

**INQUIRY INTO FOUNDATIONAL AND DISABILITY
SUPPORTS AVAILABLE FOR CHILDREN AND YOUNG
PEOPLE IN NEW SOUTH WALES**

Organisation: Shaping Outcomes

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SHAPINGOUTCOMES

Here to support children thrive, connect & belong



***Inquiry into foundational and
disability supports available for
children and young people in
New South Wales***

email admin@shapingoutcomes.com.au
web www.shapingoutcomes.com.au
phone 1800 317 468

mail PO Box 105
Tweed Heads NSW 2485

locations • Ballina • Byron Bay
• Gold Coast • Grafton • Lismore
• Tweed

Introduction

Shaping Outcomes would like to Thank you for the opportunity to respond to this inquiry and for the effort that has gone into understanding the needs of children, families, providers and systems for children facing developmental concerns, delays and disability in NSW.

Shaping Outcomes has been offering Key Worker (Best Practice) supports to Northern NSW for over 4 decades and currently services Tweed Heads, Byron Bay, Lismore, Grafton and all local areas in between. We provide ECI to over 400 families (11.5% indigenous), support over 1500 allied health and community engagement organisations along with offering inclusion support and training to over 80 community and long day care early childhood education centres across the federal seat of Richmond.

With over 40 years of experience in early childhood development we have seen a number of changes in this space and believe that we are at a critical juncture in this landscape at this moment in time.

The introduction of the NDIS, while having positive outcomes has also had some unintended negative impacts on Best Practice Early Childhood intervention over the past 10 years. Most notably the push back to a medical/clinical based model of support, away from the social model of best practice that supports the development of social inclusion, emotional resilience and skill development to ensure maximum inclusion and support for children and families to achieve lifelong learning patterns and skills that result in stronger outcomes.

Response to the Inquiry

In New South Wales, there are some initiatives and programs already in place to support child development and early intervention: (this is not an exhaustive list only those that we have engaged with as an organisation)

Mainstream	Child and Family Health Checks Supported Playgroups	C&FH Nurse description SP description
Targeted Screening/Access	NSW Brighter Beginnings Program NDIS Early Childhood Partners in the Community	Brighter Beginnings description Early Childhood Partners in the Community description*
Specialised Intervention	Community Health NDIS Providers of ECI	
Sector Capacity Building	NSW Dept of Education	ECEC staff training to support inclusion and diversity in the ECEC setting.

Community not-for-profit (NFP) early childhood intervention organisations play a vital role in supporting early childhood intervention in New South Wales. These groups often provide essential services and resources that complement government initiatives and fill gaps in support through contributing:

1. **Supported Playgroups:** Community NFPs often run supported playgroups, which offer a structured environment where children with developmental concerns can engage in play-based learning. These playgroups also provide parents with opportunities to connect with other families and access professional advice.
2. **Beyond Therapy Supports:** Provision of Best Practice Early Childhood intervention through the Key Worker model, allied health supports and community engagement and education support where children live, learn and play.
3. **Advocacy and Inclusion Supports:** Shaping Outcomes Key Workers often find themselves in a “meditation” style role between mainstream supports and families (often free supports due to lack of funding options) to help families navigate the “too hard” spaces. Through our 40 years of established and long-standing relationships in our community we have been able to support and navigate outcomes that support all entities and stakeholders such as medical professionals. We continue to work together and have relationships with First Nation’s and other culturally specific organisations to provide culturally safe environments and supports.
4. **Non-funded supports:** Shaping Outcomes like most NFPs currently offer free services to families that are unable to meet NDIS criteria or find themselves slipping through gaps in the mainstream service systems due to extended waitlists, understaffing or in some cases no skilled staff being available (especially in regional and rural locations). These supports are often funded through localised fundraising efforts creating significant challenges to sustainability and continuity of supports.
5. **Education and Community of Practice:** Shaping Outcomes often participate in or lead communities of practice focused on early childhood health and development. These networks facilitate collaboration, share best practices, and advocate for policies that support early intervention across sectors including Health, Education and Disability.
6. **Parent Capacity Building:** Shaping Outcomes and NFP’s have a long history of developing and delivering capacity-building programs and resources to empower parents as this is in the long-term interests of the family. It is also a best practice and sustainable approach for government.

These community-driven service efforts play a crucial role in promoting a child's development, ensuring they receive the necessary support in the child's live, learn and play environments. Global evidence shows that early intervention, when implemented correctly, can significantly reduce the need for longer-term support and helps children lead more independent lives.

