



Australian Government
Productivity Commission

Early Childhood Development Workforce

Productivity Commission
Draft Research Report

June 2011

This is a draft research report prepared for further public consultation and input.

The Commission will finalise its report after these processes have taken place.

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You are invited to examine this Draft Report and provide written comments to the Productivity Commission. If possible, these should be provided by email and be accompanied by a submission cover sheet. See 'How to Make a Submission' on the web page listed below. Written comments should reach the Commission by 30 August 2011.

This Draft Report contains a number of information requests in the body of the report, highlighted using italics, as this is. The Commission would be particularly grateful for responses to those requests.

The final report will be prepared after comments have been received and discussions with interested parties have been held.

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Terms of reference

EDUCATION AND TRAINING WORKFORCE STUDY

Productivity Commission Act 1998

I, Nick Sherry, Assistant Treasurer, pursuant to Parts 2 and 3 of the Productivity Commission Act 1998 hereby request that the Productivity Commission undertake a research study to examine issues impacting on the workforces in the early childhood development, schooling and vocational education and training sectors, including the supply of and demand for these workforces, and provide advice on workforce planning, development and structure in the short, medium and long-term.

Background

The Council of Australian Governments (COAG) has agreed on common strategic frameworks to guide government action on early childhood development, schooling and vocational education and training (VET) across Australia.

Building the capability and effectiveness of the workforces in these sectors, particularly for Indigenous people, will be critical to achieving the outcomes agreed in these frameworks. This study is to be undertaken in this context, and responds to a request from the COAG Working Group on the Productivity Agenda that the Productivity Commission undertake a research study examining workforce issues in these sectors.

Scope

The Commission is to provide advice on workforce planning, development and structure of the early childhood development, schooling and VET workforces in the short, medium and long-term.

In undertaking this study, it should consider and provide advice on:

1. The current and future demand for the workforces, and the mix of knowledge and skills required to meet service need. This will include consideration of:
 - (a) population distribution and demographic trends, jurisdictional and regional analysis;
 - (b) significant shifts in skill requirements; and
 - (c) policy and regulation given the agreed COAG outcomes (particularly the National Early Childhood Development Strategy, relevant National Partnerships, the National Education Agreement and the National Indigenous Reform Agreement).
2. The current and future supply for the workforces, including:
 - (a) demographic, socio-cultural mix and composition of the existing workforces, and jurisdictional and regional analysis;
 - (b) elements such as remuneration, pay equity/differentials, working conditions, professional status and standing, retention, roles and responsibilities, professional development, and training and support structures; and
 - (c) qualifications pathways particularly pathways that will ensure accessibility and appropriateness of training to meet the qualifications and competencies required for the various occupations in the workforces.
3. The current and future structure and mix of the workforces and their consequential efficiency and effectiveness, including:
 - (a) the composition and skills of the existing workforces;
 - (b) the productivity of the workforces and the scope for productivity improvements; and
 - (c) the most appropriate mix of skills and knowledge required to deliver on the outcomes in the COAG national framework.
4. Workforce planning, development and structure in the short, medium and long-term, including:
 - (a) policy, governance and regulatory measures to maximise the efficiency and effectiveness of the workforces in order to achieve the outcomes set out in the COAG frameworks; and

-
- (b) changes to ongoing data collection to establish a robust evidence base, provide for future workforce planning and development and meet reporting requirements.

In addressing the Terms of Reference, a key consideration will be the extent to which sectoral and jurisdictional boundaries limit innovation and flexibility in workforce planning, development and practices. In addition to sector-specific issues, the Commission is therefore requested to consider whether reducing sectoral divides between workforces in these sectors could support a more learner-focused approach, achieve better individual outcomes and increase the efficiency of workforce development and planning.

Cross-sectoral and integrated service delivery

In recognition of some lowering of cross-sectoral boundaries and the growth of cross-sectoral delivery and integrated service delivery models, the Commission is asked to consider and provide advice on:

1. workforce skill and training needs;
2. the extent to which job design and employment agreements in the sectors are aligned to contemporary work practices;
3. implications for workforce planning across the sectors from integrated service delivery; and
4. the extent to which existing employer practices encourage attracting and retaining employees.

In addition, the Commission is to give consideration to factors that impact on building Indigenous workforce capability in recognition of the effect this will have on improving outcomes for, employment of and services to Indigenous Australians.

The Commission is also to give consideration to factors that have particular impact on each sector. These will include:

1. The Early Childhood Development Workforce

The Early Childhood Development (ECD) workforce can include, but not be limited to: coordinators and managers, early childhood teachers, teaching assistants and para-professionals, childcare workers for pre-primary and primary aged children, early childhood intervention professionals, administrative staff, community service workers and relevant health and social welfare professionals.

In relation to the ECD workforce the Commission is asked to specifically consider and give advice on:

1. Factors affecting the current and future demand and supply for the ECD workforce, and the required mix of skills and knowledge, including:
 - a. delivery of fully integrated ECD services including maternal and child health, childcare, preschool, family support services and services for those with additional needs;
 - b. market requirements for broader leadership, management and administrative skills in operating both mainstream universal service providers and integrated service hubs;
 - c. the availability and quality of pre-service education programs, including through undergraduate and postgraduate education and VET, and consideration of training pathways;
 - d. ECD workforce participation, including ease of access to the early childhood development workforce in different sectors and net returns to individuals and recognition of expertise; and
 - e. the quality and skills of the workforce, job design and workplace practices and arrangements and their contribution to achieving COAG outcomes and setting future direction.
2. Workforce planning, development and structure in the short, medium and long term, covering:
 - a. career pathways, the structure of existing employment arrangements and practices and the extent to which they are dis/incentives to attracting and retaining employees, including pay and conditions across settings; strategies to address possible pay equity issues as necessary; options for funding pay increases as necessary; and the implications for purchasers of ECD services and all levels of government and funding responsibilities;
 - b. potential labour market failures;
 - c. the impact of government, community and private provision; and
 - d. the concept and workforce implications of integrated service delivery.

2. The Schooling Workforce

The schooling workforce refers to teachers and those who support the practice of teaching. These can include, but are not limited to: leaders and managers; teaching assistants and para-professionals; administrative staff; and relevant health professionals.

In relation to the schooling workforce the Commission is asked to specifically consider and give advice on:

1. The current and future supply for the schooling workforce, including:
 - a. the availability and quality of pre-service education programs, including through undergraduate and postgraduate education, and VET;
 - b. government programs targeting supply pressures, including the extent to which there is national cohesion in relation to these programs;
 - c. motivation for entering, remaining in and exiting the school workforce and the attraction and retention of principals in changing contexts; and
 - d. school workforce participation, including ease of access to the teacher profession and/or schooling workforce, net returns to individuals, recognition of industry expertise, wastage rates in teacher training and underutilisation of qualified teachers (such as loss of qualified teachers to other occupations or overseas).
2. The structure and mix of the workforce and its consequent efficiency and effectiveness, including:
 - a. the composition and skills of the existing workforce;
 - b. the productivity of the workforce and the scope for productivity improvements, qualifications pathways; and
 - c. how the current delineation of duties supports or impedes the achievement of COAG outcomes.
3. Workforce planning, development and structure in the short, medium and long term:
 - a. the extent to which current sectoral boundaries promote or limit efficiency and effectiveness in schooling workforce;
 - b. interface with suppliers of pre-service training (undergraduate, post-graduate and VET) and
 - c. the quality and culture of the workforce and its employers, and their contribution to achieving COAG outcomes and setting future directions.

3. The VET Workforce

The status of VET practitioners as ‘dual professionals’, deploying both industry and education skills delivered in schools, VET only, dual sector and industry settings, is unique among education sectors, and poses both challenges and opportunities for the VET sector in attracting and retaining staff. In addition, the increasingly commercial environment in which many providers operate creates a significant role for VET professionals who are engaged in organisational leadership and management, but not directly involved in training delivery. The impact of this trend on the required capabilities of VET professionals is of policy interest.

In relation to the VET workforce, the Commission is asked to consider both the VET workforce as a whole, including trainers and assessors in enterprises, adult community education and community organisations, and the TAFE workforce as a subset, and provide advice on:

1. Factors affecting the current and future demand for the VET workforce, and the required mix of skills and knowledge:
 - a. change in participation in VET as a result of increasing labour market emphasis on formal training and lifelong learning;
 - b. change in volume and type of training delivered to each VET participant as a result of the trend towards higher level qualifications, and as a result of the impact of the Recognition of Prior Learning (RPL) and the Recognition of Current Competencies (RCC);
 - c. likely future patterns of training demand by industry and sector, including as a consequence of responses to emerging economic and environmental issues and to gap training and skills assessment;

-
- d. requirement for broader skills in VET professionals as a result of increasing system focus on client needs, including flexible delivery, greater focus on employability skills, catering for a more diverse student base, and partnering with enterprises and communities;
 - e. demand for managerial and entrepreneurial skills as a result of growing commercial dimensions of the VET sector and strategic market positioning and branding;
 - f. the impact of delivery of higher level VET qualifications (eg Associate and Bachelor Degrees); and
 - g. training pathways and the provision of ‘second chance’ education and training such as for migrant and Indigenous students.
2. The current and future supply of the VET workforce, including:
 - a. motivation for entering, remaining in and exiting the workforce; and
 - b. competition from other employers including industry and other education sectors.
 3. The structure of the workforce and its consequent efficiency and effectiveness, including:
 - a. the extent to which job design and employment agreements in the VET sector are aligned to contemporary work practices in a commercially competitive environment;
 - b. the adequacy of support for high-quality professional practice, including consideration of practitioner qualifications and standards for VET practitioners across sectors;
 - c. the current and potential impact of workforce development activities within the VET sector on the capability and capacity of the VET workforce, including a workforce development plan; and
 - d. the implications of emerging workplace and employment practices, including increasing casual and part-time employment, the ‘core/periphery’ model and blurring of teaching and non-teaching roles.

Study Process

In undertaking its study, the Commission should consult widely with relevant professionals and interested parties. It should use, but not replicate, existing work such as that underway by COAG, the relevant Ministerial Councils, Senior Officials’ Working Groups and jurisdictions, including on:

- the early childhood quality reform agenda;
- teacher quality reforms;
- further reforms arising from policy directions of the National Agreement on Skills and Workforce Development;
- Indigenous reforms; and
- previous work commissioned by the Victorian DHS for the Community Services Ministers Advisory Committee.

This should include relevant recent survey work and workforce studies in each sector and research undertaken by NCVER, ACER, various university research centres, TAFEs and Industry Skills Councils, and the OECD.

The study should include a comparative element, both in terms of comparing the education and training workforce to other community/public service professions such as the health sector, and of relevant international comparisons, particularly with regard to the ECD workforce which is undergoing significant reform in Australia.

The Commission should provide a report, dealing with the VET workforce, within twelve months of receipt of this reference; and a second and third report, dealing with the early childhood development and schooling workforces, within eighteen and twenty four months respectively of receipt of this reference. The reports will be published.

Nick Sherry
Assistant Treasurer
[Received 22 April 2010]

Disclosure of interests

The Productivity Commission Act 1998 specifies that where Commissioners have or acquire interests, pecuniary or otherwise, that could conflict with the proper performance of their functions they must disclose the interests.

Angela MacRae has the following interests to disclose:

- Balwyn North Primary School — school council (voluntary capacity)
- The Merrell Kindergarten Inc. — kindergarten committee (voluntary capacity)

Robert Fitzgerald has the following interests to disclose:

- The Benevolent Society — Board Director and Vice President (voluntary capacity)
- Australian Catholic University — Adjunct Professor (voluntary capacity)

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E Institutional arrangements in the early childhood development sector	
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Acknowledgments

The Productivity Commission expresses its gratitude to all those who contributed to this Draft Report.

This study was oversighted by Commissioners Angela MacRae (Presiding) and Robert Fitzgerald AM. They were supported by a study team located in Melbourne.

Abbreviations and explanations

Abbreviations

ABS	Australian Bureau of Statistics
ACECQA	Australian Children’s Education and Care Quality Authority
AEDI	Australian Early Development Index
AEU	Australian Education Union
AGCCCS	Australian Government Census of Child Care Services
AGCCPS	Australian Government Child Care Provider Survey
AHW	Aboriginal Health Worker
AIHW	Australian Institute of Health and Welfare
ANF	Australian Nursing Federation
ANFPP	Australian Nurse–Family Partnership Program
AQTF	Australian Quality Training Framework
ASU	Australian Services Union
BBF	budget-based funded
CALD	culturally and linguistically diverse
CCB	Child Care Benefit
CCMS	Child Care Management System
CCR	Child Care Rebate
CEaCS	Childhood Education and Care Survey
CFC	Children and Family Centre
CHAPS	child health and parenting services
COAG	Council of Australian Governments
CPD	continuing professional development
CURF	confidentialised unit record file

DEEWR	Department of Education, Employment and Workplace Relations
ECD	early childhood development
ECE	early childhood education
ECEC	early childhood education and care
ELCC	Early Learning and Care Centre
EPPE	Effective Provision of Pre-school Education
EYLF	Early Years Learning Framework
EYP	Early Years Professional
FDC	family day care
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
FBT	fringe benefit tax
FDCA	Family Day Care Australia
FIFO	fly-in, fly-out
FSF	Flexible Support Funding
HILDA	Household, Income and Labour Dynamics in Australia
HIPPY	Home Interaction Program for Parents and Youngsters (Australia); Home Instruction for Parents of Preschool Youngsters (US)
IEU	Independent Education Union
IHC	in-home care
IPSP	Inclusion and Professional Support Program
IPSU	Indigenous Professional Support Unit
ISA	Inclusion Support Agency
ISP	Inclusion Support Program
ISS	Inclusion Support Subsidy
JET	Jobs, Education and Training
LDC	long day care
LGECEEA	Local Government Early Childhood Education Employees' Agreement
LHMU	Liquor, Hospitality and Miscellaneous Union

LSAC	Longitudinal Study of Australian Children
MACS	Multifunctional Aboriginal Children's Service
MAV	Municipal Association of Victoria
MCH	maternal and child health
NCAC	National Childcare Accreditation Council
NCVER	National Centre for Vocational Education Research
NGO	non-government organisation
NIRA	National Indigenous Reform Agreement
NISSP	National Inclusion Support Subsidy Provider
NMBA	Nursing and Midwifery Board of Australia
NPA ECE	National Partnership Agreement on Early Childhood Education
NPA IECD	National Partnership Agreement on Indigenous Early Childhood Development
NQA	National Quality Agenda
NQF	National Quality Framework
NQS	National Quality Standard
OC	occasional care
OECD	Organisation for Economic Cooperation and Development
OSCAR	Out Of School Care And Recreation (New Zealand)
OSHC	outside school hours care
PAJE	<i>Prestation d'accueil du jeune enfant</i> (France)
PaL	Parents and Learning program
PC	Productivity Commission
PMI	<i>Protection maternelle et infantile</i> (France)
PSC	Professional Support Coordinator
PSP	Professional Support Program
PSSP	Professional Support Service Provider
QCT	Queensland College of Teachers
RCAB	Registering and Course Accrediting Body

REAAP	<i>Réseaux d'écoute, d'appui et d'accompagnement des parents</i> (France)
RPL	recognition of prior learning
RTO	registered training organisation
SACS	Social and Community Services
SBR	standard business reporting
SCAN	Supporting Children with Additional Needs
SCRGSP	Steering Committee for the Review of Government Service Provision
SCS	Survey of Community Services
SSP	service support plan
TASDAS	Tasmanian Autism Spectrum Diagnostic Assessment Service
VECTAA	Victorian Early Childhood Teachers and Assistants Agreement
VET	vocational education and training
VRQA	Victorian Registration and Qualifications Authority
WTITO	<i>Whanau Toko I Te Ora</i> (New Zealand)

Explanations

Billion	The convention used for a billion is a thousand million (10 ⁹).
Findings	<i>Findings in the body of the report are paragraphs highlighted using italics, as this is.</i>
Recommendations	<i>Recommendations in the body of the report are highlighted using bold italics, as this is.</i>
Requests for further information	<i>Information requests are paragraphs highlighted using italics, as this is.</i>

OVERVIEW

Key points

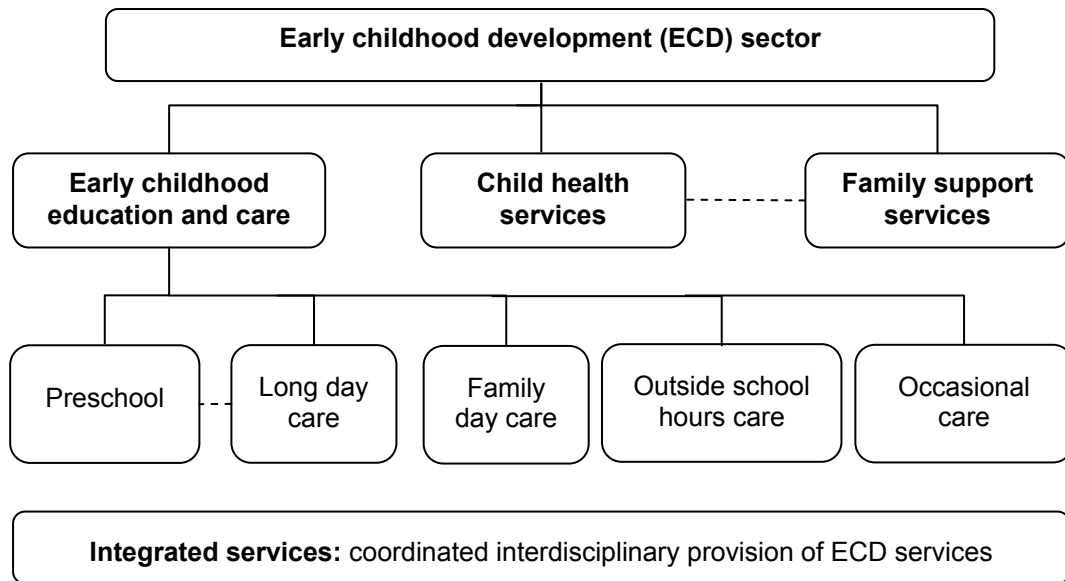
- The early childhood development sector contributes to the positive early life outcomes experienced by the majority of young children in Australia. The sector provides early childhood education and care, child health and family support services to over 1.5 million children. This report looks at early childhood development services primarily used by children up to school age and their families.
- Governments are implementing a range of substantial reforms to early childhood education and care with the aim of providing every child the best start in life. This report considers the substantial implications of the agreed reforms for the 140 000 workers that comprise the early childhood education and care workforce.
- To meet the targets specified in the reforms, more workers will be required, and the average level of workers' qualifications will need to increase. The wages of workers in most early childhood education and care employment categories will need to rise because of these factors, and the need to match wage relativities with the primary school sector for teachers.
- The supply of suitably qualified workers is likely to take some time to respond, and exemptions from the new standards (waivers) will be required. Government timelines for reform appear optimistic.
- The increase in demand for qualified early childhood education and care workers implicit in the reforms will require a significant increase in training, particularly from the vocational education and training sector. Participants considered that the quality of early childhood education and care graduates from the vocational education and training sector was highly variable. Unless the issue of quality is addressed, a significant proportion of the increased spending on vocational education and training to which governments have committed is likely to be wasted.
- Professional development and support for early childhood development staff will need to improve to ensure the benefits of additional training are enduring, and to give all workers the opportunity to understand the wide ranging pedagogical and regulatory reforms in the sector.
- The increase in early childhood education and care service costs arising from labour cost increases will mainly be shared by governments and parents. Parents of disadvantaged children are often low income earners, or are already bearing the costs of raising a child with additional needs. As a result, without further assistance these parents are more likely to reduce their children's participation in early childhood education and care services in response to any cost increases.
- Early childhood development services for children with additional needs, and for Indigenous children, are not meeting the standards commonly available to other children. It is essential that early childhood development workforce requirements for children with additional needs and Indigenous children are given priority, so that the gap between these groups and other children is minimised, not exacerbated.
- The development of integrated early childhood development centres provides new opportunities for improved service delivery, but may require additional leadership and cross-disciplinary professional development for staff.

Overview

Early childhood development in Australia

Most Australian children meet developmental milestones and are well prepared when they enter primary school. The efforts of parents to give their children a good start in life are supported by early childhood development (ECD) services, including early childhood education and care (ECEC), child health and family support services (figure 1).

Figure 1 **The early childhood development sector**



While the quality of Australian ECD services is generally good by international standards, the Australian ECD sector, and ECEC in particular, is currently the subject of major reforms. These reforms will have far-reaching implications for the ECEC workforce. This report looks at the workforce issues that must be addressed to successfully implement these already-agreed reforms.

It is apparent that ECD services for children with additional needs, and for Indigenous children, are not meeting the standards commonly available to other children in Australia. It is essential that workforce issues focusing on the

requirements of children with additional needs, and for Indigenous children, are given priority in the context of current reforms, to ensure that the developmental gaps between groups of children are minimised.

Child health and family support services

Most Australian children first encounter the ECD sector soon after birth, when they receive a health check from a child health service. Health checks, which are offered intermittently through a child's early life, monitor and promote the wellbeing of the child and, where necessary, provide referral to appropriate medical and intervention services. These services include family support services, which aim to improve the capacity of families to care for their children.

Early childhood education and care

Many parents choose to send their children to an ECEC service, to enable the parents return to the workforce and/or for the educational and social benefits that ECEC can bring to children. For very young children, ECEC is most commonly provided in a long day care (LDC) centre or family day care (FDC). There are almost 6000 LDC centres in Australia, offering education and care to more than 500 000 children (table 1). There are also more than 12 000 FDC contact workers offering education and care to more than 90 000 children in the workers' own homes. In addition to these longer, typically full-day, care options, sessional or occasional care (OC) is available.

As children grow older, they often also participate in a preschool program. These education programs, offered in 65 per cent of LDC centres as well as in almost 5000 preschools, are delivered to more than 200 000 children in the year before formal schooling.

Once children enter formal schooling, they may continue to receive ECEC services before or after school, or in school holiday periods, or a combination of these. These services, collectively known as outside school hours care (OSHC), support parents' workforce participation in the face of the mismatch between the short school day and longer working hours.

Integrated service provision is becoming increasingly common, and is generally regarded as being a particularly effective way of delivering ECD services to disadvantaged children. As integrated services are further developed, it is anticipated that more and more children will access child health and family support services from the same service at which they attend ECEC.

Table 1 Early childhood education and care services in Australia
2009-10

	<i>Services^b</i>	<i>Places offered^c</i>	<i>Children attending^d</i>
Long day care	5 781	318 894	543 539
Family day care	328 schemes 12 060 contact workers	73 456	93 738
Outside school hours care	5 303	316 316	342 261
Occasional care ^e	85	2 728	6 401
Preschools	4 809	na	213 446

^a Because children can attend part-time, a place can be occupied by more than one child. ^b Family day care contact workers operate within a coordination network known as a scheme. **na** Not available.

Source: SCRGSP 2011 and Productivity Commission calculations based on unpublished DEEWR data.

Governments are heavily involved in the ECD sector

Governments at all levels intervene in the ECD sector as policy makers, funders, service providers and regulators (table 2). Governments intervene in ECD because they consider that while ECD services clearly provide benefits directly to children and families, ECD services also provide wider economic and social benefits, including productivity-enhancing human capital improvements and assistance in overcoming disadvantage. There is also recognition that market pressures alone are unlikely to provide for quality ECD services, and that an appropriate regulatory system aimed at quality improvement and assurance is required.

New policy initiatives are reshaping the ECD sector

Australian governments have embarked on a significant program of policy change for the ECD sector, partly to address ongoing concerns that one quarter of Australian children enter primary school with vulnerabilities in one or more of five key developmental milestones. These policy changes include ensuring that all children can attend preschool (so-called ‘universal access’ to preschool), an increased emphasis on ECEC service quality and expanding the provision of ECD services to Indigenous children.

Table 2 The role of governments in the ECD sector

	<i>ECEC</i>	<i>Child health</i>	<i>Family support</i>
Australian Government	<ul style="list-style-type: none"> • Regulation • Policy setting • Most funding 	<ul style="list-style-type: none"> • Some policy setting • Some funding 	<ul style="list-style-type: none"> • Policy setting • Most funding
State and Territory governments	<ul style="list-style-type: none"> • Regulation • Some funding • Some provision 	<ul style="list-style-type: none"> • Policy setting • Most funding • Provision 	<ul style="list-style-type: none"> • Policy setting • Some funding • Provision
Local governments	<ul style="list-style-type: none"> • Provision • Some funding 	<ul style="list-style-type: none"> • Provision • Some funding 	<ul style="list-style-type: none"> • Some provision • Some funding

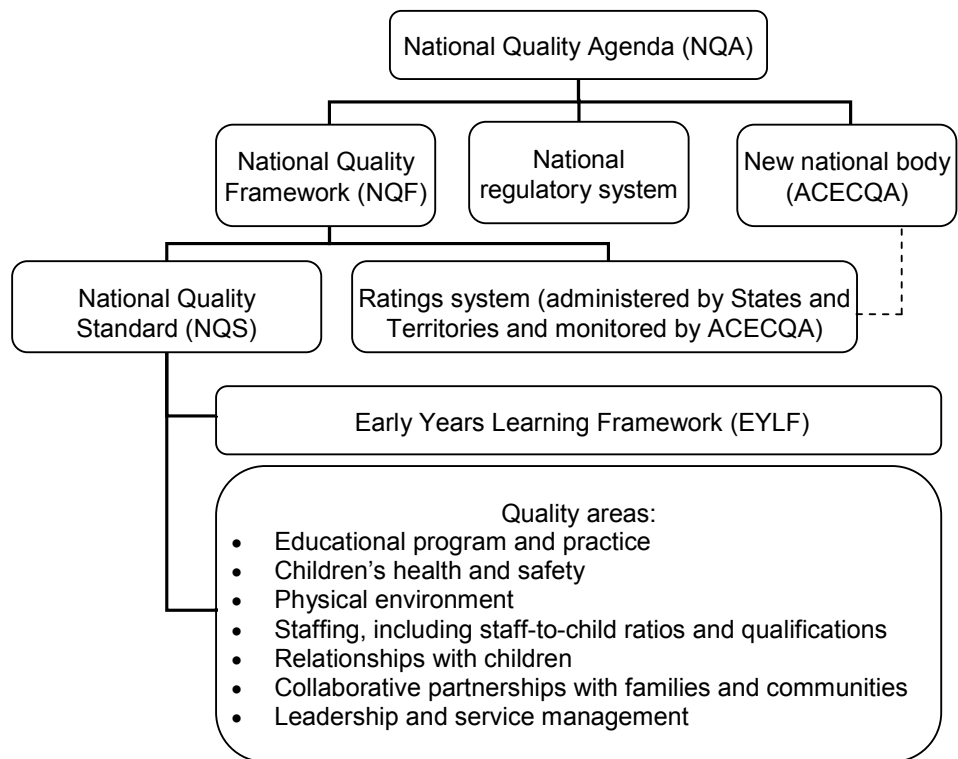
Under the National Partnership Agreement on Early Childhood Education, governments are aiming to provide access for every child to 15 hours of preschool per week in the year before formal schooling by 2013. Achieving this goal will require a considerable increase in both preschool attendance rates and the number of hours of preschool offered. The preschools and LDC centres that deliver preschool programs will also be subject to the service quality initiatives of the National Quality Agenda, which covers all preschools, long day care centres and family day care schemes.

The reforms also include a national early learning framework for ECEC services and a National Quality Standard (NQS) which, among other things, imposes nationally uniform staff-to-child ratios and qualification requirements on the ECEC workforce. This will be overseen by a national regulatory system for ECEC services (figure 2).

Much of the reform agenda is aimed at improving the quality of ECEC services. In order to maximise the impact of these reforms, it is imperative that comprehensive information on service quality (including on the exemptions known as service waivers) is published and readily accessible for parents.

These changes have substantial implications for the ECEC workforce. They will significantly expand demand for teachers. Further to this, demand for contact workers will also expand, as will the level of qualifications required of those workers. At the same time, an increased emphasis on delivering quality services to Indigenous children will accentuate the workforce demand pressures for Indigenous-focused ECD services.

Figure 2 **National Quality Agenda for Early Childhood Education and Care**



The early childhood development workforce

The early childhood education and care workforce

Even without the impact of the new policies, the ECEC workforce has been growing by around 4 per cent per year for over a decade, and now approaches 140 000 workers (table 3). The LDC workforce, which comprises almost half of the total ECEC workforce, has been growing particularly strongly, almost doubling in little more than a decade.

Table 3 The early childhood education and care workforce^a
Number of workers

<i>Service type</i>	<i>1997</i>	<i>1999</i>	<i>2002</i>	<i>2004</i>	<i>2006</i>	<i>2010^c</i>
Long day care	40 100	39 800	48 012	52 105	57 816	67 975
Family day care	15 700	14 300	14 974	14 650	13 679	13 575
In-home care	na	na	144	195	203	1 051
Occasional care	2 300	800	996	953	874	769
Other child care services ^b	900	900	958	959	713	na
Outside school hours care	11 100	16 400	24 346	26 277	29 126	30 342
Preschool	na	na	na	10 321	11 201	25 475

^a Data from 2008 is not available as the Australian Government Census of Child Care Services (AGCCCS) concluded in 2006. ^b Data from 2010 are Productivity Commission estimates based on unpublished DEEWR data. **na** Not available.

Sources: DEEWR 1999 – 2008, SCRGSP (2011) and Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census.

The ECEC workforce is overwhelmingly female (97 per cent) but is not homogeneous. There are two distinct groups of ECEC workers — service directors and teachers, and contact workers:

- Service directors and teachers comprise approximately 30 per cent of ECEC workers, are largely employed on a full-time basis, typically hold high-level vocational education and training (VET) or higher education qualifications, and often lead or supervise contact workers.
- Contact workers are commonly employed on a part-time or casual basis, have VET or no qualifications and receive lower wages than the first group.

From 1 January 2014 all ECEC staff will need to have, or be working towards, a relevant certificate III qualification, and at least 50 per cent of staff in preschools and LDC centres will need to have, or be working towards, a relevant diploma or higher qualification. FDC contact workers will also have to be working towards a certificate III. Staff qualification requirements in OSHC and OC services will not change.

These qualification requirements will be imposed during a period in which increased staff-to-child ratios will be implemented in many jurisdictions. This will require more workers, with a higher average level of qualification, than is presently the case. This will significantly raise the cost of ECEC services.

The increase in costs will be more pronounced for LDC centres that do not currently provide preschool programs, as they will now be required to employ teachers. This increase in demand for teachers will be added to by the expansion of preschool programs.

The preschool and long day care workforce

The workforce impact of these already-agreed reforms will fall most heavily on preschool and LDC services. Supply is expected to take some time to adjust, and demand is unlikely to be met in the short term. While the rapid increase in demand for qualified workers that results from this policy change can be partially met by training existing workers, many new workers will be needed to meet the reform goals.

The change in demand for preschool and LDC workers will differ across jurisdictions. For example, Western Australia currently provides universal access to preschool (but for less than 15 hours per week). ECEC services in that state are already compliant with the staff-to-child ratios specified in the new standards, though not the qualification requirements. However, Queensland, South Australia, the Northern Territory and the ACT will need to make more substantial progress to meet the new standards.

The rate of adjustment in supply is likely to be more rapid for VET-trained service directors and contact workers than it will be for teachers. The reforms increase demand for teachers, and teachers need to have *completed* a 4-year university degree before being able to fill a teacher position (though some jurisdictions will recognise already-completed three year degrees in the transition period). In the case of service directors and contact workers, however, staff are only required to *be working towards* a relevant certificate III or diploma qualification.

More broadly, the supply response will be determined by the incentives provided to workers to gain the appropriate qualifications, to enter the workforce, to upgrade their qualifications where necessary, and to remain in the workforce once they have entered it. These incentives include pay and conditions, both absolute and relative to other occupations, and barriers to entry into the workforce such as the (monetary and opportunity) cost of obtaining or upgrading qualifications.

Recruitment and retention of ECEC workers is already adversely affected by poor pay and conditions. Workers report a significant administrative and regulatory burden in their day-to-day work, and perceive that they receive little public recognition for their contribution to society. These factors all contribute to poor morale within the workforce.

The difference in pay and conditions between teaching positions in LDC centres and preschools will be a key determinant of the supply of teachers for LDC centres. Typically LDC centres offer lower salaries, longer hours and fewer holidays than preschools. Further to this, teachers qualified to work in ECEC services are usually also qualified to work in primary schools, which in most jurisdictions offer similar

if not higher pay, and better professional development and support and career opportunities, than either preschools or LDC centres. As a result, attracting and retaining sufficient teachers in LDC centres, and ECEC services more generally, will be difficult without providing pay and conditions and professional development and support that are equivalent across ECEC and primary school settings.

Existing and projected labour market pressures will make it difficult for the reform goals to be achieved within the specified time periods. The sector already suffers from difficulties in attracting and retaining employees and existing workforce strategies that focus on the availability and affordability of training will not be adequate to stimulate supply sufficiently to meet demand — particularly in the short term, and particularly for hard-to-staff positions.

Crucially, to attract additional qualified workers to preschools and LDC centres, wages for many workers in these services will need to rise, though in some jurisdictions teachers in preschools may currently be appropriately remunerated relative to their primary school counterparts. The cost impact will therefore be a combination of the need to recruit more workers, and the need to pay those workers and the existing workforce more than is currently the case.

While some ECEC services may attract the extra qualified workers they need by paying above-award wages, many will struggle to do so, for a number of reasons:

- Regulation of staff-to-child ratios and qualification requirements restrict the scope for services to achieve productivity gains and real wage growth.
- Government funding formulas mean that many ECEC services do not have the ability to increase wages or to pay different rates to different staff without fee increases (some jurisdictions do not charge fees for preschool).
- Small community organisations find paying award wages simpler than costly enterprise-level bargaining arrangements, performance-based agreements, or both.
- Historically, the use of award wages has been common in ECEC settings, creating a culture that is based on awards.

The family day care workforce

As FDC workers' incomes are directly linked to the number of children in their care, any reduction in the number of children an individual FDC worker can care for will result in a reduction in their income. While the reduction in income may be at least partially offset by fee increases, in some cases FDC workers will choose to leave the sector. This impact will be felt most significantly in New South Wales,

Western Australia, Tasmania and the Northern Territory, where the NQS will result in changes to FDC staff-to-child ratios.

Under the NQS, all FDC workers will be required to hold or be working towards a certificate III qualification, typically a Certificate III in Children's Services. Around 45 per cent of FDC contact workers do not currently hold this minimum qualification, and some FDC workers will not consider it worthwhile to begin working towards it, instead opting to exit the sector. The provision of flexible and appropriate training options will be required to limit this reduction in supply. A key barrier to qualifications is the conduct of centre-based training for the Certificate III in Children's Services. The Certificate III in Children's Services training package should allow for the option of in-home training and assessment for FDC workers where centre-based training is hard to facilitate.

FDC contact workers, though typically self-employed, belong to an FDC scheme. These schemes include a coordination unit that provides administrative support to contact workers. Coordination units are usually funded at least partly on a fee-per-child basis. To the extent that the implementation of the new standards results in a fall in the number of children per coordination unit, it will lead to a drop in coordination unit income, and reduced demand for FDC coordinators in some jurisdictions. Nevertheless, where costs are not prohibitive, it would be desirable for FDC coordination units to employ a teacher to provide the pedagogical leadership that will be available in other ECEC settings after the reforms are implemented.

The outside school hours care workforce

The OSHC workforce has higher rates of part-time and casual employment than the rest of the ECEC workforce and lower levels of formal qualifications. The nature of OSHC as a supplementary service to formal schooling means that there is an emphasis on providing non-cognitive development through constructive play and socialisation. As such, imposing additional mandatory qualifications is not required. ECEC employers' preference for contact staff already reflect this, in that they want staff that are able to meet flexible working arrangements, rather than staff with children's services qualifications.

Though OSHC has been the fastest growing area within ECEC over the past decade, OSHC services have been able to recruit sufficient staff to meet this increasing demand. Additional mandatory qualification requirements could create workforce shortages, increasing service costs and potentially restricting service supply.

The occasional care workforce

OC services provide care for children on an hourly or sessional basis, often for short periods or at irregular intervals. The workforce in OC services is characterised by a high proportion of casual and part-time workers who provide the flexibility to meet constantly changing demand for OC services. Compared to other areas of the ECEC workforce, workers in OC services have relatively high levels of qualifications. Given that children typically spend limited time in OC, and OC thus has a relatively limited scope to contribute to cognitive development, there is no compelling case to impose mandatory qualification requirements on OC.

The family support services workforce

Family support services provide programs that aim to improve the capacity of families to care for their children. Australian, State, Territory and local governments all fund a large number of these programs, which differ in their structure and methods. Increasingly some services are being provided within integrated ECD services, such as children and family centres. Governments will need to direct a larger share of funding for family support programs towards obtaining high-quality evidence about the effectiveness of different programs, so that they can obtain the greatest benefit from workers in the family support sector.

The diversity of family support programs requires a diverse workforce with a range of attributes, skills and qualifications. As a result, the workers who deliver family support services are drawn from across the early childhood education and care, nursing, allied health and community services workforces. In addition, volunteers and peer mentors play a significant role in some programs. Conducting robust evaluations of volunteer and peer family support programs, with a view to expanding them should they prove beneficial, is recommended.

The demand for workers to provide family support services is primarily driven by government funding and policy priorities, with individual recruitment decisions largely made by the non-government organisations that typically operate these services. This results in considerable variation in demand for different types of workers across and within jurisdictions.

The supply of workers for family support programs is highly dependent on the employment opportunities available to those workers in their primary area of expertise (for instance, opportunities for social workers to work in other community services). Current funding levels typically only allow for the payment of wages at around award levels, and are inadequate to attract workers from other, more highly paid sectors. As a result, funding for family support services needs to be increased

to enable them to employ workers under market wages and conditions. In addition, program funding, and therefore job tenure, is typically short-term without surety of renewal, meaning that employment in family support programs is often the less attractive option. Governments should therefore increase the certainty and duration of funding for family support programs wherever possible.

The child health workforce

Child health services monitor and support the health and development of young children. While many child health interventions are based on strong evidence, the optimal number and timing of child health checks merits further research.

Child health services are generally, but not exclusively, staffed by nurses with postgraduate qualifications in child health. In some jurisdictions, child health nurses are also required to be qualified midwives, though there is little evidence to suggest that this leads to better outcomes for children and it is recommended that midwifery not be required.

The child health workforce is relatively small. There are around 5800 child health nurses in Australia, comprising around 2 per cent of the nursing workforce. Over half of these nurses work part time, and 63 per cent are located in major cities. As with the rest of the ECD workforce, the child health workforce is overwhelmingly female; less than 4 per cent of the workforce are male.

Though there are shortages of nurses in Australia and worldwide, child health nursing is a relatively attractive nursing speciality. Because of this relative attractiveness, the supply of child health nurses is likely to increase in response to any increases in government demand for, and funding of, child health services. This suggests that additional incentives to increase the number of child health nurses, such as scholarships for postgraduate study, may not be cost effective and need to be evaluated.

However, in remote areas the supply of child health nurses is unlikely to meet demand. Training remote area nurses and other existing health workers to conduct child health checks would improve service provision for children in remote areas. Aboriginal health workers also play, and should continue to play, an important role in delivering child health services to many Indigenous children.

