

# 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 10 March 2026

#### MEMBERS

Anasina Gray-Barberio – Chair

Michael Galea – Deputy Chair

Melina Bath

Georgie Crozier

Jacinta Ermacora

Sarah Mansfield

**WITNESS**

Sally Moore, Chief Executive Officer, Early Childhood Intervention Australia, Victoria/Tasmania.

**The CHAIR:** I declare open the committee's public hearings for the Inquiry into the Early Childhood Education and Care Sector in Victoria. Please ensure that mobile phones have been switched to silent and that background noise is minimised.

I would like to begin this hearing by respectfully acknowledging the Aboriginal peoples, the traditional custodians of the various lands we are gathered on today, and pay my respects to their ancestors, elders and families. I particularly welcome any elders or community members who are here today to impart their knowledge of this issue to the committee. I welcome any members of the public in the gallery or watching via live broadcast. I remind those in the room to be respectful of proceedings and to remain silent at all times.

All evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and provisions of the Legislative Council standing orders. Therefore the information you provide during the hearing is protected by law. You are protected against any action for what you say during this hearing, but if you go elsewhere and repeat the same things, those comments may not be protected by this privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

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.

**Sally MOORE:** Sally Moore, CEO of Early Childhood Intervention Australia, Victoria/Tasmania.

**The CHAIR:** Thank you very much, Ms Moore. We are now going to introduce ourselves. Good morning. I am Anasina Gray-Barberio, Chair and MP for Northern Metro.

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

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

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

**Georgie CROZIER:** Good morning. Georgie Crozier, Member for Southern Metropolitan Region.

**Jacinta ERMACORA:** Jacinta Ermacora here, online from Warrnambool.

**The CHAIR:** Thank you, everyone. I would now like to invite you, Ms Moore, to make an opening statement if you wish. I ask if you could please keep it to a minimum of 8 to 10 minutes to ensure that we have plenty of time for discussion. Thank you.

**Sally MOORE:** Thank you. My name is Sally Moore. I am the Chief Executive Officer of Early Childhood Intervention Australia, Victoria/Tasmania. We are a membership peak body representing providers delivering quality early childhood intervention services to children with disability and developmental delays. We have over 500 members across Victoria and other states and territories in Australia now. We are a very diverse membership, where our membership is made up of allied health practitioners, including speech pathologists, occupational therapists, physios, psychologists, music therapists, art therapists, play therapists and social workers, and including specialist teachers from the early childhood intervention sector and then also teachers and educators from early childhood education and care, some students and parents. We are very much aligned with the National Best Practice Framework for Early Childhood Intervention, which was released last year, and our role is very much to support the implementation of best practice. We note that that framework is a very comprehensive framework and now includes coverage within the early childhood education and care sector, as well as the early childhood intervention sector. Our work focuses mostly on member support, but then obviously my role is very much around advocacy. We provide professional development based on member needs and build the current understanding of what best practice is across all sectors working with children and families.

In addition to that, I am also a co-chair for the Australian Child and Family Supports Alliance, and I chair the Victorian Child and Family Supports Alliance. These two entities were bodies that came together upon the release of foundational supports and have been working very closely together to understand sector thinking on what is now referred to as Thriving Kids can look like, looking specifically around elements such as workforce, pathways for families and parents, collaboration and really that ecosystem of what exists for children and families. In our work around that we very much have focused on the importance of not just looking at children and families in one context but looking at them within an ecosystem. I am very hopeful that Thriving Kids is going to be a mechanism which is going to bring early childhood education and care and early childhood intervention much closer together. In the past they have been very much intertwined systems. Changes under the NDIS changed the market nature and limited some of those opportunities, but Thriving Kids I do see as a mechanism to be able to bring that ecosystem back together.

In preparing this submission we consulted with members obviously on the terms of reference, and some key themes came out for us. We are very much aware, given the nature of our work in early childhood intervention, going into early childhood education and care centres and supporting practitioners and educators there, of elements such as the need for high-quality services consistently. That was certainly an area that we focused in on. We have listened deeply to preschool field officers, who make up a significant part of our membership, and that specialist role that they provide in coaching, mentoring and supporting not just the families but also the educators and the teachers in the services. And workforce has been a really significant conversation within our membership. We see many teachers moving across from the early childhood education and care sector into the early childhood intervention sector, and that is seen as a very favourable move and in fact one that I did 20 years ago as well. Maybe I will pause there and see if there are any questions.

**The CHAIR:** Sure. I might actually start our questions for today. Thank you very much for your opening statement, Ms Moore. Your submission recommends stronger monitoring of enrolment refusals and exclusionary practices. Are children with disabilities currently being excluded from early childhood settings at concerning rates?