Part C

Role of Diagnostic Services in Early Childhood Intervention

Diagnostic services are essential in early childhood intervention as they help identify developmental delays and disabilities at an early stage in a child's life. This early detection allows for timely and appropriate interventions, which can significantly improve a child's developmental outcomes.

Existing Gaps and Barriers

1. **Access and Availability:** There are currently disparities in access to early childhood intervention services, particularly in rural and remote areas. Families in all regions are facing challenges in accessing timely and appropriate support. In rural and remote areas this is worse due to a lack of local services and long travel distances. [*1](#)

While there is currently insufficient data collected about average wait times for children to be provided service through community health services in NSW, it is the experience of Shaping Outcomes that wait times are between 6-24 months, which has significant impacts on early childhood development.

2. **Workforce Shortages:** There is a shortage of qualified early childhood intervention professionals, such as early childhood teachers, speech therapists, occupational therapists, and psychologists. This shortage can lead to long waiting times for assessments and interventions. [*2](#)

However, it is the strong belief of Shaping Outcomes that the perceived skills shortage in Australia is not due to an actual lack of skills, but rather a shift in the market dynamics created by the NDIS.

This shift has led to a departure from the best practice model towards a more clinical transactional approach, characterised by weekly or fortnightly services.

Such an approach often overlooks the developmental stages and learning capacities of children and families with concerns, delays or disabilities by focusing on a “fix the child” mentality, instead of a developmentally appropriate approach for that child and their needs.

Consequently, this has resulted in workplace shortages, increased therapy fatigue, reduced outcomes.

Most concerningly, it has led to the erosion of best practice in early childhood intervention (ECI) as the current funding model favours a transactional therapy-focused model.

3. **Coordination and Collaboration of Services:** There is a need for better coordination between different service providers, including health, education, and disability services. Families often report difficulties in navigating the system and coordinating care across multiple providers and collaboration has reduced as families favour direct therapy over non face-to-face services. [*3](#)

4. **Cultural Responsiveness:** Services need to be more culturally responsive to meet the needs of diverse communities, including Aboriginal and Torres Strait Islander families and those from culturally and linguistically diverse backgrounds.

Shaping Outcomes and NFP's across NSW are seeing more of these families as other providers are avoiding families due to the current model not accounting for the specialised work to adequately support them.^{[*4](#)}

5. **Funding and Resources:** Insufficient funding and resources can limit the availability and quality of early childhood intervention services. This includes funding for training and professional development for staff, as well as resources for families. ^{[*5](#)}

The billable hour medical model of supports creates significant challenges and often hampers providers and families to minimum hours of support and often at a time that doesn't suit or capture the need that may need to be addressed due to only being able to spend an hour a fortnight with the family, in which time the child doesn't exhibit the behavioural challenges or concerns.

Whilst it is important to have an accountable funding model, children don't always exhibit the behaviours of concern on demand within that hour of therapy time. Families may require support around sleeping routines, feeding, or extracurricular activity or community engagement and may require supports to last longer than 1 hr but have to manage supports based on \$'s and time. This is a unique and nuanced difference of the early childhood approach (as there are several cognitive, skill and functional levels that are yet to be achieved due to the age and stage of the child) vs the full scheme of a grown adult approach.

Families and Children need support when and where the child exhibits the behaviours.

For example, If you are looking at a particular feeding routine the child may need a focused 2-3 hour support from a key worker to understand what is happening before, during and after to create the strategy, action plan and outcomes necessary to support the child and family. Once these action plans and strategies are in place this support may not be required again for a few weeks when a check in is done to make sure things are working and any variances to the action plans may need to take place. The billable hour model creates challenges with this as families don't want to spend that much money at one time and providers must remain financially sustainable and viable to ensure long term outcomes are achieved.

A block funded model that allows providers to manage staff and families effectively and efficiently at the times they need the support takes the burden off staff to be watching the clock and pressure off families to be watching their child's budgets.

A therapy/clinical model for an adult assumes a level of cognitive understanding which that says we are working on this behaviour or skill development at this time, there is a greater sense of awareness and focus to achieve outcomes and deliverables then when dealing with a child at various developmental stages in.

6. **High Cost of Assessments and Equity:** The cost of diagnostic services and extended wait lists to gain appointments can be a barrier for many families with those that can afford it paying privately and others waiting for public services.

