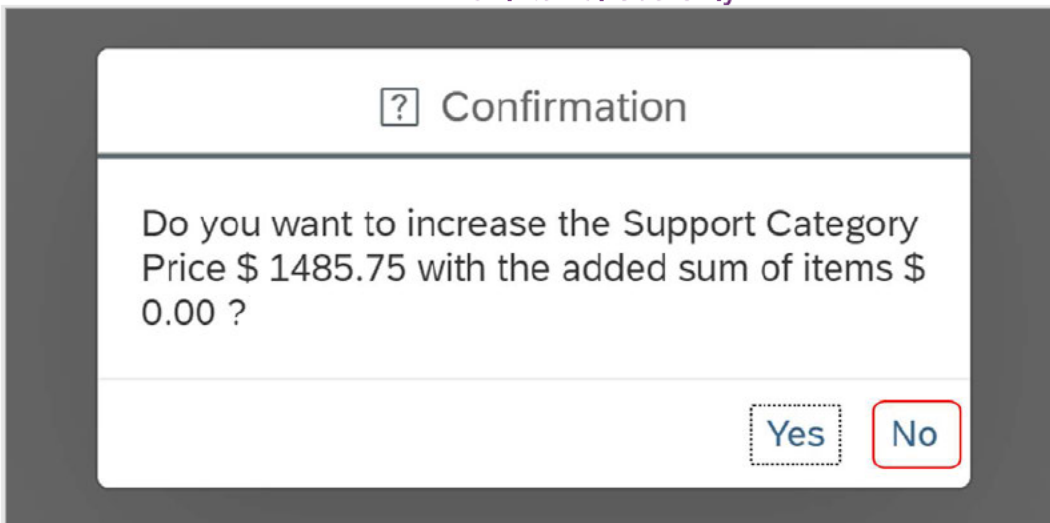
8. Click into the **Price $** box and delete the figure amount in the box.

   Note: This will also remove any funding that had been entered at the **Support Category** Level.

9. Select the **Support Type** button and repeat for any the other budgets until all price fields are cleared.

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3.2 Enter Capacity Building Funding

1. From the **Support Type** screen select **Capacity Building**. The support categories **Capacity Building** and **Support Coordination** are displayed.

2. Select the support category **Capacity Building**. All of the Capacity Building supports will be displayed.

3. Open the support calculator from the **CB Daily Activity** category by selecting the **Expander** (2 overlapping boxes).

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Support Type >	Support Category >	Capacity Building	
Support Category		Price $	
CB Choice & Control		0.00	⧉
CB Daily Activity		0.00	⧉

4. The **Support Calculator** screen opens. Select the **Expander** (2 overlapping boxes) in the **Product** field.

+	Product		Price	Quantity	Unit	How Often		Frequency	Total	
🗑		⧉	0.00	1		Once	⌄	1.00	0.00	

Item Type [⌄]

Quote Required ☐ Quote Received ☐

$0.00

Done | Cancel

5. Select the **Early Childhood Supports – Early Childhood Professional**. The search field can also be used to find the item.

Select a Product

early childhood supports|

Early Childhood Supports - Psychologist
15_001_0118_1_3

Early Childhood Supports - Physiotherapist
15_003_0118_1_3

Early Childhood Supports - Early Childhood Professional
15_005_0118_1_3

Early Childhood Supports - Therapy Assistant - Level 1
15_007_0118_1_3

6. Complete the following fields:

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Standard Operating Procedure

- **Quantity**: enter the number of units, to the nearest 0.5 or whole number, based on supports calculated using the Practice Guide – Early childhood planning

- **How Often**: as required

- **Item Type**: leave blank.

7. Select **Done**.

8. Delete the auto-generated **Comment**.

9. Enter the relevant comment:

Note: Any comments recorded will populate in the participant's plan. The comments should include any information the participant's family may need to describe and understand the support included in their child's plan.

You may need to add comments for specific supports:

For supports regarding DRHS, refer to example comments in Standard Operating Procedure – Include disability-related health supports or meal preparation supports in the participant's plan.

