



**Family &  
Community Services**  
Ageing, Disability & Home Care

# Strengthening supports for children and families 0 – 8 years

Position Paper | September 2013



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# 1 Introduction

Every child, regardless of their needs, has the right to participate fully in their community and to have the same choices, opportunities and experiences as other children. Children with disability in NSW should be provided with additional support to access these opportunities, and to live and grow in an inclusive society that enables them to fulfill their potential as equal citizens.

*“I want to expose my son, who has a disability, to ordinary experiences that all children have. I want him to have learning opportunities that could be denied him if he were in a segregated setting. I want him to have his natural right to be part of a normal life. Despite having a disability, our son is a person first”.*

**A parent, ADHC Strengthening Supports for Children and Families Workshop, November 2012**

In NSW, 1.7% (13,388) of children 0 – 8 years are reported as needing assistance with core activities. According to the Department of Education and Communities (DEC), 4.7% (35,000) of all students have confirmed disability against the Department’s criteria for targeted specialist services.<sup>1</sup>

The *Strengthening Supports for Children and Families 0 – 8 years* reform strategy is Ageing, Disability and Home Care’s (ADHC) commitment under *Stronger Together 2* (ST2) to improve the way that services are provided for children with disability and their families. The key principle underpinning the reform strategy is that children aged 0 – 8 and their families will receive supports that address their needs in a holistic and integrated way, in mainstream settings, supported by the specialist system.

The NSW Government has committed an additional \$180 million over five years to expand the range, availability, quality and flexibility of support services for children with disability aged 0 – 8 and their families in mainstream settings, in partnership with the specialist system. This investment will be used to support the reform strategy by reviewing how we invest funds for this age group and where the supports are provided. Through the reform strategy, ADHC will build the capacity of the service system and community to provide comprehensive, coordinated and flexible supports for children aged 0 – 8 and their families in mainstream settings, supported by the specialist system.\*

\* For the purposes of this initiative, mainstream settings are considered those which are available to anyone in the community. Examples include preschools, schools, community health centres, hospitals, playgroups and community groups. It is acknowledged that people working in mainstream settings have a diverse range of skills, including some people with specialist skills. In this document the specialist system refers specifically to the disability sector.

This Position Paper sets out the high level strategies that will be implemented by ADHC in partnership with key stakeholders to achieve the intended outcomes of the reform strategy. These strategies are aligned with the broader reforms of the specialist service system in NSW under ST2 and the National Disability Insurance Scheme (NDIS). Both initiatives focus on person centred approaches and increasing access to prevention and early intervention support services for children with disability and their families across the lifespan, particularly at diagnosis and key transition points. They also aim to ensure families remain linked to those structures within the community that guide and assist them in their parenting role, and children with disability ‘live their lives’ and develop along with their siblings and peers.

The strategies outlined in this Position Paper represent a major change in the way that ADHC operates, particularly how it works with mainstream services and the community. The success of these strategies relies on the development of partnerships between the key agencies primarily involved in the delivery of mainstream services. This will be supported by the establishment of a high level governance structure that will drive the reforms across government and throughout the service system.

The reform strategy is the start of a significant and long-term process to change the attitudes and expectations of families who have children with disability, local communities and ADHC-funded and direct service providers. The change process will involve raising people’s awareness of research findings that the best outcomes for children with disability are achieved when access to everyday mainstream settings are supported by specialist services. It requires communities to build their capacity to be inclusive and provide opportunities for children with disability to participate in the same experiences as children without disability.

This Position Paper represents a point in time in the reform process. The process will be reviewed and revised as the reform progresses and in response to systemic changes or shifting priorities, such as the implementation of the NDIS reforms.

## 1.1 Vision

Children with disability aged 0 – 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.

## 1.2 Objectives

The objectives of the *Strengthening Supports for Children and Families 0 – 8 years* reform strategy are to:

- increase access to prevention and early intervention support services for children with disability and their families, particularly at diagnosis and key transition points
- expand the range, availability, quality and flexibility of support services for children with disability and their families
- increase the capacity of the service system (specialist and mainstream) to provide flexible family centred services that are responsive to families' needs as they change over time
- increase the capacity of mainstream services and local communities to be inclusive and support children with disability and their families
- improve systemic and practice collaboration, coordination and partnerships between specialist disability services and mainstream services.

## 1.3 Outcomes

The key outcomes for the *Strengthening Supports for Children and Families 0 – 8 years* reform strategy include:

- children aged 0 – 8 years and their families are supported in mainstream settings, with the support of the specialist system as required
- children and their families are supported to tailor assistance and services to their life and natural settings, with a focus on early intervention and prevention, including at diagnosis and key transition points
- therapy and specialist supports are provided in natural and inclusive settings in a coordinated and inclusive way that optimises the child's development and supports them at key transition points
- mainstream services are better equipped to provide supportive and therapeutic environments for children and their families/carers and to build resilience, capacity and social inclusion within these environments
- the specialist sector is well supported to provide services and supports through models that promote inclusion in natural settings.

## 1.4 Strategies

A range of strategies will be implemented to achieve the vision and objectives of the proposed reform to strengthen supports for children 0 – 8 years and families including:

- 1 improving access, availability and quality of services through targeted investment focused on developing supports that are delivered in mainstream settings
- 2 improving systemic and practice collaboration between the disability sector and mainstream agencies
- 3 reorienting services, systems and practice in mainstream and specialist services.

A detailed overview of these strategies is provided at Section 3 (page 13).

## 2 Drivers for change

There is strong evidence and a range of policy drivers that support the vision and objectives of the proposed reform strategy to strengthen supports for children 0 – 8 years and their families.

