

# TRANSCRIPT

## SELECT COMMITTEE ON THE EARLY CHILDHOOD EDUCATION AND CARE SECTOR IN VICTORIA

### **Inquiry into the Early Childhood Education and Care Sector in Victoria**

Melbourne – Tuesday 24 February 2026

#### MEMBERS

Anasina Gray-Barberio – Chair

Michael Galea – Deputy Chair

Melina Bath

Georgie Crozier

Jacinta Ermacora

Sarah Mansfield

**WITNESS** (*via videoconference*)

Dr Liz Hudson, Policy and Research Manager, Children and Young People with Disability Australia.

**The CHAIR:** Welcome back. We will now resume the committee's public hearings for the Inquiry into the Early Childhood Education and Care Sector in Victoria.

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All evidence is being recorded. You will be provided with a proof version of the transcript following the hearing. Transcripts will ultimately be made public and posted on the committee's website.

For the Hansard record, can you please state your name and any organisation you are appearing on behalf of?

**Liz HUDSON:** Hello, everyone. My name is Dr Liz Hudson. I am the Policy and Research Manager at the organisation Children and Young People with Disability Australia.

**The CHAIR:** Thank you, Dr Liz, and welcome. We are now going to go around and introduce the committee members. My name is Anasina Gray-Barberio, MP for Northern Metro and Chair of the committee.

**Michael GALEA:** Good morning. Michael Galea, Member for South-Eastern Metro, Deputy Chair.

**Sarah MANSFIELD:** Sarah Mansfield, Member for Western Victoria.

**Melina BATH:** Good morning. Melina Bath, Eastern Victoria Region.

**The CHAIR:** And online.

**Jacinta ERMACORA:** Jacinta Ermacora, Member for Western Victoria Region. Hello.

**The CHAIR:** We now invite you, Dr Liz, to make any opening comments but just request if you could please keep them to a maximum of 8 to 10 minutes to ensure that we have plenty of time for discussion. Thank you.

**Liz HUDSON:** Thank you very much for the opportunity. Children and Young People with Disability Australia is the national representative organisation representing the voices of children and young people with disability and their families. We are a disability representative organisation. We have approximately 5000 members of our organisation, which includes children, young people with disability and their families. We welcome the opportunity to contribute to the select committee's Inquiry into the Early Childhood Education and Care Sector in Victoria. It is a very important topic for our community. Our work is grounded in the lived experience of children and young people with disability and their families, in CYDA's evidence base, conducted through national surveys, consultations and focus groups we have had with the community that we represent, and also in our submissions on early childhood policy and practice.

Children with disability are significantly more likely to experience abuse, neglect and unsafe treatment in institutional and service environments. The disability royal commission found that children with disability are nearly three times more likely to experience violence and abuse than their non-disabled peers. These harms often begin in early childhood settings, where safety risks are not always recognised as discriminatory or systemic, and indeed they are.

Our work in this area is extensive. We have extensive work into child safety and the prevention of child sexual abuse for children and young people with disability, and our work has highlighted the need for more information, safeguards and resources for organisations to ensure child safety for children and young people with disability.

Today's presentation draws on evidence from a range of sources that CYDA has been involved in. We have made several policy submissions in recent years, including our submission on the child safety annual reporting framework in 2025, our submission on changes to the disability standards of education to cover the whole early childhood education sector in 2025 and CYDA's submission to the draft report on the Productivity Commission's inquiry into early childhood education and care in 2024. CYDA has also had a role leading the multiyear child safe organisations project funded by the National Office for Child Safety, and through this project CYDA facilitated consultations with young people with disability, parents, caregivers and organisations to co-design resources for organisations to implement the national principles and promote the safety of children and young people with disability. CYDA also made a submission to the national strategy to prevent child sexual abuse final development consultation paper back in 2021, and in CYDA's involvement in the Royal Commission into Institutional Responses to Child Sexual Abuse national redress scheme from 2018 to 2023, CYDA participated in several internal and external stakeholder groups and communities of practice as well as providing information and support about the scheme to our membership of children and young people and developing resources on child safety and prevention of abuse. Our work also includes every two years at least conducting national surveys around the educational experiences of children and young people with disability and their parents and caregivers, and that includes our report on the early childhood education and care experiences.

