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Family &
Community
Services

Strengthening supports for children and families 0–8 years

Now and into the future

July 2015



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1 Overview



When the *Strengthening supports for children and families 0 to 8 years strategy* (*0 to 8 Strategy*) commenced in 2012, we made a commitment to keeping it contemporary in the face of ongoing changes. In this paper we reposition the *0 to 8 Strategy* within the broader system reforms underway through the transition to the National Disability Insurance Scheme (NDIS) and reflect on the progress we have made so far. As demonstrated in the *Strengthening supports for children and families 0 to 8 years strategy position paper* (*Position Paper*), there are a number of national frameworks that are currently shaping the early childhood sector, including the *Early Years Learning Framework*, the *National Quality Agenda* and the *National Early Childhood Development Strategy*.¹ This paper is not intended to replace the *0 to 8 Strategy* but to reinforce its directions and consider how it can continue to influence the nature of support available to children and their families into the future.

FACS is currently leading the transition to the NDIS in NSW. The *0 to 8 Strategy* has focused on building a platform for the early years and is a key component of this transition. FACS Districts have lead responsibility for implementing the *0 to 8 Strategy* and are working on this with key partners, including the Department of Education and Communities (DEC), Local Health Districts (LHDs), non-government organisations (NGOs) and families of children with disability.

This paper aims to strengthen connections, now and in the future, between families and government, non-government and private providers. The many anecdotal practice examples within the document highlight activities undertaken to date to drive reforms under the *0 to 8 Strategy*. They also demonstrate how NSW is continuing to develop a robust and flexible sector – a sector which will support families and children in inclusive community settings.

1.1 Commencement of the strategy

The *0 to 8 Strategy* commenced in September 2012. It is supported by a total investment of \$180 million over five years under *Stronger Together Two (ST2)*,² which will deliver an additional 11,800 children, family and therapy places through the non-government sector by 2016. The *Position Paper* was publicly released in September 2013.³

The *0 to 8 Strategy* signalled an increased investment in prevention and early intervention in the early years and the need to develop a sustainable support system for this life stage through enhancing partnerships and linkages between mainstream and specialist services. It challenged the notion that children with disability are best supported through a specialist disability system and acknowledged that making this change would involve a complex and long-term change management process to redefine pathways for children with disability and their families. Instead of pathways leading families to the specialist disability system, the strategy indicated the need for specialist supports to shift into the life of the child and their family.

1.2 Strengthening the evidence base

When the *Position Paper* was released, it highlighted the need for change that was emerging from a strong legislative, policy and evidence base. The University of Sydney added to the evidence base by conducting a systematic review of the literature on interventions in mainstream settings for children with disability aged 0 to 8 years and their families.⁴

While acknowledging the limited range of studies, the review noted the potential for inclusion-based approaches to benefit children with disability, their families and others. However, it also noted that much of the research continues to report on developing skills in individual children rather than maximising their participation within mainstream settings. There is a need, then, for further research and practice-based evidence if culture and practice is to continue changing.

The review recommendations include:

- delivering interventions in natural settings involving people who are part of the children's lives
- developing teamwork and collaboration across professionals and with families, and
- focusing on addressing family needs, concerns and priorities and involving families as integral members of a team configured around their children.

*'We know of schools where blended teams work in classrooms to meet all students' needs holistically; Where principals, teachers and families work together through the transition periods and milestones; Where learning has become uncomplicated and child focused; Where communities are now sharing their learnings with others to enable others to do the same.'*⁵



1.3 Into the future

The *0 to 8 Strategy* has been building a sound platform on which we can shape how children with disability and their families are supported into the future.

There have been significant new policy and legislative announcements that have impacted the disability service system in NSW since the strategy commenced. These can be broadly put into two groups: those relating to a national commitment to transition to a full NDIS by July 2018, and those relating to Ready Together, a reform strategy announced by the NSW Government which prepares NSW for the transition to the NDIS by July 2018.

In this context of rapid and significant change, it is timely to revisit the *0 to 8 Strategy* and to consider ongoing actions within the broader reforms that are preparing NSW for the transition to the NDIS. We need to continue to:

- respond to the particular needs of families, acknowledge their strengths and ability to have a positive vision for the future, and enable them to seek pathways that will fulfil that vision
- assist organisations supporting young children and their families to develop into a strong and viable sector which will provide high-quality person-centred and family-centred supports based on family choice and goals, and to maintain service sustainability
- build the capacity of the workforce across mainstream and specialist sectors so there continues to be a skilled and experienced resource which can adapt to new ways of working to support the priorities of families of young children within their communities
- focus on developing cross-sector collaboration by exploring innovative models with key major partners in the early childhood sector, such as family support, early childhood education and care, education and health, so as to increase the flexibility and sustainability of supports through evidence-based prevention and early intervention
- develop a system that enables families of young children with disability to be confident that the supports they access for their child will be of a high standard.

Finally, through the *0 to 8 Strategy* we can continue to strengthen acceptance of early childhood mainstream and community settings as a universal platform through which early intervention supports can be integrated, complementing existing frameworks.

2 Legislative and policy context



2.1 The National Disability Insurance Scheme (NDIS)

The NSW Government has an agreement with the Commonwealth Government to transition to the NDIS in NSW by July 2018. The NDIS is currently being trialled in the Hunter, with full scheme transition to commence from July 2016. Early transition to the NDIS will commence in the Penrith and Blue Mountains areas from 1 July 2015 for up to 2,000 children and young people aged 0 to 17 years. Children and young people will begin accessing support from 1 September 2015.

The NDIS enables participants to access reasonable and necessary supports, including early intervention, with more choice and control over how, when and where supports are provided. Under the scheme, people with disability will be able to engage both directly and indirectly with a range of informal and formal supports and resources over their lifetime to assist them with their everyday needs and build their social and economic participation.

NSW is contributing \$3.13 billion to the NDIS, with the Commonwealth contributing \$3.3 billion. This compares to current NSW annual spending of around \$2.5 billion on disability supports and represents an unprecedented flow of funding to provide certainty of support for people with disability. It will also drive the creation of up to 25,000 new jobs in the disability sector.

The NDIS provides an insurance-based approach to providing and funding supports for people with disability,⁶ with a new market and model that will substantially change the nature, focus and funding of disability support.⁷ The scheme consists of three interconnected components:

- *Mainstream* – services available to all members of the public, including people with disability, such as healthcare, education, transport and housing
- *Information, Linkages and Capacity-building (ILC)*⁸ – funded activities which interact with mainstream and funding packages to strengthen informal and mainstream responses, to build the capacity of people with disability and of communities and mainstream service sectors, and to minimise the impact of disability
- *Individual Funding Packages* – for people with significant disability, enabling them to exercise choice and control over, and engage as equal partners in, decisions that will affect their lives.

The NDIS is an insurance-based approach which places value on ‘engagement in the community, facilitating access to community and mainstream supports, not only as a way of supporting people with disability, but also breaking down the social contributors to disability’. The NDIS is not only about the provision of funded supports, but about community engagement and access to informal supports and universal services, in line with the *National Disability Strategy*. This means that, as well as funding individual supports, the scheme will, over time, invest in systemic supports to build community and social capacity so that all people with disability will benefit.

2.2 Getting NSW ready for the NDIS

Ready Together continues the NSW Government’s \$2 billion growth and reform under ST2 to 2015–16.⁹ It expands the investment in individualised supports to give people more choice and flexibility about how they live their lives, and support to make decisions and plan for their future. Ready Together implements the Living Life My Way (LLMW) framework, which was developed following extensive consultations with people with disability, their families and carers during the first two years of ST2. LLMW provides opportunities for people with disability to build skills to plan, manage and negotiate how supports are delivered.