### 2.1 Evidence

Participation in everyday environments is vital to the health, development and quality of life of all children. The ongoing development of children, including children with disability, depends on the nature and quality of their environments at home and in early childhood and community settings. National and international evidence indicates that the best outcomes for children and young people with disability are obtained when access to everyday mainstream settings is supported appropriately by specialist services.<sup>2</sup>

*“It was the best thing when our son began attending a mainstream school”.*

**A parent, Family Advocacy Odyssey Conference August 2012**

Inclusive programs provide children with disability with the same experiences as children without disability and more opportunities to develop positive social relationships. When appropriate adaptations are made most children with additional needs make the same progress in inclusive programs as they do in segregated, specialist programs.<sup>3</sup> Children with disability learn from the same opportunities but may need more time to learn, and may need learning opportunities modified to maintain engagement.<sup>4</sup> Positive outcomes are reported for both children with disability and typically developing children in inclusive settings.<sup>5</sup> In addition, when families of children with disability participate in community activities they are more likely to have support when problems occur, feel less isolated and also to have relationships that do not focus on their child’s differences.<sup>6</sup>

There is also good evidence stating that early intervention is associated with improved outcomes for children with disability, particularly interventions that support both the child and family in the child's natural environments. Success in improving social and workforce participation outcomes for children later in life has also been demonstrated.<sup>7</sup> Research demonstrates that investments made in the very early years of life, particularly in high quality early childhood education and care services, are very cost effective. They reduce the need for more costly supports and intervention later in the child's life and have benefits not only for the child and family but for the community as a whole.<sup>8</sup>

*"If you increase natural supports the need for services decreases".*

A support provider, Family Advocacy Odyssey Conference August 2012

## 2.2 Policy drivers

The *Strengthening Supports for Children and Families 0 – 8 years* reform strategy is aligned with a range of international, national and state policies that suggest that mainstream services should support the needs of children with disability and their families, with additional support provided by specialist services when required.

*Stronger Together* (ST2) is the NSW Government's five-year plan to provide greater assistance and long-term practical solutions for people with disability and their families. It involves major reforms and service expansions, with a focus on:

- person and family centred approaches that will enable people with disability to be the key determiners of how support resources are used. Individualised funding and supports are a central part of this approach
- building a lifespan approach into the disability services system that will create clear long-term pathways for people that embeds early intervention and prevention across a person's whole life, with early childhood intervention being prioritised.

It is important to recognise that children with disability and their families have specific and unique needs that require different types and levels of support than adults with disability. Families of children with disability are likely to need more support to access information and supports when their child is first diagnosed.

In light of the specific and unique needs of children with disability and their families, ST2 investments have focused on building a service system that is underpinned by a dependable structure that supports families and children in these early years, at the same time as providing families with the choice to access time-limited self-directed support packages for more complex situations.

The ST2 priorities for children with disability and their families are broadly aligned with the proposed National Disability Insurance Scheme (NDIS) that will provide insurance cover to all Australians in the event of significant disability. The scheme will be aimed at those who are most in need, providing long-term, high-quality support for around 410,000 people who have a permanent disability (or developmental delay) that significantly affects their communication, mobility, self-care or self-management, including 140,000 people in NSW.

The NDIS will look beyond immediate need, toward a lifetime approach to care and support for people with disability, giving people confidence that they will receive the supports they need, as their needs change over time. Under the scheme, people will have more choice and control over when, where and how they receive it. For some people, there may be the potential to manage their own funding through individualised funding packages. Early intervention will be a key part of the supports provided to people under the scheme, particularly for children with disability.

In NSW, the transition to a full scheme will commence in July 2016, with the full scheme expected to be in place by 1 July 2018. The first NSW launch site commenced from 1 July 2013 in three Local Government Areas in the Hunter New England: Newcastle, Lake Macquarie and Maitland.

Children and young people with disability in NSW need to be supported comprehensively in the new and emerging person centred system, to live and grow in an inclusive Australian society that enables them to fulfill their potential as equal citizens. This is consistent with the 2008 **United Nations Convention on the Rights of Persons with Disabilities**<sup>9</sup> and the **United Nations Convention on the Rights of the Child** which states that all children have the right to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life.<sup>10</sup>

The **National Disability Strategy**<sup>11</sup> recognises that while some people with disability and their carers need specialist supports, social inclusion and full participation for people with disability cannot be addressed by the specialist service system alone. It argues that it is essential for the broader community, mainstream services and facilities, such as health services, schools and transport, to be fully accessible for people with disability.<sup>12</sup>

The **National Early Childhood Development Strategy** focuses on building a more effective and integrated national early childhood development system to

support the needs of all children in the early childhood period (from antenatal to 8 years old). This includes providing additional assistance for children most in need to reduce social inequalities.<sup>13</sup> The strategy promotes a ‘nested service system’, where mainstream/universal services are aimed at the general population and available to all, and targeted and more intensive supports are provided within these settings as needed (See Appendix 2 – Tiered Early Intervention System).

The ***National Partnership Agreement on Early Childhood Education*** commits NSW to providing universal access to early childhood education and providing every child with access to a structured, play-based early childhood education program in the 12 months prior to full-time schooling by 2013. This target is also reflected in *NSW 2021*. Funding has been allocated under this Agreement to reduce inequalities in outcomes being achieved by different groups including (but not limited to) children with disability, children living in regional and remote areas and Aboriginal children.\*

The Department of Education and Communities’ (DEC) ***Every Student, Every School: Learning and Support Framework*** (funded through the Australian Government’s *More Support for Students with Disabilities* initiative) will provide better learning and support for every student with disability, learning difficulties or behaviour support needs in public schools through professional learning and support for teachers and support staff. This initiative is providing an opportunity to improve educational experiences and quality of life outcomes for students with disability. This framework also provides context for supporting a change in supports for children 0 – 8 years, particularly during the period of transition to school. It is important that the benefits of early childhood intervention continue into the school years.

The NSW Government’s ***NSW 2021*** goal to better protect the most vulnerable members of our community establishes a whole of government commitment to prioritising vulnerable children and their families (particularly those who frequently come into contact with multiple government and non-government agencies). This includes working with vulnerable families to strengthen their skills, build their resilience, plan for their future and reduce the risk of harm to their children. This is supported by ***Keep Them Safe - A Shared Approach to Child Wellbeing*** which is the NSW Government’s five-year plan to reshape the way family and community services are delivered in NSW to improve the safety, welfare and wellbeing of children and young people, including children with disability. The goal of *Keep Them Safe* is that all children in NSW are healthy, happy and safe, and grow up belonging in families and communities where they have opportunities to reach their full potential.

\* DEC currently supplements access for children with a disability through the SCAN program (\$13.1m in 2011/12) and Intervention Support Program (\$12.8 m pa).

## 2.3 Gaps in the service system

There is a lack of a comprehensive, coordinated approach to providing services and support within the NSW early childhood intervention system. Early childhood practitioners, children, parents and carers are increasingly challenged by a complex service system made up of different specialist services providing separate elements of support. These services are often not well integrated to support the child's whole life.

