Submission No 33

INQUIRY INTO CHILDREN AND YOUNG PEOPLE WITH DISABILITY IN NEW SOUTH WALES EDUCATIONAL SETTINGS

Organisation: Early Childhood Intervention Best Practice Network

Date Received: 28 February 2024

NSW Legislative Council
Portfolio Committee 3 – Education

Inquiry into children and young people with disability in New South Wales educational settings.

28 February 2024
(Amended)

SUBMISSION BY

Early Childhood Intervention
Best Practice Network

SUBMISSION

About the Authors

This submission has been prepared by a network of nineteen (19) not-for-profit providers of early intervention services and/or early childhood education. Our network, the *Early Childhood Intervention (ECI) Best Practice Network*, supports over 5,382 children annually in early intervention under the NDIS and over 19,539 children and young people annually in total. We primarily operate across NSW, however, also have representation in VIC and the ACT. Our providers work in metropolitan and regional areas.

Feedback to Inquiry

We have considered the terms of reference for the *Inquiry into children and young people with disability in New South Wales educational settings* and we have categorised our feedback based on the level of schooling considered for points (a)-(k). Additional comments are also provided which are more general in nature and address point (l). Our feedback is based on our own observations through direct and indirect service delivery in the sector. We primarily consider these questions through the lens of providers of early childhood intervention and therapeutic supports for children and young people, as well as, providers of early childhood education.

Early educational settings funded by NSW Start Strong and High Learning Support Needs Funding (Community Preschools)

- ***Why inclusion is important***

Inclusion of children with developmental delays, disabilities and learning support needs is important for many reasons. Access to early learning supports all domains of development when done well. This leads to more positive individual outcomes for these children. Further, it assists both children and families with school readiness as well.

In addition, the inclusion of children in this category into mainstream settings embeds positive, inclusive values and skills for all children in the classroom. This is the foundation of an inclusive society for the future .

Inclusive practices used in the classroom creates flexible learning environments that accommodate diverse learning styles and abilities of all children. Strategies that increase accessibility and monitoring of learning outcomes are enhanced, barriers to learning identified and managed, and policies and practices that address the right of all children as well as children with disabilities are upheld. This is particularly valuable for those children yet to be diagnosed with a disability and connected with support services.

- ***What is working***

In NSW community preschools funded under the NSW Start Strong funding streams and High Learning Support Needs funding, children who are disadvantaged are able to access affordable early learning for two days a week through the Start Strong Fee Relief program. This supports many families who would not otherwise be able to afford early learning. For children with disability, it is more likely that one or both parents may have reduced work capacity, therefore affordability is an important consideration.

Recent changes to the terms and conditions for High Learning Support Needs funding which now enables centres to use the funding to increase their child to staff ratio has been well received by sector services. This is more in keeping with realistic operating models which support inclusion. For instance, previously funding needed to be used for 1:1 support for a child. This can be isolating for the child and sets them apart. However, increasing the overall ratio ensures that there are adequate staff available to support the child's needs, but to do so in a way that is integrated into the classroom naturally.

- ***What is not working***

Some areas which are challenging for both children, families and centres include:

1. Funding for High Learning Support Needs is funded only in lined with base Award rate for Certificate trained educators aa entry level. This means it cannot be expected to fund an additional worker per child as employers cannot cover on costs such as superannuation, Workcover, annual leave loading, long service leave provision, etc. In addition, the skillset of staff required for these roles exceeds the funded Award rate.
2. Workforce shortages, particularly in rural and remote regions impact a Preschool's ability to recruit additional staff members if successful applying for High Learning Support Needs funding. This issue can impact a Preschool's decision to apply for additional funding.
3. As funding for High Learning Support Needs is limited, it does not leave sufficient budget for best practices to be implemented such as liaising with other professionals in the 'Team Around the Child.' This limits the opportunity for input into curriculum to assist with inclusion, capacity building, and cross-collaboration.

