

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

**Organisation:** Noah's Ark Inc

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**Response to inquiry into foundational and  
disability supports available for children and  
young people in NSW**

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### About Noah's Ark Inc

Noah's Ark Inc was established in 1971 *by* parents of children with disabilities *for* families of children who had disabilities, following the end of the era of routine institutionalisation. For the past 50 years Noah's Ark has worked with young children, with an increasing role in Early Childhood Intervention and inclusion in early childhood services. Noah's Ark pioneered the Key Worker model in Early Childhood Intervention in Australia, supporting sector development with the publication of a book and online training course which has been running successfully since 2013. Noah's Ark has been active in the National Disability Insurance Scheme (NDIS) from the start of its trials, currently working with over 2,500 children from birth to 14 years and their families, across Victoria and the ACT and across the southern border of NSW in the federal seat of Farrer. In addition to being a registered NDIS provider, Noah's Ark runs programs such as Kindergarten Inclusion Support (KIS), Pre-School Field Officer (PSFO), Strengthening Parent Support Program, and Communities for Children. Noah's Ark employs over 350 staff.

The following submission has been prepared by Dr Stacey Alexander (Senior Manager Services), John Forster (CEO), and Jane Tinkler (Operations Manager) from Noah's Ark.

### Executive Summary

This report, prepared by Noah's Ark Inc., addresses the foundational and disability supports available for children and young people in New South Wales, with a specific focus on the federal seat of Farrer. Noah's Ark Inc. has a long history of supporting children with disabilities and their families, and this report draws on our extensive experience and data to provide insights and recommendations. Key findings of the report include:

1. **Role of Services and Supports:** Children with a disability or developmental delay are first and foremost children. The primary needs of children are safe, secure, and nurturing relationships, along with health, nutrition, and opportunities for positive learning experiences. Parents and caregivers also need support to meet these needs.
2. **Types of Services and Supports:** Mainstream parenting services, while beneficial, often lack the resources and expertise to support children with disabilities effectively. There is a need for services to be better supported to be inclusive.
3. **Diagnostic Services:** Early identification of developmental concerns is crucial. Current reporting practices obscure the age of entry to support services, making it difficult to measure early identification effectively.
4. **Gaps and Barriers:** Families in rural areas face significant challenges in accessing support services due to geographical distances and limited availability of services.
5. **Collaboration and Engagement:** There is a need for improved collaboration between government and non-government services, including Aboriginal Community Controlled Organisations, to create a cohesive support system.
6. **Workforce Issues:** Recruitment and retention of skilled professionals in rural areas are challenging. The current funding model of the NDIS has created administrative burdens and a transactional layer in professional-family relationships, impacting the quality of support.
7. **Recommendations:** The report proposes a multi-faceted role for Key Worker Coaches™ to provide support and coaching to early years services and families. This approach aims to enhance capacity in early identification, inclusion, and support of children with additional needs.

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In conclusion, this report highlights the need for a more integrated approach to supporting children with disabilities in rural areas. By addressing the gaps and barriers identified, we can create a more inclusive and effective support system for all children and their families.

### Introduction

Noah's Ark welcomes the opportunity to comment on the foundational and disability supports available for children and young people in New South Wales. Our comments will be limited to the federal seat of Farrer as this is the area in which we provide service.

The federal seat of Farrer is a rural area spanning 126,563km along the southern border of NSW. According to the 2021 census, Farrer, has a population of just over 173,000 people of which approximately 4.9% identify as Aboriginal or Torres Strait Islander (ATSI). There are an estimated 10,242 children aged from birth to four years, 10,834 aged five to nine years and 11,029 aged from ten to 14 years, giving a total of 32,105 children aged from birth to 14 years. According to the Australian Institute of Health and Welfare (2024) 7.6 % of Australian children aged from birth to 14 have a disability, meaning that approximately 2,440 children in Farrer have a disability. There is lower ethnic diversity, education, and household income in Farrer than the average for NSW.

Pertaining to the seat of Farrer we respond to the areas of your inquiry as follows:

#### **a) The role of services and supports on a child's overall development, health and wellbeing**

According to Moore (2024), the primary needs of children are to be in safe, secure, and nurturing child-caregiver relationships. Additionally, their health, nutrition and sleep needs must be met, along with opportunities for positive learning experiences, at home and in the community, playing and learning with their peers (Moore, 2024). To meet the cores needs of children, parents and caregivers also need to have their basic needs met. Parents and caregivers also have basic needs such as safe and secure housing, access to healthy food, safe neighbourhoods, and financial security (Moore, 2024). The primary needs of parents and caregivers are also relational. They need to feel connected and supported by others in their families and communities, and to have access to support services that are relationally delivered, trusted, and family-centred (Moore, 2024).

