REPORT ON PROCEEDINGS BEFORE

SELECT COMMITTEE ON FOUNDATIONAL AND DISABILITY SUPPORTS AVAILABLE FOR CHILDREN AND YOUNG PEOPLE IN NEW SOUTH WALES

At Macquarie Room, Parliament House, Sydney, on Friday 30 May 2025

The Committee met at 9:15.

UNCORRECTED

PRESENT

The Hon. Natasha Maclaren-Jones (Chair)

Ms Abigail Boyd (Deputy Chair)
The Hon. Anthony D'Adam
The Hon. Wes Fang
The Hon. Taylor Martin
The Hon. Cameron Murphy

PRESENT VIA VIDEOCONFERENCE

The Hon. Mark Buttigieg
The Hon. Sarah Mitchell

The CHAIR: Welcome to the first hearing of the Committee's inquiry into foundational and disability supports available for children and young people in New South Wales. I acknowledge the Gadigal people of the Eora nation, the traditional custodians of the lands on which we meet today. I pay my respects to Elders past and present and also acknowledge and pay my respects to any Aboriginal and Torres Strait Islander people joining us today. I'm Natasha Maclaren-Jones, and I'm the Chair of the Committee.

I ask everyone in the room to please turn their mobile phones to silent. Parliamentary privilege applies to witnesses in relation to the evidence they give today. However, it does not apply to what witnesses say outside of their evidence at the hearing. I urge witnesses to be careful about making comments to the media or to others after completing their evidence. In addition, the Legislative Council has adopted rules to provide procedural fairness for inquiry participants. I encourage Committee members and witnesses to be mindful of those procedures.

Mrs MORGAN FITZPATRICK, Vice-Chair, New South Wales Divisional Committee, National Disability Services, and Chief Executive Officer, Koorana, sworn and examined

Ms ALICE LANS, New South Wales Divisional Committee member, National Disability Services, and Chief Executive Officer, Noah's Inclusion Services, affirmed and examined

The CHAIR: First of all, I thank both our witnesses here today for giving up your time and making submissions. Would you like to start by making an opening statement?

MORGAN FITZPATRICK: I'd like to acknowledge the traditional owners of the land on which we're meeting, and pay respects to Elders past and present and anyone here with us today. To the Chair and Committee, we'd like to thank you for the opportunity to appear today. We are joining on behalf of National Disability Services. I'm the vice-chair of the New South Wales State committee. NDS is Australia's peak body for disability services. We've got several thousand members nationally and, in New South Wales, we provide over 300 services, 50 of which are children's services.

NDS as a peak body has obviously prepared a submission, which we're happy to speak to today. Just in terms of my role personally, I'm also the CEO of Koorana Child and Family Services. We provide early childhood intervention and education, including community preschools that are inclusive as well as supportive playgroups, parent training supports and other community supports. We also provide professional training and consultancy for capacity building around inclusion.

I have several other roles that I think it's important to put on record. I also co-chair the Child and Family Supports Alliance NSW, or CaFSA, which you'll be hearing from later today, and also the Early Childhood Intervention Best Practice Network, which you will also be hearing from today. In addition to that, I'm the co-chair of ACaFSA, which is a national body in child and family services, and I'm on the NDS children's expert advisory group. In terms of NDS's opening statement, I'll just reiterate what's in the paper, and I know we'll talk more about that today.

There are four key takeaways we'd like to highlight. One is just around co-design of the foundational support system—making sure that it's integrated, enables collaboration between providers and is equitable across the State, as well as ensuring that it's accessible for diverse needs. We also want to urge the Committee, in terms of its recommendations, to ensure that the future foundational support system is aligned to best practice principles for early childhood intervention. That includes ensuring it's family centred, strengths-based and uses key worker and transdisciplinary practice.

Best practice principles focus on a less-is-more approach, and I would add to that a quality less is more. If we're doing really good quality services, we don't need as much, and that's about targeting that appropriately through best practice principles. The third point is the ecosystem is broad and multifaceted, and that's not going to change. We will always have health, education, community and Commonwealth systems, like the NDIS, but I think we want to strive for a system where the family journey is seamless. They don't need to know the back end; they just need to know that they have support when and where they need it.

To that point, we want to make sure that families aren't falling through the gaps, especially early in their journey, as they're preparing to have a child and soon after. There's been an inquiry just in October and November that held hearings around early childhood development checks, and I think that there are a lot of findings from that that would be relevant for this inquiry to look at. Another point is that they need timely advice. Right now the current systems and services available don't provide that for families.

We also want to ensure that children can access the support they need in the environments where they live, learn and play, so the natural environments and everyday settings where they live, learn and play. Those are their early learning centres, schools and homes. That's really critical for best practice to be achieved. Lastly, we want to make sure that we use existing services. We have a huge infrastructure here in New South Wales. New South Wales is actually incredibly blessed compared with other States in terms of the infrastructure we have within the community, but that's not necessarily being taken up and taken advantage of now. We would urge the Committee to consider using the existing community-based providers that are out there for ECI.

Last but not least, we must invest in the workforce in order to achieve this—attraction of the workforce, both incentives and a strategy to do that. Core staff such as early childhood teachers are very critical to early childhood intervention, but they're not necessarily recognised in that space when we think about it through a health lens. They play a very critical role across all domains of development, and that's their training. Allied health as well needs to be attracted to the paediatric space. Training and qualifications in best practice guidelines is critical to ensure that the quality less is more that I talked about can be achieved. If we're delivering best practice, there needs to be qualification around that to ensure that that is done appropriately. I'll end and just hand to Alice to give any opening statement she has.

ALICE LANS: I'm the CEO of a not-for-profit organisation, Noah's Inclusion Services, which provides a wide range of services across the South Coast from Wollongong to Narooma and is funded through a range of State and Federal funding as well as NDIS. We support children through various forms of playgroups, early childhood education and care services, disability services, family support services, behaviour support services and a whole range of other things. As Morgan said, I'm also on the State committee of NDS and representing NDS and the members and supporting the submission that they've made today. As Morgan said, those key points for us are that we want to look at what infrastructure is currently out there, but some of the goals of foundational supports we believe should be focused on things such as workforce best practice, integrating and working with health and education and getting that really strong ecosystem for children and families.

We know that there are multifaceted systems, and that system change is hard. NDS members are very experienced and good at adapting and being resilient through change. We've had a lot of change in the different parts of the sectors that we work in, but we just believe that this is a really robust and brave opportunity for New South Wales to bring together a lot of very strong service providers and the community and work with those frameworks to build and fund appropriately what is there for children and families, as Morgan said, so that they don't fall through the gaps.

We understand that families just want to, if they have a concern with their child from any young age, to be able to say where do I need to go and what can I do, and not be given a different answer depending on where they live and who they ask. At the moment that's a lot of what happens. There's not a lot of consistency, and we feel families should not have to be worrying about that or feeling like, "I don't know where to go, and I keep getting told different things, and I try, and then I wait and I wait and I wait, and I'm not sure which door is open to me." We think that is really the crux of what we're trying to bring together in these discussions.

The CHAIR: The Committee has resolved that we're going to have what they call free-flowing questioning rather than structured time allocated to members. I might kick off and then hand over to my colleagues. First of all, on behalf of the Committee, I want to thank you and also your organisations for the work that you do to support families and young people in New South Wales. I might start with the opening remarks which both of you raised in relation to the current community structures. Could you highlight how some of those organisations are working well and what we can learn in looking at how services can be delivered?

MORGAN FITZPATRICK: In terms of existing community infrastructure, there is a broad suite out there. That is everything from the soft-touch entry points for children and families, such as supported playgroups, that exist in most communities. An important distinction there is supported playgroups are often staffed. They've got educational staff, allied health staff or professionals that have experience in early childhood. They're in a position to provide early developmental advice to families if they're accessing that. They're designed to be accessible to families and tailored to the local communities. They then integrate with a variety of other services in the area through interagencies.

There are strong interagencies throughout most LGAs in New South Wales. Through that, many of our providers and many of our members are also providing early childhood intervention. As I mentioned before, there is a very strong network of early childhood intervention providers providing that disability-end of support. They will integrate in with your supported playgroups to ensure that there's allied health staff coming out. Community health will integrate in with the supported playgroups. They're often a hub. The aim is to ensure that when concerns arise, those families get directed to where supports might be if they need a more intensive support. That works really well, because there is not funding for early developmental concerns unless there is a diagnosis or developmental delay that would make a family eligible for the NDIS.

If a family is not eligible for the NDIS, there's often a gap. They can then be directed back to their GP, paediatrician or community health, but often sit on long waitlists. That gets worse depending on the region that you live in. Often what will happen now is the early childhood intervention providers in the area will provide some free advice to those families. Many of the members we have within NDS provide free initial advisory services to families to help them on that journey to fill that gap, but that's at a cost to member organisations. They need to fund that through philanthropy. They need to fund that off their own lack of profit, often.

Most of those providers are struggling. If you look at the NDS state of the sector report, most providers are running deficits now. That number is growing year on year. Organisations are filling that gap to make sure we meet community need, but it doesn't necessarily mean that the gap is fully filled for those families. They often need more than what can be provided on a free basis. I think that is the crux of the issue. There's lots on the front end and there's lots if you get into the NDIS, but that gap in between—I think what's happening currently within the system that we're observing is that community providers are trying to fill that as best we can. Sustainability is a real concern for providers at the current point in time.

The CHAIR: In relation to grants or contracts of funding that they may have with various departments, is there any flexibility to vary the contracts to actually use unspent funds in any way? Or, if they can't get philanthropic, do they then have to turn families away?

MORGAN FITZPATRICK: To my knowledge, there's no specific ECI funding across the State to fund that gap. If you don't have NDIS, I'm not aware of any other State-based or Commonwealth-based funding that would fund that other than your Medicare rebates. Families can, if there are more than two professionals involved, get the Chronic Disease Management plan from their GP. Some GPs charge to get that, and some GPs don't charge to get that. The gap that covers is something around $86.79 per session. The rates for therapy, currently under the NDIS, are $193.99 an hour. It is a cost barrier for many families. It does create a situation where even if you get that, that's only five sessions. There is a significant gap fee for families to pay that limits the ability for families to access that. Outside of that—unless you are aware, Alice—I'm not aware of any other funding for early childhood intervention other than community health, not through the community sector.

ALICE LANS: That's true. There's not, specifically. I think what a lot of organisations try to do is—we will have funding across a range of other forms of funding. As Morgan said, when you were asking about what is working well, things like supported playgroups—they're local, and they're on the ground with staff who have connections in those communities. We'll be able to connect with child and family nurses to come and do the Blue Book checks at the playgroup, for example. Some of the Department of Education funding programs that we might be able to run—things like parent support groups, My Time and things like that—are funded for that particular type of work. Organisations will sometimes use a range of those fundings to try and support in those gaps. The demand for those is far greater than the funding allows, and so there is still a lot of work outside of that.

To your question earlier about when it works well, I think that one of the things that does work well—and that we probably don't see as much as we did maybe ten years ago—is where you have a direct and very rapid response contact with people within their communities. For example, a hospital might have a child who needs support. The hospital will know that when the baby is born, the parents will need some support. There will be people who'll be able to go and support that family at the hospital and meet them so they can set them up with what they might need and help them through that whole journey. They've got other things to think about. Now that process is a longer process, and it's more multifaceted. What happens in that space is that there can be a lack of connection and time in those networks.

The Hon. WES FANG: Can I take from what you've just said that where you've got a child and a family that leaves the hospital and there is a known issue that they may not have been expecting but that has arisen, some sort of outreach program from the hospital operation would be of benefit to those families? Is it suggested that it has lessened off over time?

ALICE LANS: Yes, I would say it has lessened off over time. There is a process for children to then go through to the NDIS. That process involves the structures that have been put in place by the NDIS. For some families that can work well. I'm in a regional area, and sometimes that can be a challenge with some delays in that process because of the infrastructure, funding and recruitment.

The Hon. WES FANG: What would be the best way to manage a situation like that into the future? If you had control of the system and were operating an outreach program, would it be an outreach nurse that would visit a family after a child has been born—a couple of weeks after or a couple of days after—to see how things are progressing and provide guidance on supports that are available within the community and the surrounding area? Do you think a concierge—somebody that is not part of outreach to the family home—could provide contact from the hospital to reach out and connect families with supports?

ALICE LANS: There probably are a couple of things to that. Some of those things are, theoretically, in place currently because there are child and family nurse programs. Usually, they work really well. There can be situations with—we are probably talking more about that for children who maybe don't have a diagnosed disability early on or when families don't know that that's the case—those early years where that process may happen, but then that can be very inconsistent depending on the people and how much action the family needs to take. Within the last inquiry about early childhood developmental checks, that was something that we were discussing.

There can be inconsistencies for families in how much action they need to take in that. A family who thinks there may be some concerns may find that even harder to take action on. The child and family nurse is very valuable and very important, but sometimes it's the link into more long-term supports. That link is not necessarily always smooth. So yes, I think that the relationship between a hospital or an early childhood child and family nurse and some local services that are ready and funded appropriately to be able to support those children is probably the bit that still needs some work.

MORGAN FITZPATRICK: I might just add to that. I agree completely with Alice. In New South Wales, we're very lucky. We've got community health in each region, and the child and family health nurses, as a general rule, will connect with families within the first four weeks.

The Hon. WES FANG: That was my understanding. When you said that there was some disconnect about the connections, I was wondering if we need to provide more explicit instruction to hospitals to make sure that their outreach teams are providing that connection where appropriate.

MORGAN FITZPATRICK: I think the trick is, in those early days, the needs can be very broad. It can be everything from just feeding, sleeping, supporting and bonding, all the way through to this child—maybe something has happened at birth or there's been a disability diagnosis soon after, or something else has come up. On the first half of that, the community health nurses, that's what they do. That's their bread and butter. They're fantastic. If a family can get past the barriers to access, i.e., get into the centre—because usually there are no home visits for those and there are no cultural or other barriers to accessing that as an institutional service—that can be very beneficial. But often they do drop off. I don't know the data on that, but often families drop off after that first four-to-six-week visit. That's where the findings, when they come out from the other inquiry, may be very helpful because we talked a lot about that in our appearances of that.

However, as Alice said, there's more specialised needs for ongoing care that a nurse wouldn't necessarily be able to provide. If a child maybe has mobility issues, they're going to need paediatric physio and OT input, probably, so it's a more specialist service of support. I think that's where we would say you don't need five allied health disciplines. A key worker to walk alongside the family through that whole journey—and they'll call in specialists as they need. It's that less is more. We don't need to overwhelm them with lots of people, but we do need to make sure they have a trusted relationship that can follow them as soon as we know that this child's developmental journey may be a bit different than other children.

The Hon. WES FANG: Okay, so we can selectively sign those people knowing that they have some difficulties and that they may need that support moving forward.

MORGAN FITZPATRICK: Correct, yes.

The Hon. WES FANG: You said in opening statements that there's sometimes a gap between when there are identified issues that have arisen and the access to treatment. Could you provide some insights, perhaps, to real-life examples where you've known people to be receiving the care that they need almost immediately, and then other families that may not have? Could you provide the Committee with some insight as to what the differences are moving forward for that person who hasn't received the early intervention as other people have?

ALICE LANS: Sure. I'm really happy to give an example of that. I've got an example in a regional area of a child who was probably about four or five at that stage and who had come to one of the playgroups that we have—a child who may have had some speech or language delay. That in itself would not allow them access into the NDIS early intervention, so that child would be eligible for some community health speech pathology. Then they tried to go onto that waitlist. It's a very long waitlist. They may have had one session, but they had a lot of turnover in the community health staff because it was a regional area and that person had left and there was no one filling that role. Then the child was attending one of our playgroups. They had then a couple of private sessions, but they can't really afford to keep doing that, so then a period of about 12 months passes.

By that time, the child's speech delay has become more significant, and they are then having some social challenges. They're withdrawing within the playgroup and not necessarily communicating very well. The parent is quite stressed because they can see that that's happening. They then are getting ready to go to school. When they start school, they will have trouble with literacy, potentially, because of that speech and language delay. That sets them up for their education journey to be more of a struggle. In that time, that child in that playgroup, if they had had some very targeted, quick, effective speech pathology, they would not have gone down that trajectory. What ended up happening is that they then have a delay in more areas. They then go through the early childhood partner and they have an NDIS plan, and then they can start receiving some NDIS therapy. Then they are on the NDIS as a participant in the scheme and then they will have ongoing supports. So that's an example of that.

The Hon. WES FANG: So it's a compounding problem. If it had been nipped in the bud at an early stage, ultimately, it would have provided cost savings to the community, would have resulted in better outcomes for the child and a better quality of life for the family moving forward.

ALICE LANS: Absolutely, yes.

MORGAN FITZPATRICK: I might just add to that. From the family experience—we were talking about this before—it's so awful to be in a position that you can see your child has a developmental need and not know how to solve that, to not know what strategies to do. So much early childhood intervention—effective early childhood intervention—is building the family's capacity and their confidence and their capability to support their child. In that instance, it is working with the family to identify what sounds a child can do, helping to build on that, giving them some resources like keyboard signing, some visual aids. There are so many things that we can do that are very simple. That's that quality less is more. If we can equip them with that, they can be teaching others. And that child's life—the more that child gets exposure to those strategies, the more the outcome. It's exponential from that point in time. Then they start school in a much better position.

I've also worked in out-of-home care. We know a third of children in out-of-home care have additional needs. The pressures on families when development isn't going as planned and they're not well supported can lead to family breakdown. We know that children with disability and developmental concern have a higher rate of domestic and family violence exposure and other forms of abuse. These children often are ending up in other systems because we're not acting early enough, just getting in and supporting the family with their development. So yes, it's just so critical, I think, not only for the child's individual outcomes, but for the whole system outcomes.

The Hon. WES FANG: Is it a cost issue or a workforce issue? Do we do we have enough people on the ground to provide the services to children if they needed them? Or is it a case that sometimes people can't afford them? Or is it a bit of both?

ALICE LANS: It's both.

MORGAN FITZPATRICK: It's a bit of both.

The Hon. WES FANG: A bit of column A, a bit of column B.

MORGAN FITZPATRICK: A bit of both. That goes back to using best practice. We don't need to give every child five allied health disciplines. That's a very medicalised model. Let's just do a weekly speech, weekly OT, weekly physio. We don't need to do that. If you look at the evidence around the key worker model, you can give the child one discipline. They may speak to other disciplines. Often if they're presenting with, say, sensory processing difficulties, you might give them an OT. The OT will then be the key worker but then as they have maybe some issues with feeding, they might bring in just a speech worker for a couple of sessions, get some advice and then apply that. So you solve your workforce issue by working more effectively and efficiently.

The Hon. WES FANG: Understood.

The CHAIR: Just following on from that—then I'll hand over to my colleague—what are some of the barriers for families to access support, or for workers to be able to reach out to families, particularly—and you touched briefly on rural and regional areas but also those from Aboriginal backgrounds, and also from vulnerable families, whether they're metro or rural and regional?

ALICE LANS: One thing I think is a huge part is just the complexity of the system. That is one of the biggest barriers: the complexity of the system and having to understand what process and hoops you have to jump through to get supports. As I said, depending on where you live and who you know to ask, that's the biggest barrier.

The CHAIR: How would you simplify that system?

ALICE LANS: I think it is about having far more clarity. We've currently got the NDIS as one system but, if we're talking about foundational supports, I think it's looking at getting a context and a mapping of what we currently have in New South Wales which, as we said, is a rich service model. There are some rich service models out there. It's looking at those very closely, and deciding which ones need to be funded differently or better or appropriately, and looking at which ones need to have funding collaboration between services because that is something that's quite challenging for organisations at the moment, and also looking at a very holistic model that is as universal as we can possibly get it so that access for people no matter where they are, where they live, who they're asking is the same.

MORGAN FITZPATRICK: Can I just add to that? I think the other barriers, sometimes, are from a cultural perspective. Currently the system is framed so that, in order to get access to the supports you might need, you need to either acknowledge a developmental delay—that's quite profound—or a disability to get access to the NDIS. That early in a family's journey, where they're maybe seeing a delay across one or two domains, that is a big leap for a family to get to, mentally. For many cultures, the concept of disability is understood and thought about very differently, and can be very socially isolating. My organisation works in Lakemba and Roselands. In

Lakemba, 89 per cent of families don't speak English at home. They're from overseas, they may not have family, and they tell me that if they have a disability diagnosis, they're shunned from that little community that they have.

And so, many families are hesitant, but particularly if you've got cultural barriers, to say, "My child has a disability; I need to go into a disability system", when really what we're talking about is the child having a delay—"Let's give them the opportunity to think positively about their future. They're a little bit behind, and we're going to support them to catch up." I think reframing that and not putting it through a disability lens and putting it through "this child needs a bit of extra support with their development" is one thing. The other thing I would say, in terms of solutions, is that we do have a group of members who have been thinking about solutions, and one of the things that they've landed on is that there needs to be a line that families can call to say, "My child's a year and a half and they're not talking. Should I be worried?" and be pointed in the right direction.

In theory, we do have early childhood partners, and some of our members are early childhood partners, but depending on the region that you're in, you can wait 10 or 12 months to even get a phone call back. That's a significant delay for a family to get that initial advice: "Should I be worried or should I not?" The same goes for professionals. If you're an early childhood educator in a centre and you're observing a child who's maybe having some behavioural concerns, maybe a little bit of developmental delay, and you don't know what to do, wouldn't it be nice if you could pick up the phone and say, "This is what I've got" and just get some initial strategies? Often, those very simple initial strategies can be so profound, and also fill the gap in the meantime until families can get into more formal supports. I think we need to think about how to get families and professionals advice a bit quicker.

The Hon. ANTHONY D'ADAM: To clarify, does your organisation represent only non-profit providers, or is it for-profit and non-profit?

MORGAN FITZPATRICK: Both, yes.

The Hon. ANTHONY D'ADAM: Okay. In your submission, you talk about an integrated model, or ecosystem of supports, and I wonder whether you could provide some comment about the limitations of that model in terms of universal service provision, particularly in regional or remote areas where it is hard to actually get partners to able to deliver services, and how we might overcome that and get some consistency in terms of the types of services that are provided across the board in the State?