Unfortunately, while disability doesn't discriminate through socio-economic classes, we often see a large portion of the economic lower classes and at-risk vulnerable community members unable to access expensive diagnostic supports, creating extended impacts and further disadvantage on those who need support the most.

Global research indicates that children with disabilities are more likely to come from families with lower socio-economic status. Families with children who have disabilities often face

higher levels of financial strain due to additional medical and care expenses, which can impact their overall economic stability.

There is also evidence that shows the importance of the first 2000 days of a child's life for development and imprinting and learning neuro-pathways that establish lifelong learning patterns and development. The more this is delayed the further development is impacted resulting in extended and delayed outcomes.

Additionally, children with disabilities are more likely to experience poverty and lower educational attainment compared to their peers without disabilities. This socio-economic disparity can affect their access to quality healthcare, education, and other essential services, further exacerbating the challenges they face. These statistics underscore the importance of targeted support and interventions to address the unique needs of children with disabilities from lower socio-economic backgrounds. [*6](#)

7. **Awareness and Education:** Lack of awareness among parents, caregivers, early childhood education centres, and medical professionals about the importance of early diagnosis and the availability of best practice models of services can significantly delay seeking help. Early diagnosis is crucial for ensuring that children with developmental delays or disabilities receive the support they need to thrive.

Research shows that early intervention can greatly improve a child's developmental outcomes, including their cognitive, social, and physical abilities. However, many families and professionals are not fully informed about the signs of developmental delays or the benefits of early intervention services.

This lack of awareness can lead to missed opportunities for quality early support, which is vital during the critical early years of a child's development. Programs aimed at raising awareness about developmental disabilities and the importance of best practice models of early intervention have been shown to improve knowledge and attitudes among parents, educators, and healthcare providers.

By increasing awareness and education, we can ensure that more children receive timely and appropriate interventions, ultimately enhancing their long-term health and wellbeing. [*7](#)

8. **Integration and Coordination:** Fragmented services and lack of coordination between different healthcare providers can result in inefficiencies and gaps in care precisely at a time when seamlessness is essential.

Measures to Improve Effectiveness, Availability, and Access

1. **Look at What is Currently Available:** There was a large network of community-based NFP's across NSW, ACT and Victoria that existed and still exist that have been providing early childhood intervention supports for an average of 50+ years. There is significant knowledge and skill still within the sector to help develop systems and supports that can extend the reach and development of children needing ECI.
2. **Investment in Technology:** Upgrading diagnostic equipment and adopting telehealth services can improve access to diagnostic services, especially in underserved areas. [*8](#)
3. **Workforce Development:** Increasing training programs and incentives for Early childhood teachers and healthcare professionals to work in early childhood intervention can help address workforce shortages. [*9](#)

4. **Financial Support:** Providing subsidies or financial assistance for diagnostic services can reduce the financial burden on families. [*10](#) Prioritising the importance of early diagnosis for children to maximise support and outcomes in early childhood intervention
5. **Public Awareness Campaigns:** Educating parents, families, caregivers, early childhood education centres, medical professionals and community engagement supports about the importance of acting on their concerns, directing them to community-based services in the first instance to get best practice support early and quickly, and helping them to identify best-practice services that empower parents by building their capacity.
6. **Integrated Care Models:** Developing integrated care models that coordinate diagnostic services with other healthcare and educational services can improve the overall effectiveness of early childhood intervention. [*11](#)
7. **Referral Processes:** There needs to be a seamless, integrated and easy approach to referrals around early childhood intervention supports. We advocate a “no wrong door” approach which allows families, educators, medical professionals to introduce families to early childhood interventions as early as possible to minimize the “stigma” of delay or disability and enable the child and family to get the right supports, at the right time for the best outcomes.

Using research-based tools to help understand and diagnose delays, concerns and disabilities. Ie ASQ, RBI, Pictability, the F Words.

These measures aim to address the existing gaps and barriers, ensuring that diagnostic services in NSW are effective, accessible, and available to all children who need them.

Addressing these gaps is essential to ensure that all children in New South Wales receive the support they need to thrive.

PART D

Impact of Gaps and Barriers in Early Childhood Intervention

On a Child’s Development, Health, and Wellbeing

1. **Delayed Diagnosis and Intervention:** When diagnostic services are inaccessible, early detection of developmental delays or disabilities is hindered. This can lead to missed opportunities for timely intervention, which is crucial for optimal developmental outcomes.

