

Submission to the Victorian State Budget

2025

January 2025

Early Childhood Intervention Australia Victoria/Tasmania (ECIA VIC/TAS) is the peak body representing Early Childhood Intervention Services in Victoria and Tasmania. ECIA VIC/TAS members are drawn from a diverse range of sectors including Early Childhood Intervention, Early Childhood Education and Care, Pre-School Field Officers, students, and parents/carers/kin. We are the leading voice in Victoria and Tasmania for professionals, children and families accessing Early Childhood Intervention supports. We advocate for all children and families thrive, be included and participate fully in in family and community life.



ECIA VIC/TAS acknowledges the traditional custodians of the lands and pays respect to elders past and present. We pay respects to Aboriginal and Torres Strait Islander children, their families, and we commit to creating a future where every child is valued, safe and an empowered member of their community.

Introduction

ECIA VIC/TAS welcomes the opportunity to contribute to the Victorian Government's deliberations on the 2026 Budget. ECIA VIC/TAS acknowledges the Victorian State Government for their ongoing commitment to quality services for children with disability and/or developmental delay and their families. With ongoing support from members and the wider sector, ECIA VIC/TAS is in a strong position to work with government to ensure that best practice early childhood intervention is strengthened across the state of Victoria.

We are at a crucial time in the landscape for children and families, with many reforms in play; NDIS, Foundational Supports and Early Childhood Education and Care (ECEC). This presents opportunities for government to look at the intersection of these systems, how they currently operate and are funded, with an opportunity to look for innovative options for the future.

As a membership-based organization, we hear directly from members about the successes and challenges they face. At our monthly forums and through consultation with members, they share anecdotal data both from the perspective of a service provider and child and family. ECIA VIC/TAS are in a unique position to hear all sides of the story.

This Budget submission proposes measures and program improvements to further the work of State Government to provide timely, high-quality services for children with developmental delay, developmental concerns and disability and their families.

Sally Moore
Chief Executive Officer

Recommendations

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- Introduce integrated funding that follows the child and family journey

2

- Continue to invest in programs that promote inclusion

3

- Invest in building the early childhood intervention workforce

4

- Invest in children with developmental concerns, delays or disability

5

- Invest in early childhood intervention services for children experiencing disadvantage or adverse childhood experiences



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1. Introduce integrated funding that follows the child's and family's journey

- Drive system change focused on child/family journey rather than service provision
- Integrated approaches to service delivery that promote collaboration

The Productivity Commission's report into Early Childhood Education and Care¹, highlights the '*connections with services outside the education sector*', as '*ad hoc and unfunded*'. For a child to thrive a family must thrive. All services working with the child and family must be funded to collaborate for the purposes of planning, cultural safety, sharing resources and consistent approaches. This integrated approach will require commitments from all government sectors in order to ensure each service is able to contribute, for better outcomes for the child and family. At its most beneficial, a child and family would move between tiered systems of supports, without needing to complete application forms, or be aware of funding streams and limitations. In the past the levels of collaboration between Early Childhood Intervention and Early Childhood Education and Care were much greater. With the introduction of the NDIS and an individualized funding model there has been a decline in collaboration between the sectors. Members from both sectors tell us that this has led to a loss in skills and confidence and increased educator and family stress. Funding collaborative approaches where services intersect, as these two industries do, can only build capacity, capability and improve outcomes for children and families.

The introduction of Foundational Supports presents an opportunity to review the way current services for all children are funded. Changing the focus from funding services to the journey through which a child and family travels, looks at the needs of child/family at key points and ensures funding and services are available to meet these needs. To achieve a smooth pathway for families, the barrier of funding needs to be removed, with a more needs-based approach adopted. The accompanying administration burden on a parent/carer, could be reduced, with an integrated information sharing approach. This would reduce the number of times a parent/carer would need to share their story, or fill in similar application forms. Funding to develop integrated systems could assist the family move smoothly through services as they are needed. Co-design with the sector will be needed to identify key entry points, the information needed and the levels of funding to support.

¹ Productivity Commission, (2023). *A path to universal early childhood education and care*. [online] Available at: <https://www.pc.gov.au/inquiries/completed/childhood/report/childhood-volume1-report.pdf>.