Training the early childhood education and care workforce

VET and higher education

The increase in demand for qualified ECEC workers flowing from the agreed ECD reforms will require a substantial volume of training to be delivered in a short time frame. Appropriate regulatory oversight of both VET and higher education providers is essential to ensure that training quality is maintained, and ideally improved, over this period.

While there are examples of excellence in VET, participants in this study consider that there is unacceptable variability in the quality of ECEC graduates. Participants expressed concerns about poor-quality training providing students with insufficient support, unreasonably short courses, and inadequate access to practicum experience. This suggests that, without improved quality assurance, a significant portion of the government expenditure on upgrading the skills of ECEC workers is likely to be wasted.

Current VET regulatory approaches are fragmented, with an undue focus on training inputs and processes with little consideration given to student outcomes. While the establishment of a national regulator — the Australian Skills Quality Authority — on 1 July 2011 is designed to address this concern, it will struggle to improve VET quality without sufficient resourcing and a more rigorous assessment process for initial registration of a registered training organisation (RTO), together with an increased focus on student outcomes for already registered RTOs. It is imperative that the regulator develop effective means of ensuring that ECEC training is of an acceptable standard, including:

- more robust conditions for the initial registration of ECEC training providers
- a rigorous and targeted system of audits and penalties to ensure that any RTO that does not consistently produce graduates of acceptable quality is no longer able to provide ECEC training.

Recognition of prior learning (RPL) is an important element of VET. It involves using a student's existing skills and knowledge as credit towards a VET qualification. It is commonly used by workers seeking to obtain a qualification in their current area of work. There is an inherent tradeoff in RPL — the gains of retaining experienced employees and removing unnecessary training costs need to be balanced against the aim of increasing the quality of the ECEC workforce. The consistent application of RPL is hampered by the lack of skilled trainers and assessors and a consistent assessment framework. The development of a detailed national RPL assessment tool (proposed by the Australian Government in its

2011-12 budget) and its use by trained assessors, will promote a more nationally consistent application of RPL.

ECEC reforms will result in a significant and immediate increase in demand for qualified early childhood teachers in most jurisdictions. However, the supply of teachers will be slow to adjust, as a teaching degree takes four years to complete. In addition, the capacity of the university sector to expand is limited by the availability of quality practicum experience for teaching students. In order to assist with the transition to 4-year degrees, the Commission is recommending that governments permit current teachers who hold a 3-year teaching degree to deliver preschool programs.

Professional development and support

Professional development and support augments formal qualifications and assists in the maintenance of ECEC workers' skills. It is an important means of imparting specialised skills where they are required, distributing knowledge and supporting the career development of ECEC workers.

The Commission considers that in order to gain maximum benefit from the agreed reforms, professional development programs need to be improved and resourced so that workers are able to access professional development that:

- helps them to implement the new standards and early learning framework
- assists in the inclusion of children with additional needs
- promotes the development of leadership and management skills
- allows them to work effectively in integrated ECD services.

Even when governments subsidise the cost of professional development courses, the cost of replacing staff while they attend courses can often impede access to professional development. This is particularly the case in rural and remote areas, where there is potential for increased use of technological solutions as a means of providing professional development opportunities.

There are many ECEC workers from culturally and linguistically diverse backgrounds, and they may need tailored support and adaptations in order to implement the new standards and early learning framework.

Leadership skills and opportunities in the ECEC workforce

Under the agreed reforms, the service directors and teachers that comprise 30 per cent of the ECEC workforce are expected to provide leadership to the contact workers within their services. In many cases, this is in addition to managing the ECEC service as a business and meeting regulatory requirements. In addition, teachers will now need to provide pedagogical leadership (leadership in facilitating children's learning) to contact workers. Meeting these demands will place a considerable additional burden on service leaders, both in terms of management and pedagogical leadership.

Where voluntary committees currently manage services, it is important that professional management opportunities, such as cluster management or other shared services, are made readily available to these services so that support is available for staff in both management and leadership.

Policy design and funding for effective ECD services and workers

The agreed ECD reforms will result in more staff being employed per child, and more staff will be required to have higher levels of qualifications. As a result, staffing costs for ECEC services will increase, and this increase will need to be paid for by the service through lower surpluses or profits, by staff accepting less than market wages, by parents in the form of higher fees, or by governments, or a combination of these.

In practice, it is likely that the majority of the increased cost will be shared between governments and parents. The Australian Government will fund up to half of the increase in costs through current child care subsidy arrangements, the Child Care Benefit and the Child Care Rebate. However, parents are likely to pay the majority of the remainder of the increase.

The impact of this increase will not be felt evenly — disadvantaged children often come from disadvantaged backgrounds, and many forms of disadvantage place additional pressure on family budgets. In the absence of appropriately targeted additional funding, the increase in ECEC costs will see some children have reduced access to, or be withdrawn from, ECEC services, many of whom would have stood to benefit most from these services. In particular, Indigenous children and those with additional needs stand to benefit most from ECD services that meet their specific needs. Governments will need to provide sufficient funding to maintain access to ECEC services for disadvantaged children, in light of the fact that labour costs will increase due to the agreed ECEC reforms.

Developing the workforce to include children with additional needs in ECEC services

A substantial minority of children have additional needs, with around 4 per cent of children having chronic physical, intellectual or medical needs and 17 per cent speaking languages other than English in the home. In addition, the proportion of children with additional needs appears to be increasing, and they are currently underrepresented in ECEC. To increase access to ECEC for children with additional needs, additional support is often required. This can include, for example, employing an additional ‘inclusion support’ worker or obtaining advice about including children from culturally and linguistically diverse backgrounds.

Government funding to support access to ECEC services for children with additional needs is currently inadequate. In many cases, the limited funding that is available is provided on a short-term basis, does not fully cover the cost of employing additional support staff, is only received by services with a lag, and is onerous to apply for and maintain. This makes it challenging to recruit and retain inclusion support workers, and to access other types of support. It also means that ECEC services can only afford to employ unqualified workers to provide inclusion support. Governments must address these deficiencies — by improving policies, increasing funding and enabling inclusion support workers to access training — so that all children with additional needs can attend and benefit from suitable ECEC services.

While inclusion support workers are often unqualified, many of the qualified workers in mainstream services have little experience or confidence in working with children with additional needs. Equipping both these staff and inclusion support workers to deliver effective services to children with additional needs should be a focus of professional development programs.

Allied health professionals

Children with additional needs require the services of allied health and early intervention professionals to benefit fully from Council of Australian Government’s agreed reforms. A variety of allied health professionals provide ‘early intervention’ services for children with additional needs. Part-time hours, scarce professional support and limited career paths all contribute to shortages of many allied health professionals in early childhood development services, with particular difficulty recruiting speech pathologists. Services that employ allied health professionals and the governments that fund these services will need to address these issues, so that shortages of allied health professionals can be reduced and the necessary support can be provided to all children with additional needs.

The ECEC workforce for Indigenous children

Indigenous children in Australia often experience considerable disadvantage, with many entering the first year of compulsory schooling behind their non-Indigenous peers in the areas of language and cognitive skills development. Both the National Partnership Agreements on Indigenous Early Childhood Development and on Early Childhood Education involve significant commitments to enhancing preschool education for all Indigenous children.

It is therefore concerning that despite Indigenous-focused services often having poorer infrastructure and resources and fewer qualified staff than mainstream services, many ECEC services for Indigenous children will initially be excluded from the NQS. As a result, as the new standard is applied to mainstream services, the gap between the quality of mainstream services and those for Indigenous children will widen. To avoid this, Indigenous-focused services should be brought within the scope of the NQS. To do otherwise risks entrenching disadvantage, particularly if future reforms are delivered through the Standard.

Given the wide gap that currently exists between mainstream and Indigenous-focused services, it will be necessary to provide Indigenous-focused services realistic timeframes to meet the NQS and appropriate temporary exemptions. Clear milestones and agreed budgets will be required to support the implementation of the new standards in these services, with a continued emphasis on coordinating Indigenous-focused policies.

Governments' commitments to enhancing preschool for Indigenous children introduce significant additional demand for qualified teachers in Indigenous-focused ECEC services. However, securing an adequate number of appropriately skilled workers is already difficult. Many of the issues affecting the mainstream ECEC workforce described above also affect the workforce for Indigenous children, often to a greater extent. There are also significant specific issues affecting the ECEC workforce for Indigenous children, particularly in remote areas. The combination of the challenges of remoteness (box 1) and those specific to ECEC services for Indigenous children have resulted in current demand for ECEC workers for Indigenous children not being met.

Box 1 Attracting ECEC workers to rural and remote areas

It is difficult to recruit and retain sufficient numbers of skilled and experienced early childhood education and care (ECEC) workers in rural and remote areas. This difficulty typically increases with remoteness, and is particularly acute for ECEC teaching positions. To address this, governments will need to provide sufficient funding to address the challenges that living and working in rural and remote areas can bring if the goals of the agreed reforms are to be met.

Governments have sought to attract additional workers to rural and remote areas by offering special allowances and other incentives. While such payments appear to increase the supply of ECEC workers in these areas, the magnitude of this increase is unknown, and alternative recruitment and retention strategies are likely to be required.

A possible recruitment strategy is to target local rural and remote residents for training in ECEC. In many sectors, workers who are recruited from, receive training in, or otherwise have experience with rural or remote areas are more likely to continue working in those areas. Increasing the number of ECEC training opportunities in rural and remote areas would therefore be expected to improve staff recruitment and retention.

The provision of quality housing in some (mainly remote) areas is required to enhance the retention of ECEC workers in these areas. Additional efforts by governments to ensure that all ECEC workers have access to appropriate housing are therefore necessary. Another possible strategy to promote the retention of ECEC workers in isolated rural and remote settings is the establishment and promotion of professional support networks of peers and mentors, both physical and virtual.

In order to meet the commitments made in the above-mentioned National Partnership Agreements, extra priority funding needs to be made available so that Indigenous-focused services can attract, retain and train staff, and to ensure that additional staffing costs are not passed on to families. Multiple-year funding for Indigenous-focused ECEC services is necessary to provide certainty and workforce planning opportunities.

A specialised integrated services ECD workforce?

Integrated ECD services are emerging across Australia in various forms, with governments having committed to the establishment of more integrated services in coming years. These services provide ECEC, such as LDC or preschool, together with child health or family support services or both, though not necessarily at a single location. The range of services offered and the extent and model of integration varies between services, which allows the services on offer to be tailored to the specific needs of different communities.

The prevalence of integrated ECD services, which are designed to provide families with seamless access to multiple services, is growing as policy has increasingly favoured this mode of service delivery. Numerous integrated services are planned for delivery in the next few years, targeted at areas with significant numbers of disadvantaged children, including many remote areas. The challenges faced in recruiting an adequate ECEC, child health and family support services workforce are likely to be exacerbated for these services, as working in these services typically requires additional skills and attributes. However they may also provide a stimulating professional environment that is especially attractive to newer professionals.

Delivering effective integrated ECD services is challenging, and large scale programs to equip staff to work and lead integrated services have not yet been established. However, skilled cross-disciplinary leadership is essential to ensure effective information sharing between services and collaboration between workers from different disciplines. ECD workers in integrated services are also likely to require additional attributes, skills or qualifications to deliver effective integrated services.

This requirement for ‘integrated services skills’ makes staffing of integrated services challenging. It may therefore be necessary for staff to develop ‘integrated services skills’ once they are employed in an integrated service, supported by professional development training. Professional development requirements will be intensified and require increased resourcing, especially as integrated services are commonly being targeted at disadvantaged families, further raising the skills required of integrated services staff.

Limited data and information on integrated ECD services, which is partly the result of the recent emergence of such services, prevents policymakers from assessing their effectiveness and workforce needs. Given this, and in light of the increasing prevalence of integrated ECD services, future workforce censuses and surveys should separately identify these services.

Draft recommendations, findings and information requests

Chapter 3 Government involvement in the early childhood development sector

DRAFT FINDING 3.1

Though the implementation of the universal aspects of the early childhood development (ECD) policy agenda will be costly overall, the targeting of relatively small additional funding to certain aspects of the ECD workforce may deliver substantial additional benefits to the community.

DRAFT FINDING 3.2

Market pressures alone are unlikely to lead to the provision of quality ECD services. An appropriate regulatory system aimed at quality improvement and assurance is required.

DRAFT RECOMMENDATION 3.1

To assist parents' decision making with respect to their choice of early childhood education and care (ECEC) services for their children, governments should require ECEC regulators to publish all relevant information on service quality. Published information should be comprehensive, comparable across services, clearly explained and easy to access.

DRAFT RECOMMENDATION 3.2

To achieve the goals of the Council of Australian Governments' (COAG) ECEC reforms without disadvantaging low-income families through the anticipated increase in fees, governments will need to ensure that there is adequate financial support for such families.

DRAFT RECOMMENDATION 3.3

ECEC regulators should publish the number of service waivers granted, to whom they have been granted, and whether they are permanent or temporary.

DRAFT RECOMMENDATION 3.4

ECEC regulators should provide for ongoing consultation with stakeholders and timely dissemination of best practice. Governments should ensure that all ECEC regulators initiate robust evaluative processes so that regulatory impacts are minimised.

DRAFT RECOMMENDATION 3.5

Where voluntary committees currently manage ECEC services, governments should ensure that professional management support (such as cluster management or other shared services) is readily available to assist with management and leadership.

DRAFT RECOMMENDATION 3.6

In implementing the National Quality Standard, governments should ensure adequate resourcing for regulators to enable appropriate training of their staff in the new regulatory arrangements and their effective implementation.

Chapter 5 The preschool and long day care workforce

DRAFT RECOMMENDATION 5.1

To assist in the transition to the National Partnership Agreement on Early Childhood Education, governments should permit:

- ***any currently employed 3-year-qualified early childhood teacher to deliver the preschool program***
- ***any 3-year-qualified teachers returning to or entering the workforce to deliver the preschool program, provided a plan is in place for them to upgrade their qualification to the equivalent of a 4-year degree.***

DRAFT FINDING 5.1

In order to attract and retain a sufficient number of early childhood teachers to achieve the National Quality Standard and the National Partnership Agreement on Early Childhood Education, salary and conditions offered by long day care centres will need to be competitive with those offered to primary teachers in the school sector. Community- and privately-managed preschools in New South Wales will also need to offer similarly competitive salaries and conditions for their teachers, which is already the case in other jurisdictions.

In order to attract and retain a sufficient number of workers with certificate III and diploma qualifications to achieve the National Quality Standard and the National Partnership Agreement on Early Childhood Education, wages for many workers will need to increase, particularly in long day care centres and community- and privately-managed preschools.

Chapter 6 The family day care workforce

To achieve the National Quality Standard, contact worker-to-child ratios for children under school age will increase in New South Wales, Western Australia, Tasmania and the Northern Territory. These changes are likely to lead to cost increases for family day care services in those jurisdictions, which may result in fewer children attending.

The National Quality Standard may result in fewer children attending family day care, and hence lower revenue for family day care schemes. In the case of the most marginal family day care schemes, coordination unit revenue could potentially decline below the minimum threshold required for ongoing operation of the scheme.

Chapter 7 The outside school hours care and occasional care workforces

The Commission seeks further information on outside school hours care and its workforce.

Given the focus of outside school hours care on non-cognitive development through constructive play and socialisation, governments should not impose additional mandatory qualification requirements on outside school hours care workers.

INFORMATION REQUEST

The Commission seeks further information on occasional care and its workforce.

DRAFT RECOMMENDATION 7.2

Given that children typically spend limited time in occasional care, occasional care has relatively limited scope to contribute to cognitive development. As a consequence, governments should not impose additional mandatory qualification requirements on occasional care workers.

Chapter 8 The early childhood education and care workforce for children with additional needs

INFORMATION REQUEST

The Commission seeks further information on the characteristics of, and data sources relating to, inclusion support workers, early intervention workers, special education teachers, allied health professionals, inclusion support facilitators, bicultural support staff and other workers who specialise in early childhood education and care for children with additional needs.

DRAFT RECOMMENDATION 8.1

To ensure that children with additional needs benefit fully from the COAG ECEC reforms, governments should modify the structure and operation of inclusion programs and reassess funding levels so that such programs:

- provide sufficient funding to support the inclusion of all children with additional needs*
- cover the full cost of employing inclusion support workers at market wages*
- provide funding for an inclusion support worker to enable children with high support needs to attend preschool for 15 hours per week in the year before school*
- have simple and streamlined application processes, which do not place an undue burden on ECEC services*
- make funding available to ECEC services in a regular and timely manner*
- provide multiple-year funding, requiring re-application or adjustment only where there is a significant change in the level of need of a particular child or cohort of children.*

To provide inclusion support staff with the necessary skills to ensure children with additional needs benefit fully from the COAG ECEC reforms, governments should provide additional, priority funding to cover both the cost of relevant in-service training in child development, disability and ECEC, and the cost of replacement staff.

Children with additional needs require the services of allied health and early intervention professionals to benefit fully from the COAG ECEC reforms. To enable early childhood development services for children with additional needs to sustain an appropriately skilled workforce of allied health and early intervention professionals, governments should ensure that funding for such services:

- is based on relevant market wages and conditions for equivalent positions*
- takes into account the skill sets required to perform the purchased services*
- is indexed to market wage growth within the relevant industry sector*
- includes provision for professional development and support.*

Chapter 9 The early childhood education and care workforce in rural and remote areas

To meet the workforce goals of the COAG ECEC reforms, rural and remote areas will need to attract and retain more workers. Governments should assess the cost effectiveness of existing incentives aimed at increasing recruitment and retention in rural and remote areas. These incentives should be compared against alternative strategies such as:

- targeted recruitment of workers from rural and remote backgrounds*
- the delivery of training in rural and remote locations*
- support for pre-service teachers to experience working life in rural and remote areas.*

To attract and retain sufficient staff to achieve the goals of the COAG ECEC reforms for children in remote areas, governments should provide all ECEC workers in remote communities with timely access to appropriate housing at reasonable cost, including housing for students undertaking placement.

Chapter 10 Training the early childhood education and care workforce

DRAFT FINDING 10.1

Study participants indicate that the content of vocational education and training (VET) qualifications for ECEC is largely satisfactory, and the methods currently employed to determine course content are appropriate. Opportunities to better tailor training packages towards the requirements of family day care contact workers are being pursued.

DRAFT RECOMMENDATION 10.1

The Community Services and Health Industry Skills Council should consider specifying the minimum periods of training and practicum associated with children’s services qualifications. These minimum periods should be decided in consultation with ECEC providers.

DRAFT RECOMMENDATION 10.2

Governments should facilitate access to VET by developing ECEC training programs targeted at contact workers from culturally and linguistically diverse backgrounds (including English language programs delivered in conjunction with ECEC training).

DRAFT RECOMMENDATION 10.3

Where centre-based training is difficult to facilitate, registered training organisations should offer in-home practical training and assessment for family day care contact workers as an alternative to centre-based training and assessment.

DRAFT FINDING 10.2

Innovations in the delivery of higher education qualifications in ECEC are making study in this area more attractive to a wider pool of graduates. Early childhood teaching qualifications incorporate pedagogical content that is fundamental to sectoral reforms.

DRAFT FINDING 10.3

Career pathways are emerging as ECEC is changing. These pathways are important in attracting, retaining and increasing the skills of staff, and it is important that clear pathways for career advancement are maintained.

The requirement for VET assessors to demonstrate knowledge of current ECEC practices should be enforced by VET regulators. The Department of Employment, Education and Workplace Relations should design and implement a program of professional development for VET assessors working in ECEC to identify and address gaps in their knowledge of current practice.

Recognition of prior learning provides a means by which both the direct and opportunity costs of training may be reduced. The proposed development of a national recognition of prior learning assessment tool in children's services training will promote efficient, effective and consistent recognition of prior learning.

Governments should provide the Australian Skills Quality Authority with sufficient resources to establish and maintain processes and staff to ensure ECEC training is of a consistently acceptable standard. The Australian Skills Quality Authority should:

- apply more robust conditions for the initial registration of ECEC training providers*
- establish a rigorous and targeted system of audits and penalties to ensure that any registered training organisation that does not consistently produce graduates of acceptable quality is no longer able to provide ECEC training*
- externally validate the competencies of a targeted sample of VET graduates to ensure graduate quality is maintained*
- consider relaxing its focus on ongoing registration in the future, as poor quality training providers are both denied entry and progressively removed in the short-to-medium term.*

DRAFT RECOMMENDATION 10.6

The Australian Skills Quality Authority should be subject to a performance audit within its first two years of operation. This performance audit should:

- ***focus on the ability of the Australian Skills Quality Authority to ensure that ECEC workers receive quality vocational education and training***
- ***review the effectiveness of the Australian Skills Quality Authority in enforcing the minimum conditions and standards for initial and ongoing registration***
- ***consider the adequacy of the funding allocated to the Australian Skills Quality Authority.***

DRAFT RECOMMENDATION 10.7

ECEC qualifications should be regarded as ‘high risk’ by the Australian Skills Quality Authority and audited accordingly. Organisations found to consistently provide high-quality ECEC training should be subject to progressively less regulatory intervention over time.

DRAFT FINDING 10.5

Higher education providers appear to be equipping early childhood teaching graduates with the skills and knowledge they require, though access to quality practicum placements remains an ongoing concern.

DRAFT FINDING 10.6

Registered training organisations are likely to play an important role in meeting increased demand for higher education qualifications for teachers. This will require strong oversight on the part of regulators responsible for quality assurance.

DRAFT FINDING 10.7

Ongoing professional development is important for maintaining a skilled and capable workforce, allowing ECEC workers to build on base-level skills while promoting quality care. Access to support programs promotes the sharing of knowledge, and is also an important determinant of staff retention.

Governments should ensure that all workers in ECEC services have access to professional development and support programs. Priority should be given to enabling workers to participate in professional development that will assist them to:

- *implement the National Quality Standard and the Early Years Learning Framework*
- *include children with disabilities and children from culturally and linguistically diverse backgrounds in ECEC services*
- *enhance the leadership and governance of ECEC services*
- *work effectively in integrated ECD services.*

Increased use of technological solutions such as online training packages should continue to be explored as a means of facilitating support networks, mentoring arrangements and providing structured feedback regarding teacher–child interactions. This approach requires ongoing provision of adequate resources.

While there is no case for excluding teachers working in ECEC settings from existing teacher registration requirements in all jurisdictions, governments should not endorse or contribute funding to a registration scheme for non-teacher ECEC workers.

Chapter 11 Planning the ECEC workforce

The Early Childhood Development Working Group should ensure that the Early Years Development Workforce Strategy:

- *contains clearly identified objectives*
- *uses sound data on the current workforce and clear, robust assumptions about future policies to make projections of expected ECEC workforce demand and supply*
- *employs the most cost-effective policy instrument (that also takes into account non-financial factors) to address supply limitations*
- *takes into account both direct and community-wide effects in assessing cost effectiveness.*

DRAFT RECOMMENDATION 11.2

To support the development, monitoring and evaluation of the Early Years Development Workforce Strategy, governments could usefully consider:

- *improving access to the National Census of Population and Housing*
- *incorporating ECEC service costs in the National Early Childhood Education and Care Workforce Census*
- *expanding the Childhood Education and Care Survey collection.*

Chapter 12 Child health workforce

DRAFT RECOMMENDATION 12.1

To ensure the cost effectiveness of child health services and better inform consideration of future child health workforce needs, state and territory governments should seek to improve the evidence base for child health services, in particular to determine the optimal number and timing of child health checks.

DRAFT RECOMMENDATION 12.2

Scholarships for postgraduate study in child health nursing may encourage a small number of additional nurses to obtain qualifications in child health or to practice in areas of high demand. The cost effectiveness of scholarships as a method of achieving this goal should be assessed by governments before any expansion of scholarship programs.

DRAFT RECOMMENDATION 12.3

In order to reduce unnecessary obstacles to attracting new child health nurses, state and territory governments should not require child health nurses to have qualifications in midwifery in addition to their qualification in nursing and in child health.

DRAFT FINDING 12.1

While child health nurses are, on average, older than other nurses, this reflects their higher level of qualifications and experience and does not appear to be a cause for concern.

DRAFT RECOMMENDATION 12.4

In areas where children are unlikely to have access to a child health nurse, other health professionals, such as remote area nurses and Aboriginal health workers, should receive training in child health.

Chapter 13 Workforce for family support services

DRAFT RECOMMENDATION 13.1

In order to ensure that family support services can sustain their workforces, and as wages are a major factor in the successful recruitment and retention of staff, government funding for family support programs should:

- *be based on relevant market wages and conditions for equivalent positions*
- *take into account the skill sets required to perform the purchased services*
- *be indexed appropriately to market wage growth within the relevant industry sector.*

DRAFT RECOMMENDATION 13.2

In order to facilitate better workforce planning by services and the attraction and retention of staff, governments should increase the certainty and duration of funding for family support programs wherever possible.

DRAFT RECOMMENDATION 13.3

In order to obtain the greatest benefit from workers in the family support sector, governments should direct a larger share of funding for family support programs towards obtaining high-quality evidence about the effectiveness of different programs through longitudinal studies and robust program evaluations.

DRAFT RECOMMENDATION 13.4

In order to obtain better evidence on the effectiveness of family support programs delivered by volunteers and peers, governments should evaluate such programs on a wider scale, with a view to the expansion of such programs if they prove to be effective.

Chapter 14 Workforce for Indigenous ECEC services

DRAFT FINDING 14.1

Limited data availability on Indigenous-focused ECEC services, including their workforce, prevent thorough analysis, reducing governments' ability to plan and deliver these services effectively.

DRAFT RECOMMENDATION 14.1

To achieve the COAG ECEC reform goals governments should:

- ***bring Indigenous-focused ECEC services into the scope of the National Quality Standard***
- ***have a structured plan with agreed targets, and allocate additional funds to ensure all Indigenous-focused ECEC services achieve a rating of National Quality Standard or above within an agreed timeframe, without the need for waivers.***

DRAFT FINDING 14.2

Alternative models of service delivery for Indigenous-focused ECEC services are being developed and trialled. Expansion of these models, and possible development of new ones, will be required to meet desired quality outcomes for Indigenous children.

DRAFT RECOMMENDATION 14.2

ECEC services must meet cultural competency standards to receive National Quality Standard endorsement. The Australian Children’s Education and Care Quality Authority should consult with relevant stakeholders to develop clear and effective Indigenous cultural competency guidelines for ECEC services with Indigenous children to receive this endorsement.

DRAFT RECOMMENDATION 14.3

To meet the goals of the Closing the Gap: National Partnership Agreement on Indigenous Early Childhood Development and the COAG ECEC reforms, more workers, and more highly skilled workers, will be required to work in Indigenous-focused services. To support service-level workforce planning and to provide for greater certainty to facilitate more effective attraction, retention and training of staff in Indigenous-focused services, governments should:

- ***give priority to the provision of quality ECEC services for Indigenous children, without passing on extra costs to parents***
- ***provide multiple-year funding for Indigenous-focused ECEC services.***

DRAFT FINDING 14.3

Ongoing support for Indigenous children is necessary as they make the transition to formal schooling, to ensure the benefits they gain from ECEC are maintained as they advance through the education system.

As part of the broader Early Years Development Workforce Strategy agreed by COAG, governments should work together to develop a coordinated workforce strategy that builds on workforce plans in each jurisdiction, so that priority is given to placing suitably qualified staff in Indigenous-focused services. This should include a specific plan to build the Indigenous ECEC workforce.

ECEC services should consider offering more flexible employment arrangements, such as access to additional leave with adjusted pay arrangements for legitimate absences, to attract and retain Indigenous staff.

VET and higher education institutions should apply student-centred design principles to the design and delivery of courses for Indigenous students. Sufficient resources must be provided to ensure Indigenous students are suitably supported throughout their training.

To assist Indigenous students to prepare for study to qualify to work in ECEC settings, priority funding from governments for certificate I and II training will be required, particularly for students in remote areas.

To achieve the COAG ECEC reform goals, the Australian Government should make available additional funding for Indigenous Professional Support Units so that:

- general Indigenous cultural competency training can be provided to all staff without such competency working in mainstream ECEC services with Indigenous children*
- tailored professional development on Indigenous cultural competency can be provided to staff working in Indigenous-focused ECEC services where there is demonstrated need*
- the units can provide sufficient professional development and support to Indigenous staff.*

Chapter 15 The integrated ECD services workforce

INFORMATION REQUEST

The Commission seeks further information and data on the characteristics of the integrated ECD services workforce.

DRAFT RECOMMENDATION 15.1

Future ECD workforce censuses and surveys should identify integrated ECD services separately to facilitate analysis of the workforce and subsequent policy development.

DRAFT FINDING 15.1

A more flexible approach to the pay and conditions of different occupations will be necessary to avoid recruitment and retention problems in integrated ECD services and to foster true integration.

DRAFT FINDING 15.2

Postgraduate studies to support the integrated ECD services workforce, with a particular emphasis on management and leadership, are emerging.

DRAFT RECOMMENDATION 15.2

The Community Services and Health Industry Skills Council should consider introducing VET qualifications:

- *that focus on leading and managing integrated ECD services*
- *for contact workers at the certificate IV or diploma level.*

DRAFT RECOMMENDATION 15.3

The Professional Support Program should provide introductory professional development in integrated ECD services to ECEC staff working in such services. Consideration should be given to the provision of similar courses for managers of such services.

DRAFT RECOMMENDATION 15.4

The Australian Government should consider if workers in non-ECEC components of integrated ECD services should have access to professional development under the Professional Support Program. Further, the Early Years Development Workforce Strategy should focus on the professional development requirements of the integrated ECD services workforce, and how to meet them.

1 Introduction

The Productivity Commission has been asked by the Council of Australian Governments (COAG), through the Australian Government, to undertake a study of the Education and Training Workforce. The Commission was asked to examine, in turn, the Vocational Education and Training (VET), Early Childhood Development (ECD) and Schools workforces. This draft report on the ECD workforce is the second report from this suite of studies, following the submission of the VET report to the Australian Government in April 2011. This ECD workforce draft report was informed by a first round of submissions from, and consultations with, stakeholders and interested parties.

The Commission now invites comment and submissions on this draft report (see page III for details). Following this second round of submissions and further consultations, a final report on the ECD workforce will be submitted to the Australian Government by October 2011, and published thereafter. Subsequently, a final report on the Schools workforce will be submitted to the Government in April 2012.

The ECD workforce plays a crucial role in delivering the quality ECD services which, working in concert with Australian parents and other caregivers, help most Australian children meet developmental milestones and enter primary school well prepared.

The ECD sector in Australia is currently the subject of major reforms which will have far reaching implications for the sector's workforce. This report looks at the workforce issues that must be addressed to successfully implement these already agreed reforms.

The policy reforms, introduced by COAG, aim to further enhance the quality of early childhood education and care, provide universal access to early childhood education and place a new emphasis on Indigenous early childhood development. The COAG changes, in particular those targeting quality, reflect the view of governments across Australia that learning in the early years is particularly important. For example, the Victorian Government stated in its submission:

The importance of the time from birth to eight years of age is now widely recognised and supported by evidence from both neurological and social sciences. During this

period, children experience more rapid brain development and acquire more skills and knowledge than at any other period in their lives. This evidence has informed Victoria's decision to adopt a birth to eight approach to early childhood services. (sub. 87, p. 7)

With governments focusing on the importance of the early years to future wellbeing (including productivity) has come an emphasis on education as well as care for young children, and the mandating of qualifications and increasingly stringent regulatory standards for ECD services.

While some jurisdictions will find the transition to the new policy goals more difficult than others, taken together, the COAG changes will have a significant impact on the ECD workforce across the country, both in terms of the increase in the number of workers required, and the higher qualifications and skills that will be demanded of those workers. The impacts will be most profound in early childhood education and care (ECEC). This report examines the workforce implications of the COAG changes. It discusses whether and how the COAG workforce requirements can be met, particularly in the timeframe agreed. Where these requirements cannot be met within the desired timeframe, it examines the appropriateness of various prioritisation strategies. Looking further into the future, the report examines what might need to be done to sustain and plan the ECD workforce.

This report discusses the ECD workforce in the context of likely developments within the sector. The number of children with additional needs making use of ECD services appears to be growing, and rural and remote settings present their own particular challenges. Improved access to quality ECD services is also seen as a way to address Indigenous disadvantage. Methods of delivering a workforce of sufficient size and with the requisite skills to meet the challenges resulting from the COAG reforms are also examined.

1.1 What has the Commission been asked to do?

In relation to the ECD workforce, the Commission is required to consider and advise on the:

- current and future demand for the workforce, with particular regard to the skills required to meet society's needs
- current and future supply of the workforce, in terms of numbers, knowledge and skills
- workforce composition that most effectively and efficiently delivers desired outcomes

-
- appropriate directions and tools for workforce planning and development
 - other factors of notable significance for the ECD workforce.

In addition, the Commission has been asked to consider:

- whether current sectoral and jurisdictional boundaries limit innovation and flexibility in workforce planning, development and practices
- factors that impact on building Indigenous workforce capability.

While the Commission has undertaken a separate study of the VET workforce, the extensive use of VET qualifications in the ECD sector means that this study includes an examination of the VET sector as appropriate, particularly in relation to training ECEC workers. Further to this, ECD services play an important role in preparing children for subsequent schooling, and there is considerable movement between the ECD workforce and schools workforce. Some examination of the interface between ECD and schooling is therefore required.

The terms of reference require the Commission to focus on aspects of the operation, performance and governance of the ECD workforce. However, as the ECD sector and its workforce are inextricably linked, the Commission also comments on certain features of the overall ECD sector, where these features are pertinent to the study of the workforce.

1.2 Why is the ECD workforce study important?

The extent of the policy and regulatory changes occurring in the ECD sector and their impact on the sector's workforce suggest that there is a need for a detailed workforce study. The regulatory changes will impact most significantly on the ECEC workforce, and as a result this study emphasises this, the largest component, of the ECD workforce.

The changes that are currently being implemented in the ECEC sector will increase demand for ECEC services and therefore demand for ECEC workers. In addition, the number of workers involved in providing a given level of service, and the qualifications required of those workers, will also increase. This increase in demand for qualified workers will occur in an environment where supply is already limited:

... there are current shortages of staff, varying across jurisdictions and influenced by local labour market conditions. (Department of Education, Employment and Workplace Relations, sub. 86, p. 25)

This suggests that, in order to deliver the workforce to meet the requirements of the COAG changes, an appropriate workforce strategy is required. The need for such a

strategy is evidenced by the experience of similarly extensive changes overseas, where timeframes have often been found to be overly ambitious leading to programs being scaled back (box 1.1).

Box 1.1 Lessons from other countries' experience

An examination of the Early childhood Development (ECD) systems and workforces of Denmark, France, New Zealand, the United Kingdom and the United States can usefully inform ECD policy development in Australia (appendix D).

The recent Australian reforms most closely follow those in the United Kingdom and New Zealand, where increased qualification levels, greater access to preschool and a more formalised regulatory and curriculum structure have been introduced. The scope and speed of reforms has been wound back to some extent in both jurisdictions, sounding a note of caution to the ambitious Council of Australian Governments (COAG) changes being implemented in the Australian early childhood education and care (ECEC) sector.

None of the five countries examined require all workers in ECEC services to hold qualifications in education or children's services. In the case of New Zealand, a target for all ECEC staff in the majority of services to be qualified teachers was adopted, only to be subsequently rolled back due to an inability to attract, train and pay for sufficient teachers. In Australia, given the expected increase in demand for qualified staff under the COAG ECEC reforms, if the supply response is tepid current timelines for implementation may need to be adjusted.

While staff-to-child ratios are commonly used as a means of assuring quality in ECEC services, there is considerable variation between countries in the chosen ratios. The evidence base for staff-to-child ratios is also inconclusive (appendix C).

With the exception of the United States, preschool education is available to all children in the year(s) before formal schooling and is provided by a degree-qualified teacher. However, compared to primary schools, both these services and ECEC services more generally find it harder to attract qualified staff. All countries struggle to increase the proportion of men in the ECD workforce.

Except in Scandinavian countries, demand for both ECEC services and ECEC workers typically exceeds supply. The supply of ECEC workers in Australia is unlikely to meet demand without increases in wages and reductions in training costs and other barriers to entry to the labour market.

In all countries examined, parents, families and volunteers play a role in providing ECD services. When delivered according to curriculums or program guidelines, these services can be very effective.

To attract new workers to the sector, encourage them to obtain the required qualifications, and remain in the sector, appropriate rewards in the form of both pay and conditions will need to be offered as currently:

... ensuring supply of qualified staff has many challenges including comparatively low wages ... limited career opportunities ... [a] lack of flexibility and difficult hours of work (split shifts, rotating shifts) do not make this career choice attractive ... (Penrith City Council, sub. 74, p. 4)

The modern awards, designed to provide a ‘safety net’ wage, include wage rates that are unlikely to attract and enable the retention of sufficient workers to meet increasing demand. To meet rising demand, services are likely to have to pay above-award wages. This will impose significant costs on the sector.

While the policy landscape now recognises the trend towards a more highly skilled ECEC workforce, the industrial landscape has not kept pace. At the heart of this study is the mismatch, referred to by many study participants, between the pay and conditions available in the sector on one hand and the work skills and qualifications required on the other.

Attracting sufficient numbers of staff is one challenge. A second challenge is that these staff will also require appropriate qualifications, with the majority of these being delivered by the VET sector. There are significant concerns in the sector about training quality as:

... the training of staff has deteriorated dramatically with the proliferation of private enterprise [registered training organisations (RTOs)]. The quality of both Certificate III and Diploma graduates is so bad that many Children’s Services Centres have fewer staff than they would like, rather than employing someone who is so poorly trained as to be a danger to the children. (Victorian Children’s Services Association, sub. 43, p. 1)

With the advent of the COAG changes, demand for training will increase significantly. This may lead to a perverse outcome as:

... the new National Quality Framework makes for an attractive business opportunity for [RTOs]. This is likely to see an increase in the number of RTOs adding the relevant qualifications to their scope, including those with less impressive credentials and experience ... (Mission Australia, sub. 12, p. 3)

The quality objectives of the COAG changes will only be achieved if workers receive quality training — that is, training that delivers the skills necessary to provide quality ECEC services. The issue of training quality is therefore treated extensively in this report.

While obtaining a workforce to meet the demands of the COAG changes in a universal sense is the overarching objective of this report, a range of other specific

challenges are also addressed. There are challenges faced in recruiting workers even for mainstream, urban services, but these challenges are multiplied in certain cases, particularly in rural and remote areas:

... where it is more difficult to attract degree-qualified professionals. (DEECD, sub. 87, p. 10)

Incentives [will] need to be made available to attract and keep qualified staff in areas where it is difficult to attract applicants ... [such as] in rural and remote areas. (NIFTeY NSW, sub. 36, p. 3)

Additional challenges will be faced by services that incorporate children with additional needs into their programs.

The current practice of minimal funding to mainstream services to include children with a range of high support developmental and medical needs is largely inadequate. (KU Children's Services, sub. 26, p. 3)

And training for specialised staff to meet the demands of children with additional needs is also lacking. In particular:

Recent graduates do not always have the skill of including children with a disability. (SDN Children's Services, sub. 31, p. 6)

Many Indigenous children suffer significant disadvantage. Given that ECD services deliver the greatest gains to the most disadvantaged children, access to ECD services and the quality of those services for Indigenous children should be prioritised — this is a major finding of this report. However, the supply of workers for Indigenous-focused services is severely limited, and attraction and retention of staff is particularly challenging.