Ready Together plans for the future and prepares for the NDIS. Through LLMW it aims to minimise the number of changes people with disability and providers go through as they become participants in the NDIS.¹⁰ In addition to this, two new laws have been introduced in NSW to support the transition to the NDIS by 2018.

The *NDIS (NSW Enabling) Act 2013*¹¹ enables the NSW Government to consider a full range of options for transitioning services to the non-government sector. It allows for skilled people to stay working in disability services, including the progressive transition of Ageing, Disability and Home Care (ADHC) Community Support Team functions to the NGO sector and the broader market.

The *Disability Inclusion Act 2014*¹² ('the Act'), which replaces the *Disability Services Act 1993*, outlines the NSW Government's responsibilities during the transition to the NDIS, as well as its continuing responsibilities once the NDIS is implemented. The Act asserts that people with disability should be at the centre of decisions, preparing the way for the NDIS while also introducing safeguards to operate across NSW in the interim. The Act has two main roles:

- committing the NSW Government to making communities more inclusive and accessible for people with disability now and into the future, and
- regulating specialist disability supports and services for people with disability in NSW and introducing better safeguards for these services until the changeover to the NDIS.



Under the Act the NSW Government released a four-year NSW Disability Inclusion Plan in February 2015 to guide how the government as a whole will work towards including people with disability in the community, and to improve access to mainstream services and community facilities. The Act also requires NSW Government departments, local councils and some other public authorities to develop and implement their own disability inclusion action plans. The plans must be consistent with the NSW Disability Inclusion Plan and include strategies to increase access to participation.¹³

2.3 What this means for the 0 to 8 Strategy

The NDIS trial currently underway in the Hunter and early transition for the Penrith and Blue Mountains areas from 1 July 2015 mean NSW is learning how to support people with disability under a new disability service system in parallel with the current one. Many of the defining features of the NDIS are being informed by the trial sites, in particular the nature of supports for children and families.

For example, many of the approaches promoted through the *0 to 8 Strategy* focus on improving information, coordination and linkages through enhanced partnerships, in order to support families who are in the early stages of engaging with the system. These approaches have contributed to building the foundation for the ILC framework. The ILC framework has now been confirmed and, following some changes, will be available on the National Disability Insurance Agency (NDIA) website from June 2015. It will give families and providers a clearer idea of the role of the NDIS in providing specific supports for families who may not meet eligibility requirements for an individual package for their child.

This makes it increasingly important that all sectors work together to reinforce and maintain the key directions and approaches of the *0 to 8 Strategy* so supports for children and their families can be strengthened into the future.

NSW is in the midst of learning how to support people with disability under a new disability service system. While the changes are challenging traditional attitudes and understandings of roles and responsibilities, there are three themes that are consistent between the legislative and policy announcements and the *0 to 8 Strategy*, namely:

- Promoting prevention, early intervention and supports specific to key life stages: Consistent with the insurance-based design of the NDIS, enhanced coordination across settings that families and children are involved in will reduce the risk of unnecessary or inappropriate entry to the disability system. This is especially the case for children who may require early developmental assistance to improve functional capacity but do not require more intensive, long-term

supports that would be funded through individualised packages. Intervening during early childhood and the prenatal period (i.e. 'early intervention') offers a 'unique window of opportunity to shift individuals' life trajectories [and] lead to more positive outcomes for individuals and society as well as cost effective benefits overall'.¹⁴

- Promoting social inclusion and the provision of supports within natural environments in the community:

The reforms outlined in the *0 to 8 Strategy* signal a culture and practice change across both mainstream and specialist systems to enable increased social inclusion in community activities for children and their families. The aim is to make supports for families of young children more flexible while ensuring a strong focus on 'providing young children with the experiences and opportunities that will help them to gain and use the functional skills they need to participate meaningfully in the key environments in their lives'.¹⁵

- Providing increased choice and control for families on where, when and how supports are provided:

The *0 to 8 Strategy* is intended to improve cross-sector collaboration and coordination and to increase the options for families regarding when, where and how they access supports for their child. The *0 to 8 Strategy* supports the development of 'community and service level interventions that have the potential to improve long term outcomes for children experiencing significant disadvantage, including interventions that focus on improving social support and social capital, improving the current system, strengthening community engagement, connectedness and resilience'.¹⁶

The next section highlights the progress that has been made in implementing the *0 to 8 Strategy*, demonstrating how there has been a shift from traditional expectations of a disability system.

3 Progress highlights for the *0 to 8 Strategy*



The *0 to 8 Strategy* is now midway through implementation. Significant progress has been made towards developing a sector which provides increased opportunities for families of children with disability to participate meaningfully in settings they choose, with supports targeted to achieving real outcomes.

This section highlights achievements against the commitments made in the *Position Paper*, which indicated that we would:

- challenge traditional attitudes and practices supporting children
- drive change through local planning
- expand the sector and invest in new models of support
- build collaborative partnerships between disability and mainstream sectors
- redefine referral pathways and strengthen transition points
- support an expanded role for professionals
- drive change through local evaluation processes.

Throughout this section are examples and quotations which demonstrate a shift in culture and practice within the sector and acknowledge the strong commitment to the vision of the *0 to 8 Strategy* by those involved in its implementation.

3.1 Challenging traditional attitudes and practices supporting children

*'Kids and families should not be expected to be the ones who change in order to be included in a community.'*¹⁷

The *0 to 8 Strategy* was the start of a significant and long-term reform to ensure that the journey of a family of a child with disability is one of informed empowerment. The strategy aims to ensure that, during this journey, there is sharing of knowledge and experience between families and their local communities, mainstream services and the disability sector. The vision as outlined in the *Position Paper* is that:

... children with disability 0 to 8 years and their families will receive specialist supports that address their needs in a holistic and integrated way, in mainstream environments, supported by the specialist system.

Supporting families to build a positive vision and challenge traditional attitudes

There is a risk that mainstream systems could advise families to seek specialist supports which focus on developing skills in individual children rather than maximising their meaningful participation in everyday settings.¹⁸ It has been argued that approaches which segregate children so that they receive discipline-specific interventions do not match the typical goals of families, who tend to prioritise their child's participation in everyday activities involving their child's peers.¹⁹ What is needed is a targeted approach to educating the community and families on the importance of including children in natural settings.

The FACS Mid North Coast District is developing an approach that aims to empower families to have goals that make them feel happy, not guilty, and to have the knowledge to choose supports and options for their child. The District has identified the need to gather more evidence from families about their experience and to plan to establish ongoing opportunities for discussion with families so that they can ask questions and explore what they really want for their child.

Where there is early concern about a delay in development, the prospect of seeking disability support may be confronting, and families may need careful, nurturing support within the context of their immediate social networks and the

local community. The following shows an example of working to expand the sector and involve a number of stakeholders other than traditional health practitioners in a new model of support which supports families within a mainstream community-based setting:

The Relationship Matters project on the Mid North Coast is provided for children 0 to 3 years of age in nursery/toddler care environments. The primary focus is on families who have voiced concerns around their child's development. Through the project, families will be empowered to implement strategies, make choices and take ownership of alternate and future support options. The facilitator will work alongside educators and program facilitators to build their capacity to engage with and support families who present with concerns relating to their child's development.

A change in practice

We are moving from a situation where families have been required to manage a patchwork of supports for their child, across disability specific services, mainstream settings and the community, to providing supports in natural settings where children and families live.

Early childhood intervention providers are reshaping the way they are supporting children and families by integrating specialist supports within a range of mainstream settings, such as playgroups, preschools, kindy gyms, swim centres and Scouts. They are also building linkages and relationships with mainstream organisations and upskilling their staff in these settings in order to provide inclusive environments for all children.

