



Foundational Supports and Inclusion in Early Childhood Education and Care

Consultation Report

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the
FrontProject

Cpd CENTRE
FOR POLICY
DEVELOPMENT



The Front Project

The Front Project is an independent, national enterprise that works systemically to address disadvantage and improve outcomes for children, families, and society by realising the benefits of quality early learning. Early learning has the potential to address children's experiences of inequity, vulnerability, and intergenerational disadvantage, delivering both immediate and lifetime impacts.

The Centre for Policy Development

The Centre for Policy Development (CPD) is an independent, not-for-profit policy institute dedicated to driving solutions to Australia's most pressing economic, social and environmental challenges. CPD's work in early childhood development focuses on creating equitable systems that address the needs of all children, fostering opportunities for their long-term health, education and development.

Note on language: This report uses person-first language (person with disability) rather than identity-first language (disabled person). This report acknowledges that language is highly personal, and preferences in self-identifying language may vary between individuals and communities.

Acknowledgment of Country

The Front Project respectfully acknowledges the Traditional Owners of the land on which we work and learn, and pay respect to Elders, past and present.

Sovereignty has never been ceded.

It always was and always will be, Aboriginal land.

Executive Summary

Between July and October 2024, the Centre for Policy Development and The Front Project engaged with 23 peak bodies and stakeholders from the early childhood development, early childhood education and care, and disability sectors to discuss the future of inclusion for young children. A survey was also conducted by The Apiary, a collective leadership group, with practitioners in the early childhood education and care sector to gather insights into their experiences with inclusion¹.

Against a backdrop of reviews of disability and inclusion (NDIS Review 2023, Inclusion Support Review 2023), broader inquiries into ECEC (ACCC inquiry 2023, PC inquiry 2023/24), and a National Cabinet commitment to develop and implement a Foundational Supports Strategy, we identified an important opportunity to contribute to the conversation.

We wanted to hear from experts and organisations about their experiences of how the current system works, the issues and barriers that children and families face, and the conditions and policy settings that facilitate genuine inclusion, enabling all children to thrive.

This work is positioned at a time where the federal government has stated its intention to deliver universal early childhood education and care, with significant reform of the Early Childhood Education and Care (ECEC) sector anticipated. As compellingly argued by the Productivity Commission, the promise of universal access cannot be achieved without focus, effort, and investment in inclusion.

As organisations, our particular expertise is in early childhood education and care policy. We are not experts on disability, and we deeply appreciate the opportunity to listen and learn from disability advocates, peak bodies and service providers. Our objective was to consider how the development of foundational supports could connect with broader ECEC reforms, and how the ecosystem of supports available to children and families could be better designed and integrated for better outcomes.

This report captures those conversations and insights into the current system. It highlights the key issues and themes, demonstrating how a universal platform of early

¹ The survey garnered 91 responses across all service types, jurisdictions and regional-remote representation. This survey provides a 'pulse check' of the ECEC sector and their experience of inclusion in their service. See Appendix 4 for survey summary.

childhood education and care when combined with foundational supports, presents a meaningful opportunity to achieve genuine inclusion.

A companion paper has also been written to identify actionable recommendations stemming from the consultation process, outlining specific steps that governments and policymakers can take to address key issues.

Introduction

Inclusion and Foundational Supports

Inclusion in early childhood development is about creating environments where every child can participate fully and meaningfully, regardless of their abilities, background, or circumstances. Through recommendations from the NDIS review, National Cabinet has agreed to develop a middle layer of supports - namely Foundational Supports. This layer of supports fills the gap between NDIS individualised supports as the highest layer, and general mainstream inclusion supports as the baseline layer. These supports will play a critical role in this vision, as they provide essential services to children with developmental delays, disability, or other complex needs who may or may not qualify for National Disability Insurance Scheme (NDIS) funding. Foundational supports prioritise family and community capacity-building to foster nurturing, developmentally appropriate environments, aligning with the broader aims of inclusion.

However, to achieve true inclusion, these supports must be viewed as part of a larger, integrated system. Foundational Supports should not exist in isolation, but rather be embedded within a comprehensive, child-centred approach that aligns with early childhood education and care (ECEC) services, family supports, and broader community systems. They must be designed and delivered across sectors including health, education, and other social services, to create a seamless and inclusive network of support for children and their families.

“The NDIS has focused on the medical 'how-do-we-treat' model, not on raising children.”

Disability Policy Interviewee.

Inclusion in ECEC

We have heard that embracing inclusive education models that don't rely solely on medical diagnoses is essential for ensuring all children have access to high-quality learning. By integrating best practices of inclusion directly into educational programs, interviewees advise that we can create environments where every child can thrive with or without the need for formal diagnoses. This approach fosters a sense of belonging and community, allowing children to participate with their peers in early childhood education and care settings while receiving the support they need. With support, training

and integrated allied health around the child, educators and caregivers can address each child's unique social, emotional, and developmental needs holistically. By focusing on the child's individual strengths and circumstances, we can build a future where every child is valued as a vital member of their learning community.

As noted by many participants, this inclusive model is already being enacted by many First Nations Leaders and Aboriginal Community Controlled Organisations (ACCOs), which have long embraced holistic and culturally responsive methods of care. These organisations provide integrated, community-led services that address the unique needs of First Nations children, recognising that their well-being is shaped by cultural, social, and environmental factors. By focusing on strengths-based, whole-child approaches, ACCOs are leading the way in providing inclusive care that respects the diverse experiences of children and their families.

Consulted parties noted that collaboration across sectors—health, education, and social services— together with strong universal backbone systems are essential. There was a strong view that foundational supports should be interwoven into a child's early experiences, working seamlessly with other services to avoid fragmented care. It was clear from our consultations that a national commitment to inclusion must place this integrated approach at the centre, ensuring inclusion is a guiding principle rather than an add-on.

The ultimate goal is a system where all children, regardless of their starting point, have the opportunity to thrive in inclusive, high-quality early childhood settings. By embedding some foundational supports within a universal ECEC framework and aligning them with broader policies addressing health, education, and social equity, we can build a future where every child has access to the supports they need to reach their full potential.

It is in this context that we approach this paper. It reflects what we heard from stakeholders: what has worked in the past, the current issues and gaps in the system, and how the policy frameworks, funding models and service delivery can be strengthened to ensure that inclusion becomes a guiding principle across the entire early childhood development system.

Our Consultation Process

This research primarily incorporates qualitative data from interview consultations with participants. A supplementary survey was sent from The Apiary to ECEC professionals to provide quantitative data on how inclusion is enacted, along with the barriers to inclusive practice within early childcare education settings. Identifying information from the consultations have been redacted, however a list of participants is included in Appendix 3. A report on the survey results and analysis is at Appendix 4.

Consultation interviews were conducted conversationally, structured around questions on how the participants envision inclusion and the potential for foundational supports to be offered through ECEC. This allowed for a deeper understanding of the perspectives and experiences of the participants, designed to gather diverse viewpoints of experts and service providers within ECEC, early intervention, disability support, and childhood development.

Our research focused primarily on service providers and advocate groups rather than individuals accessing the system. A total of 27 conversations occurred with different individuals. Some conversation interviews were held with multiple participants in one session, if this was requested by the participant and if the participants had overlap in their knowledge or service they provide.