4. It is best practice to deliver early intervention services in natural settings such as early learning centres. This enables strategies specific to that environment to be supported, which helps to achieve the best outcomes. Under the NDIS, children and families will select their own early intervention provider (e.g., Speech Therapist, Occupational Therapist, Key Worker); however, for early learning centres, this may mean they may have a large volume of early intervention staff coming into the centre on a daily basis. This can be disruptive to the learning environment for all children. Some families do not organise for their allied health practitioners to connect with or support their child in their learning environment which leaves educators without advice and support. We will discuss this in more detail in a later section.
5. In line with the above, the integration of early intervention therapies is critical in assisting children with developmental delays and/or disabilities to access early learning; however, as this is not funded in any capacity through the High Learning Support Needs funding, those children who are not eligible for the NDIS (e.g., due to their parent's visa status) go without this critical intervention. When children are not provided access to these critical interventions and supports, their opportunities to learn skills, progress their development, and meet their full potential is limited. A child struggling with sensory regulation for example, may not be provided the tools to help develop those skills and this may manifest as behaviours of concern. This may lead to difficulty in forming peer relationships and may limit other children in their ability to access the learning environment fully.
6. Anecdotally we are told many stories of families turned away from centres due to their child's needs. From a centre perspective, if they are not provided appropriate supports and this may come at their cost to deliver appropriately, they may be inclined to not prioritise these placements.
7. The Sector Capacity Building program was re-commissioned in 2021 and since that time, in Sydney, is no longer offering support to early learning centres with individual children. The generic, high level approach does not provide adequate support to early learning centres around children's placements and ensuring these are successful.

- ***What is needed to enable a safe and inclusive learning environment***

The inclusion of early intervention and practices in line with the Best Practice Guidelines for Early Childhood Intervention is critical. This includes:

- Family centred practices;
- Cross discipline collaboration for planning and goal setting– this relates to individual approaches for the child as well as curriculum development that is inclusive;
- Capacity building for all professionals and parents / carers involved in the child's life;
- The use of a Key Worker as part of a Team Around The Child.

In addition, it is important to ensure that all children with a disability receive access to these supports whether they are eligible for NDIS or not.

We believe that if funding could provide the above, more centres would be open to embracing children with diverse needs.

Primary and secondary school settings

- ***Why inclusion is important***

Similar to the benefits for children, families and peers in early learning environments, similar benefits exist for children of school age.

- ***What is working***

There are many examples of good collaboration between schools and early intervention providers. We have found the most success where schools work closely with organisations that can work as a team, often with regular visits working with the school team and within the school setting. This enables a rich dialogue between schools and therapeutic support (allied health) providers to ensure that access times are suitable, to offer two-way training, to ensure consistency in approach, and to co-create inclusive environments.

- ***What is not working***

Overwhelmingly, in the majority of instances there are serious concerns regarding inclusion in schools. Children spend the majority of the days and weeks at schools and as such, this is an important environment to enable their success. It is important that they can access the necessary therapies they need for their development and which will assist them with accessing the curriculum in schools.

Unfortunately, schools report being overwhelmed by the large volume of providers entering their premises. Some schools report that they have 180 providers a week accessing the school. As a result, they commonly introduce restrictions on therapies such as:

- No therapies to occur in Term 1 or Term 4;
- Only one therapist per child;
- Only for a short period of time (e.g., 5 minutes);

- Therapy can only be provided in the hallway, not in the classroom;
- No absences from school to attend therapy;
- Not in the first two hours of the day;
- Etc.

Whilst it is understandable that schools are looking for ways to manage the logistics and classroom disruption of so many therapists, this is problematic from several perspectives:

- There is a workforce shortage, so there is limited availability of therapists to see children in non-school hours.
- Children have limited time outside of school hours to see therapists as well.
- Seeing a child at home does not provide opportunity to upskill their teacher to meet their needs, observe the classroom behaviours and provide interventions to support these, or observe barriers to the child accessing the curriculum and assist to resolve these.

It denies the children their right to inclusion by denying them access to these essential services.

In addition, while some elements of 'approval' are centralised within the NSW Public School System (e.g., checking a Working with Children Check), many schools replicate this requirement and add additional requirements on therapists such as:

- Certified ID;
- Provision of current child protection training certificate;
- Provision of current insurance certificates;
- Provision of registration form;
- Provision of written requests from parents to request therapies;
- Statement of Goals;
- Justification on why therapy must be provided in school not elsewhere;
- Lengthy school inductions;
- Etc.

Whilst these requests are reasonable, the administration of therapists registering at multiple schools providing this information is time consuming. And, the effort of schools to do this independently is replicating this effort unnecessarily. We strongly recommend the registration process for schools be centralised and individual processes for schools be limited.