Silverlea Early Childhood Intervention Service in Broken Hill received funding to transform from a centre-based service to a Community Inclusion Team. The focus is on assisting children and their families to plan their supports and access inclusive, quality services in their community.

Children access supports in their natural settings

'The ultimate aim for those who provide support to young children with developmental disabilities is to enable them to participate meaningfully in their families, community and early childhood settings.'²⁰

The *0 to 8 Strategy* is expanding opportunities for children and their families to receive specialist supports in natural settings where they live. This includes the home, early childhood centres, schools and mainstream community services such as sports, leisure and recreation. In these settings, supports are targeted to individual outcomes aimed at enhancing meaningful participation in those settings.

Southern NSW District has been working closely with My Direction early intervention service on a two-year project to develop collaborative relationships with local school communities around new and innovative ways of working. They have also educated the wider community by promoting and modelling their more inclusive models of practice. The first year of My Direction's funding has supported a practice shift to more natural settings, including homes, early childhood centres and other local community settings. As a consequence, My Direction is experiencing increased success in transitioning students with disabilities into mainstream classes.

In South West Sydney District, Bridges for Learning Children's Therapy Centre worked collaboratively with local swim centres to include eight children with disabilities in mainstream swimming lessons. Their occupational therapist (OT) provided formal training to swim centre staff and instructors. The children were supported by the OT to develop water confidence and then introduced to their mainstream swim instructor. The OT supported the children to transition into the mainstream classes and continue under the sole care of the instructor. The program was very successful, with the children enrolling in the following term's individual swim lessons. Bowral Swim Centre staff report greater confidence in working with children with disability, and the families are able to participate in their mainstream swimming community.

Districts are finding innovative ways to support children with high support needs who require specialist support in mainstream services.

In Western Sydney District, Rosehill Early Education Centre's specialist staff attend a number of mainstream playgroups in Sydney to provide early intervention and support to parents and children who can't access an early intervention centre. The staff bring expertise, knowledge and a range of therapeutic toys to the playgroups to enhance supports for children, families and playgroup staff.

In Northern Sydney District, Lifestart no longer provide onsite groups but have redeveloped their services into a key worker model where supports are provided in the mainstream environments the children attend.

It is now recognised that private practitioners will be key to addressing some of the supply challenges in therapy, particularly in regional and rural areas. As families have more opportunities to fund private therapy supports, there is a need to build capacity in this sector so that families can access supports in their child's natural settings. Districts have been looking at ways to promote a shift in the practice of private providers.

Western NSW District provided funding through an NGO for private therapy supports to enhance the inclusion of children residing in the township of Mudgee. ADHC provided support to these private therapists to help them change their practice from a centre-based withdrawal model of therapy to providing therapy supports in the children's natural environments through a capacity-building model. This has resulted in the private therapists building their skills in providing therapy services in different ways to facilitate inclusion and participation of children with disabilities in mainstream settings and in building the capacity of families, mainstream settings and community settings to support all children.

Also in Western NSW, the Benevolent Society have been funded to employ a part-time Social Inclusion Planner who will support families to access individualised funding packages for therapy support based on the families' identified inclusion and participation goals for their children. This therapy support will be provided by private therapists to facilitate inclusion in mainstream and community settings.

Children access mainstream and community services

The *0 to 8 Strategy* is enabling children with disability to access the same services and opportunities as children in the wider community. The focus is on 'providing young children with the experiences and opportunities that will help them to gain and use the functional skills they need to participate meaningfully in the key environments in their lives'.²¹

In the Hunter New England District, Autism Spectrum Australia (Aspect) has developed individual community access packages. For example, individualised autism-specific training was provided to staff at the Hunter Valley Martial Arts Centre (HVMAC) to enable children with autism to participate. A parent told Aspect, 'I am very impressed at the training that the HVMAC has taken in supporting the students on the autism spectrum. The change in the approach to direction for my child in training has helped his understanding of his hits and kicks. Thank you to all staff.'

In Murrumbidgee District, Deniliquin Sports Park is modifying and adapting formal sporting activities so children of all abilities are able to participate and enjoy them.

Southern NSW District has been working closely with Queanbeyan Special Needs Group Inc. to provide opportunities to address a lack of access to mainstream and/or targeted supports for children with high support needs living in isolated parts of the District. The chance to participate in a mainstream learn-to-swim program resulted in one child's first enjoyable

social interaction and participation with his peers, improved his motor development, and increased his ability to concentrate. This success increased the confidence of the swim school and other children and family members in the class to support participation of children with high support needs in community activities.

Districts are reporting that government partners are working together to enable children with disability and their families to be welcomed and accepted within mainstream services. In turn, mainstream services have gained increased confidence in working with families to access supports that target meaningful participation in natural environments.

Communicating change

The communication framework for the *0 to 8 Strategy* was developed with contributions from key stakeholders, such as families of children with disability, mainstream and specialist services and partner agencies. It provides a framework for achieving the vision of the *0 to 8 Strategy* through developing capacity in the community, supporting change through natural relationships and communications, and identifying the rights of children and families to live their life in the community from the beginning.

Communication tools have been developed and tailored to support targeted discussion with varying stakeholder groups.

Hunter New England District developed an implementation plan and communication strategy for 2014. Key communication activities included a series of ADHC staff forums and meetings with mainstream providers (Health, DEC, and the University of Newcastle) to raise awareness of the principles of the 0 to 8 Strategy.

Service providers in Northern Sydney District have participated in the Lower North Shore Child and Family Expo and the Schools Expo. The key message was that children should access supports in their natural settings, and agencies funded under the 0 to 8 strategy can support mainstream services to include children with disability.

Families are challenging staff to provide the evidence that is moving the sector away from traditional therapy models.

In Northern Sydney District, FACS staff and NGO partners report numerous and lengthy discussions with families during the referral process, describing why the transdisciplinary and inclusion models are more effective than individual clinic-based therapy sessions.

FACS meets regularly with its partners, such as the Department of Education and Communities and the NSW Ministry of Health. These partnerships are particularly critical for this young age group, where opportunities for early intervention, engagement and support are essential. FACS and the NSW Ministry of Health developed a joint statement that provides initial information about how staff from LHDs and FACS Districts can work together to support understanding and implementation of the *0 to 8 Strategy* at the local level. The *Strengthening supports for children and families 0 to 8 years: Information for staff* document has been distributed to staff in FACS, LHDs and other health networks.

3.2 Driving change through local planning processes

Responsibility for implementing the *0 to 8 Strategy* sits predominantly at the local level, so that decisions reflect local needs and priorities in line with the outcomes and directions of Ready Together.

In the early stages of the *0 to 8 Strategy*, Districts sought to gain a broader understanding of the scope and nature of supports for families of young children with disability, and of how families want to be connected to their community.

The Belonging Project is a participatory research project conducted by Northern Rivers Social Development Council and Southern Cross University. This project has focused on what it means for families and their children with additional needs (aged up to 8) to feel included and connected in their community. The project worked with community stakeholders to identify facilitators and barriers to belonging and connection. A framework was developed that sets out strategies for working inclusively in community settings, in a way that works for kids. This framework has informed the allocation of funding in Northern NSW District.

Districts have undertaken extensive mapping of current resources across sectors. This has included identifying examples of best practice, gaps in supports, and areas where investment could be targeted to increase partnerships across the sector. This mapping was done using a range of methodologies, including research and reviews. A number of Districts undertook community consultations before or during their planning processes, or to target specific topics or community groups.

Murrumbidgee District undertook a community consultation in the Griffith area focused on what the participants understood inclusion to be, as well as barriers and areas for improvement. The community consultations were supported by a community champion and Leeton Council, and 50 community members attended these discussions. The consultations identified four major actions: keep the inclusion discussion alive, establish an interagency group for Leeton, update the service directory, and host an inclusion expo in Leeton.

