

Submission
No 56

**INQUIRY INTO CHILDREN AND YOUNG PEOPLE WITH
DISABILITY IN NEW SOUTH WALES EDUCATIONAL
SETTINGS**

Organisation: Uniting NSW.ACT

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Parliament of NSW
Portfolio Committee No 3: Education
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Uniting NSW.ACT Response to the Inquiry into children and young people with disability in New South Wales educational settings

Thank you for this opportunity to respond to the NSW Government Inquiry into children and young people with disability in New South Wales educational settings (the Inquiry).

Uniting NSW.ACT contributes to the work of the Uniting Church in NSW and the ACT, through social justice advocacy, community services and spiritual care. We provide services for all people through all ages and stages of life, and drive solutions to systemic issues so people experiencing disadvantage can live their best lives. Our purpose is to inspire people, enliven communities and confront injustice. We value diversity and always welcome everyone exactly as they are.

Our submission is informed by our experience in delivering early learning and Out Of School Hours (OOSH) services across NSW and the ACT. We provide support for more than 6,000 children across our preschool, long day care and OOSH services.

Quality early education is a significant protective factor for supporting the development of children and young people with disability. It has a positive impact on social, behavioural, emotional and educational development, and promotes improved outcomes across their life.

We note that the Inquiry is undertaking this review at a time of ongoing change in both the early education and disability sectors, including the recent work done by the Disability Royal Commission, NDIS Review, Early Years Strategy and Australia's Disability Strategy (ADS) Early Childhood Targeted Action Plan. We do not intend to replicate this work however we have identified key findings and recommendations which we encourage the Inquiry to endorse.

We believe that reforms are required across both the disability and education sector to achieve the ambition of safe, quality and inclusive education for children and young people with disability. As such, we recommend that:

- The NSW Government provide funding for the expansion of community-based child development assessment teams to reduce barriers to diagnosis for children and young people with disability,
- The NSW Government advocate for and contribute to increased investment in public funded and free early intervention services for children with disability or

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developmental delay (regardless of NDIS status) as part of the broader NDIS reforms to foundational supports,

- The NSW Government undertake a trial of integrated service delivery where therapists attend early education services to deliver supports for children with disability or developmental delay, and to build the capacity of educators. This may include allowing therapists to work across multiple centres in a regular schedule as required,
- The Inquiry make a finding that the Interpretive Declaration to the Convention on the Rights of Persons with Disabilities is a barrier to safe, quality and inclusive education for children and young with disability as it discourages families on temporary visas from seeking diagnosis and services for children with disability or developmental delay,
- The recommendation of the Productivity Commission is amended to include streamlining reconciliation requirements for services,
- The recommendation of the Productivity Commission in relation to the ISP (including the amendment above) is adopted by government,
- The funding available for education services through the ISP is increased to enable services to hire additional educators with diploma level qualification or higher,
- The funding available for education services through the ISP includes allocation for collaborative practice with other key stakeholders in the child's life,
- The application process for the ISP is reformed to adopt a strengths-based approach to supporting children with disability and reduce the administrative burden on providers,
- Early education providers delivering services to children with disability receive funding for school transition planning and preparation activities to support the child, their family and school,
- Recommendation 7.8a-c of the Disability Royal Commission Final Report be adopted and extended to include improving workforce capabilities, expertise and development in early learning,
- The subsidy of professional development in early education is expanded to ensure that educators can build their skills and capacity in delivering education to children with disability,
- OOSH services are funded for professional development and educator learning where the service delivers support for children with disability. This funding should be available on an ongoing basis and consideration should be given to allowing services in a similar geographic area to co-deliver training for educators,
- The Inquiry make a finding that children and young people with disability are adversely affected by the ongoing workforce crisis within the early education and out of school hours care sector, and
- That the Inquiry consider the need for additional funding to support children with complex medical needs to safely access educational settings including early learning and OOSH care.

In this submission we have also included a case study of our Summer Hill centre (available on [page 17](#)) which has adopted an integrated approach to therapeutic supports which we believe demonstrates the success of delivering early intervention through early learning settings. We have also provided a list of abbreviations used in this document (available on [page 20](#)).

We would welcome the opportunity to attend a hearing and share our experiences in

delivering education to children and young people with disability across both early education and OOSH services. For additional information, please contact Dr Tom McClean at

Yours sincerely,

Jennine Blundell
Director Communities (Acting)

Submission to the Inquiry into Children and young people with disability in New South Wales educational settings

Thank you for the opportunity to contribute to the work of this Inquiry in considering the experiences of children and young people with disability in educational settings. We would welcome the opportunity to speak to the Inquiry further about our experiences delivering services for children and young people with disability across NSW.

The Terms of Reference for this Inquiry invite submissions on how to achieve 'safe, quality and inclusive education' for children and young people with disability. In developing this submission, we have identified key qualities of safe, quality and inclusive education in early learning and OOSH care settings to inform our analysis and recommendations.

