

DR CRAIK: Our next appearance is from Noah's Ark. Take a seat and, when you're comfortable, if you could say your name, position and organisation, and, if you'd like to make a brief opening statement, we'd be happy to hear from you. Thank you.

MR FORSTER: My name is John Forster. I'm from Noah's Ark. You'll have to bear with me because I've got the Melbourne cold at the moment.

DR CRAIK: I'm glad you're over there.

MR FORSTER: Yes. My colleague is Debbie King, who is our manager of innovations and development. I'm the CEO at Noah's Ark.

By way of introduction, Noah's Ark is a large early childhood intervention and inclusion agency. We currently support about 1400 families who have young children with disabilities in Victoria, all of whom are below school age. We also support the inclusion of some 2000 children with additional needs and we manage nine regions in the current inclusion professional support program.

Noah's Ark has been involved in programs supporting the inclusion of children with disabilities in childcare since the early '90s.

I'm also a past national president of Early Childhood Intervention Australia. In that role, one of the tasks I undertook was the development of a joint statement on inclusion between the two peak bodies - Early Childhood Intervention Australia representing disability services or early childhood intervention agencies, and Early Childhood Australia representing educators. This was adopted in 2012. That was the first joint piece of policy work between those two organisations in the 40 years since de-institutionalisation. Carrying on that sort of strand, in November 2013 with the Centre for Community Child Health, we convened the first national conference, Reimagining Inclusion, which brought together all the stakeholders involved in inclusion, including parents, educators, disability services or early childhood intervention, inclusion support training organisations, universities, government policy makers and administrators, and that was the first time that they had ever come together.

Both the development of the joint statement on inclusion and Reimagining Inclusion conference were highly participative. Their purposes were around the development of shared language and purpose. The three things which emerged from these processes are: the ongoing discrimination faced by young children with disabilities and their families; the fragmentation of support across different programs and tiers of government; and service design which is still inadequate to meet the needs of all Australian children.

We are concerned in terms of your report that while you are aware of these issues and you raise them in your information request 8.1 into the barriers faced by families and children with additional needs and children with additional needs who have difficulty accessing or participating in early childhood education and care, your recommendations seemed to have preceded investigation into those issues and we would recommend that further consideration be given to these matters here.

There isn't a lot of research-based information in these areas - and I can go into that if you're interested - but the anecdotal evidence is clearly that there are highly uneven responses from early childhood education and care services to approaches about or to the prospect of enrolling a child with a disability, and the level of participation by children with disabilities in early childhood education and care programs is very uneven.

So we strongly recommend an in-depth review of issues facing children with disabilities before final recommendations are made.

DR CRAIK: Okay, thank you. Thanks very much; is that it?

MR FORSTER: Yes.

DR CRAIK: Sorry, I wasn't sure if you had another bit. Okay, thanks very much. I guess, the first question: does all your funding come from the federal government or from the state government or from a mix of them, or what?

MR FORSTER: It comes from a mix of them. The early childhood intervention component of our work is funded through the state government and will be transferred to the National Disability Insurance Scheme, and the Inclusion and Professional Support Program is funded through the Commonwealth.

DR CRAIK: I guess the Inclusion and Professional Support Program funds assistance and mentoring and skill development, does it fund equipment at all or not, or just - does it fund people and programs, or what?

MR FORSTER: The Inclusion and Professional Support Program has a number of components. One of those components has been around training and development. One of those components which we are involved in is the Inclusion Support agencies which are regionally based mentoring support services. There is the Inclusion Support Subsidy, and then there has been a component of that which also - funding which provides equipment.

DR CRAIK: Now, so what are your specific concerns with what we have proposed?

MR FORSTER: Well, I guess - I did have a little bit of extra and I might quickly go through that.

DR CRAIK: Yes, sure.

MR FORSTER: Because I wanted to just - I think it's important to think about the evolution of services in this area. I'll talk about the old system. So, when early childhood services were developed, children with disabilities didn't live in our communities; they were in institutions. And so when they entered early childhood services there were very low expectations. The way in which that was managed was that unskilled workers were employed to care for them. Success was largely based on compliance, that is, that they didn't disrupt the program that was existing, and there were minimal expectations for what children might achieve. I'm having to generalise to keep this succinct.

We now look at children's development in quite a different way because there is a different understanding of how children develop, and so we recognise that for children with

disabilities it's important that they're in stimulating environments. They often don't have the same skills to initiate development and therefore need additional support or scaffolding to do that. They may not have the same abilities to interact, but benefit from those interactions and they clearly benefit from having more structured developmental opportunities.

So, when the Inclusion and Professional Support Program came into being nine years ago, what it was trying to do was shift the focus onto a much greater emphasis on the programs adapting to meet the needs of all children rather than having additional staff simply supporting the child to be at the venue as it were.

What they were trying to come to terms with was that staff, if they were used to working in a particular way, may not have the capacity to adapt to the needs of a child with a disability and would need support. The other main feature was that they were trying to move away from the idea that this unskilled worker was basically tied to the child with a disability, and they wanted the person who was - the leader in the room, the person who had the best ideas in terms of how to create programs, having the space to also be creating a program for this child.