While families and professionals are aware of the importance of early intervention and its positive impact on future life opportunities, they often experience a range of barriers and issues accessing these services.

It can be extremely difficult for families to access up to date and appropriate information to determine the relevance and quality of a support or service in the current disability service system. Supports and services are not generally described or marketed from the perspective of the outcomes they offer to individuals, families and carers. This can make it very difficult for families to navigate at a local level, particularly for supports required at the time of diagnosis and at key transition points.

The current specialist system tends to focus on the child's disability and what skills children 'need' to develop in order to participate in relationships and community settings. While it is essential that particular skills are not seen as prerequisites to participation, it is also important to ensure that children are given targeted intervention to maximise their chance to develop skills and maximise potential. The system also needs to focus on what is required to change the child's everyday settings to support their access, participation and learning.

*"Look at when things naturally occur, don't create a special lesson".*

**An academic, Family Advocacy Odyssey Conference August 2012**

Furthermore, mainstream services are not always well equipped or informed to provide additional support for children with disability so they can have the same opportunities and experiences as all other children to learn and grow.

*"Simple dreams I had once had for my children, playgroups, preschool, all going to school together, extra curricular activities and friendships always remained but were challenged in all facets when it came to my daughter after diagnosis".*

**A parent, ADHC Strengthening Supports for Children and Families Workshop, November 2012**

*“Prejudice and segregation of people with disability commences at pre-school and school age. These beliefs continue on into adult life when employers refuse to employ people with disability”.*

A support provider, Family Advocacy Odyssey Conference August 2012

## 3 Strategies

A range of strategies will be implemented to achieve the vision and objectives of the proposed reforms to strengthen supports for children with disability aged 0 – 8 years and their families.

### 3.1 Improve access, availability and quality of services through investment in supports delivered in mainstream settings

Under *Stronger Together 2* (ST2), Ageing, Disability and Home Care (ADHC) is allocating \$180 million over five years to expand the range, availability and quality of disability support for children with disability and their families living in NSW. This funding will see an additional 11,800 children, family and therapy places delivered by the non-government sector by 2016.

Funding will be invested in new models of support and expanding existing services that are consistent with best practice. There will be a strong focus on early intervention and support across a child's lifespan, particularly at diagnosis and key transition points which ensure that children with disability can access supports within their natural environments. Another focus of this investment is ensuring that specialist providers work collaboratively within the sector, as well as with mainstream services. Existing programs to be expanded include:

- **Autism Flexible Funding** – provides a flexible range of supports and services for families, with a focus on increasing access to mainstream services for children with autism, and support for their families within communities.
- **Skill Development for Children and Young People** – provides early childhood intervention through access to therapy, education and family support, with an increasing focus on coordination across services that support children in mainstream settings.
- **Social and Support Networks** – increases the resilience of children and young people with disability and their families by building on the social supports provided within natural environments, including existing informal social supports and networks in the community and increasing community participation for both the individual and families.

- **EarlyStart Diagnosis Support Program** – to be expanded to 68 Diagnosis Support Workers, including 16 Aboriginal specific Diagnosis Support Workers, who support families at the time of diagnosis, coordinate access to services and improve pathways and transitions between early childhood intervention supports and mainstream settings.
- **Therapy supports** - will be provided in the context of person and family centred practice and targeted across the lifespan, including at key transition points. Service delivery models will change from providing direct therapy to working with families and mainstream services to build their capacity to incorporate therapeutic outcomes into the child’s everyday routines and environments. A key role for therapy staff will be to maximise the capacity of existing services to support children with disability.
- **Intensive Family Support** - includes the introduction of a continuum of support for families experiencing periods of stress so that they can access the right supports at the right time. Families will be supported to build their capacity and resilience to restabilise routines, maintain effective family functioning and prepare for and manage future periods of stress.

This will build a simpler and more sustainable service system that will offer families more choice about what type of supports they access, how to access them when they need them, and where they receive these supports.

### 3.2 Improve systemic and practice collaboration between the disability sector and mainstream agencies

A number of strategies are required to improve service collaboration and coordination within the disability sector, and between the disability sector and mainstream services.

ADHC will support the sector to undertake significant reforms while they also build strategic partnerships to support cultural and practice change within mainstream services for children and the broader community support for families.

Innovative practices will be required to increase the capacity of the mainstream systems to:

- be inclusive of children with disability, providing them with real life opportunities that all children receive
- work in partnership with families and specialist service to provide supportive and therapeutic environments for children with disability and their families in mainstream settings.

ADHC will establish and lead an overarching governance structure that will ensure that key partner agencies are engaged and jointly involved in driving the proposed reform.

Strategies will be implemented to support inter-professional practice across agencies to drive the change process and achieve consistency within service systems for children with disability aged 0 – 8 and their families in NSW. Strategies are also required to engage the specialist system to appropriately support mainstream services in providing services for children with disability aged 0 – 8 and their families. Specialist services provided by NSW Health need to also be engaged in accessing particular expertise and progressing a comprehensive, multidisciplinary approach to care.

A key initiative that ADHC will deliver in partnership with Early Childhood Intervention Australia (ECIA) NSW Chapter is the Focus on Inclusion project. This project will lead culture and practice change by supporting best practice models of inclusion across mainstream early childhood education and care and specialist early childhood intervention services. The project will be critical in driving reforms needed to achieve an integrated and seamless service system that supports children with disability and their families within mainstream settings, with specialist support provided to the child and family at times of need.

ECIA will develop and implement a framework for professional support and leadership to lay the groundwork for these long-term reforms. This work will include identifying best practice models of inclusion, developing a tool to assess changes in inclusive practices over time and mentoring support for service providers.

In addition, ADHC is investing \$6 million in 2013 and 2014 to strengthen the capacity of services supporting children with disability 0 – 8 years. This funding will provide an additional 965 places for children and their families over the two years, and will be provided to:

- specialist providers working in partnership with mainstream providers; or
- mainstream providers to support children with disability and their families; or
- other inclusive practice models.

The inclusion project will also develop resources and materials aimed at supporting children with disability and their families, schools and service providers through the transition to school process.

## Case study

### The Autism Early Years Demonstration Service

Positive outcomes for children with a disability or developmental delay can be achieved when the child and their family receive support and intervention as early in the child's life as possible.