Whilst we are a national organisation, our head office is in Victoria, so it is relevant to this inquiry today, although I will give the caveat that our education surveys are at a national level and the data is not large enough to drill down to Victorian-specific responses, so a lot of the responses that I will be talking to are focusing on a national level. That is it for my introduction.

**The CHAIR:** Wonderful. Thank you so much, Dr Liz. I appreciate it. I might start now and just ask my first question to you. In the current Victorian regulatory framework, in your experience and expertise, do the Child Safe Standards and national quality framework adequately account for the heightened vulnerability of children with disability?

**Liz HUDSON:** Thank you for the question. I will be framing my responses to these questions by first identifying what the problem is but then drawing on the experiences of our community to offer some solutions as well. The problem with the adequacy of current quality and safety standards across all early childhood education settings – our national education surveys show that children with disability in the sector are routinely excluded from activities. They are denied full hours or refused enrolment altogether, and these experiences send a really harmful message at a formative stage that their participation and safety are conditional, and when staff are not trained to communicate with children using non-verbal methods or to recognise distress in children with complex communication needs, unsafe situations unfortunately go unnoticed or unaddressed or unreported. As outlined in the guiding principles of the national quality framework, the rights and best interests of children are paramount and principles of equity, inclusion and diversity underpin the national law. Despite these principles, children with disability are not explicitly mentioned in the provisions of the national law or the National Quality Standard.

In offering a solution we recommend the embedding of disability-inclusive child safety in the National Quality Standard by mandating that every ECEC, or early childhood education and care, setting service demonstrates how it keeps children with disability safe, heard and included; and ensuring accessible communication, proactive adjustments and staff training on recognising and responding to abuse, neglect and exclusion. And embedding the *National Principles for Child Safe Organisations* into the National Quality Standard is key – linked to two quality areas, one being quality area 2, 'Children's health and safety', and quality area 5, which is 'Relationships with children'. If the national principles were embedded, that would help close these gaps. The national principles explicitly require accessible reporting, cultural safety and active participation of children, and making these expectations explicit in regulation would help ensure that every child, including those with disability, is protected not only physically but emotionally and socially in their early years.

**The CHAIR:** That is really useful and comprehensive, Dr Liz. Just going off that comment around quality area 2 around safety, obviously children with disability – you mentioned it in your opening statement – are three times more likely to experience unsafe treatment. I just want to touch on the horrors of last year with Mr Brown. Did your organisation receive an increase in engagement from your members around how to protect children and young people in these sorts of settings?

**Liz HUDSON:** There was increased engagement via our social media and comments on local community groups and feedback about the concerns that occurred in Victoria around child safety, and it was highlighted that the impact for children with disability is, as I mentioned, heightened in that experience. We did not do a specific survey or inquiry around those particular concerns, but we did receive anecdotal feedback that this heightens the concerns for children with disability, particularly when they cannot be heard, if they are not listened to in a meaningful way, and that means being child centred and person centred but also considering looking at what the signs are of child abuse and how to respond to those.

**The CHAIR:** Can I just interrupt you there? Obviously children with disability, their carers and their families are the experts here. Has CYDA met with the new regulator VECRA here in Victoria to support their work in ensuring that children, toddlers and babies in early childhood settings are safe?

**Liz HUDSON:** We have not met specifically with the Victorian organisation, but that is certainly something that we should consider. But we have not spoken directly, no.

**The CHAIR:** Do you think there is sufficient monitoring to ensure that the safeguarding frameworks that are meaningfully implemented answer your comments earlier around meeting equity and inclusion for children living with disabilities?

**Liz HUDSON:** Sorry, what was the first part of that?

**The CHAIR:** Do you think there is sufficient monitoring being meaningfully implemented to ensure that children and babies in early childhood settings are not disadvantaged?