Interviews were held via 30-to-45-minute online conversation based on the questions, attended by a representative from both The Front Project and the Centre for Policy Development. Depending on the expertise of the participant, the conversation may have deviated from the questions to allow for a deeper conversation in areas particular to that stakeholder.

To ensure comprehensive consultation we reached out to stakeholders across ECEC providers, specialist childcare and early childhood intervention, early childhood development services, researcher groups, Aboriginal and Torres Strait Islander ECEC ACCOs and disability advocacy groups, charities, academics, parent-lead advocate groups, trade unions, and child disability organisations. These conversations were guided by questions (see Appendix 2) sent in advance to the participants.

Despite best efforts to ensure our consultations involved the many major organisations, thinkers, and advocates across sectors, some main child development and disability organisations did not respond to our request for an interview. We recognise the limitations of this report, and the scale of the consultative work required to ensure foundational supports and inclusion is responsive to all.

Key Themes from Consultations

Changing the Culture

When we consider the history of inclusion for young children and their families, and how support has been delivered, there have been various approaches with mixed outcomes. A tension around inclusion in ECEC stems from a fundamental challenge in balancing the universal benefits of mainstream settings with the tailored support needs of children with disability. On one hand, mainstream ECEC programs often aim to provide inclusive, community-based environments; however, these settings may not always be equipped to deliver high-quality, individualised support that children with disability need. This shortfall has sometimes led to inadequate outcomes for children with disability within mainstream settings.

The disability sector's hesitancy toward investing in ECEC may stem from concerns about the ability of mainstream ECEC services to deliver tailored intervention or support, or that children with disability might be marginalised within mainstream ECEC environments.

ECEC professionals, meanwhile, may worry that supporting children with disability requires specific expertise and resources, potentially adding to their workload and stretching their resources. They might feel unprepared or under-resourced to effectively support diverse needs.

A core issue in designing foundational supports is finding a middle ground where universal ECEC settings can receive adequate investment to provide inclusive, high-quality support.

The NDIS has fostered a culture centered on individuals securing funding to access support and a reliance on services, rather than promoting community integration through mainstream settings and empowering parents to support their children. From the other side, inclusion within ECEC settings has been referred to as 'tacked on' to regular programs, rather than used to build capacity and reach of the program for the benefit of all children in the service. For true inclusion, we must move away from viewing these supports as separate or isolated interventions and instead embed them within broader community-based and universal services.

“We need to shift the broader understanding of disability and the approach to support, recognising that without this conceptual shift, meaningful change may be difficult to achieve.”

Social Innovation Policy Interviewee.

Changing the culture around inclusion - which we must do - will require careful and sustained change management. This will be especially true for families who have expectations about the current systems, whether they are recipients of an NDIS package or part of the inclusion support program. Families must be placed at the centre of this cultural shift. Foundational supports should empower families as primary carers and advocates, giving them the knowledge, resources, and confidence to engage with and shape inclusive systems. There will need to be extensive consultation and co-building with communities, ensuring that the voices of those most affected, particularly families receiving existing supports, are central to shaping the new systems.

Stakeholders talked about the importance of foundational supports complementing and strengthening existing services, enhancing their capacity without suddenly displacing individualised supports that many families rely on. This means designing foundational supports that are proactive, capacity-building and aimed at equipping families to provide nurturing, developmentally appropriate environments at home. As discussed further below, it will take time to build the capacity of services to deliver a more integrated, community-driven model.

Crucially, we must also acknowledge and manage the concerns families may have if they perceive that individualised supports, particularly those available through the NDIS, are being reduced or replaced. For many, these supports are essential to meeting their child's unique needs. Transitioning to a more integrated, community-driven model needs to be done thoughtfully and gradually to avoid alienating families who have come to depend on these individualised services. Clear communication, ongoing engagement, and demonstrating that new supports will maintain - if not improve - the quality and accessibility of care will be essential in managing this shift. Ensuring that foundational supports enhance, rather than replace, the existing systems will help foster a more inclusive and supportive environment for all.

Access and Equity

Consultations highlighted the need for a more inclusive system that ensures all children have access to foundational supports, regardless of formal diagnosis or NDIS eligibility. Stakeholders emphasised the importance of strength-based approaches that focus on individual needs, integrated into mainstream services like ECEC centres and community hubs, to create inclusive environments where every child can thrive. Geographical disparities were also a major concern, particularly in rural and remote areas where limited access to services and professionals poses challenges. Flexible, community-led service models are essential to address these gaps, with funding that reflects the additional costs of providing services in isolated regions.

Cultural and socioeconomic barriers were another significant issue, especially for Aboriginal and Torres Strait Islander families and those from lower-income backgrounds. Foundational supports should prioritise family empowerment by providing culturally responsive, community-driven models. These models, like those led by ACCOS, were identified as best practice for addressing the specific needs of these communities. To create equitable access, foundational support frameworks must explicitly tackle these barriers and address intersecting disadvantages, such as poverty and housing instability, which further limit access to early childhood services.

“It's important to recognise cultural safety in the process of families accessing additional inclusion support for children. There are a lot of challenges due to paperwork, referral process etc and language around inclusion that can create mistrust of the systems.”

ECEC Practitioner survey response.

Accessing support relies too heavily on a medicalised model and formal diagnosis.

The system's current reliance on medicalised models can limit access to support for young children who may not have a formal diagnosis but still experience challenges. Families may struggle to navigate complex systems and long waitlists to obtain diagnoses, leading to delays in accessing necessary services. A medicalised model can also frame a child's needs through a clinical lens rather than recognising them as part of the diversity of child development. Stakeholders were clear that there is a need for a more integrated system that responds to children's developmental needs early, without the need for complex pathways or diagnoses.

The social determinants of health must also be part of the system response.

The consultations highlighted the need to address the social determinants of health as part of an inclusive early childhood development system, and for these to be considered in the design of foundational supports. These are the conditions in which children and families live, grow, and thrive, and include factors such as poverty, housing instability, access to healthcare, immigrant status, and food security.

Many stakeholders stressed that without confronting these broader issues, even the best-designed service systems will fall short. Ensuring equitable access to early childhood services requires a holistic approach that recognises and responds to the interconnected factors that impact a child's well-being. In areas of high socio-economic disadvantage, where access to stable housing, healthcare, and employment opportunities is limited, the needs of children and families must be central to policy and funding decisions.

“Children who are not permanent residents or citizens are often not eligible for support services or funded support. Also, if they get a diagnosis, it can affect their parent's visa application so families often avoid getting diagnosis or support for that reason.”

ECEC Practitioner survey response.

There is fragmentation across the NDIS, ECEC, and social services causing service gaps for children.

One of the key systemic challenges highlighted in consultations is the difficulty that families have navigating between disjointed service systems of the NDIS, ECEC, Health and broader social services. This lack of system integration leads to service gaps, especially for children without formal diagnoses, delaying access to critical support.

Service Navigators can have a valuable role, however they are not a replacement for a truly integrated system.

Service navigators were identified as playing an important role in supporting families, particularly those with complex needs. Navigators could provide valuable, individualised assistance by helping families navigate multiple services, connecting them with the right supports, and advocating on their behalf. Even in systems working towards greater integration, service navigators can help ensure that vulnerable families receive coordinated, timely care. Their role can be particularly beneficial in reducing the burden

on families who may find it difficult to engage with multiple, sometimes disconnected, services on their own.