Both national and international evidence indicates that the best outcomes for children and young people with a disability are obtained where access to everyday settings is supported appropriately by specialist services. Parents of children with disability have an expectation that their children will access mainstream services, allowing the development of friendships and promoting inclusion within the local community.

All children are entitled to education and care in which the family sets goals for their child and enables easy access to specialist support for the child and family.

The Autism Early Years Demonstration Service based in Rooty Hill, known as SDN Beranga, provides outreach services to mainstream education and care centres that are committed to include children with autism spectrum disorders.

The outreach service is based on collaborative agreements with the mainstream centres, and includes ongoing coaching and support for centre staff and transition support for families. Mainstream centres are helped to assess the strengths and needs of each child and of the family as a whole, and to develop family plans based on the family priorities and goals.

The demonstration service also works with the mainstream centre to assess their capacity to support children with autism, and identify their strengths and areas for development.

Outreach services are being provided to local, mainstream early childhood centres to support families in 13 Local Government Areas.

This project will contribute to our understanding of best practice models in building a sustainable support system for children with additional needs and for their families to be linked to their local community.

*“When I came in and saw my son happy and playing with musical instruments, I wanted to hug you.*

*We feel very confident that at last our son will be accepted ... we are feeling very reassured now that you have explained how you will help him. We have given our life to helping him ... Thank you so much.”*

**Parent of a child attending the Autism Early Years Demonstration Service, Rooty Hills**

### 3.3 Reorient services, systems and practice in mainstream and specialist services

A range of strategies will be implemented to integrate the specialist service system within mainstream settings and ensure coordinated service pathways for children and families.

In the existing system, early childhood intervention services are mostly located separately from mainstream services, limiting communication between services and causing delays in timely access following referral. In an integrated system, specialist services should have outreach bases that work with mainstream services and provide consultancy support to build capacity of the mainstream and universal sector to address the needs of children with emerging or complex needs. Specialist services provided by NSW Health should be included in the network of support and consultancy.

For specialist services, including early childhood intervention services, becoming part of an integrated service system across the 0 – 8 age group will involve expanding and changing their current roles. Staff will require new skills in consultation and collaboration while working in partnership with other specialist and mainstream services to deliver a more integrated and flexible service system.

Districts\* will ensure that services funded with ST2 growth funding (Strategy 3.2) demonstrate a commitment to align service delivery in accordance with best practice integrated service models. More broadly, the reform strategy priorities will be embedded within existing planning frameworks, which use a place based approach to assist local communities plan the services and supports for people with disability in their area.

There is an increasing need to improve the way that services are planned, delivered and coordinated for children with disability and families across disability, health, education and community service systems. The current service system is complex and fragmented, made up of different specialist services providing separate supports that are not well integrated to support the child's whole life.

ADHC will support and facilitate the development of strategic and local partnerships to improve service coordination and collaboration between disability services, and with mainstream services at key transition points across the lifespan. Partnerships will include health, education and community service providers, as well as specialist early childhood intervention and disability services. This will be supported by the establishment of governance mechanisms at the local, district and state level comprised of key state government agencies and representatives across mainstream and disability services.

\* As part of the Department of Family and Community Services Localisation, Ageing, Disability and Home Care, Community Services and Housing are being integrated into 15 districts that align with the Local Health Districts as of August 2013.

At the local level, specialist early childhood intervention services need to work in new and innovative ways to improve the planning, coordination and integration of services so that children and families are provided with supports that address their needs in an integrated and holistic way, as early as possible, including health, wellbeing and quality of life.

Health services are often the first point of contact when parents have concerns about their child's development, providing assessment and diagnosis, information and specialist supports at the time of diagnosis. Health services are also a key referral point into early intervention and disability services and community supports.

Public health services provide a range of assessment and intervention services for children aged 0 – 8 years, including allied health services. The range of public allied health services offered, and the access criteria for those services, is determined by each Local Health District.

The strategy is not about reducing specialist supports for children aged 0 – 8 years or transferring children to NSW Health services. In planning for the future, there may be opportunities to enhance and support the capacity of services provided to children aged 0 – 8 years in the public health sector. Both mainstream and specialist services provided by NSW Health should be key partners in future developments. There may also be opportunities to improve referral pathways and coordination between specialist disability and health services, particularly at the point of diagnosis and in the provision of supports such as therapy.

Through Family and Community Services (FACS) Localisation processes, ADHC will also work with key partners to improve and streamline referral processes and service delivery across FACS services. Localisation processes will also establish and build on district and regional networks that focus on early intervention, including strengthening interagency networks. Localisation into FACS districts will allow stronger linkages with Local Health Districts, Medicare Locals, schools and organisations within each district and enhance local decision making.

Children with disability may access multiple supports through their community, mainstream services, their informal networks and ADHC direct services. There will be a range of reforms to ADHC direct disability services in NSW to embed a tiered early intervention support system into mainstream practices (See Appendix 2). This includes redefining how supports are provided by Community Support Teams (CSTs).