**Liz HUDSON:** No. The current regulatory system does not consistently recognise or enforce disability nationally as a quality and safety issue, and state and territory regulators vary in their expertise and approach. Many authorised officers report to us and to families and children that they feel underprepared to assess inclusive practice, and families repeatedly tell CYDA that the quality of inclusion actually depends more on individual educator attitudes than on systemic requirements and regulation.

**The CHAIR:** That sounds like a huge gap to me that needs to be addressed. I have another question, but I think I will leave it because I am running out of time, Dr Liz. I will now hand over to our Deputy Chair, Mr Galea. Thank you.

**Liz HUDSON:** Thank you.

**Michael GALEA:** Thank you, Chair. Good morning, Dr Hudson. Thank you for joining us.

**Liz HUDSON:** Good morning.

**Michael GALEA:** Just to begin with, through the context of programs such as the childcare subsidy and the inclusion support program, do you think that the Commonwealth funding towards childcare services for children with disability is sufficient?

**Liz HUDSON:** No, it is certainly not sufficient. In terms of the inclusion support program, CYDA have repeatedly suggested that the inclusion support program is stretched or administratively complex, and indexation and integration with proposed foundational supports, such as the NDIS-related foundational supports, would better ensure services – particularly in areas where there are gaps, in rural and smaller centres – can still meet their child safety obligations. Because the inclusion support program is overly administrative and underfunded, it means that the inclusion of children and young people with disability in the ECEC sector is just not being met. The goal for inclusion support is that no child's safety should depend on a diagnosis or a postcode or whether a service can navigate a funding grant form. These need to be streamlined and simpler to approach, and there should be greater investment in childcare subsidies.

**Michael GALEA:** Thank you. Obviously, whilst we are a state inquiry, we can certainly make recommendations to our Commonwealth friends. Certainly if the implementation and the approach by which people get that is causing a lot of the issues, that could be an area where perhaps that money could be better invested into the service. But when you say that the ISP is underfunded, to what degree are we talking? Is it almost there? Is it significantly short? Can you illustrate that for me?

**Liz HUDSON:** I probably do not have numbers for you. We have not recommended a percentage of funding increase but just that it is significantly under-resourced. The inclusion support program is inconsistently applied across states and territories as well. I cannot speak directly to the Victorian experience, but there are different levels of support invested in each of those areas. There should be a significant increase in funding, not only for the inclusion support program itself in terms of the professionals and the workforce – that is key and very important – but investment in training of the workforce in the inclusion support program and also investment in the software system and the reporting system. We have heard that it is challenging and can be considered clunky, so that is a system that needs to be improved.

**Michael GALEA:** Thank you, Dr Hudson. Are you familiar with the report of the Productivity Commission of about 18 months ago into the early childhood sector?

**Liz HUDSON:** Yes. We made a submission in response to the Productivity Commission.

**Michael GALEA:** Terrific. And you would be aware that they advocated for a dramatic increase in the ISP as well. They also separately recommended a new needs-based early childhood education and care inclusion fund that they advocated for the Commonwealth government to implement by 2028 with various different streams, including for mainstream inclusion. Could I get your views on this? Is this something that you support or not?

**Liz HUDSON:** Yes, we did support that in the early childhood education submission I mentioned earlier. We actually supported that recommendation in our submission to the draft report of the Productivity Commission's inquiry into early childhood education in 2024. We did say that we agree that there should be a separate inclusion fund.

**Michael GALEA:** Terrific. Thank you. What sort of difference would it make if that inclusion fund was enacted?

**Liz HUDSON:** It would mean that children with disability in early care settings are included in mainstream and support. It is taking the first step to an inclusive world. Having a clear inclusion fund would demonstrate the importance of including children with disability in early settings so that it sets them up for success, and it would not only benefit the children with disability but also their peers in that setting. If they recognise that there is a fund investment in including children with disability, then from the very early stages they are sitting alongside their peers and their peers will have an understanding of the importance of including children with disability in the mainstream. That means that they are setting up for a pathway to success. Children without disability will become accustomed to and be understanding of the importance of inclusion for a diverse range of children – culturally diverse, children with disability. If there is disability represented in the early childhood setting, then that sets them up for going on to primary schools and to secondary schools. That means in the future, in employment, adults without disability will see the benefits of including adults with disability in their workforce, for example. So that inclusion fund would have long-term social benefits but also economic benefits.