However, some cautioned against relying too heavily on navigator roles. While navigators can provide valuable support in some cases, there was concern that this could lead to an over-reliance on individuals to guide families through complex systems, rather than addressing the underlying issues of fragmentation. Several stakeholders stressed that the capacity of the entire system needs to be built up so that service providers themselves are better equipped to coordinate across sectors, rather than creating additional layers of bureaucracy. The goal is to avoid creating a system where navigators simply become another “stop” for families, potentially turning into a call centre-type function. Instead, the focus should be on building stronger, integrated services from the outset, ensuring that families can easily access the support they need without the need for intermediary roles to bridge service gaps.

“Conversations in families’ living rooms are vastly different from conversations had in offices.”

Early Childhood Intervention Sector Interviewee.

Building an inclusive, community-driven system.

Overall, the consultations revealed a strong desire for a more integrated, cohesive system where foundational supports, needs-based funding, and existing programs like the ISP work together to ensure all children receive the support they need. Foundational supports should prioritise family-driven approaches that help parents and caregivers build their own capacity to advocate for and support their child's development. Stakeholders called for a shift away from market-based, individualised models toward a more universal, community-driven approach that builds the capacity of local services and ensures equitable access for all children, particularly those from First Nations and marginalised communities.

Funding

Funding for services was consistently identified as an issue.

The disjointed nature of inclusion is exacerbated by a lack of integrated funding across different parts of the system. Coordination between health, education, and social services is often an afterthought, and without dedicated funding to support this integration, families are left navigating fragmented and disconnected systems.

The Importance of Service Integration: "The Glue"²

While needs-based funding was discussed as a potential solution to make services more responsive to community needs, it was clear from the consultations that the integration of services—often referred to as “the glue” connecting different services—was rarely, if ever, funded. “The glue” represents the system-wide mechanisms that would ensure services work together seamlessly from the outset, creating a cohesive framework where different sectors collaborate effectively to meet children's needs holistically. These services need to work not as services, but as a cohesive system that is a gateway for a child to participate meaningfully in their community. Stakeholders emphasised that funding to support this kind of service integration is crucial to building a more unified system.

“Is this a gateway to a system [NDIS], or a gateway to community?”

Disability Policy Interviewee.

Needs-based funding and its potential to support inclusion and equity.

Several stakeholders expressed concerns that the individualised NDIS model does not cater effectively to children who do not have formal diagnoses, often leaving them without support. Many participants said that funding must reflect the real-world needs of communities and not be solely tied to formal assessments or rigid eligibility criteria.

In contrast, needs-based funding within the ECEC system allocates resources to services based on the specific needs of the communities they serve rather than on historical funding levels or other arbitrary measures. This approach aims to ensure that funding is directed to where it is most needed, taking into account factors such as

² <https://www.socialventures.org.au/wp-content/uploads/2024/07/Enhancing-the-impact-of-our-Integrated-Child-and-Family-Centres-in-Australia.pdf> and https://www.royalcommissionecec.sa.gov.au/_data/assets/pdf_file/0009/937332/RCECEC-Final-Report.pdf

socioeconomic status, demographic changes, and the unique challenges faced by different communities.

The School Readiness Funding (SRF) model³ in Victoria, with its equity approach to funding and menu of evidence-based supports, was widely highlighted by stakeholders as a positive example of how needs-based funding could work. The model allows preschool services to choose from a range of supports, ensuring flexibility in addressing specific local needs. However, while many stakeholders praised the SRF menu for providing choice and autonomy, some reservations were raised about it not always meeting the needs of local communities and the potential for it to focus on a program solution rather than a system solution. Consultations highlighted that governments need to be open to trialling and testing new approaches that promote flexibility within funding models. Stakeholders highlighted the importance of reducing bureaucratic hurdles and creating a more agile system that allows services to adapt to the specific needs of their communities. Access to innovation funding should be made simpler and faster, enabling early childhood services to implement creative solutions without being constrained by slow approval processes or rigid requirements.

This flexibility must come with clear accountability. While services should be empowered to address local challenges in innovative ways, it is essential that they demonstrate how funding is being used effectively to support positive outcomes for children. Striking this balance between innovation and oversight will ensure that a needs-based funding model can be both adaptable and responsible, providing meaningful support to all children, regardless of diagnosis or location.

Aboriginal-Led models of care need to be strengthened.

The need for non-market models of funding and service provision was highlighted, particularly when discussing First Nations communities. In consultations with Aboriginal organisations like SNAICC, it was clear that ACCOs are already leading the way with community-driven, holistic approaches to supporting children and families. These organisations provide culturally responsive care and focus on the social, emotional, and developmental needs of children without relying on market-driven mechanisms. Some stakeholders suggested that needs-based funding could be a way to strengthen ACCO models, ensuring sustainable and responsive funding for culturally appropriate services that reflect the specific needs of First Nations children and families.

The recent *Funding Model Options for ACCO Integrated Early Years Services Final Report* by SNAICC reinforces the need for a tailored funding approach that ensures

³ <https://www.vic.gov.au/school-readiness-funding-menu-search>

ACCOs can deliver culturally appropriate, integrated early years services. The report outlines the challenges ACCOs face under current funding models and advocates for a needs-based funding framework that prioritises sustainability and responsiveness to the specific needs of First Nations communities.⁴

Clarity and Transparency in Funding and Commissioning

Concern was raised during consultations that while there is much discussion around the broad principles of what foundational supports could look like in theory, there has been very little clarity on the commissioning process and the flow of funding. Questions about who is funding what—whether it is state governments, federal bodies, or other funding streams—remain unresolved.

Many stakeholders expressed frustration that without a clear roadmap for how foundational supports will be commissioned, it's difficult to know how they will be implemented in practice. There was a call for greater transparency and detail around how funds will be allocated, who will be responsible for managing these funds, and how the services will be coordinated across different sectors.

The Inclusion Support Program is a vital resource in ECEC, but it needs to be strengthened and better integrated with any new foundational supports that are introduced.

The Inclusion Support Program was a key topic in the consultations, where its critical role was acknowledged in helping early childhood education and care services support children with additional needs. Many stakeholders praised the ISP for fostering more inclusive practices in ECEC settings, helping educators adapt environments to meet the diverse needs of children.

However, significant concerns were raised, echoing the findings from Deloitte's ISP Review, which highlighted issues of underfunding and the program's limited capacity to fully meet demand.⁵ Stakeholders noted that the ISP is often stretched thin, leaving some services and children without adequate support. The review further pointed to gaps in coordination between the ISP and other services, such as health and family supports, reinforcing the view that the program is not fully integrated with broader systems of care.⁶

⁴ SNAICC – National Voice for Our Children. (2024). *Funding Model Options for ACCO Integrated Early Years Services Final Report*. Retrieved from <https://www.snaicc.org.au/wp-content/uploads/2024/05/240507-ACCO-Funding-Report.pdf>.

⁵ Deloitte Access Economics September 2023, *Review of the Inclusion Support Program Final Report*. Australian Government Department of Education

⁶ Ibid.