The workforce supply challenges faced by Indigenous-focused ECD services are exacerbated by the strong trend towards integrated service delivery in the ECD sector, and the particular emphasis being placed on the integration of services delivered to Indigenous children. These integrated Indigenous-focused services are often located in rural, remote or very remote settings, and require 'a greater level of experience, skills and qualifications' to support the delivery of integrated ECD services (Benevolent Society, sub. 49, p. 17).

This report examines the ECD sector and ECD workforce challenges in detail. The analysis presented is intended to the development of a workforce strategy. This strategy will deliver a highly skilled workforce in sufficient numbers to deliver the outcomes specified in the COAG agreements.

1.3 Conduct of the study

In keeping with the *Productivity Commission Act 1998* (Cwlth), the Commission has conducted this study using open, transparent and public processes, and with an overarching concern for the wellbeing of the Australian community as a whole.

The Commission published an Issues Paper in November 2010 and met with a wide range of individuals and organisations with an interest in matters contained in the terms of reference, including: ECD providers and practitioners; industry bodies; unions; professional groups; academics; child advocacy bodies; Indigenous organisations and Australian, State and Territory Government officials. Visits were conducted throughout Australia, including in regional areas. A roundtable discussion was held with invited stakeholders in Sydney to further assist with analyses contained in the draft report.

A total of 87 submissions have been received since this study was announced, from a range of participants with an interest in the ECD sector. Submissions are available on the Commission website. Appendix A provides details of the individuals and organisations who participated in the study through submissions, visits or participation at roundtables or a combination of these.

The Commission expresses its gratitude to all those who participated and contributed to this draft report.

1.4 Structure of the report

The remainder of this report is structured as follows:

- The ECD sector is initially described (chapter 2), followed by a discussion of the role of government in the sector, along with an examination of the rationale for government involvement in ECD (chapter 3).
- A detailed description of the ECEC workforce (chapter 4) is followed by an examination of the issues facing the workforces for preschools and long day care centres (chapter 5), family day care (chapter 6), outside school hours care and occasional care (chapter 7). The additional challenges faced in obtaining a workforce to provide quality ECEC for children with additional needs (chapter 8) and for children in rural and remote areas (chapter 9) are then examined, and a range of possible responses are canvassed. The training needs of the workforce and the institutional arrangements to deliver training are discussed (chapter 10), followed by an examination of possible workforce planning approaches (chapter 11).

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- The child health (chapter 12) and family support services (chapter 13) workforces are then examined.
 - The additional challenges faced by the workforce delivering ECD services to Indigenous children are discussed (chapter 14). Policy responses to these challenges are increasingly focused on the delivery of services to these children in integrated settings. Integrated ECD service delivery is also becoming increasingly common in mainstream ECD services, and the workforce needs of integrated services are examined in detail (chapter 15).

2 The early childhood development sector

Key points

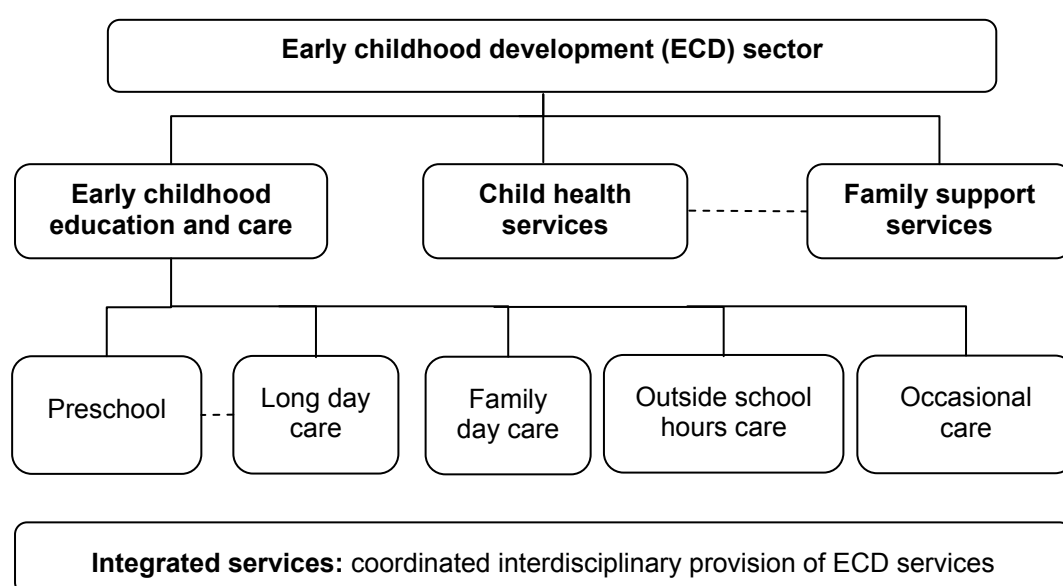
- The early childhood development (ECD) sector provides early childhood education and care (ECEC), child health and family support services. These services are primarily used by children up to school age and their families.
- ECEC comprises different types of services that are increasingly combining education and care. Examples include long day care, preschools, family day care, and outside school hours care. There are over 16 000 ECEC services in Australia, attended by over one million children.
- Long day care is the most popular service, attended by over 543 000 children. There are nearly 6000 long day care centres that are predominantly managed by private, for-profit companies.
- There are nearly 5000 preschools, which are typically managed by government and community organisations, and offer services to over 213 000 children.
- Outside school hours care services have registered the fastest growth in the ECEC sector in the past decade, and they now cater for over 342 000 children.
- Most funding for ECEC comes from governments, through a mix of subsidies paid to parents and payments to services. Current annual government expenditure on ECEC is \$4.7 billion, and it is expected to rise in coming years.
- The regulatory framework of ECEC is complex and often inconsistent. This can lead to fragmented and inefficient service delivery.
- Child health services are among the most commonly used ECD services, and are fully funded and provided by governments. Child health nurses represent about 2 per cent of the nursing workforce.
- Governments fund hundreds of family support programs and services. These are mostly targeted at disadvantaged children and families. However, the most vulnerable families are the least likely to access services.
- Integrated ECD services are being established at an increasing rate, particularly in areas of high disadvantage.
- COAG's ECEC reforms reflect a new approach to quality, regulatory consistency and service delivery. While providing benefits, they pose significant challenges.

2.1 What are early childhood development services?

The early childhood development (ECD) sector comprises services that aim to foster the health, education and care of young children. These services include:

- early childhood education and care (ECEC) services
- child health services
- family support services (figure 2.1).

Figure 2.1 **The early childhood development sector**



This study focuses on services for children up to school age, except for outside school hours care, which can cater for children up to 12 years of age. Services discussed are those that require government licensing, registration, accreditation or control — informal childcare arrangements, for example, fall outside the scope of this study (see below).

Early childhood education and care services

Responding to changes in the community's needs and government policies, ECEC has evolved to include a wide variety of services. In 2009-10, there were over 16 000 children's services operating in Australia. This includes over

4800 stand-alone preschools and nearly 11 500 child care services — long day care, family day care, outside school hours care and occasional care (table 2.1).¹

Table 2.1 ECEC services, 2009-10^a

	<i>Services^b</i>	<i>Places offered^c</i>	<i>Children attending^d</i>
Long day care	5 781	318 894	543 539
Family day care	328 schemes 12 060 contact workers	73 456	93 738
Outside school hours care	5 303	316 316	342 261
Occasional care ^e	85	2 728	6 401
Preschools	4 809	na	213 446

^a Includes childcare services approved by the Australian Government, and preschools that are funded or provided by State and Territory Governments. ^b Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census. ^c Figures are estimates based on the 2009 March quarter and do not represent an annual total. Figures are sourced from SCRGSP (2011). ^d All figures except preschool attendance are Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census. Children may attend more than one type of care, and the majority do not attend full time. Therefore, the number of children generally exceeds the number of full-time places. Preschool enrolment figures are sourced from SCRGSP (2011). ^e These figures may under-represent the size of the occasional care sector. Many occasional care services are not approved by the Australian Government to administer the child care benefit, and hence will not be counted here. **na** Not available.

Sources: Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census; SCRGSP (2011).

Long day care (LDC) centres offer care and education for children from birth until the start of formal schooling. They operate in purpose-built centres, and are usually open from 7.30am to 6.00pm for 48 weeks of the year. In recent years, the provision of structured education programs has become increasingly important in LDC, with 55 per cent of services offering in-house preschool programs, delivered mostly by teachers with diplomas or university qualifications (Productivity Commission estimates based on unpublished DEEWR data).

While the number of LDC centres has been increasing, the number of stand-alone preschools has declined. Preschools (known as kindergartens in some jurisdictions)² mostly offer educational programs to children in the year before formal schooling.³ They tend to operate for shorter hours than LDC centres, and are only open during school terms.

¹ Data on ECD services often differ between sources, due to definitional issues and regulatory structures. Figures used here are sourced from the Report on Government Services (2011) and Productivity Commission estimates based on unpublished DEEWR data (appendix B).

² These services are known as kindergartens in Victoria, Queensland, Western Australia, South Australia and Tasmania, and as preschools in New South Wales, the Northern Territory and the ACT. The Commission will refer to these collectively as preschools.

³ In addition to educational programs in the year before formal schooling (attended usually by 4-year-olds), some preschools also offer programs for younger children.

Family day care (FDC) is provided by professional contact workers in their own home. The provision of services is usually managed through a coordination unit that links together a number of FDC contact workers.

Outside school hours care (OSHC) comprises care services for children before and after school hours and during vacations, and is the fastest growing sector. Occasional care (OC) provides care for children on a sessional basis, and has experienced limited growth in recent years (SCRGSP 2011).

The vast majority of LDC and FDC services are approved by the Australian Government.⁴ They are considered to be mainstream services and their fees are subsidised. There are also about 340 non-mainstream services operating mainly in regional, remote or Indigenous communities, where mainstream services are not sustainable. Examples include Multifunctional Aboriginal Children's Services and mobile child care services. The Australian Government funds the operating costs of these services (DEEWR 2011c).

Child health services

Child health services focus primarily on monitoring and promoting the health and wellbeing of children (Schmied et al. 2008). A schedule of monitoring visits is offered to all children in all jurisdictions, and specialist and targeted services are available for children and families with additional needs. In 2008, 5788 nurses reported working in child health, representing just over 2 per cent of the nursing workforce (AIHW 2010b) (chapter 12).

Family support services

Hundreds of family support programs and services are operated by governments and community organisations. They differ in scope, from universal advice phone lines, to educational programs that promote positive parenting, to highly targeted and intensive support and intervention programs. Their general aim is to improve family capacity to care for children (AIHW 2001) (chapter 13).

⁴ To be approved to administer the child care benefit, a service needs to be licensed by the state regulator, participate in a national quality assurance program and comply with administrative requirements (appendix E).

Links with other sectors

Some services provided to children fall outside the scope of this study, despite being closely related to early childhood development. While the study will discuss services provided to children with additional needs, it will not cover disability services. Rather, it will focus on universal services, and those that are designed to support the inclusion of children with additional needs in mainstream services. Child protection services and out-of-home care are also outside the scope of this study.

ECD services, and in particular ECEC, are increasingly viewed as playing an important role in the education of young children. However, this study will not cover the early years of formal schooling, as they will be addressed by the Commission's Schools Workforce study, forthcoming in 2012.

This study will focus on the workforce for regulated ECEC services that are delivered for a fee outside the child's home. Informal child care, by family, friends or neighbours, and in-home care services are excluded, as they fall outside the scope of recent policy reforms (chapter 3).

2.2 Who provides early childhood development services?

ECD services are provided by government, community (not-for-profit) and private (for-profit) organisations, reflecting community preferences and the market forces operating within each part of the sector. Governments have been slowly withdrawing from the direct provision of ECEC services, but they continue to provide child health and some family support services.

Early childhood education and care: a mixed market

Although some differences exist between jurisdictions, LDC services are primarily provided by private, for-profit operators.⁵ They account for 71.5 per cent of centres (community-managed services represent 25.5 per cent, and governments manage 3 per cent of centres). Most of them operate single centres; a few have evolved into franchised chains. ABC Learning was the largest of these chains, operating over

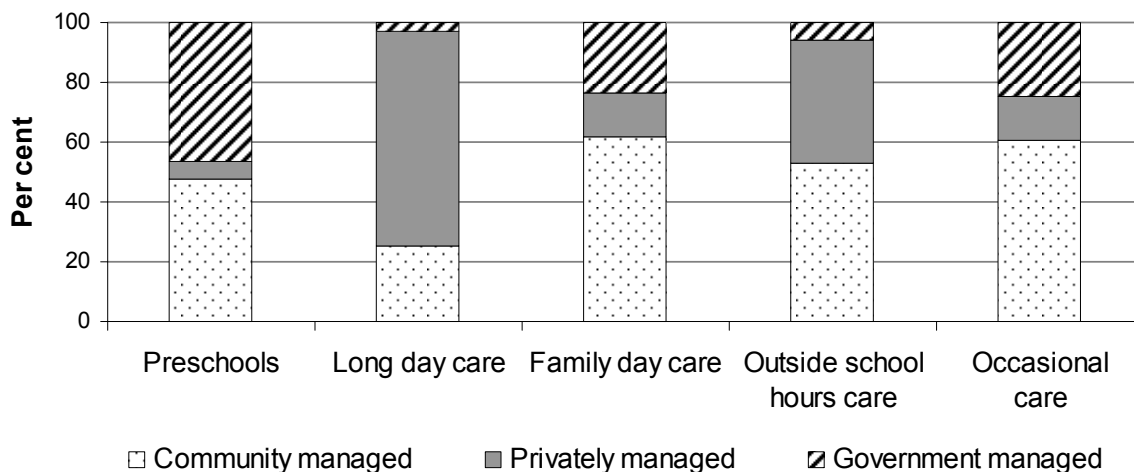
⁵ Despite their for-profit status, the ABS has estimated that, on average, private operators of ECEC services ended 2008-09 with losses, while not-for-profit operators generated surpluses. Not-for-profit operators spent a larger proportion of income on labour, but their rent and interest costs were substantially lower compared with for-profit providers (ABS 2010).

1000 centres in Australia and overseas before its financial failure in 2008. Most former ABC Learning centres have been taken over by GoodStart Childcare, a consortium of not-for-profit organisations assisted by the Australian Government (DEEWR 2010j).⁶

Community organisations and state and local governments are the key providers of preschool services; however, there are substantial differences between jurisdictions. In New South Wales, Victoria and Queensland, preschools are primarily community-managed, while elsewhere preschool is predominantly a government service (SCRGSP 2011). Apart from stand-alone preschools, a variety of other providers, such as primary schools and LDC centres, also offer early childhood education programs (APH 2008).

More recently, private operators have begun providing FDC and OSHC services. While for-profit FDC coordination units remain a small minority, the share of private for-profit providers of OSHC has increased from 11 per cent in 2004-05 to over 40 per cent in 2009-10 (SCRGSP 2011) (figure 2.2).

Figure 2.2 Early childhood education and care services, by management type, 2009-10^{a,b}



^a Data do not include services managed by non-government schools. ^b Data include only FDC coordination units. Data are not available for the Northern Territory.

Source: SCRGSP (2011).

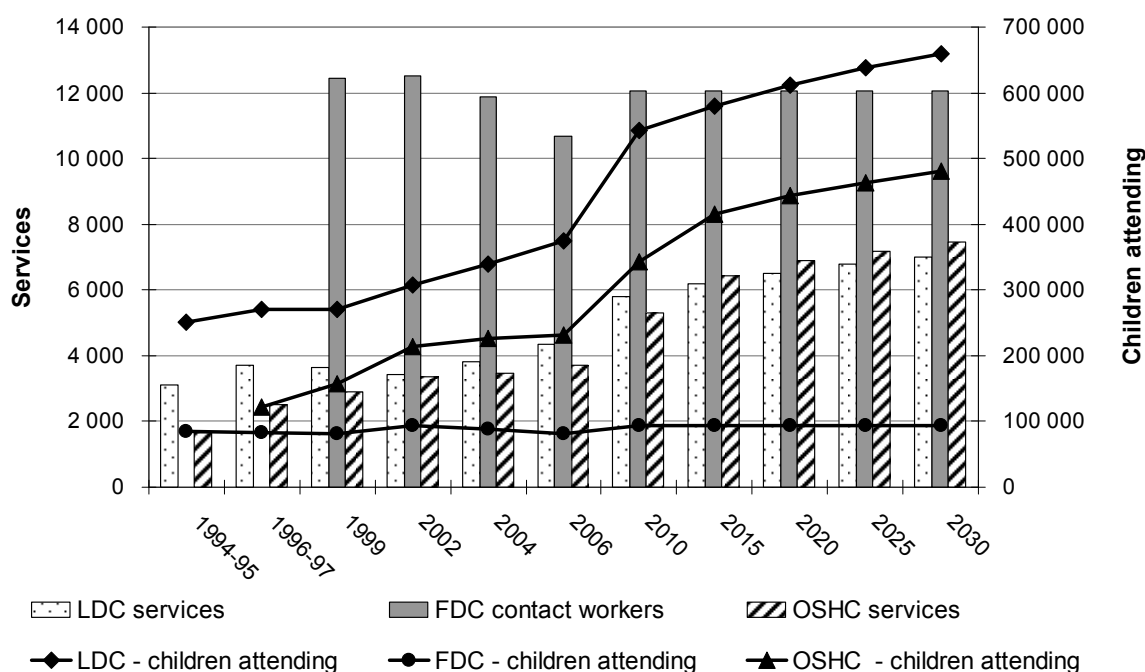
⁶ After ABC Learning was placed in administration, the Australian Government provided support for the receivers to continue operating the centres during the transitional period. It later gave the GoodStart consortium a fully payable loan of \$15 million to allow it to complete the purchase of the ABC Learning centres (DEEWR 2010j).

The evolution of ECEC service provision

Early childhood education and care in Australia has its roots in community and charity enterprises. Community organisations — either not-for-profit bodies or parent groups — were the dominant providers until the later part of the 20th century, operating alongside local governments in some jurisdictions and small numbers of private entities. Government funding was initially only available to community organisations when it was introduced in 1972.

Changes to the structure of funding provided by the Australian Government gave impetus to the surge in the number of private providers. In 1991, the Australian Government made funding available to private providers, and by 2004, the number of long day care places they offered had grown by nearly 350 per cent. During this period, the number of childcare places at community-managed centres increased by 65 per cent, FDC places were up 75 per cent, and the fastest growth was recorded in OSHC, which increased by 416 per cent (Brennan 2007). The number of services and children attending have also increased markedly (figure 2.3).

Figure 2.3 Historical and projected trends in the ECEC market^a



^a Data until 2010 are DEEWR figures from the Census of Child Care Services and Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census. Data from 2015 onwards are based on ABS projections, under assumptions of medium fertility and migration rates, which reflect current trends. The projections assume that the participation rate in ECEC will remain unchanged and there is no expected increase in attendance at FDC. The figures do not include attendance at preschools.

Sources: ABS (2008) (table B9); Australian Government Census of Child Care Services; Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census.

In more recent years, growth rates have moderated as the market has stabilised. From 2004 to 2009, the number of LDC places has grown by 39 per cent. The number of FDC places has remained almost unchanged, while OSHC places increased by 25 per cent (SCRGSP 2011).

Projections based on current trends indicate that OSHC services are expected to grow faster than LDC services in the next two decades. The number of children attending OSHC is expected to rise by 40 per cent, while LDC attendance is projected to rise by 21 per cent (figure 2.3).

Child health: government provision

Like the majority of community health services, child health services are provided by state or local governments. State Governments began providing maternal and child health services early in the 20th century in an effort to reduce infant mortality. Local governments were heavily involved in these services (Stanley 2001). Over time, the balance has shifted, and State Governments emerged as the key provider of child health services in most jurisdictions (appendix E).

Family support: a different type of mixed market

Family support services are dominated by not-for-profit organisations. Governments provide some family support services directly, and fund many more programs that are delivered by community and not-for-profit organisations. Over time, the scope of services has expanded beyond targeted support for vulnerable families to the provision of universal support. Family support services are provided by an increasing array of government bodies, and by a variety of qualified staff, such as child health nurses, teachers and allied health professionals (AIHW 2001).

Integrated ECD services: a new policy focus

In recent years, integrated ECD services have been attracting increasing interest and funding from policy makers. Integrated services are often established in areas with high levels of disadvantage, and are designed to offer more seamless access to multiple services. They can take various forms, from cooperation through to full integration of multidisciplinary services and support (see chapter 15 for a detailed discussion).

2.3 Who uses early childhood development services?

The vast majority of children in Australia will access at least one ECD service during their early years. Following a recent ‘baby boom’, there were nearly 1.7 million children aged 0–5 in Australia in 2009-10, compared with 1.5 million in 2001-02 — an increase of 11 per cent. Over the same time period, the population of children aged 6–12 grew by less than one per cent (SCRGSP 2011). These demographic changes alone raise questions about the staffing levels at various ECD services, and whether they would be sufficient to cope with the potential increase in demand.

Whether demand for staff will be met will partly depend on usage rates, which vary greatly between services. For example, in Victoria, over 99 per cent of newborns are seen by a child health nurse (DEECD 2010a), but only 32 per cent of children aged 0–5 attend an approved childcare service, although attendance rates at preschool are higher (SCRGSP 2011). Usage rates for family support services are much lower — Victoria’s Parentline, a phone service open to all parents in the state, answered just over 12 500 calls in 2009-10 (DEECD 2010a).

Early childhood education and care: more children, more places

More than one million children attend ECEC services. In 2010, over 989 000 children aged 0–12 attended LDC, FDC, OSHC or OC, representing 27 per cent of the population under 12 years of age.⁷ Attendance rates are higher for younger children, reaching nearly 38 per cent of children aged 0–5 (Productivity Commission estimates based on unpublished DEEWR data). The majority of children do not occupy a full-time place. Since 2006, the number of places has increased by 15 per cent (SCRGSP 2011), while the number of children attending rose by 42 per cent (Productivity Commission estimates based on unpublished DEEWR data).

Attendance rates vary across services and jurisdictions. Generally, attendance tends to increase with age between birth and three years of age, from 7.5 per cent for children younger than one, to 55.8 per cent for 3-year-olds. In later years, attendance at LDC and FDC drops off, as children begin preschool. Across Australia, 68.4 per cent of children attend a preschool program in the year before formal schooling, typically at 4 years of age (SCRGSP 2011).

English-speaking families from major cities are most likely to send their children to ECEC services. One-parent families are more likely than couples to use ECEC

⁷ As children may attend more than one ECEC service, some double counting may occur.

services. Families from regional and remote areas are less likely to use ECEC services; however, when they do use these services, they are more likely to use FDC. However, this may reflect service availability rather than parental preferences (chapter 9). Conversely, families from non-English speaking backgrounds are less likely to use FDC (ABS 2009c). Children with additional needs are under-represented in ECEC services (Ellis 2010).

The vast majority of children attending ECEC services come from families where both parents work (SCRGSP 2011), and children are more likely to attend as family income rises. Parents' work commitments are the main reason for children to attend ECEC, followed by the parents' belief that it is beneficial for the child. A smaller percentage of parents use ECEC due to personal commitments such as study or volunteer work (ABS 2009c).

Parents' participation in the workforce is affected by ECEC availability and costs. However, the exact effects are difficult to quantify. Some studies have found that an increase in childcare costs is unlikely to have any substantial effect on the labour supply of married men. In the case of married women, higher childcare costs will reduce labour supply, but only to a relatively small degree — a 10 per cent increase in fees is expected to reduce labour supply by 0.2 per cent. The effects are more pronounced for single parents and parents on low wages (Doiron and Kalb 2005). Other studies point to a much more substantial effect, with a 1 per cent increase in childcare costs leading to a 0.3 per cent reduction in the employment rate of mothers with young children, and a 0.7 per cent decline in the number of hours worked (Gong, Breunig and King 2010).

Child health: universal service, diminishing provision with age

Universal child health services are among the most commonly used ECD services. All jurisdictions have implemented or are working towards offering a home visit to all babies in their first few weeks of life. This is followed by a schedule of clinic check-ups and screening tests until the child reaches school age. While a very large proportion of families receive a home visit soon after birth, clinic attendance rates at older ages are lower — in Western Australia, for example, only nine per cent of children attended the development check at three years of age (Western Australian Auditor General 2010). In some cases, children from vulnerable families or those with additional needs are less likely to use child health services (Schmied et al. 2008).

Family support: some still missing out

Family support services tend to be under-utilised by those who need them most (COAG 2009c). This is despite the fact that there is a multitude of specialised and targeted services that are offered based on need, and families with complex issues may be eligible for assistance from a number of programs.

While targeted programs represent the majority of family support services, some universal programs are offered in all jurisdictions. Usage rates differ between programs and regions (chapter 13).

2.4 Who pays for early childhood development services?

Governments shoulder the responsibility for funding most ECD services. The majority of child health and family support services do not require payments from users. However, ECEC services charge user fees, which can be substantial (table 2.2).

In 2009-10, governments spent \$4.7 billion on ECEC services, of which the Australian Government contributed \$3.8 billion and State and Territory Governments contributed \$900 million (SCRGSP 2011).

The Australian Government provides both supply-side funding (directly to services) and demand-side funding (via subsidies to parents) for ECEC services. Parent subsidies are the largest form of support, totalling \$3.3 billion in 2009-10 (nearly double the amount spent in 2001-02) (SCRGSP 2011). Families are eligible for childcare support if they work, study or are in special need, and only some payments are means tested. The introduction of demand-side funding has been associated with increased competition in the ECEC market, and also with the substantial rise in the number of private operators (Brennan 2007).

Supply-side funding from the Australian Government is aimed mainly at supporting services in areas where the private market does not fulfil the community's need for ECEC services. It also provides subsidies for services to include children with additional needs and to train staff. The level of supply-side funding is set to increase as the Australian Government again becomes involved in funding preschool services, an area from which it withdrew in 1986. The Government will provide nearly \$1 billion to fund universal access to preschool by 2013 (chapter 3).

State and Territory Governments have been providing the bulk of funding to preschools. This supply-side type of funding totalled over \$760 million in 2009-10,

nearly six times larger than the funding they gave to childcare services (SCRGSP 2011). Some Local Governments also support the provision of ECEC in their community (DHS 2007).

Table 2.2 Cost sharing arrangements in the ECEC sector, 2008-09^a

	<i>Children attending^b</i>	<i>Services operating</i>	<i>Australian Government expenditure^c</i>	<i>State/Territory Governments expenditure^d</i>	<i>Family contributions^e</i>
	no.	no.	\$m	\$m	\$m
NSW	390 000	5 073	1264	186	878
Vic	285 500	4 080	830	169	463
Qld	255 000	2 909	991	78	598 ^f
SA	97 800	1 373	264	108	126
WA	99 800	1 769	285	122	266 ^g
Tas	29 000	535	83	28	na ^h
NT	12 800	294	53	30	na ^h
ACT	27 500	327	45	36	na ^h
Totalⁱ	1 197 600	16 360	3 814	758	2 460

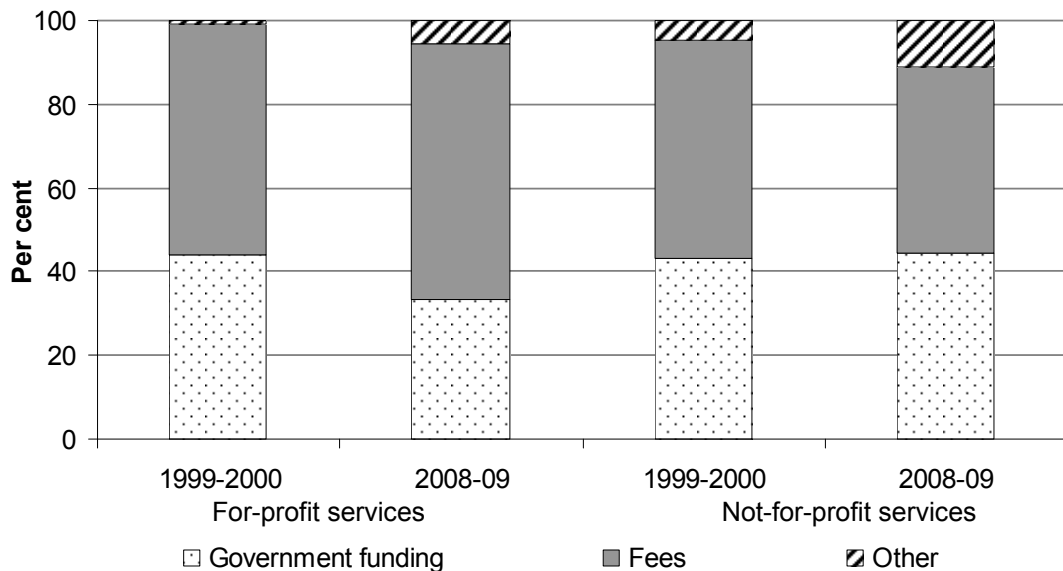
^a Includes LDC, preschool, FDC, OSHC and OC. Figures quoted are for 2008-09 as these are the latest available for family contributions. ^b Some double counting may occur, as children may attend more than one form of ECEC. ^c Except in the Northern Territory, the vast majority of Australian Government funding is spent on financial support to families using ECEC services. Figures refer to real expenditure calculated using the GDP price deflator. ^d In most cases, State and Territory Governments provide funding to services, rather than families. With the exception of Queensland, the bulk of funding is for preschool services. Figures refer to real expenditure calculated using the GDP price deflator. ^e Family contributions include ABS figures on income generated by LDC, FDC, OSHC and OC services from fees and charges payable by clients for services provision, and Productivity Commission estimates of preschool fees paid by families. Data for preschool fees are sourced from the progress reports lodged by State and Territory Governments as part of the NPA ECE. Data are only available for New South Wales, Victoria and South Australia. ^f Data do not include preschool fees. ^g Data do not include preschool fees. However, preschool in Western Australia is provided by the State Government and fees are voluntary. ^h According to the ABS, LDC, FDC, OSHC and OC services in Tasmania, the Northern Territory and the ACT generated a combined income of \$129.2 million. Preschool services in these jurisdictions are mostly provided by Governments and fully subsidised. ⁱ Total may not equal the sum of individual components due to rounding. **na** Not available.

Source: ABS (2010b); SCRGSP (2011); State and Territory Governments; Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census.

User fees are an important source of income, representing over half of revenue in the case of private ECEC providers. While the share of income derived from fees has been increasing in the case of for-profit providers, not-for-profit providers have

had to rely on other sources of income as fee increases have not kept up with rising expenses (ABS 2010b) (figure 2.4).

Figure 2.4 Sources of income for childcare services, by profit objective^{a,b}



^a Data refer to LDC and FDC services. ^b Other income sources include services other than childcare, fundraising, etc. Government funding includes expenditure on the child care benefit, as it is mostly given to services, but not the child care rebate, which is distributed directly to parents.

Source: ABS (2010).

The gross median weekly cost of care at LDC services was \$285 in 2010, though there was substantial variation between jurisdictions. Depending on family income and composition, the cost of LDC can account for over 30 per cent of disposable income, though subsidies to parents lower this cost to between 7 and 14 per cent on average (SCRGSP 2011).

Child health and family support services are generally paid for by governments. The large number of programs makes it difficult to estimate the total expenditure in this area. The funding for community health (which includes child health) totals about \$5.3 billion a year, and the vast majority is contributed by the State and Territory Governments. Family support services receive about \$580 million a year from the Australian Government (appendix E).

2.5 Who regulates early childhood development services?

The regulation of ECD services, and in particular ECEC, is spread across numerous organisations at all levels of government. ECEC services are licensed by State or Territory Governments, and they participate in quality assurance programs that are administered by the Australian Government. Quality assurance is not compulsory; however, parents only receive childcare subsidies if the service they use participates in the program. Services must also comply with local government regulations (table 2.3).

Table 2.3 Existing regulatory arrangements in ECEC^a

	<i>Australian Government</i>	<i>State/Territory Governments</i>	<i>Local Government</i>
Long day care	<ul style="list-style-type: none"> Quality accreditation covering seven quality areas, including staff and premises. Validation visits and surveys. 	<ul style="list-style-type: none"> Mandatory licensing — conditions vary by jurisdiction. Regulation of staff and premises. Licensing visits and spot checks. 	<ul style="list-style-type: none"> Mandatory approval and compliance with local legislation.
Family day care	<ul style="list-style-type: none"> Quality accreditation covering six quality areas, including staff and premises. Validation visits and surveys. 	<ul style="list-style-type: none"> Mandatory licensing — conditions vary by jurisdiction. Regulation of staff and premises. Licensing visits and spot checks. 	<ul style="list-style-type: none"> Registration and compliance with local legislation.
Outside school hours care	<ul style="list-style-type: none"> Quality accreditation covering eight quality areas, including staff and premises. Validation visits and surveys. 	<ul style="list-style-type: none"> Regulations vary by jurisdiction: some require licensing, while others require registration only. 	<ul style="list-style-type: none"> Compliance with local legislation.
Occasional care	<ul style="list-style-type: none"> Optional registration of individual staff members. 	<ul style="list-style-type: none"> Regulations vary by jurisdiction: most types of services require licensing. 	<ul style="list-style-type: none"> Compliance with local legislation.
Preschool	<ul style="list-style-type: none"> Optional registration of individual staff members. 	<ul style="list-style-type: none"> Regulations vary by jurisdiction: some require licensing, others require registration only. 	<ul style="list-style-type: none"> Compliance with local legislation.

^a For more detail, see appendix E.

Source: Australian, State and Territory Governments.

Licensing requirements for similar types of services differ across jurisdictions, and at times, within the same jurisdiction. The administrative structure of regulation is also different — some states see ECEC as part of the education portfolio, while in other cases it is part of the community services portfolio (appendix E).

In the Annual Review of Regulatory Burdens on Business, the Commission found that the ECEC sector is affected by significant regulatory burden, and that there is substantial overlap between the quality assurance and licensing arrangements. Despite the abundance of regulations, some areas, such as credible sanctions and the provision of information to parents, were found to be lacking (PC 2009).

Child health services are regulated by the Australian, State and Territory Governments. A national body administers the registration of nurses, and the States and Territories set the requirements and frameworks for service delivery. In the case of family support, the regulatory framework is much less onerous, although providers that are funded by governments need to deliver specific outcomes (FaHCSIA 2011b).

New regulatory framework

The existing regulatory arrangements in ECEC reflect a historical distinction between education and care for young children. The National Quality Agenda, which was adopted by the Council of Australian Governments in 2009, emphasises the importance of education that begins from birth, and aims to create a nationally consistent regulatory framework for all ECEC services (chapter 3). The National Quality Agenda implementation is set to commence in 2012, and it poses significant challenges for regulators, providers and workers.

3 Government involvement in the early childhood development sector

Key points

- Governments intervene in the early childhood development (ECD) sector as policy makers, funders, providers and regulators. Their objectives include productivity, equity and efficient supply of services to enhance community wellbeing.
- Policy objectives have changed over time. COAG's most recent reform initiatives — summarised in the National Quality Agenda (NQA) and the National Partnership Agreement on Early Childhood Education (NPA ECE) — reflect a much greater emphasis on the educational development of young children.
- The NQA comprises a learning framework for early childhood settings and national quality standards. The NPA ECE aims to deliver universal access to 15 hours of preschool per week by 2013 for children in the year before formal schooling.
- The reforms have substantial implications for early childhood education and care (ECEC) workers. The NQA requires services to employ more people who are better qualified from 2012. The NPA ECE will further increase demand for university-qualified early childhood teachers.
- Implementing the COAG ECEC reforms will require substantial funding, and is likely to result in fee increases. Governments should consider the need for targeted support for low-income families in the face of the higher fees, to ensure disadvantaged children do not miss out on the benefits of ECEC reforms.
- Existing and projected labour market pressures will make it difficult for the NQA and the NPA ECE goals to be achieved within the specified timeframes. The sector suffers from difficulty attracting and retaining employees. Existing workforce strategies that focus on the availability and affordability of training may be inadequate to stimulate supply sufficiently to meet demand.
- Under the NQA, regulators will assess the quality of ECEC services. To assist parents in choosing between services, ECEC regulators should publish all relevant information regarding service quality. This includes information regarding waivers that services will be able to apply for.
- Services that are managed by committees of volunteer parents, and their staff, may face difficulties under the NQA. Governments should ensure that professional management support is readily available to assist with management and leadership.
- Governments should aim to minimise the regulatory impacts of the reforms. Regulators will require adequate resourcing to train staff in the new arrangements.

3.1 Government roles in the early childhood development sector

Across the economy, governments intervene to ensure efficient supply of goods and services that contribute to community wellbeing. Their actions can take many forms, and in the early childhood development (ECD) sector, this has resulted in a multitude of policy interventions, across all levels of government (table 3.1).

Table 3.1 The role of governments in the ECD sector

	<i>ECEC</i>	<i>Child health</i>	<i>Family support</i>
Australian Government	<ul style="list-style-type: none"> • Regulation • Policy setting • Most funding 	<ul style="list-style-type: none"> • Some policy setting • Some funding 	<ul style="list-style-type: none"> • Policy setting • Most funding
State and Territory Governments	<ul style="list-style-type: none"> • Regulation • Some funding • Some provision 	<ul style="list-style-type: none"> • Policy setting • Most funding • Provision 	<ul style="list-style-type: none"> • Policy setting • Some funding • Provision
Local Governments	<ul style="list-style-type: none"> • Provision • Some funding 	<ul style="list-style-type: none"> • Provision • Some funding 	<ul style="list-style-type: none"> • Some provision • Some funding

Historically, the Australian Government has controlled funding arrangements, while State and Territory Governments were both regulators and providers, and Local Governments provided specific services that were required by their communities. This mode of operation has not changed substantially in the child health and family support parts of the sector. In early childhood education and care (ECEC), however, the Australian Government has frequently changed the funding structure as its policy objectives have changed, while State and Territory Governments have also adjusted their regulatory requirements to reflect the needs of their local market. The result has been a complex web of policies and regulations (appendix E).

In more recent times, the Council of Australian Governments (COAG) has stepped into the policy arena, with the aim to create a nationally consistent policy framework for ECD services. In 2009, it endorsed the National Early Childhood Development Strategy (COAG 2009c), which includes reform initiatives that affect all aspects of the ECD sector.

3.2 Government objectives in the early childhood development sector

Current intervention in the ECD sector aims to enhance the wellbeing of children and their community. Research has shown that ECD services not only benefit children, but can also have positive effects for the economy as a whole by raising its stock of human capital, enhancing current and future productivity and overcoming disadvantage (box 3.1) (see appendix C for a discussion on research findings).

Wellbeing can be defined and measured using a number of frameworks that focus on individual and community engagement and connectedness (PC 2010a). Within these frameworks, the goals of ECD policy can be broadly categorised into:

- workforce and productivity objectives
- equity and quality considerations and
- the efficient provision of services that contribute to community wellbeing.

Workforce and productivity objectives

Workforce objectives require governments to consider both present and future productivity. The ECD sector, and primarily ECEC services, supports the workforce participation of parents with young children, particularly mothers, and as such, it has a substantial contribution to economic activity. Australia has a unique pattern of female workforce participation, which tends to decline for women aged 30–34, who are more likely to have children (OECD 2010).¹ Upon their return to work, many women work in part-time jobs. While there are many reasons behind these trends, the provision of ECEC services of adequate quantity and quality may contribute to raising the workforce participation of women (OECD 2006).