We believe that safe, quality and inclusive education begins with access to culturally appropriate services where families feel safe entrusting their children and where the diversity of our community is celebrated. This means addressing non-financial barriers to education for groups including First Nations people, culturally and linguistically diverse communities, LGBTI+ communities, people with disability, and rural and remote communities.

Safe, quality and inclusive education also relates to the support provided to the service and educators including access to appropriate funding, resources and training to effectively support children and young people with disability and their families. This allows educators to deliver evidence-based, person-centred support for the child while building trusted relationships with their families. Educators should form part of a broader system of supports, including access to specialists, to ensure that the child benefits from best practice early intervention.

Safe, quality and inclusive education involves embracing a strengths-based approach which values each child, rather than a deficit lens.

We encourage the Inquiry to adopt a holistic understanding of safe, inclusive and quality education which considers the ecosystem in which early education and OOSH care services are delivered.

Policy context

Targeted Action Plan for Early Childhood

We support the initiative of the Australia's Disability Strategy (ADS) Early Childhood Targeted Action Plan to improve outcomes for children by ensuring that parents, carers, educators and others are equipped to help children gain the skills they need to participate meaningfully in all aspects of their lives.¹ We agree that significant work is required to achieve this goal across early identification, information, support and pathways and by improving information sharing between programs and services.

¹ Australian Government (2021), *Australia's Disability Strategy: Early Childhood Targeted Action Plan*, <https://www.dss.gov.au/early-childhood-targeted-action-plan-early-childhood-tap>

We are concerned that the impact of the Targeted Action Plan will likely be hindered by the ongoing workforce crisis and lack of support for training and professional development in both early learning and OOSH services. We believe that the recommendations we make elsewhere in this submission will contribute to the overall success of the Targeted Action Plan, and the ADS more broadly.

NDIS Review

The NDIS Review has made significant recommendations to reform access to early intervention services for children and young people with disability. This is intended to build the skills and capacity of children with disability in their natural settings, reduce entry onto the NDIS and improve long-term outcomes for all children.

The Review recommended wide reaching changes to improve outcomes for all people with disability, including those who are not NDIS participants. This includes improved foundational supports, defined as disability-specific supports that are available for and benefit people with disability, families and carers outside of NDIS individual budgets.² For children with disability, this includes both targeted supports for children with higher or more ongoing need and general foundational capacity building supports for families of children with developmental concerns, delay or low support needs for their disability.

The Review has recommended a national model of early support which allows for localised service delivery models and place-based approaches for specific communities. This includes the proposed introduction of a Lead Practitioner who would provide families with information about child development, building their confidence and knowledge to support their child in everyday routines. Lead Practitioners would be closely linked to and integrated with mainstream services, particularly education and early childhood services. Further, children and families would also access supports through Navigators who will be a central point of entry for linkages and referrals to foundational supports, mainstream services and community supports and activities for all people with disability.

We welcome the recommendation to improve support for all children with disability, regardless of NDIS status. Through increased investment in early intervention, family capacity building and evidence-based support, we can improve short and long-term outcomes for children and young people with disability. Given the findings of the Review, we have not addressed the deficiencies in the current Early Childhood Early Intervention (ECEI) program but refer the Inquiry to the Review's Final Report and Supporting Analysis.

As a member of the Disability Reform Ministerial Council, the NSW Government will have the opportunity to influence the delivery of the reforms proposed by the Review. As such, we urge the NSW Government to advocate for increased funding for publicly funded early intervention programs to reduce waiting times for children and families with disability.

Further, we believe that delivering early supports through natural settings including early learning and OOSH services will reduce barriers to services for children and families, particularly those in communities experiencing disadvantage.

However, we note that this must be supported by increased investment in the early learning and OOSH care systems to ensure that children receive quality education in mainstream settings. This includes improved training and professional development,

² Department of the Prime Minister and Cabinet (2023), *Working together to deliver the NDIS: Independent Review into the National Disability Insurance Scheme*, <https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf>

increased funding for services, reducing non-financial barriers to education and addressing the ongoing workforce crisis in early education.

Without additional investment in mainstream services including early learning and OOSH care, the ambition of a joint-up ecosystem of supports is unlikely to be achieved.

Access to diagnosis and early intervention services

Children and young people with disability face significant barriers to assessments, diagnosis and services. This has subsequent impacts for the early learning and out of school hours care services which work with children with disability and their families. These barriers have long been recognized by those working in the sector, and more recently by the Disability Royal Commission and the NDIS Review.

Diagnosis

Families of children and young people with disability are subject to lengthy waiting lists to access diagnostic assessments, particularly in areas where parents and guardians do not have the financial capacity to pay for private services. Our staff have reported waiting periods of up to eighteen months for developmental assessments and diagnosis, during which time families are unable to access services and supports to begin early intervention. In some areas, a child who demonstrates signs of developmental delay in early learning may not receive a formal diagnosis until they have entered primary school.