There is a limitation to the Inclusion and Professional Support Program and in the point at which the Commonwealth was then trying to delineate its role, it was saying then that the responsibility for the individual child, the knowledge of the individual child, actually rested with the state government because the early childhood intervention programs were state programs.

That's been problematic because the development of early childhood intervention programs in the '70s started as quite segregated programs, they were set up in the community a bit like kindergartens for children with disabilities, sometimes they involved parents, sometimes they didn't. Those services have increasingly evolved towards looking at what the development opportunities are for children in their everyday situations, including childcare or wherever they are in the community, but that process has been very uneven.

What's interesting now is that, in terms of the National Disability Insurance Scheme coming into being, there is now the potential to have a much more cohesive approach. I guess one of the concerns I have in this is that for me the starting point in any way of thinking about how children with disabilities are best supported in early childhood education and care starts with the premise of who provides information to the program about that child's individual developmental needs, their social skills, their behavioural issues, their ways of engaging and learning and so forth.

At the moment that continues to fall between different departments saying, well, we're not sure whose responsibility it is. So, in your report you talk about the NDIS having a responsibility in this area, the NDIS talks about it not being responsible for education. In the past we had the Inclusion and Professional Support Program saying we will support the program development but it's the State's responsibility, the State's programs are saying, well, we're not sure what our role in early childhood education and care necessarily is. So, we continue in this conundrum.

I guess as somebody who's sitting in the middle of two sets of policy reforms, it would be really important for there to be some resolution to that core issue before one then starts rolling out a significant change to programs which will impact significantly in terms of what

happens for children with disabilities. Then I can come back and talk to the specifics of what you're suggesting after that. Did that make sense or not?

DR CRAIK: I think so. But if you had your druthers, how would you design such a program? If you could design something, how would you do it?

MR FORSTER: How would you design it?

DR CRAIK: Yes.

MR FORSTER: I guess there's two answers to that. In terms of where we are with early childhood education and care, it's important that those people working in those services get support from people who know the child's abilities really well. That could come out of the National Disability Insurance Scheme. Because if the staff in programs have a good idea of what the child's abilities are, they can then start to think about how do they design a program which meets that child's needs. They can therefore start to match resources to what are the needs that we need to meet here. That's the short answer. There is a longer answer which goes to saying we've got a problem in terms of having plans for children with disabilities which sit all over the place and everybody comes up with their own plans and it's not integrated.

There's some interesting UK legislation at the moment which is basically requiring different departments to contribute to the development of education, health and care plans, so that families have one plan and there is one plan around the child. The different departments are required to look at how they cooperate and provide funding around the needs of those individuals as opposed to having different funding programs which are all busy saying, "This is not our responsibility," and people sitting in the middle trying to sort that out.

MR COPPEL: When you put in the submission on the draft report it would be helpful if you could put references to this work.

MR FORSTER: Certainly.

MR COPPEL: You picked up in the draft report there are a number of information requests and you've touched on a few of them. We're also interested in understanding the range of needs that these children have with respect to early childhood education and care and some idea of the costs of meeting those additional needs. I'm not sure if you're in a position to give any perspective on those.

MS KING: I'm happy to speak at this point. Our view would be it's very difficult to have a blanket pricing model which says – particularly I think you've referred in the report to it being disability-driven. So a child with Down Syndrome is eligible for X funding, a child with another condition might be eligible for Y. Because in fact we believe that a child with Down Syndrome and another child with Down Syndrome might have completely different needs and completely different requirements and some may have no additional need for funding at all. So there's a difficulty with attaching it to a disability. The program as it currently sits, the IPSP program, does base it on the individual.

So there is a process of applying for an inclusion support subsidy, the ISS program, where our inclusion support facilitators talk to the service and discuss with the service what

needs to happen to support the child in that environment. Then the funding might be then allocated based on the need of that specific child. So the behaviour, level of care needed, development stages, whether they need additional support in terms of changing and those sorts of things or routines or whatever. But it's based on the individual needs of that child rather than on any sort of global disability-related funding. I just can't see a way of that working of being able to say, "Well, this type of disability is eligible for this funding." Children are so different.

DR CRAIK: Do you get a certain amount from the federal government each year to kind of – I mean, do you make a decision as to how much money goes where or what?

MR FORSTER: The funding that we get through the inclusion support agency is basically to provide mentoring and support to different services. There is a small amount of flexible funding which is basically available prior to inclusion support subsidy being finalised. So our work is responsive to the range of needs. So it's very driven by the demand in the different services. I guess if I touch on the model as I understand that you're proposing, which is the funding – to me, it's not quite clear that your model allows that kind of support to continue. But if it does through the individualised funding, it's not at all clear to me how the kind of geographical spread that we currently have is maintained. I can see that kind of model working in high concentrations. But once you move really out of metropolitan Melbourne I can't imagine that it's going to be sustainable. It's not a highly financially viable area of funding as it is.