**Michael GALEA:** Thank you for that very good, interesting illustration of the way that the intervention at the early level, just as with many things in early childhood education, will actually make that difference decades thereafter. That is a very good point. Thank you. In the brief time I have left I just want to touch on the rapid review, which noted that some children may be at higher risk of sexual abuse, including children with a disability. Are you able to briefly outline some of the key risk factors that mean that children with disabilities are more likely to be victims of this abuse?

**Liz HUDSON:** Yes, I can. Bear with me while I get my notes on that. Actually I made a special note about this, because children with disability, as we have mentioned, face elevated risk of sexual abuse and other harm in institutional contexts due to the dependence on adults for intimate care. Barriers to communication and societal attitudes can silence or disbelieve them. When funding is thin or inflexible, services cut corners on the very measures that reduce risk: adequate supervision, two-person visibility in high-risk routine situations, tailored communication supports and staff time for proactive planning. The Royal Commission into Institutional Responses to Child Sexual Abuse documented the increased risks for children with disability, the practical safeguards organisations must embed and the *National Principles for Child Safe Organisations*. There are 10 principles, but notably there are 11 in Victoria. They set clear expectations for minimising opportunities

for abuse, empower children to participate and speak up and make complaints processes – this is key – accessible for all children. That is especially critical for children who use augmentative and alternative communication methods, or AAC, or may have complex communication needs. So funding settings should enable services to do these things as standard practice and not as optional extras.

**Michael GALEA:** Thank you very much. I have gone past my time. Thank you, Chair.

**The CHAIR:** Thank you, Deputy Chair. Thank you, Ms Crozier.

**Georgie CROZIER:** Thank you, Chair. Dr Hudson, I was not present for your presentation – my apologies – so I might pass my time to Ms Bath.

**The CHAIR:** Thank you. Ms Bath?

**Melina BATH:** Thank you very much indeed, Dr Hudson. It is a very important area that you work in, and I am sure it is rewarding and distressing at the same time. I want to just drill down into the early childhood education and care sector, and I want you to unpack from your point of view the private sector versus the public sector. Are there major differences in service, in inclusion, in safety and/or deliverables? Are there differences, or is there uniformity – gaps?

**Liz HUDSON:** We have not got specific data information on the comparison between private and public early childhood education and care. As I mentioned earlier, we do national education surveys, and they include information about which types of settings children with disability are participating in, involved in or registered at. Overwhelmingly in our responses they are in the public sector. So we have not been able to disaggregate the data because the data sets are too small to do that comparison meaningfully. So I really cannot comment without the backup of enough data to draw on to make a comment, because I would not want to misrepresent our community's views on that. But we do know anecdotally that there is a preference leaning towards the non-private settings because of the perception that private settings are dictated by profit over impact and meaningful support for children with disability in those settings. But that feedback is anecdotal, and we would need to do some more work to find out that information to draw that comparison.

**Melina BATH:** Thank you. From, I will say, a Victorian context, because that is our inquiry, do you have an aggregate of complaints made to your organisation about early settings? And, naturally with everything de-identified, what do the complaints, if you do, take the form of?

**Liz HUDSON:** We are a systemic advocacy organisation – we do not do individual advocacy in support – so we do not collect data on a register of individual complaints. We do have many community members contact our organisation either via our telephone call centre or via our CYDA information box, email box. We get a lot of inquiries and concerns that complaints have not been heard. We capture that information, we have a record of it, but then we refer to individual disability advocacy organisations so that they can provide that regular support. So we do not have numbers. But again, when we did our surveys, there were a number of open-ended questions and there was qualitative feedback about complaints not being heard – children and families – and the complaints system not being accessible and that many times they make a complaint, which is not heard, and then go on to the referral roundabout to complaints systems and it is not resolved and then many complaints go on. We have developed in conjunction with the federal Department of Education some resources that we refer people to to make complaints, and those resources are available on the Department of Education website but also CYDA's website. We refer to those because there had to be resources developed for how to make a complaint, because it is a system where people do not feel heard. There are long waiting lists when there are any complaints to the NDIS Quality and Safeguards Commission. The safeguards commission says there are many complaints, so that is why there is a need for resources on how to make complaints.