In March 2014, Northern NSW District hosted the ACT Now 2 Gathering. It provided a unique opportunity for Aboriginal community members and service providers in the FACS Districts of Northern NSW, Mid North Coast and (Hunter) New England to listen to and speak up about community and disability sector issues. It focused on supporting Aboriginal community members and service providers to share stories and to participate in yarning circles, interactive workshops and feedback sessions. 'Getting early support for children' was a key yarning circle topic.

District plans have been based on systematic engagement across internal business streams and with a broad range of external agencies, including government partners, non-government agencies and community organisations. Districts have acknowledged that there have been some challenges in building and maintaining local planning partnerships with NSW Government organisations.

In Nepean Blue Mountains District, increased connections with mainstream organisations providing services to children have allowed an expansion of thinking about natural environments and settings that were often overlooked in the past.



The NSW Ministry of Health is an important partner in supporting implementation of the strategy. FACS District planning impacts LHDs both as key referral points to specialist disability services and as providers of specialist health services for children and their families.

Northern Sydney District identified a need for localised opportunities for information-sharing and collaboration between NSW Health and the disability sector. Local service provider meetings were held, and further informal relationship building sessions with staff on the ground are planned for 2015.

Murrumbidgee, Northern NSW, New England and Southern NSW Districts have NSW Health representatives in local project steering groups, and/or are partnering with LHDs to support information exchange on investments in the sector, consistent messaging around the 0 to 8 years Strategy, and open discussion around the requirements to reduce direct service delivery by ADHC.

Similar partnership processes and communications are now being expanded to include other agencies.

Southern NSW District's partnership has expanded to include involvement with the local DEC contact, and the group is now looking at strategies to build the capacity of staff from the three departments, to share information and to ensure consistent messaging.

Northern NSW District's local planning was facilitated by a cross agency meeting at Tweed Heads with ADHC, NSW Health, DEC, and NGO partners (Northcott, Cerebral Palsy Alliance, Early Childhood Intervention).

District plans reflect diverse and targeted implementation strategies designed to address service gaps and promote innovation in order to build capacity and inclusion in mainstream services. Districts are at various stages in the reform process as they respond to a wide variation in community resources and stakeholder relationships.

3.3 Expanding the sector and investing in new models of support

Ready Together investment

Under Ready Together, ADHC continues its commitment to allocating \$180 million over five years, from 2011/12 to 2015/16, to expand the range, availability and quality of disability support for children and their families. This will provide an additional 11,800 children, family and therapy places, to be delivered by the non-government sector by 2016.

The availability of growth funds has provided a key mechanism for driving change at the local level. By June 2014 over \$71 million had been spent in providing over 16,000 new places to support children and families. This additional expenditure has been instrumental in driving the reforms consistent with the directions outlined in the 0 to 8 Strategy.

In Hunter New England District, the 2012/13 growth funding was instrumental in supporting the 0 to 8 Strategy outside the NDIS launch site. This funding was used to build the capacity of early intervention providers in readiness for the transition of children aged 0 to 8 years from a Community Support Team service to accessing support within the non-government sector.

These growth funds have facilitated the development of flexible models in response to local needs, building on previous approaches that were found to successfully expand options for early intervention within community-based settings.

Early Start is a program that aims to promote the wellbeing and resilience of children with disability and strengthen support for families. This includes linking children and families more effectively to mainstream services and ongoing local community supports and activities. In Hunter New England District, Early Start paved the way for the sector's shift to providing more options for children because of its flexibility, and it was an important component of building the capacity of early intervention service providers.

A shift in service delivery

The Productivity Commission has clearly indicated that governments should not compete with community-run services to provide supports to people with disability, and it has recognised that community-run disability services deliver innovative and dynamic supports to people with disability.²² Shifting service delivery from the government sector to the non-government sector requires careful, individualised planning.

In Northern Sydney District, 93 families from ADHC needs registers have been transferred to non-government providers since December 2013, with joint allocation of some clients occurring for a short time to facilitate continuity of support. Non-government providers are also taking direct referrals.

Since July 2014, new referrals for children aged 0 to 8 years in the Upper Hunter, Lower Hunter and Port Stephens areas of Hunter New England District are being supported through the non-government sector rather than Community Support Teams. Over the past 11 months they have also been transitioning children from the Community Support Teams needs register. For situations in which an early intervention provider is unable to provide a service to a child, ADHC staff have developed a process to assist with targeted support for the provider.

Investing in new models of support

The *0 to 8 Strategy* has provided clear and consistent direction to enable Districts to introduce new support models at the local level which represent best practice within the non-government sector and facilitate family participation in natural community settings.

In Murrumbidgee District, Griffith Early Intervention Service (GEIS) is providing a community playgroup in the park in conjunction with Leeton Council. This playgroup is open for all community members to attend, as well as clients of GEIS. Families have joined the group while playing at the park, and some have been able to be linked informally to other community supports.

Illawarra Shoalhaven District has increased funding to Noah's Ark in the Shoalhaven area. Their Kids Together program delivers early education, therapy and family support services in mainstream early childhood settings. It supports parents and carers through home visiting and group training at early childhood centres and during transition to start preschool and starting school. Direct services for children and families are delivered using person-centred approaches that are designed to be sustainable through individualised funding.

Districts have identified examples of best practice and gaps in supports so they can target investment to improve availability and access to supports in mainstream settings.

In Far West District, Novita Children's Services has been funded to ensure continued therapy service options are available to families in Broken Hill. Speech pathology, occupational therapy and physiotherapy are provided through an outreach model and delivered in home and school environments.

In Western NSW District, MacKillop Rural Community Services has been funded to deliver therapy assistant/support worker roles in rural and remote communities. Most therapy services delivered are provided by therapists as outreach services. The support staff work within established supported playgroups settings, supporting families to implement therapy plans.

In Hunter New England District, the Early Start targeted funding is supporting a playgroup in the grounds of the Karuah Aboriginal Mission. At this playgroup there are various staff delivering a transdisciplinary model. NSW Health accesses the playgroup at the same time to conduct baby health checks. The Elders have told ADHC that they have never had such a great service. Previously the local preschool had no Aboriginal children attending from the Mission. Now the preschool has several children from the Mission attending. These children have received early intervention prior to school entry, and this has reduced the number of supports needed by the school in the early years.



While the transdisciplinary approach is not new, Districts are increasingly adopting this approach or incorporating elements of transdisciplinary practice to facilitate inclusion or to build the capacity of service providers. The National Disability Insurance Agency (NDIA) defines the transdisciplinary approach as ‘a team of professionals who work collaboratively, and share the responsibilities of evaluating,

planning and implementing services to children and their families'. Families are valued members of the team and are involved in all aspects of intervention. One professional is chosen as the main point of contact (known as the key worker) and helps coordinate the delivery of services to families by managing linkages between all members of the transdisciplinary team.²³

The Mid North Coast District developed a Transdisciplinary Training program with consultant therapists for providers of education and therapy services. The transdisciplinary training has had the effect of upskilling service providers to be able to participate in a different role with parents and other team members. This training program is currently being expanded into a self-learning e-module and may be further developed into a train the trainer model over time. The program will continue over the next few years as more and more community groups and service providers request training.

Northern NSW report the establishment of partnerships between the Allied Health Inter-professional Team (AHIT), the University of Newcastle, Northcott and ADHC Northern NSW to facilitate the successful transfer of face-to-face AHIT Child Development Strategies workshop modules and content to an e-learning platform of training with Mid North Coast, Northern NSW and Hunter New England.

It is important to continue strengthening the non-government sector's ability to provide specialist supports in mainstream and community settings. Changes in practice should focus on achieving outcomes that are agreed between the family and staff in mainstream settings and which lead to meaningful participation.