As a provider, we are limited in our ability to apply for additional staff and funding to support a child without a confirmed diagnosis. As such, the system discourages services from providing additional supports (such as through additional educators) for children with known developmental delay who have not yet been formally diagnosed.

Child Development Assessment Teams (funded through NSW Health) provide an important mechanism for enabling children and families to access developmental assessments for children however waiting lists for these services can be extensive and vary depending on location. The NSW Government should commit to increasing funding for free, community-based assessment teams to reduce waiting times and ensure that all families have access to diagnostic services regardless of socio-economic status.

Recommendation

- That the NSW Government provide funding for the expansion of community-based child development assessment teams to reduce barriers to diagnosis for children and young people with disability.

Early intervention and other services

Following a diagnosis, a child may still face barriers in accessing the early intervention services they require particularly if they are not eligible for the NDIS. Waiting lists for specialist services including occupational therapy and speech therapy are extensive for children who are not NDIS eligible and whose parents are unable to afford to access private providers. Families in some of our services have reported waiting lists of a year or more which can perpetuate developmental delay and is a source of frustration and distress for parents.

Education in all settings must be accompanied by external supports to enable a child to reach their full potential. Early learning educators do not have the expertise or qualifications to replace specialists, yet they are often placed in the difficult situation of being the only professionals regularly in contact with the child. Similarly, OOSH services assume responsibility for a child who requires support that exceeds the ability of a

casualised and broadly unqualified workforce to deliver.

Additionally, this creates inequity between children who are NDIS participants with individualised funding to access specialist services, children with families who have the financial capacity to pay for private services and children who do not. We see that this also occurs in areas with the highest waiting lists for public services and where families have the least capacity to pay.

Best practice for supporting a child with disability requires that educators form part of a broader partnership of services, allowing information sharing, collaborative work and planning.³ Currently, this is not occurring for all children with disability and is dependent on access to early intervention and specialist services.

Given the recommendation of the NDIS Review to reform foundational supports, we have not addressed the shortcomings of the current NDIS funded ECEI program. We note the findings of the 2022 NDIA ECEI Implementation Reset Project Consultation Report which found that the ECEI program required reform to ensure that it delivered time-appropriate (as opposed to permanent) assistance, information and guidance to the right young children and their families/caregivers, including access to the scheme for some, and at the right milestones.⁴ We echo the findings and recommendations of both the NDIS Review and NDIA Consultation report.

As a key stakeholder in the delivery of NDIS reforms, we urge the NSW Government to advocate for increased investment across Australia in publicly funded early intervention programs which adopt a holistic, wrap-around approach to supporting children with disability and their families.

Recommendation

- That the NSW Government advocate for and contribute to increased investment in early intervention services for children with disability or developmental delay, regardless of NDIS status as part of the broader NDIS reforms.

The role of early learning

We believe that early learning can and should play a more significant role in supporting children with disability and developmental delay. By integrating specialist services into early learning settings, we could increase the accessibility of early intervention supports while delivering services in a location that children already attend.

We note that the Inclusion Support Review found that increased engagement with Inclusion Professionals, allied health and other specialists would improve the effectiveness of the resources provided through ISP, and subsequently increase the capacity and capability of the sector workforce.⁵ We strongly support this finding and believe that our Summer Hill service (Case study available on [page 17](#)) demonstrates the success of integrating specialists within early learning settings. This has improved outcomes for children with and without disability, parents, carers and educators.

³ National Disability Insurance Scheme (2023), *What is early childhood intervention?*

<https://ourguidelines.ndis.gov.au/early-childhood/early-childhood-approach/what-early-childhood-intervention>

⁴ National Disability Insurance Agency (2020), *Early Childhood Early Intervention (ECEI) Implementation Reset Project Consultation Report*, <https://www.ndis.gov.au/community/we-listened/supporting-young-children-and-their-families-early-reach-their-full-potential/ecei-reset-consultation-papers>

⁵ Australian Institute of Family Studies (2023), *Evaluation of the Inclusion Support Program*, <https://aifs.gov.au/research/research-reports/evaluation-inclusion-support-program>

Our centres currently facilitate appointments with individually funded therapists who deliver services through the centre. This can create an additional burden on the centre to manage appointments, allocate separate spaces for therapists to work with the individual child and oversee these appointments. Unlike integrated therapy, educators have limited opportunities to work with these therapists and the benefits do not extend to other children with developmental delay and who do not have a formal diagnosis or who are waiting to access to services.

We believe that the NSW Government should establish a trial of integrated specialist services within early learning settings, particularly in communities experiencing disadvantage. This may include allowing therapists to work across multiple centres in a regular schedule as required. The findings of this trial may be utilised to inform the reforms to foundational supports under the NDIS Review.

Recommendation

- That the NSW Government undertake a trial of integrated service delivery where therapists attend early education services to deliver supports for children with disability or developmental delay, and to build the capacity of educators.

Barriers to accessing education

Family circumstances

At Uniting we support a wide diversity of a communities across NSW including families from culturally and linguistically diverse backgrounds, First Nations and LGBTIQ+ families and families with a parent or guardian with disability.