Early childhood intervention during the first 2000 days of a child's life is crucial for their overall development, health, and wellbeing. This period, which spans from conception to around five years of age, is a critical window for brain development and the establishment of foundational skills. Research indicates that targeted early childhood intervention programs can significantly improve cognitive, social, and emotional outcomes, setting the stage for success in school and later life. For instance, studies have shown that children who receive early intervention score higher on cognitive tests and exhibit better socio-emotional skills compared to those who do not.

Timely and appropriate interventions can help identify and address developmental delays and disabilities, ensuring that children receive the support they need to thrive. Early intervention can also reduce the long-term need for specialised services, easing the burden on families and the healthcare system.

Additionally, prevention efforts during this period are cost-effective, as they reduce the likelihood of poor health outcomes and associated economic impacts in the short and long term

By investing in early childhood intervention, we can promote healthier, more resilient children and create a stronger foundation for their future. [*12](#)

2. **Worsening Health Outcomes:** Without early intervention, children may experience worsening health conditions, which can affect their physical, cognitive, and emotional development. [*13](#)
3. **Educational Challenges:** Children who do not receive early intervention may struggle with learning and social interactions, leading to long-term educational challenges, anti-social behaviours and exclusion. [*14](#)
4. **Increased Stress and Anxiety:** The lack of early support can lead to increased stress and anxiety in children, impacting their overall wellbeing. [*15](#)

On Families and Carers

1. **Emotional and Financial Strain:** Families may experience significant emotional stress and financial burdens due to the lack of accessible diagnostic services and early intervention programs. [*16](#)
2. **Parent/Caregiver Burnout:** The additional responsibilities and lack of support can lead to caregiver burnout, affecting their ability to provide optimal care for their child. This can create increases in both physical and mental health costs and strains in the health system and further family supports. [*17](#)
3. **Reduced Quality of Life:** The overall quality of life for families can be negatively impacted, as they may struggle to balance care responsibilities with other aspects of life, resulting in isolation and community withdrawal, which all have economic impacts on society as a whole. [*18](#)

On Government Services and Systems

1. **Increased Demand on Healthcare Services:** Delayed interventions can lead to more complex health issues, increasing the demand on healthcare services and resources. [*19](#)
2. **Higher Long-term Costs:** Early intervention is cost-effective; delays can result in higher long-term costs for healthcare, education, and social services. [*20](#) [21](#) [22](#) [23](#)
3. **Fragmented Service Delivery:** Lack of coordination between different services can lead to inefficiencies and gaps in care, making it difficult for families to navigate the system. [*24](#)

4. **Policy and Funding Challenges:** Addressing these gaps requires comprehensive policy changes and increased funding to ensure equitable access to early childhood intervention services. [*25](#)

Part E

Opportunities for Engagement and Collaboration

1. **Don't reinvent the wheel** - There are highly skilled and trained service providers across NSW who have been delivering early childhood development and intervention support for multiple decades and are still positioned to deliver general and targeted foundational supports. It would be a huge mistake to overlook those that already service this space and have been doing an exceptional job at a high standard of best practice. These services have been operating under a best practice model of service delivery long before the introduction of the NDIS and have been able to continue delivery in best practice despite the unintentional challenges that have impacted them by the rollout of the NDIS.

These service providers are already delivering high quality, efficient, outcome-focused and cost effective ECI support and have significant infrastructure in place to expand to pre-NDIS levels and beyond.

2. **Integrated Service Delivery Models:** Developing integrated care models that bring together health, education, and social services can ensure a holistic approach to early childhood intervention. This can include co-locating services or creating multi/trans disciplinary teams that work together to support children and families.

3. **Partnerships with Aboriginal Community Controlled Organisations (ACCOs):** Strengthening partnerships with ACCOs can ensure culturally appropriate services for Aboriginal children and families. ACCOs can provide valuable insights and support in designing and delivering early childhood intervention programs that respect and incorporate Aboriginal cultural practices.

4. **Cross-Sector Training and Professional Development:** Offering joint training programs for professionals across different sectors can enhance understanding and collaboration. This can include training on cultural competence, early childhood development, and integrated care approaches.

5. **Community Engagement and Outreach:** Engaging with communities through outreach programs can raise awareness about the importance of early childhood intervention and the available services. This can involve working with local community leaders, schools, and healthcare providers to disseminate information and encourage participation.

6. **Shared Data Systems:** Implementing shared data systems can facilitate better communication and coordination between different services. This can help track a child's progress, identify gaps in services, and ensure that all providers have access to relevant information.