For supports regarding AT, refer to example comments in Standard Operating Procedure – Add assistive technology capacity building supports in a plan.

For all other capacity building supports:

- Insert the below 3 paragraphs:

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This capacity building funding is for early childhood supports. To achieve the best outcomes it is important that these supports are delivered within the home and community, by early childhood professionals. These supports would be best provided by professionals who have a Bachelor degree or higher, such as an occupational therapist, speech pathologist, physiotherapist, psychologist, social worker, early childhood teacher and developmental educator. It is important that these professionals are registered or hold membership with relevant professional bodies.

Professionals should use a best practice model, all working together as a team with your family to pursue your goals for <insert participant name> and preferably using a key worker model. It is expected the supports are delivered in line with the NDIS Commission's NDIS Practice Standards and Quality Indicators for Early Childhood Supports, the NDIS Code of Conduct and the NDIS Pricing Arrangement and Price Limits.

This funding includes time for professionals to build the capacity of those supporting <insert participant name>, <at home, childcare, preschool and/or school>. It is expected that an annual progress report on <participant's name> outcomes will take approximately <include between 2-6 hours as per the Guide - Appendix 2> per year shared between your providers and it is strongly recommended they collaborate to use the NDIS early childhood provider report form.

- For a plan with a 3 month period of intensive supports, also include the below paragraph to the justification comment:

Additional funding of 9 hours is included for a report on <participant name> functional assessment, goals and recommendations following a 3-month period of intensive early childhood supports.

10. Link the funding in the support category to the participant's **Associated Goal** using the drop-down box next to the comment.

11. Return to the **Support Category** section of the System and enter any additional reasonable and necessary support items. Record any relevant comments.
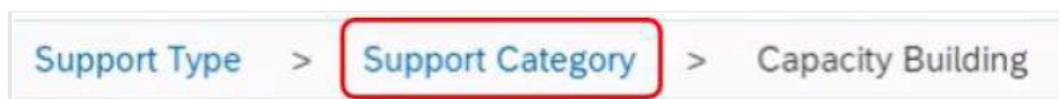
Support Type	>	Support Category	>	Capacity Building

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12. If there is a risk that the plan budget may be overspent, a plan management statement may be considered (refer part 3 of the NDIS Plan Management Rules). This may include setting a maximum monthly spend across the length of the plan to purchase capacity building early childhood supports. If required, include the text below in the comment that is printed on the plan.

> The funding in this budget is to be used across the full plan period. Therefore, you need to ensure you manage the budget, and set a monthly amount against your capacity building budget, to provide your child with the necessary supports until the plan reassessment.

Note: Further information for adding supports, such as plan management, can be found in the Standard Operating Procedure – Include plan management support items.

3.3   Enter Core Supports Funding

1. If Core supports have been identified, from the **Support Type** screen **Core.**

Support Type	Price $	
Core	0.00	>
Capacity Building	0.00	>
Capital	0.00	>
Total Plan Budget ($)		

2. The support categories **Consumables, Daily Activities, Social, Community and Civic Participation** and **Transport** are displayed.

Support Category	Price $		Comment	Periodic	
Consumables	0.00				>
Daily Activities	0.00				>
Social, Community and Civic Participation	0.00				>
Transport	0.00			✓	>

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3. Enter reasonable and necessary funding amount in the **Price $** column or open the **Support Calculator** from the **Consumables** category by selecting the **Expander** (2 overlapping boxes) to enter a specific support.

Support Category	Price $		Comment	Periodic	
Consumables	0.00	⧉			>
Daily Activities	0.00	⧉			>
Social,Community and Civic Participation	0.00	⧉			>
Transport	0.00	⧉		☑	>

4. After allocating the reasonable and necessary funding amount enter the **Comment**. The comments should include any information the participant's family may need to describe and understand the support included in their child's plan.

   Please refer to:

   - Standard Operating Procedure – Add low cost assistive technology supports in a plan for an AT comment example.

   - Standard Operating Procedure – Include disability-related health supports or meal preparation supports in the participant's plan for disability-related health supports comment examples.