The early learning system can be inaccessible and complex, preventing parents from enrolling their children in early learning. Current efforts to improve access to early learning are primarily focused on financial barriers without consideration of the non-financial barriers facing families. For further information, we refer the Inquiry to our paper *More Than Money* which provides recommendation for reducing barriers to early learning for families experiencing vulnerability.⁶

We recognise that under the Closing the Gap targets, there has been a significant increase in the number of First Nations children enrolled in early education in the year prior to school. We commend all stakeholders on this achievement but note that only 34 per cent of Aboriginal and Torres Strait Islander children commencing school were assessed as being developmentally on track. This is a decrease from 35.2 per cent in 2018.⁷

First Nations families face unique barriers to accessing culturally safe and appropriate early learning. The current early learning system does not consistently value and integrate the culture and knowledge held by First Nations communities and may not be seen as a safe place for First Nations families to entrust their children. We make this observation of the system as a whole, notwithstanding pockets of excellence in some services, providers and regions. The need for cultural safety is heightened when the family has a child with disability who requires additional support to access education. We refer to the recommendations of SNAICC as the voice for First Nations children in reforming early

⁶ Uniting NSW.ACT (2023), *More Than Money: Why some children are still left behind by early learning*, <https://www.uniting.org/blog-newsroom/research-publications/Articles/white-paper-more-than-money>

⁷ Productivity Commission (2021), *Closing the Gap: Outcome Area 4*, <https://www.pc.gov.au/closing-the-gap-data/dashboard/se/outcome-area4>

education to improve accessibility and cultural safety for First Nations families.⁸

In this submission we have not addressed the concerns associated with early childhood deserts although we encourage the Inquiry to review the findings of the Mitchell Institute in *Deserts and oasis: How accessible is childcare in Australia*.⁹ Availability of early learning services is a significant barrier for families in areas where there are insufficient centres to meet the needs of the community, including regional and remote areas.

Families with visas

Our services work with a diverse range of families including those who are in Australia on visas and are in the process or hoping to apply for permanent residency. These families are in a unique situation where their long-term future is dependent on a decision made by the Department of Immigration. Under Australia's Interpretative Declaration of the Convention on the Rights of Persons with Disabilities (CRPD), the Department of Immigration may discriminate on the basis of disability where these requirements are based on legitimate, objective and reasonable criteria.¹⁰

Over recent years, there have been public stories of families who have been denied permanent residency on the basis that one of their children has a diagnosed disability. These cases have contributed to a culture of fear where a confirmed diagnosis can create a significant risk that a family will be unable to remain in Australia. As such, families who are on temporary visas may be reluctant to engage in conversations regarding their child's development and refuse to consider a referral for formal diagnosis. Uniting has witnessed families who will choose to withdraw their child from a service after concerns about their development have been raised.

We note that the Interpretive Declaration is beyond the authority of the NSW Parliament but urge the Inquiry to consider its impact on families on temporary visas.

Recommendation:

- That the Inquiry make a finding that the Interpretive Declaration to the CRPD is a barrier to safe, quality and inclusive education for children and young with disability as it discourages families on temporary visas from seeking diagnosis and services for children with disability and developmental delay.

Exclusion

At Uniting, we are committed to welcoming everyone exactly as they are and we aim to ensure that our early education and out of school hours care services are welcoming, nurturing and inclusive.

Unfortunately, this approach is not consistently adopted across all education services and we have heard disappointing stories from our families about providers turning away children and young people with disability. It is common for families to be told that there is no place for their child as the service is unable to accommodate their needs. We recognise that some services may be genuinely limited in their ability to support a child

⁸ SNAICC (2024), *2024-25 Pre-Budget Submission*, <https://www.snaicc.org.au/wp-content/uploads/2024/02/240202-SNAICC-2024-25-Pre-Budget-Submission.pdf>

⁹ Mitchell Institute (2022), *Deserts and oasis: How accessible is childcare in Australia?* <https://www.vu.edu.au/mitchell-institute/early-learning/childcare-deserts-oases-how-accessible-is-childcare-in-australia>

¹⁰ Australian Government Attorney-General's Department, *Rights of people with disability*, <https://www.ag.gov.au/rights-and-protections/human-rights-and-anti-discrimination/human-rights-scrutiny/public-sector-guidance-sheets/rights-people-disability>

with disability however the commonality of this experience suggests that there are services who are actively discriminating against families of children with disability.

This was recognized in the ADS Early Childhood Targeted Action Plan which noted that more work is required to ensure that providers fully understand their obligations to provide inclusive education to all children.¹¹ It was also considered by the NDIS Review who recommended that Australian, state and territory governments take steps to protect the right to inclusive education for children with disability and developmental concerns in early childhood education and care and schools.¹²

We welcome these proposed reforms but note that they must be accompanied by funding and changes to educator training and professional development to ensure that services are equipped to provide safe, quality and inclusive education for children and young people with disability.