7. **Policy and Funding Support:** Advocating for policies and funding that support integrated and collaborative approaches to early childhood intervention can help address systemic barriers. This can include funding for joint initiatives, incentives for collaboration,

and policies that promote integrated service delivery. Collaborating to remove the barriers that exist between health, education and other government sectors to assist with seamless integration and supports being implemented for the best outcomes for the child and family.

8. **Public and NFP Partnerships:** Encouraging partnerships between government and non-government organisations, including community NFP sector entities, can bring additional resources and expertise to early childhood intervention programs. These partnerships can support innovative approaches and expand the reach of services.

9. **Family-Centred Approaches:** Involving families in the planning and delivery of services can ensure that interventions are tailored to their needs and preferences. This can include creating family advisory councils, conducting regular feedback sessions, and providing support for family-led initiatives.

By leveraging these opportunities, NSW can enhance the effectiveness, availability, and accessibility of early childhood intervention supports, ensuring better outcomes for children and their families.

Part F

other government or best practice child development and early childhood intervention service models and programs operating outside of New South Wales

Unfortunately, with the introduction of the NDIS there has been a significant reduction in alternate ECI programs delivered across Australia outside of the Community Not For Profit and private sectors.

There has been some significant and successful work over the years outside of Australia. A successful model is the “Early Steps” found in Florida, USA.

The “Sure Start” program was implemented in the late 1990’s in the UK and saw successful outcomes, however funding has been substantially reduced.

PART G

Workforce issues

Workforce Demand

The demand for professionals in child development and early childhood intervention is high due to the increasing recognition of the importance of early intervention for children's long-term outcomes. However, several challenges persist:

1. **High Turnover Rates:** Many professionals in this sector experience burnout and job dissatisfaction due to high-stress levels, large caseloads, and inadequate support. [*26](#)

The introduction of the NDIS brought with it a change in the delivery of service due to a billable hour approach, meaning that children and families now have to pay up the cost benefit, not what is the best outcome for the age and stage of my child.

Early Childhood Intervention providers have lost quality, qualified and competent staff since the introduction of the NDIS due “Billable Hour KPI’s”. People working in this space are heart people not business or corporate people and they will spend significant time to support the best outcome for the child and family that may not be achievable in a 1 hr appt weekly or fortnightly.

As mentioned previously best practice may mean that you see a child and family around a developmental or functional skill concern for 3 hours in 1 appt and then may have no need to engage with that family again for 4 weeks until a check in or change of development and action plan is required.

2. **Workforce Shortages:** There is a significant shortage of trained professionals, including paediatricians, speech therapists, and occupational therapists, which can lead to delays in service delivery. [*27](#)

As previously mentioned, it is the strong belief of Shaping Outcomes that the perceived skills shortage in Australia is not due to an actual lack of skills, but rather a shift in the market dynamics created by the NDIS.

This shift has led to a departure from the best practice model towards a more clinical transactional approach, characterised by weekly or fortnightly services.

Such an approach often overlooks the developmental stages and learning capacities of children and families with concerns, delays or disabilities by focusing on a “fix the child” mentality, instead of a developmentally appropriate approach for that child and their needs.

Consequently, this has resulted in workplace shortages, increased therapy fatigue, reduced outcomes.

Most concerning, it has led to the erosion of best practice in early childhood intervention (ECI) as the current funding model favours a transactional therapy-focused model.

3. **Over Emphasis on Therapists:** The NDIS model has favoured a market-based approach and resulted in a significant increase in demand for therapy. On the other hand, the role of specialist early childhood educators has been diminished. This must be addressed in future workforce planning for the early childhood intervention sector. The Early Childhood Teacher plays a critical role in best practice early intervention supports, their knowledge and training in the developmental stages of a child should have stronger recognition and be encouraged to facilitate the Key worker role.
4. **Diversity Gaps:** The workforce often lacks diversity, which may not reflect the demographics of the children served. [*28](#)

Availability, Quality, and Capacity of Existing Workers

1. **Low Wages and Benefits for Early Childhood Educators:** Many early childhood educators and intervention specialists receive low wages and limited benefits, contributing to high turnover and difficulty in attracting new talent. [*29](#)
2. **Limited Professional Development:** Opportunities for ongoing training and professional development are often insufficient, impacting the quality of care and support provided. [*30](#)
3. **Inadequate Support Systems:** Professionals frequently lack the necessary support systems, such as supervision and mentoring, to effectively manage their roles and responsibilities. [*31](#)