**Sally MOORE:** Absolutely. In consultation with our members, the practices, often referred to as gatekeeping practices, are still out there and happening. It is very hard to put a figure or a number or a percentage on how often this happens. It can be very subtle. When we support families who are going to enrol in centres, it can be as subtle as turning up and the person that you meet at the front suggesting, 'Oh gosh, we don't actually have the correct staffing to be able to support your child. Perhaps you'd like to go down the road to X centre, because they've actually got really good specialist teams working with them.'

So it can be really, really subtle. It can look very much like restricted hours, and the minute a child becomes dysregulated there is a phone call to a family member to come and take the child. I do note that in the Department of Education sign-in, sign-out system there is actually no mechanism in there to be able to say why a child has left the system. It is not possible to actually put in there that the child was dysregulated and that the parent was asked to come and pick them up.

**The CHAIR:** If that information is not collected, or that kind of data is not collected, then essentially children with disabilities or those who have higher vulnerabilities are essentially invisible, right?

**Sally MOORE:** Essentially, yes.

**The CHAIR:** Do you think this should be a reportable regulatory matter?

**Sally MOORE:** Absolutely.

**The CHAIR:** Do you have any suggestions or recommendations to the committee for how we can make some recommendations to the government to capture these experiences of vulnerable children?

**Sally MOORE:** I think it could even be something as simple as modifying the Department of Education's system in order to be able to capture that, in terms of a reason why a child has left. Obviously instances where they are sick or they are unwell are in there, but there is no mechanism in their system to be able to classify the reason the child has left.

**The CHAIR:** Have you spoken at any point to any government representatives about these issues?

**Sally MOORE:** I did ask whether that was possible and whether the system did have that when it came in last year, and the answer at that point was, 'No, not at this point in time.' I did suggest that perhaps that would be something that would be worth looking into in order to track it. The mechanism that I have for tracking it is the number of phone calls that I receive from families. I received one late last year from a mother who said, 'My child has been kicked out of four childcare centres. Is this actually legal? Can they do this?' I said, 'No, absolutely not. They can't do that.' When she went on to describe the situation, he was a little boy who was four, was autistic and had an NDIS plan in place. The parents had given the okay for the child's NDIS team to actually go and work collaboratively, but the centre were not willing to do that piece of work. So whilst I felt the family had done a good job of putting things in place in order to be able to create that collaboration, there was not the willingness from the other side.

**The CHAIR:** Where does a family go to if they want to escalate these issues through the system? Is this something that they need to take to the new regulator to ensure that there are fairness and equity for children?

**Sally MOORE:** They can, absolutely. They could take that to the regulator, and I did suggest that. The other suggestion that I made to that mother was to link them in with the advocating for children with a disability peak body. We are not really in a place to be able to support a family through that process. I referred them on to ACD in order to support them through that journey, because they were going to have to, I guess, learn how to advocate to a certain extent but then also understand those regulatory pathways.

**The CHAIR:** Absolutely. Can you give us some examples of restrictive practices, which you have heard about from your members, that are being used in early childhood settings?

**Sally MOORE:** The biggest one would be sending children home and not allowing them to actually be there for the full time. I think it is very much complicated, and I can see both sides of the coin. If a child has KIS funding – kindergarten inclusion support funding – for example, and that does not actually cover the full hours that the child is –

**The CHAIR:** I actually want to ask you that. That was going to be my next question, so you have just segued into that. In your submission there is a case study in there. The case study is about an autistic child who has a strong interest in water play, and his favourite place to play is in the toilet bowl water. His KIS worker is not funded for all the hours that he is at the early childcare centre, and as a result there is a staff member to cover the hours that the KIS worker is not there, who has to be with this child the whole time, and then that, as a result, has a ripple effect, compromising the safety of other children in the centre, because the staff member now has to give that supervision 24/7 to this child. How often is this happening?

**Sally MOORE:** Again, it is really hard to put a number on it because that kind of information is not captured anywhere. We know the number of children who are eligible for KIS funding. We know the number of hours that they have. When I talk to preschool field officers about this, because they are often the ones who are supporting educators on that pathway to apply for KIS, and the teams of organisations who are providing KIS, their comments are, 'We may have had more children getting KIS funding, but they're not getting the full 15 hours that they're eligible for,' most commonly.

**The CHAIR:** If they are not getting the full 15 hours, what are they getting, like 10 hours?

**Sally MOORE:** They get 6 or 9; 6 or 9 are the usual amounts of time.

**The CHAIR:** Why aren't they getting the full 15 if they are eligible for it?

**Sally MOORE:** That is an excellent question, Chair, and certainly one that I and other peaks have been raising. To me, I do not quite understand why, if a child has identified needs, we are not supporting the child when they are in the centre for the total time that they are there. I guess I do know of an example of an early years management service where they have taken a different approach and they have chosen to fund the full hours that the child is there, so they will pick up the shortfall. It makes a significant difference to the child having a lovely day and the family actually being comfortable that their child is being well supported, and that is a cost that they choose to take on themselves. In conversations with them, they see better outcomes for the child and they see better outcomes for the workforce and their teams, because they also feel like they are well supported. They are not looking at 'In the morning who have I got coming in? I've got so-and-so coming in.'

