Australian Paediatric Society
The voice of rural child health
www.auspaediatrics.org.au
[redacted]

Supplementary Submission to the Senate Inquiry on Quality and Safety of Early Childhood Education and Care

Establishing a National Workforce Capability Framework for Managing Medical Conditions in Early Childhood Education and Care

1. Purpose of this Supplementary Submission

This supplementary submission **responds to questions posed to the Australian Paediatric Society during the Senate Inquiry** hearing on **24 February 2026** regarding the safety and regulatory framework governing the management of medical conditions in early childhood education and care (ECEC) services.

During the hearing, the Committee sought clarification on four key issues:

1. Whether current ECEC practices for managing conditions such as **Type 1 diabetes and anaphylaxis** are being assessed against safety standards consistent with **clinical best practice and work health and safety obligations**, and whether examples exist of services operating under a legally and clinically robust model.
2. Where the current system is **breaking down in practice**, particularly in relation to workforce training, and what those failures mean for **child safety, educator employees, and service providers**.
3. The **scale and structure of workforce training** required to safely support children with medical conditions in early learning settings.
4. How medication administration and safety frameworks operating in other regulated sectors, such as aged care, differ from those currently applied in early childhood education, and what **principles should guide policymakers** when determining appropriate medication safety standards for children.

This submission addresses those questions by outlining the **current workforce capability and regulatory gap** affecting children with medical conditions in ECEC services and proposing a **proportionate national workforce capability framework** to address that gap.

Without an accredited workforce capability pathway, early childhood services are currently being asked to undertake **high-risk clinical work involving dangerous medicines without the formal training, competency assessment and lawful authorisation normally required in other sectors.**

Australian Paediatric Society
The voice of rural child health
www.auspaediatrics.org.au
RACP Specialists. Together
[redacted]

Supplementary Submission to the Senate Inquiry on Quality and Safety of Early Childhood Education and Care

2. Executive Summary:

National governance gap: A federally funded program intended to support diabetes care in education settings has been promoted nationally without establishing the accredited workforce training, competency assessment and legal authorisation required for employees undertaking high-risk clinical tasks. As a result, early childhood services are currently expected to manage complex medical care without a lawful workforce capability framework.

Incidence: Approximately 10% of one-year-old children in Australia have a food allergy, while an estimated 500-600 children aged 1–5 years live with Type 1 diabetes, with around 300-400 attending Early Childhood Education and Care (ECEC) services at any given time.

Problem: Children with medical conditions are currently unable to access early childhood education on an equal basis because the workforce capability framework required to support them safely is either incomplete or non-existent. Resolving these gaps is essential to achieving the Government's commitment to **Universal Access to early childhood education.**

Solution: This submission proposes a proportionate national workforce capability framework to ensure children can safely access early childhood education while maintaining workplace safety and regulatory standards.

Two workforce training models are required:

1. **Universal training for common conditions** such as allergy and anaphylaxis.
2. **Targeted accredited training for less common conditions that require the execution of high-risk clinical tasks,** such as insulin administration for children with Type 1 diabetes.

Key Findings Relevant to the Committee's Questions

The evidence presented to the Committee indicates that:

1. Current safety arrangements in ECEC services do not consistently reflect clinical best practice or workplace safety standards for high-risk medical tasks.
2. The current system is already breaking down in practice, with children excluded from services, educators expected to perform clinical tasks without accredited training, and providers exposed to significant regulatory and workplace safety risks.

Australian Paediatric Society
The voice of rural child health
www.auspaediatrics.org.au
[redacted]

Supplementary Submission to the Senate Inquiry on Quality and Safety of Early Childhood Education and Care

3. The workforce training requirement is proportionate and limited in scale. Universal training is appropriate for common conditions such as allergy and anaphylaxis, while targeted accredited training is required only in services supporting children with Type 1 diabetes (approximately 1–2% of services nationally).
4. Comparable regulated sectors such as aged care operate under stronger medication safety frameworks, including accredited training, competency assessment and formal authorisation for employees administering medicines.
5. Establishing a nationally consistent workforce capability framework is necessary to support child safety while enabling Australia's commitment to Universal Access to early childhood education.

3. Problem Statement

Australia has committed to **Universal Access to early childhood education**, yet children with complex medical conditions do not currently experience that access on an equal basis.

Approximately **10% of one-year-old children in Australia have a food allergy**, and an estimated **500-600 children aged 1-5 years live with Type 1 diabetes**. While accredited training programs exist to support educator employees managing allergy and anaphylaxis, **no accredited workforce training pathway exists for educator employees supporting children who require complex diabetes care such as insulin administration**.

As a result, some children are excluded from early childhood education, while educators and providers face **legal uncertainty and workplace safety risks** when attempting to support children requiring high-risk clinical care.

