

Submission
No 46

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

Organisation: EarlyEd
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NSW Legislative Council

Portfolio Committee 3 - Education

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

SUBMISSION

28 February 2024

This submission will address some of the TERMS OF REFERENCE for the Inquiry into children and young people with disability in New South Wales educational settings based on this organisations experience as an early childhood intervention service supporting children with a disability or developmental delay to

- access and participate in early childhood education,
- transition to school
- participate in the early years of primary school

as well as parents and carers of these children and teachers at early childhood services and at schools.

This early childhood intervention service has been delivering supports for over 40 years, now under the National Disability Insurance Scheme (NDIS) and has also been funded, over these years by the Department of Education NSW to support variously funded early education support services for children with disability.

This submission will select questions that particularly represent our sphere of experience and highlight the types of challenges faced by children, families, and the practitioners that support in them in early education and school settings since the advent of the NDIS.

Inclusion is not just a right. Inclusive practices used in the classroom are not just of value to the child with a disability or delay and their families. They create 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 rights 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 or not eligible for those services.

Holding this inquiry is commended. These responses should be taken along with the extensive and valuable feedback on inclusion from the Independent NDS Review.

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b) the barriers to safe, quality and inclusive education for children with disability in schools, early childhood education services and other educational settings

Barriers to safe, quality and inclusive education:

One of the main barriers to safe, quality and inclusive education in NSW is the limited way Allied Health supports are offered to children at school whether funded through private health cover or NDIS.

As NDIS support sits outside the education system which is viewed as a “mainstream” service, collaboration has become increasingly challenging since its roll out 10 years ago.

The funding models mean that currently these services are offered by multiple providers, through

- multiple visits to school classrooms or
- in external clinical settings outside the educational settings (usually resulting in a child leaving school early or coming late to school or adding an appointment time before or after a day of school).

This means

- multiple disruptions to classrooms,
- rare collaboration to create school or classroom focussed goals,
- time taken out of the curriculum by the student
- large numbers of goals for students in the classroom especially if seen by multiple practitioners
- increased support expectations on the classroom teacher and
- increased administrative load on the educational setting (processing visiting practitioners).

Some schools have reported they are involved with 180 providers. Some practitioners take or are asked to take children out of class, which is not safe, inclusive, or using best, evidence-based practice approaches.

Lack of Collaboration / Siloed services:

Children have the right to equity of access to consistent quality supports across all areas of their lives. How can children learn effectively when family and allied health providers develop goals and implement strategies to be used outside of education while different goals are developed by school and implemented?

Examples of situations that arise. A child can successfully use visual strategies at home such as an assistive communication device, but at school or in their early childhood centre these supports are not used all the time or are kept in their bag. This is because all people who support the child need to become competent users and be effectively trained.

Sometimes the device might be consistently used in the classroom but is not available across all environments, at all times eg in the playground, by school transport. This means a child can suddenly lose their ability to understand and communicate, relate to others, and engage in the curriculum. Environments are therefore no longer inclusive or child

safe. This can increase anxiety for the child, lead to challenging behaviours and reduce access to quality learning opportunities.

How can a teacher possibly collaborate with each one in their classroom and teach? How can they manage to meet each child's needs and incorporate each practitioner's agenda? How can they manage to adjust to the extra personnel in the classroom. How can they get the support they actually need? What kind of an impact is this having on retention of teachers?

<https://www.education.gov.au/review-inform-better-and-fairer-education-system/review-inform-better-and-fairer-education-system-reports> p.17 "The Panel found that the workload and expectations on our teachers and school leaders has grown over time, affected by the changing economic, cultural and demographic conditions that are transforming every profession. Such demands, including change and reform, are taking a toll on the teaching workforce, undermining efforts to attract new entrants and retain those with experience, including principals."

Schools serving disadvantaged as well as regional and rural communities find recruitment and retention of staff even more difficult – and the Panel heard that teacher workload in such schools tends to be growing, including due to the complexity of student need and greater challenges accessing the wider range of supports locally."

Each school can make their own decision about how supports can be delivered. This provides immense pressure on practitioners who want to use best practices and collaboration to find a way to support a child effectively.

Recommendations:

1. Develop and fund a way that education and NDIS practitioners can work together holistically to meet the needs of each home and education service environment. This would be achieved if it was required to be part of each child's NDIS plans.
2. Fund more relief from face-to-face time for teachers.
3. Expand the Specialist Allied Health Care and Behaviour Support Providers Scheme (these are registered NDIS providers) so that schools have their own set of providers that can translate a child's individual plans and goals into the school setting and work in partnership with families to implement goals. Having more than one provider would ensure a range of practitioner skills are available to the school and support collaboration between the providers while retain choice and control for families. By using local community-based providers, schools benefit from their established connection to the local community services and how they can support families with access.
4. That all early intervention and therapeutic supports (allied health) be delivered in schools and early education settings in line with the Best Practice Guidelines for Early Childhood Intervention <https://www.eciavic.org.au/resources/eci-best-practice-guidelines> and use a Team Around the Child approach.