There are many mainstream parenting services that can be of benefit to families regardless of a child's specific developmental needs. These include playgroups, maternal & child health (M&CH) care, early childhood education and care (ECEC), parenting groups, and parenting centres. The shortcoming of these supports can

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include that they were not designed for children with disability or developmental delay and therefore not underpinned by ECI best practice principles. Children with disabilities were predominantly either within institutions or segregated services for the first ninety years of the twentieth century. This was the period in which community-based childrens services were developed. These services were not designed with children with developmental delays and disabilities in mind. Additionally, these mainstream services are often limited, fragmented, and inequitably accessible and do not have sufficient funding, expertise, or resources to inclusively provide all families with the level of support they need when they need it.

Connection with other families is an important source of emotional support and information for new families. These connections do not always occur naturally in modern society and many families can benefit from supported opportunities to form meaningful and ongoing connections. Families with infants or young children experiencing developmental risks, concerns, delays or disabilities, can benefit from connecting with other families who are, or have had, similar experience. Having easy access to a known, trusted, and knowledgeable professional, can also facilitate early identification of needs, proactive early support, and warm referrals to other best practice supports when needed. While some families may be able to seek out these family connections or professional advice in their local communities, other families will require a more proactive approach, such as a home visiting service.

Peer Support models may be helpful as part of a range of strategies to share information. Family advocacy organisations are an important source of high-quality information. Families may engage differently with peer supports. at various stages on their journey.

### **b) The types of services and supports available and measures to improve effectiveness, availability and access of such services and supports in the rural seat of Farrer, including medical, community-nursing, allied health services, NDIS services and other service delivery models.**

Currently Noah's Ark provides NDIS support to approximately 100 children and families across this part of NSW. The Noah's Ark professionals who provide these services are based in our Albury, Wangaratta, Echuca/Deniliquin and Swan Hill teams. Our staff travel extensive distances to visit families across this area and also provide telehealth visits. The travel is problematic under NDIS funding as it is unfunded beyond 45 minutes each way in rural and regional areas.

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Other support services for children with disability or developmental delay and their families that we are aware of across the state of New South Wales include:

- Kurrajong Therapy Plus and Centacare in Griffith
- Aspire and Aspect outreach services into Deniliquin
- Therapy Providers such as: The LEAP Centre, and Aspire Support Services, as well as sole providers, or small teams in Albury Wodonga
- Isolated Children and Parents Association (supporting access to education), with a base in Balranald
- Belongside Families – offers parental peer support and online programs

Overall, service provision for children with disability or developmental delay and their families is limited as is connection and communication between services.

### **c) The role of diagnostic services, existing gaps and barriers, and measures to improve effectiveness, availability and access of such services.**

Early identification of developmental concerns is important. Currently NDIA reporting bundles the data for children together from age birth to nine or even birth to 14 years, obscuring age of entry to the scheme. Our own organisational data indicates that in 2023/24 the average age of the 572 new children who started service with us, was five years and two months – nearly double the crucial first thousand days of brain development (Moore et al., 2017). Future reporting across Foundational Supports and the NDIS should monitor the ages of children who are first seeking support as one measure of early identification.

Opportunities need to be increased for all families to access M&CH, inclusive playgroups, programs that support positive parent-child relationships, family support services, inclusive playgroups and ECEC. Also, the professionals in these environments need greater support to build their knowledge in identifying and addressing children's developmental needs to support warm referrals for families to additional supports as early as possible when needed.

### **d) Gaps and barriers to accessing early childhood intervention and their impact on a child's overall development, health and wellbeing, as well as on their family or carers and other government services and systems.**

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It can be challenging for any family with a new child to know where to go to connect with other families, information, or general child and family support services. This complexity is exacerbated for families of children experiencing socio-economic challenges and/or developmental risks, concerns, delays or disabilities and is particularly challenging in rural/remote areas where services are scarce and the geographical distances between families and service providers can be significant.

### **e) Opportunities to increase engagement across sectors and improved collaboration across both government and non-government services including Aboriginal Community Controlled Organisations, early learning services, educational settings and health services**

We currently have an early year's 'system' that operates as a series of siloed services rather than a designed, cohesive system. The introduction of the NDIS removed services for children with developmental delays and disabilities from such State-based networks. The NDIS funding model does not prioritise building connections between services and the competitive market model has not supported collaboration. Consequently, current services for children with disabilities are often poorly informed about the benefits of other early childhood services impacting capacity to support families to access the help they need.

The Key Worker/Lead Practitioner model of early childhood intervention is recommended by the national best practice guidelines (Early Childhood Intervention Australia, 2016), the NDIA (National Disability Insurance Agency, 2019) and the NDIA Review (Bonyhady & Paul, 30 June, 2023). The Key Worker model involves having one lead early years allied health or education professional, from a team with a variety of disciplines, work closely with a family on family driven goals, in the family's regular environment and routines (Alexander & Forster, 2012). This is an ecological approach wherein the key worker is focused on building the knowledge, skills and confidence of all of the important people in children's lives – their families, carers, educators, and people facilitating community activities (Alexander & Forster, 2012).