4. Impact of the Current Policy Gap

4a. Impact on children

Children with medical conditions face avoidable barriers to accessing early childhood education.

- **Children with allergy** may experience unsafe food practices, delayed recognition and treatment of allergic reactions, or exclusion from activities if educators lack training in allergen management.
- **Children with Type 1 diabetes** experience exclusion, with many services reporting they cannot safely enrol or support children requiring complex care,

Australian Paediatric Society
The voice of rural child health
www.auspaediatrics.org.au
[redacted]

Supplementary Submission to the Senate Inquiry on Quality and Safety of Early Childhood Education and Care

including insulin administration, because no accredited training and authorisation pathway exists for educators.

4b. Impact on ECEC educator employees and providers

- **Educator employees** are placed in a legally compromised position when expected to undertake high-risk medical tasks without accredited training or competency frameworks.
- **ECEC providers** face a structural dilemma: either refuse enrolment and risk disability discrimination claims or accept enrolment without employees possessing the requisite training and qualifications, thereby exposing the service to workplace safety risks and **significant regulatory, financial, and potential criminal liability.**

These impacts demonstrate that the current policy gap is not only a clinical issue but also a regulatory and workforce governance problem.

5. Why the Current Approach Requires Urgent Attention

A nationally consistent and proportionate workforce capability framework is required to ensure educators are properly trained to support children with medical conditions while maintaining regulatory and workplace safety standards.

Allergy - The National Allergy Council, comprising a joint collaboration between clinicians (Australian Society of Clinical Immunology and Allergy) and independent consumers (Allergy and Anaphylaxis Australia), has provided both the training programs and expert advice that such training be implemented nationally. The Australian Paediatric Society are active participants in the National Allergy Council and are aligned with its recommendations in ECEC workplaces.

Type 1 Diabetes - The current education programs currently relied upon to prepare educator employees to manage children with Type 1 diabetes in the ECEC sector are not accredited, are not provided by a registered training organisation, do not authorise employees and are not aligned with legal and regulatory obligations, such as the workplace safety requirements for high-risk medical tasks. Employees undertaking high-risk clinical tasks must possess recognised training that meets the standards required by regulators.

6. Who Needs Training?

Different medical conditions require different workforce training models.

Australian Paediatric Society
The voice of rural child health
www.auspaediatrics.org.au
[redacted]

Supplementary Submission to the Senate Inquiry on Quality and Safety of Early Childhood Education and Care

Allergy and anaphylaxis are common conditions and require **universal workforce capability**, ensuring all educator employees understand allergen management, recognition of allergic reactions and emergency response.
Type 1 diabetes is less common but involves complex care tasks, including insulin administration. Supporting these children therefore requires **specialised, accredited training for a small number of staff**, consistent with legal and regulatory requirements governing high-risk clinical work.

Without an accredited workforce capability pathway, early childhood services are currently being asked to undertake high-risk clinical work that no other Australian workforce would be permitted to perform without formal qualification, competency assessment, and lawful authorisation.

7. National Governance Issue - Diabetes Workforce Capability

The workforce capability gap affecting children with **Type 1 diabetes** in early childhood education is not simply a sector-level training issue. It reflects a broader **national governance problem**, where safety standards that normally apply to high-risk clinical work are not being consistently applied in education settings.

Through the **National Diabetes Strategy 2021–2030**, the Commonwealth has encouraged early learning services to support children with diabetes using education programs developed through the **Diabetes in Schools (DIS)** initiative. However, the program relied upon by education services was not designed as an accredited workforce training system and does not provide formal qualifications or legal authorisation for employees to undertake high-risk clinical tasks such as insulin administration.

Advice provided to education workplaces through the DIS program has also characterised ECEC and school employees as **"carers" or "support people" rather than employees**. This distinction is inconsistent with workplace safety and medicines legislation, under which employees undertaking high-risk clinical tasks require recognised training, competency assessment, and appropriate authorisation.

As a result, a nationally promoted program has effectively encouraged the assumption of high-risk medical responsibilities without ensuring the accredited training frameworks and safety systems normally required for such work. The advice and practices relied upon by education services are also **not approved by ACECQA under the National Quality**

Australian Paediatric Society
The voice of rural child health
www.auspaediatrics.org.au
RACP Specialists. Together
[redacted]

Supplementary Submission to the Senate Inquiry on Quality and Safety of Early Childhood Education and Care

Framework and do not meet the competency standards typically required for high-risk clinical tasks.

Diabetes Australia has recently acknowledged that the program constitutes a **"learning opportunity" rather than a qualification or authorisation pathway**. This position is inconsistent with the original funded purpose of the program, which was intended to support workforce capability for diabetes care in education settings. Public funding has therefore created reliance on a function the program itself now concedes it does not provide.