Funding

We recognise the work done by the Australian Competition and Consumer Commission (ACCC) and Productivity Commission in examining the existing funding mechanisms for early education. We note that the ACCC and Productivity Commission have made two recommendations which directly address funding to deliver services for children with disability and have referred to each below.

In this submission we have chosen to focus on the Inclusion Support Program (ISP) as the primary funding source for supporting children with disability. As a provider, Uniting relies on the ISP for funds to deliver education to children in our services and therefore have direct experience in applying for, using and reconciling ISP funding. Our services report that the ISP process is administratively complex, slow and that the funding available is insufficient to provide the support needed to deliver safe, quality and inclusive education.

We also recognise that the Inclusion Support Program is delivered through the Australian Government and as such, is not managed by the NSW Government. We have provided these recommendations with the understanding that the Inquiry can recommend broader reforms encompassing both state and federal government within its Final Report.

Funding level

Currently, most support for early learning and OOSH care disability related supports are provided through the ISP. We note that in 2023 the Australian Government undertook a review of the ISP and we encourage the Inquiry to review the findings and recommendations provided.

We are concerned that the current funding provided for additional educators for early learning services is often only sufficient to cover Certificate III staff which is the minimum qualification required to work in centre-based services. As such, the additional support intended to support children with higher needs is provided by staff with the least professional knowledge of disability. We believe that this is inadequate and strongly advocate for increased funding which would allow services to engage staff with more

¹¹ Australian Government (2021), *Australia's Disability Strategy: Early Childhood Targeted Action Plan*, <https://www.dss.gov.au/early-childhood-targeted-action-plan-early-childhood-tap>

¹² Department of the Prime Minister and Cabinet (2023), *Working together to deliver the NDIS: Independent Review into the National Disability Insurance Scheme*, <https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf>

advanced training and qualifications in supporting children with disability.

ISP funding cannot be used for one-to-one support which can conflict with the developmental and safety needs of some children with disability. Uniting supports children with disability who, for their own safety, require close supervision that is only achievable with one-to-one support. This includes children who abscond, climb or who demonstrate destructive or violent behaviours when upset. An increase in the ratio of educators in the room is not sufficient to ensure the safety of these children. Where this occurs, other children are disadvantaged as the additional educator is unable to support the wider group.

Additionally, current funding models do not account for the additional tasks associated with supporting a child with disability and their family. This can include the additional burden on providers to remain informed of the child's needs, undertake individualised planning and work collaboratively with others in the child's life.

This can include managing in-service therapist sessions, liaising with other early intervention professionals, holding meetings with families and preparing reports. These activities are essential to ensure that everyone in the child's life is working together to achieve the best possible outcome for their development.

We strongly support the recommendation of the Productivity Commission that

The Australian Government should significantly increase funding for the Inclusion Support Program and streamline the requirements of the program to expand its reach¹³

We believe this should also include work to streamline the processes for claiming ISP funding. Currently, the administration associated with ISP funding creates an ongoing burden on services which could be reduced through more effective reconciliation processes.

Recommendation

- That the recommendation of the Productivity Commission is amended to include streamlining reconciliation requirements for services.
- That the recommendation of the Productivity Commission in relation to the ISP (including the amendment above) is adopted by government.
- That the funding available for education services through the ISP is increased to enable services to hire additional educators with diploma level qualification or higher.
- That the funding available for education services through the ISP includes allocation for collaborative practice with other key stakeholders in the child's life.

Application process

We agree with the finding of the Inclusion Support Program review that the application process for additional educator funding is burdensome and requires a large investment of time by staff.¹⁴ This is consistent with our experience as a provider.

Further, we believe that the current application process uses a deficit lens of disability rather than a strengths-based approach to supporting children and young people with

¹³ Productivity Commission (2023), *Early childhood education and care: Draft report*, <https://www.pc.gov.au/inquiries/current/childhood>

¹⁴ Australian Institute of Family Studies (2023), *Evaluation of the Inclusion Support Program*, <https://aifs.gov.au/research/research-reports/evaluation-inclusion-support-program>

disability. The reliance on diagnostic evidence in the context of long waiting lists and limited access to services (addressed above) makes it difficult for providers to access supports for children who would benefit from additional funding but do not yet have a disability. Some of our services support communities where a child who is referred for assessment at three years may not receive a diagnosis until they are close to beginning school, at which point the service may only have a short period of time to apply for, receive and use funding to support their development. Our experience is also supported by the 2023 ISP Review which found that reliance on diagnostic evidence to determine a child's inclusion needs creates barriers to access for service staff and families, and is inconsistent with a contemporary, functional-need based view of inclusion.¹⁵

Recommendation

- That the application process for the ISP is reformed to adopt a strengths-based approach to supporting children with disability and reduce the administrative burden on providers.