Okay, I know it's not going to be an easy day today,' or 'I'm actually going to get to teach. I'm not just going to be doing safety.'

**The CHAIR:** Just quickly, as my time is running down, whose responsibility is it to escalate these sorts of issues around KIS, like the hours and meeting the child's needs?

**Sally MOORE:** The centres can escalate that through our state Department of Education channels.

**The CHAIR:** To the regulator?

**Sally MOORE:** They can, but not really. It needs to go back through the channels that they apply so they can reapply and have that case reassessed, but the amount of time, paperwork and effort that it takes to do that is almost insurmountable, and so they tend not to.

**The CHAIR:** Thank you very much, Ms Moore. My time has run out. I am going to hand it over to our Deputy Chair Mr Galea.

**Michael GALEA:** Thank you, Chair. Good morning, Ms Moore. I would just like to start with one of the recommendations you have made in your submission, which is for funding to support inclusion leads in every service. You have referenced the Productivity Commission report, which has been very useful for us in this inquiry as well. Just to confirm with you: that is the recommendation in the report that calls for the federal government to implement a specific ECEC inclusion fund. What sort of difference would that make?

**Sally MOORE:** I guess I will refer to that same EYM, who I have been working closely with for the last couple of months. The difference, as I said, that it makes is a child is fully supported, so they are therefore able to access the curriculum and have a productive day, and then the workforce is equally supported.

**Michael GALEA:** Thank you. The Productivity Commission, in its recommendation, says the funding should be quite flexible and each service should have its own ability to craft what that looks like. You have called for a specific inclusion lead within every service. To what degree should such a fund – if the federal government were to implement it, should it be completely flexible? What should the minimum standards be? Where would you draw the line between having mandated uses for it and leaving it up to the services? And what sorts of issues would you see if it was left completely open?

**Sally MOORE:** I think if it was left completely open, then that flexibility could be flexed perhaps too much and that role becomes whatever is needed on the day at that particular time. So I do see that there is a risk that that role could be drawn into other areas of the centre and not be able to actually fully focus in on being the inclusion lead. I would certainly be suggesting putting some parameters in around that. In terms of what that looks like, we already have a structure around pedagogical lead. I did put a case study in there around the pedagogical leader who is drawn away to work with other team members on more of that inclusion focus, so time is taken away from actually developing curriculum and curriculum models. I see those two roles as perhaps being side by side. If we are funding a pedagogical lead with a specific role, a specific criteria and work that they are supposed to be doing, why would we not do the same for an inclusion lead and make that a very discrete role? It would then also give the workforce a really clear understanding of who they go to for what.

Having said that, I guess my utopia is that we actually do not need to use those kinds of terms because actually we have quality services that do inclusion really well, and inclusion is no longer, 'Let's do an inclusion plan.' I heard a really good quote at a disability conference the week before last that said, 'Inclusion is a habit; it is not a policy document.' So I feel like that is what we are striving for. At this point in time, though, there is a lot of work to do in order to upskill our education teams and bring that collaboration back between other parts of the sector in order to have people feeling confident that they are able to fully support all children in their services.

**Michael GALEA:** So ideally we would get to a point where it is just embedded and entrenched?

**Sally MOORE:** Exactly. That is what I would like to see. I do not think we are there now.

**Michael GALEA:** We seem to be a fair way away from there at the moment.

**Sally MOORE:** At the moment – but let us be hopeful.

**Michael GALEA:** Yes. Good. Let us be optimistic. We are still talking about funding. If I can also ask about the childcare subsidy: is there any position that you have on the adequacy of the current CCS, anything you would like to see changed or any advocacy that you are currently undertaking in relation to the childcare subsidy as a whole?

**Sally MOORE:** The childcare subsidy is probably not an area that we in our membership are focused in on, specifically. I do think the three-day guarantee has been fantastic, and that certainly allows lots more families to be able to have access to regular care, and that has been really beneficial.

**Michael GALEA:** Thank you. The rapid review that was commissioned late last year stated that some children may be at high risk of sexual abuse but particularly those with a disability. What are some of the factors that lead to this and disabled children being more vulnerable?

**Sally MOORE:** I think the combination of them often not having the language to use in order to express what has actually happened to them. If they do have the language and they are harmed or in an unsafe situation, then the ability to access that language diminishes in the same way as for other children as well. But if they are already starting at a position where they do not have the same level of language –

**Michael GALEA:** It is an exacerbation of that.

**Sally MOORE:** Exactly. I think the other part is if they are a child who uses alternative forms of communication – so whether they have a device, whether they use visual supports. If you are in that situation, you cannot go and get your device to then say, ‘Do not do this to me.’ These things are happening in that moment, and that child does not actually have a voice at that particular point in time. And then I think the complications if a child has unfortunately been put in a situation like that – their ability to use whatever language or other tools that they have is certainly diminished.