MR COPPEL: You'll have seen that in our terms of reference we're asked to look at reform options that promote child development and workforce participation within the current budget envelope, which requires to then think about questions relating to prioritisation. If I put the question to you with limited resources, where would you focus the priorities for early childhood education and care?

MR FORSTER: I think the first answer to that is that amongst the OECD, Australia is one of the poorest contributors to early childhood education and care. So if I look across the peer experiences in other countries, then I think to say we should prioritise from this starting point is a fairly miserable state of affairs.

DR CRAIK: But we were told yesterday that Australia's quality of early childhood education and care is better than the US and Europe. So money is not necessarily all the answer.

MR FORSTER: Yes. In terms of prioritising, well, I guess our view would be that the fundamentals of good-quality programs sets out the foundations for everything. So while I'm here talking about the needs of children with disabilities, I wouldn't be advocating that all the resources were suddenly poured in to children with disabilities because for a child with a disability to attend a really poor-quality service is of no benefit to them as it's probably of limited benefit to other children. In fact, they need a more rich environment. I think it was interesting in terms of your description of children who aren't ready for school. I'm going to have to make this up. That you talk about a number of vulnerable groups and you don't include children with disabilities amongst those vulnerable groups. I was interested in that. I was interested if that was a decision in terms of priorities being made by the Commission. So I think the priority in terms of – I think there is a high priority in terms of the advantages for

children who are coming from disadvantaged backgrounds to be involved in early childhood education and care. That's probably where I should leave it, given my cold.

MS KING: I'm just wondering if I could add that basically we'd see the priority should be for high-quality education and care programs because high-quality education and care programs are inclusive. So that's what the priority should be. Our concern is that we will end up with clustering of children with disabilities in a certain number of services, those services become special services where the quality isn't as good, the children are not integrated. The repercussions of that will be life-long. And that is our concern, that if we can get inclusion right for small children and their families, then that will have major implications for their lifetime outcomes in terms of mainstream schooling, work and employment as adults, their family's participation in the workforce. There's a range of economic outcomes that will be consequent on children with disabilities being effectively included in early childhood settings.

MR COPPEL: Just on your last point, we have a special early care and learning subsidy and there are a number of criteria for eligibility for that subsidy. But it does include children with a diagnosed disability.

MR FORSTER: Yes, it does.

MS KING: That is a concern in terms of developmental delay. Being able to diagnose children with a disability is obviously difficult and doesn't always happen in a timely way. We note that you're proposing to deal with developmental delay in a population way. But their concern obviously is there's children with developmental delays right throughout the social spectrum and they would miss out with that funding model. However, there's the issue of whether just attaching a bundle of money to a child is an effective approach as well. The concern is yes, you're trying to create a market for – there'll be an additional bit of money for early childhood education and care settings to apply to these children. But potentially who are they going to ask? If there's nobody left with any expertise in this sector, who are they going to ask for support? It could well be that there's no-one and the consequence is that children with disabilities, whether they have additional funding or not, are excluded from the sector.

DR CRAIK: Let us invite you, because we really struggled with this area trying to work out what to do because of the myriad of programs and what would work and what wouldn't and what kind of – doesn't lead to monstrous blowouts of budgets and things like that. But we'd be very pleased to get some advice on how you think we should set the program up in a way that you guys think would actually work where children are concerned and would be efficient and maximise the use of taxpayers' dollars. I guess don't feel too constrained about the design that we've put in place, I suppose. If you can work on that. If you can work on the design we've got in place, great. But if you think it's not going to work at all, tell us what you think would work. That would be really helpful.

MS KING: Great.

MR FORSTER: One of the questions – thank you for that offer – is this issue of discrimination. So I think that's a difficult question in terms of where does that sit within this realm. Certainly we think more could be done in terms of public messaging. In the work we've done it's been interesting that people have actually been asking for public or more

messaging to the families in the centres where the children are actually attending, which surprised me because I thought the issue was much more the centres that people didn't get in to. But I think we assumed because we've had policies for a long time that things are much more understood and accepted in the community than in reality. Does that come into the remit of this process?

DR CRAIK: Well, I guess it's as broad as we want it to be. But there is, I suppose, some level of constraint. But certainly I suppose one of the comments that someone made to me the other day is the problem with calling children disadvantaged or children with additional needs kind of singles them out anyway in a way. But I don't quite know how you identify them without some kind of a name. But trying to find a description that's more inclusive I suppose is – but I guess in relation to discrimination, if you think there are useful things that we can recommend, then let us know, tell us.

MR FORSTER: I must say I've moved from the - we have to be totally inclusive in our language. Just saying, well, we need to be inclusive in our policies, but we need to be specific in our strategies. Because if we're not specific in our strategies - - -

DR CRAIK: Otherwise it's - yes, it's open-ended, the plan, yes.

MR FORSTER: Yes, it doesn't progress.

DR CRAIK: All right. That's been really useful.

MR FORSTER: Thank you. Thank you very much.

DR CRAIK: Thank you. So we'll look forward to hearing from you.

MR FORSTER: Thank you for the opportunity.

DR CRAIK: No, thank you.