3.4 Building collaborative partnerships between disability and mainstream sectors

*'Maybe there needs to be a system to educate us how to educate others?'*²⁴

Partnerships and sector capacity

ADHC has been supporting the sector to undertake significant reforms and build strategic partnerships to support culture and practice change.

In Illawarra Shoalhaven District, ADHC consultant therapists are building partnerships in order to work on best practice approaches with private providers and some non-government providers supporting children 0 to 8 years.

In Nepean Blue Mountains District, relationships have been built between service providers targeting children aged 0 to 8 years. They are now sharing

knowledge and information about capacity, as well as referring children between organisations to get the best support for families.

Also in Nepean Blue Mountains District, parent training programs that were previously provided through ADHC's Community Support Teams have been run with partner organisations. Some of their training packages have now been provided to NGOs with mentoring support, and these organisations are now offering them directly to families.

Districts are also actively building partnerships with and between specialist services, NGOs and state and local government agencies. These partnerships are providing a natural linkage for families as well as non-threatening opportunities to explore options for additional support where there may be early concerns about a child's development.

In Hunter New England District, the ADHC-funded Early Start and Collaborative Partners Program provided Hunter Prelude early intervention service the opportunity to extend its partnerships with the government and non-government sectors, coming together to offer comprehensive supports to young children and their families. A playgroup initiative was developed in partnership with local agencies to provide comprehensive and coordinated supports for families and young children in the Upper Hunter communities. Partners include Health, DEC, the Benevolent Society and Hunter Prelude. This community playgroup has been able to support families and children with complex needs through a soft access point to supports such as community health therapists, family support services from the Benevolent Society, as well as a teacher's aide from the local school who provides school readiness skills. This initiative is a positive way to reach vulnerable families and children in their local environment and build capacity for them to be supported there.

In Northern Sydney District, North Sydney Early Education has partnered with Meeting House in Lane Cove, which provides baby, play and parent groups for children (with and without disability) and their families.

The *0 to 8 Strategy* is leading a consistent approach to building the non-government sector's capacity to influence and support the mainstream community to provide socially inclusive environments for children and their families.

In Northern Sydney District, the North Sydney Early Education and Meeting House partnership has grown beyond the groups offered together to upskilling the community to support children in mainstream settings.

Lifestart's Clinical Practice Outreach and Support Service supports mainstream services to build their capacity and skills. The service comprises

the disciplines of physiotherapy, occupational therapy, speech pathology, psychology and social work. It provides a transdisciplinary service model which enables a sharing of skills and knowledge. It assists each professional to integrate other discipline skills into their own repertoire, enhancing their work with children, families and universal services.

In Northern Sydney District, Cerebral Palsy Alliance has been funded by ADHC to provide clinical training and mentoring to other organisations in identified areas.

Supporting interprofessional practice

A critical component of the *0 to 8 Strategy* is supporting interprofessional practice across agencies to drive change. Early Childhood Intervention Australia's (ECIA) NSW Chapter is leading culture and practice change through its Focus on Early Childhood Inclusion (FECI) project. ECIA is committed to including children with disability in the community, bringing a wealth of experience and practical knowledge in relation to early childhood intervention. The aim of the FECI project is to build capacity within the sector to implement best practice models of inclusion across mainstream and specialist early childhood providers.

FECI supports the *0 to 8 Strategy* by leading a change in culture and practice towards a future in which all families have choice about where and how they access support, and where they are empowered to identify outcomes for their child that will lead to meaningful participation in their natural environments.



In Western NSW a number of established early intervention providers are delivering inclusion support within childcare environments. Two providers have commenced operating under a key worker model, delivering inclusion support and increasing their mobility and responsiveness to families by delivering support in the natural environments identified by the family within a family-centred plan. This has meant that more natural environments/settings are being supported by the key worker and by the early intervention team.

Resources developed through the FECl project include a self-reflection tool that helps services and practitioners identify strengths and needs in their inclusive practices, online resources for families to support transition to school, and distribution of current research.²⁵

3.5 Redefining referral pathways and strengthening transition points

A historical barrier for families of young children with disability has been the difficulty they experience in accessing information, finding supports for their child, managing multiple referral options and dealing with uncertainty about when they will have access to a service. This can lead to separation of the family from their circle of informal supports and participation in everyday natural settings.

One of the *0 to 8 Strategy*'s key messages is that it provides:

*an opportunity to redefine pathways for children with disability and their families and to create far reaching impacts for all. Change is already happening. In many communities, children with disability and their families are more fully participating in their communities by accessing mainstream services but for others their lives are separated from their natural environment and access to everyday services is complicated.*²⁶

The Information and Pathways project, together with a stronger role for Early Links Coordinators (known as Early Linkers), is intended to maintain family connections to local communities and provide simpler pathways to access services. The aim is to create a system that has simpler pathways and more effective use of specialist resources and is welcoming for services and communities. Key strategies include increasing:

- the availability of supports in the non-government sector
- the knowledge base about how to access these supports within everyday environments, and
- the capacity to modify and adapt environments to accommodate children with disability.

Districts are working to enhance coordination across the settings that families and children attend in order to reduce the risk of unnecessary or inappropriate entry to the disability system. This is especially the case for children who may require early developmental assistance to improve functional capacity without an ongoing need for supports into the future.

Southern NSW District is managing referrals for decision support and therapy for children aged 0 to 8 years in order to ensure that the children have every opportunity to receive services from a mainstream provider rather than traditional ADHC support. When a family or referrer contacts Southern NSW Intake, the child's needs are assessed and a referral is sent directly to Mission Australia for further action, rather than going to the Community Support Teams (CSTs).

In Western Sydney District, ADHC staff facilitate bimonthly allocation meetings with local NGOs. These meetings also facilitate interagency networking and sharing of resources and training.

The *Position Paper* notes that supports and services are not generally described or marketed from the perspective of the outcomes they offer to the child with disability or their family. This can make it very difficult for families to navigate the service system at a local level, particularly for supports required at the time of diagnosis and at key transition points. Districts have been working to ensure children and families have access to the right supports at transition points across their lifespan.

In South West Sydney District, Mater Dei's Transition to School Program supported nine new children in 2013/14 and has formed new partnerships with six preschools in the Camden/Wollondilly area. Mater Dei and Macarthur Pre-School have reciprocal arrangements where staff can do 'work experience' in each other's organisations.

In the Hunter New England District, a collaborative approach has been taken with a view to redefining referral pathways. Local partners, including Health (Kaleidoscope and John Hunter Hospital representatives), ADHC, NDIA and Early Links, meet on a monthly basis to focus on pathways for children. The aim of the group is to identify any gaps in referral pathways and develop local solutions to ensure that children and families do not fall through any gaps during the reform process.

A number of Districts are using FECL's Transition to School resource. In South Western Sydney District, families have started using the resource to empower themselves during transition meetings with mainstream school staff. The resource provides families with information about what to expect

at school and the key elements of planning and evaluation. This enables families to confidently identify their child's goals and necessary supports, develop effective partnerships with the school, and facilitate a positive experience for their child.

3.6 Supporting an expanded role for professionals

*'Local services don't understand what each other do, and ongoing communication and shared experience will support smooth transitions.'*²⁷

More effective use of specialist resources

In the past, NSW Government therapy services have often been the primary support for families and children with more complex and higher support needs where more specific technical skills and knowledge may be required. Through the *0 to 8 Strategy*, ADHC District staff have been working to transfer their knowledge about supporting these children and families through combined training and development opportunities, and/or building a knowledge base about the specialist supports which may be sourced at a local level.