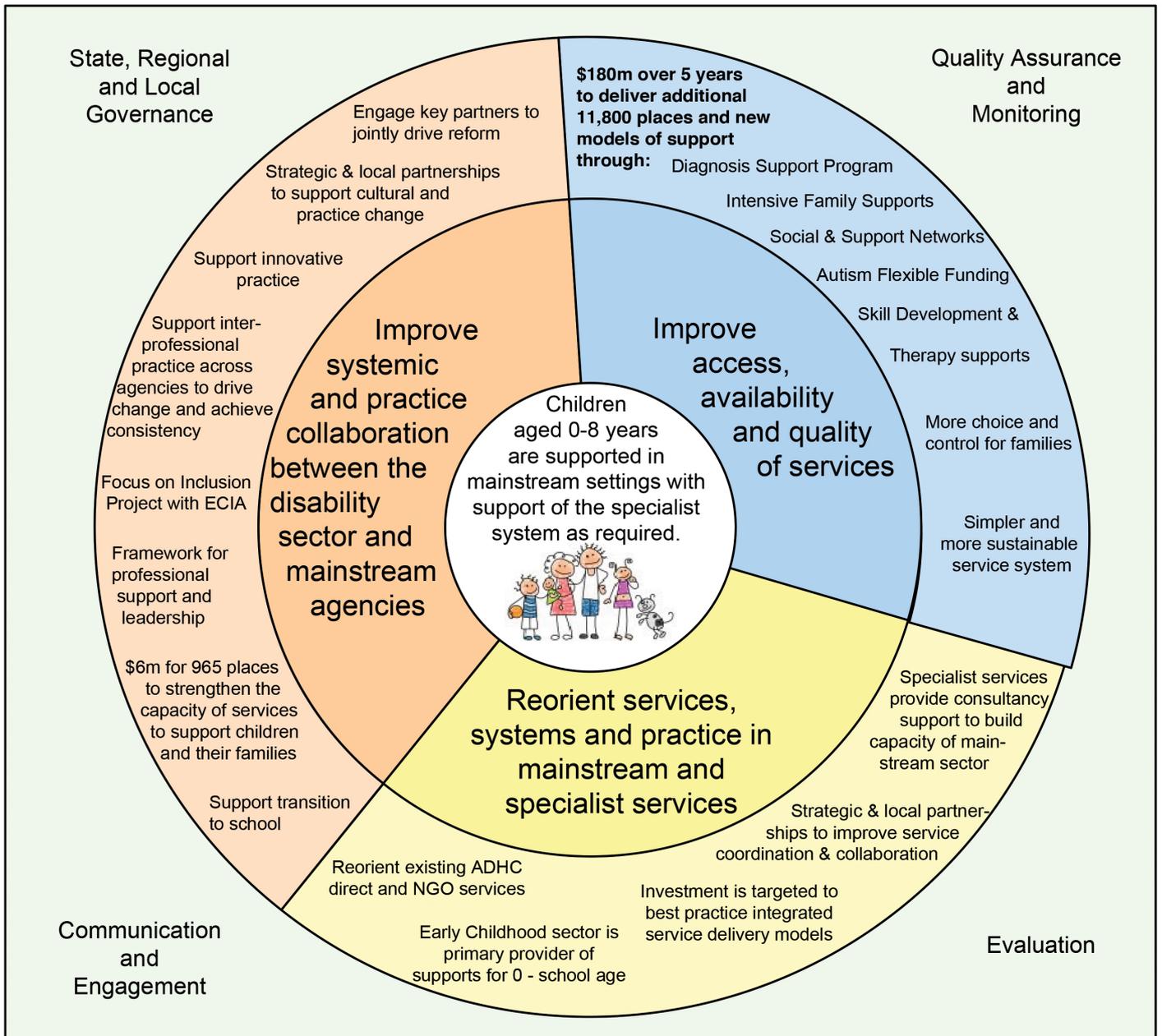
The non-government sector will be the primary provider of therapy for the 0 – 8 age group with children only being referred to CSTs in exceptional circumstances. The ST2 investment strategy will deliver a total of 11,800 new child, family and therapy places to the non-government sector by 2016. The purpose of this investment is to build on the existing range of supports and services available for children with disability and their families.

The role of specialist providers and practitioners will be expanded. They will be required to use their specialist skills and knowledge to support organisations and build capacity of the mainstream sector to address the needs of children with disability, including those with complex needs. This expanding role will require new skills in consultation and collaboration, while recognising the existing wealth of experience that specialist providers currently have.

Part of this shift will involve ensuring that the training and development of professionals working with children, including specialists and early childcare educators, focuses on early childhood intervention best practice approaches, as well as family centred and inclusive practice for supporting children with disability and their families.

Any CST supports that are provided directly to children aged 0 – 8 years will be provided through mainstream settings. The aim of these supports will be to facilitate the child and family's access to everyday settings (e.g. child care). The emphasis will be on maintaining formal and informal support arrangements and building the capacity of local communities and mainstream services to respond to the needs of children with disability and their families.

All strategies and funded services will need to align with National Disability Insurance Scheme (NDIS) planning processes, service delivery principles and models of delivery. They will need to focus on person and family centred approaches that enable children with disability and families to have control over what services and supports they access and how they are used. They will also focus on lifespan approaches to support that will create clear long term pathways for children and their families, embedding early intervention and prevention across a person's whole life, with early childhood intervention being prioritised.



## 4 Implementation

The implementation of this reform strategy will involve a complex and long-term change management process to redefine pathways for children with disability and their families. It represents a major shift in the way that Ageing, Disability and Home Care (ADHC) operates, particularly how it works in partnerships with key agencies involved in the delivery of mainstream services for children with disability and their families across Family and Community Services (FACS), as well as with health, education and community service and specialist service providers.

The implementation is being led by FACS districts\* in recognition that communities are different and decisions about investments and supports should be made locally. At the district level, implementation of the reform strategy is taking place through a phased implementation process, with Hunter New England District being the first district to commence in 2012. Districts are embedding the implementation of this reform strategy into existing planning frameworks and investment strategies, using place based approaches to identify service gaps, opportunities and priorities for supports for children with disability and their families. This means that implementation will be different in each district, based on local priorities and needs. Districts have commenced allocating *Stronger Together 2* (ST2) growth to build on the strengths of existing services, as well as investing in new and innovative models of support. Districts are also actively building partnerships with and between specialist services, non-government organisations and other government agencies including Department of Education and Communities (DEC), NSW Health and local government.

FACS has established a governance structure that will ensure that driving the reform is shared across government and throughout the service system. A Statewide Reference Group has been established to ensure a systematic and coordinated approach to the reform by engaging key external stakeholders in the governance process and facilitating sharing of strategies and information across agencies. The group is comprised of representatives from NSW Kids and Families (a pillar organisation of NSW Health), DEC, Community Services, the early childhood and disability sectors and family representatives. A Statewide Internal Implementation Group has been established to drive the implementation of the reform across all FACS districts. In addition, districts are establishing local governance structures to drive local implementation. See Appendix 3 for a detailed overview of the governance structure.

\* Prior to the introduction of Localisation in July 2013, Districts were known as Regions.

Early Childhood Intervention Australia (ECIA) NSW Chapter will work in partnership with districts to lead culture and practice change by supporting best practice models of inclusion across mainstream and specialist early childhood services. Tools will be developed to assess changes in inclusive practices over time. In addition, mentoring support will assist service providers to implement inclusive models.