There was a piece I think in that Productivity Commission report or some work done with ARACY as well around that inequality between typically developing children and children with disability being impacted by unsafe practices.

**Michael GALEA:** Thank you. The rapid review also recommended, obviously, what we now have as VECRA, the new authority, with more unannounced inspections. The review called for the most rigorous inspection routine in the country, which we will now be expecting VECRA to undertake. How important are unannounced inspections of childcare services for maintaining quality?

**Sally MOORE:** I think they are really beneficial. They can be really helpful. I think if they come from a position of ‘I’m here to work with you in order to help you understand exactly what is needed to change’, they will be most successful. If we are coming in with a punitive approach, which is needed in some situations – but I think there is a real opportunity then to raise the understanding of what is needed. In early childhood intervention we often find that when we are working with ECEC, if there are things that should be reported, often it is the ECI practitioner who is saying, ‘You really need to report that, actually; that is a reportable thing.’ So there is already a piece of capacity building that happens from ECI as well. The more that we can, I think, have those independent spot checks happening, coming from a place of ‘We’re here to help you work towards quality practice’, the more successful that will be.

**Michael GALEA:** In that majority of cases where –

**Sally MOORE:** Yes.

**Michael GALEA:** it is obviously not the extreme end, where you need that type of intervention. Are there any other things that you want the new regulator to be focusing on in terms of when it is undertaking this work?

**Sally MOORE:** I would ask them to be mindful of children with disability and developmental delay – and that that picture can look very different – and be mindful of looking at what is in place in order to support a child there. They perhaps are a body that could be looking at gatekeeping practices as well and be highlighting those or tracking those, in a sense. But I would be hoping that they would have a really good understanding of disability and be taking that knowledge into their work as well.

**Michael GALEA:** Thank you, Ms Moore. Thank you, Chair.

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

**Georgie CROZIER:** Thank you, Chair. Thank you very much, Ms Moore, for being before the committee this morning. You spoke about a national best practice framework and your advocacy in relation to those aspects in early childhood. Is there any one state that is doing it better than any others?

**Sally MOORE:** Oh, that is tricky. I do not know at this point in time, if I am really honest. The framework came out late last year, and there was no clear plan for implementation on that.

**Georgie CROZIER:** But prior to the framework coming out, in terms of what your organisation is doing around focusing on some of those needs of some children, in that early intervention, because you talk about the huge cost to governments – billions of dollars – because intervention is not done, was there any state that was doing it better than any other state?

**Sally MOORE:** Victoria is the only state which has a body like mine that is actually funded to work closely with both those sectors. There are other pockets and collaboratives that have popped up across the states and territories, but there certainly is not a commitment from other state or territory governments in order to support the kind of work that we do.

**Georgie CROZIER:** And were you aware of the Ombudsman's recommendation to strengthen the working with children check here in Victoria back in 2022?

**Sally MOORE:** No. I was not in this role at that point in time.

**Georgie CROZIER:** Right. Thank you. Can I just go to the point around allied health professionals? There are children with medical needs and complexities that you work with. What does that allied health professional team look like to be working in this space, knowing that there are children with a whole range of medical needs. I get communication around children with type 1 diabetes, and there is no ability for early childhood educators to be monitoring and managing those health complexities. How do you work in that sort of area and support those families with children with those needs?

**Sally MOORE:** I will bring that back to the best practice model. Under that, a key worker approach is one of the preferred models. What that looks like is if I am the key worker for a family, I will imagine that you are the allied health team that I am working with, and you come with all your various disciplines. I, though, am the one person that is allocated to support the family and to support the education service wherever the child may be. Depending on my background – I am a teacher; that is my qualification – if the child has needs that will more likely fall into the area of a speech pathologist or an occupational therapist, I would sub out and you would sub in. So the idea is that you have all the disciplines available within your team, but you are managing the relationship with the family by having one allocated person. The reason that we advocate for that is, if I am a parent and I am having to navigate seeing a speechie and an OT and a psych and I am doing that very regularly, that can be incredibly overwhelming. Equally, if they are all wanting to go and see a child in an early childhood setting, the admin burden that comes from that is incredible. So under this key worker model, one person does that work. The benefit to that too is they are then also transferring skills between home and early childhood settings. So it can be very purposeful, and the allied health practitioner is there to support the capacity building of the team within the education setting. So they are not there to take a child into another part of the centre and do therapy; they are there to support the capacity of this team to actually work with the child. So they are obviously going to be there and do lots of observations at various times of the day to see how the child is operating, but they are then going to need to be working very closely with the education team to be able to say, 'In these situations you could try this, this or this' or 'Have you thought about this or that?'