Australian Competition and Consumer Commission report

In comparison to the Productivity Commission, the ACCC has recommended that the government consider the existing hourly cap mechanism under the Child Care Subsidy including that consideration be given to

*determining an appropriate base for the rate cap and indexing the cap to more closely reflect the input costs relevant to delivery of childcare services. This could include consideration of labour costs as well as the additional costs associated with providing childcare services in remote areas and to children with disability and/or complex needs.*¹⁶

This would therefore increase the base rate of funding provided for individual children with disability for each centre. We support this recommendation as part of a broader reform of the child funding.

Support for school transitions

We believe that early learning services should be supported to engage in collaborative planning to allow children with disability to successfully transition to primary school.

At Uniting, some of our services have developed relationships with local primary schools and will work collaboratively to develop a transition plan for a child with disability. This includes meeting with the school, preparing documents on current strategies to manage the child's needs and behaviours and speaking with the teacher who will be working with the child when they transition to primary school.

We have seen the benefit of this work and planning which allows children to successfully transition between education settings. However, we receive no funding or support to prepare the child, family or school and therefore absorb these costs as a provider.

¹⁵ Australian Institute of Family Studies (2023), *Evaluation of the Inclusion Support Program*, <https://aifs.gov.au/research/research-reports/evaluation-inclusion-support-program>

¹⁶ Australian Competition and Consumer Commission (2023), *Childcare Inquiry*, <https://www.accc.gov.au/inquiries-and-consultations/childcare-inquiry-2023/september-2023-interim-report>

Recommendation

- That early education providers delivering services to children with disability receive funding for school transition planning and preparation activities to support the child, their family and school.

Workforce

Training and professional development

Children and young people with disability deserve educators who have the skills, knowledge and experience to meet their unique social, emotional and educational needs.

Currently, professional learning through TAFE or university includes very limited information about working with children and young people with disability. During their training, educators are not provided with the tools, resources and guidance to support children with disability and their families which is a significant failing. Consequently, educators are placed in a difficult situation where they do not have the skills or expertise to deliver informed support to children with disability and their families.

Additionally, educators may not feel confident teaching children with disability or may lack the knowledge to provide activities and supports which support their development. This can lead to inadvertent poor practice, missed opportunities to support learning and poorer outcomes for educators, children with disability and their families.

There is also a lack of assistance with delivering ongoing professional development for educators to upskill on supporting children and young people with disability within their service. The costs of receiving specialist in-service courses are often born by the centre, including the associated costs of additional staff time.

We recognise that strengthening the capability and capacity of key services and systems to support parents and carers to make informed choices about their child is an objective under the ADS Early Childhood Targeted Action Plan. We are concerned that this will not be achieved without significant investment in the early education workforce from initial training to ongoing professional development.

We note that in Recommendation 7.8 of the Final Report of the Disability Royal Commission provides guidance on improving the knowledge and skills of primary and secondary teachers to deliver inclusive education for students with disability. This includes recommendations both for initial qualifications (7.8a-b) and ongoing professional development (7.8c).¹⁷ We believe that these recommendations should also be adopted in early education settings to ensure that children and young people with disability benefit from safe, inclusive and quality education at the earliest possible opportunity.

Recommendation

- That Recommendation 7.8a-c of the Disability Royal Commission final report be extended to include improving workforce capabilities, expertise and development in early learning.
- That the subsidy of professional development in early education is expanded to ensure that educators are able to build their skills and capacity in delivering education to children with disability.

¹⁷ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023), Final Report, <https://disability.royalcommission.gov.au/publications/final-report>

Out Of School Hours care

The challenges associated with the OOSH workforce has not been adequately examined and reflects a broader lack of understanding of the important role that these services play in supporting children and their families.

In the OOSH space, educators do not require qualifications and are generally employed on a casual basis. As a result, there is a significant workforce capacity gap where services are expected to deliver supports for children with disability despite most educators having minimal knowledge, experience or skill in inclusive education. A child with disability in an OOSH service may spend up to four hours a day in the care of educators who have not been empowered with the tools and resources to support their needs.

OOSH services which support children with disability may receive funding for additional staff however there is no funding to ensure that these additional staff have the expertise to support the children in their care. The care delivered by educators for children with disability is therefore dependent on the existing knowledge within the service and the 'on the job' training provided.

One of our OOSH services delivers care in a school with four specialist disability support classes. Despite this, there is no additional funding available to upskill the staff at the OOSH who assume responsibility for many these children at the end of the school day. As a provider, we are committed to ensuring that our staff have the skills and knowledge to deliver inclusive care however there is minimal support available beyond our organisation.

Recommendation

- That OOSH services are funded for professional development and educator learning where the service delivers support for children with disability. This funding should be available on an ongoing basis and consideration should be given to allowing services in a similar geographic area to co-deliver training for educators.

Support for families

Early education providers are in a delicate position where they must balance their relationship with the family with the sensitivities of raising concerns about a child's development. A formal diagnosis can also be distressing or challenging for families and educators may step into the role of providing support during this time.