This reform challenges traditional attitudes and expectations about how supports should be provided and accessed. ADHC is developing a communication and engagement strategy to ensure key messages are communicated to and by key stakeholders regarding the *Strengthening Supports for Children and Families 0 – 8* reform strategy. It will promote a shared vision for the reform and help stakeholders understand and accept the directions and rationale that underpin it. The strategy will include high level key messages and the development and dissemination of tailored information and resources to support targeted stakeholder and community engagement. Again, districts will be central to talking with their communities and stakeholders to determine how the reform strategy will be implemented to reflect local community needs.

As part of the implementation of this strategy, districts will work with service providers to embed continuous quality improvement processes into practice. This will ensure that services are high quality and responsive to the child and family's needs as they change over time. Districts will also work in partnership with service providers to establish monitoring and evaluation processes to measure the extent to which services and strategies are meeting the objectives and outcomes of the reform strategy, and improving outcomes for children with disability and their families.

The implementation of the reform strategy will be aligned with the broader reforms required to transition to the National Disability Insurance Scheme (NDIS). This strategy will help to build the capacity of the service system to be ready for the transition to the NDIS by embedding family centred practice, flexibility and choice in service delivery. It will help to ensure that the infrastructure needed to support families as they transition to the NDIS is in place.

The proposed strategies will be revised as the reform progresses and in response to systemic changes or shifting priorities, particularly the implementation of the NDIS and localisation.

For more information about the strategy email [sscf@facs.nsw.gov.au](mailto:sscf@facs.nsw.gov.au) or visit the ADHC website [www.adhc.nsw.gov.au](http://www.adhc.nsw.gov.au)

## 5 Appendices

### 5.1 Appendix 1: Glossary of terms

**Community** A community is a group with shared common characteristics like values, needs, interests, intent, preferences and risks that affect the identity and cohesiveness of members. A person's 'community' can include their family, friends, classmates or work colleagues, community groups, informal and formal networks, mainstream services and programs and specialist supports.

**Diagnosis** Diagnosis is the process of working out the nature and cause of a disability through assessment and providing advice about the person's needs and available services. For children, it is usually made by a paediatrician who works with a team of specialists, such as a psychologist and speech pathologist, to conduct an in-depth assessment of the child's skills and abilities. Diagnosis and assessment usually occurs in early childhood, but can also occur in adolescence or adulthood.

**Diagnosis Support Workers** Through the EarlyStart Diagnosis Support program, Diagnosis Support Workers provide time limited, individually tailored support to families of children with disability or development delay during the time of diagnosis or while awaiting diagnosis, including, but not limited to:

- information to inform and enhance access to early childhood intervention through universal, targeted or intensive supports within their community
- assistance to families to navigate services and supports to find those best suited to achieving the family's goals, including referrals to services
- emotional support and support to develop skills and resilience
- assistance to identify sources of informal social support to help maintain the resilience and wellbeing of the family.

**Disability** A disability is any restriction or lack of ability to perform an activity within daily living that results from an impairment. This includes anyone defined as having a disability regardless of how it arose and whether it is chronic or episodic in nature:

- that is attributable to intellectual, psychiatric, sensory, physical or like impairment or combination of such impairments
- that is permanent or is likely to be permanent, and
- that results in a significantly reduced capacity in one or more major life activities, such as communication, learning, mobility, decision-making or self-care, and a need for support, whether or not of an ongoing nature<sup>14</sup>.

**Disability service system or specialist supports** Overall system for the delivery of disability-related supports and services in NSW. This includes any state or Commonwealth delivered or funded (i.e. delivered by non-government sector) support that is only available to people with a disability.

**Early childhood intervention** Early childhood intervention aims to give a child the best start they can have by providing support as early as possible. Early childhood intervention services provide specialised support and services for infants and young children with developmental delay or disability, and their families. These services can include therapy, education, inclusion support in early childhood services, formal and informal family support, and the provision of information and support for transition into school systems.

**Early intervention** Early intervention seeks to reduce the impact of disability for individuals and the wider community, for example, by mitigating or alleviating the impact of an existing disability, and/or preventing deterioration in an existing disability. Early intervention may occur as soon as the disability is first identified or appears where there is a discrete change in the disability, or at particular lifetime transition points.<sup>15</sup>

**Inclusive programs and settings** Programs and settings that provide children with the same experiences and opportunities to participate and encourage learning and development of positive social relationships, in a way that reflects the interests and strengths of all children inclusive of physical, cultural and linguistic diversity.

**Individualised funding** Based on the principle that funding is attached to the person (or family in the case of children), rather than to a program, place, support or service, and the person can choose how funds are managed and supports are purchased. The person may choose to manage their funding themselves, get help from a service provider or establish their own fund holding arrangement. The funding is portable so the person can determine who they want to purchase supports and services from, and to change provider (e.g. if they are dissatisfied with a provider or move to another location in NSW).

**Life span approach** Person centred planning and individualised funding that creates long-term pathways for people with disability that ensure they have the right support at each stage or transition point throughout their life.

**Mainstream services** Services that are available to all members of the community for example, hospitals, general practitioner services, pre-school, primary and secondary schooling, transport, housing, sport, leisure and recreation, and aged care services.

**National Disability Insurance Scheme** The national scheme to provide insurance cover to Australians in the event of significant disability. Implementation commenced in the first NSW launch site in the Hunter New England District from 1 July 2013. Eligible people with disability in the Newcastle, Lake Macquarie and Maitland Local Government Areas will gradually transition to the scheme. Transition to a full scheme will commence in July 2016, with the full scheme expected to be in place by 1 July 2018.

**Natural settings** Everyday places, environments and activities within the community or home settings where all children are typically found.