Research has shown that investment in the early years can have positive effects on future productivity. ECEC programs for children from disadvantaged backgrounds have been linked with higher productivity and lower welfare needs later in life. However, there is limited research to show that universal programs lead to similar benefits (appendix C).

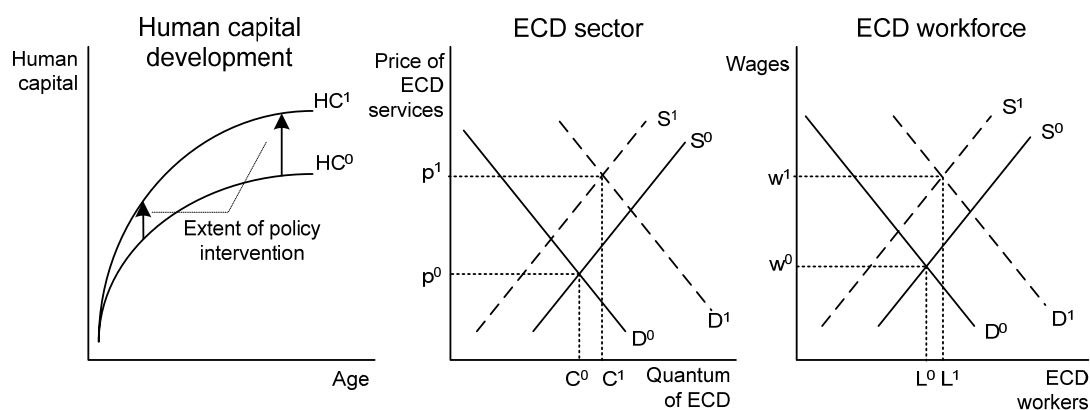
¹ In most OECD countries, workforce participation tends to increase slowly over time, before declining for workers aged over 50. This pattern is similar for men and women. The exceptions are Australia, Japan and South Korea, where workforce participation falls for women aged 30–34 years. Australia exhibits the sharpest decline, followed by a very gradual recovery (OECD 2010).

Box 3.1 Illustrating government intervention in the ECD sector

The COAG ECEC reforms aim to enhance children’s development, which is expected to have positive effects for the children themselves and, over time, the human capital stock of the community. Human capital theories maintain that the most rapid acquisition of skills occurs early in life, and an investment in the early years supports human capital development later on (chapter 1).

Human capital development is illustrated below on the left, where the policy objective is to move to the higher trajectory. When children are younger, the extent of this policy intervention is more limited, whereas enhancing human capital at later ages requires a more extensive policy intervention. This theory prompts the investment in ECD.

Stylised diagrammatic illustration of the ECD sector



To achieve this objective, COAG has decided to raise the quantum of ECD services consumed (child hours) and their quality. To enhance quality, the COAG reforms require an increase in the ratio of ECEC workers to children and mandate that all workers hold formal qualifications. This raises costs for services (represented as a shift upwards in the supply curve in the middle figure). The rise in costs will tend to reduce the quantity demanded unless demand is sensitive to quality, in which case the demand curve shifts to the right in response to quality improvement.

The policy also aims to increase the quantity of services available through initiatives such as the universal access to preschool. This can be represented as an increase in the demand for ECD services in the middle figure. Overall, in this example, the reforms are expected to lead to more ECD services being provided at higher prices.

These policies will have a considerable effect on the ECD labour market (right hand chart). The higher staff-to-child ratios in ECEC and increased service provision will increase demand for workers. At the same time, workers will be required to have higher qualifications and will demand higher wages to compensate them for the cost of training. The supply curve will reflect the increase in costs. The result in this highly stylised case shows an increase in the number of employees and also a substantial increase in wages. Higher wages will contribute to the rising cost of ECD services.

Equity considerations

In an economic sense, equity refers to resource allocation in accordance with need. There are several aspects of equity that governments can consider when designing their ECD policy: equity within society, within the workforce and among ECD service users and consumers.

Within society, equity considerations lead governments to intervene in the ECD sector in order to support the development of children in need. COAG has moved to promote equity among children in its Early Childhood Development Strategy:

The aim is to improve outcomes for all children and importantly, reduce inequalities in outcomes between groups of children. This is especially important for some Indigenous children who, on average, have significantly poorer outcomes than non-Indigenous children. (COAG 2009c, p. 4)

A number of policy initiatives have recognised the importance of the early years in offering all children an equal opportunity for education and social participation. For example, the Closing the Gap initiatives aim to improve early childhood health and education and reduce the disparity between Indigenous and non-Indigenous children (COAG 2008). Many other policies have similar goals.

Subsidising ECEC services has been suggested as one policy that can increase equity within the workforce. Despite substantial change in recent decades, workforce outcomes still differ between men and women in terms of participation, wages, job quality and stability. This differential has often been linked to parental responsibilities, which still fall primarily to women (OECD 2006).

Potential users face challenges when they require ECD services. The ECD market may not be equitable if those in need are unable to access the services they require. For example, information about services may not be disseminated effectively, some types of service may not be offered in rural and remote areas, services for children with special needs may not be available, and some services may be out of the financial reach of particular families. All of these factors can make it difficult for some families to access the most appropriate services, and may necessitate government involvement.

Community wellbeing and expectations

Governments tend to regulate the supply of services that affect community wellbeing. Where the market does not supply these services in an efficient way, governments intervene to ensure the community's needs are met. As a result, they are often funded and provided by governments.

The funding and provision of child health and family support services is dominated by governments, and their status as contributors to community wellbeing is entrenched. Academic researchers and some policy makers increasingly view ECEC services in a similar way, as they are seen as contributing towards children's education and their life outcomes (OECD 2006). In designing the ECEC policy, governments have accepted that children in ECEC services should have teachers with the same level of qualifications as primary school students. This is already occurring in some jurisdictions, where teachers in primary and preschool settings receive similar pay and conditions, while a large disparity is observed in others (chapter 5).

Recognising the benefits of ECEC

Community perceptions of ECEC have changed in recent years. The proportion of parents who choose to use ECEC services (not including preschool) because they believe these are beneficial for the child has grown from 16 to 39 per cent between 1993 and 2008 (ABS 1994, 2009c). Within the community, there is an increasing acceptance of ECEC and an expectation that these services will be delivered by government. Survey participants believe governments are best placed to deliver ECEC services, and further believe that where subsidies are offered, these should be used to support parents' workforce participation (Meagher 2007).² Governments' activities in the sector, including funding and provision, are intended to address community expectations.

Overcoming information barriers

From the perspective of the families using ECD services, government intervention is important to overcome information asymmetries. As with many other human services professions, users rely on licenses and government-regulated qualifications to ascertain whether individuals are capable of offering an appropriate service. This is particularly important in ECEC, as the parents are not present when the service is provided and therefore have difficulty in assessing its quality. Regulators assess ECEC services to ensure they comply with licensing conditions, including staffing ratios and physical requirements, such as adequate space and safety considerations. In addition, state regulations require staff to be assessed as 'fit and proper' and hold current police checks as well as any relevant early childhood qualifications (see, for example, DoE Tasmania 2009).

² Survey results were similar for gender groups, households with and without children and those with and without a university education (Meagher 2007).

3.3 New policy agendas

The ECD sector as a whole, and in particular ECEC services and their staff, has been gearing towards substantial changes introduced by COAG.³ The new policies focus on four key areas:

- quality of education and care
- universal access to early childhood education
- Indigenous early childhood development, and
- workforce initiatives.

Quality of education and care

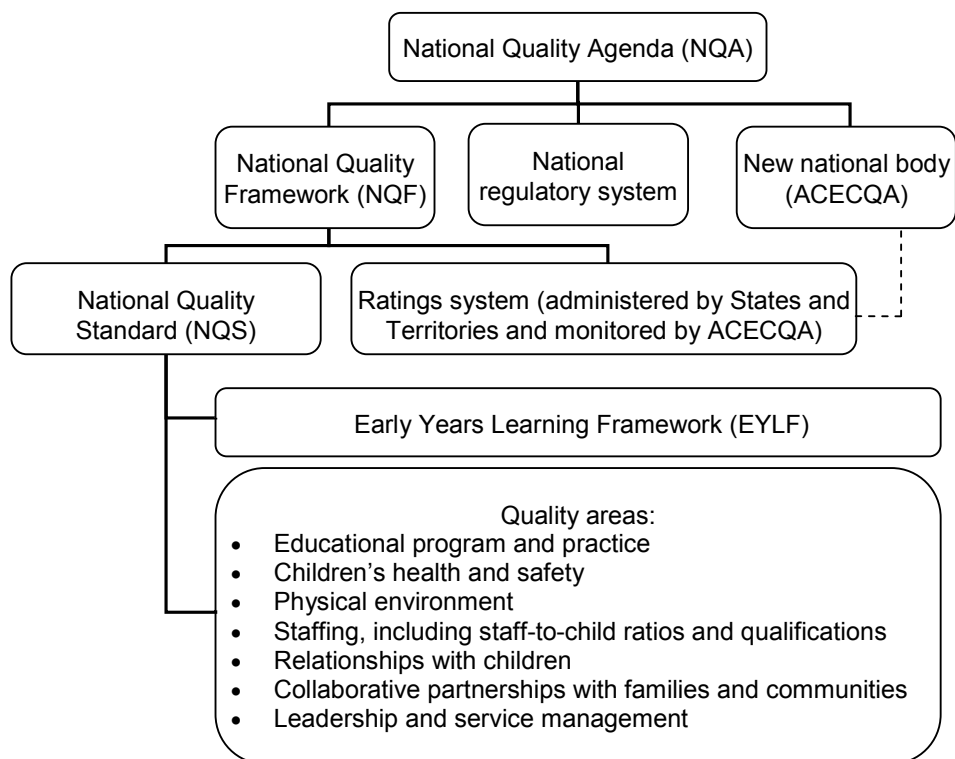
The National Partnership Agreement on the National Quality Agenda for Early Childhood Education and Care (NQA) was adopted by COAG in 2009. It introduced the first nationally consistent regulatory framework for ECEC, including quality standards and the curriculum to be used.

The NQA agreement covers long day care (LDC), family day care (FDC), preschools and outside school hours care (OSHC) services. However, it will not apply to some types of services, including occasional care, in-home care, playgroups, Multifunctional Aboriginal Children's Services (MACS) and mobile services. There is currently no official strategy for the inclusion of these services in the NQA. The implications of this policy for Indigenous services are discussed in chapter 14.

From 2012, the NQA will introduce a new regulatory system for ECEC (figure 3.1). Currently, each State and Territory licenses services separately. Services can (and in most cases, do) participate in a national quality assurance scheme in order to receive government funding. Under the NQA, jurisdictions will assess services against the National Quality Standard (NQS), and rate each service as part of their licensing process. Jurisdictions will be able to award services ratings between 'unsatisfactory' and 'high quality' (COAG 2009f).

³ A number of national policies affect the child health and family support parts of the ECD sector. Examples include the National Partnership Agreement on Preventive Health, the National Partnership Agreement on Essential Vaccines, and the changes to the Australian Government's Family Support Program. As these policies have a limited effect on the workforce, this section focuses on ECEC. For more on child health and family support policies, see chapters 12 and 13, and appendix E.

Figure 3.1 **The National Quality Agenda for Early Childhood Education and Care**



Source: COAG (2009f).

Services will be required to display the quality ratings they receive. However, there is no requirement for regulators to provide this information to the public (DEEWR ndc). The Commission has previously recommended that the National Childcare Accreditation Council should publish information on quality ratings on its website (PC 2009). Research has shown that making this type of information widely available contributes to an improvement in the quality of care (Witte and Queralt 2004) and this measure has been increasingly incorporated in quality rating systems adopted by regulators overseas (Zaslow et al. 2010).

DRAFT RECOMMENDATION 3.1

To assist parents’ decision making with respect to their choice of early childhood education and care (ECEC) services for their children, governments should require ECEC regulators to publish all relevant information on service quality. Published information should be comprehensive, comparable across services, clearly explained and easy to access.

The National Quality Standard forms a key part of the National Quality Framework (NQF), along with the Early Years Learning Framework (EYLF). The EYLF is

intended to guide services and staff in developing early childhood programs, and supporting children's learning from birth (COAG 2009d). A similar framework for school age care is also being considered (COAG nda). The new Australian Children's Education and Care Quality Authority (ACECQA) will oversee the administration of the NQF. Services that are assessed as offering 'high quality' care and education by their local regulator will be able to apply separately to ACECQA to receive an 'excellent' rating (ECDWG 2010).

Some of the most substantial changes introduced by the NQA include the national staff-to-child ratios and staff qualification requirements. In most cases, the state and territory licensing requirements differ from the NQF requirements in relation to these factors.

Under the NQA, the following staff-to-child ratios will apply in all jurisdictions.

- By 2012, preschools and LDC services will be required to maintain a staff-to-child ratio of 1:4 for children under 24 months.
- By 2016, the ratio for children aged 25–35 months will be 1:5 and for children aged 36 months to school age, 1:11.
- By 2014, FDC educators will be able to care for up to 7 children, of whom no more than four can be under school age.
- There are no specific ratios for OSHC.

All LDC, FDC and preschool staff will be required to hold or be working towards a formal qualification in ECEC by 2014.

- In LDC services and preschools, at least 50 per cent of staff will require at least a Diploma, and all others will need a minimum of Certificate III.
- All FDC contact workers will also require a Certificate III as a minimum, and coordination unit staff will be required to hold at least a Diploma.

In addition, by 2014, all LDC services and preschools will need to employ an early childhood teacher. For services with fewer than 25 children, a teacher need only be employed on a part-time basis. Larger services, caring for over 60 children, will need two teachers by 2020 (COAG 2009f).

Universal access to early childhood education

The NQA promotes the integration of education and care. The National Partnership Agreement on Early Childhood Education (NPA ECE) further emphasises the provision of preschool education. According to the NPA ECE, signed in 2008,

every child will have access to 15 hours of preschool per week in the year before formal schooling by 2013. The preschool program must be delivered by a four-year university qualified early childhood teacher. All jurisdictions are required to report on their progress towards this policy goal under bilateral agreements with the Australian Government (COAG 2009d).

Indigenous early childhood development

The NPA ECE places particular importance on the preschool enrolment of Indigenous children (COAG 2009d). Ensuring all Indigenous 4-year-olds have access to early childhood education by 2013 is one of the objectives under the National Indigenous Reform Agreement (Closing the Gap). Other early childhood objectives include reducing infant mortality rates, and improving literacy and numeracy levels among Indigenous students (COAG 2008).

There are a number of additional policies contributing towards the Closing the Gap objectives. The National Partnership Agreement for Indigenous Early Childhood Development provides for the establishment of 38 Children and Family Centres, which will deliver integrated ECD services in areas with high Indigenous populations and disadvantage. It also aims to improve child health services for Indigenous families (COAG 2009b). Many other policies also aim to support Indigenous children.

For further detail on Indigenous issues, see chapter 14.

Workforce initiatives

The NQA and the NPA ECE are supported by a number of workforce initiatives. The Australian Government has allocated \$53.9 million to create an additional 1500 university places for early childhood teachers by 2011 (DEEWR nda). Recent graduates can receive assistance towards paying the cost of their degree if they work in rural and remote areas, Indigenous communities, and other areas of need. The Government allocated \$12.4 million to this program (DEEWR ndd).

In 2009, COAG endorsed the National Partnership Agreement on TAFE Fee Waivers for Child Care Qualifications. Under the agreement, students undertaking a diploma or advanced diploma course in children's services are exempt from paying compulsory fees. The waiver is available to any student, regardless of where they will work after graduation. It will remain in place until the end of 2014 (COAG 2009g), and the total cost is expected to reach \$115 million (DEEWR ndi). In addition, the Productivity Places Program supports staff who are gaining or

upgrading qualifications (COAG 2009e). Workers from rural and remote regions can receive funding to access recognition of prior learning assessments to attain ECEC qualifications (DEEWR 2011c). States and Territories have also put in place a number of policies to support the ECD workforce, through funding as well as apprenticeship and mentorship programs (appendix E).

In the NQA, COAG declared that it will consider an Early Years Development Workforce Strategy in 2010 (COAG 2009f). This strategy is yet to be made public (chapter 11).

3.4 Challenges for the new policy agendas

The current objectives that governments seek to achieve in the ECD sector rely on the availability of workers with appropriate qualifications in sufficient numbers. However, suppliers of ECEC services (among them, governments) face a complex labour market. According to study participants, many services repeatedly experience staff shortages and difficulties in recruiting and retaining employees (CCCC, sub. 53). These may be due to a number of reasons — the nature of ECEC work and the wages on offer are mentioned most often (see for example, NCAC, sub. 11). In addition, the quality of the VET qualifications attained by ECEC staff is inconsistent and universities face a shortage of academics to train sufficient numbers of teachers (Victorian Government, sub. 87).

The National Partnership Agreements have given substantial consideration to the challenges that will have to be overcome in order to implement the ECD agenda. Some policies acknowledge the fact that the implementation may take longer than expected. For example, the NPA ECE states that:

Reasonable transitional arrangements — including potentially beyond 2013 — are needed to implement the commitment to preschool program delivery by four year university qualified early childhood teachers. (COAG 2009d, p. 6)

Jurisdictions face different challenges, depending on their current regulatory framework. The inconsistencies between jurisdictions are substantial, and while many will have to adjust their staffing requirements, the adjustment required can be quite different. For example, New South Wales is the only jurisdiction that currently requires LDC services to employ degree-qualified teachers — services in all other jurisdictions will be required to employ them from 2014 (some services employ them voluntarily, but these are still the minority).

Transitional arrangements have been put in place by many jurisdictions, and some have already begun lowering their staff-to-child ratios. The national regulations for

the implementation of the NQA also include transitional arrangements and a small number of temporary exemptions for specific services to allow for the gradual introduction of the new standards (chapter 5).

Although the NQA goals have clear timeframes, the implementation may require an additional period of adjustment. The current National Childcare Accreditation Council (NCAC) is expected to cease operating in 2012, and its quality accreditation role will be transferred to state licensing authorities. Over 16 000 services will have to be reassessed against the NQS (COAG 2009h) and COAG has stated that ‘it may take up to 3 years from 1 July 2010 for all services to be assessed’ (COAG 2009f, p. 43). However, the regulations are not yet finalised, so preparation is difficult. While services are awaiting reassessment, they will be able to continue operating under existing licensing arrangements.

Costs for governments and families

The implementation of the ECD policy agenda will require substantial funding. The Australian Government announced it will invest \$16 billion in ECEC until 2013 (Senate Education, Employment and Workplace Relations References Committee 2009). Under the NPA ECE, the Australian Government has committed nearly \$1 billion in funding universal access to preschool (COAG 2009d). The NQA includes provisions for Commonwealth funding totalling \$61.3 million, which will be distributed to the States and Territories to assist with their transition to the new regulatory system (COAG 2009f).

Study participants stated that the funding allocated to jurisdictions may not be sufficient to implement the new policies. For example, councils in Victoria believe that the funding included in the NPA ECE needs to increase substantially (to \$606 million, compared with \$210.6 million allocated to Victoria by the Australian Government in the NPA) to create sufficient preschool places and maintain affordable fees (Municipal Association of Victoria, sub. 68). Other study participants, particularly in remote and Indigenous communities, have voiced the need for additional funding to ensure the benefits of ECD policies can be realised.

DRAFT FINDING 3.1

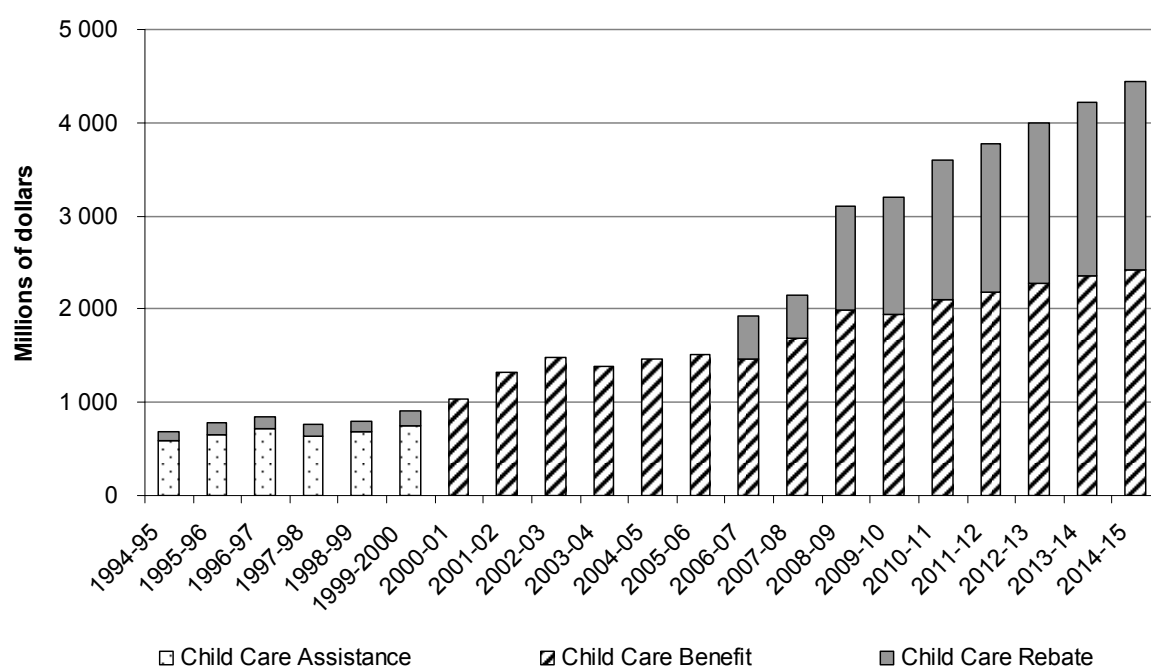
Though the implementation of the universal aspects of the early childhood development (ECD) policy agenda will be costly overall, the targeting of relatively small additional funding to certain aspects of the ECD workforce may deliver substantial additional benefits to the community.

Funding the NQA implementation

ECEC fees are expected to increase as a result of implementing the NQA requirements, as well as ongoing cost rises. Services are expected to pass the increase in costs on to users in the form of higher fees (COAG 2009h). The increase in fees may have substantial effects on disadvantaged families — who may benefit most from ECEC, but are also most likely to withdraw their children from ECEC services as a result of fee increases.

The increase in fees will affect both governments and families, as both contribute to the funding of ECEC services (figure 3.2).

Figure 3.2 Historical and projected Australian Government expenditure on childcare subsidies^a



^a The structure and value of the subsidies has changed a number of times during this period. Between 1994-95 and 1999-2000, parents received fee relief (Child Care Assistance) and a cash rebate. These were amalgamated into the Child Care Benefit in 2000-01. Its value increased in 2007-08. The Child Care Rebate was reintroduced as a tax rebate in 2005-06, and its value increased substantially in 2008-09. It was converted to a cash rebate in 2009.

Sources: DEEWR (2011 and previous years); FaCSIA (2007 and previous years).

Families using ECEC are generally eligible⁴ for the Child Care Benefit (CCB), a subsidy that lowers the fee paid per hour, and the Child Care Rebate (CCR), which

⁴ To be eligible for the CCB, parents need to use an approved or registered child care provider. Those using approved providers are also eligible for the CCR (appendix E).

refunds half of out-of-pocket costs up to \$7500 a year. Only the CCB is means tested, while the CCR is available regardless of income. As the number of eligible families has been increasing, and the value of the subsidies has also risen, the Australian Government has been spending more on childcare subsidies. The Henry Review recommended changes to the structure of subsidies, but these are yet to be adopted (box 3.2).

Box 3.2 Henry Tax Review recommendations on childcare subsidies

The recent Henry Review (Commonwealth of Australia 2009) examined the current system of childcare transfer payments and found that it is appropriate for subsidies to continue to be provided to parents, rather than to service providers. The review indicated that subsidies that are provided to parents have a number of advantages, such as better targeting of assistance. This contradicts the findings of the OECD, which raises concerns regarding the quality of childcare systems that are supported by parent subsidies (OECD 2006).

The Henry Review recommends combining the Child Care Benefit and the Child Care Rebate into one payment, and maintaining a universal base rate in recognition of the fact that child care is often the cost of employment for parents. The review considers the childcare payment should be means tested, although access to the base rate of assistance would be available to all parents who participate in work, education or training. The review considered that the number of hours subsidised for parents who do not meet the participation test should be the same as the number of hours of universal access to preschool (15 hours by 2013).

According to the review, a high rate of subsidy should be maintained for low income parents, and in some instances it would be necessary to cover the full costs of childcare for at-risk or vulnerable children.

The Australian Government is anticipating a further significant increase in its expenditure on subsidies. In 2010-11, expenditure on childcare subsidies reached \$3.6 billion, and by 2014-15, it will be over \$4.4 billion — an increase of 23.6 per cent. Over the same period, the number of families receiving subsidies will grow by 4.8 per cent. Most of the increase comes from expenditure on the CCR, which is forecast to rise by over 35 per cent (DEEWR 2011c). This indicates that most of the growth in subsidies will be due to fee increases, as the CCR is directly linked to out-of-pocket expenses of parents.

Parents may have to pay 50 per cent of the additional costs imposed by the NQA, according to COAG (COAG 2009h). The extent to which the fee increases will affect families depends on a large number of variables, such as the type of care used, the hours of care, family income and family composition. Families from disadvantaged backgrounds may be faced with fee increases they cannot afford —

appropriate funding from governments may be required to maintain ECEC access for disadvantaged children.

DRAFT RECOMMENDATION 3.2

To achieve the goals of the Council of Australian Governments' (COAG) ECEC reforms without disadvantaging low-income families through the anticipated increase in fees, governments will need to ensure that there is adequate financial support for such families.

Service and temporary waivers

To facilitate the sector's transition to the NQA, the national regulations include provisions for temporary and permanent service waivers. The waivers allow services to continue operating if they cannot fully comply with the NQS, including the staffing requirements it contains. Temporary waivers are issued for 12 months, and can be extended for a further 12 months, while service waivers provide ongoing exemptions. Services that are given a temporary waiver will receive the basic quality rating (known as 'foundation'). Services with a permanent waiver will be considered to comply with the NQS, and receive a higher rating (ECDWG 2010). The proportion of services receiving temporary waivers will be monitored during the NQA implementation process (COAG 2009f).

Waiver systems already operate across all jurisdictions, allowing services to employ staff in qualified positions even if they do not hold the specified qualifications (Government of South Australia sub. 66). Across the ECEC sector, about 10 per cent of services currently hold exemptions from regulatory staffing requirements (Productivity Commission estimates based on unpublished DEEWR data). For example, in New South Wales, the Early Childhood Teacher Interim Policy allows services to employ staff with other qualifications who are enrolled or intend to enrol in an early childhood teaching course, instead of qualified teachers. The exemption is given for one year, and can be extended. Services must show they have attempted to recruit teachers and offered appropriate pay and conditions, but did not receive suitable applications (DoCS NSW 2008).

Waiver policies may be linked to poorer service quality. The New South Wales policy was first enacted in 2002, and a review in 2004 found that it reduced the quality of care provided to children (SPRC 2004). Following the review, a more restrictive policy was introduced. In 2007, research indicated that the policy continued to have detrimental effects on quality and its implementation was not consistent across the state (Purcal and Fisher 2007).

Demand for waivers under the NQA is likely to increase, as all ECEC staff will be required to hold qualifications. Currently, over 25 per cent of staff hold no qualifications (Productivity Commission estimates based on unpublished DEEWR data). As a result, in the absence of systemic change, many more services will be unable to recruit the required staff and will require waivers.

The NQA is supported by workforce initiatives; however, these may not be sufficient to attract the required number of qualified staff to the sector. These initiatives focus on the availability and affordability of training. Existing and potential ECEC workers will need to weigh up the cost of training, as well as the pay and conditions offered by services, when making their employment decisions. If pay and conditions are not competitive, and do not provide a strong incentive to gain the required qualifications, ECEC services will continue to encounter shortages of qualified staff — and require increasing numbers of waivers.

The structure of the waiver system is yet to be finalised, as the regulations are still in draft form. Services will be required to display some information regarding any relevant waivers, but it is not clear how waivers will be monitored by regulatory bodies and how easy it will be for parents to access the information.

The Commission sees value in as much information as possible being made available to parents and carers, and as such, considers that where waivers apply, the nature of those waivers should be made publicly available by regulatory authorities.

DRAFT RECOMMENDATION 3.3

ECEC regulators should publish the number of service waivers granted, to whom they have been granted, and whether they are permanent or temporary.

Effective regulation

Study participants voiced concern regarding the regulatory burden that ECEC services currently face and its effect on service delivery:

Mostly, providing a service and managing a service[ie: Addressing regulatory burden] is an impossible balancing act. The smaller an organisation, the more difficult the balancing act, lowering job satisfaction. (Mobile Children's Services Association of NSW, sub. 38, p. 16, emphasis in original)

This section discusses the regulatory changes as they are perceived to affect the quality of ECEC services and the workforce more generally.

The effect of regulation on ECEC quality

Reducing regulatory burden is one of the goals of the NQA. The NQA replaces the dual licensing and accreditation structure most ECEC services currently face with a single licensing process (COAG 2009f). Each jurisdiction will be required to appoint a lead regulatory authority that will administer the NQA (ECDWG 2010). In some cases, this is seen as lowering the regulatory burden that ECEC services face (see for example, Department of Communities (WA), sub. 59; Victorian Government, sub. 87).

However, some study participants believe that the NQA will increase the regulatory burden for ECEC services and affect service quality:

While recognising the removal of some duplication of state and federal regulation through the development of the National Quality Framework, the changes are not anticipated to have any measurable reduction in the regulatory requirements on Early Childhood Development workers in services ... Changes to the Early Childhood Development staffing arrangements under the new national regulatory framework will mean more qualified Early Childhood Development workers are necessary to comply with existing and new ratios ... This will increase the regulatory burden for services that need to apply for temporary staffing waivers to comply with new qualification requirements ... The completion and continual review by services who participate in the National Quality Assessment and Rating process of a Quality Improvement Plan (QIP) will add to the current regulatory burden of services. (GoodStart Childcare, sub. 34. pp. 4–5)

The regulatory burden impacts significantly on the face to face time that staff have to engage with peers and families at the service. It is foreseeable that under current arrangements this will impact negatively on the ability of staff to engage in professional discussions with colleagues, attend contemporary professional development and enjoy building positive relationships with children and families. It must be noted that all of these factors are also key indicators of the quality of a service. (Kindergarten Parents Victoria, sub. 72, p. 11)

At this stage, the NQS regulations are still being finalised, making it difficult for services and regulators to prepare for the new environment they will operate in from 2012. The entire ECEC workforce as well as regulators will be on a steep learning curve, and it is expected that the level of stress will be high in the industry. To alleviate these pressures, it is essential that clear guidance about what is required is made available as soon as possible, and that any new requirements are designed to allow for the minimum regulatory burden.

ECEC regulators should provide for ongoing consultation with stakeholders and timely dissemination of best practice. Governments should ensure that all ECEC regulators initiate robust evaluative processes so that regulatory impacts are minimised.

Volunteer committees will struggle to provide support to the workforce

Over 5400 ECEC services (including 2000 preschools and over 1500 LDC centres) are managed by their community, either by not-for-profit organisations or committees of volunteer parents (SCRGSP 2011). Volunteer committees operate LDC centres in all jurisdictions, and preschools in Victoria, New South Wales and Queensland.

Services that are managed by volunteer committees often encounter difficulties in coping with the regulatory complexity of the ECEC sector. This level of complexity is increasing for preschools, which will have to undergo quality accreditation for the first time under the NQA.

Study participants supported the view that volunteer-run services may struggle to provide staff with the support they require (Community Connections Solutions Australia, sub. 75; KU Children's Services, sub. 26; Kindergarten Parents Victoria, sub. 72). The new licensing requirements are likely to exacerbate the situation:

Many staff report working in professional isolation and report challenges in working with voluntary committees of management which result in their employer changing on an annual basis. There is a tremendous burden on committees of management to operate what is a small business on a voluntary basis, with many committees reporting that they spend between thirty to fifty hours per week at their service dealing with employee related issues, fundraising, enrolments, fee collection, marketing and other governance issues.

Given the extraordinary responsibility and professional management experience required of a voluntary committee, it is difficult, if not impossible, to expect these volunteers, that may have no educational background, to lead pedagogical change in an early childhood setting. *It is impossible to see how this would be considered acceptable in any other educational system.* (KPV, sub. 72, p. 9, emphasis added)

Given that much of the NQA is intended to improve the pedagogical leadership and management of a service, the role of inexpert volunteer management committees needs to be given much closer scrutiny. ECEC staff will require leadership and support to enable them to gain the most from the new policies, particularly in the transition period, given the paradigm shift in the way programs are planned and

delivered, and in how a service is now expected to be managed. Especially in small, stand-alone services, where staff can be quite isolated, appropriate support is vital.

To provide professional support and reduce the administrative burden, volunteer-run preschools can use cluster (or group) management to operate the service. In Victoria, about half of volunteer-run preschools use cluster management, where an external organisation provides administration services, including licensing and employment of staff, to a number of preschools (DEECD 2009e). Volunteer committees still play a role in these services, but involving the cluster manager gives expert support and guidance to staff that can be well beyond the reach of volunteers. This arrangement has been found to have benefits for both staff employed at the preschools and the parents involved in the management committees (KPMG 2007). Services using cluster management will be better placed to cope with the implementation of the NQA.

DRAFT RECOMMENDATION 3.5

Where voluntary committees currently manage ECEC services, governments should ensure that professional management support (such as cluster management or other shared services) is readily available to assist with management and leadership.

Additional requirements for regulatory bodies

The implementation of the NQA will place additional strain on the state and territory regulatory authorities that are responsible for licensing ECEC services. Under the NQA, the licensing process will also include quality assurance and ratings. This is a substantial change for state and territory regulators, which are now focused on the operational aspects of ECEC services and are not required to determine quality ratings. For example, in Victoria, current state monitoring procedures for preschools were found to be ineffective in determining overall service quality (Victorian Auditor-General 2011).

The new licensing processes will examine the educational program and the quality of interactions between ECEC staff and children, issues that are not currently covered by state and territory regulation. The assessment is intended to be based on observations, as well as reviewing documents and policies. Licensing staff will require additional training to apply the assessment tools consistently.

In its Regulation Impact Statement, COAG has recognised that the NQA will impose costs on state regulators. In 2012 alone, jurisdictions are expected to face an increase of nearly 40 per cent in expenditure on ECEC regulation, which will rise

from \$34.6 million to \$48.2 million. These costs relate both to an increase in the number of services that need to be assessed and the more extensive licensing process required. According to COAG, a small increase in labour costs is expected due to training requirements; however, no increase in the number of staff is expected despite the higher number of services and the increase in the time spent assessing each ECEC service in some jurisdictions (COAG 2009h).

The Australian Government will fund some of these costs under the NQA. Its total contribution of \$61.3 million until 2014 is also intended to cover the cost of establishing ACECQA, the new national regulatory body. As a result, jurisdictions may need to meet any increases in costs over the transition period. The new regulatory system will require a substantial period of time to operate effectively and consistently across all jurisdictions.

DRAFT RECOMMENDATION 3.6

In implementing the National Quality Standard, governments should ensure adequate resourcing for regulators to enable appropriate training of their staff in the new regulatory arrangements and their effective implementation.

Some jurisdictions have a split regulatory system for ECEC services (appendix E), and the proposed national regulations for the NQA allow this to continue. Jurisdictions can have multiple regulatory authorities, although one will be designated as the ‘lead’ authority (ECDWG 2010).

In its review of early childhood education and care, the OECD pointed out that ‘separate state auspices (for preschool education) ... can inhibit effective co-ordination’ (2006, p. 52). In some cases, the appointment of a lead authority may result in regulatory duplication:

Currently the Department of Education Services (DES) has responsibility for the regulation of standards within Independent and Catholic schools, while the DoE has oversight of public school standards regulations. With the introduction of the National Quality Standard, this arrangement may change to a single regulatory body (potentially DES) with responsibility for standards regulation for the public and non-government school sectors. This could place additional demands on teachers within public school kindergartens, since they will be required to comply with DoE and DES regulations. (Western Australia Department of Education, sub. 44. p. 11)

A market for quality

Implicit in the NQA is the expectation that since ECEC services operate in a highly competitive market, families will continue to demand improved quality, and this will result in providers working towards higher quality ratings.

The OECD has stated that ‘the belief that quality improvement can be left to market competition is naïve’ (2006, p. 126), and highlighted the importance of regulation and public investment in promoting a high-quality ECEC system.

The market for quality in ECEC faces a number of hurdles. First, parents may not have the ability to demand higher quality if supply of childcare places is limited (Brennan 2007). In the current ECEC market in some regions of Australia, parents are not able to access their preferred type of care, while demand continues to rise due to higher birth rates and female labour force participation (Southern Cross University and Early Childhood Australia (NSW), North Coast Branch, sub. 16).

The drive for quality may be more closely linked to regulation rather than demand pressures. NCAC’s quality trend reports show that between December 2006 and June 2010, quality ratings for LDC declined as demand increased. During the same time, FDC and OSHC achieved substantial increases in quality after coming under more intensive regulatory scrutiny (NCAC 2010a, 2010b, 2010c).⁵

Second, families face hurdles to obtaining and assessing information on ECEC services. Parents usually have difficulties in judging the quality of services, and tend to give them a better assessment than trained professionals (Brennan 2007). Although NCAC rates service providers on various quality measures, this information is not published and parents may only view the ratings by visiting the specific service in which they are interested (PC 2009). The NQA regulation provides for the publication of quality ratings by service providers; however, the assessment process may take some time to complete and there is no requirement for the regulatory bodies to publish the results.

Finally, if labour market pressures do not allow services to comply with NQA standards, improved quality will be difficult to achieve.

DRAFT FINDING 3.2

Market pressures alone are unlikely to lead to the provision of quality ECD services. An appropriate regulatory system aimed at quality improvement and assurance is required.

⁵ Despite these trends, the average quality ratings received by LDC centres remain higher than those reported for FDC and OSHC (NCAC 2010a, 2010b, 2010c).

4 The early childhood education and care workforce

Key points

- The early childhood education and care (ECEC) sector is large, with over 16 000 service providers employing almost 140 000 individuals to work with more than one million children.
- The ECEC workforce is overwhelmingly female (97 per cent).
- The ECEC workforce contains two distinct groups of workers.
 - The first group of workers (approximately 30 per cent) consists largely of full-time qualified workers employed as directors or teachers, often supervising workers in the second group.
 - The second group (approximately 70 per cent) comprises contact workers who commonly work on a part-time or casual basis, hold vocational education and training qualifications and receive lower wages than the first group.
- The predominant mechanism for determining the wages of ECEC workers are industrial awards.
- Career pathways within the ECEC workforce typically involve entry as a contact worker, either after or during the completion of a certificate-level qualification. Some workers progress to fill director roles after obtaining experience and higher level tertiary qualifications. However, some workers find that there are insufficient financial incentives to obtain the additional qualifications necessary for career progression.
- There is a significant cohort of transitory workers who spend a short period in ECEC before moving to another part of the workforce. These transitory workers are commonly employed as contact workers.
- Rates of turnover and the extent of skills shortages in ECEC are broadly consistent with the rest of the workforce. However, staff turnover and skills shortages are a significant issue in rural and remote areas as well as for Indigenous-focused ECEC services.
- Volunteers play an important though diminishing role in the ECEC sector. Increasing professionalism and regulatory burdens have reduced the contribution that ECEC volunteers are able to make. This has resulted in voluntary roles being increasingly taken on by paid professionals.