ALICE LANS: To answer your question about various groups of people and various providers, we need all of those providers in the ecosystem. That is what New South Wales has: a range of people providing services in different ways, and we've always had that. But I think what we need to have is—really, it comes down to the fact that there's the NDIS, and then there's a lot of challenge for families trying to access other services, unless they are funded through the Department of Education, or other funding sources. So I think we do have an opportunity for more collaboration.

When we talk about universal, one of the challenges is that the NDIS-funded work is funded very specifically for that child and their individualised plan, but outside of that, there is not a lot of scope or time or funding for other people providing services to be working together. I think that some of that collaboration ecosystem has been disrupted because of the NDIS funding model, which is appropriate and necessary for some people, but in this space of early childhood supports, it has been a challenge.

The Hon. ANTHONY D'ADAM: And how do we overcome the service deserts, if there are no providers in place in, say, regional or remote New South Wales that are capable of actually delivering the same quality of service that might be available in a metropolitan area? The alternative is a much more State-driven, direct service provision by government, as opposed to relying on secondary, NGO or private.

ALICE LANS: I'm happy to answer, but I'd actually say I think a lot of the time the service provision is there. It's just that the funding is not working very well for them, and for the community, the way it's working.

MORGAN FITZPATRICK: I think it's twofold. I know I sound like a broken record, but I think it's how we work. Again, key worker model—we've got to move away from needing so many disciplines involved, because that lessens your demand on how many people need to be involved to meet the needs of that child and family. I think there's actually an incredible amount of networking that already exists within the State. In areas that maybe don't have adequate early childhood intervention supports, for instance, where that is such a hard cohort of the workforce to recruit anyway across the State, both for health and the private sector, I think that you could be leveraging those networks. Fly in, fly out—again, less is more. You don't have to be there every week to see a child and family, but you do need to be there to meet with them in person and actually eyeball that child. We always say we need to see the child to give advice, and then you can be checking in remotely.

There are lots of technological ways that we can work around that and use the workforce across the State. The other thing with the existing early childhood intervention providers across the State, many of whom are our members, is that many of them have vacancies. It's not that we've got a workforce that is so full, and that's why there's a waitlist. Waitlists often relate to the fact that we can't have access into schools, and so we have this huge chunk of the day where we cannot see children, and then we've got children going to bed at 7.00 p.m. or 8.00 p.m. There's only limited hours, and it's a time of day when children are tired. If you're parents, you'll understand what I mean: That's a hard time of day to offer quality support to families, and it's limited hours.

So, if we can solve some of the other systemic issues that are influencing that, you can better make use of the available workforce you have. You can also, if we think a little bit more efficiently about how we do it—less is more. Provide one key worker, have them in and out if they need to fly in and out, use some telehealth, but also leverage some of the existing networks that exist within the State. New South Wales, I think, really is well positioned in that way, which is a great thing.

ALICE LANS: Another example to add to that—a lot of organisations and services and businesses will have interagencies in their region. There will be child and family interagencies. My organisation is part of four different regions. They meet quite regularly, and that takes quite a lot of time. None of that is funded through anything, so those things are being done by organisations just to try to keep connected and work together. A lot of the networks and the interagencies are based on goodwill and community connection, rather than formalised or funded systems.

MORGAN FITZPATRICK: There is an example in the NDS submission—I think it's on page 15 or 16—around an old funding model called the ECICP. It was $12,000 per region for organisations in that region to collaborate. Some of those regions, I believe, are still operating those, even though the funding doesn't exist. We're happy to support with getting the names of those. But even small bits of money can go a long way to help organisations with the time to invest in those. Some interagencies are funded. My organisation does run one for Canterbury, funded by DCJ. So some of them are funded, but it depends on where you're at in the State and what's funded and what's not, and how much of that's done on community goodwill versus funding.

The Hon. ANTHONY D'ADAM: In your submission, you talk about the barriers to accessing schools, and you just touched on that in your response to that earlier question. Can you explain to me why it is so difficult to get into schools? What is the impediment preventing services from being able to provide services that are necessary in school hours, in situ, in schools? Why is there hesitancy from, perhaps, the Department of Education around that?

MORGAN FITZPATRICK: I think, from a departmental level, there's support for therapeutic support in schools and capacity building for educational teams. At the end of the day, though, it is up to individual principals. What you see across the State is that it varies, very much, school by school. But as a general rule, it is difficult to go into schools in term 1, and at the end of term 4. Many schools are reporting to us that there are 80 to 200 requests a week to come into the school. So, from a school perspective, that is terribly difficult to—there are a few things. It is terribly difficult to administrate. There's some things that could be done to streamline that process, because every school you go into, you've got to provide the same information. We could centralise that. That would be efficient. The administrative burden is difficult.

From a school perspective and from an educational perspective, it's very disruptive to a classroom to have that many different external people coming in and out of the classroom. From a quality perspective, for the school, that's 200 different opinions that they need to process and think about how they're going to apply. It is also very individualised, rather than looking at the overall capacity building of the school. One of the recommendations that a group of our members in the Early Childhood Intervention Best Practice Network have made is that the funding model needs to be moved to a panel of providers per region that go into schools. Say that's three providers, families can choose which one they want to be delivering their service. One of those providers should then be given the opportunity to do the capacity building with the school.

My organisation is actually funded through the Communities for Children program in Bankstown. We're doing this in five schools every year, where we go in and work with the school around their overall development needs for their educational team. We'll provide training for the educational team. Where they're having challenges in classrooms, we go in and do observation and then we do capacity building for the educational team. From that, we identify maybe children need a little bit of extra support. We'll provide that, but also capacity build them to do that. Then, where there's common concerns, we can do that training for parents.

It's been incredibly effective, because the schools are saying to us, "We're not having to deal with so many different providers. We're working with you and we're actually able to focus on our capacity building needs." I can also say as an early childhood education provider—and this is speaking on Koorana's behalf—we really struggled with this for our early learning centres. We provide 25 per cent inclusion for our preschool programs. We reserve that. We always end up with more than 25 per cent, because you don't know at the start of the year who actually—there's lots of children that may emerge over that period. We had to make a call to say we actually can't have external therapists come in unless we don't provide that, because it's too disruptive to the classroom for those children to have lots of people coming in and out.

What we have now done is revise our model. We've got an integrative model, which I'm happy to speak more about or have a visit to look at. But for us, we will have a therapist there, and they're there for the whole day. They're not coming in for an hour. Some children need support at transition, so you need to be able to work at the various transition points to support them. Some children need support towards the end of the day. If the therapist is coming in in the morning, that's not helpful; they're not seeing the support that's needed. We have found the outcomes from that to be really profound in terms of the impact on families and on the educational team. I can really relate to the challenges schools are having, because that's what they're experiencing—on steroids. I mean, they've got, as I said, 80 to 200 therapists a week. That's very hard to manage and incredibly disruptive for them. As much as choice and control is important, we've got a very transactional funding model that is not supporting quality. It's supporting that more is more, not less is more.

The Hon. TAYLOR MARTIN: Thank you both for being here this morning. With the few minutes that we have left, I want to give you both the opportunity to answer an extremely open-ended question. Keeping in mind that the State Government does not have access to an unlimited budget, what would be at the top of your list of priorities if you could have something granted from the State Government at the end of this process?

ALICE LANS: It's a very good question. The submissions you've had for this inquiry have been broad and fantastic, but also have some very similar themes. Having looked through those, using them as the main point, looking at the ecosystem and the infrastructure that we have currently in services across all different types of services in New South Wales, we should be trying to fund appropriately the models that will allow families—rather than being funnelled only into something that is deficit-based, so that they can get the support. How can we build on services that we currently have which are working well and connected in communities? I think that's really important. Ideally, you want a family to walk into a local service who knows their community and their referral pathways and all the options out there. You want families to have access to evidence-based supports quickly—no matter where they live and if they've got the funding or not is probably the big key part.

Whether it's health, education, a private practitioner, an early childhood intervention provider or a preschool, that they are all talking the same language, that we have a good system and that there are no funding wars or barriers about who's providing what or how many people—that there's no funding for collaboration around that child. The child and the family need to just be able to walk in somewhere, with a model where it is strengths- and outcomes-based, where a family can say, "I've got some concerns," and they get answers like, "This is where you go to and these are all the options for this service that will work together," so we can have a family know that if we provide X, Y and Z, then it will all be good, "This will be the outcome," rather than saying, "To access this, you need to do X, Y and Z, and then you access it, and now you've got to go find somewhere to go." That's really confusing for families. For me it would be about looking at all of the providers out there and trying to work out ways that we can fund really appropriate best-practice intervention.

MORGAN FITZPATRICK: For me—this is probably not going to surprise you because I think I've said this a lot—at a very high level we have to think about children's services differently. Children exist within the context of families and schools. Too often we're treating disability supports for families like we do adult services. We've got to think about the fact that it's about not just intervention for the child. It's about the support for the family and the support from the schools and the systems that sit around them, and that means we need to fund it differently. It can't be transactional. It needs to be more at a capacity-building level. I think the one thing is making sure that families can get access to that holistic key worker type early childhood intervention outside of the NDIS. As soon as developmental concerns, delays or differences are identified, families should have access to that. I think we then avoid NDIS, we avoid extra support in schools and we avoid all sorts of things if we can just get that support early, under "less is more" that I've described.

ALICE LANS: Can I just add one more thing to that? The other one is just looking at health diagnostic services in the State, because that does have a significant impact on where families can go and how they're funded, and that is an enormous barrier.

The Hon. TAYLOR MARTIN: And the earlier the better?

ALICE LANS: The earlier the better, and that it's not necessarily linked to the only way of getting supports and funding is really important.

MORGAN FITZPATRICK: If you can actually do away with that being the requirement to get the support and do that earlier, then it's fine that it's later, but it does need to be funded. It's a huge cost barrier for families. But, yes, if you could be getting families that support just with a screening tool. There's many evidence screening tools that we're using, community health is using, everybody's using. We know when there's delays or concerns. We just need to channel those families to the early intervention. Right now they're just not getting that.

The CHAIR: Thank you very much. Unfortunately time has run out. Again, thank you very much for coming today. I don't think anything was taken on notice, but there might be a couple of things we want to follow up afterwards with supplementary questions. Thank you very much again.

(The witnesses withdrew.)

Mx MEGAN SPINDLER-SMITH, Deputy Chief Executive Officer, People with Disability Australia, before the Committee via videoconference, affirmed and examined

The CHAIR: Would you like to make an opening statement before we commence?

MEGAN SPINDLER-SMITH: Yes. It's just a short one. I am the deputy CEO of People with Disability Australia. We represent all people with disability all across Australia but also in New South Wales. As part of that, we want to ensure that foundational supports in New South Wales are not only disability-led and part of a genuine co-design process but also, when we are defining what those look like and how effective they are in the future for children with disability and adults with disability now and moving forward, we want to ensure that all marginalised and disadvantaged cohorts are recognised and supported, especially because New South Wales is such a broad and diverse community. What we do not want to see in any way, shape or form is an accidental postcode lottery.

We want to make sure that all foundational supports continue to meet the social model of disability and also meet human rights obligations under both the Convention on the Rights of Persons with Disabilities as well as the Convention on the Rights of the Child. We do want to make sure that any future understanding or supports for children and young people with disability recognises that this is such a critical time for children with disability to be able to be part of society on an equal and equitable basis. We want to ensure that any societal attitudes, communication barriers and environmental factors are able to be dealt with or supported rather than problematising a person with disability. As part of this, we really want to encourage New South Wales—which has such an important role within Australia, not just in New South Wales—in ensuring that foundational supports provide a strong basis for the choice, control, will and preference of all children, young people and adults with disability.

The CHAIR: Thank you very much. First of all, the Committee has decided that we'll have what we call free-flowing questions, so it's not structured with allocated times. I want to begin by thanking you for the work that you do, not only here in New South Wales but across Australia as well, and ask, on behalf of the Committee, that you pass that on to your members as well. I might begin with the member survey and forums that you've held. You talked briefly in your opening remarks about what you called "location lottery". I want to hear a little bit more about some of those findings from the survey and the forums. What does that mean, and what are the experiences that your members have been having in relation to accessing services?

MEGAN SPINDLER-SMITH: What we have heard from our members is that if you are in a regional and remote area or if you are not in a central part of New South Wales—or across Australia, but we'll speak to New South Wales today—what we find is, in accessing any sort of foundational supports or disability supports for children, young people and adults, they are almost impossible to find. If they're not possible to find, the issues they then find are that they are not culturally safe, they are not disability affirming and what they do is not primarily a social model of disability. They are primarily a medical model of disability. The problem that lies with that is that without access to disability-affirming-style processes for being able to develop communication and capacity building, what we are seeing is those from diverse social and cultural backgrounds, First Nations communities and regional and remote areas are not being able to access what they need in a timely manner. It is setting them behind their peers, including their peers with disability.

What that then means is that they are less likely to be able to access the supports they need to be able to have longer choices and control around what their lives are. Also, what we have seen—and what is probably the most interesting part of this postcode lottery—is that when you cannot access these, then you can't get off what we call the "polished pathway". The polished pathway is that you go from segregated education to segregated employment, if you are even able to access that. You are also going through all segregated choices. You are not able to play a critical role in society because you haven't been able to access these in a timely manner that actually meets the needs of your family's requirements.

The CHAIR: Are they also saying that they're having issues accessing information, or is it that they know where to go but they can't actually access the services?

MEGAN SPINDLER-SMITH: It is both. It does depend on where you are. However, accessing information is also very difficult. Trying to get access to, first of all, the information about what disability is occurring, what is in need and what support mechanisms are available is almost non-existent. But also getting access to diagnosis or getting access to any forms of therapy or occupational supports, it is almost impossible to even find the information for where you would go to do that in regional and remote areas, especially in First Nations communities.

The CHAIR: In the surveys and forums, have your members come forward about the type of design or the process for designing foundational supports and what they would like?

MEGAN SPINDLER-SMITH: Absolutely. So what they have said is, first of all, it needs to be done "with us and with our community". That includes the children that we are talking about. One of the things that gets left behind a lot of the time—and this is discussed as part of the Convention on the Rights of the Child—is that children and young people are not actually included in the design of what is needed. That key co-design and direct collaboration is what is being requested so that these supports are disability- and person-centred. They then allow for that space of intersectional lived experiences for our very diverse New South Wales.

The CHAIR: You said it's what's being requested. What level of engagement have you had as an organisation to date from a Federal and a State perspective?

MEGAN SPINDLER-SMITH: Sorry, I probably need some clarity on what you mean by that. For co-design?

The CHAIR: Yes.

MEGAN SPINDLER-SMITH: At this stage for co-design, there has not been a high level of engagement around foundational supports from a Federal or a State perspective. As you may be aware, there was an announcement recently—I believe this week. I apologise. I have been sick, so I am still catching up a little bit on the week. There was an announcement that foundational supports will actually be delayed and will not be going ahead on 1 July. At this stage, the co-design level has been limited. However, from the children and young people aspect, there has been more involvement at a Federal level. We have not seen as much at a State level at this stage, but we do understand that there is a lot of back and forth required because of the agreement. Foundational support does have a strong Federal-level focus and drive at this point.

Ms ABIGAIL BOYD: Good morning. I wanted to pick up on this issue that you raised in relation to people falling through the gaps or being kicked off NDIS before they then end up getting the support that they need. My office also has a lot of people coming to us with that concern. Could you give us a few examples of the people who have contacted you and what that looks like and what the impact on them has been?

MEGAN SPINDLER-SMITH: Absolutely. Obviously, I do not have permission to share specific names, but I can give you some cohort demographics versus specific names or details. However, probably the biggest issue is for autistic children. We are seeing a high level of autistic children either no longer being part of the NDIS or not being placed on the NDIS at this stage. What that then means is that, for these children, they're not getting access to what we know for a fact are pivotal services and supports that will ensure that they can access education, employment and have long-term positive psychosocial health outcomes. Because one of the things that we do know is that autistic children, when they are not provided access to autistic-affirming and disability-affirming supports at a young age, at this early intervention stage—which is what is being discussed—what we do see is an increase in psychosocial disability in the future. We need to ensure that we are able to provide them those supports. We're seeing this.

We're also seeing children who have early intervention requirements but do not have a classic diagnosis because they are showing that they have disability needs or impairment needs but they do not necessarily fit within a requirement of a diagnosis because of their age. Many disabilities cannot be diagnosed at a very young age. Because of that, they're not necessarily able to access or meet the impairment or disability requirements. Therefore, they are now losing access to any base supports under the expectation that there would be general foundational supports available for them to move into, which obviously do not currently exist.

Ms ABIGAIL BOYD: One of the things that you draw out in your submission is in relation to, before all of these changes were announced, the disparity between different regional locations when it comes to the ability to access diagnosis and early interventions. Are we anticipating that that will get worse rather than better under these changes? What are your members telling you in relation to that disparity?

MEGAN SPINDLER-SMITH: It really depends on how foundational supports are implemented. If they're implemented in a way that means that access is not specific to services being available in peak areas only, then we will not see an increase in disparity. Hopefully, if foundational supports are implemented in a way that primaries regional and remote access needs then we will not see that. However, at this stage there are not the services or the infrastructure available in regional and remote areas.

What we are hearing from our members is that they have fears that if there is not a strong foundation to foundational supports—and I don't mean that in a joking way—but if there is not a good structure or infrastructure that is regional and remote start or focused, then what you will see is a lack of access or a need to bring children into peak or main cities, which then could create burden on main cities that it is already currently doing, and increase that because they will not have access to additional funds through the NDIS that they may have been able to access previously.

Ms ABIGAIL BOYD: Just one last one and then I'll hand over to my colleagues. Learning disabilities are often referred to as learning difficulties rather than being disabilities, and that often results in children not getting the supports they need throughout schooling. How do we ensure that children with learning disabilities get the right support from an early age?

MEGAN SPINDLER-SMITH: The big question. One of the issues is when we talk about learning difficulties versus learning disabilities, what is not recognised under a difficulty model versus a disability model is that intervention is needed regardless and support is needed regardless. The issue is that when we label something a difficulty versus a disability, we actually ensure that we say this is something that will pass. Now, it is likely, if you get the right level of support, that a learning disability will be able to be supported and engaged and grown through. However, if we do not provide a similar treatment, regardless of label, then what we're going to be seeing is children that may not be able to move past their learning difficulty, as it's being referred to.

So there's two things. One, we need to actually change attitudinal expectations around what the word "disability" is because a lot of people, validly, when they hear that their child has a disability, it is a lot more palatable to say that you have a learning difficulty than a learning disability because there's an expectation that difficulties are something that you just get over, and a disability is something that makes you "less than". That is an attitudinal situation that we do see on a very regular basis. So it is about actually changing some of the attitudes.

We know that foundational supports can help and should also target attitudinal change within the community. But secondly, we also need to make sure that in schooling settings, in education settings, children with any sort of learning disability or difficulty are able to access support needs regardless of what it is that they're labelled as and based on what their support need is. If we focus on the support need and only the support need, then we are able to develop children and young people, regardless of societal expectations or labels.

The Hon. ANTHONY D'ADAM: I want to pose a question to you. A lot of the children that we see in the justice system either have disability or have a disability that hasn't been diagnosed, particularly in western New South Wales, where we've got high levels of juvenile offending. Is this something that is a product of the absence of appropriate foundational supports being in place?

MEGAN SPINDLER-SMITH: Thank you for that question. Justice and justice settings are one of the most problematised spaces for children and young people with disability. The lack of access to either diagnosis or a justice support needs focus means that children are more likely to demonstrate what are referred to—and please note we do not necessarily think this is a valid terminology—as "behaviours of concern", which then put them on a justice pathway. If those "behaviours of concern" are not supported in a way that primaries the communication needs or the support needs or even disability needs of the child or the young person, the likelihood of them being in the justice system is very high.

We also know that that is even more so for First Nations children and young people, because of the fact that there is already a high expectation of how they're going to be able to engage with that. So I could not say, and there's no data that says that a lack of foundational support puts you on a pathway to justice. However, what we do know is that a lack of communication and education and environmental support for children and young people with disability will increase the likelihood of them not only being in touch with the justice system, but, sadly, remaining in it as a youth, and potentially as an adult.

There is a working group currently working specifically around intellectual disability and the justice system across Australia, looking at how we combat that and reduce that fact, because we know that once they go into the justice system, they are not going to be able to access any form of disability support need, and therefore they are likely to have compounded issues and long-term justice touchpoints. There is no research that directly says foundational supports, but there is research that says that lack of support and lack of access to support for a child or young person with disability will increase their likelihood of having long-term engagement with the justice system.

The Hon. ANTHONY D'ADAM: You mentioned, in an earlier answer, non-culturally safe service provision. Could you perhaps give us some examples of what that looks like?

MEGAN SPINDLER-SMITH: Absolutely. Please note that we are not a First Nations-led or run community organisation, and so I would always defer to First People's Disability Network when it comes to providing stronger and clearer information on this. However, what we do know is that when it comes to First Nations or culturally and linguistically diverse people—and please note, the needs are very different based on these different communities—the lack of access to First Nations-focused disability services that are appropriately funded and led by people who are First Nations themselves has shown that access to understanding what disability means within this community, how it works and what are the expectations has meant that children and young people who are First Nations with disability are much further behind in accessing support.

What it also means is that they're not getting access to their Elders, to the cultural learning that they need or require, because we are placing expectations on this community around how disability should be worked with and engaged with and discussed, and that is not viable for First Nations communities. Damien, the CEO of First Peoples Disability Network, is always the first to say that First Peoples do not have a word for disability, and the reason they do not have that is because support and engagement in community was just a standard expectation, and the expectations around risk and support needs are seen as different, culturally, than they are within the non-First Nations community. For our culturally and linguistically diverse community, there is more stigma. I would always defer to either NEDA—the National Ethnic Disability Network—or Yvonne at the multicultural disability network to give more details on this.

However, stigma and expectation around disability is much higher, and so the likelihood of culturally and linguistically diverse children and young people being able to access support services, or even having a disability recognised in the first place is very low, because they're being expected to go into a set of services that are not either language viable or culturally viable for what the community needs or expects. It is really important that groups like the Multicultural Disability Advocacy Association and NEDA are the ones leading those conversations and making differences when it comes to access to foundational supports.