“Difference of funding streams is a huge challenge for LDC based programs who have to navigate two separate systems to get adequate support.”

ECEC Practitioner survey response.

There was some enthusiasm for the idea of a systemic ISP model that works more closely with foundational supports and needs-based funding, providing a more flexible and holistic approach to inclusion.

However, there was strong caution about the potential risks of decreasing ISP funding or replacing the program prematurely. Many stakeholders stressed that any changes to the ISP must be carefully managed and not implemented until a well-funded, sustainable alternative is in place. Reducing ISP resources before this occurs could lead to service gaps and negatively impact the quality of support for children with additional needs, potentially reversing the progress made in inclusive education.

While stakeholders broadly support enhancing the ISP through better integration with foundational supports, they were clear that the program's current funding levels and coordination issues must be addressed. Any shift in the ISP model needs to ensure that no child is left behind and that a cohesive, well-resourced system is developed to support the diverse needs of children across the ECEC sector.

Workforce Development

Recruitment, retention, and training is critical for creating an inclusive ECD system.

Staff capability and uplift across all workforces will be critical. In ECEC, quality teacher and educator training, coupled with ongoing professional development, is pivotal in fostering inclusive practices. Training in inclusive pedagogy and practice and understanding the science of child development equips graduates to effectively support the diverse learning needs of all children, including those with disability, developmental concerns, delays, or additional needs. Teachers who are trained in inclusive pedagogy are better able to identify, understand, and respond to individual learning needs, creating an environment and culture where every child and family feels valued and supported.

“There is insufficient training in diplomas and degree courses on how to support children with learning difficulties.”

Early Childhood Development Interviewee.

In addition, inclusive pedagogy promotes social cohesion and reduces barriers to participation for children with diverse abilities. When teachers are trained in inclusive practice, they learn to create flexible learning environments that adapt to the strengths and challenges of each child, fostering a sense of belonging for all children. This not only benefits children with additional needs but also enriches the learning experience for their peers by promoting empathy, respect, and an understanding of diversity from an early age.

Training in inclusion helps early childhood teachers collaborate more effectively with families and other professionals, including allied health practitioners. By understanding inclusive practices, teachers can work alongside specialists to develop tailored strategies that support a child's development in the early childhood setting and at home, within the parameters of their role as an educator. However, some stakeholders including providers and more experienced teachers expressed concerns about graduates being underprepared and lacking the ability to address the complex needs of children and families. New teachers and educators may be able to identify developmental or learning needs, but not always have the skills or confidence to raise issues with families, identify suitable supports, or be able to implement suitable teaching strategies.

Retention is equally important, as retaining skilled and experienced educators allows for continuity in care and support, which is crucial for children with additional needs. Appropriate remuneration, working conditions, professional support, and opportunities for career progression are key factors in retaining educators who are committed to inclusive practice. For children with developmental delays or disability, having consistent and familiar educators can lead to better learning outcomes and a more stable environment, reducing anxiety and promoting a stronger sense of belonging. There is a pressing need to address the gaps in educator training and support, especially in managing undiagnosed neurodiversity and other complex needs in large groups.

Multiple stakeholders discussed the significant workforce challenges related to inclusion, in a system that is under-funded and under-resourced, and in a society where more children and families are presenting with complex needs. Providers and service leaders noted an increase in staff burnout, workers compensation claims, family complaints and issues associated with under-qualified staff managing high-risk situations. In the most acute of circumstances, it's resulting in some providers limiting access or excluding children and families.

A shift towards embedded, ongoing professional development and peer support and capacity building is necessary.

When it comes to support for the workforce, the answer is not just more professional development. Some stakeholders noted that a requirement for more training could overwhelm educators who already face high demands, if not resourced appropriately. Instead, a shift towards embedded, ongoing professional development and peer support and capacity building is necessary. This approach would focus on in-room mentoring and coaching, feedback loops, and follow-up over time to better support inclusive practice. A number of stakeholders noted that the original intention of the Inclusion Support Program (ISP) to build workforce capacity has shifted toward securing additional educators and away from capacity-building, signalling a need for more targeted capacity-building initiatives within services.

“Establishing partnerships among 2-3 kindergartens to share allied health resources would be beneficial.”

ECEC Workforce Interviewee.

A professional support model across sectors and disciplines offers an avenue for continuous professional growth through mentorship, shared problem-solving, and

hands-on learning. Professionals can exchange practical strategies for inclusive pedagogy, discuss challenges, and provide mutual emotional support. Peer mentors can help reduce feelings of isolation and burnout, which are common in the sector, by offering advice and empathy based on similar experiences. A peer support model also promotes stronger partnerships across the various services and settings that work with children and families, enabling better coordination and consistency in delivering inclusive practices, which benefits families as well as children. Integrating peer support workers into the foundational support system was highlighted as a valuable strategy by many stakeholders to empower educators, families and bridge gaps between professional services and community-led initiatives.

Policymakers should consider innovative professional development and support models. This could include creating specialist roles like inclusion leaders, who could drive a culture of inclusion in ECEC settings and support teams in fostering inclusive practices. A dedicated role of this type would have the benefit of elevating inclusion as a matter of priority for ECEC services and create a career pathway for practitioners. Attention also needs to be given to supporting staff in more rural and remote areas where it is typically more difficult to source specialist support. Innovative online support or sharing resources across networks may support staff in this circumstance.

Service Delivery Models

Stakeholders emphasised the importance of children developing and practicing skills and knowledge in settings where they live, learn and play.

When supports are integrated into a child's natural environment, learning becomes more meaningful and children are able to practice and apply new skills in real-time, within familiar settings and activities. Embedding early intervention supports within daily routines maximises the effectiveness of these interventions. It leads to better developmental outcomes because children are more likely to apply new skills across multiple environments, making the supports more sustainable and impactful in the long term. This also reduces segregation and ensures that children with diverse needs are included in everyday learning environments, helping them develop alongside their peers.

An integrated approach recognises that early intervention isn't just about specialised services (though these have an important role to play); it's about engaging parents, caregivers, and educators in the process. This empowers families and educators to play an active role in supporting children's development, fostering a sense of partnership and collaboration.

“Engaging in one on ones with families so we can work together to create strategies for both home and daycare environments, to ask the hard hitting questions during the enrollment and tour process so we can get processes etc set up prior to their start date.”

ECEC Educator survey response.

Stakeholders also spoke about the importance of services and supports being connected across the ECEC, ECD, health and parenting support sectors, so that there is an integrated approach across the whole system. Children's developmental needs—social, emotional, physical, and cognitive—are interconnected. Integrating services across ECEC, early childhood development, and health ensures that children's development is addressed in a comprehensive, holistic way.

This approach recognises that children with disability or developmental delay require support in all areas of development, and a siloed approach to services can lead to gaps in care. Collaboration between ECEC providers, health professionals, and early childhood development specialists ensures that children receive timely and appropriate interventions, avoiding delays that could hinder their development.

An integrated approach also reduces the burden on families, making it easier to access the supports their children need. When services are aligned, families don't have to deal with fragmented systems or face the risk of duplication, confusion, or inconsistency in care. This approach fosters a more supportive, family-centered experience.

This “glue” to connect people, supports and systems needs to be part of any policy making and funding decision.