4.1 The changing role of the ECEC workforce

The early childhood education and care (ECEC) workforce has undergone a shift in philosophy in response to a body of scientific work accumulated over the past twenty years (appendix C). This work has demonstrated that differences in adults' life outcomes can be explained by early childhood experiences which impact on brain development (Kilburn and Karoly 2008). This has created a paradigm shift in the way early childhood development is viewed by policy makers. The ECEC workforce is now expected to provide not just child care and child minding services, but also education services which enhance the development of children (COAG 2009h). This new emphasis on education is embodied in the Early Years Learning Framework.

Under the Early Years Learning Framework directors and teachers act as pedagogical leaders guiding and organising contact workers in order to build shared understandings about child development. Pedagogical leaders also encourage family and community participation in ECEC (Manni and Siraj-Blatchford 2006). In doing so, pedagogical leaders set the tone of professionalism intended under the National Quality Agenda (NQA) (COAG 2009a). The NQA suggests that effective pedagogical leadership requires a tertiary degree, such as a four year teaching degree or equivalent, as well as a number of years of work experience coupled with professional development (DEEWR 2010e).

Expectations of contact workers have also changed. To work effectively with pedagogical leaders, contact workers will need to understand child development, program planning, children's health and safety as well as relationships with families. The NQA suggests that this will require contact workers to, at a minimum, be working towards a certificate III or equivalent qualification in ECEC (box 10.2). The NQA reflects these new expectations for pedagogical leaders and contact workers by requiring new staff-to-child ratios and more extensive qualification requirements in the ECEC workforce (COAG ndb).

4.2 The ECEC workforce

The ECEC workforce includes workers in long day care (LDC), preschools, family day care (FDC), outside school hours care (OSHC) and occasional care (OC) services. This involves almost 140 000 employees working with more than one million children across the sector (table 4.1).

Table 4.1 The early childhood education and care workforce^a

<i>Service type</i>	<i>1997</i>	<i>1999</i>	<i>2002</i>	<i>2004</i>	<i>2006</i>	<i>2010^c</i>
Long day care	40 100	39 800	48 012	52 105	57 816	67 975
Family day care	15 700	14 300	14 974	14 650	13 679	13 575
In-home care	na	na	144	195	203	1 051
Occasional care	2 300	800	996	953	874	769
<i>Other child care services^b</i>	900	900	958	959	713	na
Outside school hours care	11 100	16 400	24 346	26 277	29 126	30 342
Preschool	na	na	na	10 321	11 201	25 475

^a Data from 2008 is not available as the Australian Government Census of Child Care Services (AGCCCS) concluded in 2006. ^b 'Other child care services' includes Multifunctional Aboriginal Children's Services (MACS), Mobile and Toy Library Services, and Aboriginal Playgroups and Enrichment Programs. ^c Data from 2010 are Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census. ¹ **na** Not available.

Sources: DEEWR 1999 – 2008, SCRGSP (2011) and Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census.

The ECEC workforce is overwhelmingly female, with women constituting 97 per cent of ECEC employees. Men account for 3.5 per cent of contact workers, 3.2 per cent of ECEC directors and 1.4 per cent of ECEC teachers (ABS 2009e).

The ECEC workforce is growing rapidly. Between 1997 and 2010, it has almost doubled in size, representing growth of over 5 per cent per year. This includes particularly strong growth in the LDC and OSHC workforces (table 4.1).

There are two distinct groups of ECEC workers

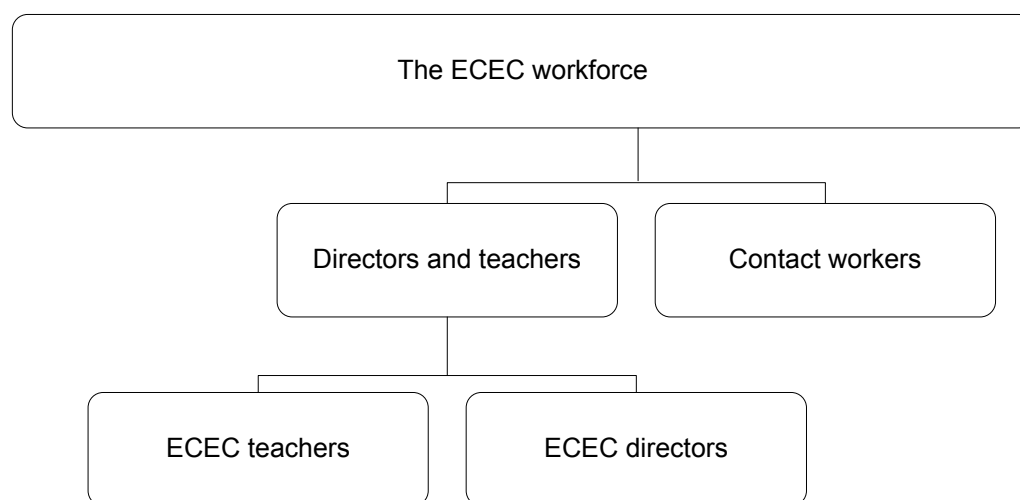
Survey data shows that the ECEC workforce comprises two different groups of workers: a group employed either as directors or teachers and a second group employed as contact workers (figure 4.1). The existence of these two groups results from the job requirements of different ECEC occupations.¹

The first group constitutes approximately 30 per cent of the workforce and includes individuals employed as managers, directors, group leaders, coordinators and teachers as well as other education specialists (PC estimate based on unpublished DEEWR data). Broadly speaking, these workers can be characterised as either directors or teachers. This group conducts program planning and leads workers in the second group. The second group makes up roughly 70 per cent of the ECEC workforce and consists of those individuals employed as contact workers, providing

¹ There are a number of workers in the ECEC sector employed in non-ECEC occupations. This includes cooks, receptionists, bookkeepers and cleaners. As these employees do not provide any direct care or education to children they are not included in the focus of this study.

education and care services directly to children (Productivity Commission estimate based on unpublished DEEWR data) (figure 4.1).

Figure 4.1 **Groups within the ECEC workforce**



Sources: CSMAC (2006) and Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census.

This first group of directors and teachers receive higher wages than contact workers as their more demanding positions require them to possess higher qualifications. This reflects their need for a detailed knowledge of child development and pedagogy, which allows them to effectively lead contact workers and ensure compliance with statutory regulations (Marcia Spitzkowsky, sub. 21).

Directors and teachers play an important leadership role in the ECEC workforce, by providing the management, leadership and governance skills necessary to implement the NQA. This includes a complex range of skills necessary for a range of activities including: the capacity to deal with boards of directors, funding mechanisms, industrial relations arrangements and the mentoring of staff (box 4.1).

In contrast, contact workers provide care and education directly to children and require less knowledge of child development and pedagogy, and fewer managerial skills. As such, contact workers commonly hold either certificate level qualifications (30 per cent) or no post high school qualification (43 per cent) (ABS 2008a).

Box 4.1 Service leadership in the ECEC workforce

In addition to pedagogical leadership, service leadership plays an important role in the provision of early childhood education and care (ECEC) services. Service leadership involves the day-to-day administration and management of ECEC services as well as their long-term governance arrangements. This work is typically undertaken by ECEC directors and coordinators and includes a wide variety of tasks, such as strategic planning, statutory compliance, industrial relations and financial management, as well as engagement with the broader community.

Effective service leadership requires specialist skills in business management and leadership, such as the ability to understand industrial relations arrangements and undertake bookkeeping. These skills are different from the skills required of pedagogical leadership and must be acquired separately through further study, training and experience (Gowrie Victoria, sub. 41; City of Monash, sub 10; NIFTeY NSW, sub. 36).

The need for ECEC service leadership is increasing as the sector moves towards greater complexity and professionalism. The National Quality Agenda and more complex modes of service delivery, such as integrated services, are increasing both the breadth of skills required of ECEC service leaders, as well as the need for specialisation in these skills (Gowrie Victoria, sub. 41).

There are a range of proposals for increasing the capacity of ECEC service leadership. These include the establishment of an Advanced Diploma in Early Childhood Management and Leadership, state-wide mentoring and coaching programs, the inclusion of a management major in ECEC teaching degrees, greater specialisation in roles in ECEC centres as well as the establishment of articulated career pathways (Community Child Care, sub. 63; Gowrie Victoria, sub. 41; Margaret Sims, sub. 21; UnitingCare Children, Young People and Families, sub. 62).

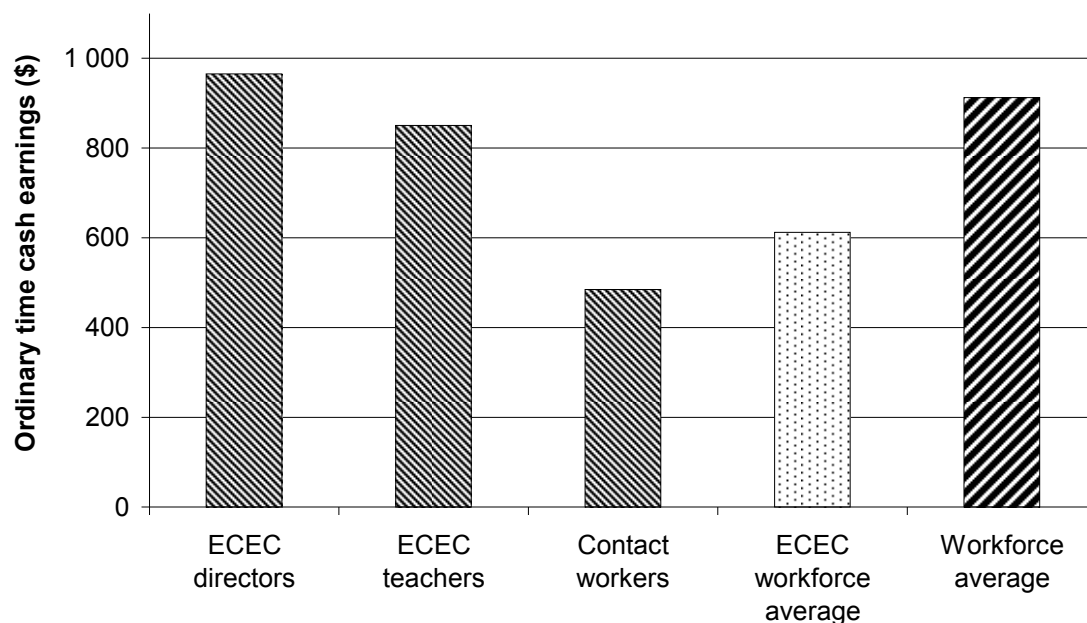
4.3 Pay and conditions in ECEC

Study participants commonly observe that the ECEC workforce is underpaid and undervalued (Community Child Care, sub. 63; LHMU, sub. 55; Playgroup Queensland, sub. 9). While pay and conditions vary across the ECEC workforce, on average ECEC workers receive lower wages than workers in the rest of the workforce (figure 4.2) and have high rates of casual or part-time work. ECEC workers also typically report high levels of stress with little public recognition or status (Child Australia, sub. 78; Community Child Care, sub. 63; Susan Sorensen, sub. 1).

ECEC wages, while on average below levels seen elsewhere in the workforce, vary according to position and the hours of work. The average weekly earnings of directors and teachers are considerably higher than those earned by contact workers,

and approach or exceed the total workforce average (figure 4.2). This reflects directors' and teachers' higher hourly rates as well as longer average hours. Directors average 33 hours per week and teachers 29 hours, while contact workers average only 25 hours per week (ABS 2010c).

Figure 4.2 **Comparison of average gross weekly earnings**



Sources: ABS (2010b) and Productivity Commission estimates based on unpublished ABS data.

Awards are the predominant method of determining ECEC wages. Award wages are most common among ECEC contact workers, over 70 per cent of whom receive wages set by awards, while 35 per cent of ECEC directors earn award wages (table 4.2). However, both groups contrast strongly with the rest of the workforce where only 20 per cent of workers' wages are set by awards (PC estimates based on unpublished ABS data).

Table 4.2 **Rates of award wage use by occupation**

Occupation	2000	2002	2004	2006	2008
	%	%	%	%	%
Contact workers	72	69	77	69	66
Education aides	27	5	11	13	13
ECEC directors	51	17	35	45	27
Education managers	6	na	3	6	na
ECEC teachers	46	45	37	35	23
Primary school teachers	12	7	9	13	5

Source: Productivity Commission estimates using unpublished ABS data. **na** Not available.

Awards are also more common in ECEC than elsewhere in the human services sector, where the majority of workers have pay and conditions negotiated through collective agreements. For example, 70 per cent of aged and disabled carers have wages set under a collective agreement, as opposed to 27 per cent of ECEC contact workers. Similarly, collective agreements set the wages of 93 per cent of primary school teachers but only 63 per cent of ECEC teachers' wages (Productivity Commission estimates based on unpublished ABS data).

Though some workers receive wages above the levels set by awards, the evidence available to the study indicates that it is rare for ECEC wages to exceed the award wage by any more than 10 per cent. For example, collective agreements negotiated by the Liquor, Hospitality and Miscellaneous Union (LHMU) on behalf of entry-level LDC workers, resulted in wages that exceeded award rates by an average of 3.41 per cent (LHMU, sub. 55, p. 18).

The notable exception to this are the wages of ECEC teachers employed in the school system. These teachers have pay and conditions negotiated by collective agreements, with wages that exceed awards by a substantial amount (chapter 5). However, these workers represent less than 15 per cent of the total ECEC workforce (Productivity Commission estimates based on unpublished DEEWR data).

The predominance of award wages in ECEC suggests a highly regulated and managed sector in which market forces are moderated. Study participants highlight this issue by suggesting that 'no true [ECEC] labour 'market' exists' (Community Child Care Co-operative, sub. 53, p.9) and characterising the ECEC workforce as being 'award-dependent' (LHMU, sub. 55, p.12). There are a range of ways in which market forces in ECEC are mediated, many of which explain the predominance of award wages. These include the nature of government funding, and impediments to paying wages that reflect different levels of performance (box 4.2).

Box 4.2 The ECEC wage puzzle

Submissions to the study stress the shortage of qualified ECEC staff. For example:

One of the most pressing challenges currently facing early childhood services across Australia is the shortage of qualified early childhood staff. (City of Greater Geelong, sub. 20, p. 10)

However, submissions to the study also suggest that ECEC wages are too low to attract and retain a sufficient number of skilled ECEC workers. For example:

Low wages in the sector act as a major disincentive to attracting and retaining staff into the early education and care workforce. (Community Child Care Co-operative, sub. 53, p. 22)

Despite these persistent shortages, most employers continue to pay wages that are around award levels (LHMU, sub. 55). This raises the question as to what might prevent ECEC employers from increasing wages above the award level in order to attract workers to any unfilled vacancies (Independent Education Union of Australia, sub. 50). That is, why are ECEC wages 'sticky' at award levels? There are a number of possible explanations.

- That government provided ECEC services, with budgets based on funding formulas, do not have the ability to increase wages, or to pay different rates to different staff.
- That small community organisations find paying award wages simpler than costly enterprise-level bargaining arrangements, performance-based agreements, or both.
- That ECEC workers may feel that colleagues doing similar work should receive similar wages for the sake of fairness, despite variable individual performance.
- That government regulation of staff-to-child ratios and qualification requirements restrict the scope for services to achieve productivity gains and real wage growth.
- That ECEC workers feel constrained in asking for pay rises, when they have to face parents who will bear the impact of any rise through fee increases on a daily basis.

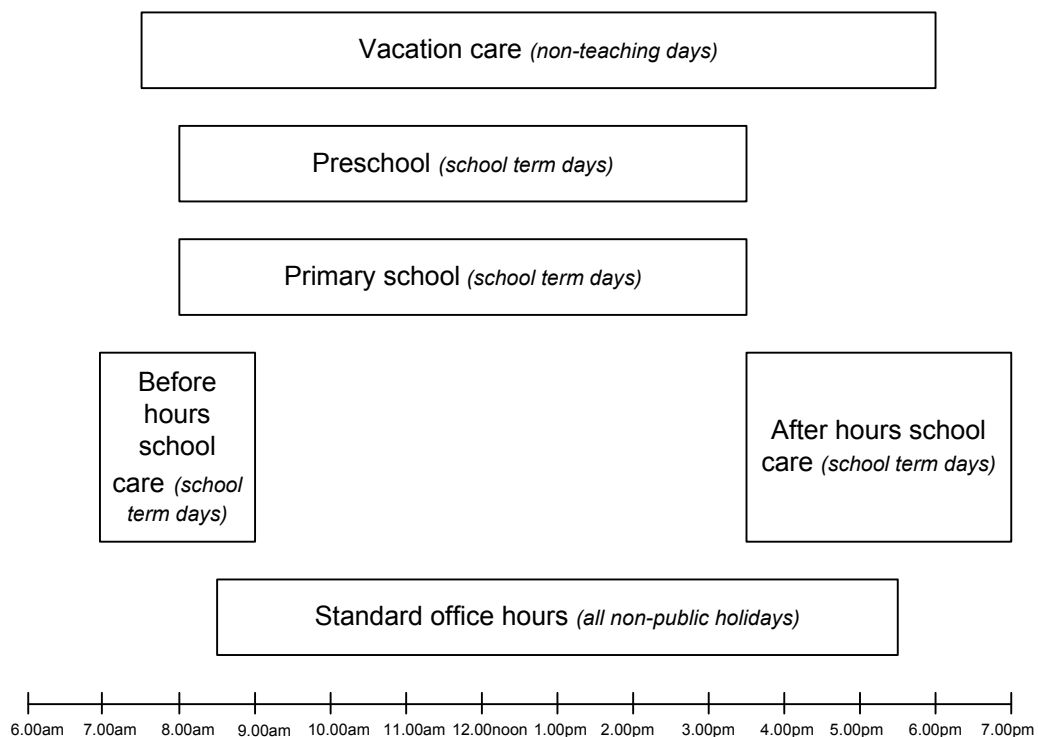
These explanations reveal a managed market where the flexibility to provide ECEC services is moderated by a significant regulatory burden, workers' attitudes and direct government provision. Given this rigidity, it is difficult for ECEC providers to pursue innovations which increase ECEC labour productivity, with no scope to translate such improvements into increased ECEC wages. As such, it may be possible to improve the retention and recruitment of ECEC workers by providing ECEC service providers with greater flexibility.

Conditions in ECEC

Work arrangements

Work arrangements in ECEC reflect services' operating hours, which often require workers to work on a part-time, casual or seasonal basis (figure 4.3). As a result, 72 per cent of the ECEC workforce is in casual or part time employment (Productivity Commission estimate based on unpublished DEEWR data).

Figure 4.3 Opening times for ECEC services^a



^a Start and finish times, and opening durations provided are purely indicative and may vary across services. Long day care, family day care, in-home care and occasional care have not been included due to the large variance in hours.

Sources: Productivity Commission estimates based on public submissions, consultations and DEEWR (2008).

Though high rates of part-time and casual work are considered undesirable for the quality of ECEC services (Batchelor Institute, sub. 46; Community Child Care Co-operative, sub. 53; SDN Children’s Services, sub. 31), such arrangements often represent the lifestyle choices of employees as well as the needs of employers. For example, many OSHC workers pursue part-time and casual working arrangements as it allows them to pursue other interests (Northcott Disability Services, sub. 18; Playgroup Queensland, sub. 9; Professor Alison Elliott, sub. 70). OSHC employers also benefit as these working arrangements allow them to meet seasonal demand for services (NATSEM, sub. 39).

Low recognition and high stress

Submissions to the study reveal a widespread view that ECEC workers experience high stress, poor morale and a lack of public recognition (Child Australia, sub. 78; Community Child Care, sub. 63; Cronulla Pre-School, sub. 48; Susan Sorensen,

sub. 1). Bretherton (2010) and Watson (2006) argue that this has led to workers leaving the sector.

The impact of high stress and low recognition on recruitment and retention is not clear from the available survey evidence. The National Children's Services Workforce Study (CSMAC 2006) surveyed over 11 000 ECEC workers and found that 71 per cent of respondents considered their job to be stressful and that 60 per cent of respondents thought that status and recognition in the community were an issue. However, the same survey also found that 85 per cent of respondents were satisfied with their job, believing their services to have good spirit and morale, while 60 per cent agreed that they would recommend a career in ECEC to others.

Administration and regulatory burdens

The ECEC workforce spends significant time complying with a large regulatory and administrative burden. For example, ECEC directors typically spend 58 per cent of their time on administrative work, while contact workers typically spend between 40 and 50 per cent of work hours on similar administrative duties (CSMAC 2006).

Regulatory burdens are considered to have a significant negative impact on the retention of ECEC workers (Bretherton 2010) as they create stress which reduces worker satisfaction (Fenech et al. 2008). Several submissions reported that the regulatory burden in ECEC is causing workers to leave for more lightly regulated sectors (GoodStart Childcare, sub. 34; Lady Gowrie Tasmania, sub. 82).

While the introduction of the National Quality Standard is intended to reduce the regulatory burden, some services believe it will do the opposite (Kindergarten Parents Victoria, sub. 72). The implications of the National Quality Standard in relation to regulatory burden is discussed in more detail in chapter 3.

Union coverage

The presence of multiple unions in a single ECEC centre can also add to the administrative burden of ECEC directors (Gowrie SA, sub. 40). The ECEC workforce is represented by four main unions in the institutional framework that determines ECEC payment and conditions: the Australian Education Union (AEU), the LHMU, the Australian Services Union (ASU) and the Independent Education Union (IEU). There are often multiple unions present in a single ECEC service as union coverage varies with the jurisdiction, occupation, service type and ownership type (LHMU, sub. 55). This means that multiple agreements need to be negotiated (C&K Association, sub. 52).

The presence of multiple unions in a single ECEC centre can also create difficulties among staff and make ECEC work less rewarding. Multiple agreements result in variation of pay and conditions among workers. This can create tensions when workers perceive such arrangements as representing a lack of fairness, reducing the attractiveness of ECEC employment (Kindergarten Parents Victoria, sub. 72; UnitingCare Children, Young People and Families, sub. 62).

4.4 Career pathways in the ECEC workforce

Entry into the ECEC workforce

Entry into the ECEC workforce occurs for a variety of reasons. Some workers enter with the intention of creating a lasting ECEC career, while other entrants intend to work in ECEC temporarily. While entrants with career ambitions progress to positions as directors or teachers on the basis of study and experience, temporary ECEC workers are commonly employed as contact workers.

Temporary ECEC workers typically hold no ECEC qualification on entry, and commonly work on a part-time or casual basis to facilitate family life and tertiary studies (CSMAC 2006). For example, there are a large number of university students who work in ECEC to support their studies; some studying to become teachers (Catholic Education Office of Western Australia, sub. 65; NATSEM, sub. 39; Queensland Children's Activities Network, sub. 84). There is also a significant number of mothers who work in ECEC, as it allows them to meet family commitments (Catholic Education Office of Western Australia, sub. 65; NATSEM, sub. 39; Professor Alison Elliott, sub. 70).

Progression in the ECEC workforce

Career pathways within the ECEC workforce typically involve entry as a contact worker, with some workers progressing to positions as ECEC directors on the basis of experience and further study. Teachers commonly enter after completing a bachelor-level degree, while contact workers enter both with and without vocational education and training qualifications.

While many entrants develop a long term career as ECEC professionals, many do not find the benefits of additional qualifications to be worthwhile. This is due to the fact that compensatory wage increases from additional qualifications are too small (C&K Association, sub. 52; LHMU, sub. 55; UnitingCare Children, Young People and Families, sub. 62). For example, in a survey of the ECEC workforce,

66 per cent of ECEC employees agreed with the statement ‘the subsequent wage increase from obtaining an additional ECEC qualification did not make studying worthwhile’ (CSMAC 2006).

The reticence of workers to pursue additional qualifications was reflected in submissions to the study. ECEC workers revealed that the costs of acquiring the qualifications necessary for promotion to senior positions were not justified by the anticipated increase in pay.

If I went from Assistant director, to director I would get around 50c an hour more, for triple the work ... There is no incentive to get more qualifications. (LHMU, sub. 55, p. 2)

As governments and parents have not traditionally seen ECEC workers as providers of educational services, it can be argued that society has not acknowledged the true value of their work. This has resulted in a failure to pay ECEC workers sufficient wages to gain additional qualifications (Community Child Care Co-operative, sub. 53; SDN Children’s Services, sub. 31; Women’s Electoral Lobby, sub. 17). The public recognition of ECEC workers is likely to change under the NQA, which has formally recognised their role as educators as opposed to carers (COAG 2009h).

Exit from the ECEC workforce

Workers exit the ECEC workforce for a variety of reasons and while many leave ECEC altogether, there is a substantial proportion who later return to work in the sector. Many workers leave the sector temporarily to take extended leave, including maternity leave (19 per cent), reflecting the large proportion of female workers in ECEC. However, there is a large proportion who leave either to pursue careers in other parts of the workforce (32 per cent), or for personal family reasons (22 per cent) (table 4.3).

Table 4.3 **Reasons for leaving ECEC position**

<i>Reason</i>	<i>Proportion of departures (%)</i>
New career	32
Family and personal reasons	22
Extended leave (includes maternity leave)	19
Residential move	16
Study	7
Retirement or death	4
Total	100

Source: CSMAC (2006).

4.5 Recruitment and retention in the ECEC workforce

The relatively low level of pay and conditions in ECEC, combined with limited returns to career progression, have been seen to cause recruitment and retention problems in ECEC. As a result, many workers find opportunities in other sectors to be more attractive, a process that has been described as the creation of ‘pathways out of childcare’ (Watson 2006, p. xv; Bretherton 2010).

Study participants suggested that recruitment and retention problems were evident in high rates of turnover, short tenure and skills shortages (Australian Catholic University, sub. 24; Child Australia, sub. 78; City of Geelong sub. 20; Community Child Care Co-operative, sub. 53; GoodStart Childcare, sub. 34; Independent Education Union of Australia sub. 50). This is supported by the Australian Skills Shortage List which identifies skills shortages across all ECEC occupations (DEEWR 2010h)(box 4.3).

Box 4.3 Skills shortages in ECEC

Skills shortage research conducted by DEEWR found persistent skills shortages across the ECEC workforce with a shortage of suitably qualified ECEC teachers, directors and contact workers. Though there were a large number of applicants for vacant ECEC positions (5 to 11 per vacancy), on average only 1.1 applicants were found to be suitable. This is less than the workforce average of 1.5 suitable applicants per vacancy (DEEWR 2010f).

ECEC employers found applicants unsuitable for a range of reasons. Potential ECEC directors were found to lack necessary qualifications, experience or management capacity. Though many applicants for contact worker positions held relevant qualifications, many were seen as unsuitable due to inadequate experience, poor communication skills or a lack of motivation. Shortages of ECEC teachers were largely due to more favourable conditions in the school sector where there are no skills shortages (2.6 suitable applicants per vacancy) (DEEWR 2011l).

Recruitment and retention pressures are not unique to ECEC, with such problems occurring throughout the workforce due to strong macroeconomic conditions and the resultant tight labour market (DEEWR 2010a). For example, though 15.7 per cent of the ECEC workforce departs each year, this is not substantially higher than the 13.1 per cent average for all occupations (DEEWR, sub. 86).

While recruitment and retention pressures are not unique to ECEC, it does appear that these issues are acute in specific parts of the ECEC workforce. For example, retaining ECEC teachers is a problem as many leave to work in the primary school sector where they enjoy superior pay and conditions (chapter 5). Tenure and

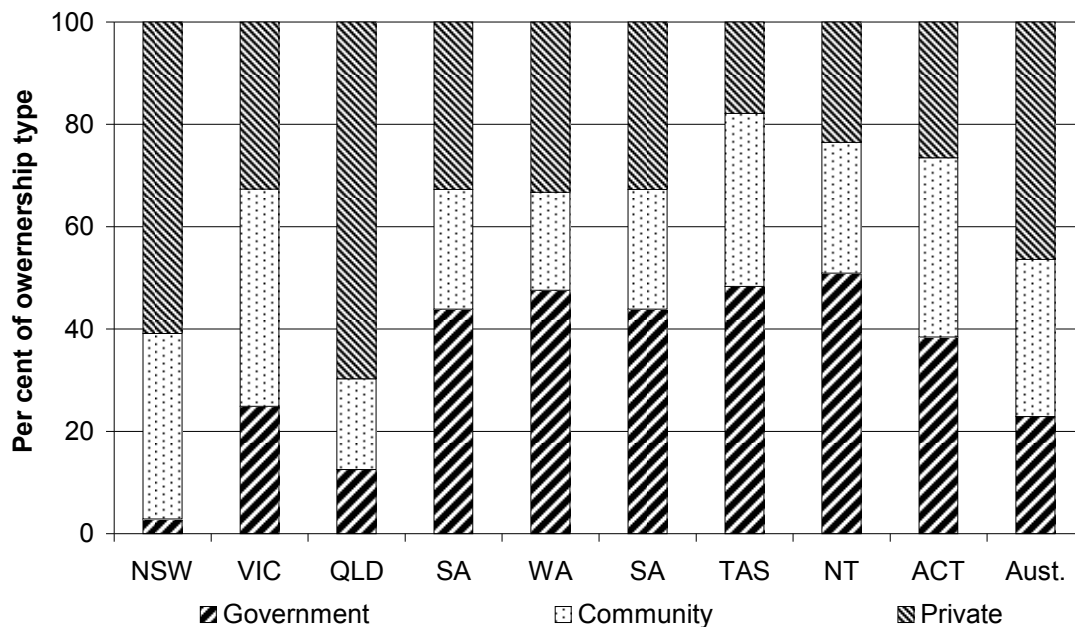
turnover is also a problem for Indigenous-focused ECEC services (chapter 14) and services in rural and remote areas (chapter 9) where significant difficulties filling vacant positions and retaining staff are reported (DEEWR 2011).

4.6 Where are ECEC workers employed?

The ECEC workforce is employed by a wide range of firms and community organisations. These include private national operators with hundreds of employees through to small community-run centres with a handful of staff providing services to a single neighbourhood.

The private sector plays a significant role in ECEC, constituting 46 per cent of employers, with direct government provision accounting for 23 per cent of employers and community-run centres 31 per cent (figure 4.4). There is some overlap across sectors with community-run centres often receiving free use of premises from governments, and some community-run services employing professional managers (Kindergarten Parents Victoria, sub. 72).

Figure 4.4 ECEC services by ownership type^a



^a Does not include family day care or OSHC.

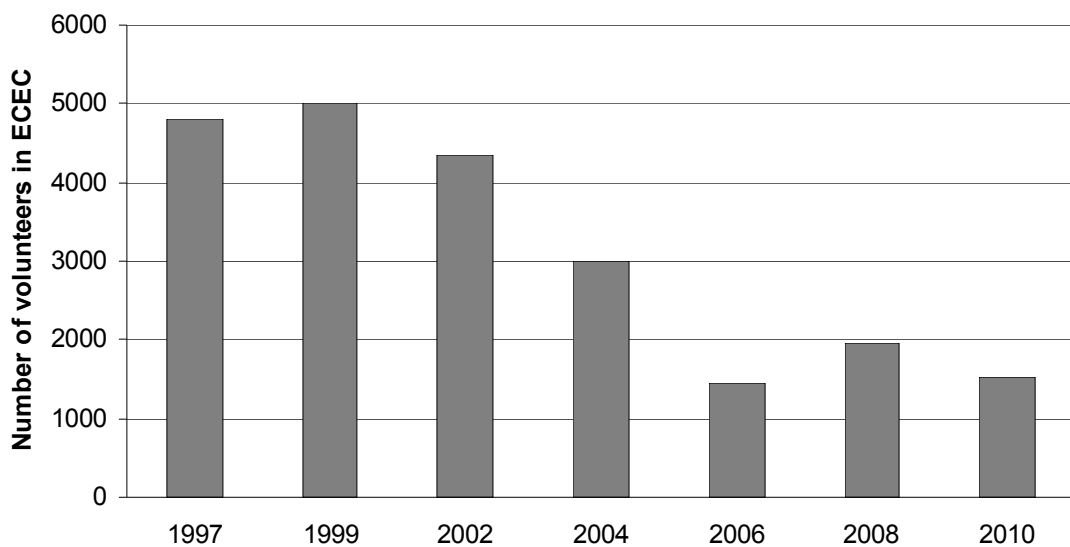
Sources: Access Economics (2009) based on SCRGSP (2009) and data supplied by DEEWR and state governments.

4.7 Volunteers play an important but declining role in the ECEC workforce

There were approximately 1530 volunteers working in ECEC in 2010 (PC estimate based on unpublished DEEWR data). This group includes individuals undertaking work experience, students and trainees, as well as parents working on community boards.

The number of volunteers in ECEC has been trending downwards over time (figure 4.5). Increasingly complex regulation and an increased emphasis on education over care has reduced the scope for volunteers to participate in the day-to-day operation of ECEC services (Community Connections Solutions Australia, sub. 75).

Figure 4.5 **Volunteers in the ECEC workforce**



Sources: DEEWR 1999 – 2008 and Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census.

The tendency of increased professionalisation of the ECEC sector to displace volunteer ECEC workers is evident in the migration to ‘cluster management’ of preschools. Under these arrangements parent-run community boards are replaced by organisations who provide professional management services (City of Casey, sub. 35; Government of South Australia, sub. 66), and close to 50 per cent of previously parent-managed preschools in Victoria have already transitioned to cluster management (DEECD 2009e). The issue of volunteer management of ECEC services is discussed in more detail in chapter 3.

5 The preschool and long day care workforce

Key points

- The National Quality Standard (NQS) and the National Partnership Agreement on Early Childhood Education (NPA ECE) will significantly increase demand for qualified workers in preschool and long day care (LDC) settings.
- However, the change in demand will differ across jurisdictions.
 - Western Australia is the only jurisdiction already compliant with staff-to-child ratios specified in the NQS.
 - New South Wales, Victoria and Tasmania display more moderate progress towards meeting the NQS and the NPA ECE.
 - Queensland, South Australia, the Northern Territory and the ACT require more substantial progress to meet the NQS and the NPA ECE.
- While the rapid increase in demand for qualified workers resulting from the Council of Australian Governments (COAG) early childhood education and care (ECEC) reforms can be partially met by training existing workers, new workers will be needed. Worker demand is unlikely to be met by supply in the short term, as supply will take some time to adjust.
 - The rate of adjustment in supply will differ across jurisdictions, geographically within jurisdictions, by occupation and qualification, and by setting.
 - To assist in the transition to the NPA ECE, governments should permit any currently employed 3-year-qualified early childhood teacher to deliver the preschool program, and any 3-year-qualified teacher to return to or enter the workforce where a plan is in place to upgrade their qualification.
- Supply will be determined by the incentives, such as wages, status and professional development, provided to workers to gain the appropriate qualifications, to enter the workforce, to upgrade their qualifications where necessary, and to remain in the workforce once they have entered.
- In order to attract and retain a sufficient number of early childhood teachers to achieve the NQS and the NPA ECE, salary and conditions offered by LDCs as well as NSW community- and privately-managed preschools will need to be competitive with those offered to primary teachers in the school sector.
- In order to attract and retain a sufficient number of workers with certificate III and diploma qualifications to achieve the NQS and the NPA ECE, wages will need to increase, particularly in LDCs and community- and privately-managed preschools.

The preschool and long day care (LDC) workforce can be grouped into four broad categories: qualified early childhood teachers, contact workers, directors and administrators and other (non-contact) workers. Qualified teachers and contact workers interact directly with children to deliver early childhood education and care (ECEC). Qualified teachers are degree-qualified, while contact workers usually have either diploma or certificate level qualifications in children's services. Directors, principals and group leaders provide management, leadership and governance to staff within ECEC services and will typically be either tertiary or vocation education and training (VET) qualified. Administrative workers and other workers perform roles necessary for the operation of the service but that do not involve direct supervision of children, such as account keeping, cooking and cleaning.

Contact workers form the larger part of the preschool and LDC workforce. There were 64 800 contact workers employed in preschool and LDC services nationally in 2010, compared to 15 018 teachers (table 5.1). There are also a smaller number of managers and administrators (5787), and other (non-contact) workers (3154) employed in the delivery of preschool and LDC services.

The most common qualification in the preschool workforce is a bachelor degree, while in the LDC workforce diploma and certificate level qualifications are more common (table 5.2). About 71 per cent of the preschool workforce is qualified at the certificate III level or higher, while the comparable estimate for the LDC workforce is 73 per cent.

Table 5.1 Preschool and long day care workers by employment type
2010

<i>Employment type</i>	<i>Workers</i>	<i>Share of total</i>
	no.	%
Qualified teachers (non-management)	15 018	16.1
Contact workers	64 800	69.3
Management and administration workers	5 787	6.2
Other workers ^a	3 154	3.4
Employment type not known	4 690	5.0
Total workers	93 450	100

^a Estimates of other (non-contact) workers employed in preschools were not available.

Source: Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census.

Table 5.2 Educational attainment of the preschool and long day care workforce^{a,b}

2010

	<i>Preschool</i>	<i>Long Day Care</i>
	%	%
Bachelor degree or higher	35.6	9.9
Advanced diploma or diploma	16.4	31.4
Certificate III or IV	19.3	31.4
Less than certificate III	2.8	2.0
No ECEC qualification	23.6	24.2
Attainment not known	2.3	1.2

^a Highest level of attained qualification in an ECEC related field. Does not include qualifications that workers may be currently studying towards but have not yet attained. ^b Qualifications of non-contact workers (outside of those in service leadership roles) are not included.

Source: Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census.

As discussed in chapter 3, the National Quality Standard (NQS) will introduce compulsory national standards for early childhood education and care (ECEC) across Australian preschools and LDC centres. In all jurisdictions the national standards will require higher staff-to-child ratios, higher minimum qualifications, or both, than the existing jurisdiction-based regulations.

The National Partnership Agreement on Early Childhood Education (NPA ECE) will also require an expansion in preschool services. The NPA ECE includes a goal to offer all children access to 15 hours of preschool per week in the year before formal schooling, delivered by a 4-year degree-qualified teacher. The NPA ECE is intended to be fully implemented by 2013. The 15 hour preschool program can be delivered in either a preschool or an LDC setting. Some jurisdictions have already achieved universal preschool enrolments, while in others attendance will need to increase substantially if universal access is to be achieved.

There is an increasing trend towards the provision of preschool sessions in LDC across jurisdictions. According to Productivity Commission estimates based on unpublished Department of Education, Employment and Workplace Relations (DEEWR) data, about 82 per cent of preschools and 37 per cent of LDCs nationally currently offer preschool programs delivered by a qualified teacher. However, in Western Australia LDC preschool programs are not officially recognised by the State Government, and in Tasmania a preschool can only operate within a registered school (ABS 2010e)

As a result of the Council of Australian Governments (COAG) ECEC policy reforms, national demand for preschool and LDC workers will increase. However,

the extent of the increase will differ by jurisdiction, by qualification and by service. The supply response will also vary across regions.

5.1 Demand for preschool and long day care workers

Demand for preschool and LDC workers is derived from the demand for preschool and LDC services. Demand for preschool and LDC services is in turn determined by a combination of factors relating to both parental preference and government policy. Parents demand preschool and LDC services because of the relative costs and benefits of work and paid ECEC, and the value they place on early childhood education. Governments might also use preschool and LDC services to achieve policy goals such as increased female labour force participation and improved early childhood education.