We note that in August 2023, the Department of Social Services announced the release of resources to support early childhood educators to have respectful conversations and build relationships with families so they can make informed choices about their child.¹⁸ These are intended to support the ADS Targeted Action Plan for Early Childhood and form part of the broader effort to support inclusion of children in mainstream early childhood education settings.

We welcome the recognition that more support is required for educators to effectively support children with disability and their families. We believe that the release of resources is not sufficient to ensure that educators have the skills and knowledge to negotiate these complex dynamics. We echo the previous recommendations to reform initial and ongoing training for educators, including training on supporting families of children with disability.

¹⁸ Department of Social Services (2023), *Starting the conversation with families about children with developmental concerns*, <https://www.dss.gov.au/starting-the-conversation-with-families-about-children-with-developmental-concerns>

Workforce shortages

It would be remiss to not consider the implications of the ongoing workforce crisis in early education as part of this Inquiry. We note the findings of the ACCC and Productivity Commission which articulate the significant impact of staffing shortages on the ability of providers to deliver quality services for children and young people.

Working with children and young people with disability requires understanding and experience in delivering support which integrates the unique needs of each child. At Uniting we are privileged to have a workforce who demonstrates these values in our daily work, however we are acutely aware of the difficulties in hiring and retaining staff who have the skills to support children and young people with disability. This is perpetuated by a lack of adequate training both in initial and ongoing professional learning which prevents staff from further developing their skills and knowledge. We note that this is supported by the finding of the Inclusion Support Program Review that

Current workforce challenges in the sector, specifically issues in the attraction and retention of qualified early childhood educators, is a significant factor impacting the ability of services to include children with additional needs.¹⁹

We do not intend to replicate the numerous recommendations made by both sector bodies and government to address the ongoing workforce crisis. We do strongly encourage the Inquiry to consider the adverse impact of workforce shortages on the delivery of safe, quality and inclusive education.

Recommendation

- That the Inquiry make a finding that children with disability are adversely affected by the ongoing workforce crisis within the early education sector.

Children with complex medical needs

Children with complex medical needs can be excluded from early learning because services are unwilling or unable to deliver care which meets their needs.

Currently, under the *Education and Care Services National Regulations*, providers are required to have policies and procedures relating to managing medical conditions in children which are supported by other procedures such as the administration of first aid, incident and injury management and enrolment management. For children with medical needs, providers are required to develop individual medical management and risk minimisation plans in conjunction with the child's family.

There is no funding to cover the costs associated with supporting a child with complex medical needs including initial training and ongoing daily support. The ISP specifically excludes using funding to subsidise an additional educator to solely administer medical/nursing assistance or backfill an existing staff member to do so.²⁰

As a result, children with disability may have their enrollment at a centre rejected because the service is unwilling to absorb the cost of educator training and ongoing one to one time required to meet their needs. Additionally, services may be unwilling to accept the level of risk associated with delivering medical care to this cohort of children.

¹⁹ Australian Institute of Family Studies (2023), *Evaluation of the Inclusion Support Program*, <https://aifs.gov.au/research/research-reports/evaluation-inclusion-support-program>

²⁰ Department of Education (2023), *Inclusion Support Program Guidelines*, <https://www.education.gov.au/early-childhood/resources/inclusion-support-program-guidelines>

We believe that this cohort of children requires specialist funding to ensure that they can access and safely attend education services.

Recommendation:

- That the Inquiry consider the need for additional funding to support children with complex medical needs to safely access educational settings including early learning and OOSH care.

Impact of COVID-19

Our early education and OOSH care services are working with children and young people with disability who have experienced significant educational disruptions as a consequence of the COVID-19 pandemic.

The pandemic had a dual impact on children and young people with disability. It prevented access to professionals who could identify, diagnose and refer children with previously undetected disability to services and limited the access of all children to early intervention and therapeutic services to support their development.

In 2022, the Murdoch Children's Research Institute (on behalf of the Department of Education, Skills and Employment) undertook a review into impact of the COVID-19 pandemic on children in Australian early childhood education and care.²¹ This report identified factors which adversely impacted child development through the pandemic including higher rates of family stress and parental irritability, reduced access to physical activity, outside play and socialisation. These have culminated in higher rates of depression, anxiety, behavioural difficulties and attachment seeking behaviours among children.

These outcomes are more profound in children and young people with disability who are at a greater risk of further physical, emotional, and behavioural problems as a consequence of the pandemic. The paper suggests that the Australian community should expect that the physical, psychological and developmental impact of the crisis to impact young children, particularly vulnerable young children, will continue into the future.

The review placed a significant value on the role of early education services in supporting children and young people with disability but noted that

ECEC and other health and development services will see an increase in children experiencing social-emotional and behavioural problems resulting from the COVID-19 public health measures²²

It highlights the importance of quality early education as a means of supporting children as part of the pandemic recovery, providing opportunities for early intervention and supporting the mental health of children and families.