**Melina BATH:** This is either public or private – this is not differentiated?

**Liz HUDSON:** Yes, in both.

**Melina BATH:** Thank you. I am interested: the Victorian government introduced the Child Safe Standards back in 2016. I live in the country. We have childcare deserts. We have early childhood centres, we have primary schools, special developmental schools et cetera. Some of the parents that I speak to, so anecdotally, feel that these are not addressed well. What is your position in terms of the Child Safe Standards?

**Liz HUDSON:** Yes, they are not implemented well. As you just alluded to then, in particular the services in rural, remote or smaller centres still struggle to meet their child safe obligations. It is not because of lack of will, but it is lack of availability of time, resources, training, understanding of what the national Child Safe Standards and principles are and their relevance to children with disability. That necessitated the National Office for Child Safety to invest in some funding to our organisation to develop resources for organisations so that they could embed the national principles of child safety. I mentioned earlier that there was a multiyear project, and it was important that the resources were developed in consultation with children and young people with disability and their families as well as organisations, so the resources were co-designed with children and young people with disability, their families and organisations, including organisations that were rural or remote and smaller organisations.

**Melina BATH:** I have 17 seconds. What is your recommendation to this committee that we recommend the state government do to support that endeavour?

**Liz HUDSON:** For embedding the Child Safe Standards?

**Melina BATH:** Yes, for seeing them become more of a reality, not a policy document.

**Liz HUDSON:** Yes, that is right. I recommend investing in consulting, and not just consulting but co-designing the resources and support around that with children and young people with disability and their families directly first, rather than developing a suite of support and funding investment without consulting them. That is key: consulting with them first.

**Melina BATH:** Consultation is key. Thank you very much.

**The CHAIR:** Thank you, Dr Liz. I will hand over to Dr Mansfield.

**Sarah MANSFIELD:** Thank you. Thank you so much for appearing today. In terms of workforce standards and regulations in Victoria, do you think they are currently adequate to provide appropriate care for children with a disability in early learning centres?

**Liz HUDSON:** It is not adequate, and I am not just talking about Victoria specific. I think that it is a national problem. But it is also an important issue. Victoria is not alone. Across the board the quality and safety of early childhood environments are inseparable from the quality of the workforce. Children with disability rely on consistent, trusting relationships with educators who understand their communication, behaviour and support needs. The problems are universal – high staff turnover or reliance on untrained casuals undermine this trust and make environments unsafe. In our child safety stakeholder consultations that we ran for the National Office for Child Safety, that showed that educators, specifically early childhood educators, lack time, support or training, and that leads to their misinterpreting a child's distress or behaviour. It leads to things like exclusionary practices, such as, 'Oh, just give them a time out,' but that is actually a harmful method. Additionally, reduced hours – 'Oh, we'll reduce the number of hours they can join the centre,' or focusing on as a solution early pick-up calls from the parents. And conversely, when educators receive training in inclusive practice and behaviour support, outcomes for all children will improve, not just children with disability.

**Sarah MANSFIELD:** You touch on a few things there. There is the training for existing staff but then some deeper systemic problems around staff turnover challenges, even meeting the basic ratios that are expected and the casualisation of the workforce all being issues that need to be addressed as well.

**Liz HUDSON:** Yes, they do.

**Sarah MANSFIELD:** In terms of the current oversight that the Victorian Department of Education has and the mechanisms for that oversight to identify systemic risks affecting children with a disability, in your view, are these adequate?