Influence of the COAG agreed ECEC reforms on workforce demand

To achieve the agreed ECEC policy changes, demand for both degree-qualified early childhood teachers and certificate and diploma-qualified directors and contact workers will increase. This is through:

- the NQS, which will increase staff-to-child ratios and qualification requirements for both preschool and LDC services, as outlined in table 5.3. Importantly, the NQS will require LDC centres to employ qualified early childhood teachers. Traditionally, preschools have employed early childhood teachers, with few teachers employed in LDC
- universal access to 15 hours preschool, which will increase demand for early childhood teachers in preschools and LDCs.

The NQS will require preschool and LDC contact workers in all jurisdictions to hold or be studying towards a Certificate III in Children's Services at a minimum by 1 January 2014.

Because demand for ECEC workers is derived from demand for ECEC services by parents, the increase in demand for ECEC workers will be tempered somewhat by reduced demand for ECEC services from parents. Employing more qualified staff will cost services more. With the exception of those services funded entirely by governments (as is the case for some preschools), at least part of the increased cost will be passed on to parents. COAG (2009h) estimates that most parents will bear 50 per cent of the increased cost. This is expected to reduce demand, though by how much will depend on a variety of factors and differ from service to service.

Table 5.3 National Quality Standard worker qualification requirements for preschool and long day care services

<i>Number of children (at any one time)</i>	<i>Qualification requirements</i>	<i>Timeframe</i>
Less than 25	50 per cent of contact workers have (or are actively working towards) a Diploma of Children's Services qualification ^a Other contact workers have (or are actively working towards) a Certificate III in Children's Services qualification An early childhood teacher is in attendance for at least 20 per cent of the time that the service is provided	1 Jan 2014
25 to 59	50 per cent of contact workers have (or are actively working towards) a Diploma of Children's Services qualification ^a Other contact workers have (or are actively working towards) a Certificate III in Children's Services qualification An early childhood teacher is in attendance for at least six hours per day whenever the service is provided to 26 children or more ^b	1 Jan 2014
60 to 80	50 per cent of contact workers have (or are actively working towards) a Diploma of Children's Services qualification ^a Other contact workers have (or are actively working towards) a Certificate III in Children's Services qualification An early childhood teacher is in attendance for at least 6 hours per day whenever the service is provided to 26 children or more ^b A second teacher or another suitably qualified individual is in attendance at the service for at least 3 hours per day whenever the service is being provided to 60 children or more ^{c,d}	1 Jan 2014 1 Jan 2020
Over 80	50 per cent of contact workers have (or are actively working towards) a Diploma of Children's Services qualification ^a Other contact workers have (or are actively working towards) a Certificate III in Children's Services qualification An early childhood teacher is in attendance for at least 6 hours per day whenever the service is provided to 26 children or more ^b A second teacher or another suitably qualified individual must be in attendance for at least 6 hours per day whenever the service is provided to 80 children or more ^{b,d}	1 Jan 2014 1 Jan 2020

^a For every two contact workers (or part thereof) at least one must have (or be enrolled in and studying) a Diploma level Children's Services qualification. Qualified early childhood teachers in the service also count towards the diploma worker requirement. ^b If the service operates for less than 50 hours per week, attendance is to be for 60 per cent of the operating hours of the service each day. ^c If the service operates for less than 50 hours per week, attendance is to be for 30 per cent of the operating hours each day. ^d A 'suitably qualified individual' must hold a degree qualification approved by the Australian Children's Education and Care Quality Authority.

Source: COAG (2009h).

Demand for qualified early childhood teachers

Under the NPA ECE, an early childhood teacher delivering a preschool program is nominally required to have a 4-year teaching degree. Productivity Commission estimates based on unpublished DEEWR data indicate that only about 70 per cent of qualified early childhood teachers in the preschool and LDC workforce are 4-year degree-qualified. However, there appears to be some flexibility regarding the requirement for a 4-year teaching degree. For example, the proposed regulations ensure that individuals who are:

... employed/registered/accredited/approved as a qualified early childhood teacher (or equivalent) at any time between 1 January 2010 and 1 January 2012; or hold a qualification approved by a jurisdiction as a qualified early childhood teacher (or equivalent) immediately prior to 1 January 2012 will continue to have their qualification recognised under the National Quality Framework. (DEEWR 2011h, p. 86).

Similarly, the Victorian Government regards the need for 4-year degree qualifications as an ‘aspiration’, and is focusing upon:

... achieving the number of qualified early childhood teachers required to meet our obligations under the current reform agenda, including retaining our current 3-year trained teachers in the workforce. This is reflected in Victoria’s bilateral agreement under the NPA ECE. (sub. 87, p. 8)

However, the push for 4-year-qualified teachers in ECEC is consistent with the broader move towards employing only 4-year-qualified teachers in schools. For instance, since October 2004 all teachers employed in NSW schools have been required to have a 4-year degree. In this case, an exception was made for currently employed 3-year-qualified teachers. Additionally, a compromise was established whereby 3-year-qualified teachers who resigned, or retired, or were out of teaching for five years or more, who then wished to return to teaching after October 2004 would be granted conditional accreditation only on the condition that they upgrade their qualification while teaching (NSW/ACT Independent Education Union 2005).

DRAFT RECOMMENDATION 5.1

To assist in the transition to the National Partnership Agreement on Early Childhood Education, governments should permit:

- ***any currently employed 3-year-qualified early childhood teacher to deliver the preschool program***
- ***any 3-year-qualified teachers returning to or entering the workforce to deliver the preschool program, provided a plan is in place for them to upgrade their qualification to the equivalent of a 4-year degree.***

In any case, meeting the increased demand for qualified early childhood teachers will be particularly challenging as teachers must complete their degree before they can commence employment in preschools and LDCs, while the requirement for workers with certificate III and diploma qualifications only requires these workers to have started training.

Variation in demand change across jurisdictions

Current preschool and LDC regulations vary substantially across jurisdictions and between service types. Hence, the change in worker demand resulting from the implementation of ECEC policy changes will vary by jurisdiction and between preschool and LDC services. Table 5.4 provides a broad picture of the current state of preschool and LDC services across the jurisdictions in relation to the COAG policy targets (see appendix E for further information on current institutional arrangements in the early childhood development (ECD) sector).

Despite similar staff-to-child ratios to the NQS requirements, and a high rate of preschool enrolment, Western Australia will require more qualified contact workers and early childhood teachers. The proportion of qualified workers in ECEC services must improve to 100 per cent (from 64.1 per cent) to meet the NQS. Additionally, average preschool attendance in Western Australia is 11 hours per week, 4 hours per week less than the universal access target of 15 hours.

New South Wales, Victoria and Tasmania will require greater changes to meet the COAG targets than Western Australia. In New South Wales regulated staff-to-child ratios do not comply with NQS requirement for the 2 to 3 years age group, while Tasmanian regulated staff-to-child ratios for the birth to 2 years age group do not comply with the NQS. Victoria plans compliance with the birth to 2 and 2 to 3 years age group standards by 1 January 2012. About 70 per cent of ECEC workers in Victoria are qualified to the NQS, with this rate slightly lower in New South Wales and Tasmania.

Queensland, South Australia, the Northern Territory and the ACT need to make substantial progress in order to meet the NQS and implement universal preschool access. South Australia, the Northern Territory and the ACT have qualified worker rates below 56 per cent and will need significantly more qualified workers to reach the 100 per cent target by 2014. While Queensland has the highest percentage of qualified workers in the relevant services, it has the lowest preschool attendance rate of all jurisdictions at 32 per cent and will therefore need to substantially increase the number of early childhood teachers (box 5.1).

Table 5.4 Existing arrangements in ECEC services

<i>Jurisdiction</i>	<i>Worker-to-child ratio — preschool and LDCs compared to NQS requirement^a</i> <i>(Required by 2012 for children aged birth to 2 years, and 2016 for others)</i>	<i>Qualified workers in approved services^b</i> <i>(target 100% by 2014)</i>	<i>Preschool enrolment^c</i> <i>(target 95% by 2013)</i>	<i>Preschool hours^d</i> <i>(target 15 hours per week by 2013)</i>
	Children aged	%	%	hours
New South Wales	<ul style="list-style-type: none"> • Birth to 2 years – ✓ • 2 to 3 years – ✗ • Older than 3 years – ✓✓ 	63.9	81.1	12.6
Victoria	<ul style="list-style-type: none"> • Birth to 2 years^e – ✗ • 2 to 3 years^e – ✗ • Older than 3 years – ✗ 	69.2	96.2	14.6
Queensland	<ul style="list-style-type: none"> • Birth to 2 years^f – ✓ • 2 to 3 years – ✗ • Older than 3 years – ✗ 	73.7	32.0 ^g	13.7
South Australia	<ul style="list-style-type: none"> • Birth to 2 years – ✗ • 2 to 3 years – ✗ • Older than 3 years – ✗ 	55.6	88.0	11.1
Western Australia	<ul style="list-style-type: none"> • Birth to 2 years – ✓ • 2 to 3 years – ✓ • Older than 3 years – ✓✓ 	64.1	95.0	11
Tasmania	<ul style="list-style-type: none"> • Birth to 2 years – ✗ • 2 to 3 years – ✓ • Older than 3 years – ✓✓ 	67.3	96.5	11.8
Northern Territory	<ul style="list-style-type: none"> • Birth to 2 years – ✗ • 2 to 3 years – ✓ • Older than 3 years – ✓ 	49.6	84.2	12.9
ACT	<ul style="list-style-type: none"> • Birth to 2 years – ✗ • 2 to 3 years – ✗ • Older than 3 years – ✓ 	46.6	94.0	13

^a ✓ — reflects compliance with NQS ratios based on current state legislation. ✗ — reflects non-compliance with NQS ratios. ✓✓ — reflects ratios that are higher than the NQS under current state legislation. Where NQS ratios are exceeded, these will remain unchanged. ^b Percentage of staff with a relevant formal qualification at or above certificate III working at ECEC services approved by the Australian Government in 2010 (includes family day care and outside school hours care). The NQS requires all contact staff to hold or be actively working towards a certificate III or above by 1 January 2014. ^c Proportion of children enrolled in an early childhood education program. Data are drawn from the 2009 annual reports on progress towards universal access to early childhood education, lodged by all jurisdictions. The NPA ECE requires all children to have access to 15 hours of preschool by 1 January 2013. While access to preschool does not necessitate enrolment, DEEWR has set a target of 95 per cent preschool enrolment by 2013 (DEEWR 2010c). ^d Average hours per week of attendance at an early childhood education program. Data are drawn from the 2009 annual reports on progress towards universal access to early childhood education, lodged by all jurisdictions. ^e The ratios will comply or be higher than the NQS from 1 January 2012. ^f The existing *Child Care Regulations 2003* in Queensland allow for lower staff-to-child ratios where children are educated and cared for in groups from birth to 3 years or 15 months to 3 years. In the latter case, the existing ratios will continue to apply until 2018. ^g In 2007, Queensland discontinued preschool and introduced the preparatory year (box 5.1)

Sources: COAG (2009h); SCRGSP (2011).

Box 5.1 Queensland preschool changes

Queensland's low preschool participation rate is largely due to a reconfiguration of early childhood schooling in that state in 2007. Prior to this, Queensland students entered year one in the year they turned 6, rather than in the year they turned 7 as is the case in other jurisdictions. In the interests of creating a national uniform starting age, a full-time non-compulsory preparatory year was introduced as the first year of formal schooling in Queensland, with year one becoming the second year of formal schooling as in other jurisdictions.

To implement this change, most existing Queensland government preschool services were converted into preparatory services. As a result, the number of preschool services available in Queensland declined by almost 73 per cent between 2007 and 2008. Additionally, preschool educational programs in Queensland now no longer attract school funding, and so impose a higher cost on parents than the previous arrangement. Queensland preschool enrolments declined substantially in response to these changes.

Sources: Dowling and O'Malley (2009); SCRGSP (2011).

5.2 Supply of early childhood teachers

Teachers qualified to work in ECEC typically have the option to work in LDC, preschool or primary school settings. Early childhood teachers are usually qualified to teach children aged from birth to 8 or 12 years of age, depending on the particular course of training undertaken, and are therefore qualified to teach school aged children (Southern Cross University and Early Childhood Australia (NSW), North Coast Branch, sub. 16). Where qualified early childhood teachers choose to work is therefore influenced by the relative attractiveness of LDC, preschool and primary school teaching positions.

Wages and conditions for early childhood teachers

Award modernisation

The modern award is indicative of the differences between pay and conditions for LDC teachers and other early childhood teachers. All early childhood education teachers, regardless of work setting, are covered by the Educational Services (Teachers) Award 2010 (table 5.5). This modern award provides the 'safety net' minimum salary that can be paid to early childhood teachers in LDC, preschool and school services and replaces previous state awards covering early childhood

teachers.¹ However, many early childhood teachers have their wages and conditions set through collectively negotiated agreements with their employer, with wages often set above the modern award rate.

Table 5.5 Modern award wages and conditions for 4-year qualified teachers

	<i>Teacher working in a school or related service^a</i>	<i>Teacher working in an LDC centre</i>
Salary range per year	\$41 558–\$54 850	\$43 220–\$57 044
Allowances	1.6–8.0% of the standard salary for teachers in leadership positions	11.5–17.3% of the standard salary for teachers that are appointed as centre directors
Working days and hours	205 working days per year, with variable hours per day	230 working days per year, up to 10 hours per day. Rostering system allows for rostered days off if longer hours are worked
Annual leave	10–12 weeks per year, depending on jurisdiction	4 weeks per year

^a Includes primary school teachers and preschool teachers working in a school setting.

Source: Educational Services (Teachers) Award 2010.

The modern award salary for LDC teachers is set above that for school teachers. Teachers employed under this award in LDCs work 12 per cent more days each year, for which the award provides compensation in the form of 4 per cent additional salary. Additionally, the Educational Services (Teachers) Award allows for LDC teachers to work shifts of up to 10 hours duration, whereas a typical mandated workday for a teacher employed in the school system would be the standard 7 hours and 21 minutes.

Differences in wages between LDC, preschool and primary school early childhood teachers

Historically, the pay and conditions for teachers in LDC have been below those available to preschool and primary school teachers. These differences in pay and conditions are considered to be a result of the historical separation of early childhood ‘care’ and ‘education’ (Elliott 2006).

Early childhood teachers employed in the school system are paid wages substantially better than the modern award minimum (Dowling and

¹ The Western Australian Government has chosen not to join the national workplace relations system, so sole traders, partnerships, other unincorporated entities and non-trading corporations in Western Australia remain in the state award system (FWA 2010).

O'Malley 2009). In Western Australia, South Australia, Tasmania, Northern Territory and the ACT, the vast majority of preschool services are provided by either government or non-government schools (table 5.6). Preschool teachers in these states are employed within the school system and receive the same wages as primary school teachers, which are outlined in table 5.7.

Table 5.6 Preschool services by service provider type^{a,b}
2010

<i>Provider type</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>SA</i>	<i>WA</i>	<i>Tas</i>	<i>NT</i>	<i>ACT</i>
	%	%	%	%	%	%	%	%
Community-managed	70.2	73.3	90.2	4.5	na	–	na	na
Privately-managed	20.5	1.8	0.5	na	na	–	na	na
Non-government schools	na	6.8	1.3	na	na	27.4	3.3	13.0
Government-managed	9.3	18.1 ^c	8.0	95.5	100.0	72.6	96.7	87.0

^a Includes all Australian, State and Territory Government supported services. ^b Provider type relates to the status of the legal entity of the preschool and does not relate profit status. ^c All government-managed preschools in Victoria are managed by local government. **na** Not available. **–** Nil or rounded to zero.

Source: SCRGSP (2011).

Table 5.7 Annual wage of 4-year-qualified early childhood teachers employed in the state school system^a
By jurisdiction

	<i>Graduate-level wage</i>	<i>Highest level wage^b</i>
	\$	\$
New South Wales	56 829	84 759
Victoria	55 459	81 806
Queensland	56 900	81 372
South Australia	55 665	79 816
Western Australia	56 112	84 863
Tasmania	56 436	82 533
Northern Territory	58 457	83 065
ACT	55 327	78 837

^a Annual salary as at 1 July 2011. ^b Based on years of service only. Does not include merit-based positions.

Sources: DET NSW (nda); DEECD (2009b); DET Queensland (2010); DECS (2011); DoE Western Australia (2011a); DoE Tasmania (2011); DET NT (2010b); DET ACT (2009).

Despite being employed outside the school system, wages for Victorian and Queensland preschool teachers are similar to those paid to school teachers. Preschool teachers employed in Victorian community-managed preschools are employed under the Victorian Early Childhood Teachers and Assistants Agreement 2009 (VECTAA 2009) with similar pay and conditions to Victorian state primary school teachers. Preschool teachers employed by local governments in

Victoria may be employed under an Enterprise Bargaining Agreement, which is negotiated using VECTAA 2009 as the wage benchmark, or under the Local Government Early Childhood Education Employees Agreement 2009 (LGECEEA 2009), under pay and conditions aligning with VECTAA 2009 (AEU Victoria 2011).

Likewise, Queensland preschool teachers are paid similarly to their school-based counterparts (Independent Education Union of Australia, sub. 50, p. 22). C&K Association stated that ‘teachers in Queensland kindergartens [preschools] are paid at rates comparable to the state sector [teachers]’ (sub. 52, p. 9).

However, almost all LDC teachers, and most New South Wales preschool teachers are employed on wages and conditions that do not compare favourably with those offered in the school system.² A number of submissions noted this disparity.

The significant disparity in wages and salaries between staff who work in Long Day Care (LDC) and staff who work in preschools [in South Australia] is considered a major cause of attrition rates. Many workers in child care hold the same degree qualification as preschool teachers, but without their qualification being recognised and without the receipt of appropriate remuneration. (Gowrie SA, sub. 40, p. 3)

In NSW early childhood teachers working in preschools in Government schools are paid at a much higher level than those in community based preschools. (NIFTeY Australia, sub. 37, p. 3)

This makes the recruitment and retention of qualified early childhood teachers difficult for LDCs across the country, and for community- and privately-managed New South Wales preschools. The NSW Children’s Services Forum noted that:

The better wages and conditions for primary school teachers attract [ECEC teaching] graduates [to primary school teaching] either immediately on graduation or after a short period in the early childhood education and care sector. (sub. 23, p. 7)

Differences in conditions between LDC, preschool and primary school

In addition to higher salary, early childhood teachers employed in the school system also enjoy better working conditions. Teachers employed in the school system receive, among other conditions, more holidays, more preparation time, and shorter working days than specified by the Educational Services (Teachers) Award. For instance, full-time preschool teachers in Western Australian public schools are entitled to 5 hours and 20 minutes non-contact time each week (DoE Western

² A minority of NSW preschool teachers are employed in preschools managed by the NSW Department of Education & Training or preschools managed by independent schools. These teachers are paid at the same rate as teachers employed in the school sector (NSW/ACT Independent Education Union 2010).

Australia 2011b), while the Educational Services (Teachers) Award only specifies that teachers responsible for programming and planning be entitled to a minimum of two hours per week of non-contact time.

In cases where wages offered to early childhood teachers are similar to those in the school sector, teachers still tend to prefer school positions. In both Victoria and Queensland, where preschool teachers are paid a similar wage to their school-based counterparts, it was felt that school teachers enjoyed superior conditions. C&K Association submitted that Queensland state school teachers have more non-contact hours and other improved conditions compared with Queensland preschool teachers (sub. 52, p. 9). Kindergarten Parents Victoria noted that:

[Early childhood teaching] students report electing to enter schools rather than early childhood services as they believe the positions are of a higher status, they are provided with genuine professional development opportunities, [and have better] support of peers, career opportunities and collegiality. (sub. 72, p. 9)

Even in New South Wales, where most preschool teachers are paid at a similar rate to LDC teachers, early childhood teachers tend to prefer preschool employment over LDC because of the longer holidays and shorter working hours. ECEC service provider SDN Children's Services noted that LDC teachers in New South Wales work longer hours and have fewer holidays than preschool teachers (sub. 31). Considering that preschool teachers might have holidays of up to 12 weeks per year compared to four to six weeks for LDC teachers, the differences in working conditions between preschool and LDC might be substantial, even when the wages are similar. Southern Cross University and Early Childhood Australia (NSW), North Coast Branch report that:

There has been a consistent interest in obtaining a position within a preschool setting by both teachers and child care workers due to the shorter hours of work, and [longer] holiday periods. There is also a reduction in the attrition rate of staff within such settings for the same reason. (sub. 16, p. 3)

Recruitment of additional teachers to long day care

Because of the factors discussed above, LDC services have found it difficult to recruit and retain teachers. Productivity Commission estimates based on DEEWR data indicate that in 2010, 7.5 per cent of preschools and 8.8 per cent of LDC services nationally received at least one service waiver from regulatory requirements to employ a qualified staff member to a particular position (table 5.8).

Table 5.8 Services with one waiver or more as a share of total services

By service type and remoteness area, 2010

<i>Service type</i>	<i>Major city</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote and very remote</i>	<i>Australia</i>
	%	%	%	%	%
Preschool	5.9	4.7	11.9	18.2	7.5
Long day care	7.1	10.4	16.3	33.5	8.8

Source: Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census.

The service waiver rate for preschools and LDCs was highest in remote and very remote areas and lowest in the major cities. Purcal and Fisher (2007) found that overall, 7.9 per cent of ECEC services in New South Wales were granted waivers because they were unable to meet the state regulatory requirement to employ an early childhood teacher (see chapter 3 for further discussion of waivers). The Independent Education Union of Australia noted that:

Pay inequity is one of the major contributing factors to the labour shortage in early childhood education and care. Staff will not enter into, or remain in, services where they are undervalued and underpaid compared to other services. (sub. 50, p. 10)

LDC services have persistently reported difficulty recruiting early childhood teachers (see for example, DEEWR 2011; O'Malley 2006; and Warrilow and Fisher 2003). This suggests that wages offered by LDCs might be too low to recruit the number of teachers needed. The Australian Government found that:

For early childhood teachers the labour market varies between the long day care and education sectors. Employers in the school system generally received a good response to their advertisements for early childhood teachers and vacancies were easily filled. Employers in the long day care sector experienced significant difficulty recruiting and generally attracted small numbers of suitable applicants. Contacts suggest the differences reflect more attractive leave, salary advancement and career opportunities on offer in the education sector. (DEEWR 2011, p. 29)

The NQS requires more early childhood teachers in preschool and LDC. To recruit more early childhood teachers, ECEC services will have to pay the higher market wage, which is largely dictated by schools (box 5.2). Moreover, the wage disparity between early childhood teaching and primary school teaching positions might make it difficult to recruit high quality teachers to ECEC (Early et al. 2007), which runs contrary to the goal of the NQS to improve ECEC service quality.

Box 5.2 **Market for early childhood teachers**

Long day care (LDC) demand for early childhood teachers is heavily determined by regulatory requirements. Except in New South Wales, current jurisdictional regulations do not require LDCs to employ qualified teachers. However, the National Quality Standard (NQS) will require the employment of degree-qualified early childhood teachers in all LDCs (unless the service is granted a permanent waiver from this requirement).

The market wage for early childhood teachers is largely determined by the wages offered by schools to early childhood teachers. In most cases, this wage is above the wage that LDCs offer to teachers. As a result, LDCs face difficulty recruiting teachers. This is despite the supply of qualified teachers exceeding the quantity demanded by schools. The Australian Government found that:

[Teacher] supplies to the education sector [overall] are adequate. There are few difficulties recruiting primary school teachers and a more than adequate supply of these professionals is reported across both government and independent school sectors. (DEEWR 2011i, p. 32)

Given the gap between wages offered by schools and those offered by LDCs, teachers are often reluctant to accept LDC teaching positions. The Tasmanian Government commented that:

Due to there being a limited number of kindergarten [preschool] positions [in the Tasmanian school system] available each year some recently qualified ECD teachers may be 'forced' into the child care sector to gain some practical experience in the industry as they wait for a position in a school to open up. (sub. 77, pp. 4)

If LDCs offered a wage that was competitive with the wage offered to teachers employed in schools, it is likely they would be able secure the additional teachers they require to meet the NQS.

However, LDC services will find it difficult to pay early childhood teachers higher wages. In LDC, staff wages are largely funded out of fee revenue, in contrast to most schools, where governments provide a significantly greater proportion of funding. Employing early childhood teachers imposes additional costs on LDC services, which must be passed on to parents in the form of higher fees. The higher the salary paid to the teacher, the higher the associated fee increase must be. Because parents have a limited willingness to pay for service quality improvements (box 5.3), higher fees might result in a decline in the number of children attending preschool and LDC.

Box 5.3 Willingness to pay

The willingness of parents to pay for early childhood education and care (ECEC) services is determined by the net benefit that parents derive from using those services. One benefit of paid ECEC is that it may allow parents to work when they otherwise would not be able to, subject to the cost of paid ECEC.

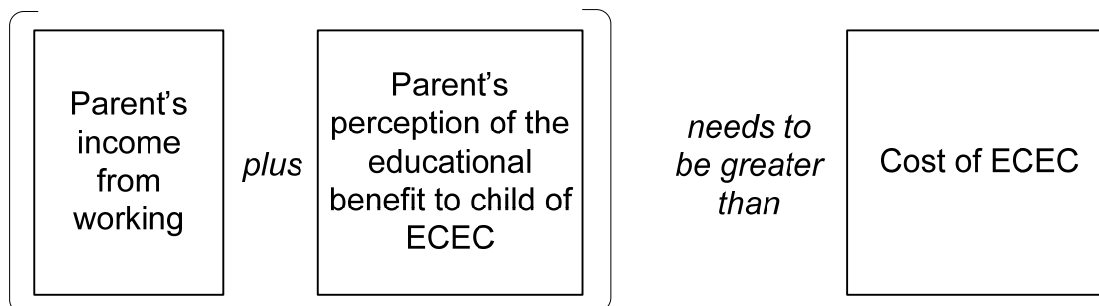
Affordability of a service will be influential on the female labour force. Wages must be equal to or exceed the costs of an ECEC service or it is a financial burden to return to work (rather than financial gain). (Gr8 START, sub. 54, p. 3)

Because women are usually the primary caregivers, the availability of affordable ECEC services is closely linked to the female labour force participation rate (Baxter 2004).

The other main benefit that parents receive is the perceived educational benefit of ECEC for their child. The Benevolent Society noted that:

Child care has historically been seen as a labour force issue, enabling women to work, rather than as an educational and development necessity for children. However, with the increased awareness among parents and the wider community of the importance of the early years of a child's life and the benefits of being 'school ready', parents are now utilising ECEC services to positively promote their child's development. (sub. 49, p. 11)

However, parents will only demand ECEC services if the sum of the parent's income earned while their child is in the ECEC service, the educational benefit of the ECEC service to the child as perceived by the parents, or both, are greater than the cost of the ECEC service to the parents:



Parents valuation of the educational quality of the ECEC service varies because ECEC quality measures are typically subjective (Da Silva and Wise 2006). In some cases, parents may lack sufficient information for objective valuation (Brennan 2007). The value ascribed to the educational component of ECEC services will therefore tend to differ between parents.

(Continued next page)

Box 5.3 (continued)

By increasing qualification requirements and staff-to-child ratios, the NQS will increase the cost of ECEC. As a consequence, the net benefit of using ECEC services will no longer be positive for some parents, and demand will decrease. Most studies suggest that demand for ECEC is relatively unresponsive to changes in fees. For instance, Gong, Breunig and King (2010) found that a 1 per cent increase in ECEC fees leads to a 0.3 per cent reduction in the employment rate of mothers with young children and a 0.7 per cent decline in the number of hours worked. However, increases in ECEC fees are likely to have a more pronounced effect for low income families and single parents (Doiron and Kalb 2005).

If parents cannot afford to pay the costs of ECEC their workforce participation will be impeded (Brennan, Blaxland and Tannous 2009). Australian Community Children's Services noted that:

When child care fees increase a decision is made in some families to withdraw from the workforce in order to care for their children, resulting in the loss of skills and labour from the economy and a loss of career engagement for the parents. (sub. 64, p. 5)

The ability of ECEC services to pass on increased labour costs to parents is likely to be greater in areas of higher income, as high income parents are less sensitive to changes in fees. Services in lower income areas have less capacity to pass on costs to parents, as low income parents are much more sensitive to possible fee increases. As a result, ECEC services in lower income areas are less likely to be able to recruit additional staff to raise staff-to-child ratios to the National Quality Standard (NQS) requirement. The Brotherhood of St Laurence considered that:

The implementation of the [National Quality] framework — in particular, the increase in the ratio of staff to children in ECEC centres and changes to qualifications required of staff — means that childcare costs will increase. While the Brotherhood fully supports higher quality standards in the industry we also want to ensure that low-income families are not excluded due to increased cost. (sub. 32, pp. 3–4)

Fee increases to parents as a result of the implementation of the NQS will reduce demand for ECEC services. The reduction in demand will be determined by the extent of the fee increase and the value parents place on any increase in service quality.

In many cases, service providers are reluctant to increase fees to a level that would enable them to cover the cost of employing an early childhood teacher, while regulators are averse to closing services unable to meet regulatory staffing requirements, preferring instead to grant service waivers (Purcal and Fisher 2007).

The COAG ECEC reforms will require preschool and LDC services to employ more teachers. Kindergarten Parents Victoria warned that without an increase in the supply of teachers it would be impossible to achieve the NQS requirement for the presence of early childhood teachers in all preschool and LDC services and deliver the NPA ECE (sub. 72). Without wage rises for early childhood teachers, it will be

difficult to substantially increase supply (Australian Catholic University, sub. 24). Additionally, mechanisms for fast-tracking degree-qualified individuals into the ECEC teaching workforce, such as the United Kingdom's Early Years Professional (EYP) status may need to be considered (see appendix D for further discussion of this policy and ECD systems in other countries more broadly).

DRAFT FINDING 5.1

In order to attract and retain a sufficient number of early childhood teachers to achieve the National Quality Standard and the National Partnership Agreement on Early Childhood Education, salary and conditions offered by long day care centres will need to be competitive with those offered to primary teachers in the school sector. Community- and privately-managed preschools in New South Wales will also need to offer similarly competitive salaries and conditions for their teachers, which is already the case in other jurisdictions.

5.3 Supply of workers with certificate III and diploma qualifications

The attractiveness of preschool and LDC work for persons with certificate III and diploma qualifications (or those intending to gain qualifications) depends on the wages and conditions available to them in preschool and LDCs relative to the wages and conditions of alternative employment. The Victorian Government noted that:

Another significant influence on ECD workforce supply is the attractiveness of ECD careers, both in themselves, and in comparison to other sectors with which ECD must compete for staff. Anecdotal evidence from early childhood stakeholders and research commissioned by DEECD [Department of Education and Early Childhood Development (Victoria)] indicates that wages and conditions are an important consideration for potential entrants to the early childhood sector when making career decisions. (sub. 87, p. 13)

While leadership roles in preschool services are usually filled by workers with teaching qualifications, in LDC these roles are more commonly performed by workers with advanced diploma and diploma qualifications (table 5.9). The Australian Government has made a commitment to remove course fees for TAFE Diploma of Children's Services courses (DEEWR 2011e). This will increase the supply of workers with qualifications for leadership roles in ECEC. However, it should be noted that even fully removing course fees can only partially reduce study costs to workers as there will still be an opportunity cost in terms of time taken to complete the course.

Table 5.9 Educational attainment of service leaders in preschool and long day care^a
2010

	<i>Preschool principal, preschool service director, or teacher-in-charge</i>	<i>LDC service director</i>
	%	%
Bachelor, 4 years	52.7	20.3
Bachelor, 3 years	16.0	13.5
Advanced diploma or diploma	14.7	56.8
Certificate III or IV	14.7	2.5
Less than certificate III	0.5	1.1
No ECEC qualification	0.4	5.2
Attainment not known	1.0	0.6

^a Highest level of attained qualification in an ECEC related field. Does not include qualifications that workers may be currently studying towards but have not yet attained.

Source: Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census.

In the short term, increased contact worker qualification requirements might reduce the supply of preschool and LDC contact workers by increasing the retirement rate. Presently unqualified preschool and LDC contact workers in all jurisdictions will be required to commence studying a Certificate III in Children’s Services by 1 January 2014. This might result in the loss of some experienced staff by bringing forward their decision to retire because the costs of study are high relative to the wages they will earn over the remainder of their working career. The NSW Children’s Services Forum noted that in New South Wales:

Many services are concerned that the perceived rate of significant change over the next few years may see an increased rate of retirement from long-standing, experienced staff. The increased qualification requirements, in particular, may have a negative impact as older staff who do not wish, or are not in a position, to undertake further study. (sub. 23, p. 9)

The recruitment and retention of qualified contact workers in preschool and LDC is an ongoing problem, though to a lesser extent than it is for the recruitment of teachers (GoodStart Childcare, sub. 34). The Government of South Australia reported that:

In South Australia, the dominant issue in the child care workforce is retention of workers. A significant number of exemptions [waivers] approved by the Department of Education and Children’s Services Licensing and Standards Unit suggests that employers are having difficulty recruiting and retaining qualified workers with the necessary Diploma qualifications. Employers are faced with a high turnover of workers with entry level qualifications. (sub. 66, p. 6)

Community Child Care Co-operative suggested that, for preschool and LDC contact workers, alternative employment options might include retail, aged care and other types of employment in the broader health sector.

Children's services report a high turnover of untrained staff members who can earn higher wages in untrained jobs in areas such as retail, or even in other care areas such as aged care, and the health sector without the responsibility of a child carer's job. (sub. 53, p. 9)

Gowrie Victoria stated that higher wages in the retail industry have affected student enrolment in Children's Services courses.

Potential students have chosen not to proceed with an early childhood course because they receive a higher level of pay from working in retail. (sub. 41, p. 7)

Wages for contact workers

The Children's Services Modern Award 2010 covers persons with a Certificate III in, or Diploma of, Children's Services qualifications working in preschool and LDC settings.³ The award has been in place since 1 January 2010 and is intended to provide a 'safety net' minimum wage. Transition arrangements are in place to migrate states (such as New South Wales) that had existing state award minimum wages for children's services workers higher than the modern award minimum to the modern award by 1 July 2014. These arrangements include the condition that no current employee receives a reduction in their take-home pay as a result of the change.

The modern award minimum wage for preschool and LDC workers with certificate III and diploma qualifications is comparable to those in other human services areas (table 5.10). Because the NQS requires all preschool and LDC contact workers to either have, or be training towards a qualification, the entry level wage effectively becomes a training wage. The Children's Services Award entry level award wage is \$15.34 per hour. This is slightly lower than the entry level award wage in other human services industries such as aged care and social services. However, the award wages for workers with certificate III and diploma qualifications are equivalent with those available across the human services sector, with hourly rates equating to \$663 and \$782 respectively for a 38 hour full-time work week.

³ The Western Australian Government has chosen not to join the national workplace relations system, so sole traders, partnerships, other unincorporated entities and non-trading corporations in Western Australia remain in the state award system (FWA 2010).

Table 5.10 Modern award minimum wage

By qualification level

	<i>Children's Services</i>	<i>Aged Care</i>	<i>Social and community services</i>	<i>Home carer</i>
	\$/hour	\$/hour	\$/hour	\$/hour
No formal qualification	15.34	15.95	16.31	16.14
Certificate III	17.46	17.46	17.46	17.46
Diploma	20.57	19.37	19.06	20.42

Sources: Aged Care Award 2010; Children's Services Award 2010; Social, Community, Home Care and Disability Services Industry Award 2010.

Award wages are common among ECEC contact workers (chapter 4). The Liquor, Hospitality and Miscellaneous Workers Union (LHMU), the union for children's services workers, submitted that award wages predominate as the actual rates paid by employers in the ECEC sector (sub. 55). However, a number of service operators reported that they pay above award wages to staff (Community Child Care, sub. 63). With the exception of preschool services operating in the school system, wages paid to contact workers in preschools and LDCs are likely to be at the award level, or marginally above.

As a general rule, contact workers employed in government-managed preschools receive higher wages than contact workers employed elsewhere. For instance, in Western Australia the Education Assistants (Government) General Agreement 2010 sets the minimum hourly wage for a contact worker employed as an education assistant in a government-managed preschool at \$19.75. Similarly, the minimum wage for a contact worker employed as a teacher aide in a Tasmania government-managed preschool is \$20.51 per hour (DoE Tasmania 2011). Wages for contact workers employed by local governments may also be above award. Under the Local Government Early Childhood Education Employees Agreement 2009 (LGECEEA 2009), which applies to ECEC workers employed by a number of Victorian local governments, the minimum hourly wage that can be paid to a certificate III qualified contact worker employed in a local government-run preschool is \$17.84.

Comparing the average hourly earnings of education aides (including preschool contact workers) to LDC contact workers indicates the extent of the wage division. In 2010, the average hourly ordinary time earnings for child carers, or LDC contact workers, was \$20.10 (table 5.11). The average hourly earnings for education aides, including preschool contact workers, was significantly higher at \$24.50 and compared favourably with the average hourly earnings for personal carers and assistants (\$23.60 per hour).

Table 5.11 Average ordinary time hourly earnings of non-managerial workers with a certificate II or III in selected occupations^a
2010

<i>Occupation</i>	<i>Average earnings</i>
	\$/hour
Child carers	20.10
Education aides	24.50
Personal carers and assistants	23.60

^a Occupation as described in the Australian and New Zealand Standard Classification of Occupations and may include workers without formal qualifications but with comparable experience of at least one year.

Source: ABS (*Employee Earnings and Hours, May 2010*, cat. no. 6303.0).

DRAFT FINDING 5.2

In order to attract and retain a sufficient number of workers with certificate III and diploma qualifications to achieve the National Quality Standard and the National Partnership Agreement on Early Childhood Education, wages for many workers will need to increase, particularly in long day care centres and community- and privately-managed preschools.

5.4 Other issues in preschool and long day care labour supply

Status and recognition

The status and recognition of preschool and LDC workers in the community might also have an effect on labour supply. There is a view in the industry that preschool and LDC work is considered low status and this makes recruiting staff more difficult (Griffith University, sub. 30). Australian Community Children's Services submitted that:

A key underlying issue facing the early childhood education and care sector is low status. The low standing of the early childhood education and care workforce impacts on the sector's ability to recruit and retain staff. (sub. 64, p. 1)

Mission Australia considered that the status of preschool and LDC workers is unlikely to improve unless their pay increases (sub. 12).

Within the preschool and LDC sector, the status of preschool work was considered to be higher than that of LDC (Lisa Webster, sub. 4). Kindergarten Parents Victoria noted that:

Many [early childhood education] practitioners have reported their decisions to work in specific early childhood settings have been impacted by pay, conditions and status. For example, a high proportion of kindergarten [preschool] teachers have indicated that they perceive a higher status working in a standalone sessional kindergarten, rather than working in a long day care service providing a funded kindergarten program. (sub. 72, p. 8)

Training and professional development

Preschool and LDC workers might also face difficulties accessing professional development opportunities and this might influence decisions to enter or remain in the ECEC workforce. This is particularly an issue for LDC workers and workers in smaller, stand-alone preschool and LDC services who have less access to peer-to-peer discussion. Gr8 START noted that:

ECEC service [workers] have continuously busy working conditions due to the nature of work, however this means little to no time for professional development opportunities unless undertaken outside of work hours and usually at the cost of the employee. This presents problems in up-skilling the workforce on current and emerging regulations and maintaining good practice within the workplace. (sub. 54, p. 2)

LDC services and stand-alone preschool services sometimes have difficulty supporting staff professional development due to the cost to the service in getting staff to fill-in for workers that are training, a practice known as backfilling. UnitingCare Children, Young People and Families stated that ‘the major barriers to ECEC staff accessing training and development programs are the costs of backfilling positions and the difficulty of finding suitable staff to stand in for staff attending training’ (sub. 62, p. 18). Chapter 10 contains further discussion of ECD workforce training, including proposed solutions.