Stakeholders emphasised the need for adaptable, community-driven solutions rather than one-size-fits-all models, tailoring services to the specific needs and context of the community.

This approach ensures that supports are culturally relevant, responsive to the local environment, and reflective of the unique challenges that families may face in different regions. Communities should have a say in how supports are structured and delivered. Services should be flexible and able to evolve based on local needs, making them more effective and better suited to the community's characteristics.

Stakeholders highlighted the importance of leveraging existing services and community hubs to provide foundational supports, particularly in areas with limited ECEC services. Existing local services such as community health centres, integrated child and family centres, and community hubs were identified as locations where foundational supports could be delivered, as these are already embedded in communities and can be used as accessible points of contact for families. These settings can offer informal, familiar, and inclusive environments for families and children. Leveraging what is already available can also support systems that are cost-effective and sustainable.

There is a strong consensus on moving away from deficit-based models, where support is provided in isolated, clinical settings, towards a more inclusive and strength-based approach that focuses on the whole child and family in their natural settings.

By focusing on strengths rather than deficits, children and families are empowered, promoting a positive sense of culture and identity. Disability and developmental differences are normalised, helping to reduce stigma. Children can participate fully in their communities, fostering belonging and relationships with peers. And families are supported to build their skills and capacity, reducing reliance on specialists. These

approaches focus on the child's overall development - social, emotional and cognitive, while ensuring children are included in mainstream education and community life.

“All services should be fully inclusive. The need for diagnosis should be less important.”

ECEC Sector Interviewee.

It is recognised that some children and families will require the support of specialist and medical services and interventions, but as far as possible these should be integrated across health, education, and community services.

Family and Community Engagement

The role of families was emphasised, particularly through initiatives that build parental capacity and foster community connections.

As highlighted in the NDIS review's recommendations on Foundational Supports, strengthening family capacity through programs like parenting support and peer networks not only benefits families but also promotes a sense of belonging and inclusion. Creating a family-centred system focused on capacity building was mentioned in consultations as imperative for best practice inclusion. By integrating culturally competent practices, families can play an active role in shaping the services they access and are better equipped to support their children's developmental needs. ACCOs are leading the way in providing culturally responsive care that is tailored to the needs of Aboriginal and Torres Strait Islander families. These organisations understand that culturally safe, community-led support is essential for empowering families to advocate for their children.

Participants advocated for locally tailored solutions that respect and utilise community knowledge.

During our consultations, several best-practice examples of inclusive, community-focused integrated hubs were highlighted. Models such as Our Place and ACCOs were noted for providing tailored supports that address the specific needs of their communities, recognising the intersectional approach required to deliver comprehensive wrap-around care.

“The role of communities is critical. We need to invest in community strengthening models, and overall building of parent capabilities – including financial, employment, mental health, refugee assistance, housing... whatever is needed in that community.”

NDIS Local Area Coordinator and Childhood Development Interviewee.

ACCOs are instrumental in delivering place-based services that reflect the cultural values and lived experiences of First Nations communities, and are a primary example of best-practice. These organisations are already embedded in their communities and have long practiced holistic care, making them key players in driving local solutions. By supporting ACCOs to lead foundational supports and other family programs, the community retains ownership and governance over the types of care provided.

This approach is particularly critical in rural and remote areas where formal services are sparse or inaccessible. Embedding supports within existing community structures, such as ACCOs, ensures the delivery of effective, inclusive care that aligns with local needs and enhances the overall system of foundational supports.

Conclusion

If there is one overarching message to take away from this work, it is the need for a transformative shift in how we support children with disability and additional needs. The early years of a child's life present a critical window of opportunity to identify developmental issues or concerns and provide early reassurance, support and resourcing to families. As governments embark on significant ECEC reform and develop and implement foundational supports, we have the chance to rethink inclusion.

We need a cultural shift in how we view disability, developmental delay, and differences, acknowledging the social and systemic barriers to children participating fully and equally in early childhood education and care and in their communities. This approach shifts the focus from viewing differences as deficits to understanding that every child, regardless of their abilities or background, has the right to fully participate in early childhood education.

Increasing equity and opportunity means a more integrated and inclusive system, one that prioritises community-designed and driven support for all children, especially those from marginalised backgrounds who face additional barriers to access. By designing early childhood programs that are flexible, accessible, and inclusive, we ensure that all children are given equal opportunities to learn, grow, and thrive.

This requires expanding access to quality early childhood education and ensuring support services are tailored to meet the diverse needs of families. It is meeting children and families where they are at: where they live, learn and play.

Collaboration across health, education, and social services will be key in building a holistic system that truly supports every child. The funding models that underpin ECEC and foundational supports will need careful consideration and design, with particular focus on commissioning processes and the "glue" that facilitates collaboration and integration. A needs-based funding model in ECEC would allow resources to be allocated more effectively, responding to the specific challenges of different communities rather than using a one-size-fits-all approach.

Finally, it's about supporting the people who are raising our young children: families, caregivers, educators, health professionals and practitioners. It's recognising the important work they already do and giving them the resources, tools, and support they need to continue making a meaningful impact. It's about empowering them with the training, funding, and collaborative networks required to ensure every child receives the care and opportunities they deserve.

Appendix 1 - Historical and Current Content

There are multiple funding and service systems at play when it comes to childhood inclusion, with multiple inclusion models within ECEC, as well as the NDIS disability support system. Understanding the gaps within these systems, how the systems have changed over time, and how the two systems interact with each other is important to understand how foundational supports can be holistically integrated to benefit children.

Inclusion within ECEC

The segmented nature of ECEC, which includes kindergarten, centre-based daycare, family daycare, playgroups, out-of-school-hours care, and in-home care, offered by various providers (for-profit, non-profit, family, and council-run) with diverse funding streams from state, territory, and commonwealth governments, has complicated the provision of inclusion and early intervention. Kindergarten or preschool (funded by states and territories) tend to receive more inclusion support than centre-based daycare (although this is not universal). Under the Commonwealth's Inclusion Support Program, centre-based daycare is often in receipt of more inclusion funding than family and in-home care options.

The introduction of the NDIS has led to a significant change in the operation of supports for children with disability, and by extension a change to the culture and language around inclusion within ECEC. For example, prior to the NDIS, Victoria funded Early Childhood Intervention Services (ECIS) "using a family-centered approach, recognising the importance of working in partnership with the family... to optimise the child's development and ability to participate in family and community life"⁷. With the introduction of the NDIS, this state-funded service was ended, and funding shifted to the individual entitlement of children under the NDIS. This led to a shift in focus to diagnosis and the individual needs of the child. This is reflected in information, for example, shared on the Raising Children Network website on Early Intervention⁸ directing the family to the

⁷ Victorian Department of Education and Early Childhood Development. (2009, July 21). *Early Childhood Intervention Services*. Early Childhood Services Management. Original URL <http://www.education.vic.gov.au/ecsmanagement/intervention/default.htm>. Retrieved September 26, 2024, from web archive <https://web.archive.org/web/20091027061510/http://www.education.vic.gov.au/ecsmanagement/intervention/default.htm>

⁸ Australian Government Department of Social Services. (2003). *Early intervention: children and teenagers with disability, autism or other additional needs*, <https://raisingchildren.net.au/disability/services-support/children-with-disability-early-intervention-and-therapy/early-intervention>

NDIS for support, stating “A diagnosis will help you choose the best early intervention for your child with disability, autistic child or child with other additional needs”. It does not focus on family and community capacity building.