The use of a transdisciplinary key worker model is an effective way to better meet the needs of families living in rural, regional and remote areas. It may be that local key workers access the support of a wider transdisciplinary team in other locations, to ensure that families are receiving timely access to relevant supports. It is also possible that outreach models of service are considered where no local supports are available, with a focus on co-design and collaboration with communities. Utilising a key worker model would enhance resource allocation, by focusing on a lead therapist or educator



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working on a range of developmental concerns with the support of a larger team, without requiring all team members to be in the same location as the family.

We are aware that the NSW ECI Best Practice Network is proposing the use of a Key Worker model through a pilot program in their submission to this Inquiry and we support this proposal.

### **f) Other government or best practice child development and early childhood intervention service models and programs operating outside of New South Wales.**

Noah's Ark is currently running a pilot of Embedded Learning Support in early childhood education and care services in NSW and Victoria. Embedded Learning Support is the New Zealand (and Australian) contextualization of the U.S. developed program called Embedded Instruction for Early Learning. Embedded learning support is an approach for teachers and families to support children to have inclusive early learning experiences with equitable opportunities to learn and flourish.

Embedded learning support is an inclusive and evidence-based approach. With the support of a coach, teachers learn about embedded learning support practices and learn to embed intentional and planned supports in everyday play-based and routines-based experiences. Embedded learning support offers a comprehensive and responsive approach that works across the levels of support in a multi-tiered system of support.

Embedded learning support considers:

- Who is the child?
- What learning to support?
- When to support learning?
- How to support learning? and
- How to make decisions about learning supports?

Embedded learning support is implemented in a practice-based coaching framework.

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

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Recruitment in rural areas has always been challenging, and now poor staff retention is also a major issue. The low recruitment and retention rates in the sector have resulted from several factors. Firstly, the funding model of the NDIS has created a considerable administrative burden on professionals. More importantly it has placed a transactional layer into professional-family relationships which can increase stress for both parties and foster distrust. The block funded model of a transdisciplinary key worker approach had better recruitment and retention and a more skilled and experienced workforce. Furthermore, the funding model of the NDIS has lured many allied health professionals into running lucrative clinic-based practices which makes it very challenging for not-for-profit providers of best practice services to compete for staff.

Undergraduate courses in allied health do not currently prepare graduates adequately for early childhood intervention (ECI). There is little focus on child development in these courses and little to nothing on best practice in ECI. This means that when graduates go to work in ECI they require training, mentoring and coaching not only in their own discipline, but in the key worker role, child development, and using a coaching approach with parents and caregivers. Prior to the NDIS rolling out, block funding and state government subsidies enabled this training to occur. The funding model of the NDIS discourages both a best practice approach and adequate upfront and ongoing professional development of staff. Organisations who choose to invest in the development of their staff and provide comprehensive supports in discipline specific skills and general early childhood practices often do so at a considerable cost.

Both undergraduate training and ongoing professional development of the workforce require urgent attention.

### **h) Measures to implement recommendations of the NDIS Review Final Report and the Disability Royal Commission Final Report in relation to foundational supports.**

To rebuild the advantage of a more integrated approach that can benefit children and families, the following needs to be considered:

- A funding model that fosters strong, collaborative relationships between parents and professionals, free from transactional constraints.
- A commitment to foundational services providing best practice services that are trusted by the services network.
- Dedicated funding to community networking and capacity-building
- Capacity for outreach support to coach key professionals in the lives of children, including early childhood educators.

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- Opportunities for foundational supports to be co-located with mainstream early years services such as education, maternal and child health etc.
- Greater consideration needs to be given to building broader community understanding of the social model of disability and best practice for supporting children with disability or developmental delay.

### i) Foundation Support Proposal for Farrer

Due to the specific challenges faced in the rural area of Farrer, which will be shared in some other rural parts of NSW, a creative approach is needed to support the families and communities spread far and wide. We propose a multi-faceted role of Key Worker Coaches™. The Key Worker Coaches™ would be allied health professionals or early years educators with additional training and experience in child development and in using a coaching/capacity building approach. The Key Worker Coaches™ would work in a transdisciplinary manner with the support of their team to:

- Provide information and advice to families, emotional support, assist families in identifying and addressing needs, advocacy and service coordination. This support could include email, telephone and telehealth support with some capacity for outreach face-to-face support.
- Provide support/ coaching to early years services to enhance capacity in early identification, inclusion and support of children with additional needs. These early years services would include playgroup facilitators, maternal and child health, Early childhood education and care settings (including sessional kindergartens and long day care facilities), schools and early years services provided by Aboriginal Community Controlled Organisations. Support could be provided to networks, organisations and individual professionals through email, telephone and telehealth support, with some capacity for outreach face-to-face support.

The broad scope of the Key Worker Coach™ role means greater (more efficient) utilisation of skilled professionals across vast geographical areas. The skills and experience required in the role would need to be reflected in the remuneration offered but the variety and satisfaction likely to arise from a role enabling both family support and the inclusive capacity building of communities could make these highly sought after positions with excellent prospects for staff retention. It is important that the Key Worker Coaches™ are part of a broader organisational team, experienced in early

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childhood intervention, the Key Worker role and in using a coaching approach, to enable the support necessary for those undertaking these complex roles in rural communities.

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