The Hon. ANTHONY D'ADAM: You talked about a kind of postcode lottery in terms of service delivery. What can we do to remedy that? Particularly in rural and remote New South Wales, obviously there are difficulties getting expertise in situ. Do you have any specific suggestions or recommendations on how we address that geographical inequity in service delivery?

MEGAN SPINDLER-SMITH: Yes, absolutely. One of the things that we know is that we need to find ways to encourage and prioritise the expertise to go, even temporarily, into the regional and remote areas. We have seen success where there are OT roadshows, or support that is able to go out into the community and educate the local community on how to build the support mechanisms, or even to stay. We also know that currently the disability services community and providers are leaving regional and remote areas in droves, because it is too expensive to stay there and continue to provide services. If there are ways that we can make sure that we are encouraging additional funding to ensure that—because it is more expensive for people to access these services or even provide these services in these areas—they are not leaving because they cannot afford to stay, that would be one of the quickest ways to support.

Now I recognise that that's asking for money, and money's not always an easy thing to do, but providing in community based education is really important. We have seen success where people are wanting to go back to their communities, but being able to access the education within the community to build up the skills needed for foundational supports does require a period of time where we're sending people to work with the communities so that the communities can develop supports in the way that is right for them. I would also suggest that any type of foundational supports take a "regional and remote first" approach.

The CHAIR: On page 12 of your submission you talked about there needing to be a clearer distinction between targeted supports that are specifically for the zero- to nine-year-olds with disability, and the general foundational supports. Could you outline what you would like to see in those definitions?

MEGAN SPINDLER-SMITH: Absolutely. When it comes to foundational supports, what we want to see is very clear 101 access by every child with a disability or with any sort of support needs. So that is around things like access to diagnosis, access to educational supports, access to communication supports, access to being able to utilise any form of tool. For instance, some children and young people with disability need specific types of clothing, either for sensory reasons or because their disability requires the need for specific types of clothing, which are not always easy to access, or are more cost impactful than other forms of clothing. Basic 101 things like that.

Also looking at things like education for providers, community attitudinal changes and clearer pathways around how children and young people with disability are able to have choice and control in where they have education, where they access their medical or disability needs, and also to ensure that their voice and their choice is at the centre of it. That may be supported decision-making mechanisms so that their decision-making power is able to be utilised as part of that.

When it comes to targeted supports, what we need to make sure is that children and young people who have much higher needs, or needs that require more intervention or support, are able to access those without getting stuck in a medical system or being held back due to timeliness. That could be around access to home and living supports, whether that's somebody who comes into a home to provide direct support, or it could be around changes to a building to support those sorts of things. Additionally, additional education support, so one-on-one support for children to ensure that any of the barriers that they are facing are able to no longer be barriers, and therefore they are able to grow and develop in the same way that all other children have the right to access.

When it comes to targeted supports, one of the things to be cognisant of is that there is still more to be done around what that looks like in New South Wales. When we say foundational supports as a general measure, that is something that any child with developmental delay or any other developmental needs could access, whereas targeted supports should be specifically focused on making sure that a child that requires more support and more ability to be able to access everyday life is able to be focused on, whether that's additional education supports or other things like that. At this stage there still needs to be more work done on what that looks like and further scoping to see what that means for the wider New South Wales community.

The CHAIR: Following on from that, in relation to further scoping and engagement in the co-design, what recommendations would you have around how Federal or State governments can better engage with young people to hear directly from them and their lived experience?

MEGAN SPINDLER-SMITH: First of all, I would always recommend working with experts like CYDA, which is the children and young people with disability version of us—I guess is probably the best way to put it. They have a lot of experience working one on one and ensuring the ability for children to communicate their needs and have decision-making power and autonomy around what their support and access needs are. They are absolutely the experts in this space, and I would not portray to say that PWDA are the experts in that space.

The other thing I would suggest is to not only focus on the decisions of carers, families and parents around this. We have shown, and there is a lot of demonstration, either under the Convention on the Rights of the Child or the Convention on the Rights of Persons with Disabilities, that children and young people having access to things like supported decision-making as part of co-design processes—as well as having forums and being able to meet children where they are, whether that is using different forms of communication tools or around making it a more engaging or involved process. For instance, giving evidence like this would not be something that a child or a young person should be expected to do in an effective way.

Instead, it should be more community-centred discussions with the support and communication support needs of any child with disability. Co-design should be at the core of what we're doing, and it needs to represent what the community looks and feels like. That includes the actual children, not just parents, families and carers. Please note parents, families and carers are imperative when it comes to children and young people and their developmental needs, but it should not be the only way we move forward when we're developing or designing foundational supports.

The CHAIR: Just one final question. Obviously foundational supports are focused around that zero to nine age group. However, our inquiry is looking at supports for young people more broadly. I'm interested to know if you have an opinion on the role of youth hubs but also other means to provide that support for young people over the age of nine and up to the age of 18.

MEGAN SPINDLER-SMITH: When it comes to youth hubs, absolutely they can be very well placed to provide those supports. However, not all youth hubs are accessible, whether that be from a physical accessibility, sensory or safe space perspective, or they may not be actually accessible for children and specifically young people with disability in a way that means that they can engage with their counterparts to grow and learn on equal footing. Yes, absolutely, they are extremely important because children, and especially young people, with disability should be able to access the same spaces, but currently not all of them are accessible and, sadly, sometimes the ones that are still have segregated programming.

The Hon. ANTHONY D'ADAM: In your submission, you raised the issue of disputation over the definition of foundational support. I wanted to give you an opportunity to provide some clarity around what you think foundational supports should be.

MEGAN SPINDLER-SMITH: It's a very big question, and I think it's something that right now needs to be fully co-designed with the community, and it hasn't been. Foundational supports need to include things like communication support requirements and educational pathway supports. They need to also include things like access to basic mobility support needs and anything like that that is not currently covered under the NDIS, especially for those that cannot access the NDIS.

The support needs that mean that they could equitably access the community—that is what foundational supports should include. It is a wideranging set of things. The key is it should not be something that is purely embedded in a medical system, because disability supports are not always medical. Sometimes they are about getting access to verbal support needs, for instance. It should include things like accessing OT and diagnostic support, especially for those that cannot afford or access diagnostic supports, as well as any OT, physiotherapy or any of the basic things that ensure you can equally access society if you are not able to get more deep or NDIS-based supports.

The CHAIR: Unfortunately, our time has expired. But, again, thank you very much for coming today. You haven't taken anything on notice. But if there are any supplementary questions, they will be sent through to you.

(The witness withdrew.)

(Short adjournment)

Mr COLIN USHER, Chief Executive Officer, Shaping Outcomes, Early Childhood Intervention Best Practice Network, sworn and examined

Mrs KERRY DOMINISH, Chief Executive Officer, EarlyEd, Early Childhood Intervention Best Practice Network, affirmed and examined

The CHAIR: Would you like to make an opening statement before we commence questions?

COLIN USHER: Yes, thanks. We've prepared one. Thank you, Chair and Committee members. We also today acknowledge the Gadigal people, Elders and land that we meet on today. Our key message in this time today is that community based not-for-profit providers are essential to rebuilding early childhood intervention in New South Wales, and yet their contributions remained unrecognised and under-resourced. We commend the inquiry's focus on the early years. We believe the current system is fragmented, underfunded and inequitable, especially for children outside of the NDIS, for those from Aboriginal and culturally diverse backgrounds, and for families in rural and regional areas.

We're here today representing the Early Childhood Intervention Best Practice Network, a coalition of 20 not-for-profit organisations across New South Wales with an average of 55 years of early intervention experience. Together we support more than 22,000 children and families in the early childhood learning space and over 6,500 children with developmental concerns, delays or disabilities. Global evidence is clear that early intervention works. When delivered collaboratively and aligned with best practice, it reduces long-term support needs, improves outcomes and is cost effective. We urge the Committee to recognise and consider the existing ecosystem of trusted community-based providers, who are already delivering these outcomes, in any future co-design or implementation of foundational supports.

KERRY DOMINISH: I'd like to acknowledge the Aboriginal lands on which we meet today and Elders past and present. My name is Kerry Dominish. I'm the CEO of EarlyEd, an early childhood intervention service that operates across northern and Western Sydney and all the way up to the Blue Mountains. I'm also a co-chair of the Early Childhood Intervention Best Practice Network, which we're representing today. I also just want to acknowledge that I'm a board member of Toy Libraries Australia.

Early intervention providers have always invested in services that are now being termed as "foundational supports". These include services like supported playgroups, such as the those that are run through the Targeted Earlier Intervention funding through DCJ; inclusion supports, through toy libraries; supports to educational services, through Start Strong Pathways and Sector Capacity Building funding; and family support, such as the MyTime program. On top of that, we also provide parent capacity building funding, which is often delivered through philanthropic support.

Since the rollout of NDIS, we have been filling in the gaps that address the lack of early childhood intervention supports when there are concerns about a child's development. These services have ceased or have long wait times, particularly in our rural and remote areas. This is unfunded work that we undertake. It places significant pressure on our organisation's sustainability. We are now struggling also to absorb the increasing number of children who are no longer eligible for NDIS when there is a lack of alternative services in the community sector.

The network suggests that the way to a robust, connected foundational supports ecosystem is to focus on rebuilding and strengthening foundational supports that are already in place; coordinate the currently siloed services supporting education, child development, health, disability and the child and family social services sector; and reinstate and fully fund New South Wales not-for-profit early childhood intervention providers, as they are central to foundational supports. They are in already in place where children live, learn and play. They are community based. They are local. They are skilled in delivering what is evidence-based capacity building practices and the key worker model. Early childhood intervention providers are an essential component of foundational supports. They keep the "early" in early intervention. The way to get NDIS back on track for children is to make sure children and families have the right support at the right time. Thank you for having us today.

The CHAIR: Thank you very much. Just by way of background, the Committee has resolved that we'll have free flowing questions, which means we're not allocating specific times to members. I'll commence and then hand over to my colleagues. I might actually start with some of the opening remarks that you made, which also came up with previous witnesses, about the high demand for services and the uneven distribution of being able to access services. What are some of the concerns that are being raised by families about not being able to access services, particularly from the perspective of regional and rural, Aboriginal and vulnerable communities or individuals?

KERRY DOMINISH: Do you want to answer that?

COLIN USHER: I can have a crack. I think some of concerns or things that have been raised by our families in our region—I am the CEO of Shaping Outcomes. Our organisation services northern New South Wales, from the Tweed border right through to the Central Coast—around Coffs Harbour, Grafton and everything along that coastline and inward a bit. We hear a lot about waitlists for either community health or NDIS access. It can be 10 to 12 months from an NDIS access perspective. It can be up to 24 months for community health access. When you're raising a concern for a child, that is a significant delay, because best practice shows that the first 2,000 days in early childhood development is critical. If you're waiting a year, or two years, in that space to get those delays addressed or even identified, you're going to have significant impacts long term. Further delays are contributed to through that process. That timing is a matter of concern.

There is a concern that the NDIS is the only option available to get funding. It has pushed families into seeking out medical diagnoses for conditions that may not necessarily need a full diagnosis support. There may just be delays or concerns. We've seen an increased push for diagnosis on that front. Those are probably the two big ones. Also, the identifying families don't necessarily want to have their child labelled with a permanent disability. For some of those delays and concerns, as you may have heard in some previous witnessing statements, early intervention or early strategies that are put in place can actually resolve a lot of those issues early on and bring developmental stages up to speed with their peers in that time frame. Those are probably their biggest concerns.

KERRY DOMINISH: Can I talk about the culturally and linguistically diverse communities and the more vulnerable ones? A lot of families don't really know where to go. They are unsure. They aren't really very trusting of the community, particularly if they are refugees or new to the country, and they don't really understand the system. They have not necessarily connected with community services very well. Going to some other service where they're already connected—say, with a local multicultural group or something like that—is going to be another step for them. That's going to be too challenging. I think we also need to be very concerned about and consider the needs of any family that doesn't really want to go down a pathway that is a bit fearful, as Colin said, about really having to think about the fact that their child is not developing well. We need to be supporting them on that pathway. Sometimes we hear from the families that are already advocating for their children, but I do feel very concerned about the ones that aren't. They are the ones that turn up at school without having had any supports.

The CHAIR: What is the best practice model, and how should it be funded?

KERRY DOMINISH: The best practice model is doing it early and finding ways to support families to access services by connecting with them in trusted places where they are already experiencing connection with the community, such as playgroups or their multicultural community. Then also thinking about a model that uses what we know is really evidence-based practice, which is a transdisciplinary keyworker model, where we're really walking beside families giving them the small amounts of support that help them come to terms with what they need to be thinking about. And then also capacity building them to know how to respond and support their children. One of the things that the best practice network that we're representing today has been doing is actually digging deep and thinking about what would this model look like if we could wish for something. We do have an example of a key worker model with us today, which I'm happy to share.

The CHAIR: That was my next question.

KERRY DOMINISH: I only brought three copies; I'm sorry, but this is confidential at the moment. It's just our thoughts about what we feel could be a model where we're really supporting families at the beginning with maybe an information line like we used to have, and being able to then connect them up straightaway with supports that will give them at least some initial support to know where to start. Then continuing with them, as a key worker of one person, connecting up all the services that are around them to ensure that everything is aligned, and that they're also connected with other services that are not early intervention related, such as early education or if they need some health supports. The key worker model is a bit like the glue that connects everything together and coordinates everything together. I could present this to you later.

The CHAIR: You mentioned that it was confidential. We can resolve, as a Committee, later on that that be kept confidential if you're happy with that.

KERRY DOMINISH: Yes. We've put a lot of work into this. We're bringing together all the experiences of what we have now, what is happening currently under the NDIS model and also the experiences of what 55 or 45 years of early intervention that we've been delivering has shown us has worked but, because of the NDIS, has been nudged out to not exist anymore. We're bringing back some of those functions that used to be very effective, such as capacity building for families and running programs like Hanen language programs that is a 12-week parent training program that gives families lifelong supports and knowledge that they can use for their children in their early years.

The CHAIR: Obviously there's recently been an announcement by Minister Butler in relation to the national supports and not having a specific time frame as to when they might land on the State-Federal agreement. You touch briefly on some of the funding issues in various organisations, but I'm interested to know what's that uncertainty? What concerns are out there within the organisations but also the community as to not knowing what is happening and where things are going?

COLIN USHER: I think the biggest concern is the current sustainability of early childhood intervention providers that are currently in the system. As we heard earlier, the New South Wales Early Childhood intervention ecosystem was actually very strong for probably 10 years ago prior to NDIS. Since the rollout of the NDIS, that network and that ecosystem has started to be eroded quite considerably, more so due to the market that the NDIS created. And because of the NDIS became the ideal or the only function, a lot of State-based funding has dissolved or been moved into other areas, so there is a sustainability issue from organisational perspective. As we mentioned earlier and in our submission, a lot of the funding for those who don't meet NDIS requirements is actually being sourced philanthropically or through grants and through other fundraising avenues by organisations.

My organisation, for one, have what we call our First Steps program. It's currently funded through ClubGRANTS New South Wales and through some other fundraising that we do. Because they're locally in community based, they understand our supports. We provide supports for children that don't actually have NDIS or don't meet NDIS requirements and can't get into community health because of waitlists and whatnot, or don't want to go down that full diagnosis pathway.

We support, at the moment, probably nearly 70 to 80 children a year in that process just in our Tweed Heads area alone. We provide them with early intervention supports—five to six hours of supports where we can help families understand diagnosis, advocate for them in the NDIS access space, give some levels of visual aids and supports to them. But we can't sustain that long-term if, going forward, it's unfunded everywhere else. As long as the funding is there through our community, we can support it. But if that dries up, we won't be able to do that. There is a huge sustainability challenge in that space moving forward. Previously, that sort of stuff used to be funded under ATIC and Better Start funding and those sorts of things under State-based programs.

KERRY DOMINISH: We are more metropolitan and Western Sydney. We're supporting a lot of CALD families, so some of the challenges to us at the moment are that there's recommissioning for funding for Targeted Earlier Intervention. There is also recommissioning underway, and we're not sure where it's going to go, with the Start Strong Pathways funding that early ed is accessing. That is the money that is actually doing such a lot in our community because we're creating inclusive communities by supporting our multicultural playgroups and community groups to create community programs that are culturally appropriate, but also inclusive for children with a disability, so that they don't have to be thinking about where they can get social and family and community support. That is making us very nervous. There's been no increases in funding for the Start Strong Pathways program for a long time. We're doing less with the funding that we have because it's not possible anymore and yet it is an incredibly valuable a service that we can offer and gives us real flexibility.

We have staff in our teams that are doing foundational supports for families, particularly our team leaders that take a call from a family who really doesn't know where to go. We're supporting them to look at what the options are for themselves. We invite them to free programs that might be in their community but then also supporting them to work out and be prepared to manage—be ready and cope with the pathway to NDIS, which is very concerning. The other thing that's happening right now is that there have been some legislative changes that are putting increased pressure on providers like us, such as section 33 which is really not going to support the needs of children that came in on the 19 May. I can tell you more about that if you want to know, but there's also other things like the—

The CHAIR: Sorry, section 33?

KERRY DOMINISH: Section 33. Keeping NDIS back on track. That legislation. It's to do with quarterly payments, which is going to make it really difficult for families to manage, particularly if they're in crisis or if there is some emergency supports they need. The legislation is really making some shifts in children becoming not eligible for NDIS anymore. That used to happen when children were six, so it would happen when they turned seven. Now it's happening when they turn six, so there's less children in the system. Also, families are getting less funding in their packages, which is means that they're going to have to either fund it themselves or try to source that support in the community.

All of those things are having an impact on our referrals and also putting a lot more pressure on families to really eke out every dollar they can from their packages. All of those things combine, as well as the fact that we're doing a lot of support for free. Like last night, as preparing for this, I spent some time putting in a grant application for the Auburn area for a baby group to support families through ClubGRANTS, because that's the only way that we can support our community and get the supports in really early for families.

The Hon. CAMERON MURPHY: I want to go back to the issue of which model might be the best one. In your submission, you drew our attention to two international examples: the Early Steps program in the United States and the Sure Start program in the United Kingdom. They seem to be quite different in the way that they apply. You may have answered this by saying that you have come up with your own model, but what are the specific lessons from each of those that we could draw together that could apply well in a place like New South Wales, where we have enormous diversity and service provision that will have to happen across metropolitan and rural, regional and remote areas? What aspects of those international programs do you think we can learn key lessons from and roll out here in a model?

KERRY DOMINISH: Those programs are about local supports, trusted organisations that are working within that community, supporting the community and identifying and connecting with families that trust the organisation. You can't just walk into an organisation like a playgroup and float around without people being concerned about who you are and what you're there for. You have to visit and be trusted and known by the support service that's there. There are other programs, as well. I put another submission into the inquiry around supporting babies early, and I noticed that came up in previous conversations this morning. That's the early intervention SMART approach, which recognises that children who have been in neonatal care have very challenging pathways after birth, and that a medical model which is supporting them in hospital isn't really fit for purpose if those children then have ongoing needs, which they all do because of the experiences they've had.

But supporting them, after the maternal health nurses have undertaken the piece of transitioning them home, to have ongoing care—they're a cohort that we know are going to need support. That's another type of example where a really early intervention key worker model—which is transdisciplinary, meaning that one person is the key person that is supporting that child, not a multiple number of practitioners. The key worker coordinates and brings in different specialist practitioners at that time that they need it. So, if the child is PEG fed and needs ongoing support, obviously a speech pathologist would be probably the key person, but there could be someone else who is also on that team—you need to have a physiotherapist making sure that child is being fed safely and positioned safely et cetera.

The key worker model is recognised internationally and is already recognised by NDIS through the research that it has done. Also, the new best practice guidelines that are going to be released in June this year, that have been undertaken by the Department of Social Services, is going to highlight that the key worker model is, as well as best practice, an effective way of ensuring local care. I think that really fits with the Australian community but picks up on some of the international learning that we've got.

The Hon. CAMERON MURPHY: That feeds into my second question. You also raised in your submission that one of the pressures on workforce demand is this issue of the overemphasis on therapists from the NDIS. How do we deal with that issue? Do you have any view on that?

COLIN USHER: The key worker model, being an evidence-based practice model, is the solution in that space. I think that currently under the NDIS, it's a medicalised approach. Some of the learnings that we can learn from those other two, if I can add to that, is they're family centred and they're strength based and individualised about the family's outcomes and goals and needs as well, rather than just the child's disability, which may need a skill set developed. It's a social and emotional model of support, rather than a medicalised clinical approach to fixing a child.

The Hon. CAMERON MURPHY: Is it about building that relationship first with that key worker, and then, if needed, bringing in those other skill sets through that person?

COLIN USHER: The key worker model is all about the right person at the right time for the right outcome. Instead of having four or five therapists in your world, you'll have one person that you're connected with who says, "We need an OT to come and work on this functional skill development, or give us our strategies to work on that, or a speech for PEG feeding or communication", because there's a lot more to language development than just speaking. There's other ways of communicating. It's about that key worker understanding of who's the right person to bring in at the right time, at the right developmental stage of that child—especially in early childhood ages and stages, the developmental stages are huge—rather than going, "Let's get everyone in on this at the moment."

As a father of a child with a disability—if I can speak to my personal experience—we had a key worker from the very start, and that person helped us navigate the ages and stages and developmental stages of our child and said, "You don't actually need a speech pathologist at zero. Your child's not speaking, and they're not speaking until about 12 months when they should be starting to do this and that, and the next thing." So, we didn't need someone straight away. I think in the current model of NDIS, the push is to get your therapist now, so you can—

The Hon. CAMERON MURPHY: It is almost like it is to find a reason to then qualify for the NDIS, rather than fixing the problem with early intervention?

COLIN USHER: With early intervention, yes. Early intervention can solve a lot of those over-therapised models that currently exist under the NDIS.

KERRY DOMINISH: Can I suggest another model, which is a best practice model. It's not a model; it's a practice, rather. And that is capacity building. Under ATIC funding, and sometimes through grant funding, there are options to be able to do the evidence-based training packages for families. Because I'm a speech pathologist, I will give those examples. The Hanen Centre programs have been widely used across Australia. There are programs called It Takes Two To Talk, More Than Words, Target Word and also TalkAbility, where families do training for a block of, say, 10 to 12 weeks. It's very individualised to them. We do video feedback, and those parents learn strategies that they can use always—every day, whatever they're doing, all across the day—and they don't need to have therapists coming in because they're really capacity building themselves to be effective communicators.