2. Continue to invest in programs that promote inclusion

- Funding to support the transition of the sector to Foundational Supports
- Review the School Readiness Funding approach to ensure funding builds the capacity of the sector
- Provide clear, consistent and timely communication to the ECEC and ECI sector on the funding of foundational Supports
- Funding to continue to review and refine Disability Inclusion in schools

John attends 4 year old kinder 1 day per week. In his group there are 4 children with diagnosed disabilities, two who are not toilet trained. John is autistic and largely non-verbal. He is able to engage in play for short periods of time, when it is a preferred activity. John is fascinated by water, and regularly seeks out water play in the bathroom, including putting his hands in the toilet bowls. For safety he requires 1:1 supervision at all times. His teacher applied for KIS funding for the day he is at kinder. He has been granted 4 hours of KIS funding per day. At the time of speaking with his teacher, John's KIS worker had called in sick that day, and had not attended his kinder for the past three weeks either. The KIS agency were unable to supply a replacement worker due to staff shortages. To ensure safety, of the 25 children in the group, the teacher stationed herself inside and the educator outside. Children were able to move freely between either. The usual daily routine was abandoned, in order to maintain safety for all the children. When John's KIS worker is present he is able to participate, and there are minimal disruptions to the group. However, the allocation of 4 hours in a 6 hour day, still leaves 2 hours when John and the whole group are without supports.

Inclusion, is everyone's business; community, education, health NDIS and home. Australia's Disability Strategy, 2021-2031 highlights children's right to, *'access and participate in high quality early childhood education and care.'*²

More recently, the Productivity Commission's report into Early Childhood Education and Care³, recommends urgent changes to the Inclusion Support Program, suggesting it is a system built to, *'support children with higher needs'*. Working with our members, we would suggest that the current model does not support children with higher needs adequately, and does not include the needs of any other children, diverse, or of lesser need. Members report that children are not supported for the full time they attend their ECEC service, leaving education teams understaffed

² Australia's Disability Strategy, 2023-2031. Department of Social Services. [Australia's Disability Strategy | Department of Social Services](#)

³ Productivity Commission, (2023). *A path to universal early childhood education and care*. [online] Available at: <https://www.pc.gov.au/inquiries/completed/childhood/report/childhood-volume1-report.pdf>.

and children unsupported for periods of the day. We endorse the recommendations to improve the coverage, hourly rates, and quick access to funding for additional staff to enable all children, high intensity or otherwise, access to timely and coordinated supports. Furthermore, increasing the collaboration with allied health and ECI teams can increase access for children and support to education teams. Additional funding will be required to plan and coordinate the collaboration.

The Victorian School Readiness Funding (SRF) program, designed to build the capacity and capability of the education sector, is one approach that can create long term change, when long term professional relationships are established. The allied health input component is one example where capacity building works well over time. However, members delivering SRF share there are increased requests for on the ground modelling of strategies and skills. The current funding model does not cover the travel needs of providers completely and this is limiting the provider's ability to be on the ground in centers as frequently as requested. Additional funding to cover the true cost of delivery would be beneficial and build greater capacity and capability in education teams.

The Disability Inclusion program is still in its infancy, with the rollout to be completed by the end of 2025. This has been a significant change to the way supports for children in schools are funded and as such needs to continue to be reviewed and refined to ensure schools are able to meet the needs of children accessing these programs. ECIA VIC/TAS hears of challenges surrounding attendance for full days, where children may be displaying dysregulated behaviours, without adequate staffing to support their needs for the full day. The Disability Royal Commission⁴ recommends, *'employing lead practitioners specialising in inclusive teaching, behavioural support and deaf education to work across schools in a regional catchment to initiate and lead activities that focus on improving educational opportunities for students with disability, by establishing inclusive learning environments that meet the needs of students.'*

⁴ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability final report, 2023. [Final Report - Volume 7, Inclusive education, employment and housing - summary and recommendations](#)

3. Invest in building the early childhood intervention workforce

- Invest in building the early childhood intervention workforce with committed funding for providers, to support new graduates
- Fund the implementation and regulation of the Review of the National Guidelines Best Practice in Early Childhood Intervention
- Invest in workforce planning to retain workers, particularly teachers, during the transition to Foundational Supports
- Fund student placements for the Early Childhood Intervention sector as a workforce attraction and retention strategy

The current early childhood intervention workforce is stretched and stressed, with a significant number of experienced workers moving out of the sector. The reliance on new graduates to fill positions has increased. New graduates need significant time and supervision to learn their roles. The complexities of current funding models can often mean that supervision/mentoring is not prioritized resulting in new graduates feeling unsupported. Creating a new graduate apprenticeship program, with additional funding to support employers, as they build the capability of new graduates would create a long-term impact, leading to new graduates feeling supported and staying in the sector. Early childhood teachers present another opportunity to grow the workforce. Experienced teachers look to diversify their skills with early childhood intervention being a desired option. Whilst teachers bring a significant number of skills and experiences, they too need careful supervision and mentoring to learn new ways of working with children and their families. They would be a powerful addition to an apprenticeship scheme and contribute to the growth of the early childhood intervention workforce.