Staff in community-managed services might face additional challenges accessing professional development. In such services the employer (often parent volunteers) do not generally have early childhood educational qualifications and might not be well placed to recognise the need for specific professional development, to provide mentoring, and assist with career development. This contrasts with the school sector where services are administered by professionals with educational qualifications (Kindergarten Parents Victoria, sub. 72). The move towards professional management for all kinds of ECEC services, as discussed in chapter 3 is a potential remedy to this problem.

Conversely, services that are able to offer staff professional development opportunities have reported more success in the recruitment and retention of staff. The Benevolent Society, which provides a range of ECEC services in New South Wales and Queensland, reported that:

In our Early Years Centre in Queensland, retention of staff has not been difficult. This is believed to be due to a number of factors including: increased opportunities arising from the integrated nature of the service for professional development, the ability to be creative and innovative in the work environment, as well as a family friendly work environment with maternity leave, flexible work hours and part-time employment, which are important in a predominately female workforce. All these factors contribute to staff feeling valued. (sub. 49, p. 16)

Variation within jurisdictions

Within jurisdictions, qualified ECEC workers are likely to be more difficult to recruit in remote, regional and disadvantaged areas, and in Indigenous communities (Department of Education Employment and Workplace Relations, sub. 86). The NSW Children's Services Forum reported that:

Many early education and care services report difficulties in finding suitable qualified staff in NSW. In particular, early childhood university qualified teachers are very difficult to find or retain despite the number of graduates each year. Disadvantaged areas as well as rural and regional locations have even greater challenges in attracting qualified staff. (sub 23, pp. 6–7)

Likewise, the Western Australian Department of Education submitted that:

The ramifications of this [COAG] reform agenda for the workforce in all jurisdictions are significant and will place increased demand for qualified and skilled early childhood education and care personnel, who are currently difficult to source in some locations. (sub. 44, p. 4)

Chapter 9 provides further discussion of the rural and remote ECEC workforce and chapter 14 covers the workforce for Indigenous ECD services.

Regulatory burden

Preschool and LDC workers who feel overburdened by regulation might leave the workforce, further reducing the supply of workers (Child Care National Association, sub. 60, p. 4). Some preschool and LDC workers submitted that they are spending an excessive amount of time dealing with regulations and this is reducing their enjoyment of the job.

With the continued ‘hands on’ implementation of the current National Early Years Framework, I have observed and experienced that more is being expected of Early Childhood Teachers and Educators [contact workers] in the form of documentation, the implementation and documentation of OH&S strategies, the National Quality Standards, the Modern awards enterprise agreement processes, the expectation of outside of work hours training, the creation of centre tailored policies, extra curricula activities ... all of which have an impact on the Early Childhood workforce. (Susan Sorensen, sub. 1, p. 1)

The Queensland Catholic Education Commission commented that:

The constant burden of regulations imposed on the ECEC sector has been the cause of many ECD workers leaving the profession. ECD workers feel that the bureaucracy, ‘paper trail’ and ‘red tape’ is continually increasing, making less time available for meaningful interactions with the children in their care. (sub. 13, p. 4)

The NQS changes how LDC services are regulated and this might have some influence on worker supply depending on whether the overall burden rises or falls. Submissions were mixed as to whether this was likely to be the case. The Department of Communities (Western Australia) considered that the COAG agreed ECEC reforms would reduce the regulatory burden for LDC workers (sub. 59) but this view was not shared by LDC centre operator GoodStart Childcare, who felt that LDC workers would see little overall change in the level of regulatory burden (sub. 34).

Although the NQS might reduce the regulatory burden for LDC, this must be balanced against the increase in regulatory burden on preschool services (COAG 2009h). See chapter 3 for further details of the changing regulatory regime in ECD.

6 The family day care workforce

Key points

- Family day care (FDC) contact workers provide education and care for children in their own homes. They operate within an FDC scheme managed by a coordination unit, which is usually managed by a community or local government organisation.
 - Nationally there are about 12 000 FDC contact workers and 1500 workers employed in FDC coordination units.
- The number of places available in FDC has declined in real terms and relative to long day care (LDC) in recent years.
- While demand for FDC workers is not expected to increase significantly as a result of the National Quality Standard (NQS), because current jurisdictional FDC regulations vary, the effect of the NQS will also vary.
 - Increased staff-to-child ratios have the potential to lead to fee increases in some jurisdictions and might reduce demand for coordinators. Potentially, the viability of the most marginal FDC schemes in jurisdictions where ratios will need to increase may be threatened.
 - There is likely to be a large reduction in the regulatory burden for FDC contact workers in Western Australia, with smaller reductions in other jurisdictions. This is largely because FDC approval to operate and subsequent assessment and rating against the NQS will occur at the scheme level.
- The availability of flexible, relevant and affordable training options will be important in maintaining worker supply, particularly in rural and remote locations.
- Some pedagogical leadership by teachers employed in FDC coordination units is desirable for the delivery of the Early Years Learning Framework (EYLF).

6.1 Provision of family day care

Family day care (FDC) services provide education and care for children in the home of the FDC contact worker. Contact workers account for a large majority of the total FDC workforce (table 6.1). FDC contact workers are usually private contractors, and provide education and care largely aimed at children from birth to 5 years of age. Primary school children may also receive education and care before and after school, or during school holiday periods in FDC settings.

Table 6.1 Number of workers employed in family day care^a
1999–2010

	1999	2002	2004	2006	2010 ^b
FDC contact workers	12 700	13 245	12 864	11 926	12 060
FDC coordination unit workers ^c	1 600	1 729	1 786	1 753	1 515
FDC total	14 300	14 974	14 650	13 679	13 575

^a 2008 data is not available as a result of the Australian Government Census of Child Care Services (AGCCCS) finishing in 2006. ^b Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census. Estimate includes volunteer workers. ^c Coordination unit workers include service directors, coordinators, field workers and general administrative workers.

Sources: DEEWR (2008); Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census.

Each contact worker operates within an FDC service network, also known as a scheme. These are usually managed by either community-based organisations, local government, charities or managed by for-profit organisations (Community Child Care Co-operative, sub. 53). In South Australia, the Department of Education and Children’s Services (DECS) is the sole sponsor for all FDC schemes state-wide (COAG 2009h).

The management body for an FDC scheme is known as a coordination unit. Coordination units in all states and territories organise and support contact workers within their scheme (AIHW 2009b), administer the Child Care Benefit (CCB) and Child Care Rebate (CCR) fee subsidies, and monitor the progress of children in FDC (FDCA nda).

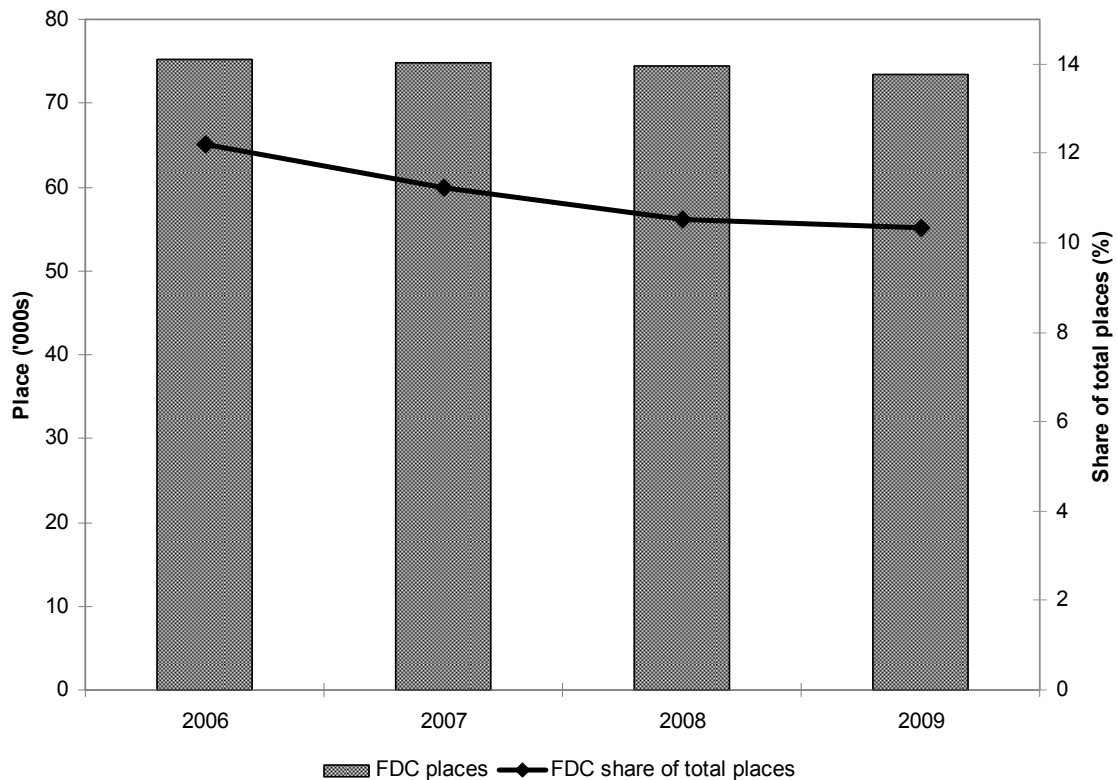
Coordination unit staff include service directors, coordinators, assistant coordinators (field workers) and administrative staff. Service directors provide management, leadership and governance to service staff. Directors and coordinators also provide pedagogical leadership to contact workers (section 6.4).

The number of childcare places in FDC has fallen slightly in recent years. Between 2006 and 2009 the number of FDC places declined by about 2 per cent, with a similar decline in FDC as a share of total places (figure 6.1).

About a quarter of FDC contact workers are from culturally and linguistically diverse (CALD) backgrounds (DECS 2010). The Government of South Australia noted that FDC:

Is a way for individuals (mainly women) to become economically independent and can be a valuable pathway for women from Culturally and Linguistically Diverse (CALD) backgrounds. (sub. 66, p. 7)

Figure 6.1 **Places provided by Australian Government approved family day care schemes^{a, b, c}**
2006–09



^a ECEC places were estimated at different times of the year in each year. Data for 2009 were estimated for the March quarter. ^b Since the uncapping of approved places in 2006, services are not required to report their approved places to DEEWR. Approved places information is not available for all services, and where it is available services are free to offer care above or below their previously approved figure, up to the limit of their licence. Accordingly, places should be considered indicative of service capacity. ^c FDC includes in-home care.

Source: SCRGSP (2011).

Role of family day care

Despite its relative decline, FDC remains an important part of the early childhood education and care (ECEC) landscape and is likely to continue to be so for the foreseeable future. FDC operates as both a substitute for long day care (LDC) and a complement to preschool. In 2006, 24 per cent of FDC contact workers provided a ‘wrap-around’ service for preschool, with children attending preschool during booked hours (DEEWR 2008).

In some locations, FDC might be a more practical and efficient service than LDC. For instance, in certain locations it might be difficult, either because of low

population density or fluctuating demand to make an LDC centre, with its larger overheads, cost effective.

FDC is more prevalent in rural and remote locations. In the major cities of Australia, about 5 per cent of children in formal childcare attend FDC, but in inner regional, outer regional and remote areas this proportion increases to over 18 per cent (ABS 2009c). Family Day Care Australia, the national representative body for FDC, suggests that the relative popularity of FDC in rural and remote areas is due to greater flexibility of care delivery and wider geographical dispersion of FDC services (sub. 61). See chapter 9 for further discussion of the ECEC workforce in rural and remote areas.

Under the National Quality Standard (NQS) a qualified early childhood teacher is required in all LDC services, whereas there is no requirement for the involvement of qualified early childhood teachers in the delivery of FDC. This change might further increase the attractiveness of FDC over LDC in remote locations where qualified early childhood teachers are difficult to recruit.

Moreover, some parents might have a preference for FDC for their child, even when other care options are available. Family Day Care Australia considered that parents might prefer FDC for their child because of the consistency of having one contact worker, a small group setting, a family environment and flexible service options (sub. 61). When measured as a proportion of weekly disposable income net of subsidies, FDC tends to be a cheaper care and education option compared to LDC for families in New South Wales, Victoria and the ACT, but is more expensive in other jurisdictions (table 6.2).

Family day care fees and contact worker income

In most cases, the fees charged for FDC are directly linked to contact worker income. With the exception of a small number of FDC contact workers in Victoria and the ACT who are employed by their scheme and paid a wage, most FDC carers are private contractors (FDCA ndb). As a result, fees for FDC are usually set by the individual contact workers and might vary according to location, the worker's qualifications, the hours of care and the age of the child (Care for Kids 2011). Competitive fee pressure from other FDC contact workers and LDCs is also likely to influence the fee set by any individual contact worker. Figure 6.2 indicates the range of weekly fees charged for FDC.

Table 6.2 Out-of-pocket costs of family day care and long day care^a

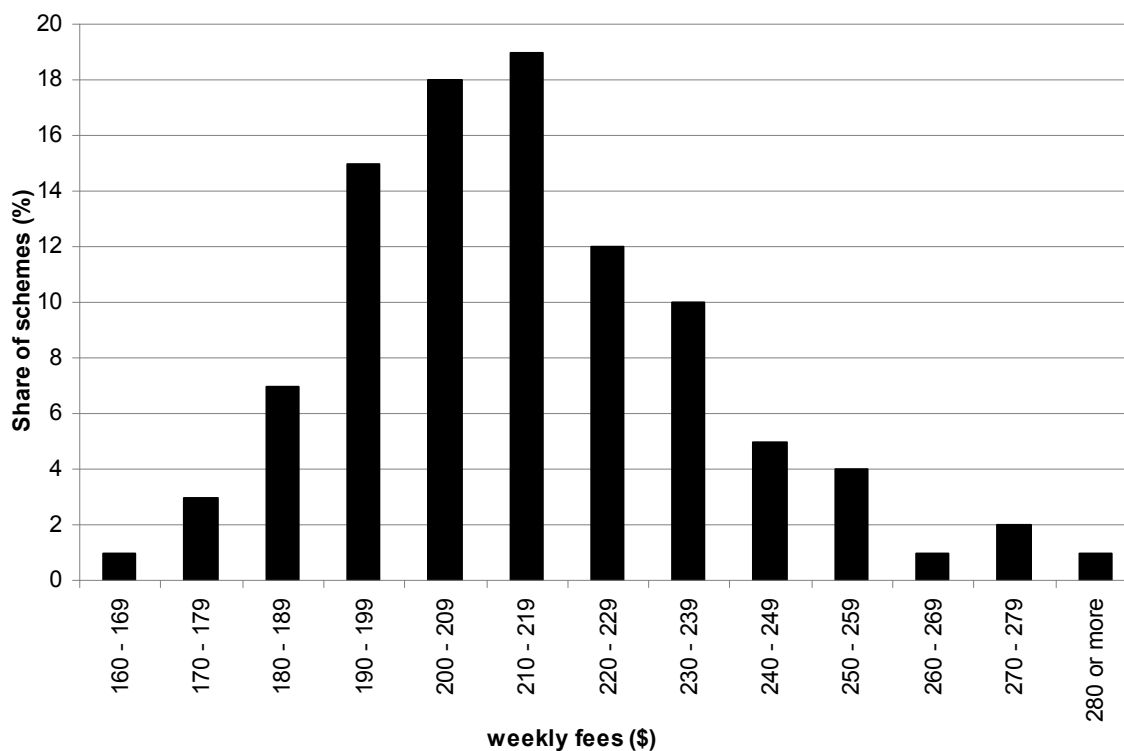
For families with children in full-time ECEC, as a proportion of weekly disposable income, 2010

<i>Children in service</i>	<i>Family income</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>NT</i>	<i>ACT</i>	<i>Aust</i>
no.	\$	%	%	%	%	%	%	%	%	%
FDC										
1	75 000	7.1	6.8	7.4	7.8	6.4	7.2	7.4	8.3	7.2
1	115 000	7.4	7.2	7.6	7.9	6.9	7.5	7.5	8.2	7.4
2	75 000	11.3	10.8	12.0	13.3	10.2	12.3	12.2	13.6	11.5
2	115 000	13.2	12.9	13.7	14.7	12.4	14.0	13.9	15.0	13.4
LDC										
1	75 000	8.2	7.3	6.1	7.1	6.4	6.3	6.4	9.2	7.2
1	115 000	8.2	7.5	6.6	7.4	6.8	6.7	6.9	9.3	7.4
2	75 000	13.0	11.4	9.6	11.2	9.9	9.3	10.3	15.7	11.1
2	115 000	14.6	13.3	12.0	13.2	12.1	11.7	12.5	16.5	13.0

^a Costs of service to parents as a proportion of annual family income after the application of childcare subsidies.

Source: SCRGSP (2011).

Figure 6.2 Average weekly fees of family day care schemes, 2006^a



^a Average weekly fees are calculated on the basis of 50 hours of care in the census week and include an administration levy where charged.

Source: DEEWR (2008).

Family day care coordination unit wages

The primary award for workers in FDC coordination units, including service directors, coordinators and assistant coordinators is the Social, Community, Home Care and Disability Services Industry Award 2010.¹ This award sets the minimum wage for most workers employed by FDC schemes (table 6.3). The classifications of FDC service director and coordinator also appear in the Children's Services Award 2010, with coverage dependent on the industry (function) of the employer (AIRC²). Essentially, the Social, Community, Home Care and Disability Services Industry Award 2010 applies in all cases where the primary function of the employer is FDC coordination.

Table 6.3 Modern award minimum wages for family day care coordination unit workers

	<i>Social, Community, Home Care and Disability Industry Award 2010</i>	<i>Children's Services Award 2010</i>
	\$/hour	\$/hour
Assistant coordinator (field worker)	20.80	..
Coordinator	23.37	21.51
Director	26.32	24.80 ^a

^a For a director of an FDC service of no more than 30 contact workers. Under the Children's Services Award 2010, FDC service director minimum wages are set according to the number of contact workers in the service, with the directors of larger services accorded a higher minimum wage. .. Not applicable.

Sources: Children's Services Award 2010; Social, Community, Home Care and Disability Industry Award 2010.

The extent to which award wages operate as the prevailing wage in FDC coordination units is uncertain. However, some coordinators have expressed dissatisfaction with their wages:

I have worked in child care for the past 16 years. I have multiple qualifications and have attended myriad training, networking and continuous improvement opportunities. I manage a scheme of 54 carers, six staff and over 600 enrolled children, and attract an hourly wage of just \$24 per hour. I feel really disheartened that despite being passionate about quality child care and spending many hours training and supervising carers [contact workers] and families, I am still paid less than many occupations with much less responsibility. (FDCA 2009, p. 7)

¹ The Western Australian Government has chosen not to join the national workplace relations system, so sole traders, partnerships, other unincorporated entities and non-trading corporations in Western Australia remain in the state award system (FWA 2010).

² Australian Industrial Relations Commission, Award Modernisation [2009] AIRCFB 865.

In some cases, workers employed in local government-managed FDC coordination units attract a higher wage than the modern award provides (FDCA 2009). This is because FDC coordinators working for local governments usually have their pay set by collectively negotiated agreements, like other local government employees. For instance, the Longreach Regional Council Enterprise Bargaining Certified Agreement 2009 sets the minimum wage for an entry-level FDC coordinator position at \$25.51 per hour, more than \$2.10 per hour above the modern award FDC coordinator minimum wage.

6.2 Effect of the National Quality Standard on demand for family day care workers

Because the NQS does not substantially change existing FDC contact worker-to-child ratios in most jurisdictions, the NQS is unlikely to result in a significant change in the number of FDC workers required to meet demand for FDC services. All jurisdictions either already have, or are planning to introduce, regulated ratios of one contact worker to seven children, consistent with the NQS requirements (table 6.4).

The NQS introduces new minimum qualification requirements for FDC workers. The NQS requires that all FDC contact workers either have or be working towards a Certificate III in Children's Services by 1 January 2014, while coordinators will be required to either have or be working towards a Diploma of Children's Services. In Victoria, Western Australia and the Northern Territory the NQS will institute qualification requirements for FDC workers for the first time. In other jurisdictions, there are varying degrees of increase in minimum qualification requirements for both contact workers and coordinators (table 6.5).

Table 6.4 Minimum staff-to-child ratios in family day care

Under the National Quality Standard and current jurisdiction regulations

<i>Staff-to-child ratio</i>	
National Quality Standard	1:7 (maximum of 4 below school age) by 1 January 2014
NSW	1:7 (maximum of 5 below 6 years of age)
Vic	1:7 (maximum of 4 below school age)
Qld	1:7 (maximum of 4 below school age)
SA	1:7 (maximum of 4 below school age)
WA	Maximum of 7 children who have not commenced a secondary program; of whom not more than 5 are below school age; and at least 1 to be a kindergarten child
Tas	1:7 (maximum of 4 under 5 years of age, while a contact worker with a Certificate III in Children's Services can have 5 under 5)
NT	1:7 (maximum of 2 under 3 years) by March 2011
ACT	1:7 (maximum of 4 below school age)

Source: COAG (2009h).

Table 6.5 Minimum worker qualification requirements in family day care,

Under the National Quality Standard and current jurisdiction regulations

<i>Jurisdiction</i>	<i>FDC contact worker</i>	<i>FDC coordinator</i>
National Quality Standard	All contact workers hold (or be working towards) a Certificate III in Children's Services by 1 January 2014	All coordinators have a Diploma of Children's Services by 1 January 2014.
NSW	Nil	Each FDC coordination unit must employ a qualified authorised supervisor holding either a Certificate in, or Diploma or degree of ECEC and with at least 12 months full-time experience
Vic	Nil	Nil
Qld	Nil	Diploma or other 2-year qualification in an ECEC relevant area of study
SA	New FDC contact workers must hold a Certificate III in Children's Services ^a	Nil
WA	Nil	Nil
Tas	Nil, but if a contact worker cares for more than 4 children under 5 years of age they must hold (or be working towards) a Certificate III in Children's Services	All coordinators must hold a minimum of a 2-year full-time or equivalent post-secondary qualification in ECEC
NT	Nil	Nil
ACT	Nil	One staff member with a Diploma or degree-level ECEC qualification for every 3 coordinators in each FDC scheme

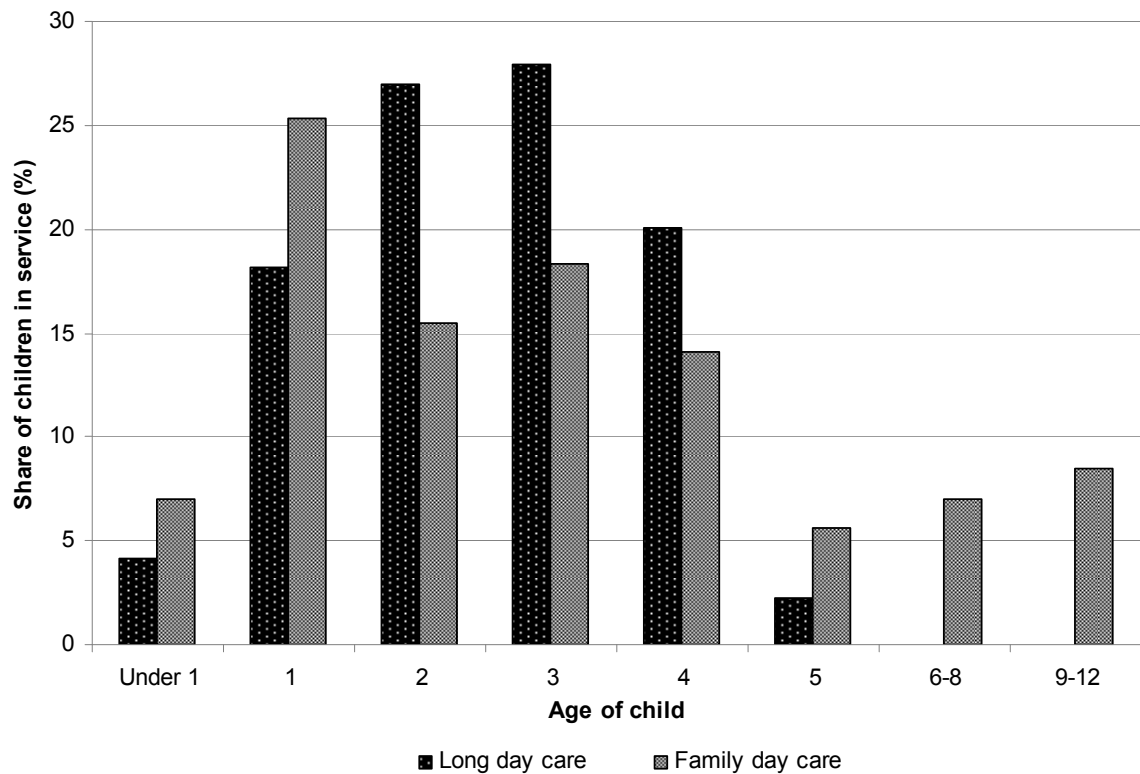
^a Contact workers approved prior to the introduction of this requirement in 2004 may still retain a Certificate II in Children's Services as the highest required level of qualification.

Source: COAG (2009h).

Family day care contact workers

In New South Wales, Western Australia, Tasmania and the Northern Territory contact worker incomes will most likely decline as there will be a reduction in the number of children below school age that an individual contact worker can care for at any one time. Children below school age (that is, under six years) make up the majority of children in FDC (figure 6.3).

Figure 6.3 **Type of early childhood education and care usually attended by age of child**
2008



Source: ABS (2008b).

As FDC contact worker incomes are directly determined by the number of children in their care, the NQS is expected to reduce the income of the contact worker in the absence of offsetting fee increases for the remaining children in their care. FDCA suggests that the income reduction for contact workers moving from a contact worker-to-children under school age ratio of 1:5 to 1:4 might be as large as 20 per cent and might cause some carers to leave the workforce (FDCA 2010). However this estimate assumes that all children in the service are below school age

and that fees are not raised on the remaining children in the service to offset the income decline.

DRAFT FINDING 6.1

To achieve the National Quality Standard, contact worker-to-child ratios for children under school age will increase in New South Wales, Western Australia, Tasmania and the Northern Territory. These changes are likely to lead to cost increases for family day care services in those jurisdictions, which may result in fewer children attending.

Family day care coordination unit workers

A reduction in the number of children in FDC may also reduce coordination unit employment. Because coordination units are usually funded on a per-child basis through an administrative levy, reducing the number of children in FDC directly impacts coordination unit income. This may in turn reduce the capacity of the coordination unit to achieve quality improvements in the scheme. FDCA noted that:

If the overall number of children attached to a scheme decreases, and if the overall number of carers decreases as a result of the [NQS policy] changes, then income from administrative levies also decreases. The reduction in funding could then mean a loss of positions in the coordination unit which has a flow [on effect] in terms of [coordination units] being able to build and support a quality culture within a scheme, as there are insufficient human resources. (FDCA 2010, p.6)

Additionally, if the number of children in an FDC scheme declines, government funding for the coordination unit declines. FDC coordination units receive operational support payments from the Australian Government through the Community Support Program administered by the Department of Education, Employment and Workplace Relations (DEEWR). These payments are calculated on the basis of the number of equivalent full-time (EFT) childcare and education utilised places reported by FDC schemes. If the number of EFT utilised places declines because less children are attending a scheme or children are attending for a shorter period of time, operational support payments are adjusted to reflect the change. If the number of EFT places in a service falls below 10, DEEWR may cease providing operational support funding (DEEWR 2010d).

A reduction in coordination unit revenue will have implications for the effective implementation of the NQS. Coordination unit staff are required to implement new self-assessment and quality planning measures as part of the NQS (FDCA, sub. 61) and reducing coordination unit resources is likely to have a negative effect on their ability to do so. Additionally, the viability of smaller FDC schemes may be

threatened if coordination unit revenue declines substantially, particularly if the number of EFT places falls below 10.

DRAFT FINDING 6.2

The National Quality Standard may result in fewer children attending family day care, and hence lower revenue for family day care schemes. In the case of the most marginal family day care schemes, coordination unit revenue could potentially decline below the minimum threshold required for ongoing operation of the scheme.

Change in regulatory burden under the National Quality Standard

For FDC services, the approval to operate and subsequent assessment and rating against the NQS will occur at the scheme level, potentially reducing the regulatory burden faced by FDC contact workers. Coordination units will be regulated to ensure their policies and procedures comply with the NQS while individual contact workers will not be directly regulated. As part of the NQS regulatory process, a small number of FDC residences will be visited by regulators (DEEWR 2011i).

For the most part, FDC contact workers will not be required to interact directly with the regulator under the NQS. Instead FDC services, not individual contact workers, will be subject to approval based on the adequacy of the service's policies and procedures (DEEWR 2011j). This represents a change from current practices in some jurisdictions, particularly Western Australia where FDC is currently licensed and regulated at the contact worker level. COAG (2009h) estimates that the NQS is likely to lead to regulatory cost savings for FDC contact workers across all jurisdictions by reducing the amount of time regulators spend visiting contact workers.

NQS provisions allow for temporary and permanent service waivers for FDC services that cannot fully comply with the NQS. The waivers allow services to continue operating while they are in breach of the NQS requirements. FDC schemes that are unable to ensure all contact workers hold (or be working towards) a Certificate III in Children's Services, or all coordinators hold (or be working towards) a Diploma of Children's Services, can be issued a waiver. These waivers can be either a temporary waiver for 12 months, or a permanent service waiver that provides ongoing exemption from NQS requirements. Service and temporary waivers are discussed in more detail in chapter 3.

6.3 Effect of the National Quality Standard on the supply of family day care workers

While demand for FDC workers is not expected to significantly change as a result of the NQS, the number of existing workers that must upgrade their qualifications to meet NQS requirements is substantial. About 40 per cent of FDC contact workers in 2010 held no qualifications, while a further 3 per cent were underqualified by NQS requirements (table 6.6). This means that with about 12 000 contact workers nationally, about 5100 existing FDC contact workers will need to gain a Certificate III to comply with the NQS.

Table 6.6 Educational attainment of the family day care workforce^a

	<i>FDC contact workers^b</i>	<i>FDC service directors and coordinators</i>
	%	%
Bachelor degree	3.4	23.4
Advanced Diploma or Diploma	12.0	57.9
Certificate III or IV	36.7	8.5
Less than Certificate III	3.2	2.1
No ECEC qualification	39.9	7.6
Attainment not known	4.8	0.6

^a Highest level of attained qualification in an ECEC related field. Does not include qualifications that workers may be currently studying towards but have not yet attained. ^b Includes in-home carers.

Source: Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census.

Additionally, in 2010 about 18 per cent of FDC service directors and coordinators were either unqualified, or held a qualification insufficient to meet the NQS minimum coordinator qualification of a Diploma of Children’s Services.

If currently unqualified FDC workers are unable to upgrade their qualifications this might make it difficult for some FDC schemes to comply with the NQS, particularly given that some FDC services already experience recruitment difficulties. The City of Greater Geelong stated that:

The Family Day Care workforce faces a number of issues shared with other service providers in the child care industry, such as problems with recruitment of new carers and coordination staff (especially in rural and remote areas), remuneration and retention of existing workers, difficulty accessing professional development and training, and a generally low status in the community. (sub. 20, p. 7)

Family day care workforce training

Relative to other ECEC workers, the cost of training will often be higher for FDC contact workers. Because they are self-employed, FDC contact workers face considerable costs in lost income if they take time off for training and assessment (Victorian Government, sub. 87). As Family Day Care Australia notes:

Currently the majority of family day care educators [contact workers] are completing their qualifications after commencing work within the sector and hence are studying while working, which would require them to shut down their business [to attend centre-based practicums and assessment]. (sub. 61, p. 8)

Because there will be a cost to workers involved in upgrading their qualifications, there might be some FDC workers who choose to retire from the FDC workforce rather than upgrade their qualifications. The costs of study include both monetary costs such as training fees and equipment and also non-monetary costs such as study time and time spent travelling for study. For some FDC workers, the costs of upgrading their qualifications might outweigh the benefits. These workers are likely to be those nearing retirement, with the NQS qualification requirements bringing forward their retirement decision.

FDC coordination unit staff may also face difficulties in upgrading their qualifications. This is often because it is difficult for coordination units to find replacement staff to fill-in for staff members attending training. Family Day Care Australia noted that:

Coordination unit staff often face difficulties in back-filling [filling temporary] positions, due to such factors as the specialised nature of the work role and legislative requirements for minimum contact hours. (sub. 61, p. 7)

To prevent any substantial decline in the FDC workforce, training must be both accessible and affordable for FDC workers. Family Day Care Australia suggest that FDC workers might face difficulties accessing training because of: isolation; inability to access online options; language and literacy issues (particularly for CALD workers); lack of computer skills; and the length of time since the worker was last involved in formal study (sub. 61). While FDC workers are able to access the Australian Government's Professional Support Program for ECEC services (DEEWR 2011g), there is some concern that FDC workers might find it difficult to improve their qualifications to the level required by the NQS. For instance, the City of Casey submitted that:

If Family Day Care regulations and demands are difficult for educators [contact workers] they may struggle to meet them and therefore will need to leave by choice or as a result of non-compliance. (sub. 35, p. 4)

Providing FDC workers with training options that fit with their existing working arrangements will tend to lower the cost of study. Family Day Care Australia cited a lack of flexible training options as a significant barrier to FDC workers wishing to undertake training and further professional development (sub. 61). Flexible training options are particularly important for workers in rural and remote locations who might have difficulty accessing conventional training options.

While the Certificate III in, and Diploma of, Children's Services are intended to provide workers with skills applicable to all types of ECEC work, there is a push within the FDC workforce for training with more focus on the unique requirements of FDC. The Community Services and Health Industry Skills Council take the lead role in establishing the vocational education and training system of work based competencies for the ECEC sector and recommend:

... enhancing small business skills and new skills for family day care coordinators, and providing better training, assessment and recognition approaches for workers who are sole traders and in many cases from culturally and linguistically diverse backgrounds. (CSHISC 2011, p. 20).

One potential solution to make training more relevant to FDC workers is to increase the number of training electives specific to FDC. Currently only one FDC specific elective, focused on compliance with FDC administrative requirements, is included in the Certificate III in Children's Services.

The practical component of Certificate III qualifications also creates a problem for some FDC contact workers. In some cases, registered training organisations (RTOs) providing Certificate III training require that trainees complete a practical element as a unit of competency in a LDC centre (CSHISC 2010b; FDCA, sub. 61). This is likely to be more difficult for FDC workers in remote locations who may have to travel long distances to attend centre-based training.

The cost of training are likely to be higher for FDC workers in remote locations or from CALD backgrounds due to the extra costs imposed by distance and language barriers respectively (CSHISC 2010b). These types of workers might benefit from specifically targeted training packages. For instance, the Government of South Australia submitted that:

The Department of Education and Children's Services and TAFE SA are facilitating a Certificate III in Children's Services targeting people from culturally and linguistically diverse backgrounds. This program combines the Certificate III in Children's Services with a Certificate in English Language Proficiency. The program trains people from CALD backgrounds to obtain qualifications to work in their own home based child care businesses, including Family Day Care, and in child care centres. The program has been highly successful in delivering successful outcomes for around 90 per cent of participants. (sub. 66, p. 13)

Training of the FDC workforce is further discussed in chapter 10.

6.4 Pedagogical leadership

The Council of Australian Governments agreed ECEC reforms are unlikely to lead to a significant increase in demand for early childhood teachers in FDC. The NQS only requires FDC coordinators to have a Diploma level qualification. While the National Partnership Agreement on Early Childhood Education includes a goal to offer 15 hours of preschool to all Australian children in the year before formal schooling, including children in FDC, this is most likely to be delivered in either a preschool or a LDC setting. This is might increase the extent to which FDC services operate as a ‘wrap-around’ service for preschool but will not increase demand for preschool teachers in FDC.

However, an important aspect of the Early Years Learning Framework (EYLF) is the presence of a pedagogical leader in early childhood education and care services. In preschool and LDC services the pedagogical leader would usually be a qualified teacher. Without access to pedagogical leadership it will be difficult for contact workers to effectively deliver the EYLF. This has implications for early childhood education, particularly in remote locations where other formal care options are not available. While Family Day Care Australia notes that there are already many existing 4-year-qualified teachers working within FDC, it is their aim to increase the number of coordinators with this level of qualification (sub. 61).

Employing additional teachers in coordination units is likely to be costly and indeed unaffordable in some cases. However, some pedagogical leadership for workers employed in FDC would be desirable, particularly for the delivery of the EYLF.

7 The outside school hours care and occasional care workforces

Key points

- Outside school hours care (OSHC) is a major component of the early childhood education and care (ECEC) sector caring for over 340 000 children through approximately 5300 services and employing roughly 30 000 workers.
- Broadly speaking there are two groups of OSHC workers, directors and group leaders who manage and lead OSHC services, and contact workers who provide care services directly to children.
 - Directors play an important leadership role in the OSHC workforce and will be important in ensuring that OSHC services will be able to implement the National Quality Agenda.
- Demand for OSHC services results largely from families who require child minding services to meet work commitments.
 - Demand for OSHC is significantly influenced by female labour supply decisions, and whether the extended household of a parent is capable of providing informal care outside school hours.
- OSHC has been growing strongly for a sustained period of time.
- Growing demand for OSHC services has been met, largely due to a flexible workforce and relatively low regulatory barriers. To meet future OSHC demand, employers will continue to require workers who can work flexible and variable hours on a casual or seasonal basis.
 - The OSHC workforce has higher rates of part-time and casual employment than the rest of the ECEC sector, with workers less likely to hold an ECEC qualification, but with a high degree of professional development.
- As a supplementary service to formal schooling OSHC is suited to the development of children's non-cognitive skills through constructive play and socialisation, rather than the development of children's cognitive skills through educational services. This is reflected in ECEC employers' preference for contact workers who are able to meet part-time and casual working arrangements, rather than workers with children's services qualifications.
- The occasional care (OC) sector is a much smaller component of the ECEC sector employing approximately 800 workers, or less than one per cent of the ECEC workforce.
- Demand for OC services is complex as it is driven by a range of factors, including the need to attend ad-hoc appointments and commitments.
- Like OSHC, the OC workforce is characterised by a high proportion of casual and part-time working arrangements. These arrangements allow OC providers to meet constantly changing demand for services.