**Georgie CROZIER:** But if they are complex health needs, how does that team work? I am wanting to understand how the allied health professionals come in and support the educators or that early childhood education setting and the families in managing that child's complex health needs, whatever their medical needs are, and how many allied health professionals there are in Victoria that are working in this area.

**Sally MOORE:** Okay. Maybe to answer your first question, if it is something like a health need such as diabetes, they are not the primary person to be actually working with that.

**Georgie CROZIER:** No, because it is too complex.

**Sally MOORE:** The role of the allied health person would be to be linked into whatever the child's medical team is and be available to receive any of that information and think about that in the context of what they are suggesting in terms of strategies. Maybe if I think about something like a child being PEG fed, for example, rather than diabetes: if a child is being PEG fed, the allied health professional in early childhood intervention is not responsible for the medical care of that child; their treating practitioners and medical people are. However – and in this instance you would be looking at a speechie – a speechie has that training, but they are not the primary person who is responsible. They can, however, be supporting the team in how they can look at seating arrangements or timing or positioning for that child, how they include PEG feeding within the course of the daily routine. They can certainly be looking at that, but that medical side of it does not actually sit with that allied health professional. That is not their primary responsibility.

**Georgie CROZIER:** So are there children that are excluded because of their medical conditions from attending early childhood settings?

**Sally MOORE:** I would say yes, as part of –

**Georgie CROZIER:** But you do not get notified of that?

**Sally MOORE:** No, we do not.

**Georgie CROZIER:** That is all. Thanks, Chair.

**The CHAIR:** Thank you. Dr Mansfield.

**Sarah MANSFIELD:** Thank you. And thank you for appearing today. One of the challenges we heard about during some of the previous hearings was the need for children and their families to have obtained a diagnosis before they are able to get support. Can you explain how some of the suggestions you have made interact with this issue that a lot of families come up against?

**Sally MOORE:** I guess I would reflect on – the nature of the NDIS did change that landscape. It was different prior to the NDIS, but this is the landscape we are in at the moment. At the moment the pathway through to supports from the NDIS does not technically require a diagnosis. You can actually apply to the NDIS under developmental delay, and if the child's need and family needs are assessed to meet eligibility criteria, then they can. So they do not have to necessarily go and get an autism diagnosis or any other diagnosis. They can still access supports under the NDIS. It is a complicated pathway, though, and not an easy one to navigate in there. So there is that. There is also out in the community a culture of the only pathway being what we call the purple pathway – you are on the way to the NDIS, and that is the pathway that you want to go to. That is the narrative now out there within all communities. On Facebook groups and social media that is the narrative that is actually out there. It is not 100 per cent correct. You can actually apply to the NDIS and be accepted onto it with developmental delay.

**Sarah MANSFIELD:** I guess in terms of building inclusive spaces for children in early learning centres, though, a lot of the time access to those additional supports is contingent on having some sort of funded package or something attached to the child, rather than the centre being set up to support children who may or may not have either sought a diagnosis or sought that funding. Some of your suggestions talk about having an inclusion lead or something like that. How would that deal with that issue of all those kids who maybe have not had or have not gone out and sought a diagnosis or gone down that NDIS path?

**Sally MOORE:** I think having something like an inclusion lead would at least create a baseline across all centres, where really simple techniques such as having visual supports in place for everyone all the time are there always. I think of those in terms of how I use my phone as a diary. I know what is coming up. A visual support schedule on the wall is the equivalent for a child. Why do we not just have that for everyone all the time? I was in a conversation last week where the educator talked about having to go and get their lanyard that has the visuals on it when they need to. Why are we not just wearing that all the time so that we have the tools available to have those conversations? That is the kind of work that our sector has been chipping away at for a long time, and we are still chipping away at it. There is not this baseline understanding of how you do inclusion well yet. If some of that started within tertiary training, that would be great. It would just be then expected practice that, when you come out of your tertiary training, whether that is at TAFE or university, these are the baseline inclusion things that need to happen. I think about that. I think about setting up of spaces.

I reflect on a conversation with preschool field officers. When I held a think tank with them last year, they said, 'The first thing we do is actually just go in and look at the environment. We're not looking at the child or looking at the set-up. We're actually just looking at how you have set up your room in order to support all children and maximise their learning,' because often that is not something that has been taught discretely as part of their training. That is the first step. If my environment is set up in order to provide opportunities for children to be more likely to sit and play rather than have big running tracks in the middle where everything is pushed to the side, children are more likely to stop, they are more likely to look, they are more likely to play – all children. There are lots of really simple basic things, but none of these things are consistent at this point in time.

**Sarah MANSFIELD:** It is focusing more on the environment rather than the individual child and trying to fit things around them.