The result is a **regulatory and compliance trap** for early childhood services. Services may exclude a child with Type 1 diabetes and risk breaching disability discrimination law or attempt to support the child without lawful training and risk breaching workplace safety and medicines legislation.

Families are already experiencing exclusion from kindergarten and childcare because services mistakenly believe a particular program is the **"authorising gateway"** for diabetes care. In practice, children are missing weeks or months of early learning and, in some cases, cannot access services at all.

This situation illustrates a broader policy lesson: **high-risk clinical work should not be introduced into education settings without accredited training systems, clear legal authorisation, and appropriate workplace safety frameworks.** Establishing such a workforce capability framework is therefore essential to achieving the Government's commitment to **Universal Access to early childhood education**.

8. Allergy and Anaphylaxis – Universal Training Model to be Rolled Out

Approximately 10% of one-year-old children in Australia have a food allergy, meaning most early childhood services will care for children with allergies. Training should include:

- safe food preparation and allergen management
- recognition of allergic reactions including anaphylaxis
- emergency response procedures for allergic reactions including anaphylaxis.

Allergy Training Scale and Cost

Universal allergy training for educators is therefore a proportionate workforce requirement.

Australian Paediatric Society
The voice of rural child health
www.auspaediatrics.org.au
[redacted]

Supplementary Submission to the Senate Inquiry on Quality and Safety of Early Childhood Education and Care

Typical centre cost: $800-$1,500 every 1–3 years.

9. Type 1 Diabetes – Targeted Accredited Training Model to be Developed and Implemented

Training should occur only in services where a child with Type 1 diabetes is enrolled.

The internationally recognised framework for this is the ISPAD (International Society for Pediatric and Adolescent Diabetes) workforce capability model, illustrated in Attachment 1. *(ISPAD infographic - Workforce capability framework for diabetes management in educational settings)*.

The ISPAD framework establishes three levels of workforce capability:

- Level 1 – **Education for all employees**
- Level 2 – **Training for staff interacting directly with the child who are likely to need to respond to medical events.**
- Level 3 – **Accredited, regulated, competency-based training and qualifications for employees responsible for complex care (including insulin administration)**

This model ensures all employees have awareness, education, and competency to respond to medical events, while only a select number of employees possess the requisite qualifications and training for complex care.

Type 1 Diabetes Training Scale and Cost

Approximately 500-600 children aged 1-5 years live with Type 1 diabetes with an estimated 300-400 attending ECEC services nationally. Australia has approximately 15,000 ECEC services, meaning only around 1-2% of services require the requisite diabetes training.

In practical terms, this affects a small proportion of the sector while delivering a substantial improvement in safety and access for affected children. Currently there is no training and qualification program that fulfills the legal and regulatory obligations for children within the ECEC and education sector.

Australian Paediatric Society
The voice of rural child health
www.auspaediatrics.org.au
[redacted]

Supplementary Submission to the Senate Inquiry on Quality and Safety of Early Childhood Education and Care

The APS proposes to the Senate Inquiry that the National Type 1 Diabetes Council should be responsible for development of a funding proposal to fully quantify the scale, cost, and benefits.

10. Benefits of Scalable Workforce Capability Framework

The models proposed provide a framework applicable to other childhood medical conditions.

- The allergy model provides a template for more common conditions, such as asthma.
- The Type 1 diabetes model provides a template for less common but higher-risk conditions, such as epilepsy.

11. Governance, Public Funding and National Policy Responsibility

While operational responsibility for ECEC services is shared with states and territories, the issues raised in this submission have national policy implications. Programs relied upon by education services to prepare employees for supporting children with medical conditions have been developed and funded at the national level.

Where public funding has supported programs that have not delivered accredited workforce capability or lawful authorisation for high-risk clinical tasks, it is appropriate that the governance, procurement, and oversight of those arrangements be independently examined to ensure public funds have achieved their intended policy outcomes.

Any future workforce capability framework should be developed with appropriate safeguards to ensure independence and transparency, particularly where organisations involved in the design or delivery of existing programs may also have derived financial or institutional benefit from those arrangements.

The Committee may wish to seek clarification from the Department of Health and Aged Care regarding how the federally funded diabetes education programs for education settings were intended to interact with existing workplace safety, medicines, and training regulations. Clarification of these arrangements would assist the sector to understand whether the current policy settings were designed to establish a lawful workforce capability framework or whether additional regulatory and training pathways now need to be developed.