We've been running Target Word through our Start Strong Pathways funding, and we're sometimes getting, within a very short period of time, a 400 per cent increase in the number of words that children are saying, and they're just kicked off on the right pathways. The ones that don't improve at that rate still improve, but they are the ones that really need speech pathology support. So, you are very quickly moving and doing a really cost-effective intervention support that makes significant differences for a long time, but also is efficient, effective and really empowering families.

The CHAIR: The Early Childhood Intervention Coordination Program, the ECICP, has been touched on earlier this morning. Because we are talking about programs and initiatives, could you elaborate a little bit more on what that program was and where it is operating informally now?

KERRY DOMINISH: There are some remnants of that existing. EarlyEd was actually managing the funding for the local ECICP group, so I have good knowledge of that myself. It was just a small bucket of money that would pay for the administration of being able to bring people together to be able to meet and network—those people that are working with children with a disability—and to really connect with each other. We are now doing that online. We started doing that through COVID, and now everybody knows that you'll get greater turn-up at meetings if it's online, but it really keeps the community informed. There are so many community networks that are out there, but this one is really targeted to connecting people that are supporting children with a disability either in their preschool or in early childhood services. It can include the partners that are supporting the community, as well. Otherwise, we just don't know what's going on in the community unless that happens.

It's a really valuable support, but these things are hard to run. It's all done on goodwill, but the funding that came from the ECIP program kept it alive, but also collected some good data about how effective it was as well. One thing it also did, obviously, with the one in Western Sydney, it would also cover the costs of maybe running a community awareness program or developing a resource for the community. None of those things are happening anymore because there isn't that kind of connection and support where you can get together and have those conversations and put time into developing resources and supports.

The Hon. WES FANG: Mr Usher, you spoke about the fact that your organisation covers from the Tweed down to the Central Coast, I believe. You've got some experience, obviously, in running some of those care organisations. You also spoke about how the NDIS has seen a deterioration in some of the coordination in the services that are available. Could you provide some insight as to the workforce shortages that you speak about in your submission? Do you think that it's partly due to the NDIS and the wages that are available through the funding packages that organisations can attract by providing those NDIS services that mean that organisations like yours are struggling to get that cohesive and well-trained workforce that's prepared to spend a number of years in a service, not just use it transiently and then look for something else?

COLIN USHER: That's another inquiry altogether. On that space—I'll try and answer that short in a short way. In our submission, we placed that I don't think there is a workforce shortage or a skill set shortage within New South Wales or Australia. It's just the way that the market has developed under the NDIS to actually—

The Hon. WES FANG: Pull people out of your services.

COLIN USHER: Pull people out of best practice. Early childhood best practice. Early childhood intervention is very different to an adult-centric support system. The NDIS has been developed around adult-centric supports where you do need or may need a therapy for an hour, and that may need to go on for a number of weeks. Early childhood is very different. It's focused on the ages and stages and developmental outcomes of a child which operate very differently. I think back to my time with my daughter: there were times where our key worker would sit with us for three to four hours in a day to look at the situations, to look at the circumstances, to look at how she was interacting with other family members, and get a full picture of how our child was coping in a day. Then she would be able to implement strategies.

We can't do that now because that would mean that there's five hours taken out of a child's package under the NDIS. A family looks at that and goes, "Oh, that's a whole lot of money", whereas before they never saw the money side of that. Even though there was money attached to that, employment and all that sort of stuff, they never saw that. So they never actually questioned whether or not that was relevant or needed or whether support was in place. Early childhood intervention is very different in its deliverables and its outcomes and its approaches to support children and families. It's a family-centred approach, so you need to spend that time with the family to actually understand the outcomes that are needed for that particular thing.

A lot of children become very good, and families become very good, at masking behaviours. They know that if I'm sitting in front of this person, or these couple of people, I have to mask, I have to behave in this sort of way. Whereas if they don't have that, if they go into a clinic—again, another challenge. You go into a clinic as a family, they're working on a piece of equipment that's $20,000 that you can't use in your own home. Whereas our key worker came to our home, looked at what was in our space, looked at the games, the readers, all of that sort of stuff and went, "Here, use this to build that skill level, use this to learn communication supports." They were looking at where our family lived, learned and played, and in those environments, and we're able to provide the supports that we needed without extra cost of this piece of equipment, that piece of equipment. It was more social and emotional and living support rather than a clinical-based, medicalised support for outcomes.

The NDIS for me, I think there's great advantages to the NDIS in an adult-centric model. From an early childhood intervention perspective, it has eroded best practice of early childhood intervention to an hourly based money outcome. Early childhood intervention was always holistic and family focused. Now it's become focused on a child for an hour of therapy, or an hour of this or an hour of that. Families don't use the package to look at how can I build our family network, our informal networks, because the funding is constricted to that individual. They become very wary in using services outside of that child's skill development, but that's not necessarily the best way of supporting that child or the family to get the best outcome that you might need. If that answers the question effectively.

KERRY DOMINISH: Can I also highlight the fact that we don't work in clinic rooms. We are out in the community. We drive. We go to the preschool. We spend time with early childhood educators supporting them to know how to support their child in that centre so that they're included and also learning and becoming a fully participating child in that community. Those things cost, but they're not really attractive if you prefer to just work in your office. So our approach is very different.

Also, I really liked your point about building capacity and knowledge yourself as a professional. Early childhood intervention is almost another discipline in itself. When you come out of uni, you really just know the technical stuff. Often you don't know very much about disability either. You also need to learn how to capacity build families, and understand about adult education and supporting, and then delivering supports in a way that helps the family learn just as much as the child. If the family doesn't learn, the child is not going to progress at all, so I really value your comment about the professional skills that are required and that you don't get them if you're not out in the community or in an organisation that's really fostering that learning. We're all registered providers, so we're obliged to supervise and train adequately and provide practitioners that can do their work. That's one of the benefits of registration being essential for early childhood intervention services.

The Hon. WES FANG: It's always a concern of mine that people treat some of these roles as transient or until I get to another level, instead of staying and working and building that capacity within the role to then provide a better service, because ultimately it means that you're spending a lot of your time training new staff to then have them move on.

KERRY DOMINISH: Yes.

The Hon. WES FANG: It's not the best use of your time. It doesn't mean that corporate knowledge is retained within the staff. I always have concerns about that. Just one thing I wanted to address before I hand back over. Mr Usher, you said that you didn't believe that there was a workforce issue. Is it the case then that depending on where you live and what services might be available in an area—some are well staffed and some of that workforce needs to be redistributed to ensure that we have a better outcome when we're looking at these matters, particularly in rural and regional areas where there might be a lot of one thing but we don't have that spread to cover all of the areas that we need to address of a child's development.

COLIN USHER: I think the short answer to that one is that the NDIS is actually—the market that the NDIS has created has allowed a lot of sole traders to come into the space and pick and choose who they support and take easy cases over complex cases. A lot of the complex cases are then—it's up to our community organisations generally to take that because we're experienced in that space. They don't have to take clients if they don't want to, and they don't have to take complex cases, and they don't have to take those ones that require extra thought or space. There is a lot of that. The NDIS market has created a lot of transience for us because of the ease to be able to move into your own independent service provision. You don't have to be registered; you don't have to follow some of the things that other NDIS-registered providers have to follow. In early childhood intervention, in some instances, there's actually no qualification specifically outlined to do a key worker role.

For the key worker role, the best practice model from ours is early childhood teacher or an allied health professional, in some way or shape that has actual training in that space. Under NDIS we've seen a lot of people come into that space who aren't skilled or aren't qualified, who take money out of packages and don't deliver services. There's a whole lot of things on the registration front that I think needs to be addressed from an NDIS perspective. But the NDIS market that has been created has allowed a lot of free space. You don't have to do early childhood intervention under a best practice model, which is what's eroded the space a lot more.

KERRY DOMINISH: I think being able to properly fund travelling to the communities, whether that be by road, or from a centre that you're not far from—but also, sending teams out rurally has been something that's often been done, and has certainly been done in health positions. With the technology we have, it's really convenient for families to have a telepractice conference, and for you to watch a child on a video and be able to support them. While you're not actually in the room, they behave completely differently, so you get a much better idea of what's going on, and that parent can talk to you whenever they need to, instead of waiting for two weeks before you have the next organised appointment. We can get really rapid change, and it's a much more cost-effective way of working. I guess we're saying the workforce is there, but the problem is it's just not being used very well, effectively, because we've been nudged into this clinical model, medical model, rather than a social capacity-building model.

The Hon. TAYLOR MARTIN: I want to go back to parent and peer capacity building and support. Is it fair to say that, under the NDIS model, that's not valued?

KERRY DOMINISH: Yes. It's not a funded service, so if we want to do that, we have to employ someone to cover the cost of it. There's an organisation called Plumtree that's been running the Now & Next program for a really long time. They developed that through an ILC grant. I think that's nearly running out of funding, but they've been able to come up with a package that families can purchase. There are rules about who you can employ under particular funding, so it's got to be done in a way where it does comply with the guidelines. As Colin pointed out very clearly with his examples, parents are really a vital way of helping a family understand what the journey is like and supporting them with things that I, as a therapist, certainly wouldn't know how to support them.

The Hon. TAYLOR MARTIN: Mr Usher, do you have anything to add?

COLIN USHER: Yes. Again, the NDIS has not provisioned for the parent or peer support in any way, shape or form. I think it's a critical support that's needed in this space, especially for early childhood intervention. As a parent, there's a whole lot of things you have to deal with that you weren't aware of when your child is diagnosed with a disability, and not being able to connect with other parents. Under the funding that we had previous to when my daughter was born, we were able to connect with other parents—there were parent meetings and things that were available to us. We were able to go and meet with families, and see families that were further down the track than us—see that there is a way out, there is a future, there is a good sense of hope that our children can be successful and achieve great things.

Now, under the funding models, that has eroded significantly because it's about the child, and getting the child on track and developing the skill of the child, rather than saying, "Hey, as a parent, there are emotional things that you're facing, there's a whole lot of stresses and strains as a parent that you need to talk out." And that's part of best practice—it is family-centred, parent-based, child capacity building, and all of those avenues within early childhood best practice systems support the whole family.

KERRY DOMINISH: If you learn in a group, and you're a parent with a child with a disability, you're wrapped around not just by your team but by all the other parents in that group, and you're learning multiple things in the room at one time. You're learning how other people engage with the child. You're learning what your future might look like, and you can share what you've learned, as well, and feel empowered. That doesn't happen anymore, because families don't value group programs. They just want to have individual one-to-one services. Group learning is a powerful tool that we have lost. As an example, just the way the money is set out, and the focus on this medical, individual approach.

The Hon. ANTHONY D'ADAM: I think you talked about the issue around travel. Your emphasis, in your submission, is around funding non-profits to deliver these supports, particularly in rural and remote areas, where there are great distances to be traversed. There seems to have been a tendency to concentrate funding in larger organisations, and they then tend to centralise the employment and dispatch workers to remote areas rather than having workers in situ. I wonder what we need to do to try and address that particular issue around service delivery, which obviously contributes to there being an absence of services, particularly in regional and remote areas?

KERRY DOMINISH: We've got to attract people to work out there. That's why people work in their offices and in their clinic rooms, because it's much more comfortable than getting in the car and driving for miles. It's lonely. It's isolated work that we're doing now, and that's why we also really need strong connections with our workers to make them feel supported and connected to the services that they're working for. I think it is around finding ways to attract people to work in rural areas. I think this is probably not just an issue for early childhood intervention providers but across all the services. Working rurally has its own challenges. Have you got anything more to say on that?

COLIN USHER: I think it's about using technology in a smarter way. Under a best practice model, we don't need weekly therapy appointments, so there may be an opportunity to go out to a regional or remote area, meet face-to-face, spend a week out there and look at the child's development and all that sort of stuff, then set up action plans and supports through a telehealth or another support network, other support service delivery options, using what's currently in the space.

In early childhood intervention, for example, we talk about "live, learn and play" environments. If the child is in an early childhood education centre, how do we upskill that early childhood provider in that region to ensure that child is included and has the supports that they need in that environment without needing our service to be on their doorstep every day, or in the family home, or in the community sports or community dance, or the extracurricular activities that the child may do? You don't need to be in them every single day. You may be able to support them through telehealth practices and through written strategies, and that sort of stuff.

There is scope to expand service into those regional and rural areas with a different approach, without having to have someone on the ground. But the challenge with "on the ground" right now is, under the NDIS funding, you can only charge per hour of service that you deliver. If it was a block-funded support where we had someone out there and they were not tied to a KPI of delivering hourly supports, and they were funded to be in that community, to support that community, it's a completely different approach and a completely different, manageable, economically viable, sustainable—

KERRY DOMINISH: And if we use the foundational supports and we're getting in there early, the amount of work we're going to have to do to support that child is going to be less, because we've got in early and we've given them the supports and we're also supporting the community around them. We're supporting the playgroup leader to be included and the parent to be capacity built. If you put in foundational supports and you do it early—and you do it in a way that capacity-builds the community, the family and everybody that's working with that child—you're going to get really rapid outcomes and you're going to require less supports in the long term.

COLIN USHER: Because the child doesn't live in a clinic. The child lives in its community. Capacity building is community—it's informal supports, it's formal supports. You're going to get greater outcomes. You're going to get a much better response long term.

KERRY DOMINISH: Also, just thinking about capacity building at the centre, you don't want to be capacity building one person; you need to be capacity building the whole centre—to be able to tailor their program individually to their child but also support that child to be included in that service effectively as well. It's a very broad support.

The CHAIR: Unfortunately our time has run out. On behalf of the Committee, I thank you and all of your organisations for the great work you do working with families and young people and children as well.

KERRY DOMINISH: Thank you so much for your interest.

(The witnesses withdrew.)

Ms TAIRYN VERGARA, Chief Executive Officer, Parks Community Network, and Acting President, Local Community Services Association, sworn and examined

Mr CAN YASMUT, Chief Executive Officer, Local Community Services Association, affirmed and examined

Ms MADDY WILLIAMS, Policy and Research Manager, Local Community Services Association, affirmed and examined

The CHAIR: Thank you very much, everyone, for coming today. Before we commence with questions, would you like to make an opening statement?

CAN YASMUT: I will make an opening statement on behalf of the three of us. Thank you, Chair and Committee members, for inviting us here today. I am Can Yasmut, the CEO of LCSA. Beside me here today is Maddy Williams, LCSA's research and policy manager, and Tairyn Vergara, LCSA's acting president. Tairyn is also the CEO of the Parks Community Network in south-west Sydney and a parent of a child with autism, and she has generously agreed to share her insights from all of these perspectives today. LCSA is the peak body and membership organisation for neighbourhood and community centres in New South Wales, and we advocate for the practice of community development.

Neighbourhood and community centres are a vital part of the social fabric of New South Wales. These locally governed secular community organisations are trusted access points for support, serving over 72,000 people each week across 175 centres in all corners of the State. We believe there is great potential to link up the work of the disability sector with the neighbourhood centre sector to support children with developmental concerns, disabilities or additional needs. Neighbourhood centres already play a critical early intervention role for children with additional needs and their families. Neighbourhood centres frequently engage with families long before a diagnosis is made or formal supports are in place. They provide what is often described as a "no wrong door" approach, helping families navigate complex systems and access essential supports in a safe, welcoming environment.

Despite this essential work, neighbourhood centres remain underfunded and under-recognised within broader systems of care and support. Programs such as the Targeted Earlier Intervention scheme within the child protection system, while invaluable, are overstretched and deeply underfunded, with no increase on the horizon to meet ever-increasing demands. On the current NDIS trajectory—where only 14 per cent of Australians with a disability have an NDIS plan and where those plans are already being cut before foundational supports have been established—we anticipate the pressure on mainstream organisations like neighbourhood centres will only increase.

Our recommendations to this inquiry are, one, invest in neighbourhood centres and local communities through foundational supports; two, triple the overall Targeted Earlier Intervention funding; three, harmonise and de-identify data of children with disabilities across the social services spectrum for better visibility of needs and to drive policy and investment; and, four, radically overhaul the New South Wales child protection system to appropriately resource and make better use of the effective early intervention end of the spectrum in line with DCJ's own internal reviews. There is a pressing need for more coordinated investment and systemic reform to better support kids with disabilities and their families. With appropriate foundational support, better data visibility and a genuine commitment to prevention, neighbourhood centres could do even more to reduce demand at the crisis end of child protection and disability services. We look forward to answering any questions that you may have today. Thank you.

The Hon. ANTHONY D'ADAM: Thanks for your appearance today. I thought I'd start with a more open question around what you think the role of community development is in relation to the provision of foundational supports.

CAN YASMUT: Thank you, Mr D'Adam, for your question. Community development can broadly be described as a practice. There are many definitions out there—also a process or a framework. But, ultimately, it comes down to the grassroots-level support mechanism. It means that community development is a practice where you do things with people, rather than for or to people, and neighbourhood centres support communities to flourish by fostering independence, focusing on self-determination and giving people the agency to actually deal with their issues to the best of their capability. I think the main distinction is always between community development and service delivery. We just want to highlight that, generally speaking, in the human services space, there is a strong view that service delivery solutions are the right solutions. We don't dismiss that. We think service delivery and community development must go hand in hand.

The idea is not so much about what is wrong with the person, what it is that needs fixing, but about creating an environment where protective factors are increased and risk factors are decreased. That is not achieved by a direct intervention only. It needs a wraparound approach so that the person who is requiring services actually is seen not only as an individual but also as a person who has families, friends, school communities and so on, where you have to think about, "In what kind of environments do they flourish? How can they best navigate the issues that affect their lives?"

The other aspect to our arguments is the notion of social infrastructure. When we talk about neighbourhood and community centres, we make that distinction between social infrastructure and service delivery. Community development happens to be the currency that actually drives those two. A lot of neighbourhood centres receive a great variety of funding sources, including TEI. Some are NDIS providers. Some are childcare providers, aged care, Meals on Wheels—you name it, there is a connection to different parts of the sector.

We see that as a service delivery function, and that can be done, as I explained, with a community development mindset and framework. But the social infrastructure element is probably the one where we believe we have a value to add to whatever foundational supports in the future will look like, because you have an existing network of over 170 organisations that share broadly the community development principles as their organisational foundation and their values and, ideally, in their practice. That social infrastructure element is something that we highlight as a potential opportunity to just draw on when it comes to the dissemination of foundational support funding and investments in the future.

The Hon. ANTHONY D'ADAM: Neighbourhood centres are place-based organisations. Why do you think a place-based focus is critical in terms of provision of support for disabled people?

TAIRYN VERGARA: Neighbourhood and community centres can make significant contributions to foundational supports for children with disability in ways that complement the NDIS. NDIS packages are centred around the individual and the individual supports they require. Neighbourhood centres, through the Targeted Earlier Intervention program, other programs and community development projects, work through the lens of family and community. In our sector, we often say that it takes a village to raise a child, but who raises the village?

Supporting the families of children with a disability and strengthening the family unit's connection to their communities is essential work in helping these children and families thrive. It should reduce more intensive interactions with the child protection system, and also interactions down the track with the Youth Justice system. Support of the family unit is imperative and often needs to happen before the family will action a medical referral, for example. Given the enormous stigma around some diagnoses in some cultures, and lack of understanding of them, some families require many informal discussions with their local neighbourhood centre in order to accept that their child may have a disability and would benefit from further supports.

It is common for families to resist medication, even when there is a clear case for it, and they need to be talked through their concerns. Neighbourhood centres are a natural fit for this role because they work from the point of connection and belonging. People appreciate that staff at these organisations listen to them without judgement. A family might not be ready for what they are referred for, and that's okay. I've got a case study and then my personal experience, if that's okay, just to demonstrate.

The Hon. ANTHONY D'ADAM: Sure, yes.

TAIRYN VERGARA: All the names have been changed to protect the privacy of all people. An example of this that my centre encountered was with a woman named Sarah. She was a single mother of two, one of whom had developmental delays. She was referred to a parenting program, but didn't feel ready to participate. Instead, she attended the Parks Community Network for free school holiday activities. While the children were playing, Sarah spoke with a support worker over coffee and shared an immediate concern. Her car had broken down, making everyday life and getting her children to school extremely difficult. The centre helped her access a small no-interest loan to cover the car repairs. This practical support eased her stress and improved her children's school attendance. Over time, as trust and connection grew, Sarah chose to join the parenting program that she had initially declined.

Sarah's story highlights how meeting families with empathy, practical supports and no judgement can build trust and lead to meaningful long-term engagement. While targeted foundational supports might include or involve getting parents to engage in a parenting program, the way to get parents to accept that way forward is invisible and unrecognised. That is why Government needs to make this way visible and included as an essential component in designing general as well as targeted foundational supports. An asset of neighbourhood centres that shouldn't be underestimated is the lived experience of staff and volunteers. There are many workers and volunteers in neighbourhood centres that have a disability themselves or have children and loved ones with a disability.

I am the mother of an eight-year-old daughter diagnosed with autism spectrum disorder at 2½ years old. Our NDIS approval process took about eight months, which I understand is faster than many other families experience. Because I advocated strongly for my daughter, she received an adequate NDIS package that covered the intensive therapies she required. However, accessing quality therapy remains a major challenge. We had to travel over 45 minutes to reach her ABA therapy centre and speech therapy services due to the limited availability in Fairfield in south-western Sydney and surrounding areas. The initial diagnosis cost almost $3,000—a significant expense, but one I believe was essential to secure a strong NDIS package.

While waiting for the NDIS approval, I had to withdraw approximately $80,000 from my superannuation to pay for ABA therapies and travel to Lane Cove three times per week, as these therapies were mostly accessible to more affluent families. Through attending ABA therapy, I met many families from northern Sydney suburbs whose children had formal diagnoses and received NDIS packages up to three times larger than those of families from less-resourced areas like those my organisation supports. This stark disparity highlights ongoing inequities in access to diagnosis, funding and services based on geography and socio-economic status.

The Hon. ANTHONY D'ADAM: Your submission talks about the importance of data collection and data sharing. Could you elaborate on the kind of data that is being collected at a neighbourhood centre or the kind of data that you think would be useful, if access is given on a de-identified basis?