Western NSW District invested in the Western NSW Medicare Local so its staff could work with agencies and organisations with a role in the delivery of health, welfare and other support services to people with disability. Better collaboration and integration between services and sectors has helped to ensure supports are provided in an integrated and well-sequenced way. The District also explored opportunities for its Community Support Team staff to be employed by the Western NSW Medicare Local (under the provisions of the new Government Sector Employment Act) to build and retain capacity to support children with disability and families with complex needs.

A range of training and development opportunities is being provided by specialist staff for staff in mainstream organisations, focusing on early childhood intervention best practices, family-centred and inclusive approaches, and specific areas of support such as communication and behaviour management.

South East Sydney District's Partnerships for Inclusion Project is a collaborative approach between Lifestart, SDN, SNC, ADHC, and Botany and Randwick Councils. The project focuses on how the sector can provide support to mainstream settings, including preschool managers and directors, out of school hours care (OOSHC) and vacation care services, family day care and playgroups. The project provides support through basic staff training, targeted training in key areas such as behaviour management, access to online support and resources, and small group mentoring through reflective practice around increasing inclusion.

In Murrumbidgee District, CareWest and Kurrajong Early Intervention Service are working in partnership to upskill the early childhood education and care sector. They are providing training in the Teaching Pyramid model in conjunction with mentoring to assist teachers reflect on their practices.

An ongoing challenge is providing opportunities for access to information, training and support to a broader audience, such as private therapists, general practitioners and other professionals.

Retaining specialist skills and expertise in the disability sector

ADHC staff report that maintaining their unique professional expertise while sharing their knowledge and skills with non-government partners (e.g. to build capacity or work in transdisciplinary models) is challenging, particularly while they are considering options for their own professional future.

As ADHC transitions to the NDIS, it is working to ensure that the unique skills and expertise of its staff are retained in the non-government sector. The focus is on encouraging skilled people to stay working with people with disability. So, where it is appropriate to support local needs, ADHC staff are being encouraged to remain working in the sector through a range of flexible working arrangements with the non-government sector.

In Hunter New England District, a number of therapists are taking up opportunities in the non-government sector, and the District is optimistic that this will assist to build capacity around early intervention reforms. For example, an ADHC speech pathologist has used the new arrangements to work two days a week at ADHC and three days at Early Links Early Intervention Inclusion Services in Ashtonfield. This ensures her expertise stays in the area, while providing her with new skills, experiences and challenges. She now sees a broader range of clients and has a new perspective from the 'other side'. A key to the success of her working arrangement has been a collaborative approach between both of the organisations, good communication and flexibility.

In Northern NSW District, an ADHC physiotherapist has been approved leave without pay to undertake secondary employment as a private practitioner in the sector.

There is the potential for much innovative work in this area. However, Districts are acknowledging the challenges of limited time and resources, particularly in regional areas with smaller populations, fewer and smaller organisations, and greater distances to travel.

3.7 Driving change through local evaluation processes

The Benefits Realisation Management (BRM) model provides a roadmap for change, defining the expected benefits of the *0 to 8 Strategy* and demonstrating their alignment with broader ADHC and FACS strategic directions and the NSW Government's State Plan *NSW 2021*.

The BRM developed for the *0 to 8 Strategy* has three high-level outcome areas which provide a framework for research and evaluation across Districts, and for coordinating with broader ADHC and FACS evaluation activities. These are improved child development, improved family wellbeing, and increased capacity of services (mainstream, specialist and community).

Some Districts have implemented measures to obtain feedback on their investments. There are not many examples of completed evaluations to date, but a number of Districts plan to evaluate in 2015.

The Wobbly Hub and Double Spokes project was a five-year National Health and Medical Research Council partnership project between Western NSW District and researchers at the Universities of Sydney and Western Sydney. The project aimed to develop, implement and evaluate evidence-based models of therapy support for people with disability living in rural and remote communities. It evaluated a number of pilot projects being delivered in Western NSW to support rural children aged 0 to 8 years to successfully transition to school using a community capacity-building approach involving families, mainstream services, non-government providers, locally based therapy support workers and outreach therapists. The evaluations examine the impact and outcomes for children and for staff's professional skills and knowledge.

An early childhood intervention service in the Mid North Coast District has been building partnerships with mainstream childcare services for over six years, delivering workshops on a broad range of issues to support inclusion. An evaluation of the program has shown a 67% increase in families participating in mainstream playgroups, a 28% increase in attending birthday parties, and a 57% increase in visits to the local park.

These examples highlight how FACS Districts have implemented the *0 to 8 Strategy* to date and have contributed to changing culture and practice in the way children with disability and their families are supported. Many of these examples also demonstrate how the *0 to 8 Strategy* is continuing to build a robust system of support for the early years within the changing context in NSW.

4 Opportunities and challenges



As NSW transitions to the NDIS, the *0 to 8 Strategy* can play an important role in developing a sector which will empower families to access appropriate supports. We will now look at the challenges for the *0 to 8 Strategy* as it continues in the changing context of the NDIS, as well as the opportunities it offers for shaping the new marketplace. These challenges and opportunities can be grouped into five areas:

- Participant capacity
- Provider capacity and capability
- Workforce capacity
- Broader market and systems capacity
- Service quality and safeguards.

Questions are posed within each of these areas to prompt reflection on progress and considerations for next steps.

4.1 Participant capacity

How are we responding to the particular needs of families at a time when they may be particularly vulnerable? Are we encouraging families to develop a positive vision for the future and to seek the pathways that will support fulfilment of that vision?

Supports for the 0 to 8 life stage are based on the idea that children with disability and their families have specific and unique needs that require different types and levels of support to adults with a disability. Traditionally, the focus has been on the new stressors and changed patterns of interaction families experience which impact on child and family wellbeing and the quality of the child-parent relationship.²⁸

The first points of contact for many families are the mainstream and community sectors. The *0 to 8 Strategy* should contribute to a culture within these sectors that promotes social inclusion, acknowledges family strengths and encourages families to have a positive view of the future.

*'Let not our needs determine our dreams ... But let our dreams determine our need.'*²⁹

Person-centred and family-centred approaches recognise that families can have a positive vision for their child's future within their family and within the community. This is supported by access to information about their child's rights and available supports, having a supportive network of family and friends, and a focus on interests, dreams and aspirations. This in turn guides their decisions about which pathways they choose.³⁰

A number of strategies are being implemented more broadly within NSW to help people with disability and their families build a positive vision and engage in decision-making about the nature of supports that will make a difference to their lives. Resourcing Families³¹ is an initiative by Family Advocacy which provides information and ideas for families, friends and allies of people with disability so that they can have the knowledge, skills, confidence and networks they need to plan a good life for and with a person with disability. The Resourcing Families website contains a number of resources and stories based on the experiences of families in NSW.

*'A desire for a child to have friends, and to work and live in the community can be a dream for every child ... building a vision does not need to be based on what has happened to other children with similar disabilities, or on what anyone else suggest should happen.'*³²

My Choice Matters³³ is the NSW Consumer Development Fund established by the NSW Government. My Choice Matters works with people with disability and their families to support them to live their life their way and to get the most out of the changing disability system. It builds recognition that having more choice, voice and control is a big change for many people with disability. The My Choice Matters website features parents' stories about how they dream of the little things for their children, the things that matter to them.

The Early Links Program is a key part of NSW's approach to local area coordination and decision supports for families of children with disability around the time of diagnosis. Early Links Coordinators (Early Linkers) provide families with person-centred and family-centred support, information and assistance to access services and supports to meet the family's goals within their local communities. They play a key role in improving access to mainstream options and linking families to them. The Early Links Program is being evaluated and tested for effectiveness in building participant capacity.

The Hunter New England District has noted the need for vulnerable families in particular to be supported in the planning and decision-making process. There is concern that vulnerable families will require additional focus if they are to interact within the assessment and planning processes of the NDIS and to access the supports available for their children.³⁴ As mentioned earlier, a community playgroup has been developed through collaborative partnerships in the Hunter New England District. This has provided a positive way to reach vulnerable families and children in their local environment and to build capacity for children and families to be supported in their natural setting.