Addressing Workforce Issues Through Best Practice Frameworks

1. **Improved Compensation and Benefits:** Ensuring fair wages and benefits for early childhood professionals can help attract and retain qualified staff. Policies that provide financial incentives and career advancement opportunities can also be beneficial. [*32](#)
2. **Comprehensive Training Programs:** Implementing robust training and professional development programs can enhance the skills and knowledge of the workforce. This includes cross-sector training to promote collaboration between health, education, and social services. [*33](#)
3. **Supportive Work Environments:** Creating supportive work environments with adequate supervision, mentoring, and resources can reduce burnout and improve job satisfaction. This can include allowing financial compensation that allows for implementing reflective supervision practices and promoting self-care strategies. [*34](#)
4. **Diversity and Inclusion Initiatives:** Promoting diversity within the workforce through targeted recruitment and retention strategies can ensure that the workforce better reflects the communities they serve. [*35](#)

Acknowledging the cultural needs of first nations people and their kinship structures to ensure the best practice supports can be implemented through culturally safe structures.

5. **Integrated Service Delivery Models:** Developing integrated care models that facilitate collaboration between different sectors can improve service delivery and outcomes for children and families. [*36](#)

This includes shared data systems and coordinated care plans.

6. **Policy and Funding Support:** Advocating for policies that support the early childhood workforce, including increased funding for early intervention programs, can address systemic barriers and improve service quality. By adopting these best practice frameworks, the child development and early childhood intervention sectors can address workforce issues, ensuring that children and families receive high-quality, timely, and effective support.

PART H

Measures to implement recommendations of the NDIS Review Final Report and the Disability Royal Commission Final Report in relation to foundational supports,

To implement the recommendations of the NDIS Review Final Report and the Disability Royal Commission Final Report in relation to foundational supports for early childhood intervention in New South Wales (NSW), several targeted measures can be undertaken:

1. Develop a Unified System of Support

- **Collaborative Framework:** Establish a collaborative framework involving federal, state, and local governments to design, fund, and commission a coherent set of foundational supports for early childhood intervention.
- **Integrated Services:** Create a connected system of support that includes accessible and inclusive mainstream services (health, education and Social services), foundational supports, and child and family support.

2. Increase Accessibility and Inclusion

- **Accessible Services:** Ensure that a network of Early Childhood Intervention services is engaged and established that offer a high-quality best practice level of services across NSW. Meaning that the services delivered are of equal quality regardless of location. So, families moving across the state (ideally across the nation) have a familiar platform for early childhood development services. Making sure that these services are accessible and inclusive for children with developmental concerns and disabilities. This includes improving physical accessibility, providing disability awareness training, and ensuring services are culturally appropriate.
- **Community Inclusion:** Promote community inclusion and participation through programs that support social and economic engagement for children with disabilities and their families. Collaborative approaches across Early Childcare Education Services and Primary Education services, limiting current barriers that exist to gaining the proper supports for educational outcomes.
-

3. Expand and Improve Foundational Supports

- **General Foundational Supports:** Enhance programs and activities such as information and advice, individual and family capacity building, peer support, self-advocacy, and disability employment supports.
- **Targeted Foundational Supports:** Provide targeted supports for children with lower-level support needs who are not eligible for the NDIS, including home and community supports and aids and equipment.

4. Strengthen Workforce Capacity

- **Training and Development:** Invest in training and professional development for the workforce to ensure they are equipped to deliver high-quality early childhood intervention supports. Restore the role of specialist early childhood educators as part of the front line in community-based child and family organisations. This includes

cross-sector training to promote collaboration between health, education, and social services.

- **Parent-Peer Workforce:** Trained and paid parents are an untapped workforce that have complementary skills to those of non-peer professionals. The role of parent-peer workers is valued by many community organisations, and we recognise the role they play within our organisations.

Parent-peer workers within our organisations can be a bridge to a sustainable network into the future.

- **Attract and Retain Talent:** Implement strategies to attract, retain, and train a workforce that is responsive to the needs of children and families, and delivers quality support.

5. Enhance Digital Infrastructure

- **Accessible Information Systems:** Develop digital infrastructure that provides accessible, timely, and reliable information to support families and streamline processes.
- **Shared Data Systems:** Implement shared data systems to facilitate better communication and coordination between different services.