MADDY WILLIAMS: I'm happy to talk a little bit more about where we think the gap is and where the opportunity is, and then Tairyn might want to just relay a little bit about what's available in DEX, but also other datasets that you have. We think that better visibility of children with a disability in child protection data is important because, without it, we don't know how many of the kids that are captured in the care-to-custody pipeline in New South Wales—and, indeed, across the country—have a disability. What I mean by that is that there is a strong on-flow of children in the child protection system who go on to interact with the youth justice system.

A NSW Bureau of Crime Statistics and Research, or BOCSAR, study found that in children aged 10 to 13 in 2023 with a court appearance, 82 per cent had been the subject of a ROSH report, which is risk of significant harm, and 60 per cent of children received 10 or more ROSH reports. These are the first and third highest correlations in the study. Given this, any efforts to reduce the number of children in the intensive end of child protection through early intervention should be a priority for the Government.

In 2023 BOCSAR published a longitudinal study of offending by young people with disability from 1997 to the end of 2000 and found that young people with disability are overrepresented in the youth justice system. Young people with a disability made up just 3.5 per cent of all young people in the study group, but they made up 7.7 per cent of all young people with an offence and 17.4 per cent of those with an episode in youth detention. The BOCSAR research director, Dr Suzanne Poynton, stated:

> Factors such as age of initial engagement with disability-related services, remoteness of residence, and frequency of child protection contact were strongly associated with the likelihood of a young person with disability having criminal justice contact before the age of 18.

We think that the missing data link is how many children with a ROSH report have a disability, which is why in our submission to this inquiry we call for de-identified data collection and visibility of children with a disability in Targeted Earlier Intervention, otherwise known as TEI, and in all parts of child protection. DCJ, in its own internal reviews, acknowledges the integral role of early intervention in reducing the number of children in foster care and recommends a significant investment in it.

Part of such an investment, which is still not promised or delivered, must include the identification of children with a disability in the system and ensure families have adequate access to disability support and inclusion services. The provision of well-targeted and well-resourced foundational supports for children in TEI programming could help to drive down contact with the criminal justice system and ensure a good life for those children and their families. Tairyn, did you want to talk a little bit about DEX and the limitations?

TAIRYN VERGARA: Yes, that's right. Currently, with DEX, basically, there's one question that would identify a child as having a disability and it says, "Disability: Yes/No", which is problematic, obviously, particularly in south-western Sydney, with not many young children with a formal diagnosis. Basically, developmental delays would not be counted in the mix. Even when a diagnosis exists, families will say, "No disability," so obviously we need to ask further questions in that regard. Organisations are collecting that additional information but it's not actually being collected by DCJ, so they're not getting the narrative that goes behind it.

The Hon. ANTHONY D'ADAM: What's DEX?

TAIRYN VERGARA: The data exchange. It's a platform that most DSS-funded programs use. It has now been acquired by DCJ as the data collection platform for the Targeted Earlier Intervention program.

The CHAIR: In relation to that data collection, when you said DCJ is not collecting it, is it because of the software or is it because of—so they just need to upgrade software to capture more data?

TAIRYN VERGARA: That's right. I think initially DCJ, as part of the reforms in 2020 to the Targeted Earlier Intervention program, did not want to make a big investment in regard to customisation of the data exchange. So most of the changes that were made—and I know this because we use it for other programs in my organisation—were more cosmetic rather than most of the questions on the data exchange.

CAN YASMUT: If I may quickly add to that, my understanding is that DEX is a program that actually sits with the Federal Government: the Department of Social Services. So, for any changes to be made, it is actually almost like a commissioning of changes from DCJ to DSS, which then always begs the question of how much investment needs to go out of DCJ funds into Federal kind of processes to update that program. So it is very rigid and changes are not made easily. That's, I think, the feedback we were getting. I don't think it is necessarily because DCJ doesn't see the value or doesn't want to, but there is a process and a cost involved with that.

The Hon. TAYLOR MARTIN: Thank you all for being here today. Ms Vergara, once in your opening statement and once in an answer given a few minutes ago, you touched on the reluctance or resistance of parents to treat or refer to their child as disabled. Could you expand a bit more on the dynamics of that, how that comes to be, and how you overcome that?

TAIRYN VERGARA: With a lot of empathy, we overcome it—and trust over time in interactions. Lots of informal—and that's what it is: Those soft entry points to the more targeted support are really important. Some of the cultures—I came to Australia in 1988. I've always lived in the Fairfield local government area—so very diverse. In some of the cultures in my area, there's a lot of stigma and shame around additional needs and disability. Many of the families come to us because we're a generalist service. They don't want their neighbours and their family and friends to know that their child has additional needs. Often, when they do accept the supports, it's almost like, "Okay, you're going to fix them and then they're going to be 'normal'," so it's a very long process. With the limited resources that we have in the Targeted Earlier Intervention program, it's very tricky for us to support the families for months, if not years, before they embrace supports and diagnosis. So advocacy is crucial for my community, I must say—for us to do the advocacy on behalf of those children, really, and the families.

The Hon. TAYLOR MARTIN: When you say advocacy, it's a larger education piece so that people who haven't ever had to give much thought to the issue or subject of disability—all of a sudden they're confronted with perhaps being told or suggested that there's an issue there.

TAIRYN VERGARA: Yes, absolutely. Even providing a sensory room at a community event, the parents might say, "Oh no, my children are not going into the sensory room," because the friends are going to know that they're getting overwhelmed by the noise at the event and things like that. It's about normalising, I guess, or accepting—I don't know if "normalising" is the right word, but, like, accepting—

The Hon. TAYLOR MARTIN: So we all have a job to break the stigma down.

TAIRYN VERGARA: Yes, that's right.

The Hon. SARAH MITCHELL: Thank you all for coming. Ms Vergara, thank you for sharing your personal experience. I have two questions. The first picks up on what you said about access to services coming from south-western Sydney into the northern part of the city. I was also interested from a regional perspective—because I'm obviously a member who lives outside of Sydney—what are you finding from your services or centres outside of Sydney in terms of access to both diagnosis and support for families who might go to your centres in regional areas?

CAN YASMUT: I might answer that, Ms Mitchell, if that's okay. It is interesting to note that neighbourhood centres in more regional and rural areas, more often than not, play a fairly prominent role in their community and in the community services sector. That is the case somewhere in the metropolitan areas as well but, when you come to areas like Cowra, for instance, or Dubbo or where neighbourhood centres are in fact a very essential part and very much embedded in the community, a lot of them would also be NDIS providers.

They bridge that gap between being a service provider—and being a place-based organisation that has a trusted and respectful relationship with their community, I think, makes them a good point of access to the service system. So, while I can't give you any forensic evidence, our experience has certainly been that organisations like Cowra neighbourhood centres are very well respected and provide that—often referred to as "a soft-entry point".

I think that's what Tairyn was saying as well, is that neighbourhood centres are place-based organisations where people are not judged.

Those who don't necessarily want to be identified as a "case", in inverted commas, or as a "client", they are looking for a place where they just can find the initial point of contact. That emerges, more often than not—in smaller and rural communities, in particular—from the notion of trust. I don't know if that is a good answer but I think that, from our point of view, that is the whole value proposition of community development as an approach: There is a place where people know they won't be judged as they enter the door. That is often a contrast to the service delivery mindset, where the question is asked, "What's wrong with you? How can we help you fix the problem?" If that is the posture and there is a kind of a glass perspex reception area, it's very hard to break down that initial barrier. Whereas, if you do it in a more community setting or have that existing relationship, then conversations can be had in a much more informal and supportive manner.

TAIRYN VERGARA: Can I add something? I think you mentioned assessments and so forth. It's very complicated because, as I mentioned before, it takes months on end to actually try to encourage a family to accept referrals and supports. Then, when we try to refer, there are very limited places that we can refer for supports or wait times. Due to some of the vulnerabilities of our community, they're then waiting for a diagnosis for very long periods of time. We are also a no-interest loans provider. Many of those families, once they are open to embrace therapies and so forth, they then find that they need the diagnosis in order to—it opens up opportunities or bigger NDIS packages and that. It's really sad that that's the case but that's how it has turned out—how it has been rolled out. Then they come for a no-interest loan to actually pay for the assessments. That costs $2,000. That's probably another thing: For autism or ADHD assessments to cost $2,000 in 2025, it's not fair, really. If that could be looked at somehow, that would be really useful and helpful for our communities.

The Hon. SARAH MITCHELL: I was really interested in your submission when you talked about the example in Leeds. I wasn't aware of that. It's good to be able to look at what other jurisdictions are doing. In terms of the siloed issues that you mentioned in relation to data, one thing that I have found over the years—and it's not a reflection on anyone within the public service—is that sometimes getting agencies to work together can be quite the challenge, despite people being well intentioned. I'm happy for you to take it on notice, but I'm wondering, in terms of what they did in the UK, were there changes to the public service and departmental arrangements as well to streamline the processes? Is that something we could be looking at as well?

CAN YASMUT: Most definitely. What we have learned from Leeds—and you would have seen the child protection bow tie as an analogy as well—is the idea that child protection in this context is everyone's business. That was something that was implemented by the public service from the top down. They aligned all programs within the child protection system under the same outcomes framework. What we have in New South Wales currently—this is probably the best example—is the Human Services Outcomes Framework. While it sits there in program guidelines and so on, I think there is not a concerted effort to make sure that all human services try to contribute to the same outcomes. The outcomes that they had in Leeds were things like all children are healthy, children are ready for school and all children can reach their potential. There were five domains that were very plain English and very clearly identifying that it is about all children.

The nice thing about the Leeds example is that they took a community development framework to implement reform, and they did that by articulating outcomes that matter for all children. That way, not only was it then funded programs and bureaucracy, but even businesses and the media and philanthropy. Everyone could come together and work towards the same outcomes. They call themselves Child Friendly Leeds, and they wanted to be the child friendliest city in the world. I think there's nothing stopping Parliament or the New South Wales public service to have similar ambitions. Why shouldn't we be the State that is the child friendliest State in the world? To dream big sometimes I think can make some significant changes, but it needs to be a strength-based approach, not one that stigmatises or identifies what is wrong with children or with families or communities, but making sure that everyone can contribute towards indicators and an outcomes framework that is actually strength based and not just counting widgets and making sure that we fill the quotas.

If you would like us to provide you with more information, I am more than happy to take that on notice. But from a conceptual point of view, combining community development with an outcomes framework that is strength based and aligning all programs to contribute to that is probably the key. With the bow tie analogy, I wanted to say that foundational supports, especially general foundational support investment into TEI or into any human services should pick up on the point that community strengthening is not just the soft entry point. It's not just the early intervention and preventions piece. There is a whole-of-lifespan situation here. It's not a point-in-time intervention that we are talking about, or a series thereof. As children grow older, their needs change, but their communities don't. The families don't; the carers don't. There is an ongoing change, and that longitudinal and all-encompassing approach requires investment. Community strengthening is a concept that underpins not just early intervention and prevention but the whole of child protection and other human services systems.

MADDY WILLIAMS: We spoke at the inquiry into loneliness and social isolation a couple of months ago. We also talked about the UK there when it came to loneliness. They created a loneliness ministerial position.

The Hon. SARAH MITCHELL: Yes, I saw that.

MADDY WILLIAMS: All departments each year have to report against some loneliness outcomes. It's all on a dedicated website—how they're going with everything—acknowledging that lonely people are traversing all systems and all parts of life, and children with disabilities or additional needs will also interact with all systems, like health and education, as well. So a unified approach, perhaps like loneliness, where government departments are at least reporting against common outcomes may also be applied.

Ms ABIGAIL BOYD: Among the families of children with disability that you support, have you had any instances of the NDIS package being decreased, with the justification that there's going to be some foundational supports, but they're not available yet?

TAIRYN VERGARA: Yes. At the Parks Community Network, we have come across not many but a few families that have had NDIS packages cut for their child in anticipation of the rollout of the foundational supports, which obviously hasn't happened yet. What I want to say is that a large number of families in our community are not even aware of what foundational supports are. They've never heard those words, even though they may have a child that attends therapies and has an NDIS package. You also have some that are already seeing the effects of the foundational support. So there's a lot of uncertainty and fear in the community as well as to how it's going to be rolled out, because some families have existing trauma from the NDIS rollout. There are concerns like "My child does not have a formal diagnosis. Will they not have preference around access to foundational support?", "Will preference be given to children with a formal diagnosis" and so forth. Those families are coming to us to have those conversations already.

Ms ABIGAIL BOYD: Coming out of your response just then, it reminded me of my own experiences as a mother of children with a disability, where it was almost impossible to know where to go for a diagnosis. There was easy way to find out where early intervention services were, or any of those sorts of things. What role do neighbourhood centres play in that sort of informal referral service? Is that something where neighbourhood centres can plug the gap?

TAIRYN VERGARA: Yes, absolutely. Through the various services that we offer, we provide casework under the Targeted Earlier Intervention program for families who are struggling. We also receive referrals directly from DCJ for the ROSH reports that are not meeting the threshold. What we are seeing is an increased number of referrals of families where they are struggling with their parenting because they have a child with additional needs or disability. We're actually doing that work. Because they're in denial and there's all the grief and loss that they're experiencing, they're maybe not using the right approach and they've been reported, basically. So we have to do this cold-calling. They're not even aware of the referral to our service. A lot of them do engage with us because they feel that they're being heard and supported, but it takes a very long time, as I mentioned before, to get them to a point where they might accept referrals.

Ms ABIGAIL BOYD: It's great that DCJ recognises the benefit of the service that you provide. If they're referring to you, though, does that mean that they're giving you any funding?

TAIRYN VERGARA: We do receive funding under the Targeted Earlier Intervention. The unit costing is very minimal for the casework. The alternative referral pathway is only happening in south-western Sydney. In other districts, only the reports that meet the ROSH threshold are the ones that are getting a caseworker or are referred to an intensive family program. But in south-western Sydney, there's an alternative referral pathway to TEI providers for casework.

Ms ABIGAIL BOYD: Sorry for the silly question, you get funding when it's a referral from DCJ, but if someone comes—

TAIRYN VERGARA: No, we have a contract with DCJ. We have a contract, but it's only in south-west Sydney that we actually get direct referrals from DCJ, whereas in other districts most of the referrals are community referrals, self-referrals or referrals from other agencies. Up to 20 per cent, currently, of our case loads in family support services are direct referrals from DCJ, which is fantastic. Otherwise these families would not get any services; they just get closed at that point. Nobody's looking at them, because they're not meeting the threshold of risk of significant harm.

Ms ABIGAIL BOYD: I'm worried about your levels of funding, though. Are you getting enough funding, then, for all of—

TAIRYN VERGARA: No. I can tell you anecdotally as well that we're doing casework without any brokerage allowances at the moment. There's no funding for brokerage, as such. In our more intensive programs that DCJ are funding, there's probably an allowance for that. But, as we speak, the funding is not enough to cover brokerage.

Ms ABIGAIL BOYD: I'm sure I read—maybe in your submission, maybe not—that New South Wales is the only State not to provide funding to neighbourhood centres. Is that correct? I mean of core kind of like face funding.

CAN YASMUT: In terms of core funding, New South Wales is probably the big gap compared to other States. Every jurisdiction has a different kind of arrangement, but there's definitely a recognition that the social infrastructure needs to be invested in. In New South Wales, the historic development has been that neighbourhood centres are an essential part or a key part of the service system and have always been seen as an important partner to receive funding, but that core funding piece has never been addressed or implemented. The short answer to your question is yes, but there are a lot of variations when you compare it with other States.

The way that neighbourhood centres and community centres have evolved in New South Wales is different to how they have evolved in settings like in Victoria, for instance, where adult education was one of the key drivers. In Queensland, disaster response was a key driver. In Tasmania, it's probably the purest kind of community development, social infrastructure funding. But then again, it's a much more compact system with 36 neighbourhood centres, whereas in New South Wales you're looking at 175 that all, over the decades, have grown and changed and evolved. To find the common denominator within the service delivery aspect is fairly difficult.

That's why we always talk about TEI, because TEI is, in many regards, funding these grassroots activities that we're talking about—referral advice, soft entry point, whole-of-community support. All the things that benefit foundational supports—potentially, already are and potentially could more in the future—are effectively funded out of the child protection system. Our argument is that, if the social infrastructure element was recognised with core funding and neighbourhood centres, it would take a huge amount of pressure off the child protection system, it would allow TEI funding to be much more targeted at where it is meant to be targeted, and it would allow local organisations to do that community-level initial assessment and support, and general foundational support work.

The CHAIR: I'm mindful of time. I have one question following on from the TEI funding, which has now been recommissioned and called the Family Connect and Support. You earlier mentioned the overhaul of TEI funding and services in light of the review that's happened. Have you been involved, or has TEI been included in any way, with the out-of-home care reforms that are taking place at the moment?

MADDY WILLIAMS: No, I don't think so.

CAN YASMUT: No is probably the short answer, I agree. It is interesting that in the out-of-home care review there is definitely a recognition that early intervention and prevention should play a more prominent role in reforming the child protection system across the board. The review and the reform attempt is very much focusing on a very pointed end of the system where there are some dysfunctionalities, and obviously some good work can be done in that space. LCSA's position is that we—it is probably best summarised in the bowtie.

Our position is that investing into community, strengthening community-level support, and into place-based organisations is a way of not only allowing early intervention and prevention but will also create an environment where people that come out of the system or come down the system—like they need to be reintegrated into a community that is strong and resilient. LCSA would certainly like to have TEI and, in particular, for the notion of prevention to be reintroduced into the child protection system reform process. Prevention has certainly been lost out of the policy discussion, which is a real shame.

The CHAIR: Is it fair to say you advocate that TEI out-of-home care should be in one bucket and that foundational support should be separate—they should not in any way be tapping into the same when it comes to funding?

CAN YASMUT: There is definitely a potential for foundational supports to have a standalone function that is not tied to TEI. But I also believe there is an overlap that is currently being investigated by DCJ and the Minister, looking at maybe finding ways of having foundational support mechanisms tie in with TEI outcomes. From LCSA's perspective, we look at it in three different categories. One is foundational supports could play an important role in bolstering TEI and recognising some of the work that's already been done in TEI and freeing up the resources within TEI by increasing the funding pool, through alignment or through a second program that sits alongside it—however that would look like.

We think the second one is foundational support, independently and autonomously, as a program or as a policy area, could be invested into neighbourhood and community centres as a social infrastructure network, which goes back to the point I was making to Ms Boyd that there is a social infrastructure piece. The third element is we also think that community development at large is not just tied to child protection. So we have, one, attached to TEI; two, the core funding argument; and, three, this idea that foundational support, however it looks like, needs to have a strong community development component, which is not currently funded appropriately anywhere.

The CHAIR: Unfortunately, our time has expired, but thank you again for coming today. There might have been one question taken on notice. If there are any supplementary questions, they will also be sent through to you.

(The witnesses withdrew.)

(Luncheon adjournment)

Ms GRAINNE O'LOUGHLIN, Child and Family Supports Alliance NSW, sworn and examined

Ms DINA PETRAKIS, Child and Family Supports Alliance NSW, affirmed and examined

The CHAIR: Welcome to the afternoon session. Just so you know, we have established that we'll have free-flowing questions, rather than structured, timed allocations. Before we commence, would you like to make an opening statement?

DINA PETRAKIS: Yes, we have a little introduction. I'd like to acknowledge that we're on Gadigal land. I'd like to pay my respect to Elders past and present. The Child and Family Supports Alliance NSW, otherwise known as CaFSA, thanks the members of the inquiry for their consideration of our submission and appreciates having the opportunity to speak before the legislative Committee on issues of importance to families and children. Today we represent the views of a collaboration of service providers, from mainstream, specialist, community-based and not-for-profit organisations. We collectively work with over 182,000 children and families in New South Wales, including with children with disability. CaFSA member organisations cover a range of services, from direct service provision for children with disability to support for parents, families, carers and siblings, and the provision and development of appropriate resources. We know that individual members of the alliance have made submissions to the inquiry.

Through our alliance, we are committed to representing the voices of diverse communities across New South Wales, including First Nations people; those from culturally and linguistically diverse backgrounds; the socio-economically disadvantaged; regional, rural and remote communities; and the LGBTQI community. As providers of services, we are acutely aware of the gaps in foundational supports which limit outcomes for children with disability, their parents, families and carers. We believe this can be addressed by further investment in and leveraging of existing New South Wales and national services to ensure seamless integration of foundational supports in State and national ecosystems.

One of the biggest challenges we see is that we work within a large, complex and fragmented ecosystem which precludes many families from easily navigating, accessing and finding the care they require when they need it and where they need it. Systems and service navigation solutions must be designed and implemented to address this. Foundational supports need to be sustained and culturally appropriate to ensure engagement with parents, families and carers. This will form the basis of an equitable, accessible service model.

Lessons learnt from our decades-long experience that are fundamental to the successful implementation of foundational supports include placing children and families firmly at the centre of all foundational support design and development. How will this be achieved? Firstly, it will involve investment in the local and trusted not-for-profit sector, which provides access and community-led services to children and families through mechanisms such as relational contracts and longer term funding contracts. We also must address workforce shortages, which will achieve broader care-sector parity and competition across the disability, aged-care and early childhood sectors.

Secondly, we must recognise that equity is based on the recognition of First Nations, CALD, regional and rural families and other cultural communities having universal access to support through culturally safe and appropriate services and supports. Thirdly, we need development of an integrated care system with a cross-sector approach, which includes health, early education, early childhood intervention, child and family, and social services to reduce vertical, silo-based service delivery, and facilitate easier system and service navigation for families.

Finally, we need investment in evidence-based services and supports aligned to sector best practice guidelines, including consideration of past successful programs and commissioning frameworks. This will include identifying current "green shoots" and emerging programs for families needing services that are not currently funded, including community-based ECI and parent training. Because we know that well-informed and well-supported families, communities and skilled service providers can and will work together to achieve these outcomes, we are advocating on behalf of the CaFSA alliance to offer to work with government on the design and development of foundational supports. We look forward to future collaboration on strategies that enhance child development and child and family wellbeing outcomes for all children aged zero to nine in New South Wales.

The CHAIR: We will now commence with questions. We will start with the Deputy Chair, Ms Boyd.