We also want to acknowledge that the practices of therapy providers can vary. Not all providers are collaborative in their approaches. Classroom teachers want the best for individual students and are supportive of providers who are collaborative and communicate on the same level, build their capacity and understanding of the child's development, and actively support the child to engage in learning. Our experience is that when therapists, psychologists or other teachers go into classrooms and dictate terms and make demands on the classroom teacher that is not collaborative, respectful and intrudes on the learning of other students, this can lead to breakdown with regard to a school's willingness to engage with all providers.

- ***What is needed to enable a safe and inclusive learning environment***

We believe it is important that children have access to early intervention and therapeutic supports (allied health) that is delivered in line with the Best Practice Guidelines for Early Childhood Intervention. This includes a collaborative approach.

The effectiveness and availability of early intervention programs and impact of the NDIS Review's vision for the disability service system.

We have spoken at several points regarding the NDIS environment. The concept of a free market and 'choice and control' are both principles we support. However, the unintended consequences of this as it relates to early intervention and therapeutic supports for children and young people is that:

- There are many providers who are incentivised financially to deliver large quantities of services instead of quality services. This is often achieved in clinic settings rather than natural environments and not in a manner that is aligned to best practice.
- There are a large volume of providers and this is not conducive to quality engagement with schools (as has been described previously in this submission).

The *NDIS Review Final Report* has recommended a review and expansion of "foundational supports" for all children and young people, review of registration and quality oversight mechanisms, amongst other recommendations. We believe that this is an opportunity to review the service system and reduce the volume of providers who work with schools and early learning providers.

This could be structured as a commissioning approach in which a 'panel' of providers (3-5 providers) is allocated to each school or district. Families can still choose which provider they would like to work with and use their NDIS

funding with. However, by having less providers, this would enable less logistical challenge for schools, less disruption in the classroom, and the opportunity for more co-collaboration regarding consistency in approach, training, and the development of inclusive curriculum. The same providers working in the school environment can be utilised in the home and other environments to ensure consistency for the child and family across multiple settings. And, there should be an ability for a package of early intervention and therapeutic supports to be purchased for families who are not eligible for the NDIS so those children do not fall through the gaps.

We believe this model would fit well within the new service ecosystem envisaged by the *NDIS Review Final Report*, and also respond to barriers to delivering inclusion for schools. As a result, ensuring children and young people can access early intervention and therapeutic supports, will enable better outcomes both for the individual children, their families and their peers.

Case Studies

We have included a few recent examples of these barriers we discuss below.

Case Study 1

I work with a family who have two children, and both children have disabilities. One child (6yo) has ASD Level 3, intellectual disability and severely delayed speech/communication. The other child (8yo) has diagnoses of Noonan Syndrome, right cryptorchidism, bilateral optic nerve colobomas and posterior embryotoxon. This causes intellectual delays and requires regular medical appointments.

Background information on the family includes that they have a CALD background, English is not the parents' first language, the mother does not drive and the father works. Both boys attend different schools, due to one being in a support unit.

I was declined access to see the 8yo child at school, being told that mainstream students can only have one therapist attend per child. I have been working with him at school for the last three years but now can no longer do so. At school, my goals were in line with the curriculum to develop his ability to write, as well as to develop his self-care skills which would be important as a Year 3 student in mainstream (e.g. putting on a jacket, tying up his shoes).

There was no negotiation involved, such as saying that the child can have one person per week so that therapists could take turns going. It can be difficult to have sessions after school due to clashes with other appointments, and the high care required for his brother.

Case Study 2

For one particular child, the school had restrictions on therapy visits. No therapy visits until after Week 5 in Term 1, and no therapy visits after Week 5 in Term 4. The child's home environment was not appropriate for therapy due to the needs of another two children in the home. The father works and the mother does not drive and was unable to bring the child to clinic. As a result, the child had almost no therapy since December and will not have therapy until least March.

For this child, the school has told us that they will make a decision in Week 5 for "what therapy will look like" and then let families know. Families will then need to then tell therapists. Until then, we can't even send any ID paperwork etc. Therefore, there will then be a several week process to get authorised to attend and may be late March or early April before we next see the child. Last year, we had to send 11 documents in order to gain approval to access this school– this included 'certified ID' (instead of just sighting ID on premises).