6. Policy and Funding Support

- **Foundational Supports Strategy:** Develop and implement a Foundational Supports Strategy in collaboration with the Department of Social Services and state and Territory governments.
- **Sustainable Funding:** Ensure sustainable funding for foundational supports to reduce financial barriers and improve service delivery.

7. Empower Families and Children

- **Decision-Making Support:** Provide better support for families to make decisions about their children's lives, including access to information and advocacy services.
- **Capacity-Building for Parents:** Increase the availability of capacity-building programs and resources that build parent skills and confidence to support their child and family into the future.
- **Safeguarding and Quality Improvement:** Embed continuous quality improvement and safeguarding measures to ensure that supports are empowering and tailored to individual needs.

By undertaking these measures, NSW can effectively implement the recommendations of the NDIS Review and the Disability Royal Commission, ensuring that early childhood intervention supports are accessible, inclusive, and effective for all children and their families.

Conclusion

In conclusion, the state of New South Wales is uniquely positioned to address the current challenges in delivering Early Childhood Intervention supports. With a wealth of experienced community-based non-profit organizations, NSW has the potential to implement both general and targeted foundational supports effectively. The existing knowledge and skills within these providers are invaluable and, if harnessed correctly, can significantly expand to meet the growing needs.

Collaboration and engagement are key to developing a world-class early childhood intervention program. By leveraging the expertise of these organizations and fostering strong leadership, governance, and policy collaboration, NSW can achieve unprecedented outcomes for children and families with developmental concerns, delays, and disabilities.

Early Childhood Development and Intervention require a nuanced approach, distinct from adult disability services. The unique needs of infants, children, and their families must be understood and addressed through a child-centric lens. As a parent of a child with a disability, I have witnessed firsthand the evolving nature of support needs from early childhood through to adolescence and beyond.

It is crucial that the Inquiry committee recognizes the importance of these foundational supports and the existing workforce's expertise. Without timely implementation and support, we risk losing these critical skills within the next five years. By taking decisive action now, we can ensure that NSW leads the way in Early Childhood development and intervention, setting a global standard for best practices.

Research Reference Links Page

Part C

1. Access and Availability - <https://dcj.nsw.gov.au/service-providers/deliver-services-to-children-and-families/nsw-interagency-guidelines-for-practitioners/prevention-and-early-intervention/in-nsw.html>
2. Workforce Shortages - <https://education.nsw.gov.au/early-childhood-education/operating-an-early-childhood-education-service/current-service-providers/making-services-accessible-for-all-children/children-with-disability/national-guidelines>
3. Coordination of Services - <https://education.nsw.gov.au/schooling/parents-and-carers/inclusive-learning-support/early-childhood-education/early-intervention>
4. Cultural Responsiveness - <https://www.unsw.edu.au/content/dam/pdfs/ada/sprc/research-reports/2021-07-implementation-of-the-ndis-in-the-early-childhood-intervention-sector-in-nsw/2021-07-Implementation-of-the-NDIS-in-the-early-childhood-intervention-sector-in-NSWd.pdf>
5. Funding and Resources - <https://www.dss.gov.au/system/files/documents/2024-11/ecia-national-guidelines-best-practice-early-childhood-intervention-2016.pdf>
6. Financial Constraints – <https://www.apa.org/pi/ses/resources/publications/disability>
<https://www.apa.org/pi/ses/resources/publications/factsheet-disability.pdf>
<https://www.census.gov/library/publications/2021/acs/acsbr-006.html>
<https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-021-00577-5>
7. Awareness and Education – <https://www.mdpi.com/2227-7102/15/2/151>
<https://www.disabilityevidence.org/resources/systematic-review-disability-awareness-interventions-children-and-youth>
<https://www.pghr.org/post/the-alarming-lack-of-inclusion-towards-people-with-disabilities>
<https://www.cdc.gov/ncbddd/actearly/whyActEarly.html>
8. Investment in Technology – <https://dcj.nsw.gov.au/service-providers/deliver-services-to-children-and-families/nsw-interagency-guidelines-for-practitioners/prevention-and-early-intervention/policy-context.html>
9. Workforce Development – <https://dcj.nsw.gov.au/service-providers/deliver-services-to-children-and-families/nsw-interagency-guidelines-for-practitioners/prevention-and-early-intervention/in-nsw.html>
10. Financial Support – <https://dcj.nsw.gov.au/service-providers/deliver-services-to-children-and-families/nsw-interagency-guidelines-for-practitioners/prevention-and-early-intervention/in-nsw.html>
11. Integrated Care Models – <https://dcj.nsw.gov.au/service-providers/deliver-services-to-children-and-families/nsw-interagency-guidelines-for-practitioners/prevention-and-early-intervention/policy-context.html>