Over the past decade, there has been a significant shift in the language, funding models, and support structures, moving away from community and systems-based inclusion toward a focus on individual diagnosis and interventions for each child.

“The inclusion support system went from being relational to transactional.”

Early Childhood Intervention Policy Interviewee.

Throughout this consultation, we heard that the individualised nature of the NDIS - although a welcomed national approach to disability and inclusion - has seen the whittling away of integrated systems. Places for community information sharing, capacity building, and peer-support have also been weakened in our current system. Rather than integrating allied health into the ECEC setting, children on an NDIS plan are often attending allied health appointments in medical offices, removed from their natural settings of home and early learning.

Disability and the NDIS

It has been – and continues to be - a long road to equality for people with disability. Historically, people with an intellectual disability, mental health condition, or long-term ‘incurable’ ailment were placed into institutional care. These settings did not allow for individual autonomy, broader community engagement or even adequate treatment. Prior to the NDIS, disability services were provided through council, private companies, not-for-profit, and charity groups. Many government-run services were block funded under a welfare model - the majority funded by state and the remainder by the Commonwealth.

The NDIS opened up a new funding model that aimed to be flexible and targeted through individualised funding, general service navigation offered through local area coordinators, and investment in mainstream inclusion and community capacity building. The NDIS was originally conceived by the Productivity Commission as part of a three-tiered system - noting that this terminology of ‘tiers’ is no longer used due to the perception as ranking the supports and funding.

The below explanation, as with the NDIS Review paper, uses this terminology for continuity, and ease of visualising the types of support offered under the NDIS – from mainstream to individualised supports.

Tier 1: For everyone - Insurance for all Australians against the costs associated with significant disability. Community awareness-raising about inclusion and combating stereotypes. Promoting opportunities for people with disability, including improving health and safety.

Tier 2: People with, or affected, by disability- information and referral services, including linking mainstream and community support groups.

Tier 3: Individuals with significant need - Individualised funded supports through the NDIS for those with significant ongoing care and support needs.⁹

Inclusion and disability support have undergone many changes over the past decade, and it remains an area we are continually working to improve and refine. With regards to children, they are often caught between different inclusion and support systems, and simultaneously left out of others: NDIS individual funding (tier 3 funding), NDIS Early Childhood Early Intervention (tier 2), federal and state and territory funded inclusion support programs all exist to support young children. Foundational supports has the opportunity to link the systems between disability, early childhood development and early childhood education and care.

Current Landscape

Universal ECEC Reform

Inclusion is a legal obligation under the National Quality Framework and Disability Discrimination Act 1992 - with 6.3% of children enrolled in ECEC having disability¹⁰ in 2022. However, as noted by the Productivity Commission, services will sometimes refuse a child's enrolment in their service if they cannot reasonably accommodate their needs. Up to 11.7% of the ECEC sector reported they had declined the enrolment of a child due to the service due to not being able to accommodate them¹¹.

⁹ Productivity Commission. (2011). *Disability Care and Support*, Report no. 54, Canberra. p158

¹⁰ Australian Government Australian Institute of Health and Welfare. (2024, April 23). *Engagement in education*. People With Disability in Australia. Retrieved September 25, 2024, from <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/education-and-skills/engagement-in-education>

¹¹ Bray, J. R, Carroll, M., Baxter, J., Budinski, M., Gray, M., (2021). *Evaluation of the Inclusion Support Program*. (Research Report). Melbourne: Australian Institute of Family Studies. Page 36

The Federal Government's website on ECEC inclusion summarises; "Inclusion is not about changing a child so that they fit into the care environment. It is about changing what we do so that all children can participate"¹².

Numerous reports highlight the need for a holistic approach to ECEC reform that embeds inclusive culture and practice: the review of the ECEC Inclusion Support Program, Productivity Commission Inquiry into ECEC, Closing the Gap Strategy, CPD's Growing Together report, and the federal government's Early Years Strategy. These reports and their respective recommendations must be considered when discussing overarching ECEC reform, and how inclusion and foundational supports can be integrated into a universal platform.

The Role of States and Territories

There are various programs and inclusion initiatives for ECEC services, both federal, state & territory, and within organisations. The Inclusion Support Program (ISP) is a Commonwealth funded, state and territory run program that offers professional support, specialist equipment, and funding for innovative solutions for CCS approved services. This is open for Centre-Based Day Care, Family Day Care, and Outside School Hours Care, but excludes In Home Care¹³. States and Territories have further funding and support for kindergartens and pre-schools, for example kindergarten/preschool inclusion support schemes in Victoria, Queensland, South Australia, School Readiness Funding in Victoria, and Kindy Uplift in Queensland.

The Inclusion Support Program (ISP)

Deloitte's Review of the Inclusion Support Program found that although many services were generally supportive of the ISP, the program is reactive rather than embedding an inclusive system for all. It was also found to be not fully responsive to the needs of children, does not effectively build the capacity and capability of educators, and is difficult to apply for¹⁴. As yet, the federal government has not formally released a full public response to the ISP review.

¹² Australian Government Department of Education. (2024, September 2). *Inclusion in early childhood*. About Early Childhood Education and Care in Australia. Retrieved September 25, 2024, from <https://www.education.gov.au/early-childhood/about-early-childhood-education-and-care-australia/inclusion-early-childhood>

¹³ Australian Government Department of Education. (2024a, June 7). *Inclusion Support Program*. Early Childhood. Retrieved September 25, 2024, from <https://www.education.gov.au/early-childhood/inclusion-support-program>

¹⁴ Deloitte Access Economics September 2023, *Review of the Inclusion Support Program Final Report*. Australian Government Department of Education

The Productivity Commission's Inquiry into ECEC final report recommends strengthening and expanding the ISP while a separate needs-based Inclusion Development Fund is established to ensure individuals with diagnosed complex needs and communities with higher needs can access funding. The PC report specifically mentions that the Inclusion Fund should take into account NDIS reforms, in expectation for adjacent early intervention supports to be delivered through ECEC.¹⁵ The PC recommends better partnerships between ECEC services and families of children with additional needs, ensuring families are engaged in planning and decision-making about the child's care. It also recommends a 'system navigator' to assist families to access ECEC services and enhance collaboration with specialists and other service providers to deliver holistic support for children with additional needs.

The NDIS

The NDIS Review noted that the NDIS has become the primary and often the only source of support for many children, leading to higher-than-expected enrolment and strain on the system. The 2020 'Early Childhood Early Intervention (ECEI) Implementation Reset' project looked at the sustainability of the NDIS, and how the scheme could best help children. As of June 2024 the NDIS has more than 661,000 participants, with around 154,616 of them being children younger than 9¹⁶. Three out of four children in the scheme have a neuro-divergent diagnosis, such as level 3 Autism and ADHD¹⁷.