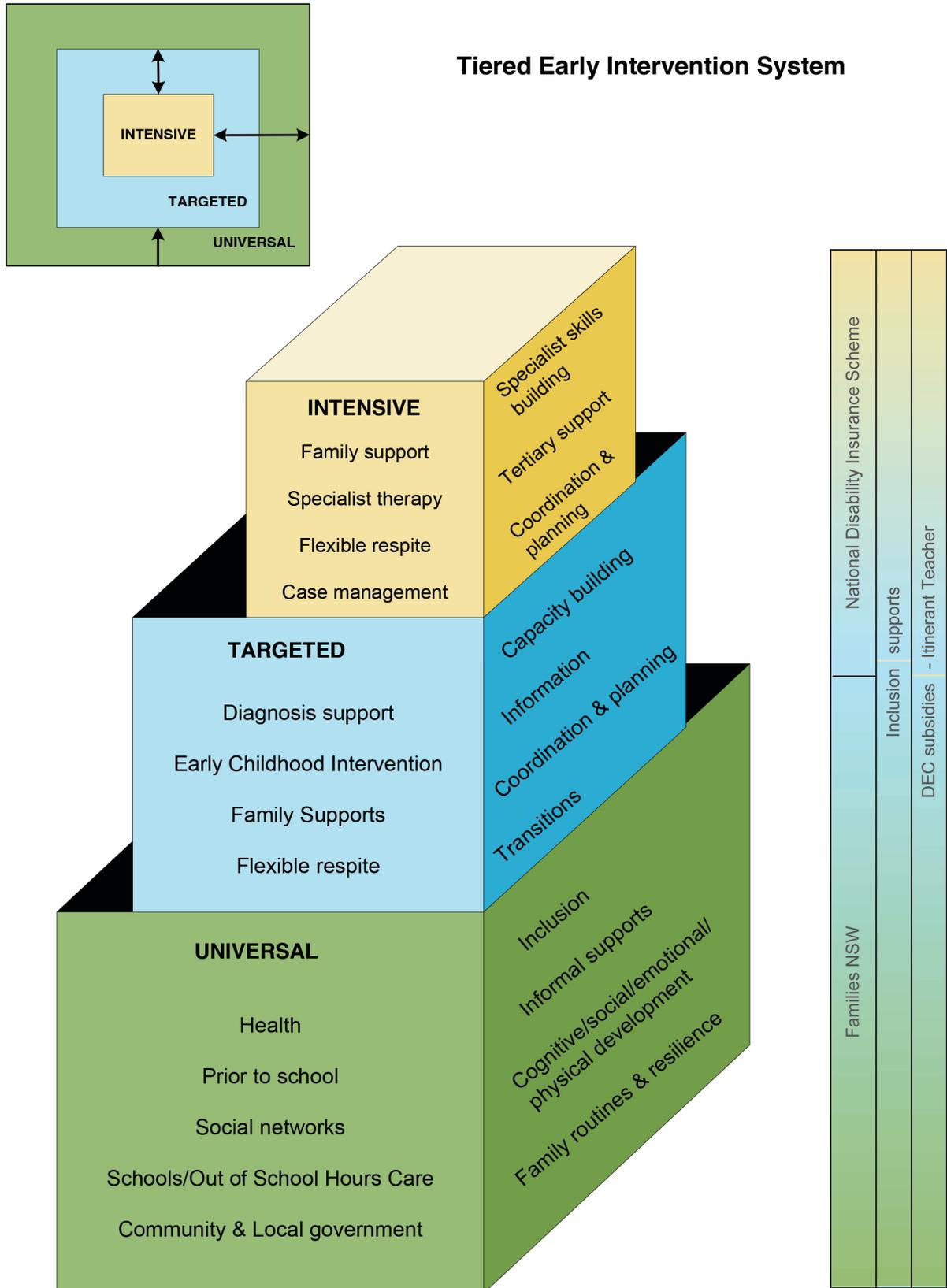
**Person centred approach** A way of supporting and working with people with disability that puts the person at the centre of planning, funding, support and service arrangements.

**Practice collaboration** Early childhood professionals (working in early childhood intervention specialist and mainstream sectors) working in partnership and collaboration across professions to understand each other's practice and expertise, and to create collaborative work practices to improve child and family outcomes and increase social inclusion. This may include undertaking joint planning, professional development and training, sharing resources etc.

**Tiered early intervention** Early intervention services provided through three service layers: universal, targeted and intensive<sup>16</sup>. See Appendix 2.

**Universal services** All publically available mainstream services that can be accessed by any member of the community. See 'Mainstream'.

## 5.2 Appendix 2



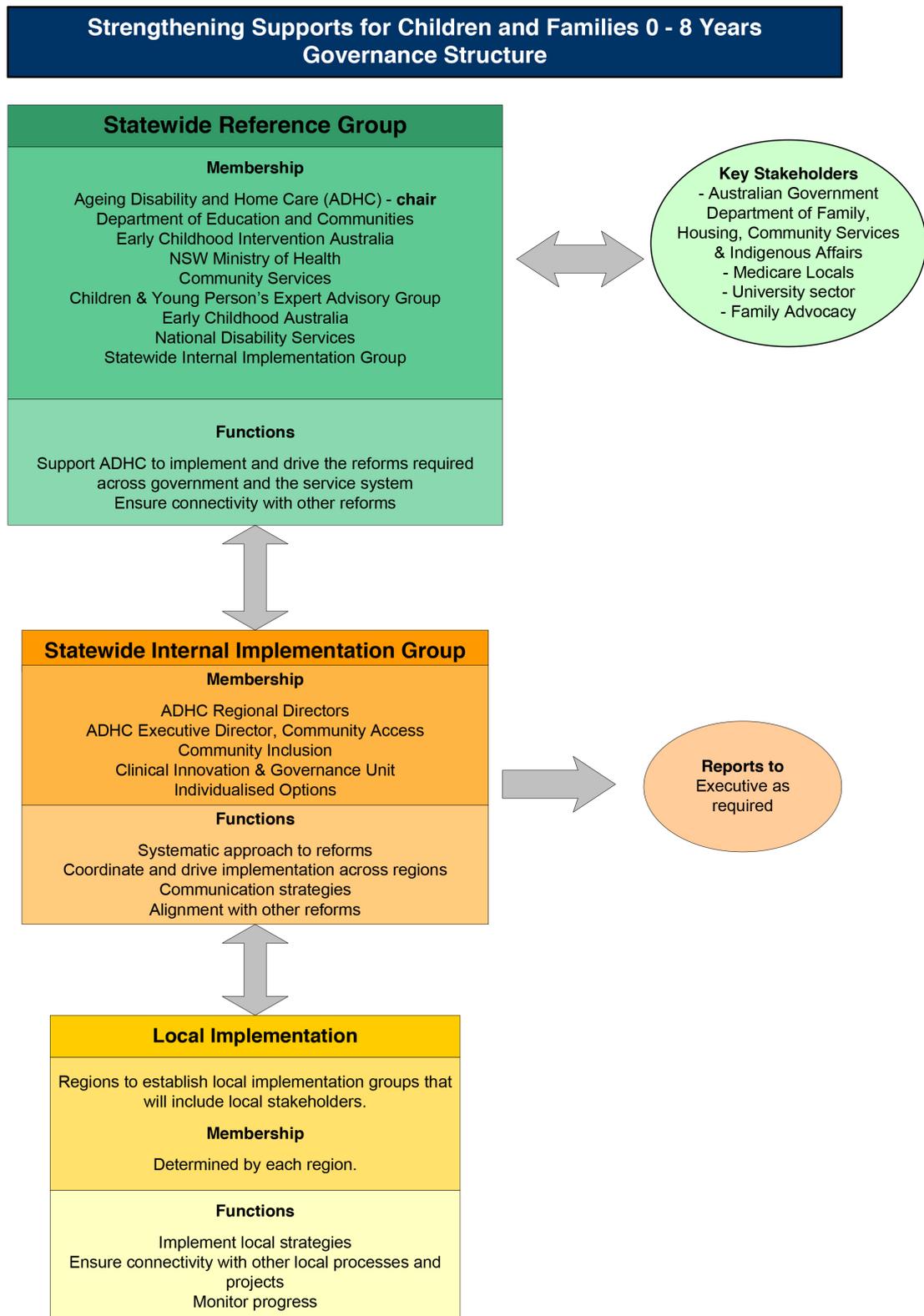
**Tier 1 – Universal** services and supports are aimed at the general population and are accessible to all. Their main goal is to increase protective factors and reduce risks for child development, provide support for optimal family and community environments for all children, and provide early identification and referral for children and families who may require more targeted or tertiary services. In addition to core maternal, child and family health, General Practitioners, early childhood education and care services, and family support services, universal approaches include broader supports such as paid parental leave, medical benefits, child care assistance and the provision of information about child development.<sup>17</sup>