**Sally MOORE:** Yes. There are obviously going to be children in that group who are not identified, certainly when they come in at the beginning of the year, but if I have all of these things in place, that is going to give them the best opportunity to access the curriculum as soon as possible. You will probably still pick up on their differences and need to have those conversations and take things further.

**Sarah MANSFIELD:** Great. One of the issues that I think came up in everything that was uncovered last year around the early childhood sector and what we have been hearing through this inquiry is that staffing levels are a real concern, and they have a strong link to the quality of the environment and the safety of the environment that is provided for children. We know that it is not universal, but quite a number of centres are really struggling to maintain – for various reasons, whether it is deliberate or unintentional – even minimum staffing levels and use workarounds, under-the-roof ratios, to try and meet those requirements. In centres like that, what does it mean for children with a disability, even if there is someone with adequate training?

**Sally MOORE:** I think two things. One would be that they are not actually able to access the curriculum. That can look like the quiet child who just wanders around the day or spends 90 per cent of their time outside. If the program is indoor–outdoor, they are always outside. They are not coming inside. They are not sitting down doing tabletop-type activities, so they are missing out on learning those skills because they are unable to actually access the curriculum without some support. The other presentation is the dysregulated child who is really struggling and not coping, because they are, again, unable to have a support person to help them access the curriculum. They are the ones who are being sent home as well. They are probably the extremes. Then you will have absolutely everything in the middle. There are children who need help to actually sit down and start activities. Once you get them started, then obviously you can move away. But if we are not giving them that opportunity to do that without someone who can actually sit there irrespective of their training – it is about adults in the room, not 'I'm allocated to you' – if no-one is able to do that, then for that child all we are doing is safety and we are not actually helping them access the curriculum.

**Sarah MANSFIELD:** In terms of safety – some of the other members have asked this – are there additional safety risks for children with disabilities in an inadequately staffed environment?

**Sally MOORE:** Yes. The ones who want to escape, yes, they will be trying to escape – that dysregulated behaviour where they can do harm to themselves or to others is definitely a safety risk. I would also argue, though, that the little quiet child who is unable to access the curriculum and is almost numb – their psychological safety is not being considered either in there.

**Sarah MANSFIELD:** Thank you.

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

**Melina BATH:** Thanks, Chair. And thank you so much for your membership-based organisation, you and all of your associated people, because this is a really important space, and it is often the exhausted parent who needs assistance. I was saddened – but it is not unheard of by any stretch – that there is a case study where a parent has been moved on five times. I am interested in relation to that. Would you see, I will say, an exit poll or an exit survey as useful? So a parent takes their child to a centre for a short time – you have said that when they exit during the day there is no reporting mechanism. Would an exit poll be useful?

**Sally MOORE:** Absolutely. Yes.

**Melina BATH:** What would that look like and who should operate that? Is that the education department? Is it the new regulator? What would that look like for you?

**Sally MOORE:** I think that would be a good one to sit with VECRA. Obviously if you want a parent to actually disclose what has happened for them, then you will want an independent body in order to do that. I did put in my submission that there was an *ARACY Insider*. Children and Young People with Disability Australia did a national survey, and 50 per cent of parents of a child with a disability said they did not feel supported in their education settings, so something like an exit survey could be a very simple tool.

**Melina BATH:** Yes, with the parameters of honesty and effect as best as possible. Thank you. I am interested in relation to the feedback – I guess continuing this on – for regulators. How important is – if a regulator comes in and does a spot check, a site visit – that feedback to the centre? Let us make an assumption: the centre wants to do the right thing. The practice of the regulator – how experienced do they need to be in providing that context? I mean, what do they go in with – the knowledge around inclusion –

I will walk back one: are regulators understanding enough of inclusion practices and best-case scenarios, or does there need to be work for them before they go into a centre?

**Sally MOORE:** I would say yes. That would be very advantageous – if the regulator team did have additional training in inclusion and what it needs to look like. Our preschool field officers are a really unique role. We are the only state that has them across the country. They do a number of amazing things in terms of being that support person once a teacher or an educator has seen some red flags. They are a really great sounding body in terms of confirming that ‘Yes, you are seeing what you’re seeing and you do need to take this further.’ They also, then, go in though and do that capacity-building and coaching work in order to build the skills of the education teams in the centre as well.

I think there is an opportunity there to use that role more extensively. Historically the hours that they have are allocated to a child, so a child has to be identified first. Over the past 10, 15 years the amount of hours allocated to preschool field officers per child has diminished. It was 15; I think we are down to 8 now. But there is an opportunity, I think, if you looked at that role, to expand that and use that. So if the regulator has identified ‘There are issues here’, why not bring in your preschool field officers then to be a supportive body to actually work with the centre? They often have a trusting relationship already and have that ongoing relationship within that centre, so we could use that.