PART D

Impact of Gaps and Barriers in Early Childhood Intervention

On a Child's Development, Health, and Wellbeing

12. Delayed diagnosis and Intervention – <https://microeconomicinsights.org/the-first-2000-days-investing-in-childrens-skills-through-early-intervention/>

<https://preventioncentre.org.au/wp-content/uploads/2022/08/First-2000-days-Synthesis-Summary-FINAL.pdf>

13. Worsening Health Outcomes -

<https://www.cdc.gov/mmwr/volumes/66/wr/mm6629a1.htm>

14. Educational Challenges - <https://www.cdc.gov/mmwr/volumes/66/wr/mm6629a1.htm>

15. Increased stress and anxiety -

<https://www.cdc.gov/mmwr/volumes/66/wr/mm6629a1.htm>

On families and Carers

16. Emotional and Financial Strain – <https://link.springer.com/article/10.1007/s13158-024-00401-5>

17. Carer Burnout – <https://link.springer.com/article/10.1007/s13158-024-00401-5>

18. Reduced quality of life – <https://link.springer.com/article/10.1007/s13158-024-00401-5>

On Government Services and Systems

19. Increased demand on Healthcare systems -

<https://www.nationalacademies.org/news/2023/05/new-report-recommends-broad-policy-improvements-to-reduce-opportunity-gaps-for-young-children>

20. Higher Long term costs – <https://www.americanprogress.org/article/states-seek-to-improve-early-childhood-outcomes-through-consolidated-governance-structures/>

21. <https://csch.uconn.edu/wp-content/uploads/sites/2206/2019/11/CSCH-Brief-Caregiver-Stress-November-2019.pdf>

22. <https://childmind.org/article/fighting-caregiver-burnout-special-needs-kids/>

23. <https://ijsrm.humanjournals.com/wp-content/uploads/2021/01/9.Susana-Pizano-Vega-Johanna-G.-Leichty-Malik-D.-Peterson-Samuel-P.-Abraham.pdf>

24. Fragmented service delivery – <https://www.americanprogress.org/article/states-seek-to-improve-early-childhood-outcomes-through-consolidated-governance-structures/>

25. Policy and Funding Challenges – <https://www.nationalacademies.org/news/2023/05/new-report-recommends-broad-policy-improvements-to-reduce-opportunity-gaps-for-young-children>

PART G

workforce issues in the child development and early childhood intervention sectors, including workforce demand and the availability, quality and capacity of existing workers

26. High Turnover rates – <https://nieer.org/research-library/early-intervention-early-childhood-special-education-workforce-needs>

27. Workforce shortages - <https://nieer.org/research-library/early-intervention-early-childhood-special-education-workforce-needs>

28. Diversity Gaps – <https://nieer.org/research-library/early-intervention-early-childhood-special-education-workforce-needs>

Availability, quality and capacity of existing workers

29. Low wages and benefits - <https://www.srkd.org/child-policy-hub/child-policy-briefs/workforce-development/workforce-development>

30. Limited professional development – <https://www.srkd.org/child-policy-hub/child-policy-briefs/workforce-development/workforce-development>

31. Inadequate support systems – <https://www.srkd.org/child-policy-hub/child-policy-briefs/workforce-development/workforce-development>

Addressing Workforce Issues Through Best Practice Frameworks

32. Improved compensation and benefits – <https://www.srkd.org/child-policy-hub/child-policy-briefs/workforce-development/workforce-development>

33. Support for comprehensive training programs - <https://www.earlychildhoodworkforce.org/sites/default/files/2023-11/Landscape-Analysis-Continuous%20Quality-Improvement.pdf>

34. Supportive Work environments - <https://www.earlychildhoodworkforce.org/sites/default/files/2023-11/Landscape-Analysis-Continuous%20Quality-Improvement.pdf>

35. Diversity and Inclusion Initiatives – <https://nieer.org/research-library/early-intervention-early-childhood-special-education-workforce-needs>

36. Integrated Service Delivery models - <https://www.earlychildhoodworkforce.org/sites/default/files/2023-11/Landscape-Analysis-Continuous%20Quality-Improvement.pdf>