Ms ABIGAIL BOYD: Good afternoon. Thank you very much for your submission and for coming in today. In your submission, you speak about the need to prioritise a State-based, block-funded, not-for-profit service model that promotes collaborative place-based approaches. Can you tell us how that would work with the rollout of foundational supports in an ideal world?

GRAINNE O'LOUGHLIN: I'm happy to start with that question. It's lovely to be here. Thank you, Ms Boyd, for your question. When we look at the children accessing the NDIS package, there is a certain amount of funding that's attributed to the child and family. What we're seeing in other parts of the service system—and I work in the health system—is that there's block funding available. If we look at an amount of funding going to a service provider, and then determining how that funding is best and most equitably distributed to priority populations and need, we're seeing that there are multiple providers that will operate in foundational supports across a very diverse ecosystem. You will have health providers, early education providers and disability providers, and it's going to be very difficult to really know where to put the funding so that the child and the parents are central to receiving what they need.

We imagine that government will want to do a little bit of a gap analysis around current systems in New South Wales—that is what's currently funded through Health, what's currently funded through programs like TEI and supported playgroups and, indeed, some of the Federal funding that is provided in certain ecosystems for playgroups and early intervention for priority populations. I think there's a bit of a gap analysis that needs to happen of what's existing. We're very mindful not to assume that the current resources across all of those systems are sufficient to provide foundational supports for children.

Ms ABIGAIL BOYD: If you look at the State now, where are foundational supports most required, in your view? If we had to prioritise a rollout, where would we be prioritising it and for whom?

GRAINNE O'LOUGHLIN: In our submission we talk a lot about the very early intervention prevention. We know that much of our work starts with early screening and finding where the families are in the system. There is really a no wrong door. Families will come in through GPs, they'll come in through Health, they'll be in antenatal clinics, they'll be in supported playgroups, and they'll be in neighbourhood centres. They'll be in a variety of—every door is the right door kind of way. What we see—and our statistics bear out—that we've only got 20 or 30 per cent of children in different jurisdictions across Australia that are actually having their developmental screening milestones. We do believe that starting with a cohesive approach to developmental screening and making sure that we have families that fall through the cracks, so the priority populations—culturally and linguistically diverse families especially, and First Nations families—how do we design a system that meets a family where it's at? If it comes in a Health door, we can screen. If it comes in a playgroup door, we can screen.

Not just screening the children, but also the health and wellbeing of that entire family. Parental wellbeing and mental health and some of the stresses and the socio-economic pressures on families as well. You're looking at a whole-of-family, whole-of-community approach. If we start there, then we're looking at navigators and integrated models of care. If a family comes in—whatever door they come in—and has a developmental screening, and psychosocial and other things are identified at that early stage, then that navigator can help families navigate this very complex service system through early education, disability, and social services and health services. That should stand for whatever door they come through.

Ms ABIGAIL BOYD: I really like the term community-based navigator role. There's been a similar thing that's come up in other submissions with different names around it, but it's a similar concept. When you look at the way that services currently sit—government gives funding to particular services that then provide their services out, and it's all governed by that funding structure. Whereas, in an ideal world, you would design it the other way around. As you say, you meet the families where they're at. Regardless of where they come in, they're able to access the service, and then the funding follows.

GRAINNE O'LOUGHLIN: Correct.

Ms ABIGAIL BOYD: With this rollout or with this new focus perhaps on foundational supports, how do we do things in a better way to try and do that more integrated approach?

GRAINNE O'LOUGHLIN: It's a great question. There's been quite a lot of work done. I don't know if you're hearing any evidence from the National Child and Family Hubs Network. I'm also part of that national network. There's about 476 child and family hubs across Australia that are already established. There are different streams of those hubs, if you like. There are primary care hubs that have early parenting and child and family health that are very GP, medical, hierarchical. Then there's some community hubs that are run by NGOs—in fact, like my role in Karitane—working with groups like Playgroup NSW and bringing wraparound supports into a hub of existing service providers. They already bring their funding in. It's not new funding, if you like, but we do need support to make that collaboration happen in a formalised, structured way.

There's also then school hubs. You might have navigators in schools, particularly on some of the lower priority population schools and school hub navigators. We capture those first 2,000 days in these child and family hubs, but there's also community hubs for children transitioning to school and then into the early years of school, particularly for new arrivals. I'm based in Fairfield, so for people that easily fall through the cracks through language barriers or socio-economic barriers.

There are some really good models of this in existence. We just recently had a UK visitor, Mark Smith, from the University of Manchester, talk about relational contracting. How does the Government incentivise not just relational care but also relational contracting? How do we incentivise organisations to partner, and partner quite purposefully, and to build the workforce capacity to think beyond being funded as a singular organisation? We're being funded for a hub, and some of us may have existing resources, and we may need a bit of a top-up to create navigators and backbone supports and data things and governance models, but you're not really starting from scratch. You're not just using the State funding; you're using organisations and NGOs and not-for-profits who are partly funded by the Federal Government already.

When we do that service mapping, if we do that by priority populations or LGAs, and have a look at who's funding what in that particular geographical region, we can start to think, "Okay, are we using the funding to the best of its ability? Is it well coordinated and being used efficiently and are we getting impactful outcomes?" We're all waiting for the EDC 2024 data to come out. Are we using it effectively, but is there a gap, and who could or should or would fund that gap? If it's capital works funding, if it's backbone or glue funding to run these sorts of hubs, or it's actually a gap in service provision. We know that there's lots of gaps in allied health everywhere—in disability, in healthcare—and we know that in foundational supports there's going to be a great need for allied health services. There's going to be a great need for diagnostic paediatric psychiatry—children on the spectrum and diagnostic pathways—and, indeed, the child and family health. Where families are entering the system in health care, how do we tap them into this broader ecosystem with these navigators?

Indeed, who are these navigators, what training do they need and what industrial requirements do we have to build that navigator workforce? You can be a nurse, you can be a social worker, you can be a psychologist, you can be a healthcare worker. You can be a variety of people, but we've got to really develop a navigator workforce. If I may say, there's some great models that you may hear from some of our colleagues around the peer workforce. We're hearing more about peer workers and the influence that peers can have, and how we can utilise peers in a peer workforce model and also train volunteers. How do we scaffold and create a step care workforce from professional, peer and trained volunteers, because we know we've got scarce resources. There are some very lovely pockets of work out there that we can bring to the committee's attention.

The CHAIR: Could you talk a little bit more about that peer workforce and the role of the volunteers within that as well?

GRAINNE O'LOUGHLIN: Yes, sure. In the summary on page 4, we've got a little bit about the peer support and peer workforce models. Then in the body of our submission we do—in fact, some of our organisations that are in CaFSA, that's purely their entire role. In terms of the peer workforce and trained volunteers, I can give you an example of Volunteer Family Connect. That's a program that's run by Karitane. It's a stepped care to maternal, child and family health nursing. It's families that might be new arrivals. They don't meet a threshold for professional care, but it might be a parent who's isolated looking after a child or multiple children. They may or may not have a disability or have extra support needs. That family needs support in their community, but they may not need a professional nurse home visit or something else, so the trained volunteers actually then wrap around and stay with that family for about 12 months as a key worker. They've got an escalation pathway, so if things are needing professional support that volunteer is trained through an evidence-based training pathway to provide support.

Then with peer workers or people with lived experience, it's making sure that we can bring people with a lived experience through a diagnostic pathway, or parents who are managing children with similar developmental concerns et cetera, and how we bring them in to show how they may have navigated the system or the lessons that they've learnt. That often builds a lot of trust, in fact. We've got a young parents' program in south-west Sydney, for example, called Village Connect. There seems to be quite an over-representation of young parents with children with some sort of developmental needs and concerns. We brought in a peer young parent workforce to work alongside them. They've talked about how they've navigated that, and it builds a real trust from the get-go. It reduces the stigma and some of the challenges in explaining where they're at. There's really a lot of peer-led programs, but they must be free or low cost.

DINA PETRAKIS: I'm going to add to that, because it's really important in the representation of CALD communities, especially for universal access, because this is basically what we're talking about. We're talking about universal access to foundational supports. What Grainne was saying about the community hubs and peer support is critical for those harder to reach communities that are not accessing and will not access services.

Working with newly arrived families, we know that they're not even taking their children for mandatory health checks because they don't have the literacy around how you navigate the systems, what systems are actually there, and the people that they trust are not necessarily doctors. In certain communities, it's a very gendered culture—women will be accompanied by their husbands to a male doctor, and their husband will speak for them, and that won't necessarily mean that the information and advice and support the woman gets is actually what she needs.

So, what these women are finding is they go to another woman in their community who has already navigated the system, who has been here longer, and that's their trusted source of truth. These women are already doing the peer navigation in a very informal and organic way, and already supporting these women with young families, whose children may have developmental delay and other issues, to navigate a system that is beyond complex for them and their literacy levels. I cannot reiterate enough how important it is to have peer support—trusted community leaders helping families with children, and in a co-designed space like these community hubs where they can go and feel safe, because this is about safety.

The Hon. SARAH MITCHELL: Thank you both for being here and for your submission, and particularly for the case studies. It is really good to get an understanding of some of the specifics. I was also interested in the peer support, but I think you have answered the questions that I have on that. To turn to the part of your submission where you speak about early childhood intervention, obviously I am acutely aware of how important that is. On page 22 you talk about some of the challenges for educators in early childhood settings and in classroom settings where children need to be pulled out. The second dot point on the top of page 22 is what I am referring to. In terms of your experiences, what are some of the ways we can help address those challenges, particularly around capacity building in early childhood educators? Also, what needs to change in schools to allow better access for those services for the children who need it? I am happy for either or both—whoever wants to answer.

DINA PETRAKIS: From our experience, we have found that often children with disability who have been assessed and go into school who need extra support, there's basically two things that happen. Often, there is a challenge around who pays for the support, as Grainne was saying earlier. Is it an NDIS Commonwealth issue? If the child is on an NDIS package, does it become a NSW Department of Education issue? There are challenges around that, to begin with. Then, as you've pointed out, there are challenges around capacity building educators, around having children with additional needs in classes, and then about the timetabling. And if they need a therapist, if they need a speech pathologist, occupational therapist, the timetabling and the scheduling of these services can often be challenging for the regular timetable of the school, which can often be quite rigid.

That definitely poses issues. What we can do around that, I'm happy to take on notice. Or maybe Grainne, you would like to add? But we do see it at a school level all the time. It definitely is an issue that needs to be addressed because it breaks down the seamless educational pathway of the child. If they're being taken out of class constantly—and not only taken out, but if there are challenges as to when they can be taken out—when is the therapist available? When is the teacher available? There are all these scheduling challenges on top of everything else.

The Hon. SARAH MITCHELL: Many of us were on a committee that Ms Boyd chaired into looking specifically at support for children with disability in educational settings. It is a theme that came up there as well. Did you want to add anything, Ms O'Loughlin?

GRAINNE O'LOUGHLIN: No, I don't at this point. Thank you.

The Hon. ANTHONY D'ADAM: Obviously there is a big bucket of money that is coming, prospectively, around foundational supports. I think that gets a lot of people thinking about the opportunities for additional initiatives. But ultimately, even if it is a big bucket, it is still a limited bucket. We had an earlier contribution where I asked about the definitional question of what constitutes a foundational support. Through the proceedings this morning it is quite clear some people have very broad views, others perhaps a little narrower. What is your view about what should be the core way we define "foundational support"?

GRAINNE O'LOUGHLIN: It's one of those slightly intangible things, as we speak about it, and so we've been looking at the Federal definitions and the Productivity Commission report and reform papers into targeted foundational supports definitions. I suppose those are the ones that we've been working to in CaFSA. But in speaking with our colleagues across the ecosystem, it does feel like everyone has got a different definition and a different threshold. Some people think they're already providing foundational supports in one way or another, and that is probably true, depending on how broad your definition is.

I guess what we would do is turn it back to say we need to seek a common definition that everyone is working to, and then work out what's in scope for that. Even in reading some of your submissions, I think it was

Autism Australia who said, "We still don't really know what foundational supports are, and we feel that it's challenging to make some representation on it because it feels sort of rubbery, still."

For us in the health world, it would be children who reach a threshold on a developmental screening tool that means they need more than universal supports, and there's somewhere between universal supports and meeting a threshold for an NDIS plan that is going to create a world of foundational supports. And you're right—this bucket is not going to go across all of those ecosystems. And how do we know which part of that ecosystem to put that money in, because these families actually touch multiple points. They don't just sit with one organisation or one part of the system; they touch education, they touch Health, they touch disability services. I don't envy the task of working out the funding model for foundational supports. It is complex and challenging.

The Hon. ANTHONY D'ADAM: Obviously, the NDIS has created a structure with a lot of not-for-profit and non-government providers, and so there is a sort of assumption that the delivery of foundational supports will replicate that ecosystem approach. I think you touched on this idea around long-term funding and relational contracts, and a different way of procuring. I want to pose to you an alternative proposition. Perhaps when we look at the bucket of money and we carve it up, most of it is actually going to be consumed by direct State delivery. Is that a better model, or might you disagree that it is not a better model in terms of having some high degree of line of sight about what is being delivered and the accountability for that expenditure?

GRAINNE O'LOUGHLIN: I'm happy to answer. I do think putting all the responsibility into the State bucket will create a very different way of working for a number of the NGOs who are currently funded. If we look at the funding mix for a number of the organisations that are funding, I would say that everybody's got some Federal funding, some State funding, some philanthropic funding and different grant fundings. There's a real hotchpotch of funding mechanisms, and some of them are short-term, one-off grants et cetera. So there's a funding sustainability issue for many of the not-for-profits that are funded in short-term grant rounds.

If I compared the Targeted Earlier Intervention funding rounds by the State to the DSS Communities for Children programs, for example—some of them are covering similar geographic footprints—you would hope that's symbiotic, complementary work and that there's not duplication in that system. But if one or the other of those gets removed, you've got to work out what gap it's leaving. If, say, C for C funding disappeared in an LGA, what would that burden be onto the State? So I think there's a very big funding mix review to see what the proportion of not-for-profits are that are funded currently by Federal funding for different funding rounds. And we know that there's a big DSS review, obviously, around Communities for Children and strong communities—and also, I would say, the necessary and rightful funding shift to Aboriginal community controlled organisations in the transition and how we workforce capacity build, given the over-representation of First Nations children.

If there was to be some sort of community funding split between Federal and State, it would then beg the question: What is the Federal Government's skin in the game in supporting foundational support? Is it capex? Is it glue funding? Is it relational contracting for supporting child and family hubs so that the State is the service provider? But if there's capex or this glue funding for child and family hubs—whatever that could look like. I think everybody's open to different options of what that funding could look like. But I do think that relational contracting opportunity—and commissioning collaborative approaches to service provision—is one that's very ripe for exploration.

The CHAIR: There were a couple of things that you raised about a gap analysis. Are you aware if that is being undertaken at the moment? If not, what's the scope of it? What would you expect?

GRAINNE O'LOUGHLIN: It's a very good question. It's also evolutionary because it's always a point in time when a gap analysis is taken, and things spring up and disappear quite rapidly in our child and family ecosystem. I would say that there's a fragmented approach to doing a gap analysis. From time to time when we're going through, for example, the TEI reforms, there will be a statewide TEI—what are the NGOs currently providing in TEI? I've participated in DSS gap analysis. I guess it's getting the peak gap analysis people to speak to each other. I think the work is being done, but it's being done fragmented and it needs to be brought together holistically.

As soon as you've done a gap analysis, it's like, "When are these funding cliffs coming? Who's going to lose funding for something on 30 June that may or may not be refunded? How current is it? Who's keeping their finger on the pulse and looking forward to three to five years of scanning?" And that's why I think the recontracting is really important. It's important on so many levels. One, you build trust in communities that you're providing these services to. You've got workforce contracts for people that you spend a lot of energy and effort and money in building capacity, and then the funding runs out and you lose your staff, and you've got to either start again or lose a service. There is wastefulness in workforce capacity building if we can't retain staff because we've got these short-term contracts.

I think the potential to create some better centralised workforce capacity building happens often at organisational levels. How do we fund peaks and others to look at workforce capacity building? Many NGOs are trying to get people up to skill. But how do we get more centralised competency standards in all workforces and how do we run that centrally, as well as the training for that? Look, it's big work, but it's quite exciting because it feels like there is an opportunity to really work with the Federal Government to get this funding sorted. The gap analysis, I would say—the AEDC data will give us another snapshot of where we've got priority populations starting school with one, two or more developmental vulnerabilities. I think that would give us a good sense of which communities, at least, we need to focus our attention on in New South Wales.

The CHAIR: I suppose we've got a situation where some organisations have been federally funded. They know that they're no longer funded under that model because of changes. Obviously, there was an expectation that foundational supports and the State-Commonwealth agreements would all be settled.

GRAINNE O'LOUGHLIN: Yes.

The CHAIR: We're now in this sort of limbo land where from 30 June there could be some that will be unfunded, which again creates a bigger gap. Are you aware of where those organisations or areas of concern are now and what needs to be done to give them a safety net or transition until something is finalised?

GRAINNE O'LOUGHLIN: One of my other hats that I wear outside of what I'm speaking to you about is—I'm the chair of the Ability Roundtable benchmarking national organisation that looks at benchmarking across the disability sector. We've been doing white papers for the Federal Government on the funding gap and the at-risk disability providers, and the cost to provide allied health interventions in disability, and the large private sector of allied health in the sector. There are definitely organisations going into administration, or close to, who can't break even.

We've looked at probably about 30 to 40 per cent that are not breaking even. I think there is a very big risk of some of these not-for-profits not being able to deliver and disinvesting because they're making such a heavy loss. And I think that burden of those services then not being provided in the system—ultimately, it's the families, these families that we say are at the heart and the centre of what we do. If they have to disinvest, these families are left sitting in this transitional limbo land. I'm not clear what the transition plan is. I don't know if anybody is clear what the transition plan is.

The CHAIR: Is there a plan?

GRAINNE O'LOUGHLIN: I'm not aware of a plan.

The CHAIR: These families—will it become a cost shift straight to the State, or is it that they will fall through cracks?

GRAINNE O'LOUGHLIN: Probably a bit of both, I would think. If there are NGOs going out of business—and not-for-profits—I would think that, ethically and morally, they will do some sort of transition plan with families that are in their care and look for alternate support pathways. But the reality is they'll be passing it to somebody who won't have enough supports to pick it up.

The CHAIR: Who's probably already at capacity.

GRAINNE O'LOUGHLIN: Yes.

DINA PETRAKIS: If I can add, because we work with a lot of small, community-based, monocultural providers—they are part of that group that Grainne was talking about where they live off funding which is obviously quite small. They live from year to year, not knowing whether in the following year they will be funded, and they work with families within their communities that are obviously quite vulnerable. And so, everybody is looking at what's happening with foundational supports because it'll be such a large shift in terms of funding and all the challenges that will come with that. Where do these families go?

A lot of the very small grassroots community organisations are already partnering with larger organisations to try to mitigate the challenges and the gaps facing the families if they get defunded, and to try to transition the families across. Whether these families will continue—because, with community organisations, they've had relationships with these families for years. So it's not just the parents. It's the siblings and the smaller children that are born to the families. They've sometimes had generational relationships with families. Even if you try to transition them to another organisation, it doesn't necessarily mean that those families will continue going to that new organisation for support. But the smaller community-based organisations at the moment are really vulnerable.

The CHAIR: You touched on literacy. I want to focus a little bit more on health literacy in particular. What are the particular needs of vulnerable communities—Aboriginal communities, CALD communities—to increase awareness and what are the strategies to reach out?

GRAINNE O'LOUGHLIN: You can start.

DINA PETRAKIS: Gosh, where do I start? Literacy, obviously, is not about language. One of the things we find is that sometimes, because it's expedient, the easy way out is to translate something into the language of the community that you want to target, but translations and language is not literacy. Literacy is about knowing the system, knowing the culture of the system, knowing how to navigate that system. That's literacy. Language is just a small part of that. What we're finding is people are being given brochures in that language, but they may not even be able to read their own language because their own literacy levels may be quite low. But also, they may read the language but it may not make sense to them because they may not know what it's even about.

Places where we are receiving newly arrived migrants don't have the systems that we have for supporting education, disability or health checks for early years—any of those systems. It's very new to them. They've never heard of these systems or accessed them. They don't even know what they don't know. What we find is, as I've said before and as Grainne has said, peer navigators are the answer to that literacy because they are able to help families navigate a really complex system in a very simple way. They are able to take them along on the journey. It's not about handing out a flyer; it's about getting the family by the hand and walking with them through all the challenges and all the sector. For example, in our playgroups, one of our deliverables is that we need to show how many children from playgroups access preschool.

We knew for some newly arrived communities, they weren't accessing it. When we examined why, it's because we gave them that information, beautifully designed on pamphlets in their language, and it stayed in the mother's bag. When our bi-cultural worker took the mum with the child by the hand to the preschool, introduced them to the preschool, showed them around the preschool, explained what the preschool did, and made them feel comfortable, that mum went back to that school because they also found out the way to get there. Sometimes they don't even know how to get there. They don't know how to use GPS; they don't have cars. That was the difference—having somebody navigate them through the system, introduce them, make them feel comfortable and safe—that got them to where they were. That's literacy.

GRAINNE O'LOUGHLIN: Thanks, Dina. That's great. We've been looking at navigator pathways in the disability sector but also in the child and family sector. We've been looking at digital literacy. There's a lot of information that's put on websites and other central places. We've also been looking at the kind of ways the younger generations are accessing—through TikTok and Facebook, 30 minutes and peer things. There is a real shift actually in how the younger parents and families want to access their information. We've got the AI elements coming along, so I think there's a real opportunity here to look at digital literacy and e-navigation pathways.

There are lots of apps and things that are out and available. There's an e-navigation system called Barb, by Kindship, that has a fantastic pathway for families to navigate to the best point of care in disability. I think when we're looking at our gap analysis, we're certainly very focused on place-based initiatives and pathways, but there's also e-navigation and e-pathways and e-resources and online and self-help and peer online and other really untapped and evolving ways to access supports other than in-person, place-based supports.

The CHAIR: I'm mindful that our time has expired already. Is there anything else that you would like to put on record or recommend that you haven't covered?

GRAINNE O'LOUGHLIN: I'm just going to check that because obviously we're representing another group, and I just want to make sure that we have really addressed the things that we came to talk about. I think we have addressed the recommendations. Thank you very much.