Barriers to smooth transitions to school:

Transition to School Support is not happening in a consistent way, for children with a disability or developmental delay. There is no equity of access or a full range of supports

available. Many of these types of services ceased with the roll out of the NDIS and the loss of funding to the not-for-profit early childhood intervention services that offered them.

A paper “The Improving Outcomes for All Australian Government Summary Report of the Review to Inform a Better and Fairer Education System.”

<https://www.education.gov.au/review-inform-better-and-fairer-education-system/review-inform-better-and-fairer-education-system-reports> indicates the impact of providing equity in supporting the inclusion of all children. “The Panel’s Report recognised how vital it is for governments, school systems and approved authorities to put in place mechanisms that will ensure all students receive high-quality evidence-based instruction in the classroom. It suggested this be structured around a multi-tiered system of supports, where high-quality instruction benefits all students, with targeted supports in place for students to catch-up and keep-up.” “The Panel heard strong support from stakeholders about the positive impact of tiered and targeted support in lifting outcomes for students with disability or other complex needs.”

<https://education.nsw.gov.au/teaching-and-learning/curriculum/early-learning/early-intervention> The Early Intervention page on the NSWDET webpage illustrates this lack of equity for transition support across the State. It shows that children can apply for, but may not be able to access early intervention support classes, early intervention resource support, a limited number of transition support teachers (early intervention), or obtain a place at one of 101 preschools. This nowhere covers all the children who need transition support and there are no other real options.

“7.9 The NDIS will be responsible for early interventions for children with disability (or developmental delay) which are:

- (a) specifically targeted at enhancing a child’s functioning to undertake activities of daily living, but not supports which are specifically for the purpose of accessing a universal service such as school readiness programs that prepare a child for education; and

<https://www.legislation.gov.au/Details/F2013L01063> National Disability Insurance Scheme (Supports for Participants) Rules 2013”

Who then is going to be responsible for supporting transition to school for all children, parents, and schools when a child has a disability?

The Ready! Set! School! <https://reimagine.org.au/practitioner/transition-to-school/>

comprehensive transition to school document talks about the need for ‘Ready families’, Ready Services’ eg early education settings, and ‘Ready Communities’ to make the process as smooth and as positive as possible. To ‘Ready’ families of children with developmental delay or disability to transition to school requires additional thought, time, planning and support.

DET NSW used to provide a small amount of individualised funding for thousands of children under the Intervention Support Program which ceased with the roll out of NDIS. It created opportunities for collaboration and could make a difference by capacity building staff to meet the needs of that individual child, with even a few targeted support visits.

“The *Intervention Support Program* is administered by the NSW Department of Education

and Communities and provides grants for programs designed to improve educational outcomes for children with disability by improving their participation and achievement.

The *Intervention Support Program* has three components under these Program Guidelines: ...

• The ***Young Children with Disabilities Component***: supports learning and educational development opportunities for children with disability who are below school age to prepare them for inclusion into early childhood education programs and school.”

Parent choice for transition support:

Parents can choose under their NDIS plan to use funds to support their child in their early childhood education service and to share the goals and strategies used by the family and NDIS provider. This doesn't mean they do choose this collaborative option as

- A. families don't like to use up their funding on travel and
- B. some practitioners only deliver supports from their clinic rooms.

Best Practices in Early Childhood Intervention highlights the need for

- inclusion support
- team work
- support in natural environments

to make the most of early childhood intervention opportunities. The NDIS Independent Review 2023 has recommended changes in the oversight of service delivery standards to improve child outcomes and inclusion.

Recommendations:

5. Fund early childhood intervention services to provide a range of transition supports.

Parents / families are the first and most important teachers.

Early education is not only provided by formal services. Successful inclusion for children with a disability is impacted by the capacity of their family to engage them in early education experiences. Improvements to outcomes for children will only occur when we can support families in the child's very early years.

Not all children access early childhood education. The reasons children don't access early childhood education include

- their health issues or medical conditions and vulnerabilities,
- parental concerns about the effectiveness of care,
- denial of access by centres,
- lack of funding or suitable spaces at centres,
- availability of places,
- limited of parental finances and

- risks to children e.g. domestic violence.