**Melina BATH:** Early intervention – or early understanding and therefore early intervention.

**Sally MOORE:** Yes.

**Melina BATH:** Were these based in the education department?

**Sally MOORE:** Yes.

**Melina BATH:** And they have been cut back from 15 to 8 over a period of time?

**Sally MOORE:** Yes.

**Melina BATH:** So if I could ask you a Dorothy Dixier, do you think that needs to be re-expanded?

**Sally MOORE:** Yes.

**Melina BATH:** And expanded across all for-profits, not-for-profits?

**Sally MOORE:** Yes.

**Melina BATH:** Across the board into early settings?

**Sally MOORE:** Yes. They are based with local councils – or the funding is based with councils.

**Melina BATH:** Sure. That sounds good. In relation to coaching, can you just walk us through a little bit onsite coaching versus online training? We also heard last week the issues around – it is very difficult because

in a school setting you can have a PD day where you stop education. In this system it is much more difficult. Walk through what the ideal scenario is on professional development.

**Sally MOORE:** Online modules obviously have a place, and certainly with the child safety changes that are happening at the moment, I think that is a really good way to go in and create that baseline understanding and bring everyone up to the same level. What has to follow after that is leadership that is actually going to support the embedding of that learning. They need to be the coach. They need to be the one who is then making sure it is still on the agenda, it is still being discussed in team meetings and it is still being discussed in supervision or coaching conversations there. I think if there was stronger support then for leadership to be able to do that, that would give us an opportunity, but then I would also be looking at how we bring our teams together. If you have got the leadership team in a centre, you have got preschool field officers, and there is access to early childhood intervention practitioners under school readiness funding, for example, which can create a really powerful team.

**Melina BATH:** A good pathway.

**Sally MOORE:** Yes, a really knowledgeable and experienced and powerful team. If you are planning how you use your school readiness funding well, that can give you – not for everyone, because obviously it is dependent on the allocation of funding – an opportunity to actually have comprehensive long-term relationships in order to create teams that are embedding the learning in an ongoing way.

**Melina BATH:** Is that school readiness funding too constrained in how it can be used? Should there be more flexibility?

**Sally MOORE:** Yes.

**Melina BATH:** What would that flexibility look like?

**Sally MOORE:** A recent conversation that I had with some practitioners was – for example, this year in May we have the Professionals and Researchers in Early Childhood Intervention conference. There are some educators that I was talking to, and I said, ‘Are you going? This is a really great opportunity to learn about inclusion. All sorts of things will be discussed there.’ ‘No.’ ‘You can’t use your SRF funding?’ ‘No.’ If there was much more flexibility around how they could use that, for example, to go to things like conferences, I think that would be fantastic. I think we have a real disparity, though. Because the funding is tied to the cohorts of children, there are centres that have \$200,000 a year and there are centres that have \$1000 a year. Two hundred thousand dollars can be really hard to manage. Equally, \$1000 does not give you the opportunity to do very much either.

**Melina BATH:** My final question is: your members advocate for disability. Do they support individuals when the parents want to take legal action against the education department? You would not necessarily have an anecdotal, but as an organisation do you deal with that on any level, or is it just individuals – professional by professional – that would make a submission, for example?

**Sally MOORE:** My role would be to support our members in terms of what their role is in supporting the family. We can provide the options to the family and say, ‘These are the pathways that you can take.’ It is not really our role to be supporting them to take that further necessarily.

**Melina BATH:** Yes, but they might provide a submission or professional advice or professional comment if requested.

**Sally MOORE:** Yes, absolutely. Teams can appear in child protection cases, for example, and will provide evidence in those cases on the suitability of arrangements or how they have been involved.

**Melina BATH:** Provided support, or the needs of the child.

**Sally MOORE:** Yes, how they have supported. I would probably refer them on to ACD, though, also to support that pathway and that advocacy pathway.

**Melina BATH:** Thanks. Thanks, Chair.

**The CHAIR:** Thank you. Thank you, Ms Ermacora.

**Jacinta ERMACORA:** Good morning. Thank you very much for appearing. You touched on the general issue in your submission around the rapid review calling for a Commonwealth rethink of the early childhood system. It recommended reconsideration of the current funding model and the reliance on the market in ECEC provision and that a 10-year strategy be set fundamentally to reform the system. I just wonder on that private–public sector question whether you or your organisation have views on that?

**Sally MOORE:** Yes. With the private–public conversation, I do feel like there is a parallel one being played out in the NDIS space at the moment, so it is not an unfamiliar conversation in that sense. Typically children with disability have certainly achieved stronger outcomes in the not-for-profit sector. They are often the sector who will say yes, who will accept a child and who will do the work and work with the family and any other people involved in there. You do not want to tar everyone with the same brush, because there are obviously really great private centres who are willing to do that work, but often when you look at it, the only option left is the not-for-profit centre that will usually say yes to a child. I think that disparity between the two creates an imbalance and certainly can create a feeling of being unwelcome for a child and a family. If their local centre is a private centre just down the road and they turn up there to go and enrol their child and it is suggested they go somewhere else, that is not a welcoming conversation at all.