The need for safe, inclusive and quality education has never been greater, particularly for the cohort of children who have been placed at a disadvantage as a result of the COVID-19. Despite this, services have not been provided with the resources needed to address the unique needs of children whose early years have been disrupted by an unparalleled

²¹ Centre for Community Child Health, Murdoch Children's Research Institute for the Australian Government Department of Education, Skills and Employment (2022), <https://www.education.gov.au/early-childhood/resources/impact-covid19-pandemic-children-murdoch-childrens-research-institute>

²² Centre for Community Child Health, Murdoch Children's Research Institute for the Australian Government Department of Education, Skills and Employment (2022), <https://www.education.gov.au/early-childhood/resources/impact-covid19-pandemic-children-murdoch-childrens-research-institute>

disaster during a key time in their development.

We believe that the pandemic has exacerbated existing problems within the early education system, contributing to the overall stress on services. To mitigate the long-term consequences of the pandemic, governments must take immediate action to address the escalating workforce crisis and urgently invest in educator training and professional development as discussed within this submission.

Case Study: Integrated play therapy at Summer Hill Children's Centre

Summer Hill Children's Centre is a long day care that caters for children aged 3-5 years with 40 children enrolled each day. The service is delivered through a shared governance model between Uniting Early Learning and the Reverend Bill Crews Foundation, and the vision of the centre is to help break the cycle of intergenerational trauma by providing trauma informed early learning.

The centre applied for a Government Community Grant to provide targeted support and integrated care for children and families who have experienced disadvantage and trauma. This grant included funding for the cost of training staff, building a specialist therapy room and family room, purchasing resources and employing a part-time play therapist.

Training

Staff including all educators and part of the management team received training on delivering trauma informed support. This included reflecting on the values of the service and thinking about the diverse needs of the families who attended the centre. Staff were introduced to the role of the play therapist and discussed the integration of play therapy into the broader work of the centre.

This training took place regularly over a period of three months and included assessments to confirm staff understanding of trauma informed practice.

Play therapy

Summer Hill employs a part-time play therapist who delivers support for all children as a free service. Priority is given to children with identified risk factors and children presenting with irregular social, emotional or attachment issues. Access to play therapy is not dependent on diagnosis or ability to pay.

Play therapy is an age-appropriate, early intervention therapy using the child's natural language of play to help them make sense of their experiences, feelings and thoughts. It is informed by neuroscience with a robust evidence based demonstrating its effectiveness.

The therapist works in a designated play therapy room which includes toys and resources to support children to communicate, process, heal and grow. This room was funded by the Community Grant.

Children may participate in individual sessions with the play therapist, typically either 12 or 24 sessions depending on the complexity of their needs. These sessions are tracked with regular reviews which include the therapist, educators, parents or carers and any external agencies involved in the child's life. Parents and carers must consent to participation in individual play therapy and are involved in ongoing reflections and discussions.

The play therapist also delivers group therapy sessions for small groups of children, allowing all children at the centre to benefit from her expertise regardless of their participation in individual therapy.

The play therapist has provided support for educators to better understand the needs of the children and create evidence based, individualised strategies to support their development. This has facilitated a culture of continuous improvement, ongoing learning and provided educators with skills and experience to confidently support the children in their care.

Embracing a whole of child approach

Summer Hill has adopted a whole of child approach which views educators, parents, carers and families as key stakeholders in supporting the work of the play therapist.

The play therapist works collaboratively with families to discuss the needs of their child and engages in regular conversations to share progress and build the capacity of parents and carers to support their child at home. In doing so, she is able to gain additional knowledge about the family background and circumstances which informs the work both of the play therapist and of the centre more generally. Developing relationships with parents is a central component of the play therapist's work.

Outcomes

The play therapist has delivered positive outcomes for children, their families and educators. Children have demonstrated improved outcomes across multiple areas of development both within the service and at home.

Educators are able to deliver trauma informed support which integrates best practice and is responsive to the needs of each individual child. They are able to continuously develop their skills and understanding which benefits all children in the centre.

Parents feel more equipped to support their children and address their needs within the home. Parents report feeling that they feel valued by the centre and have developed trusted relationships with educators and staff. One parent shared that they feel their lives are "forever changed for the better because of the play therapist and play therapy program".

Model for the future

The success of the play therapist at Summer Hill demonstrates the benefits of integrated service delivery in natural settings where children already attend. The play therapist is accessible for all children, regardless of formal diagnosis, which is critical for enabling early intervention. It allows the therapist to build the capacity of educators, parents and carers to best support their child.

We believe that this model could be expanded to allow early education services to employ specialists to support the children in their care and improve outcomes through evidence-based practice. This could include employing a therapist to work across multiple services on a regular basis to expand the reach of the grant.

Abbreviations

ACCC	Australian Competition & Consumer Commission
ADS	Australia's Disability Strategy
CRPD	Declaration to the Convention on the Rights of Persons with Disabilities
Disability Royal Commission	Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
ECEC	Early Childhood Education and Care
ECEI	Early Childhood Early Intervention
ISP	Inclusion Support Program
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDIS Review	Independent Review into the National Disability Insurance Scheme
OOSH	Out Of School Hours Care