In 2016, ECIA VIC/TAS were proud to be a contributor to the writing of the NDIA commissioned National Guidelines Best Practice Early Childhood Intervention.⁵ We are excited to be participating in the current review of the guidelines, working closely with PRECI, and look forward to the next iteration. We are eager to be an implementing partner and keen to take stewardship of this process for Victoria. As the Victorian peak body representing best practice providers, we are well placed to assist providers to move across and update their skills. We observe the challenges surrounding the implementation of the previous guidelines and would look to work with providers who are choosing not to implement the updated versions to assist them to move across.

Workforce attraction and retention within the ECI sector continues to be a challenge, with demand for professionals outstripping supply in particular in rural and remote areas of Victoria. Early Childhood Intervention as a desirable career pathway is not always promoted to therapists and specialist teachers. It can be seen as a sector that is too hard to work in. Yet the skills gained

⁵ National Guidelines Best Practice Early Childhood Intervention. 2016. Retrieved from [ECI Best Practice Guidelines - Early Childhood Intervention Australia Victoria/Tasmania](#)

from learning to work from a strength based, family centered approach are desirable and transferable to other sectors. The disparities in pay scales and progression points does not assist in attracting workers to the sector. A harmonizing approach to wages and conditions for all allied health and specialist teachers working across all sectors could assist in making all sectors desirable. In order to prepare graduates for the ECI sector, the introduction of micro-credentials centered on the working in the ECI sector would assist graduates in seeing the sector as desirable and feeling more prepared.

ECIA VIC/TAS members share with us the importance of continuous learning through professional development. As new evidenced based methodologies are designed, each practitioner requires time to upskill. All disciplines working in the ECI sector have regulatory bodies with requirements on professional development in order to maintain registration. There is significant tension between the need to operate services sustainably, and ensure practitioners are completing professional development for registration requirements. As a result, we see experienced practitioners moving out of the sector and services struggling to remain viable. Opportunities to continue to learn are a much sought after aspect of workplace retention. To retain practitioners long term, access to professional development is one level employers can pull. Access to funding or subsidies for ongoing professional development for employers as a retention strategy could assist with long term attractiveness of the ECI sector.

4. Invest in children with developmental concerns, delays or disability

- Funding to improve participation rates for children with developmental delay/disabilities in ECEC
- Early Identification of children requiring additional supports
- Stop the ‘bouncing’ between funding streams when families are trying to access services
- Increase the unit cost for Continuity of Support packages to provide equitable services for children with developmental delay/disability
- Invest in technological solutions to support children’s development

ECIA VIC/TAS members comment on the low participation rates of children with developmental delay or disability in ECEC. The increase in funded kinder hours is welcomed by ECIA VIC/TAS, and we anticipate this will assist with some participation rates, but it cannot address many other underlying reasons for lack of participation. ECIS Key Workers, as part of their role, support parents/carers to remove other barriers, such as navigating the application processes and planning of daily routines and transitions to attend. Not all families receive a Key Worker service, and as such are left to overcome the barriers themselves or fail to attend. A targeted approach to onboarding new families into kindergarten, with support from a Key Worker, going for longer than just the initial period is needed. ECIA VIC/TAS, would like to explore and design what is needed to assist these families and therefore increase participation rates.

The first 2000 days of a child’s life are critical⁶. Early identification of a child’s development moving away from typical norms is vital to ensure children and families access the appropriate supports in a timely manner⁷. ECIA VIC/TAS are aware that many children are not accessing supports due to lack of information and support to engage and the administration burden now needed to navigate our current service systems. Prior to the NDIS, free playgroups staffed by allied health professionals, were able to quickly identify children whose development was going to require additional supports prior diagnosis. Having built trust with families through running the program they were able to support the family through this next step. A reintroduction of this style of playgroup will assist with early identification and provide gentle support through next steps. Aligning these playgroups with Early Childhood Intervention services, utilizes an existing workforce, and ensures families have a wrap-around approach to supports as their child grows.

‘Application burnout,’ was a term used by a parent attempting to navigate multiple service streams to seek supports for their child; maternal child health, community health, Department of Education and NDIS, are where children present needing services. The case study below from an

⁶ Center on the Developing Child at Harvard University (2016). From Best Practices to Breakthrough Impacts: A Science Based Approach to Building a More Promising Future for Young Children and Families.

<http://www.developingchild.harvard.edu>

⁷ The Lancet Volume 404, Issue 10467.2024. The next 1000 days: the forgotten ages of child health. www.thelancet.com

ECIA VIC/TAS member provider highlights the immense challenges parents/carers face in trying to source supports. It also represents lost opportunities in child development, increased parent/carer stress levels, and broken systems. Funding to support our current systems to work together, for the benefit of the child and family is needed.