5. Repeat the above steps if any funding is required in Core **Daily Activities**.

Support Category	Price $		Comment	Periodic	
Consumables	0.00	⧉			>
Daily Activities	0.00	⧉			>
Social,Community and Civic Participation	0.00	⧉			>
Transport	0.00	⧉		☑	>

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6. Enter a **Comment** to support the inclusion of Core supports in the plan. Any comments recorded will populate in the participant's plan. The comments should include any information the participant's family may need to describe and understand the support included in their child's plan. Further information on core supports can be found in the Practice Guide – Early childhood planning.

For example:

> Support to sustain <participant's name> family and assist with his/her personal care.
>
> Hours are based on <frequencies (hours/rate/days/weeks)> and can be used flexibly.

3.4 Enter Capital Supports Funding

1. If Capital supports have been identified, from the **Support Type** screen select **Capital**.

<	Determine the Support Needs	⑦ ⑱ ▢
Support Type		
Support Type	Price $	
Core	0.00	>
Capacity Building	0.00	>
Capital	0.00	>
	Total Plan Budget ($)	

2. The support categories **Assistive Technology** and **Home Modifications** are displayed.

	Determine the Support Needs		⑦ ⑱ ▢
Support Type > Support Category			
Support Category	Price $	Comment	
Assistive Technology			>
Home Modifications	0.00		>

3. Enter reasonable and necessary funding amount in the **Price $** column or open the **Support Calculator** from the **Assistive Technology** or **Home Modifications** category by selecting the **Expander** (2 overlapping squares) to enter a specific support. For further information refer to the Practice Guide – Early childhood planning or the Our Guideline – Assistive technology and/or the relevant home modification guidance:

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![ndis logo]

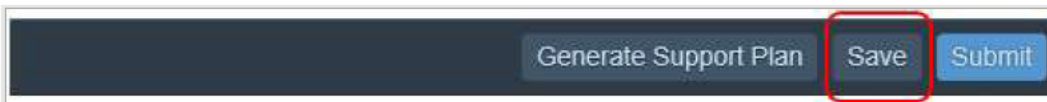# Standard Operating Procedure

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- [Standard Operating Procedure – Include home modification capacity building supports in plans](#)

- [Standard Operating Procedure – Include minor home modification supports in plans](#)

- [Standard Operating Procedure – Include complex home modification supports in plans](#)

4. Enter a **Comment** to support the inclusion of **Capital** supports in the plan. Any comments recorded will populate in the participant's plan. The comments should include any information the participant's family may need to describe and understand this support in their child's plan and expectation for assessment prior to purchase.
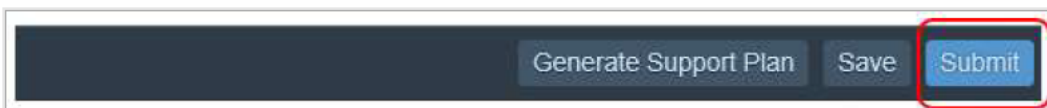
3.5 Next steps

1. Once all supports have been included in the plan you can return to the **Determine the Support Needs** screen by clicking on **Support Type** twice.
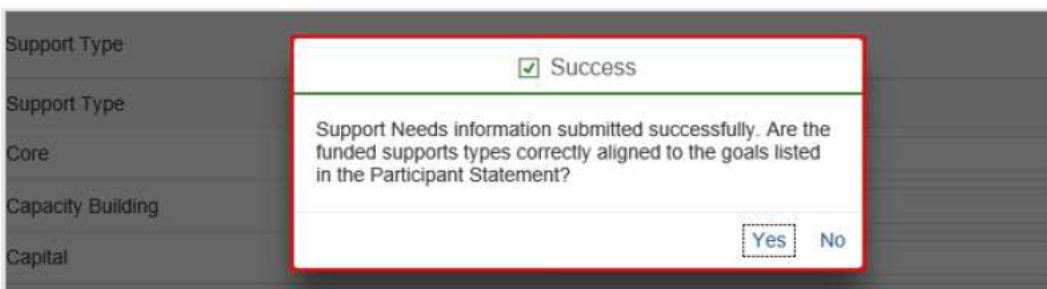

Note: At any time, you can select **Save** to save the form and return to complete it later.