The nature of the NDIS as an individualised funding scheme has left a gap in community and specialised services available to children and families. Many services became difficult to access, with funding under some children's plan insufficient for the specialised care they desire or require, creating a gap in support for children with varying levels of needs¹⁸. The NDIS also created hard barriers between disability services and other

¹⁵ Productivity Commission 2024, A path to universal early childhood education and care, Inquiry report no. 106, Vol. 1, Canberra. page 3

¹⁶ National Disability Insurance Agency. (2024). NDIS Quarterly report to disability ministers - June 2024. In *NDIS Quarterly Report Publications*. Retrieved September 26, 2024, from <https://www.ndis.gov.au/media/7220/download?attachment>

¹⁷ Breunig, R., & Ranjan, M. (2023, June 21). Three NDIS reforms to better support those in need, especially children with autism. *The Mandarin*. <https://www.themandarin.com.au/223201-three-ndis-reforms-to-better-support-those-in-need/>

¹⁸ Jones, Ciara, 10 September 2024, ABC News, 'Children with Level Three Autism Forced out of Specialised Programs Due to NDIS Funding Cuts' <https://www.abc.net.au/news/2024-09-10/ndis-funding-cuts-children-with-autism-families-impacted/104303492>

intersectional services; such as housing, the justice system, the health system, and child protection.

“The NDIA response to very young children is currently an issue of prominence following criticism from parents and advocates of long wait times, challenges in navigating the system and inequitable access for families who experience multiple disadvantage such as families of Aboriginal and CALD background, families in rural and remote areas, families in which the primary carer has a disability or requires complex mental health support and children in out-of-home care.”¹⁹

Foundational Supports

The 2023 NDIS Review identified the need for a separate tier of disability services, called “foundational supports” to be developed outside the NDIS framework. These supports would focus on people who may be ineligible or not yet enrolled in the NDIS. Taking this support out of the NDIS would help with the sustainability of the scheme and would allow for community focused support rather than solely individualised therapeutic services.

Foundational Supports are proposed to be offered in two streams: general and targeted. They will be jointly funded by federal and state governments. General ‘capacity building’ supports improving inclusion for all, and increasing the capacity of individuals, families, and communities. Targeted supports provide additional support for people who may need it, ideally alongside mainstream. These Foundational Supports can be accessed by any and all who need it – including (and particularly) children who may have developmental delay but are yet to have a formal diagnosis, or may be ineligible for the NDIS, with the focus on early intervention.

Our consultations have shown that different services have varying ideas about what constitutes general and targeted support. It’s essential to establish a clear understanding through comprehensive consultations with the sector and families of children with functional needs, and we welcome the consultation process being undertaken by the Department of Social Services.

¹⁹ Independent Advisory Council to the NDIS. (March 2020). *Promoting best practice in Early Childhood Intervention in the NDIS*. Retrieved October 21st 2024.

Appendix 2 - Consultation Questions

Inclusion and Foundational Supports in the Early Childhood Years

- Tell us about your organisation, specifically any work you do to support young children and their families, or the early childhood education and care sector.
- What is your vision for Foundational Supports? What types of services/supports/resources should be considered as foundational supports if we're talking about children and families/caregivers?
- What are the current challenges/gaps/issues regarding inclusion for young children and their families (noting we are talking about children aged 5 and under, taking a broad perspective on inclusion including disability, additional needs, neurodiversity, psychosocial, behavioural and developmental issues)?
- What should a system of genuine inclusion look like for children and families when they are accessing early learning and early childhood development services (long daycare, preschool/kindergarten, maternal child health, allied health, playgroups, parenting supports etc.)?
- What is needed to make services the inclusive environments needed for all children to thrive? Are there any best practices that you can share? What are the conditions needed for these practices or services to be more connected, more widespread or scaled up?
- What support is needed for the workforce (early childhood education and care workforce, and inclusion/disability/allied health workforce)?
- What role should governments play to support a system of genuine inclusion (states, territories and commonwealth)?
- What do you think about using universal early childhood education and care as a platform for some foundational supports? What are your worries? What would the benefits be?

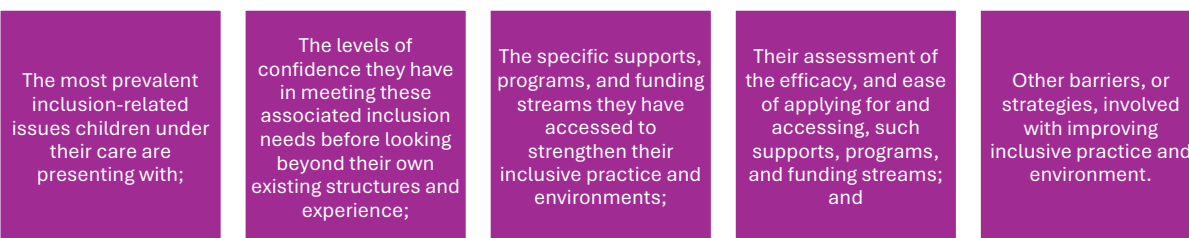
Appendix 3 - Consultation Participants

Secretariat of National Aboriginal and Islander Child Care	GoodStart
First People's Disability Network	Inklings (WA)
Association for Children with a Disability	KiiND
Australian Childcare Alliance	Latrobe Children's Centre
Australian Education Union (VIC) and members	Learning Links
Baptcare (TAS)	Noah's Ark
Brotherhood of St Laurence	Our Place
Bush Kids	Playgroups (VIC)
Centre for Community Child Health, Murdoch Children's Research Institute	Plumtree Children's Services
Children and Young People with Disability Australia	Professionals and Researchers in Early Childhood Intervention
Community Child Care	Royal Far West
Community Early Learning Australia	Social Ventures Australia
Disability Advocacy Network Australia	Telethon Kids
Early Childhood Australia	The Parenthood
Early Learning and Care Council Australia and members	Thrive by Five
	Uniting
	Wanslea