The CHAIR: On behalf of the Committee, I just want to also extend our appreciation and thanks for all that you do for families and young people across New South Wales but also Australia, as you are a bit broader. Thank you very much.

GRAINNE O'LOUGHLIN: Thank you. We look forward to hearing the findings.

(The witnesses withdrew.)

Mr NICHOLAS BLAXELL, NDIS Appeals Advocate, Multicultural Disability Advocacy Association of NSW, affirmed and examined

The CHAIR: Good afternoon. Thank you for coming today. Before we commence, is there an opening statement that you'd like to make?

NICHOLAS BLAXELL: The Multicultural Disability Advocacy Association of NSW is the peak body in New South Wales for people with disability and their families and carers, with a particular focus on those from a culturally and linguistically diverse and non-English-speaking background with disability. Our vision is a society where everyone, regardless of background or disability, feels welcomed, included and supported. The NDIS review recommended increased funding of foundational supports and highlighted their impacts and necessity for families and young people with disabilities. Through investing in foundational supports, strain on the NDIS itself can be minimised. Foundational supports are especially needed within CALD communities that have their own barriers.

People with disability and their families and carers need to have more options when it comes to services and supports, and early intervention support should be of importance. Investment in foundational supports could mean that people with disabilities have better overall quality of life. Children and young people will be better able to participate fully in their community and school, and see increased social development. Funding foundational supports in an educational setting such as schools is in line with the New South Wales Government's recent Performance and Wellbeing Framework. Foundational supports not only have a significant positive impact on the health and wellbeing of children with disability but also help families and carers feel more supported, equipped and resilient in their caregiving roles, supporting the entire disability community to be more independent.

Foundational supports are an essential safety net for the many individuals who fall outside the NDIS framework, while also enhancing outcomes for those within it. With proper investment, these supports can promote inclusion, build capacity and ease the long-term strain on government systems. Schools, families and communities must be equipped with the right tools, training and resources to ensure that all children, regardless of background or ability, are given the opportunity to thrive. The Multicultural Disability Advocacy Association appreciates the opportunity to contribute today and urges the Committee to consider the perspective and lived experiences of CALD communities living with disabilities.

The CHAIR: Just to give you a bit of an overview, we're going to have free-flowing questions rather than allocated times. We have a number of members who are online as well. I might start with just a couple of questions. Could you give a bit of an overview of some of the advocacy work that you've been doing, particularly since the changes that have been announced around the NDIS?

NICHOLAS BLAXELL: I guess the advocacy work, on the whole, that I do since the changes to the NDIS happened hasn't changed. It's more the outcomes that have changed and, to some degree, the difficulty in obtaining those outcomes. It has become a lot more difficult in actually obtaining the outcomes that people are requesting. We are getting a much higher degree of people applying to our organisation for advocacy work simply because they're unhappy with the original plan they're getting.

Realistically, when they go through the tribunal process, they're not able to get the outcome they want because the legislation is no longer allowing them to get the outcome that they've had previously, in the past. That is leaving them in a position where they feel like, particularly for young children or those that are going through a significant life change, like leaving school and moving on to the next stage of their life, the supports they want just don't exist, either within the NDIS or within the systems outside of the NDIS, leaving them in a position where they're not being supported.

The CHAIR: What is the pathway for an individual or for a family once they're told that their appeal has been unsuccessful? What options are available at the moment?

NICHOLAS BLAXELL: Realistically, they can put through another request to appeal the decision, if they wish, at the tribunal. Very few choose to do that because, by that stage, most of them have been at the tribunal for close to 12 months, and they need a significant reason to appeal the tribunal decision to justify that the decision was incorrect. They need to actually be able to prove that the decision that was made was against the law, so very few actually try to follow that path. Most of them turn round and say, "I'm upset with the decision that was made, but I can't do anything about it." They will try to work with the plan that they currently have if they are on the NDIS, or they will try to find some other form of support. We hear back from them in three to six months time with further evidence claiming that their current situation is not working for them and they do need to try again, to go to the tribunal to get further funding, because they now have further evidence and believe that they can challenge the previous decision.

The CHAIR: Do you do any work in referring them on to other support services?

NICHOLAS BLAXELL: As I said, it depends very much on the age. A lot of the decisions that I've worked with have been for young children, and a lot of those are requesting funding for accessing special schools or funding supports to help them build their capacity outside of school services. Obviously, the NDIS's decision is that the NDIS is not responsible for any funding within an educational environment, because the legislation states that the NDIS is only responsible for funding within the NDIS funding, whereas funding that should be the responsibility of another government department or service should be the responsibility of that department or service; therefore, funding within the educational system should be the funding of the educational system. That, unfortunately, leaves a lot of people only getting supports like occupational therapy or speech therapy, instead of funding for support for special schools et cetera that they're asking for.

They then turn around and argue that's insufficient. They will then send their child off to a regular preschool for six months because they can't find a spot in a special-needs preschool. We get reports given to us six months later that they are attending the regular preschool for an hour or half an hour a day. Due to aggressive behaviour or being unable to communicate, due to being non-verbal or similar difficulties, the mainstream preschool is unable to look after them. After half an hour to an hour each day at the preschool, the parents are being called to take them home because the preschool just doesn't have the resources, the staff don't have the training to look after them and the provision of occupational therapy and speech therapy is insufficient to develop the skills that they need.

The CHAIR: I have one question around access, and it's been raised earlier today. Some people have called it postcode lotteries or location lotteries—that there's an uneven allocation of being able to access services. I'm interested to know about some of the particular challenges that may have been raised with your association that affect multicultural communities.

NICHOLAS BLAXELL: Something that is of importance to us is the difficulties of getting to the multicultural communities, because it is, obviously, our area of specialty. It is something that we do have experience with, and we do realise that is an area of difficulty. It is something that, if you read our submission, it talks about the fact that there need to be people employed within those communities that actually know the community, that actually know how to communicate within the community and speak the languages within that community. There need to be interpreters employed that can speak the languages within the community. But, yes, it is certainly an area of concern to us that there is shortage of places within CALD communities. There are difficulties trying to get the CALD communities to access certain services. That's a major barrier that we're well aware of, and it's one that we are working on. As for a short-term answer to that one, I don't believe a short-term answer that we can come up with in the next six months exists. That's going to be a long-term issue.

Ms ABIGAIL BOYD: In your submission you talk about the importance of disability advocacy organisations. Can you explain to the Committee why disability advocacy is so important, how that interacts with a true co-designed process and what we should be looking for here?

NICHOLAS BLAXELL: That's a very good question.

Ms ABIGAIL BOYD: It's a very big question, sorry.

NICHOLAS BLAXELL: I think that's one that I could very well take some time to expand on, if you give me the opportunity to expand on that. I would like to take that on notice to expand on that one. I could give you a short answer now, but I think that's one that, to do justice to, I would like to take on notice because it probably deserves more consideration than I could give it in the next couple of seconds.

Ms ABIGAIL BOYD: I understand. Given the gaps that already exist and the problems that we already have in the services that are available, how important do you think a co-designed process for rolling out foundational supports is to making sure that we don't repeat mistakes. My questions are not very clear, so if you want to take that one on notice as well, that is fine.

NICHOLAS BLAXELL: It would be very easy to make mistakes, particularly within the CALD communities. You would need to interact with the CALD communities. You would need to have people from the CALD communities who know that community. You wouldn't want somebody who presumes that they know the community to be making decisions on their behalf. You would want the CALD community themselves to be involved in the process of developing the foundational supports.

That's something that we have learnt in the past from prior experience and, I'll be honest, it's something I've learned from my own personal experience. You do need to actually get the community involved, not presume that you know what the community wants. That is a key to that question. It would be a very difficult one when you're talking about a multicultural society like Australia because, obviously, you don't have set sections of different communities living in certain areas. You do have certain suburbs or certain areas that have a higher density of certain communities or certain languages being spoken. Obviously, there's a need for services using that community, that language, that nationality in that area. But, as I said, it's not going to be a six-month fix; it's going to be a long-term fix.

It does come back, I guess, to your original question—that when you don't have a simple solution to something, you do need the advocacy as a backup because, when you don't get the answer right the first time, you do need the advocacy as a solution to try to figure out what the problem is and to try to go and solve the solution: Go to the services, go to the organisations and try and figure out where we failed to get it right the first time; see what changes need to be made and have the organisation to help support the individual, support the community; and figure out what needs to be done and whether it needs to be done for an individual or whether it needs to be done on a grand scale to change the entire set-up and the entire community—change the Government's processes or the organisation's processes rather than just trying to help this one individual.

The Hon. ANTHONY D'ADAM: We heard evidence earlier today about the issue of the stigma associated with disability in some CALD communities. I wonder whether you have any thoughts on what can be done to try to address that barrier to some parts of the community accessing services.

NICHOLAS BLAXELL: I'm sorry, I didn't quite catch that question.

The Hon. ANTHONY D'ADAM: It has been suggested that in some CALD communities there's a stigma associated with identifying that your child may have a disability, and this then presents a barrier to them accessing services. I wonder whether your organisation has a view about what needs to be done to try to address those questions around how we overcome that hesitancy that might be there in some CALD communities.

NICHOLAS BLAXELL: I will agree with you that, personally, from what I have come across, there are different communities where that stigma does exist. As to a solution to that, I might need to take that question on notice because I don't think I have an answer to that one myself. My organisation might, but I don't have an answer to that one myself off the top of my head at the moment.

The CHAIR: I have a couple of questions. One of the recommendations in your submission is about further investment in culturally appropriate services and supports. Could you give an example of the types of supports that are needed to improve engagement with CALD community?

NICHOLAS BLAXELL: It would depend very much on the communities. It does depend very much on the culture. It's not a one-size-fits-all approach. I think we might need to take that question on notice too because I can't do that question justice in the time we've got available.

The CHAIR: That's fine. Earlier it was raised that around 20 or 30 per cent of children are having health screening and early development checks. Do you have any suggestions on how better to engage the CALD community to increase the number of families and children that are having checks?

NICHOLAS BLAXELL: That's actually outside of my knowledge, so I might need to take that one on notice too. Sorry.

The CHAIR: No, that's fine. On behalf of the Committee, thank you for all that you do, particularly as an advocate for families and young people with disabilities, and thank you very much for coming today.

(The witness withdrew.)

(Short adjournment)

Ms GILLIAN WHITE, Deputy Secretary, The Cabinet Office, New South Wales Government, sworn and examined

Ms ANNE CAMPBELL, Deputy Secretary, NSW Department of Communities and Justice, sworn and examined

The CHAIR: Thank you very much for coming in this afternoon. Would either of you like to make an opening statement?

GILLIAN WHITE: We're happy to take questions.

The CHAIR: When we began, we expected we might be a little bit more advanced on what foundational supports are and where the State and Commonwealth are up to, particularly in light of our recent comments by Minister Butler that indicated there may not be a clear understanding until towards the end of the year. Could you give an overview as to where things are up to around the State and Commonwealth plans, particularly in light of expectations of things coming to fruition by 1 July this year?

GILLIAN WHITE: I can start. We're a bit of a double act, so we'll have that as quite conversational, if that works for the Committee. It was quite helpful timing for you all to have heard Minister Butler's comments, but it is fair to say that the States and Territories are continuing to negotiate with the Commonwealth. You'd be aware that, in December 2023, there was a National Cabinet decision. That decision was about progressing both national health reform negotiations, as well as disability reforms, so those two negotiations, in effect, became quite tied together.

Over the course of over a year, there's been some progress and some toing and froing on the nature of those negotiations, which culminated most recently in a one-year agreement that was reached not too long before the Federal election. In that one-year agreement, there were certain decisions made about some additional health funding for a one-year health addendum and then commitments were made about continuing to progress the work on disability reform. The nature of those commitments were about continuing the process on NDIS reform as co-governors of the system, as articulated in some of the changes to the NDIS arrangements that had passed through the Commonwealth Parliament. In addition to that, there was a commitment made for the States and Territories to continue to collaborate with the Commonwealth on the design of foundational supports associated with the 0 to 9 age cohort and, in addition to that, to continue progress on general foundational supports. It is one of the cohorts that was articulated in the NDIS review.

On the back of that commitment, we obviously communicated that widely within New South Wales Government circles and have begun to reach out to relevant stakeholders. Before then, there was a little bit of uncertainty about timing and next steps but we're now beginning the more detailed process of informing stakeholders that, at this stage, there's an agreement about progressing the design on 0 to 9 foundational supports, where we're working in good faith—and in detail—with Commonwealth officials, and at a political level as well. That's what we'll begin more consultation on. Ms Campbell can go to that detail in the course of our discussions today.

ANNE CAMPBELL: I can touch on that now, if you like. We've developed a communications and engagement strategy approach to inform the design of foundational supports for New South Wales. We're establishing a foundational supports group—it's called a children's advisory group for foundational supports—and we're hoping that will commence in June this year. I can't go into the details of the make-up—we're still working through some of those issues—because we've also got to be cognisant that, if we do go out and commission services in the future, we abide by procurement guidelines and those sorts of things. Membership will include experts in the field of disability, early intervention, early childhood peaks, advocacy, Aboriginal, multicultural, health, parent reps, TCO and education. We're also looking at how we engage with people with the lived experience of disability.

We'll be doing about 30 consultations face to face across New South Wales and six webinars in the second half of 2025 for families and carers. The sector and people with disability will be engaged in those processes. I think about a third of the sessions will be led by an Aboriginal-led consultant to make sure that whatever's developed is culturally appropriate, because what we know is that foundational supports are going to work differently for different communities. We're looking at some half-day forums focusing on autism and disability inclusion as well. That's just the beginning of it. We're hoping to have a website up and running so everyone in the community can actually see the consultation schedules and what's occurring. That's just a quick summary.

The CHAIR: What's the time frame for when a final decision will be made between the States and the Commonwealth? Has that been landed?

GILLIAN WHITE: No, that hasn't been landed. Certainly, conversations will now ramp back up again following the outcomes of the Federal election. We all noted with interest the connection in Minister Butler's portfolio with those two areas. We know that the Commonwealth has a great deal of interest in relatively speedy progress on foundational supports, and I think State officials share the view that there's a real balance to achieve here at both maintaining good progress and giving confidence to the public. In addition to that, we are talking about growing and enhancing and potentially building new aspects of a service system. We are conscious of how much work it took to establish the NDIS in the first place, so with changes to the NDIS we need to have genuine time to collaborate, design and procure effectively through that process.

ANNE CAMPBELL: I can add to that, too, that there has been consultation that the Commonwealth has led during the latter part of last year, and States and Territories attended a lot of those sessions and webinars. We also ran a couple of sessions. I should say that, in November 2024, the Department of Social Services—I think it was called the Social Deck—did a feedback on what they'd heard through those consultations. There were three key areas that they identified: governance and quality are inconsistent across different levels of government; people with disabilities and their families, carers and communities must be included in all stages of support design; and supports need to be person centred, holistic and flexible to meet the needs of people with disabilities and integrated into the existing service system. What we're obviously wanting to design isn't something that is siloed but something that actually is an ecosystem of disability supports for children and families.

The third area was that the introduction of a new support system is likely to exacerbate workforce shortages. There is a really big piece there in terms of workforce capacity that we will need to be focusing on. We also ran a couple of sessions ourselves at the end of last year with the NDS and CASPA, which has been really useful in terms of understanding what is happening on the ground now and where is there fragmentation in services. There's quite a lot of work to do in a relatively—the time frame is unknown at this point.

The CHAIR: That brings me to the next question about those gaps in services. Is there a review? An audit came up today in discussion of what services are currently available and whether or not that's occurring at a State level at this stage.

ANNE CAMPBELL: At this stage, we've done some really basic work. Obviously, we're going to have to progress that pretty quickly now that we can actually go out and consult with people and find out what's happening in various local communities. What works in regional or remote communities won't necessarily work in metropolitan and vice versa. We know there are very thin markets, particularly in regional and remote areas. I think the NDIS review identified that and I think the disability royal commission also identified the lack of services available for people with disability in some of those locations. There's quite a bit of work to do.

The CHAIR: Before I hand over to the Deputy Chair, I have one other question about some of those gaps. It was raised today and we're aware of some organisations that received Federal funding that no longer can access those grants. For some of them, I understand, their funding will run out by 30 June this year. What work is being done around identifying those service providers at the moment that will not be able to continue to provide a service and to make sure people don't fall through the cracks?

ANNE CAMPBELL: I can probably take that on notice. We can talk with the Commonwealth, who funds those programs. Obviously, we've now got a new government that has come in federally and changes are occurring between what was DSS and now the new movement to the health and disability area. We'll do our best to follow up and take that on notice.

Ms ABIGAIL BOYD: Apologies if you have touched on this a little bit already, but we have heard from a lot of organisations and had discussions today with witnesses about people who have had NDIS supports or funding cut off or are anticipating that they're going to have their funding cut off and are in the dark about foundational supports. What conversations are States like New South Wales having with the Commonwealth about this?

ANNE CAMPBELL: We have regular conversations, particularly because we do hear those same concerns being raised. Ms White can talk to this after I finish, but as part of the changes to the NDIS rules that were consulted on towards the end of last year, there were concerns from States and Territories that the changes in those rules might impact on access and eligibility. We made sure that didn't happen in the negotiation. What we do know is that the NDIA towards the end of last year got additional resources through the budget process and put on a whole lot more people to actually clean up the backlog of reassessments that hadn't been done for a number of years. I understand that quite a lot of those were children with disabilities. But we're asking lots of questions. We haven't had a recent meeting. We've got one, I think, coming up next week. I sit on what's called the deputy heads, which is States and Territories with, at the moment, DSS. Hopefully, we'll be getting a better update on where those things are at.

Ms ABIGAIL BOYD: What is happening on the ground, then, when you get people coming to you saying that they're not able to get the services funded that they had previously? Are you seeing that and what have you done to proactively capture those people and help them?

ANNE CAMPBELL: Obviously, we have a good relationship with the State manager of the NDIA. We would obviously—not me personally. I haven't recently personally got on the phone about an individual matter. But staff within my area spend quite a bit of time trying to make sure people are linked in to the right services and also referring back to the NDIA to find out why a particular person has been excluded and on what basis. We do a lot of that, and we've been doing that not just recently but I think since the NDIS was established.

Ms ABIGAIL BOYD: What modelling has been done to determine how many people in total are going to require foundational supports in New South Wales? Is that work being done?

ANNE CAMPBELL: It is being done at the moment, but I can't say anything further. We don't have anything definite yet from DSS and the NDIA.

GILLIAN WHITE: I would add to that, Ms Boyd, that one of the issues that is being worked through is some of the specifics of the developmental delay in autism that would be considered more in the category of foundational supports compared with being part of the NDIS's existing early childhood pathway. That can have quite a considerable implication for how many young people that could involve. That is that more detailed analysis.

Ms ABIGAIL BOYD: When Minister Washington was last in estimates, we asked some supplementary questions around what the roles and responsibilities are of this DRC taskforce. I don't know how that interacts with the, I think you called it, children advocacy group for foundational support. I'm not sure. We were told in answers that the responsibilities of the DRC taskforce were that staff were working on significant disability reforms, including the design of foundational supports. What has that group been doing and how will its work continue on in this space?

ANNE CAMPBELL: The disability taskforce is comprised of about 19 staff—around 10 in TCO and 9 in DCJ. For DCJ, it doesn't just include foundational supports. It also includes the disability royal commission recommendations and doing work in areas like restrictive practices and guardianship. It also includes the NDIS review and the response to the review but, equally, looking at how all those pieces of reform come together because some of them, as you know, overlap quite somewhat. A lot of the work has been done towards the end of last year on the NDIS rules. We've actually set up a consultation group now to look at the rest of the rules that are going to be consulted on shortly. We've got quite a significant group of players on that. The group I talked about is one that's yet to be established. The staff in TCO and DCJ will obviously contribute to managing that particular advisory group. I'll be chairing it and it will have reps from the relevant government agencies as well as from the key groups I talked about earlier. That will inform the work of the taskforce. Essentially, it's a governance mechanism for the taskforce.

Ms ABIGAIL BOYD: Has that taskforce done any work already around foundational supports or not?

ANNE CAMPBELL: Yes, it has.

GILLIAN WHITE: It's basically some of my staff and Anne's staff. We've been able to build up a little bit more of a team. We identified that this was a really significant area of reform and so we needed to have some additional resourcing to do the design work within New South Wales as well as all the intergovernmental negotiations and all of the pieces that Ms Campbell spoke to. The reason we established it as a taskforce is we wanted the model of having the central agency and the key line agency working in close collaboration, because we knew this was a whole-of-government piece of work.

We have strong relationships with our health colleagues, our Department of Education colleagues in both early childhood and schools, and the Trustee and Guardian. We're trying to integrate it. As much as this is a really complex area of work, we're actually really excited because it is not that often that you get an opportunity to look at one of the areas where we know we all have gaps across the country, including in New South Wales, to improve child development outcomes. We're thinking about how we integrate our thinking across our big health and education departments, as well as the engine room of DCJ.

ANNE CAMPBELL: That then also links into what we call the disability board, that you may have heard about previously, which is co-chaired by myself and Gill from TCO, and has all the relevant government agencies on that. The work that we're doing between DCJ and TCO feeds into that board for decision-making. Obviously, that then goes through the Minister and then to Cabinet where appropriate.

Ms ABIGAIL BOYD: But none of that work so far has involved consultation with the community. That's in this next stage that is being planned through the advisory group?

ANNE CAMPBELL: Yes. We've had some sessions that we've run, because we obviously meet with disability peaks and providers. I mentioned earlier, we've had a session we co-convened with the NDIS towards the end of last year, and one with CASPA to get input from members about what they think are the key ingredients of foundational supports, because obviously foundational supports means something very different to different people. I think that's going to be part of our challenge—to both understand what the funding envelope is going to be and how we can actually design a system that actually improves outcomes for children with disabilities and their families. I think one of the key feedbacks from the NDIS review in particular was how transactional it can be—the NDIS—where you're just looking at a plan and a child. This is actually about how we rebuild some of those supports for families to be able to support children with disabilities and get access to the right support at the right time.