Finally, the ILC component of the NDIS will strengthen the community's capacity to provide families with information about options available in their local community and to support them to remain linked to informal and mainstream supports. A strong focus is needed on ensuring these functions are embedded within the early childhood sector as we lead up to the NDIS.

4.2 Provider capacity and capability

How are organisations which support young children and their families managing the change processes required in the transition to the NDIS? Will they be positioned to provide a strong and viable sector which will provide high-quality person-centred and family-centred supports based on family preferences while maintaining service sustainability?

The *0 to 8 Strategy* aims to build strong and sustainable non-government and mainstream sectors to support children with disability and their families in accessing the NDIS in their local community. The new operating environment for the early years is being transformed so that it can provide increased flexibility in how families and children are supported, with organisations needing to actively link to other mainstream, specialist and local community providers.

From July 2018, FACS will no longer provide or fund disability supports. Instead, a joint NSW and Commonwealth contribution of \$6.4 billion will fund supports in NSW through the NDIA. As this provides for significant growth in funds for the disability sector in NSW overall, organisations are considering ways to meet increased demand and provide supports within person- and family-centred frameworks.

The *FACS Information, Pathways and Lifespan Reform* focuses on supporting people to access other disability supports in the NGO sector. Part of this work includes the development of NGO capacity to ensure there is market coverage across age groups, geography and complexity.

This reform also focuses on building Districts' ability to understand their funded capacity, to develop systems to guide people into that funded capacity, to support people in accessing support planning, and to individualise their funding arrangements where possible. The *0 to 8 Strategy* is part of this broader reform.

As individuals exercise their right to choose supports, service providers may have less certainty about demand and about funding and cashflow than they experienced under block-funded arrangements. The next three years will be crucial for early intervention support for many children as the systems providing the services develop new ways of operating. Organisations are looking at governance, leadership and management processes to support the development of high-quality, financially sound operations. The FACS-funded Industry Development Fund (IDF)³⁵ is providing significant support, delivered in partnership with National

Disability Services (NDS). The purpose of the IDF is to direct investment towards initiatives that support the transition of non-government disability service providers to the new market-based disability system under the NDIS.³⁶ All NGOs that are disability service providers funded by FACS are eligible to access the IDF initiatives.

The Organisational Transition Fund (OTF) was established to provide grants to support organisations, or groups of organisations, in purchasing practice tools and resources to prepare for implementation of Ready Together and transition to the NDIS.³⁷ Findings of the OTF projects will be shared with the wider sector.

Sector Development Grants funded by the NDIA Sector Development Fund have enabled FACS to work in partnership with the sector and financial experts to create a package of financial management associated with the NDIS. ADHC is supporting NDS to roll out financial management workshops for NGO financial and operational management staff.

There is concern for the sustainability of small organisations providing early childhood intervention supports. In regional areas, existing small organisations have strong local community support, a limited base of clients and few alternative services for families. In some areas, organisations have formal partnership arrangements with each other so they can join forces in order to strengthen their capacity to change and grow with the expectations of the NDIS. For example, early childhood intervention services in Orange, Bathurst and Dubbo have formed an



alliance to strengthen their capacity to provide therapy services and to address behaviours of concern for children aged 0 to 8 years.

The Focus on Early Childhood Inclusion (FECI) project³⁸ is building capacity within the early childhood intervention sector and partner agencies to embed inclusive models. The project is supporting the development of expanded community partnerships beyond the disability sector and increasing community knowledge of supports available for families and children.

4.3 Workforce capacity

How are we developing the capacity of the workforce across mainstream and specialist sectors so that there continues to be a skilled and experienced resource which can adapt to new ways of working to support the priorities of families of young children within their community?

FACS has invested in a range of strategies to enhance the capacity of the sector workforce to meet changing needs, develop solid human resource management practices and develop a flexible and responsive workforce. This has included a series of education and information sessions for NGO employers and employees, as well as the development of a range of human resource management and career planning tools.

The *Workforce Recruitment Strategy* aims to raise the profile of the disability and community care sectors, increase the size of the workforce available and attract the right type of workers to deliver quality services. CareCareers and Projectable are two initiatives which are supporting this strategy.

There are specific considerations for the 0 to 8 life stage, where the focus is not only on the availability of workers with experience and background to provide the broad spectrum of supports but also on the skill set required for personnel providing support to families of young children with disability.

With an increased focus on being responsive to the priorities of families, professionals will require personal qualities that enable them to build positive working relationships with families and have the skills and abilities to put professional skills and knowledge into practice in everyday environments.³⁹ Practitioners working across the early life stage are increasingly turning to adult learning and evidence-based coaching practices to facilitate meaningful interactions with families.⁴⁰ Approaches being explored by professionals to support positive parent-child relationships in the early years include Attachment, Collaborative Partnerships and Coaching Parents.⁴¹

It is important to build the capacity of the workforce outside the specialist disability sector and to build a disability-aware community of service providers across a range of settings identified in the *0 to 8 Strategy*. By supporting children in inclusive settings, professionals can build skills within the mainstream sector to embed supports in natural contexts and everyday routines.

Hunter New England District's Partners for Inclusive Learning Program with Northcott Society early intervention service has been working with local schools to build the capacity of teachers to provide inclusive practices. This is being done through modelling sessions with therapists, working with families to build capacity to support their child in a mainstream setting, and linking the school with private therapists and other community support agencies.

Services on the Mid North Coast are using the coaching model to transfer their practices and skills to others in mainstream settings and to embed a culture of social inclusion within organisations.

One area of emerging concern is the capacity of the workforce to support families and children with more complex and higher support needs, where specific technical skills and knowledge may be required. In the past, NSW Government therapy services often met this need through a highly skilled workforce. Smaller organisations and private allied health practitioners, who may not have the variety of clients required to build experience in specialist intervention or equipment prescription, may find this challenging.

There is a need for strategies in which resources and support are provided to the non-government sector to facilitate the transfer of skills and knowledge and build expertise.

FACS' Clinical Innovation and Governance Directorate supports Districts through continued work to build and strengthen workforce capacity and capability across the non-government sector. It is providing a range of conferencing events throughout 2015 aimed at establishing communities of practice and developing skills of non-government allied health practitioners and managers through the FACS Core Standards program.

Careful planning and discussion at the local level is being undertaken to support the transfer of individual clients. This may be through targeted coordination and transfer of knowledge designed to support individual children and families, combined training and development opportunities, or building a knowledge base about the specialists supports which may be sourced at a local level. (The Southern NSW strategy to direct referrals through an NGO has been described in the previous section.)

Northern Sydney District identified behaviour support as a gap in sector capacity. This was addressed by funding a new provider who specialised in this area to work with existing providers. The District will also fund and provide training for local NGO providers in behaviour support.

The *NDIS (NSW Enabling) Act* and the new *Government Sector Employee Act 2013* support staff mobility, workforce capability and development, and the transition of staff to the non-government sector.

For example, Southern District reports that a number of current therapists are moving into private practice and predicts this will help address a shortage of therapists in the future.

A further concern is whether the workforce will be able to appreciate the complex needs of individual families and how this may impact on an individual family's capacity to participate in interventions.⁴² The holistic approach provided through family-centred practice enables professionals and families to negotiate shared understandings of how they can work together and build relationships over time based on understanding family circumstances and the goals families have for their children.

ADHC recently published the *Guide for services working with children and young people with disability and their families* (2014), as an addendum to the Standards in Action manual, in order to provide additional guidance, including practice examples and tips, for services working with children and young people with disability and their families.