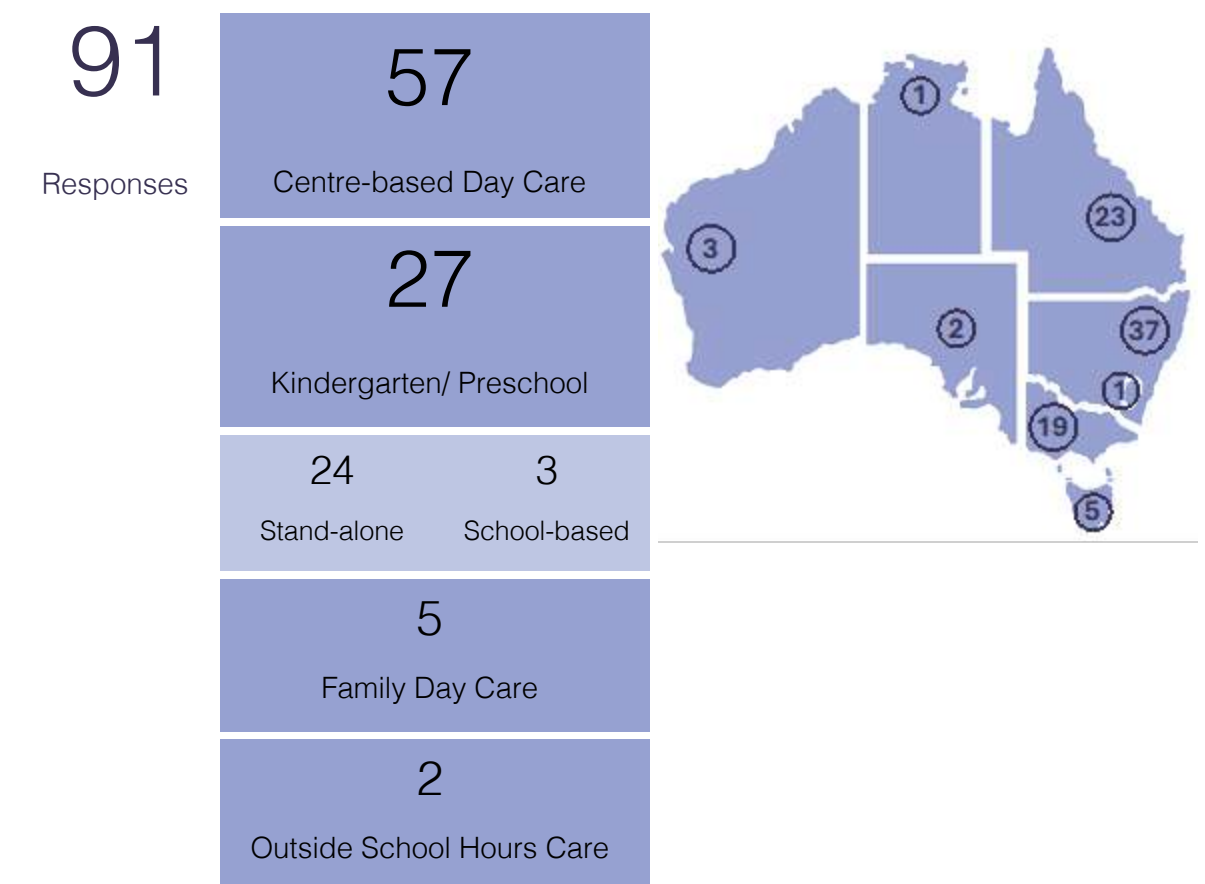
Appendix 4 - Apiary Inclusion Survey Findings

On behalf of the Apiary Policy Group, the Front Project conducted a survey seeking perspectives from ECEC services on their inclusion-related needs – as well as the supports and programs they have accessed to help address this demand.

The survey set out to capture services' views on:



Summary of Sample Group

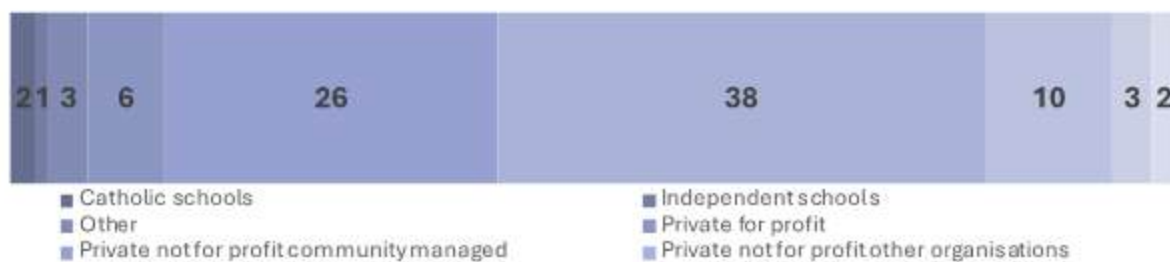


The survey attracted 91 responses, with services from every Australian state and territory represented.

More than half of respondents were operating centre-based day care (63%), followed by kindergarten/preschools (29%), with smaller groups of family day care and outside school hours care completing the survey.

Over half of services operated in metropolitan communities (55%) followed by respondents from regional areas (39%) then remote (4%) and very remote regions (2%) areas.

Provider Type



The sample had representation from most management types (based on categorisations used by ACECQA), with 42% being 'private not-for-profit other organisations', 29% 'private not-for-profit community managed', 11% managed by State/Territory and local governments, and 7% being private for-profit.

Respondents came from services of varying provider sizes – 40% from 'very large' provider groups (made up of 50+ services), a further 29% are stand-alone services, 23% are part of small providers (fewer than 10 services in total), and almost 9% are part of medium to large provider groups (between 10 and 50 services).

Summary of Findings

Inclusion-related needs and issues

Reflecting the diversity of the sample group, the types of presenting issues experienced by services in the study were wide-ranging. Among children for whom a formal diagnosis or assessment has yet to be made, services indicated the following rates of incidence:

- 73% of services noted that at least 6 children at their service present with challenging behaviours, with over 37% having more than 10 children in this category
- Almost two in three services (64%) reported at least 6 children having disability or developmental delay
- Close to half of services (45%) have at least six of the children in their setting with an identified, but undiagnosed, inclusion need and almost as many services (38%) reported having at least six children in their care presenting with undiagnosed trauma-related issues
- Close to half of services (49%) have 10 or more children from culturally or linguistically diverse families, with a further 22% having between 6 and 10 children in this category
- Forty-four percent of services have at least six children from Aboriginal and/or Torres Strait Islander backgrounds
- Over half of services (56%) reported having at least 6 children who are awaiting an assessment or need further diagnosis.

Confidence in meeting these inclusion needs, prior to seeking additional help

Services' confidence in their capacity to address these inclusion needs varied significantly. Proportionally, more respondents reported a 'low' level of confidence in their ability to address:

- Complex needs (44% of services saying they have 'low' confidence');
- Trauma-related presentation (37%);
- Challenging behaviours (28%); and
- Waiting for an assessment, or in need of further diagnosis (30%).

A high proportion of services reported having a 'high' level of confidence in their current ability to provide support to families to access ECEC services (40%), as well as their capacity to support:

- children from Aboriginal and/or Torres Strait Islander families (41%);
- children from culturally and linguistically diverse families (31%); and
- children with disability or developmental delay (23%).

Key Themes Drawn from the Data

1. Perceptions that the ISP is not effectively meeting services inclusion needs and were difficult to access
2. Respondents described the most effective inclusion strategies were embedded in their organisation or provided by state-based inclusion programs.
3. Participants identified the following elements, practices, or structures that inclusive practice as:
 - Additional staffing and/or higher ratios
 - Implementation of inclusion-focussed programs and frameworks
 - Referral pathways to support children's and families' needs
 - Partnerships with allied health supports
 - Specialised inclusion training, mentoring or coaching

Comments and Quotes on Other Inclusion-related Issues

“Frequently we have children with undiagnosed/suspected conditions. Parents are unable to afford private therapy and the NDIS path is extremely limited and often a child with only one developmental delay is not eligible for funding. The time these processes take nullify the concept of early intervention and prove extremely frustrating for everyone involved. The time frame to get into allied health services is beyond belief and families are not receiving the support they require in a timely and necessary way.”

“The existing level of funding is not sufficient to cover the actual costs of what is required. The potential to apply for funding is also often difficult due to the application requirements of the CGB responsible for the distribution of funding.”

“Children that can't access our current system due to their circumstances mean if we subsidise their education and care, they still can't access inclusion supports.”

“There is a lack of allied health services in rural and remote parts of Australia. When a service does come the spots fill fast or they do not last.”

“The basic behavioural needs of children have changed over the years and we are seeing more and more children that display challenging behaviours but are not eligible for any assistance which in turn leaves educators stressed, burnt out and wanting a career change because it is becoming too much for them to handle.”