Case Study 3

We have one local school, one that we have many clients attending. This school is only allowing therapy access for one week in Term one (week 7) and only for two therapists (therefore, only two children). All supports at this school are only allowed as "observation only" where therapists are only allowed to sit at the back of classroom and not talk to or participate with the child. We are also only allowed to send staff in for 1 hour per day, between 2-3pm. So, this is obviously a very limited timeframe and may not align to the child's support needs (e.g., time of day they require the most inclusion support). I have attempted to set up a meeting with the Principal to discuss our approach and they have declined this.

Children are going several months without therapy as a result, there is no two-way capacity building for educators and therapists, and the child's needs are not being prioritised.

Case Study 4

I work with a family who have five children. One child (4yo) has ASD Level 3, delayed speech/communication and requiring support with daily tasks, e.g. toileting. A younger child also has potential dx, in process. The family were looking for a mainstream child care setting to support inclusion in addition to attending Beranga autism specific centre.

They had placed their name on multiple waiting lists.

The mother called to ask if vacancies at a particular centre and was told they had plenty of vacancies. In the discussion the educator enquired if the child needed support with toileting. Mother confirmed that he did and informed that he has Autism. Educator communicated that 'it is tricky' and they would need to talk with supervisor. Mother was placed on hold and then the call was disconnected.

Mother waited for the educator to call and when they did not, she contacted the centre. She confirmed that she was speaking with the supervisor and was then told that they don't specialise in that area and can't accommodate children with additional needs. They then said "ok thank you, bye".

No opportunity to provide information about his personal strengths and support needs, or how the team around him can support the centre.

Family are a CALD background and Mother reported that she has come to accept his diagnosis now, but is concerned that others in the community won't. Mother feels like she now needs to be with him at all times to protect him from others.

Case Study 5

We have one child in our community preschool diagnosed with significant (greater than 12 months) delays in language, play and social skill and shows signs of Autism Spectrum Disorder (ASD). Unfortunately, due to the family's Visa status, the child is ineligible for NDIS. This creates considerable difficulties when Disability Inclusion Program (DIP) funding alone is insufficient to provide adequate support for children with High-Level Support Needs (HLSN),

For families facing low socio-economic conditions, obtaining NDIS eligibility is essential to access early intervention services. These services play a vital role in focusing on life skill development and overall well-being. The absence of NDIS access for this child resulted in the inability to receive necessary therapy sessions, lacking opportunities for the child to achieve developmental milestones, enhance abilities, and foster independence.

As an example, the DIP funding that we received for this child does not encompass vital resources like AAC (Augmentative and Alternative Communication) devices, which are pivotal for supporting the child's language development.

As a result, this child had to withdraw from the preschool to fly overseas to access more affordable Allied Health services. The child's family is anticipating a return to our preschool in four months, holding onto the hope that a position at the preschool will be available for the child before the commencement of school in 2025. Should we not have this place, the child may go without early childhood education and entering Kindergarten without this important support around transition to school and school readiness.

Conclusion

This Network appreciates the review into educational inclusion for children in NSW. We believe this is an area where there is much opportunity to improve outcomes for children and young people, and create a more inclusive society for our future.

Below we have summarised our recommendations:

1. That the NSW government take onboard the recommendations from the *NDIS Review Final Report* and review the service system as it relates to "foundational supports" and inclusive practices.

2. That for primary and secondary schools, a commissioning approach be introduced in which a 'panel' of local providers (3-5 providers) is allocated to each school or district. This would reduce the volume of individual allied health providers wanting access to schools and education settings, be less disruptive to the school and create clear plans and goals for each child and classroom room teacher. These providers would be registered under NDIS Quality and Safeguards Commission (in future this will mean they are audited to ensure they deliver Best Practices In Early Childhood Intervention). They can liaise with the child's individual practitioners to support all of classroom and all of school holistic approaches with permission from families. This would support school's Learning Support Team to integrate strategies that meet the need of the school, teacher and students' individual needs. Local providers will mean that they are already connected, have community trust, and local relationships with other key professionals.

3. That registration for community providers to work in primary and secondary schools be centralised to reduce administrative burden for both schools and providers.

4. That funding in community preschools to be reviewed to enable more funding for collaboration and funding for children to access early intervention where they are not eligible under the NDIS.

The Network would welcome the opportunity to meet with the Committee Members. We would also be happy to assist with recommending families who may be well positioned to discuss their experiences directly.

Thank you for your consideration of our submission.

Contact Details

Morgan A. Fitzpatrick
Co-Chair – *Early Childhood Intervention Best Practice Network*
CEO – Koorana Child & Family Services Ltd

Network Members