Not all “health” services are universally available to all members of the community. Universal services provided by NSW Health include screening programs eg Newborn Hearing Screening and Universal Home Health Visiting (offered to parents of all new babies).

**Tier 2 – Targeted** services and supports target children and families or communities who have a higher need or higher risk than the general population. They aim to minimise the effect of risk factors for children and to build protective factors and resilience. Importantly, the services and supports work to reduce inequalities in outcomes between groups of children. Priority and increased access to universal services is one form of targeted support, for example, health care concessions, child care assistance, family payments and rebates, and offering an additional year of preschool to disadvantaged children. Other forms include: outreach programs, supported playgroups, health services, disability and inclusion support services and parenting or family relationships programs.<sup>18</sup>

**Tier 3 – Intensive** services and supports are individually tailored responses to a particular child and family situation that is highly stressful and may be ongoing. Examples are parental substance abuse, mental illness and homelessness, and when children are experiencing or at risk of abuse or serious harm. The aim of these services is to prevent or reduce the risks to children and build parents’ skills and capacity. These services may include intensive whole-of-family services, specialists and treatment programs for parents.<sup>19</sup>

## 5.3 Appendix 3



## References and resources

- 1 NSW Department of Education and Communities, *Every Student, Every School – Learning and Support*, Sydney, 2012.
- 2 Centre for Community Health, *DEECD Early Childhood Intervention Reform Project. Revised literature review*, Victoria, 2010.
- 3 J Mc Loughlin & A Stonehouse, *Inclusion in Children’s Services: Next Steps, Final Report*, 2006.
- 4 C.J Dunst & C.M Trivette, *Using Research Evidence to Inform and Evaluate Early Childhood Intervention Practices, Topics in Early Childhood Special Education*, 2009. Available at [www.sagepublications.com](http://www.sagepublications.com).
- 5 S.L Odem, ‘Preschool Inclusion: What we know and where we go from here’. *Topics in Early Childhood Special Education*, Vol. 20, No 1, 2000, p20-27.
- 6 Centre for Community Child Health, *New Frontiers in Early Childhood Inclusion*, Melbourne, 2000. Available at [www.noahsarkinc.org.au/resources/New%20Frontiers%20in%20Early%20Childhood%20Inclusion.doc](http://www.noahsarkinc.org.au/resources/New%20Frontiers%20in%20Early%20Childhood%20Inclusion.doc).
- 7 KPMG, *Reviewing the evidence on the effectiveness of early childhood intervention. Report to the Department of Families, Housing, Community Services and Indigenous Affairs*, 2011.
- 8 Department of Education and Early Childhood Development, *Early Childhood Intervention Reform Project Revised literature review*, December 2010, p34
- 9 Commonwealth of Australia, *National Disability Strategy 2010 - 2020*, Canberra, 2011, p8.
- 10 UNICEF, Summary on the United Nations Convention on the Rights of the Child’, in *Investing in the Early Years – A National Early Childhood Development Strategy. An initiative of the Council of Australian Governments*, 2011. Available online at [www.unicef.org/crc/index\\_30160.html](http://www.unicef.org/crc/index_30160.html).

- 11 Commonwealth of Australia, *National Disability Strategy 2010 – 2020*, Canberra, 2011.
- 12 Commonwealth of Australia, *National Disability Strategy 2010 – 2020*, Canberra, 2011.
- 13 Commonwealth of Australia, *Investing in the Early Years – A National Early Childhood Development Strategy. An initiative of the Council of Australian Governments*, Canberra, 2009, p4.
- 14 *NSW Disability Services Act 1993 No 3*.
- 15 Productivity Commission, *Disability Care and Support Inquiry Report No 54*, 2011, p605.
- 16 Commonwealth of Australia, *Investing in the Early Years – A National Early Childhood Development Strategy. An initiative of the Council of Australian Governments*, Canberra, 2009, p19.
- 17 Commonwealth of Australia, *Investing in the Early Years – A National Early Childhood Development Strategy. An initiative of the Council of Australian Governments*, Canberra, 2009, p19.
- 18 Commonwealth of Australia, *Investing in the Early Years – A National Early Childhood Development Strategy. An initiative of the Council of Australian Governments*, Canberra, 2009, p19.
- 19 Commonwealth of Australia, *Investing in the Early Years – A National Early Childhood Development Strategy. An initiative of the Council of Australian Governments*, Canberra, 2009, p19.
- 20 NSW Ministry of Health, *NSW Service Framework to Improve the Health Care of People with Intellectual Disability*, Sydney, 2012.