Australian Paediatric Society
The voice of rural child health
www.auspaediatrics.org.au
[redacted]

Supplementary Submission to the Senate Inquiry on Quality and Safety of Early Childhood Education and Care

12. Clinical Leadership and Implementation

The Australian Paediatric Society is willing to support development of the clinical framework required for accredited training programs, working with Registered Training Organisations, regulators, and relevant stakeholders.

Training delivery should remain the responsibility of Registered Training Organisations already interacting with the education sector to ensure regulatory alignment, scalability, and workforce consistency.

13. Conclusion

Children with medical conditions should not face barriers to early childhood education due to gaps in workforce capability frameworks.

A proportionate solution exists:

- **Allergy:** universal training for educators
- **Type 1 diabetes:** targeted, accredited training aligned with the ISPAD framework.

This approach is proportionate, scalable, and affordable.

Ultimately, this issue is not simply administrative or regulatory. It is fundamentally a child safety issue, requiring a workforce capability framework that ensures educator employees are properly trained and supported when caring for children with medical conditions.

The Australian Paediatric Society would welcome the opportunity to work with government and regulators to support implementation of this nationally consistent workforce capability framework.

The policy challenge is therefore not whether children with medical conditions should be supported in early childhood education but ensuring that support occurs within a lawful and safe workforce capability framework.

Workforce competency for high-risk clinical tasks must be established through recognised training frameworks that provide competency-based assessment and appropriate regulatory oversight, rather than relying on informal education programs.

The Australian Paediatric Society grants permission for this submission to be published by the Committee.

ISPAD
International Society for Pediatric and Adolescent Diabetes

School / Education authority are responsible for providing safe systems of work, including education and training of school personnel to ensure competency.

Student with Type 1 Diabetes

Medical Orders (DMP) from Medical Team consented by Parent

School and Parent develop plan on how Medical Orders are implemented at school

EDUCATION ***is the gaining of knowledge and perspective about T1D.***
TRAINING ***is the skill development and practical application of the education on the student with T1D.***
Education and Training must comply with local jurisdictional requirements, standards and regulations.

	Applicable to	School responsibilities	Content	ISPAD Recommendations
LEVEL 1 EDUCATION	All school personnel	All school personnel have a duty of care to apply an appropriate urgent **response** to all students, including those with T1D. The duty is to: • ***Act*** *immediately* • ***Escalate*** *to a person with training.*	Foundational understanding of T1D and how it impacts students and families. **Recognition** of signs, symptoms and urgency to treat: • *Low glucose levels,* • *High glucose levels if student unwell.* Who to contact for help.	Level 1 **Education** (e-learning and other sources)
	Applicable to	**School responsibilities**	**Content**	**ISPAD Recommendations**
LEVEL 2 EDUCATION AND TRAINING	School personnel who interact directly with the student and are likely to need to respond immediately to medical events: • *In the classroom and* • *During other school-based activities.*	Schools have a duty: • *To protect the* ***health and safety*** *of staff and students.* • *To ensure staff are* ***educated and trained.*** **Student has the right** to immediate access to a person with T1D specific **first aid skills** to keep them free from foreseeable harm.	Understanding details of the student's medical orders (Diabetes Management Plan). T1D specific first aid training according to student's Emergency Response Plan (Diabetes Action Plan). • *How and when to initiate treatment for high or low glucose levels* • *Understanding when and whom to call for additional assistance.* Knowledge of the impact of food and activity on glucose levels. Education and training is specific to the needs of individual students.	**Complete:** • Level 1 **Education** ↓ • Level 2 **Education and Training** course ↓ • T1D First Aid **Training** ↓ • ndividualised **Education** and **Training** by parent (may be assisted by education from medical team)
	Applicable to	**School responsibilities**	**Content**	**ISPAD Recommendations**
LEVEL 3 EDUCATION AND TRAINING	Complex care of the student with T1D must be undertaken by • **Authorised Health Professional (e.g. Nurse)** OR • **Non-medical personnel** with the appropriate: **1: Education** that is student specific **2: Training** that provides the authority as required in local jurisdiction	Schools have a duty: • *To provide safe systems of work and appropriate training for its personnel.* • *To safely facilitate prescribed complex T1D medical care.* • *To provide trained and authorised school personnel to provide complex medical care.* • *To ensure informed parental consent.*	**Complex medical care** includes **1.** nsulin administration **2.** Other T1D medical interpretations and interventions. Content of Level 3 **Education and Training** should be • *Informed by the student's medical orders (Diabetes Management Plan)* • *Individualised* • *Applicable on-campus and individualised for each off campus activity.*	**Complete:** • Level 1 & Level 2 **Education** ↓ • T1D First Aid **Training** ↓ • ndividualised Level 3 **Education** e-learning modules ↓ • Level 3 **Training** to authorise complex care ↓ • ndividualised **Education** and **Training** by parent (may be assisted by education from medical team)