2. When the form is complete, select **Submit**.

3. When the form has been submitted, a confirmation message appears. This confirmation message will ask **Are the funded supports correctly aligned to the goals listed in the Participant Statement?**

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- If you select **No**, you will be taken to the **Create-NDIS Participant Statement** page to review the goals section and make sure the correct support type boxes have been ticked.

- If you select **Yes,** you will continue as usual.

4. The **Planning - Staff Tasks** page displays. **Determine the Funded Supports** has a green tick to show it is now complete.
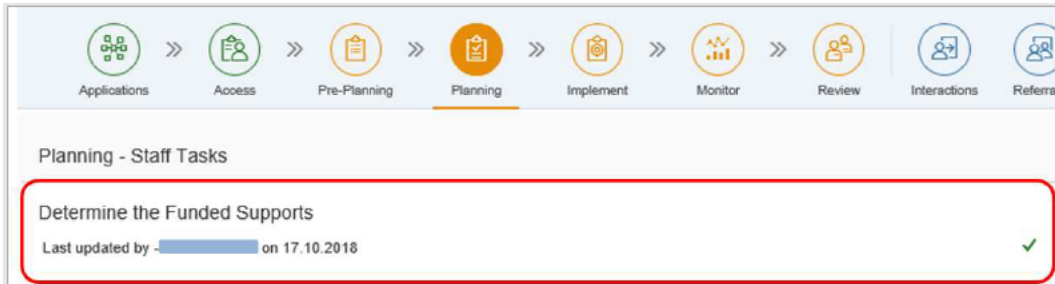
4. Related procedures or resources

- [Our Guideline – Reasonable and necessary supports](#)
- [Our Guideline – Assistive technology](#)
- [Our Guideline – Early childhood approach](#)
- [Practice Guide – Early childhood planning](#)
- [Standard Operation Procedure – Update participant streaming](#)
- [Standard Operating Procedure – Record and verify identity for an individual](#)
- [Standard Operating Procedure – Verify identity for a third party organisation](#)
- [Standard Operating Procedure – Complete the update the severity tools task](#)
- [Standard Operating Procedure – Complete the participant statement](#)
- [Standard Operating Procedure – Record informal, community and mainstream supports](#)
- [Standard Operating Procedure – Complete the update the outcomes questionnaire task](#)
- [Standard Operating Procedure – Complete the risk assessment task](#)
- [Standard Operating Procedure – Complete the guided planning questions](#)
- [Standard Operating Procedure – Add, check or change a My NDIS contact](#)
- [Standard Operating Procedure – Complete the determine plan management task](#)

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- Standard Operating Procedure – Include plan management support items
- Standard Operating Procedure – Navigate the participant record in the NDIS business system
- Standard Operating Procedure – Update participant details
- Standard Operating Procedure – Add or change disability
- Standard Operating Procedure – Review and submit plan for approval

5. Feedback

If you have any feedback about this Standard Operating Procedure, please complete our feedback form.

6. Version control

Version	Amended by	Brief Description of Change	Status	Date
5.0	CM0032	Class 2 Approved	APPROVED	2020-03-11
6.0	EMN960	Class 1 Approved SOP name changed from SOP – Determine the funded supports in ECEI to SOP – Determine the funded supports in early childhood to align with Our Guideline – Early childhood approach. Transitioned to new SOP template.	APPROVED	2022-01-20
7.0	CW0032 LKM002 LS0042	Class 2 approved. Updates to section 3.2 Enter Capacity Building Funding.	APPROVED	2022-08-26
8.0	CW0032 LKM002 LS0042	Class 2 approved. Updates to section 3.2 Enter Capacity Building Funding.	APPROVED	2022-10-20
9.0	EMN960	Class 1 approved.	APPROVED	2022-11-09

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	IIW664	Updates to instructional text in section 3.2 Enter Capacity Building Funding, step 9.		