**Liz HUDSON:** I think I mentioned earlier that the quality and oversight, or the current regulatory system, does not consistently recognise or enforce disability inclusion as a quality and safety issue. State and territory regulators vary in their expertise and approach, and many authorised officers report feeling underprepared to assess inclusive practice, so they do not know how they are doing, how they are measuring. Families repeatedly tell us that the quality of inclusion, as I mentioned before, depends more on the individual educator's attitude

than on the systemic requirements. So we recommend that there is a resource in upskilling regulators to assess disability inclusive quality consistently across jurisdictions. That includes specialist training for educators and authorised officers, development of national inclusive quality indicators for assessment and rating and public reporting of performance on inclusion outcomes.

A strong regulatory system would ensure that inclusion and accessibility are not optional and are just not dependent on goodwill, and that is where the variety comes into it. An awareness of inclusion actually has grown on the national quality framework, but the practical implementation of adjustments and inclusive environments still remains really uneven. Families report to us that inclusive practice depends too much on individual attitudes rather than consistent regulatory expectations, so there needs to be a strengthening of regulatory capability to ensure that services are held accountable for upholding children's rights to access and participation, which is consistent with Australia's obligations under the United Nations Convention on the Rights of Persons with Disabilities. So we are recommending developing national inclusive quality indicators that would cover enrolment practices, communication access, environmental adjustments and, importantly, family engagement. If those regulators could drive improvement, that would ensure consistency. If there is transparency in reporting on those indicators, that would build some public confidence that the system actively protects and includes children with disability. There is a 2024 national workforce census report in early childhood education and care, and that includes an accessible data dashboard. But we are suggesting that that be elevated with a focus on disability inclusion so there is transparency around where the successes are and where the gaps are.

**Sarah MANSFIELD:** I was going to ask about data. Is there currently sufficient data being collected by the department on the safety of children with disabilities, including any breaches?

**Liz HUDSON:** There is not enough data that is collected. The problem is, as the Australian Institute of Health and Welfare have highlighted, that there are many sources of data but there is no consistency in the collection of that data. The Australian Institute of Health and Welfare recommend that that data around children and safety and other issues relating to children with disability be combined into one dataset so that it can be more accessible and you can see it transparently. At the moment there are so many different jurisdictions. It is not that data is not being collected, it is just not being analysed and assessed in a way that is simplified and accessible.

**Sarah MANSFIELD:** In terms of the other regulation, the working with children check structure, do you think that is currently adequate with respect to protecting children with a disability?

**Liz HUDSON:** No, it is not. It has been made clear in the earlier mentioned horrors of what has occurred for children and children with disability that the working with children check system is not nationally consistent. It is a problem for our organisation too. We do not provide direct service to children with disability – we are an advocacy organisation – but we do engage with children with disability and families to get their feedback. We as an organisation all have to have working with children checks, but it is inconsistent. We have got staff across Australia, not just in Victoria – the majority of our staff are in Victoria – but across other jurisdictions, and there are different measures and different requirements. So there need to be working with children checks that have national consistency.

The other thing that is important in relation to the working with children check is that the Australian Childhood Foundation recommend that there be mandated training alongside the working with children check. They say that when you are going to be working in the hospitality sector serving alcohol you have to do mandated training, so doing something similar for disability – but not training on different types of disability and what that means; it is more on how to identify the signs of child abuse, particularly for children who are not verbal.

**Sarah MANSFIELD:** Thank you.

**The CHAIR:** Thank you, Dr Mansfield. I will now hand over to Ms Ermacora, who is online.

**Jacinta ERMACORA:** Thank you, Chair. Thank you very much for attending. It is really interesting listening to what you have been saying, Liz. You said that childcare centres need to be able to demonstrate how they keep children with disabilities safe, heard and included. It strikes me that that is about the demonstration of respect and also of respectful behaviours, interactions and also perhaps curiosity where communication is a challenge, rather than just sort of like dismissing it. Can you elaborate on that a little bit more?