In Q1 2024, a provider offering both Community Health and NDIS services, had seventy-seven new referrals to their community health stream. Once assessments had been completed it was determined that eleven of them were eligible for NDIS funding. The provider supported the families to complete the referral process and closed their Community Health file. Nine months later, the families contacted Community Health again to say their NDIS applications had been rejected. This represents nine months with no supports for the child and family. They were now required to wait again for Community health supports despite the assessments indicating developmental challenges in more than one area of development.

The bouncing between funding streams with inconsistent application of eligibility criteria, occurs between the Department of Education, Community Health and NDIS. Families attempting to access services through one of these streams are bounced between them, with significant lost time for support. We urge government to investigate these pathways and how families can receive supports in a timely manner based on consistent eligibility criteria.

Under the current Department of Education Continuity of Support (CoS) program, children with developmental delay/disability are able to access services, when their visa denies access to NDIS. The current Continuity of Support funding per year per child is under \$14,000. This equates to a one-hour home visit once a fortnight with no follow-up in between and the development of a written plan of supports. By contrast the average package size allocated in Q4 2024 to children under 6yrs under the NDIS was \$25,000. This equates to fortnightly visits, with follow-up, a plan of supports, resource making, coordination with ECEC setting. Equitable funding is needed for all children in Victoria. An increase in the unit price for CoS funded children is urgently needed, particularly as Foundational Supports are still to come. These children are being left behind.

ECIA VIC/TAS supports the use of digital technologies to enhance children's learning and recognizes that much work has been done in mainstream education to create content and approaches. This is not the case in the early childhood intervention sector, with no framework or guidelines to refer to. Whilst there is cross over between these early childhood sectors, and many of the basic principles may apply, there is work to be done to ensure that children and families are accessing content and utilizing strategies that meet the diverse learning needs of all children. The Young Children in Digital Society project is a welcomed piece of work. It could benefit from expansion to include more targeted strategies and approaches for children with diverse learning needs.

5. Invest in early childhood intervention services for children experiencing disadvantage or adverse childhood experiences

- Invest in place based and locally relevant services drawing on local workforces to reduce disadvantage and vulnerability
- Fund ECIA VIC/TAS to develop competencies for Allied Health Assistants working in ECI
- increase employment and skill development in rural and remote areas

Wilson was 10mths old, living in regional Victoria when his MCHN assessed he was needing additional support. He is a first nations child living in out of home care. Her investigations revealed he had genetic differences that had been picked up during pregnancy. He was referred to a waitlist for a paediatrician and a community health service. Assessments by community health indicated he was already missing major milestones. A referral to NDIS was completed. He received his plan when he was 2 years old. Whilst waiting for the plan, the community health provider attempted to access multiple funding streams to provide some level of care, 6mthly checkins with the carer were not enough. In reality, Wilson received more service than this as the provider continued a level of service, unfunded. He is yet to see a paediatrician. His foster carer was left to navigate multiple service systems for much needed supports. With an NDIS plan in place, he is now receiving some continuous supports not all of them locally based.

The further away a child is from a metropolitan center the higher the rate of developmental vulnerability⁸. Children from major cities were less likely to be developmentally vulnerable on one or more domains(20.8%), compared with children from remote and very remote areas (34.4%). The AEDC results show that the gap in developmental vulnerability on one or more domains between the most socioeconomically disadvantaged locations and the least disadvantaged locations has increased, widening to 18.3 percentage points in 2021 from 17.4 in 2018. Access to timely, high-quality services can reduce the levels of developmental vulnerability. Without supports, children and families fall through the cracks.

Funding to address early childhood intervention workforce shortages, needs a fresh approach. The Allied health Assistants (AHA), working under the supervision of allied health or specialist teachers is an option that would allow for local employment. However, the Department of Health's, Supervision and delegation framework for allied health assistants, 2023⁹, focuses almost solely on

⁸ AEDC, Australian Early Development Census National Report 2021. 120 AEDC, Australian Early Development Census National Report 2021

⁹ Department of Health, Supervision and delegation framework for allied health assistants. 2023. [supervision-and-delegation-framework-for-allied-health-assistant.docx](#)

skills needed to work in a hospital or community health environment, with little mention of disability or ECI. A set of skills and competencies needed for AHA to work in ECI in rural and remote areas, would add to the available local workforce and with supervision and program input from allied health professionals located in metro areas, AHA's would have access to expertise and supports. ECIA Best Practice Guidelines¹⁰ and training modules, provide a sound basis for working with children and families in ECI.



ECIA VIC/TAS would like to thank all members for their contributions to this submission and their ongoing commitment to supporting children with developmental delay or disability and their families, thrive and participate in their communities.

This submission is available on the ECIA VIC/TAS website.

Please visit www.eciavic.org.au

¹⁰ ECIA National Guidelines on Best Practice Early Childhood Intervention. 2016