Start Strong Pathways DET NSW funding has successfully reduced barriers to inclusion in early education by support families to be the first and most important teacher. It has filled in a gap and created strong foundations for a child's later learning.

Recommendations:

6. Expand the NSW DET Start Strong Pathways program.

(d) the impact on children and young people with disability and their families associated with inadequate levels of support

As covered in other sections there is inadequate support children and young people with disability and their families not just in terms of availability but how it is provided. But impact on children is not just from inadequate levels of support. It is also comes from the way a family feels about their educational service's commitment to family engagement and collaboration. Families report feeling vulnerable, frustrated by their loss of control and need to constantly advocate.

Vulnerable:

Families are in a vulnerable position because when a child is in an educational setting, they give up their carer role and responsibilities and choice and control.

Parents need support to "transition to school" as well as their child as they need to learn to manage relationships with school personnel. This is challenging as families are dealing with people who have authority over their child.

They need to constantly advocate for their children:

One mother at the end of her daughter's kindergarten year said "I thought once she started school I wouldn't have to be so involved. I thought at the beginning of kindergarten once she was settled that I wouldn't have to advocate like this again. At the end of the year, I had to start all over again and realised that I would have to do it every year."

Why do parents of a child with a disability have to do so much more than other parents whose child doesn't?

Loss of control and choice:

During the birth- to school commencement years parents could make choices that would best match their child's needs. Some are health and well-being critical. They were also dealing with less people and involved with less children. Once at childcare/ preschool/ school relationships are multiple and so much more complicated and dynamic.

Recommendation:

7. Fund transition to school services.

8. Expand Start Strong Pathways funding

(e) the benefits for all children and young people if students with disability are provided with adequate levels of support

Starting right and starting early – prevent challenges later that can impact all students at school.

If all children with a disability or delay could access early education early and have quality supports, they would have improved learning outcomes from the start. Transition would not be so challenging into school. This is an economically and social sound approach. We need to offer comprehensive transition support prior to school starting. (see section b) This will impact the wellbeing and learning of every student and teacher in the school.

No child learns the same way or brings the same experiences to the learning situation. If students with disability are provided with adequate levels of support in a school, they would be better equipped to support all children. Resources would be there, including specialist allied health, behaviour support and education personnel to support the needs of all children as part of the school as a whole.

Recommendations:
(as above)

Fund transition to school services.

Expand Start Strong Pathways funding

(g) the experiences of teachers, early childhood educators, learning support staff and others with a role in educating children with disability and measures to adequately resource and empower those educators

Support staff with a role in educating children with disability with measures that adequately resource and empower them.

Capacity building educators is essential to improving outcomes for children but currently educators are finding it challenging to find time to engage with this and funding offered is often short term.

What is working?

In schools, Specialist Allied Health Care and Behaviour Support Providers Scheme, COVID funding and wellbeing funding has created valuable opportunities to support children with a disability, including identifying these children and connecting them with services. It can be used to deliver innovative approaches which involve all-of-school supports as well as targeted classroom support rather than withdrawal of children for therapy. Capacity building, teamwork, collaboration and family-centred engagement, all the key features of the Best Practices In Early Childhood Intervention, ensure sustainability and clear outcomes for the school community and individual children.

Recommendation:

9. Provide funding opportunities to use the Specialist Allied Health Care and Behaviour Support Providers Scheme
10. Promote the scheme to schools as it isn't widely known about.
11. Expand funding to target support for teachers in schools using a coaching and school focused approach.

What could work better?

Innovative Solutions <https://idfm.org.au/funding-streams/innovative-solutions>

Innovative Solutions funding for early childhood settings is challenging to apply for and therefore not used widely. It requires a director to create a plan and apply which can take months to approve. Staff often apply when things are really going wrong so delays in application feedback add stress to the service.

The Innovative Solutions applications has strict specifications which don't always meet the needs of services. As it is short term it is challenging to address the problem and find ways to sustain the practices. It only works if the service is able to maintain what they have learnt through the project without the Provider educators being there every week. To really capacity build a service IS needs to build in a follow up stage and make it less challenging to apply for. Our staff spend hours supporting services to apply, deal with requests from the agency to make changes to the applicant only to find it doesn't come through or if it does it takes months to find out. So often the person who has applied has left the role.

Many services are looking for ways to paying for our educators and speech therapists to come for 2 hours every week to support their educators. They need more help. Services are overwhelmed with the amount children with diagnosed disabilities in their services and are not able to find support through current funding models.

Recommendation:

12. Change the rules around Innovative Solutions and support staff to apply for it.

(l) the effectiveness and availability of early intervention programs

See in section b