**Liz HUDSON:** Yes, I actually love the term you have used, ‘curiosity’, because that commands respect. If you are curious, then children feel heard – if you are curious and asking them questions. It is about the way you approach children with disability and their families, and including their families is key. There are some simple things like setting up at the outset a plan for how the child can be heard and how adults can relate to that child and then getting that child involved and their families involved in what the best way of communicating with their child is. For example, for the resources for keeping children with disabilities safe, when we have run the stakeholder consultations, some child safety warnings say, ‘Do not touch a child with disability as an adult,’ because that can be construed as sexual abuse or abuse. However, some children with disability who are in a wheelchair or may have different ways of being fed through a tube may need to be touched. Some children with disability feel safer when they are touched. There is a very interesting nuance about that, so it is really approaching it to the individual level and getting the family’s and children’s support and respect about how they should be approached and communicated to – yes, to go back to that word ‘curious’.

**Jacinta ERMACORA:** Okay. Thank you. It sounds like there needs to be a documented communication plan that addresses safety but also the happiness and comfort levels of the child as a conscious kind of activity in each centre for each child.

**Liz HUDSON:** Yes, that is right. The child safe organisations project was funded under the National Office for Child Safety. We did an audit of resources for how to keep children with disability safe in organisations. There are quite a number of resources that exist and are really useful. It is just about making people aware about that. There needs to be investment in public awareness about those resources and funding not just through the development of those resources but the implementation of them so that people can recognise them.

**Jacinta ERMACORA:** Just to make a bit of a leap from that to the rapid review you mentioned, a Commonwealth-led rethink about early childhood centres and the system. In particular it recommended reconsideration of the current funding model and reliance on market approaches. Just going back to what you were saying about simplification of needs-based funding for children with disabilities, rather than a big, long application form when a child with a disability tries to enrol, maybe it should be a tick a box in the enrolment process that automatically triggers that money, with some evidence, rather than the bureaucratic process. Is that some of the thinking, how you might interpret it?

**Liz HUDSON:** Definitely, because there is the funding there, but it is being able to access it. Children and families are having to provide evidence about the diagnosis of disability – a child with developmental delay, intellectual disability or Down syndrome – when it is clear that they should not have to go through a system of providing diagnosis and telling their story several times. That funding should be available, with that trust that someone is not going to try and access their funding if their child does not have a disability and does not need it.

**Jacinta ERMACORA:** Childcare centre leaders should not incur unresourced additional work either.

**Liz HUDSON:** That is exactly right, yes, and I think that is where the greater investment in the inclusion support program and the inclusion fund would help that.

**Jacinta ERMACORA:** Yes – very interesting. You support the recent work by the Victorian government to make the early childhood regulator independent. Is that going to help in that space as well?

**Liz HUDSON:** I think so. It is not something we have put to our community, the machinations of the way that is funded, but I think that independence is very important to develop that trust.

**Jacinta ERMACORA:** And the fresh eyes that additional authorised officers provide – how would you see that assisting?

**Liz HUDSON:** The fresh eyes, you mean, of the new –

**Jacinta ERMACORA:** Authorised officers doing a visit to childcare centres at least once a year – to me it seems to be that it applies a set of fresh eyes over an environment. What would you think that would be do?

**Liz HUDSON:** That is key. It is also the resourcing and the upskilling of those authorised officers. I touched on before that it is important that any support of inclusion that is individual meets the individual needs. But that

needs to be consistent. Fresh eyes are great, but there needs to be consistency to assess disability-inclusive quality across jurisdictions.

**Jacinta ERMACORA:** Do you mean between centres too?

**Liz HUDSON:** Yes, that is right – that there are some guidelines around that so there is consistency. It goes back to what I mentioned before. It should not just be down to the individual authorised officers or educators within the centres. Some centres are doing some fantastic work, but it should not be dependent just on that centre. It should be consistent so that if I am going to one childcare centre then I know I would be able to access and expect the same from another.

**Jacinta ERMACORA:** Thank you very much. I appreciate your engagement on my questions.

**The CHAIR:** Thank you, Ms Ermacora. Dr Liz Hudson, I would like to thank you for your contributions and evidence to the committee today. We really appreciate it. You will receive a copy of the transcript a week before it is published on the website.

The committee is now going to take a short break to reset for the next witness, and we will be back at 11:30. Thank you very much, Dr Hudson.

**Witness withdrew.**