As I said earlier, it's likely to be very different in different communities depending on the make-up of the services. We currently, for example, have a number of programs. The Targeted Earlier Intervention program, in a number of those services, actually provides supported playgroups. They bring in allied health staff to work with children and parents. I think there's a lot to tease through, and we're going to have to be really mindful of how it's then implemented once we've reached agreement on foundational supports, and be cognisant of what ecosystem is around in different local communities—what funding is there. That's going to be, I think, a very tricky piece of work, and it may need to be very phased so that we get it right. But there have been no decisions made because we don't actually have the foundational model for New South Wales.

Ms ABIGAIL BOYD: It's really interesting. As you say, the notion of foundational supports is different to different people, but also what it looks like—or what that gap between existing services looks like—will be different depending on where the particular community is at in terms of its other services and a whole bunch of other things.

ANNE CAMPBELL: Absolutely.

Ms ABIGAIL BOYD: That makes it sound like a very difficult process when you then have to also worry about funding. To what extent is funding—or the potential funding envelope, because I guess you're not quite sure what that will be yet—going to govern the design of this? And how much is a gap analysis and an assessment of what is happening on the ground going to influence funding?

ANNE CAMPBELL: I think, just listening at a couple of the consultations last year, there are foundational supports, notionally, that are already being delivered, but sometimes they're not connected up. For a parent with a child with a disability, it's very hard to navigate where those services are. We're going to need to look at both the general supports, which is more the information referral points, and at how we design it. I think you're absolutely right: It is going to be very different in different communities. I mentioned earlier, in regional and remote, I think there is a paucity of services out there. We're going to really need to look at how we build the capacity. Particularly in, for example, western New South Wales—particularly Aboriginal services—how do we work with Aboriginal communities to design the right kind of response in those locations? It is complex. I absolutely agree, Ms Boyd.

The CHAIR: Following on from that, in relation to funding, you mentioned TEI, which is going through recommissioning at the moment. How is that working alongside some of the discussions around foundational supports? Is it envisaged that TEI will remain separate, or will it be integrated in some way with foundational supports?

ANNE CAMPBELL: I think that's what we're working through at the moment. I probably can't say too much, other than we are recommissioning from 1 January next year for 5½ year contracts, and we're obviously cognisant of the fact that the foundational supports hasn't yet been landed. We're just going to have to manage that dance for a little bit until we're clear about what's the best approach going forward, noting that we've got an early intervention council, which you'd be aware of, in DCJ, that governs that, which has LCSA—it has all the key peak bodies on it, and they've certainly fed in their preliminary views of what should be considered.

Neighbourhood centres, as places, are obviously already delivering a range of services for children with disabilities—supported playgroups. There's an opportunity to look at how we can leverage the TEI program as well as others. In education, some of the early childhood services, allied health services and, in some locations—I can't remember the organisation. It might have been up in the Hunter, where they've already got a bit of an ecosystem in that location around early diagnosis—even though foundational support is not about diagnosis; it's actually about the supports that children and families need.

The Hon. SARAH MITCHELL: Thank you both, Ms White and Ms Campbell, for being here. You've actually answered quite a few of my questions, but I have a few more. I want to start with that cross-agency collaboration. I know you've touched on that in relation to the taskforce that both of you are leading, but it has also come up from some witnesses in terms of making sure you try to, as best as possible, break down some of that siloing in terms of this work. Ms White, you'll understand my interest in this. In a similar way to Brighter Beginnings working across agencies, are there other things in this foundational support space where you think there is opportunity for better agency collaboration? Is that what your taskforce is trying to look at, as well?

GILLIAN WHITE: Absolutely. In fact, I think Brighter Beginnings is the very same notion, really. For those who are a bit less familiar, that was a grouping of us, which continues to this day, about focusing on child development and how we break down the silos between agencies and ensure that we can go into budget processes with shared positions on where the evidence-based programs really are and how we can expand them. Even things like health and development checks in preschools and early learning, Ms Mitchell, is the kind of thing that could be part of the ecosystem and, as we expand, sustaining New South Wales families. Specifically, like Brighter Beginnings, I think foundational supports will be looking at those existing evidence-based programs and saying, "To what extent can we utilise and grow those?" But also, as you say, the way of working.

We are very aware that great public servants and great practitioners have a tendency to speak in their own languages, whether it's the Department of Education, Health, DCJ. And so we have some minds coming together to say, "Sometimes we are using different language, but we mean the same things. So how could we be less focused on our own neck of the woods, but instead put the child and the family at the centre?" That's why we're really excited, actually, because this is the new frontier. We've just got the complexity to deal with, which is, of course, always money, workforce and, obviously, managing a large State with various needs. But the kernels of cross-agency efforts like Brighter Beginnings are the sort of models that we're trying to use to say, "How would we do this at a service level, and how would we phase that over time?"

The Hon. SARAH MITCHELL: Not surprisingly, I'm particularly interested in the early childhood space. But is there on that taskforce—I think, Ms Campbell, you said it would have stakeholders. But is the parent and family voice there throughout that process, and the voice of young people—lived experience, not just for young people? What will that look like?

ANNE CAMPBELL: We're having the first group meeting of the advisory committee later in June. That group will look at the current engagement and consultation strategy that we've got in place and then look at the best way to engage with children with a disability and look at people with lived experience. Early Childhood will be on there and there'll be representatives from parents as well, and carer groups. They're all key stakeholders that we need to engage with and they'll be part of that particular group.

The Hon. SARAH MITCHELL: We heard evidence earlier today from the Local Community Services Association. In their submission, they talked a fair bit about the data collection and sharing. I'm not sure if you had a chance to see it. They were recommending a harmonisation of data for children with disabilities and additional needs across all of the social services. They talked about DEX, which I think is the platform that they use. Is there any comment you could make in relation to how that data collection is working at the moment and if there is any view to harmonise that a bit more across agencies?

ANNE CAMPBELL: That's an area that we are looking at. In terms of DEX, which is a DSS platform, we know from that data that they have a yes/no field for children and adults with disability. They do capture that. Then there's a field that drops down with the disability type. I'm not sure how well that's being used, but we do know that in 2023-24 there were 16,805 adults and children with disability in the TEI program, which is about 9.5 per cent of that particular program. But, equally, we're also looking at the data that is held in ChildStory for children with disability and out-of-home care but equally looking at who is on an NDIS plan to do some correlation. At the moment there is about 19 per cent of children with a disability in out-of-home care, but I suspect it's going to be much higher when you compare the NDIS plan. If a child with a disability has an NDIS plan, they've clearly got a disability. We're just working through that process at the moment. We'll get a better sense of the data.

We're also working with Education and Health and we'll be looking at similar things in terms of the data. We're also working with the NDIS in terms of trying to understand how many children are likely to be classified as in foundational supports given some of those changes. I think all that needs to come together to understand how many children we are actually talking about in New South Wales who are going to require general foundational supports and what percentage will require whatever we agree on is targeted support. I think there is quite a bit of work to be done.

The Hon. SARAH MITCHELL: I'm not as familiar with the NDIS, but what are the data sharing arrangements like between State and Commonwealth? Is that an area for improvement? It's probably a loaded question, but does that work well or does that need to potentially be looked at, in your opinion?

ANNE CAMPBELL: There was quite a bit of work done last year on the national disability data collection, so education—early childhood, I think it was, was one example. We also did one in the justice system as well. The Commonwealth continues to fund that. I think we're going to have better data sources going forward around what happens across agencies. In New South Wales we also have the Human Services Dataset, which captures data from education, health, police, youth justice, housing. It also captures Commonwealth data, so things around Centrelink payments, I think around the PBS and a whole range of things. We do have a rich source of data. That's obviously de-identified data within the Human Services Dataset. But all those datasets will come together to give us a good picture. What we're missing at the moment is the data about what the NDIS data is telling us about the likely number of children needing foundational supports in New South Wales.

GILLIAN WHITE: Just to add to that, Ms Mitchell, I think the NDIA and the NDIS review have been clear that there have actually been some data limitations in terms of what they've collected. Some of our questions can't necessarily be answered in terms of what forms of support particular children have been on. We're really conscious that, as we build the community conversation, it may be that there are families who we will support in the future where we won't necessarily have the specificity of information about what forms of support they've had in the past, because that wasn't necessarily all recorded through their NDIS package. That will be part of having the workforce well trained to be having those conversations with families about saying, "We're going to have to do this differently. We're going to have to focus on what you need now and how we can best support you", without it being a frustrating exercise of going back and figuring out what boxes they ticked at a different point in time. Yes, there's a fair bit in that.

ANNE CAMPBELL: We also need to understand a little bit more about children maybe not getting services who aren't in the NDIS and shouldn't be, and those that perhaps aren't getting services through mainstream services. There's quite a bit to tease through in terms of truly understanding the level of unmet demand.

The Hon. SARAH MITCHELL: Has there been any sort of economic modelling done either by the Cabinet Office or Treasury in terms of long-term social and economic impacts if these sorts of investments aren't made and also the importance of making these sorts of investments in terms of the long-term positive impacts you can have with the right foundational supports?

GILLIAN WHITE: As we work through with the Government, the business cases that we'll obviously have to finalise to underpin Government consideration of the funding flow, that obviously will be a key component of that, because the expectation of the December 2023 deal was a co-funding arrangement between the Commonwealth and the States. The Commonwealth put a quantum on the table. It's almost like some notion of "That's the maximum from them." Then it's a discussion about the co-contribution from the States. But this is where it does get really integrated with Health. Obviously it's up to governments and political decision-making. But there was a strong expectation of the Premiers that there needed to be a really strong outcome on the Health agreement and a Commonwealth contribution to the running of Health and that that would facilitate the States also being able to make solid contributions through this disability ecosystem.

You can imagine that that's the conversation that is ongoing. The economic modelling and the detail of that in terms of the quantum that the State can afford to contribute, how that looks, how that is phased will be a significant part of our work. It has certainly been a bit challenging not knowing the time frames under which we need to do that. We are trying to be good, well-prepared public servants where we do components of that. But we're sort of missing some pieces of the information to fully finalise and get Government to the point where they can make those decisions.

The CHAIR: Moving from looking purely at foundational supports to some of those health checks and things that need to be done regardless of foundational supports, is the taskforce looking at some of those things now? We heard some evidence this morning. Whether it's regarding the stigma or lack of understanding around health checks, what work is being done to increase the number of young people that are having those checks on a regular basis?

GILLIAN WHITE: I can speak a little bit to that and take that on notice if you'd like more information, Mrs Maclaren-Jones. Certainly, it's a known phenomenon that the health checks that occur—we have very high rates when it's the first check, when there's a brand-new baby, and it's quite a decline over the period of time getting up to that four-year-old check. That is an ongoing area where our Ministry of Health colleagues, with their LHDs, work as much as they can with their child and maternal health services to get the messages out about the importance of those checks. But a couple of years ago extra funding flowed to a partnership for the first time between the Ministry of Health and the Department of Education on the four-year-old checks.

Certain individual early childhood education services had been getting allied health or other experts in to run checks or making relationships with their LHDs. But that was very ad hoc, so we've created more of a programmatic basis of trying to get more and more children getting their four-year-old checks in the early childhood setting where most children are attending—not all children, but many, many children. We are seeing increasing uptake through that. I can take on notice where that's getting to and how that's growing out.

But you're right: There are stigma issues. There are certain communities where we have to be really culturally aware and sensitive about those matters, but we're very conscious that when those checks are done in early childhood settings it's often a place where families feel really safe and where they have relationships. We've been really committed to promoting that. That work is probably adjacent to the work of our taskforce but, as we say, we do think we have this opportunity.

Everyone can get frustrated in government sometimes when some accidental silos get created despite good intentions, so we are really trying to draw out from all of our colleagues and agencies where are there great pieces of work, where is there data being collected, where are there programs that you're hearing good things about, how do we utilise the public education system where we have some more of the levers? What are all the ways that we can bring this together?

The CHAIR: I suppose I'm happy for you to take this on notice, but it's that next step, which is what is being done to address some of the concerns? This came through for CALD communities but also in Aboriginal communities where there's a stigma around a diagnosis.

GILLIAN WHITE: Yes.

The CHAIR: What is proactively being done to ensure that the young person is getting the services they need and hopefully working with the family to address that? I know you won't have those answers.

GILLIAN WHITE: Yes. We'll take on notice the health and developmental check aspect of it. In terms of the diagnosis, certainly, as Ms Campbell has spoken to, there's quite a bit of detail to work through and exactly what this system or concept means, but certainly philosophically both from the NDIS review and the way we've been conceiving of the work is how do we do this in a way that is not diagnosis-driven? That is the message loud and clear from every expert and also from all the learnings from the NDIS review. To be quite frank, we're also talking about young children, so some of the diagnosis decisions that might be appropriately made when a child is five, six, seven, eight or nine may be less appropriate at an earlier age. We are thinking about how do you appropriately think about important things like eligibility and need, but how do you do that in a way that's more based on functional and educational assessment, those kinds of things, rather than diagnosis?

Ms ABIGAIL BOYD: I have just a quick question about the TEI recommissioning. I understand that the TEI funding had been extended for six months to December '25 so that the TEI could align with the delivery of foundational supports. But now that we won't have foundational supports by this time, is the TEI recommissioning going ahead regardless? Are you able to give an update on that?

ANNE CAMPBELL: The TEI recommissioning will go ahead regardless on 1 January next year, so we will need to be engaging with providers in probably August-September this year to those new funding agreements in place. Because we're not yet clear about the time frame—so when foundational supports need to be set up—we're obviously going to need to be a little bit flexible, and that's certainly the communication we've been providing to TEI providers.

Ms ABIGAIL BOYD: The funding under the TEI program and other programs—would that be treated separately to the foundational supports pool of funding, or will there be some overlap?

ANNE CAMPBELL: I think we need to work through that. One of the problems, not just in New South Wales but other States and Territories, is we often set up very specific types of programs with particular eligibility criteria that can be not very flexible at times. What we know about families or vulnerable people who access our services is that they don't just access one or two of those services, so I think we really need to rethink about how we commit to services so that they are child and family centred.

We obviously have programs for good reason, in terms of there might be a specific program that's very evidence-based, that has particular parameters in terms of how you deliver those services, but I think it's an opportunity to look at how we can leverage off existing services in the State but also look at what are the connections between those services so that families have soft referral pathways, those sorts of things, and don't have to go around trying to navigate, "How do I get into this service?", or even knowing about a service being available.

Ms ABIGAIL BOYD: I guess the fear is that, with foundational supports being moved off of NDIS, effectively, and into the States, States and Territories might just look at a big chunk of what's already being provided by the States and say, "Well, there's our foundational support", so not fund what we would expect additional services. What level of comfort can be given to people? Will there be transparency over how much is new funding and what is actually coming from the States?

ANNE CAMPBELL: Yes. We will be transparent because, as I said earlier, we currently find things that look like foundational supports, based on what we understand about it now. We'll need to identify where there's existing funding within New South Wales, and where there's new funding from the funding envelope that we do get for New South Wales foundational supports.

GILLIAN WHITE: Yes, and at some point in time, Ms Boyd, there'll have to be some form of Federal funding agreement that specifies the Commonwealth and State contributions.

Ms ABIGAIL BOYD: Yes.

GILLIAN WHITE: Part of the negotiation with the Commonwealth will be: What are the requirements for the use of that? There are discussions, both through disability officials and they might come up through first Ministers, in terms of once these threshold issues about health and disability funding are worked through, there would be consideration given to national standards as well as quality and safeguarding. As per usual, it's ensuring that we have an eye to what should be national about this approach so that there is a level of consistency while really respecting the diversity across not just our State but the whole country. I think there are discussions about what could be the principles, what could be the standards, what are the pieces of the architecture that need to remain constant.

One of the reasons that it's absolutely in everyone's interests for that is we need to have clarity on the referral pathways in and out of the NDIS, or if there are co-conditions. For example, it may be that a child has an NDIS package for another form of disability but may be eligible for some other additional general or targeted foundational supports, or it may be that over the time their disability becomes more evident and they are eligible through the NDIS pathway. All of those kinds of points are going to have to be worked through as well.

ANNE CAMPBELL: I think in addition to that is the review of the ILC programs, or understanding what's going to happen in that particular program, because I think it's $364.5 million over five years from 2024-25, with an additional $150 million annually from 2029-30. What they're proposing in terms of the categories of support there are individual capacity building, family capacity building, community capacity building, information and advice and emerging practice, and independent and evaluation. What the NDIS review identified was when the scheme was set up—I think they used to call it ILC tier 2. It didn't really end up doing what it was intended to do because it was very focused on managing participants into the scheme. You had local area coordinators and you also had the early childhood people who support children and families.

Ms ABIGAIL BOYD: I know you're at the beginning of looking at this, but one of the areas I would view as a neglected area of early intervention for all children—regardless of whether it's children with a disability or children who are at particular risk of mental illness or trauma or other things because of family circumstances or something that has occurred—is that early childhood space. Done well, the ability for an early childhood centre to be able to identify, refer and guide is really strong. But, again, we have this unfortunate complexity when you look at State funding versus Federal funding in that space as well. Has there been some thought given to how we boost that area as a foundational support with State funding?

ANNE CAMPBELL: Definitely.

GILLIAN WHITE: Yes, many things on that one. Firstly, on the Commonwealth funding side for CCS—Child Care Subsidy-funded services—the Commonwealth before the last election did instigate a review of their disability funding program. I think there has actually been quite a great deal of recognition by the Government, as well as definitely by stakeholders, that that program needs enhancement. That would certainly be a position that New South Wales has put to the Commonwealth: That baseline funding and support for Child Care Subsidy services to be able to support and include children with disabilities is really vital. It also means that there is really quite a significant number of children with disability who attend our community preschools, because there are quite established funding programs through those State services.

Certainly I would say in high-quality services that I've been to, across the spectrum, you see excellent examples of that practice. Some of them even have integrated hub-type models within the facilities or, if not, they've still got professional learning and training where they've embedded those philosophies in the teaching practice of the educators. That is why, even when Ms Campbell was talking about who are the stakeholders we need to have contribute to thinking about foundational supports and how we think about it as connected to general and mainstream and referral pathways, it also includes all of our early childhood education stakeholders and our schools. As the Government has committed to growing the number of public preschools, that is another really strong opportunity for us to get that practice right. So, yes, there's real potential there.

Ms ABIGAIL BOYD: Some of that level of, I guess, bolstering foundational supports is not necessarily just funding either: Some of it is regulatory change or it is even a change in legislation. Is that also part of the kind of work that you're doing and that other States in Australia are doing around what that looks like?

GILLIAN WHITE: Not directly. I think certainly the legislative conversations have been limited in these forums to the NDIS-specific legislation.

The Hon. SARAH MITCHELL: I was interested in those conversations with other States, as I guess everyone grapples with how to implement this, and for cross-border communities as well. I would have assumed that things that might have been NDIS funded if you happen to live in Albury or Tweed Heads or whatever, you could find the service that worked for you. Is that going to be a challenge as you have to move to more State-based delivery? How will you work to support families that might straddle those borders?

GILLIAN WHITE: It will be another aspect of our Federation again. I think what's really interesting as we do this work is that you realise that these are our New South Wales children and families. They go in and out of our schools and our early learning. They get some federally funded services. So it's probably just that we're putting the emphasis or there's a different combination of those things that we have to work through, Ms Mitchell. We obviously have existing cross-border MOUs on various issues so we'll probably, at the right time, have to be thinking about whether any of those mechanisms are needed. But it will certainly underscore that there will need to be clarity around those pathways between the NDIS and others, and then what you can expect in New South Wales.

We should say that we're really conscious both of the opportunity here but we also think that this is really challenging, difficult work. So we do not want to overpromise straightaway, even if there is a fabulous funding agreement reached between the Commonwealth and States soon, and some clear deadlines reached. It will have to build up over time, just as the NDIS did or just as any other sort of major social reform. That is going to be a real challenge to set appropriately high expectations for ourselves, for people and their families, but also not be able to switch it—like, click a button and then we have a fully-fledged new set of services.

We did cover some of the workforce constraints before. That is something that we're very conscious is a rate-limiting factor on the speed you can do these things, but it's also why it's really critical that our engagement with the Commonwealth is really strong, because we're very conscious that the NDIA has so many allied health professionals working in their ecosystem. We need to have some really detailed conversations about whether any of their reforms and changes open up the capacity for some of those workers to also contribute to our allied health foundational supports, whether that be on-school sites in early childhood or whether that be in neighbourhood centres. That's another complexity, which will have cross-border implications, to work through.

The CHAIR: I have two more questions. One follows on from that, around workforce. I'm mindful that some of this probably crosses over into the skills and training areas, but what work is being done to look at recruitment and retention in that sector?

GILLIAN WHITE: We've undertaken some level of research with academics and ourselves to start unpacking some of those issues. I think DSS has led consultations on that as well. I think some of the things we're thinking about, Ms Maclaren-Jones, is—being careful not to over-medicalise the model in the context of both the needs of children but also—it can become increasingly unrealistic if you just don't have the workforces to support. What are the supports that can be done by caseworkers or other people? Then, what are the categories of support that, absolutely, you need: an OT or a speech pathologist or that speciality. So trying to think, as we design, how we can best utilise our specialist workforces and how we would leverage off what we already have in our health system or some of these conversations, because it is genuinely a workforce challenge that there are no simple solutions to.

The CHAIR: My final question is not related to foundational supports but to supports in general. For people who are no longer eligible for the NDIS or who are foreseen to be not able to get onto the NDIS with the reforms that have come through, what work is being done to bring those people in to get the State supports that would be required?

ANNE CAMPBELL: I think that's part of the work that we need to look at and understand what the unmet need is, and people who aren't accessing mainstream services. I think it continues to be to work with the relevant agencies, including DCJ. Obviously there are often funding constraints that impact on how many services can be delivered, and they're real constraints at the moment. I probably can't give you much more, but happy to take it on notice and come back to you—unless, Ms White, you had anything to add?

GILLIAN WHITE: No. I think that we often speak to the Commonwealth about the interactions between those kinds of decision-making and then the impacts on State services. That's an ongoing area of collaboration but also sometimes we have to put our positions quite strongly on those issues.

The CHAIR: Thank you very much for coming in today and for all the information and the work that you are all doing in this space. As we know, it's quite complex and there are significant changes and reforms, so it is really appreciated.

(The witnesses withdrew.)

The Committee adjourned at 16:15.