Recommended practice models provide for collaborative team approaches to supporting families and children and enable skill sets to be developed across settings. Skills in developing cross-discipline relationships and shared understanding among professionals are also needed in order to effectively implement team approaches which support improved coordination; examples include the transdisciplinary approach and the key worker model.^{43, 44}

As demonstrated in the *Position Paper*, national frameworks that are currently shaping the early childhood sector, including the *Early Years Learning Framework*, the *National Quality Agenda* and the *National Early Childhood Development Strategy*, are meant to apply to all children. All early childhood settings should be designed to cater for the full diversity of children, including those with disability or developmental delay,⁴⁵ to ensure that 'all children have the best start in life to create a better future for themselves and the nation'.⁴⁶

4.4 Broader market and systems capacity

How are we developing cross-sectoral collaboration with key major partners in the early childhood sector? How are we exploring innovative approaches that focus on prevention and early intervention, providing soft entry to supports for young children where there is concern about their development, and accommodating changing family priorities in the early years?

The *0 to 8 Strategy* commenced a process of introducing flexible models of support which looked beyond the disability sector, reaching out to strengthen linkages with mainstream settings. Families of young children usually access a comprehensive range of supports as they manage the routines of everyday life in their community. This typically involves an interaction between the informal supports that surround a family as a normal function of life in the community, the mainstream supports that all families with young children typically access, and the formal supports that can strengthen participation in mainstream settings.

The NDIS is as much about community engagement and access to informal supports and universal services as it is about providing funded supports. The *0 to 8 Strategy* is a means to raising the profile of children with disability and increasing community knowledge about what is available and how to use existing supports within mainstream settings. It can also help to break down barriers associated with a separate disability specific system which no longer has capacity to meet growing needs. The NSW Ministry of Health and FACS meet regularly to share information about key sector reforms. The changes to the disability sector and the 0 to 8 life stage impact on LHDs both as key referral points to specialist disability services and as providers of specialist health services for children and their families.

Discussions are regularly held with DEC to clarify aspects of supports for children and the impact on the early childhood sector and schools in relation to the *0 to 8 Strategy*. In developing the Transition to School website, Early Childhood Intervention Australia (ECIA) liaised extensively with DEC and with other education sectors to ensure consistency in providing access to mainstream settings for children with disability. DEC's Every Student, Every School policy recognises that quality professional learning for teachers and support staff is vital for supporting the needs of students with disability in regular classrooms.

The Information, Linkages and Capacity-building (ILC) component will be important in influencing the directions of the *0 to 8 Strategy*. The aim of this component is to interface with community and mainstream supports so that those who are not eligible for individual packages can receive information and referrals to appropriate mainstream supports. This is important for children with disability, where the primary concern is to intervene early to prevent an escalation of the impact of a disability or developmental delay. A number of initiatives included in the previous section highlight this, such as early identification through community-based playgroups.

The *0 to 8 Strategy* should continue to focus on building the capacity of families to maintain informal supports and seek formal supports that will enable them to participate in settings which they identify as important and to impact on the attitudes and expectations of the broader community. Flexibility in responding to family choice requires a strong commitment to the values of social inclusion and a capacity to support and promote the acceptance of families with disability in all settings within the community.



4.5 Service quality and safeguards

What are we doing to develop a system that enables families of young children with disability to be confident that the services and supports they access for their child will operate within legislative frameworks, meet required standards and operate in line with contemporary evidence in supporting young children with disability?

The *Disability Inclusion Act 2014*⁴⁷ ('DIA') sets out safeguards for people accessing NSW-funded disability supports and services, including new employment screening requirements and requirements for disability accommodation providers to report abuse or neglect of people with disability to the Ombudsman. The revised *National Standards for Disability Services* are seen as a transitional reform enabling nationally consistent quality standards to apply across the disability services sector. These National Standards have a greater focus on person-centred approaches and promote choice and control for people with disability. The *NSW Disability Service Standards* provide the basis of NSW's approach to quality for the disability sector. All funded service providers must have a quality management system and must provide evidence to an independent third party to confirm organisational performance against the *NSW Disability Services Standards*. The [Standards in Action](#) manual provides guidance to help services meet the revised National Standards.

ADHC has recently prepared the *Guide for services working with children and young people with disability and their families* as an addendum to the Standards in Action manual, in order to provide additional guidance, including practice examples and tips, for services working with children and young people with disability and their families.

It aims to ensure that services are provided in accordance with the principles in the DIA and references the UN convention on the Rights of the Child. The DIA requires that supports and services are provided to a child with disability in a way that ensures their best interests while also respecting the responsibilities, rights and duties of a parent or the person legally responsible for them, while at the same time respecting the views of the child having regard to their age and level of maturity.⁴⁸

The principles described in the Guide are consistent with the directions promoted in the *0 to 8 Strategy*, such as the importance of inclusion-focused supports,

providing holistic child-centred and family-centred supports, focusing on strengths-building approaches, and establishing collaborative partnerships.

The Guide acknowledges that children with disability are more vulnerable to risk of abuse, exploitation and neglect,⁴⁹ highlighting the need for ensuring that organisations providing supports are of a high quality and meet the *NSW Disability Service Standards*, with particular attention to the specific needs of young children. In addition, the out of home care sector for NGOs has specific requirements under the Office of the Children's Guardian Standards for Accreditation that need to be considered for children aged 0 to 8.⁵⁰

The NDIA is working to ensure that all participants can access high-quality services that enable them to achieve their goals. A framework for a nationally consistent quality and safeguarding system for participants in the NDIS is being developed by the Australian Government and state and territory governments, together with the NDIA.

There is agreement that the national framework should mean that people interacting with the NDIS can expect consistent standards and safeguards wherever they live in Australia. It should maximise the opportunities for people with disability to make decisions about their supports while also enabling them to live free from abuse, neglect and exploitation. It should also promote innovation, continuous improvement and best practice in the provision of supports.⁵¹

In the meantime, the NDIA and the NSW Government have jointly developed the *Quality Assurance and Safeguard Working Arrangements for the Trial of the NDIS in NSW*. This document outlines the agreed working arrangements for management and monitoring in the Hunter trial site against the existing NSW quality assurance and safeguarding framework.⁵²

Outside the Hunter trial site, private providers are currently covered by their discipline-specific registration framework and support through their professional association. Membership of professional therapy bodies provides an industry-specific code of conduct, as well as access to guidelines and to training to meet professional requirements. The training being provided by the FACS Clinical Innovation and Governance Directorate to build workforce capacity through its core standards and strengthening practice is also open to private providers.

5 Summary



Repositioning the *0 to 8 Strategy* within the broader reforms in NSW will enable us to build a sustainable sector into the future which will empower families as key decision-makers about their child and as agents of change within their community.

Learnings from the Hunter NDIS launch site have identified key elements that have been instrumental in building the capacity of non-government and mainstream services through the *0 to 8 Strategy*. These include having Ready Together growth funding as a driver of change, an increased focus on developing collaborative partnerships, more support for streamlined transition processes, and an opportunity to support the transition of government employees into the non-government sector.

To date there has been a strong focus on changing culture and practice within the disability sector. We need to continue to build a culture where mainstream community settings, including family support, early childhood education and care,



education and health settings, are the natural context for young children and their families, with early intervention supports merged within these settings to develop inclusive communities. We will know we have made progress when families and mainstream settings work in partnership to co-produce outcomes aimed at improving a child's life in the context of their family and meaningful participation in their community.

The *0 to 8 Strategy* continues to be a means by which NSW can be confident that it is developing a sector which will empower families to seek the supports they require for their children into the future. All sectors are encouraged to use this document as a guide for reflecting on their progress towards the principles of the *0 to 8 Strategy* and for continuing to embed its philosophies into planning for the future.

6 Endnotes and References

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