**Jacinta ERMACORA:** Thank you. You were discussing earlier that some centres reject or cannot accommodate children with special needs. I guess what you are saying is that the not-for-profits are more accepting of that. Do you see that as a market-driven phenomenon? Does it impair their profit margins to accept children with special needs?

**Sally MOORE:** Possibly. I can see how it could. It is not an area that I have done any kind of in-depth analysis on. I guess possibly when you think about if they are applying for KIS funding and it is not for the full hours, and they are then needing to put in other staffing around that in order to keep children safe, then yes, there would definitely be an additional cost there.

**Jacinta ERMACORA:** Very good. The rapid review also spoke to enabling unsubstantiated information and intelligence to inform an individual's suitability to work with children. What are your thoughts on that?

**Sally MOORE:** I think we should be providing high-quality care for all children. There is certainly a trend at the moment where if you do not want to work in early childhood you can go and work as a disability support worker. So I am really on board with the working with children check and the bringing together of those two systems. I would like to see that anybody working with children actually has minimum qualifications and is well supported with professional development in order to continue learning. I think that is just a responsibility that we have for all our children.

**Jacinta ERMACORA:** Just moving on to the risk-based regulatory model, the rapid review spoke to the regulator using a risk-based regulatory model by focusing its resources when noncompliance is detected or suspected or where broader sector trends point to a higher risk of noncompliance, and that includes children with special needs, more vulnerable children and children with disabilities. From a regulatory perspective, do you support that?

**Sally MOORE:** Yes, I do.

**Jacinta ERMACORA:** What would be the benefits of taking that approach? Is it saving the regulator money or is it a simplification? I know we have a very complex regulatory landscape from the Commonwealth through to the state. And in itself, it is almost like a beast in its own right. Is it actually better to do it that way?

**Sally MOORE:** That is a tricky one. I think I would have two perspectives on this. There are things that we need to be doing immediately in order to improve child safety, and then it really requires a much longer-term plan in order to look at how we are going to approach that. I feel like we are in a phase where we have to act quickly at the moment in order to put things in place and increase the levels of safety for all children. But at the moment, some of the suggestions of how we actually do that are untested. For example, the use of CCTV cameras in centres is a technique that obviously is being trialled at the moment, but there is not a lot of fantastic evidence sitting behind that as a really beneficial way of protecting children. For me, there is this immediate need, and there are many of those rapid review items that are really speaking to that and will put some really great things in place. But what is going to come next in terms of that long-term plan to create quality uplift across the board? That is what is actually going to make a difference to child safety on an ongoing basis. And I

keep coming back to a role like the inclusion lead, or is it more hours for preschool field officers, or a combination of all of those things in order to create that welcoming environment and a knowledgeable environment in order to keep all children safe. At the moment we do have children with disability who are definitely at risk, and more so than typically developing children.

**Jacinta ERMACORA:** Yes, that is really interesting. Just in terms of the Commonwealth's role, is there anything more in your mind that the Commonwealth could be doing in this space for child safety?

**Sally MOORE:** I think looking at the inclusion support program, the Commonwealth-funded one, is absolutely essential at this point in time. As you said, we have this interplay between Commonwealth and state. There is a significant amount of work that a centre does in terms of managing all of those different funding streams, all of those different compliance mechanisms. So a lot of time is spent juggling all of those balls in the air in order to stand up a service and make it operate effectively and safely. Again, the inclusion support program, not unlike KIS funding, comes with a huge amount of paperwork and administration in there.

**Jacinta ERMACORA:** Yes. If I can just make sure I am interpreting what you are saying correctly, yes, the inclusion and support program could be better resourced in the near term, but in the long term, simplification of the regulatory landscape will also free up better care. Is that what you are saying?

**Sally MOORE:** Rather than free up better care, I would look at it more as improving quality.

**Jacinta ERMACORA:** Okay.

**Sally MOORE:** Across the board – quality and consistency across the board. What I hear very often from members is, 'I go to this centre and it looks like this. I go to a centre owned and run by the same organisation, and it can look very different.' That lack of basic consistency – if that could be addressed, then we would have a safer system and we would certainly have better outcomes for children and families.

**Jacinta ERMACORA:** Thank you. Thanks very much.

**The CHAIR:** Thank you, Ms Ermacora. On behalf of the committee, we would like to thank you, Ms Moore, for your contribution to the hearing. Our session has now come to a close, noting that you will receive a copy of the transcript for review, about a week out from it being published.

And I just want to let everybody on live know that we are just going to take a quick break to reset for our next witness. We will come back at 10:20. Thanks again, Ms Moore.

**Witness withdrew.**