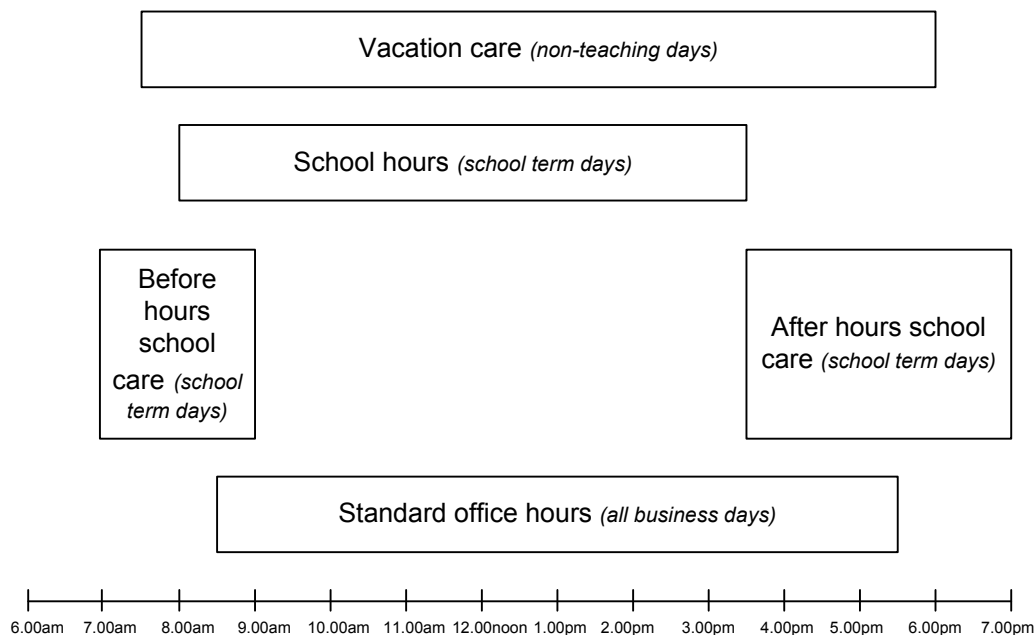
7.1 Outside school hours care

INFORMATION REQUEST

The Commission seeks further information on outside school hours care (OSHC) and its workforce.

Outside school hours care (OSHC) is a major component of the early childhood education and care (ECEC) sector providing 30 per cent of all approved ECEC services (Productivity Commission estimates based on unpublished DEEWR data). OSHC services include before school care, after school care and vacation care. Different types of OSHC services vary greatly with respect to timing (figure 7.1) and are commonly provided to children in centres at, or close to, primary schools (COAG 2009h). Within OSHC services 98 per cent of children are aged between 5 and 12 years of age, and 50 per cent between 8 and 12 years of age (Productivity Commission estimates based on unpublished DEEWR data).¹

Figure 7.1 **Opening times for outside school hours care, vacation care and occasional care**



Source: Productivity Commission estimates based on public submissions, consultations and DEEWR (2008).

¹ For this reason OSHC providers typically identify themselves as providers of middle childhood services rather than early childhood services

OSHC includes approximately 5300 services (Productivity Commission estimates based on unpublished DEEWR data). Government and community-run centres constitute 60 per cent of these service providers with the remaining 40 per cent being private for-profit providers. However, the proportion of private for-profit providers has grown rapidly, increasing from 11 per cent of the total in 2004-05 to over 40 per cent in 2009-10 (SCRGSP 2011).

Government funding for OSHC is largely provided through the Child Care Benefit and the Child Care Rebate, with additional government assistance coming through local government provision of facilities to community-run OSHC services (appendix E). Increased government funding appears to have driven the strong growth in private for-profit OSHC providers.

OSHC services are presently regulated by state governments. This commonly involves more than one Act and multiple agencies (table 7.1). While national standards for OSHC were proposed by the 1995 Community Services Minister's conference, these standards are not binding. These standards were, however, intended to act as a catalyst for a nationally consistent provision and regulation of OSHC as previous reviews of the ECEC sector have noted there was significant overlap and duplication in OSHC regulatory arrangements (Productivity Commission 2009).

The outside school hours care workforce

The OSHC workforce includes approximately 30 000 individuals, making up 20 per cent of ECEC workers (Productivity Commission estimates based on unpublished DEEWR data). Within the OSHC workforce there is extensive part-time or casual employment, with only 10 per cent of workers being in permanent full-time employment (CSMAC 2006; Productivity Commission estimates based on unpublished DEEWR data). The OSHC workforce also has low rates of tertiary qualifications, with almost half of the workforce possessing no post high-school qualification (Productivity Commission estimates based on unpublished DEEWR data). However, there is a significant shift towards employer-provided professional development for OSHC employees, with over 70 per cent of employees undertaking in-service professional development each year (Cassells and McNamara 2010).

As with the ECEC workforce more broadly, it is possible to identify two broad groups of OSHC workers, one consisting of directors and group leaders and the other consisting of contact workers (figure 7.2). Directors act as leaders of the OSHC services, coordinating contact workers, ensuring compliance with statutory requirements and conducting program planning. Contact workers are less likely to

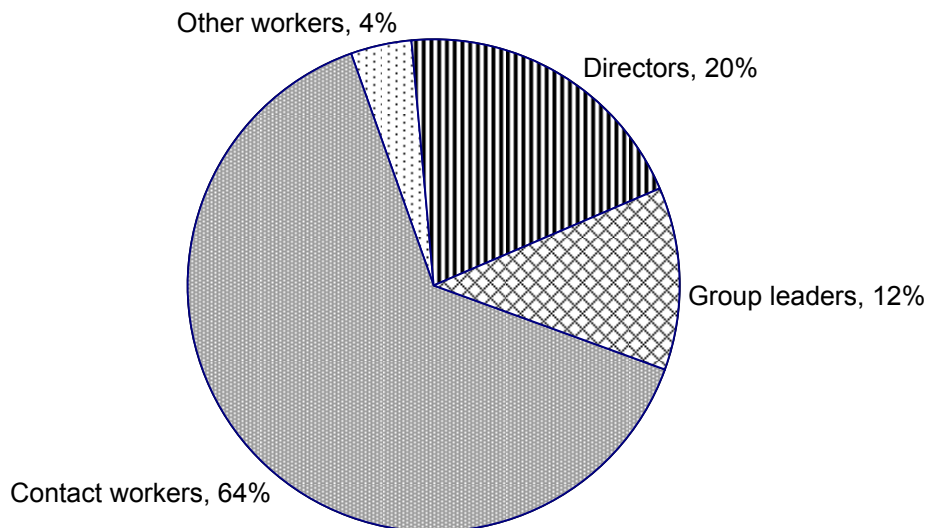
hold post high-school qualifications and receive lower wages than directors and group leaders. They are also less likely to work on a full-time permanent basis.

Table 7.1 Existing regulation of outside school hours care^{a,b}

<i>State</i>	<i>Overview</i>
NSW	OSHC services in New South Wales are required to register with Community Services, an agency within the NSW Department of Human Services. Providers are required to supply information about the provision of the service if requested by Community Services. Development of operational requirements for OSHC services is proposed as part of a second stage of regulation.
Vic	Victorian OSHC providers are required to be licensed by the Department of Education and Early Childhood Development under the <i>Children's Services Act 1996</i> and the <i>Children's Services Regulations 2009</i> . These regulations require OSHC staff to meet minimum training requirements as well as effective communication mechanisms and policies.
Qld	Child care centres in Queensland are regulated under the <i>Child Care Act 2002</i> and the <i>Child Care Regulation 2003</i> . The Department of Education and Training is responsible for administering of these regulations through the Office for ECEC. Under these regulations, child care services that cater for seven or more children, including care based services, are required to be licensed.
SA	Childcare centres in South Australia are regulated under the <i>Children's Services Act 1985</i> and the <i>Children's Services (Child Care Centre) Regulations 1998</i> . Stand-alone occasional care services are required to be licensed under the Act but OSHC services are not licensed or regulated unless they are OSHC services provided on SA Department of Education and Children's Services property. In this case they are required to meet the national standards for OSHC as a condition of use of the facilities. OSHC services operating on Catholic Education and some other private school sites are also required, by policy, to meet the national standards.
WA	OSHC in Western Australia is regulated by the <i>Child Care Services Act 2007</i> and the <i>Child Care Services (Child Care) Regulations 2006</i> , as well as the <i>Child Care Services (Outside School Hours Care) Regulations 2006</i> and <i>Child Care Services (Rural Family Care) Regulations 2010</i> . The WA Department for Communities is responsible for administering these regulations with OSHC services required to be licensed.
Tas	The Child Care Unit at the Department of Education is responsible for administering the <i>Child Care Act 2001</i> . This Act requires centre-base OSHC to be licensed, including specifications for OSHC services to maintain staff-to-child ratios of 1:11 for school-aged children, 1:8 for children attending a holiday camp, while also requiring qualified staff-to-unqualified staff ratios of 1:33. The first qualified person must have a tertiary qualification. Additional qualified staff need a Certificate IV in Children's Services or similar.
NT	The <i>Care and Protection of Children Act 2007</i> and the <i>Care and Protection of Children (Children's Services) Regulations 2009</i> provide the overarching legislative framework for ECEC services in the Northern Territory, with the Department of Education and Training responsible for their administration.
ACT	<i>The Children and Young People Act 2008</i> requires OSHC service providers in the ACT to be licensed and is administered by the Children's Policy and Regulation Unit, a section of the Office for Children, Youth and Family Support within the Department of Disability, Housing and Community Services.

^a Further details of regulation governing the ECEC sector is provided in appendix A. ^b The requirements necessary to be classified as a qualified staff member are detailed in the relevant jurisdictional Acts.

Figure 7.2 **The outside school hours care workforce**
by employment type



Source: Cassells and McNamara (2010).

Many OSHC contact workers chose to work in OSHC due to its casual, temporary, part-time or seasonal hours as these arrangements enable them to meet other commitments (Rolfe 2005). Study participants suggest that there are two significant groups of OSHC contact workers: young working mothers who find employment in OSHC convenient as it allows them to meet family commitments; and university students who work in OSHC as it provides a source of income while they study (Catholic Education Office of Western Australia, sub. 65; Queensland Children's Activities Network, sub. 84).

Outside school hours care services: child development through education or care?

The OSHC sector's emphasis on care services is largely a result of its history which saw growth oriented around the needs of parents rather than children. Though OSHC services initially emerged in the early 1900s to provide child-focused recreation services, this focus shifted towards the needs of parents in the 1970s when the provision of child care was seen as an important mechanism for supporting increased female labour participation (Blau 2001; Moyle and Evans 1997). Subsidies were paid directly to parents, replacing direct government funding of OSHC centres, meaning that strong growth in OSHC services orientated around the needs of working parents rather than the needs of child development (Cartmel 2007). This attitude persists, with parents' need to work accounting for 88 per cent of the demand for OSHC services (Cassells and McNamara 2010).

OSHC services are gradually reorientating around the needs of both children and parents, with greater emphasis on child development. This transition is based on new discoveries in child development (section 4.1) and are embodied in the National Quality Framework.

However, the OSHC sector is limited in its ability to provide child development through educational services that focus on cognitive skill formation. Due to the nature of OSHC services as a supplementary service to formal schooling, many children attending OSHC have formal schooling on the same day (figure 7.1). There is some concern that additional intensive education may overload children, causing stress, anxiety or both. The scope for educational services is limited further by the fact that children spend on average six hours per week in OSHC (ABS 2007a). To require a greater educational focus in OSHC could be counter productive for children and their parents.

The OSHC sector is better suited to supporting child development by encouraging the development of non-cognitive skills through constructive play and socialisation.² Non-cognitive skills include emotional and social skills such as perseverance, motivation, and the ability to interact with others (European Commission 2011). These non-cognitive skills assist in the formation of cognitive skills and explain differences in life outcomes between adults (Heckman 2006). In this regard they are crucial to early childhood development and are enhanced by diverse range of activities that enhance child development, including music (Music Council of Australia, sub. 51). The distinction between cognitive and non-cognitive skills is discussed in more detail in appendix C.

Given the nature of OSHC as a promoter of non-cognitive skills many OSHC employers do consider it necessary for some OSHC workers to hold high level ECEC qualifications. Study participants reported a preference for a mixture of qualified and unqualified OSHC workers from a variety of backgrounds as they feel that exposure to such a diverse pool of workers is an important component of a child's development.²

7.2 Changes in the outside school hours care sector

OSHC has experienced strong growth with 4 per cent per annum increases in child numbers between 2002 and 2006 (Cassells and McNamara 2010). OSHC has been responding well to these increased demands with average staff-to-child ratios

² Monro Miller, R., Network of Community Activities, Sydney, pers. comm., 25 October 2010.

remaining constant at around 1:12 during the same time period (Cassells and McNamara 2010).

New demand for OSHC has largely been met due to the following factors:

- a flexible OSHC workforce — characterised by high rates of casual and part-time employment, especially among unqualified contact workers who fill seasonal and casual positions
- low qualification requirements limiting barriers to entry for those employees wishing to work in ECEC only for a short period of time
- increasing levels of in-service professional development to increase the effectiveness of workers
- strong growth in private OSHC providers
- regulatory barriers which are low relative to the rest of ECEC.

Given the opening hours of OSHC services, part-time and casual employees filling contact worker positions are a particularly important source of flexibility for OSHC. The low barriers to entry which these workers experience contribute to OSHC's effectiveness and its ability to meet parents' need for OSHC services. They are also attractive to contact workers, who gain satisfaction from being able to pursue other life opportunities (Rolfe 2005).

7.3 What will the COAG ECEC reforms mean for outside school hours care?

The National Partnership Agreement on the National Quality Agenda for Early Childhood Education and Care adopted by COAG in 2009 will introduce the first nationally consistent regulatory framework for ECEC services (chapter 3). Under the new regulatory framework there will be no changes in staff-to-child ratios or staff qualification requirements for OSHC services, with existing jurisdictional regulation remaining (COAG 2009h). However, OSHC services will be subject to the new ratings system introduced as part of the National Quality Framework (NQF) (chapter 3). Given their leadership role, directors will play an important role in the implementation of this new ratings system.

At present, there are proposals for a curriculum specific to school aged care in the form of 'My Time, Our Place' (COAG nda). This proposed framework, which is incorporated in the National Quality Standard, will build on the Early Years Learning Framework and aim to ensure delivery of nationally consistent and quality

school age care across sectors and jurisdictions (COAG nd). It is intended that ‘My Time, Our Place’ will:

ensure that children in school age care will have opportunities to engage in leisure and play-based experiences which are responsive to the needs, interests, and choices of the children attending the service and contribute fully to their ongoing development. It will support and provide guidance to educators working with school age children in outside school hours care, long day care, and family day care settings. (DEEWR 2011)

Additional motivations to provide a nationally consistent set of OSHC regulations include:

- a perception that national regulation would improve the standing of the OSHC sector (Cartmel 2007)
- concerns that OSHC is oriented around parents needs rather than childrens’ needs for development
- the welfare of OSHC workers
- the streamlining of present regulation (PC 2009).

One of the key risks of some of the policy proposals for OSHC is that they will displace the factors which have so far allowed OSHC to meet increasing demand. In particular, additional qualification requirements will discourage workers from entering or continuing in OSHC while higher staff-to-child ratios will create staff shortages which will then result in higher costs for OSHC services.

OSHC is responding well to strong increases in demand due to a flexible workforce with low barriers to entry, high levels of internal professional development and increased private sector provision. Further regulation runs the risk of limiting the sector’s ability to respond to future increases in demand. In particular, the imposition of additional staff-to-child ratios and qualification requirements risk the creation of labour shortages.

Further, given that OSHC is suited to promoting children’s development through the formation of non-cognitive skills, rather than through educational services, it is not necessary to require OSHC workers to obtain additional qualifications. As discussed in appendix D, many countries do not require OSHC workers to hold significant formal qualification, nor do they impose stringent staff-to-child ratios. Instead, these countries recognise that the nature of OSHC is suited to providing recreation, leisure and care services which support childrens’ development.

Given the focus of outside school hours care on non-cognitive development through constructive play and socialisation, governments should not impose additional mandatory qualification requirements on outside school hours care workers.

7.4 Occasional care

INFORMATION REQUEST

The Commission seeks further information on occasional care (OC) and its workforce.

Occasional care (OC) services are centre-based child care services that provide care for children who attend the service on an hourly or sessional basis, often for short periods or at irregular intervals.³ Reasons that parents use OC include casual, shift or part-time work, respite care, crisis and emergency care, shopping or attending appointments.

OC services open for an average of 8 hours per day (DEEWR 2008), with 28 per cent of children spending 2 to 4 hours per week in OC, and 10 per cent more than 20 hours per week in such services (DEEWR 2005). Of all children attending OC services, 98 per cent are aged from birth to five years of age (Productivity Commission estimates based on unpublished DEEWR data).

The age profile of children in OC and the ad-hoc nature of demand for OC services suggests that there is very limited scope for educational interactions. With children in services for limited periods of time, demand is almost exclusively for care services.

In 2010, the OC workforce, in OC specific services, included 769 workers. They are more likely to be in part-time or casual employment compared with the rest of the ECEC workforce, with 74 per cent of OC workers being employed on this basis (Productivity Commission estimates based on unpublished DEEWR data). The OC workforce also has an older age profile than the rest of the workforce, with a higher

³ The Regulatory Impact Statement for COAG ECEC reforms defines occasional care as 'centre-based' (COAG 2009). As such this chapter does not consider those occasional care services delivered outside centre-based environments. This means that the chapter excludes consideration of child minding services in shopping centres, gyms, office buildings and other places of recreation or work.

proportion of workers above the age of 30. OC workers also have higher levels of educational attainment, with 75 per cent of the OC workforce holding some form of post high-school qualification (Productivity Commission estimates based on unpublished DEEWR data).

OC employers recruit workers to work primarily as contact workers. These workers are required to work an average of 20 hours per week (CSMAC 2006), predominantly on a part-time or casual basis.

Owing to the unique characteristics of the OC sector, COAG decided that OC services will not be included under the NQF. As such, OC services will continue to be regulated under existing jurisdictional regulations. However, this decision to exempt OC from the NQF will be reviewed in 2014 (COAG 2009h).

As with OSHC, OC requires flexibility to meet fluctuating demands with limited scope for the provision of child development services. Further regulation of OC will create the same risks posed by further regulation of OSHC, namely increased costs and service shortages.

The exemption of occasional care from the NQF will be reviewed in 2014 and the Commission anticipates that the exemption will remain appropriate given that occasional care is primarily a care-only environment.

DRAFT RECOMMENDATION 7.2

Given that children typically spend limited time in occasional care, occasional care has relatively limited scope to contribute to cognitive development. As a consequence, governments should not impose additional mandatory qualification requirements on occasional care workers.

8 The ECEC workforce for children with additional needs

Key points

- A range of government policies support the inclusion of children with a disability and children from culturally and linguistically diverse backgrounds in early childhood education and care (ECEC) services.
- Significant gaps exist between the ECEC opportunities for children with additional needs and those of other children. To reduce these gaps, priority needs to be given to children with additional needs in the implementation of the COAG ECEC reforms.
- A substantial and increasing minority of children have additional needs, with around 4 per cent of children having chronic physical, intellectual or medical needs and 17 per cent speaking languages other than English in the home.
- Few data are available on inclusion support workers, special education teachers or early intervention professionals. This absence of data reduces governments' capacity to undertake effective policy development and workforce planning.
- Although diploma- and degree-qualified ECEC workers receive training in providing services to children with additional needs during their initial studies, many workers in mainstream ECEC services need better access to professional development programs to assist them to deliver high-quality services to these children.
- Extra support for children with high additional needs is generally provided by unqualified staff. Enabling these staff to access relevant training would enhance workforce capacity and contribute to improved child development outcomes.
- Government funding for inclusion support is the main determinant of the number of inclusion staff who are employed. It is generally provided on a short-term basis, is received by services after a lag, and is onerous to apply for and maintain. All of these factors are barriers to recruiting and retaining additional needs staff.
- To attract sufficient numbers of workers so that children with additional needs can fully participate in ECEC programs, and to replace staff while they attend relevant training, additional government funding will be required.
- A variety of allied health professionals provide early intervention support for children with additional needs. Part-time hours, professional isolation and limited career paths all contribute to shortages of such professionals, with particular difficulty recruiting speech pathologists. In addition to addressing concerns about professional support and career paths, early intervention services will need sufficient funding so that they can pay market wages to these professionals.

8.1 The ECEC workforce for children with additional needs

Many children, particularly those with a disability and those from culturally and linguistically diverse (CALD) backgrounds, need additional support to access early childhood education and care (ECEC) services. This places particular demands on the mainstream workforce, and creates a need for different specialist workers to cater to children's specific needs. Many Indigenous children may also need extra support and tailored services — the workforce requirements of early childhood development services for Indigenous children are considered in chapter 14.

While governments have agreed that 'the full participation of children with additional needs and their families involves enabling their initial access as well as supporting their day-to-day participation in the program' (COAG 2009c, p. 5), this is not always occurring in practice. Meeting the Council of Australian Governments' (COAG) ECEC goals for children with additional needs will therefore require additional resources — these needs are discussed in the remainder of this chapter.

Policy focus on inclusion

Over time, the focus of service provision for children with additional needs has shifted towards inclusion (Petriwskyj 2010). Study participants strongly supported the inclusion of children with additional needs in mainstream ECEC services (for instance, Ethnic Communities Council of Queensland, sub. 58; Health and Community Services Workforce Council, sub. 56; KU Children's Services, sub. 26). Gowrie SA emphasised that inclusion is generally preferred by families:

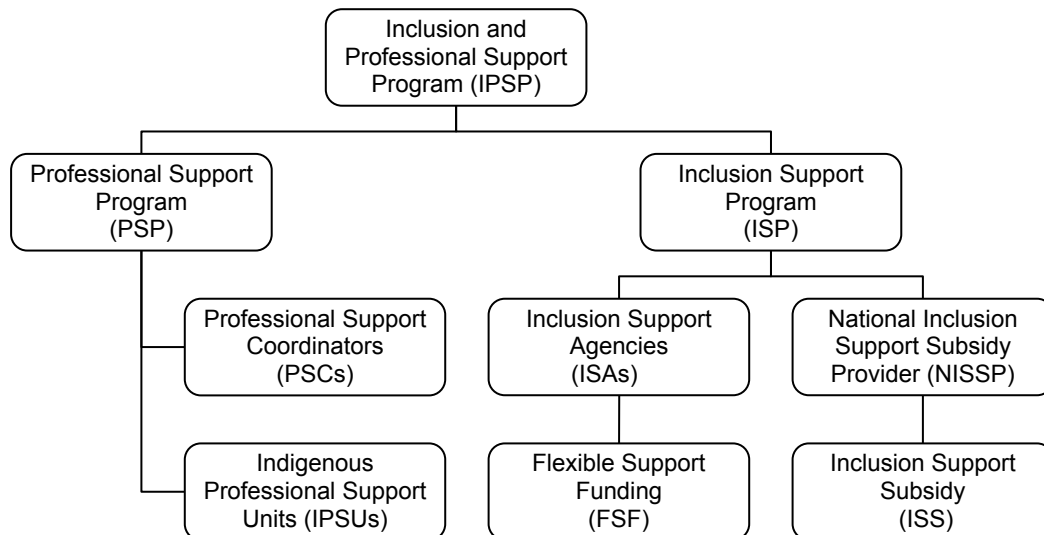
Integration into mainstream services with the appropriate specialised support from qualified health professionals should be a goal. This is often what families want as opposed to 'targeted' services for children who are 'different'. (sub. 40, p. 1)

As well as benefiting children with additional needs, inclusion also benefits typically developing children, by helping them to understand difference in others, to develop sensitivity and to become aware of their own strengths and weaknesses (Allen and Cowdery 2005).

Governments in Australia have a number of programs to support inclusion of children with additional needs in ECEC services. The largest of these is the Inclusion and Professional Support Program, funded by the Department of Education, Employment and Workplace Relations (DEEWR) (box 8.1).

Box 8.1 The Inclusion and Professional Support Program

The Inclusion and Professional Support Program (IPSP) provides a range of inclusion and professional support measures to approved childcare services and to services that receive budget-based funding from the Australian Government (see appendix E for explanation of funding and approval mechanisms). The IPSP consists of a number of elements (see figure).



The Professional Support Program funds Professional Support Coordinators and Indigenous Professional Support Units in each state and territory (see chapters 10 and 14 for more details).

The Inclusion Support Program seeks to improve access to childcare for:

- children from CALD backgrounds, including children from a refugee or humanitarian intervention background
- children with ongoing high support needs, including children with a disability
- Indigenous children.

The ISP provides funding for the National Inclusion Support Subsidy Provider (NISSP) and the Inclusion Support Agencies (ISAs). The NISSP administers the Inclusion Support Subsidy (ISS), which is 'paid to childcare services as a contribution towards the costs associated with including a child or children with ongoing high support needs in child care' (DEEWR 2011g, p. 1). Children with high support needs are typically those with serious disabilities, but also those from a humanitarian refugee background. Eligibility for the ISS does not mean an automatic entitlement to ISS funding (because the ISS budget is capped, some eligible children can miss out). ISS payments are limited to \$16.19 per hour for a maximum of 25 hours per week (or five hours per day) for children in long day care, and less for children in family day care and in-home care.

(Continued next page)

Box 8.1 (continued)

There are 67 ISAs located throughout Australia. They employ inclusion support facilitators to provide advice to approved childcare services on building an inclusive environment for children with additional needs. The ISAs also administer Flexible Support Funding, which can assist services to employ extra staff or to fund specialist training. However, as with the ISS, eligibility for flexible support does not mean an automatic entitlement to flexible support funding. Time-limited bicultural support is also available, and may include onsite or phone language assistance and advice on cultural practices that will help services to develop a good relationship with a child's family.

Source: DEEWR (2010e; 2011g; sub. 86)

Similarly, State, Territory and local governments support the inclusion of children with additional needs in preschool services. For example, children in Victoria with severe disabilities can access Kindergarten Inclusion Support Packages (DEECD 2010e), and those in South Australia can attend Inclusive Preschool Programs (Government of South Australia, sub. 66). In New South Wales, the Supporting Children with Additional Needs (SCAN) program assists children with additional needs to attend state-funded preschool, vacation care and occasional care services (Community Services NSW 2010). In some cases, local governments are also involved in providing early childhood development (ECD) services for children with additional needs. For example, in Victoria, more than half of local councils 'provide or support early intervention services for children with a disability or development delay' (Municipal Association of Victoria, sub. 68, p. 8).

While children with additional needs are included in mainstream services wherever possible, there are also a number of specialist early childhood and early intervention services that cater for children with particular physical and sensory disabilities or behavioural disorders. Children may attend these services in addition to, or in place of, mainstream ECEC services.

The growing movement towards integration of ECD services also helps to support inclusion, as co-located and integrated services can 'enhance opportunities for clinical discussion and appropriate and timely referral', which is of particular importance for children with additional needs (Victorian Association of Maternal and Child Health Nurses, sub. 15, p. 1).

Workforce to support inclusion

In order to include children with additional needs, mainstream workers need skills in inclusive practice and training in appropriate ways of working with children with

a range of different needs. Without such skills, they may not be able to provide programs that are beneficial to children with additional needs (Mohay and Reid 2006). The preparation and skills of the mainstream ECEC workforce are considered in section 8.4.

In addition to the mainstream workforce, two main groups of workers are involved in providing inclusion support to children with additional needs:

- workers with few or no relevant qualifications, such as inclusion support workers, additional workers and aides
- specialist professionals, including
 - education professionals, such as special education teachers, inclusion support facilitators and bicultural support facilitators
 - allied health professionals, such as speech pathologists, child psychologists, physiotherapists and occupational therapists.

Very few data are available on any of these groups of workers. Although DEEWR provides a large share of the funding for inclusion programs in ECEC services, it collects few data on the number of children receiving additional support (DEEWR 2010e) or the characteristics of the workers employed using those funds. The National Workforce Census recorded 8266 workers, or around six per cent of the ECEC workforce, as ‘other contact workers’. This includes disability support workers but also other workers who provide additional or supplementary services for children, such as dance teachers, music therapists, librarians or speech therapists. The number and characteristics of inclusion support workers therefore remain unclear.

Likewise, little is known about the characteristics of bicultural support staff. Limited evidence comes from the Ethnic Communities Council of Queensland, which suggested that:

... in the bicultural support pools ... there are a significant number of women from CALD backgrounds who were teachers in their country of origin. As their qualifications are not recognised in Australia they work as unskilled, casual workers in childcare settings. (sub. 58, p. 11)

There are also very few data on specialist professionals for children with additional needs. This absence of data may partly be due to variations in the nature and understanding of early intervention (box 8.2), and the growth of early intervention services in response to many different and complex demands (Disability Services Commission, sub. 76). In addition, the absence of data on allied health professionals in ECD services may reflect that only a small proportion of such workers are employed in dedicated ECD settings. However, regardless of the type of specialist

support, early intervention or allied health service delivered to children, there are few data on the number of workers involved or on their qualifications or other characteristics. In the absence of such data, governments appear to have limited capacity to undertake effective policy development and planning for the workforce for children with additional needs.

Box 8.2 Considering the workforce for early intervention

Study participants varied considerably in their use of the terms early intervention, inclusion support, and family support, demonstrating that clear definitions of these terms have not yet been established (Dolan, Pinkerton and Canavan 2006). Indeed, the wide range of different services provided under the banner of early intervention mean that ‘the early childhood intervention field is complex and bewildering for families and services alike’ (Disability Services Commission, sub. 76, p. 7). Nevertheless, early intervention programs can be broadly grouped into two types:

1. programs for children with disabilities
2. general early childhood programs for children deemed to be at risk (Petriwskyj 2010).

Programs for children with disabilities typically employ special education teachers and a range of other professional early intervention workers and allied health professionals, including occupational therapists, physiotherapists, speech pathologists, and psychologists (Disability Services Commission, sub. 76).

In contrast, general early childhood programs for children at risk are provided in mainstream settings. The workforce needs of these settings are considered in chapters 5 to 7. Similarly, many family support programs aim to promote the development of children at risk, and the family support workforce is discussed in chapter 13.

INFORMATION REQUEST

The Commission seeks further information on the characteristics of, and data sources relating to, inclusion support workers, early intervention workers, special education teachers, allied health professionals, inclusion support facilitators, bicultural support staff and other workers who specialise in early childhood education and care for children with additional needs.

8.2 Demand for ECEC workers for children with additional needs

While a small number of families of children with additional needs may choose to purchase additional ECEC support services, government policies and the availability of government funding are the major determinants of demand for both inclusion support workers and specialist professionals in ECEC services.

To some extent, the number of children with additional needs also affects demand for these workers. Around 4 per cent of children have identified chronic physical, intellectual or medical needs and 17 per cent of children speak languages other than English in the home (although many of these children do not require significant additional support to access ECEC services). The prevalence of additional needs varies by geographic location, with children living in the most socio-economically disadvantaged communities and in very remote communities more likely to be developmentally vulnerable (Centre for Community Child Health and Telethon Institute for Child Health Research 2009).

The number of children with additional needs has been increasing over time, with particular increases in the diagnosed prevalence of childhood disability and severe disability (AIHW 2009a). For example, while reliable data about autism are scarce, the prevalence rate of autism among Victorian children in the 0–6 year age cohort has been estimated at 27 per 10,000. This rate has been steadily increasing (DHS 2009). Around 15 per cent of 4- to 5-year-old children have speech or language impairments (McLeod and Harrison 2009). Moreover, because children with disabilities may develop differently or more slowly, they may need to access more ECD services (Vision Australia, sub. 57). For instance, in some jurisdictions children with delayed cognitive or social development may attend preschool for an extra year (DEECD 2010b).

However, funding for inclusion support or early intervention services is not provided to all children with additional needs:

- As noted in box 8.1, the inclusion support subsidy is only available when children have ‘high support needs’ (typically a serious disability).
- Similarly, state and territory funding for inclusion in preschool is not necessarily provided to all children with additional needs. For example, Victoria’s Kindergarten Inclusion Subsidy explicitly excludes ‘children who have learning difficulties or developmental delays’ (DEECD 2010f, p. 6).
- The Australian Government funds early intervention services for children with autism (FaCHSIA 2010c), and will do likewise for children with a sight or hearing impairment, Down syndrome, cerebral palsy or Fragile X syndrome

from 1 July 2011 (FaHCSIA 2011a). Children with other disabilities fall outside these funding criteria and thus do not have the same access to early intervention support.

These limits on funding mean that demand for workers to provide inclusion support or early intervention services is primarily determined by funding levels and guidelines, rather than by the number of children who need additional support. Another implication is that children with additional needs are underrepresented in ECEC (Ellis 2010). This is despite the ‘need for strong, rich early childhood programs [being] most acute in remote Indigenous communities and other communities catering for children from low [socioeconomic status] and/or CALD communities’ (Professor Alison Elliott, sub. 70, p. 1).

Demand for inclusion support workers

Because the Inclusion Support Program is the key mechanism for providing funding for inclusion support workers in many ECEC services, its structure greatly influences the number of workers employed to provide inclusion support and the characteristics of those workers.

As mentioned above, funding levels and guidelines are the main constraint on the number of workers employed to provide inclusion support. In addition, the onerous processes for obtaining inclusion support funding also limit demand for inclusion support workers. In order to obtain the inclusion support subsidy (see box 8.1), ECEC services are required to prepare a service support plan (SSP). Rather than addressing the needs of a particular child or group of children, the SSP must examine all aspects of a service’s operations that may affect its capacity to support inclusion. Thus ‘a child with additional needs may trigger a SSP but is not the focus of the SSP’ (KU Children’s Services 2009, p. 8). Developing such a comprehensive SSP can mean that services can face considerable delays in obtaining ISS payments, and must regularly update SSPs, irrespective of any changes in needs of children with additional needs. Both of these factors add to the administrative burden of the Inclusion Support Program, thereby reducing demand for inclusion support workers.

Funding levels also influence the characteristics and skills of the workers employed to provide inclusion support. In particular, while the inclusion support subsidy is considered by the Australian Government to be *a contribution* towards the cost of an additional worker, in practice many ECEC services consider it to be *a payment for* the additional worker. Similar concerns were expressed about state funding for inclusion in preschool as, for instance, ‘NSW SCAN funding generally does not cover the cost of an additional childcare worker to work directly with a child [with

additional needs]’ (UnitingCare Children, Young People and Families, sub. 62, p. 26).

The low hourly rate of the inclusion support subsidy and similar state and territory government subsidies therefore has the effect of confining workforce demand to workers who are young or unqualified or both. Study participants attested to this limitation, suggesting that young, inexperienced workers are selected for inclusion support roles because of their willingness to work for the low wages offered (Childcare Association of WA, sub. 73). This led participants to express concerns about the skills of the inclusion support workforce and the quality of care they can provide (for instance, Australian Childcare Alliance, sub. 71; Gowrie Victoria, sub. 41):

Current funding for additional needs workers does not adequately cover the ‘above’ ratio staffing numbers, nor the skill set required for childcare workers providing education and care for children with additional or specialised needs. (GoodStart Childcare, sub. 34, p. 7)

The service structure and current funding models within early childhood services do not adequately support care that reflects the individual needs of children, especially those with complex support requirements. (City of Greater Geelong, sub. 20, p.14)

It is not uncommon for ... less qualified and able staff being assigned to work with [additional needs] children, leading to a situation of managing behaviour rather than the implementation of supportive programs by skilled staff. (Community Connections Solutions Australia, sub. 75, p. 15)

Though there are no regulatory barriers preventing services from offering higher wages and attracting more skilful workers, there are several reasons why most do not do so (see section 8.3 below).

Current funding levels and policy requirements therefore appear to be the primary driver of, and limit on, demand for inclusion support workers, both in terms of the number of workers employed and the skills of those workers.

Demand for specialist professionals

Early childhood special education teachers are typically employed in specialist early childhood services. Many of these services are attached to special schools and provide expert education and intervention for children with particular needs. For example, the Narbethong Special School in Brisbane provides early intervention and preschool services, as well as primary and secondary education to children who are blind or have severe vision impairments (Education Queensland nd). Some ECEC services for children with additional needs are being established independently of schools, such as the autism-specific early learning centre operated by

KU Children's Services alongside a mainstream preschool (sub. 26). Demand for early childhood special education teachers is likely to continue to be concentrated in these specialist settings.

Demand for inclusion support facilitators, bicultural support staff and other early childhood intervention professionals (such as allied health staff) is primarily determined by government. In establishing inclusion and early intervention policies and programs, governments control both the number and types of workers required. At the individual level, recruitment decisions are largely made by the non-government organisations (NGOs) that act as inclusion support or early intervention providers. These organisations thus determine the personal attributes and skills that are demanded of specialist inclusion professionals. For example, in its Macarthur Early Childhood Intervention Service, Mission Australia has chosen to employ staff from a range of allied health disciplines, including speech pathology, physiotherapy and occupational therapy (sub. 12). Similarly, other study participants (such as Vision Australia, sub. 57) recognised that access to a range of professionals is particularly important for children with additional needs and their families:

It is important to acknowledge that no one profession can adequately address all the needs of a child and their family nor can one ECD worker provide a full suite of services to the child's family. A comprehensive program requires a diverse and experienced team of professionals including psychologists, social workers, early educators, child and family health nurses, infant mental health specialists, speech and occupational therapists. (Benevolent Society, sub. 49, p. 23)

Because most staff work with children with a wide range of needs, they 'are required to be flexible and creative in service delivery, particularly when working in geographically isolated areas' (NSW Government, sub. 79, p. 9).

Demand for allied health and early intervention professionals will continue to increase in response to the increased prevalence of childhood disability, a greater awareness of cultural barriers to inclusion, and the expansion of early intervention programs. The proposed National Disability Insurance Scheme is also likely to increase demand for such workers, particularly as it will include a range of early intervention services (PC 2011b). The growing number of integrated ECD services (chapter 15) will also increase demand for allied health professionals with skills in working with children and families. As a result, such professionals are likely to become an even more 'scarce resource' (Government of South Australia, sub. 66, p. 6).

8.3 Supply of ECEC workers for children with additional needs

Supply of inclusion support workers

As with other parts of the ECD workforce, the supply of inclusion support workers depends on the relative attractiveness of the role, which in turn largely depends on the remuneration and conditions offered. Pay and conditions are relatively unattractive, with study participants from many jurisdictions reporting considerable difficulty in recruiting inclusion support workers (for instance, Childcare Association of WA, sub. 73; Disability Services Commission, sub. 76; Penrith City Council, sub. 74). In contrast, C&K Association reported little difficulty in filling such positions in Queensland or the ACT (sub. 52).

Remuneration

Many study participants considered the wages of support workers to be too low (C&K Association, sub. 52; Community Connections Solutions Australia, sub. 75; Early Childhood Intervention Australia (NSW Chapter), sub. 25; Penrith City Council, sub. 74; Southern Cross University and Early Childhood Australia (NSW) North Coast Branch, sub. 16). Support workers' wages are comparatively low, regardless of the comparator used. For instance, under the Children's Services Award 2010, a support worker employed for 25 hours per week (the maximum number of hours funded by the Inclusion Support Program) earns less than \$400 per week. This is just over half of the average reported earnings for ECEC contact workers, although ECEC staff tend to work longer hours (but, as noted elsewhere in this report, ECEC contact workers' earnings are themselves considered to be relatively low).

ECEC services could, in theory, supplement the inclusion support subsidy with funds from other sources to pay higher wages and recruit more highly skilled staff. However, in practice most services have little capacity to do so. Many private ECEC providers already operate at a loss and non-profit providers make only a modest surplus (ABS 2010b). This suggests that services are unlikely to have the capacity to increase fees in order to employ more highly paid inclusion support staff.

Despite the low wages, inclusion support workers may remain in the sector in the short term because they want to help others or do something worthwhile (Martin and Healy 2010).

As Kindergarten Parents Victoria noted in relation to ECEC workers in general:

While staff regularly report their love of working with children and families, at the end of the day this does not pay the mortgage or necessarily provide the broader professional recognition that employees in any highly valued profession would ordinarily expect (sub. 72, p. 11).

In order to achieve an adequate supply of skilled and capable inclusion support staff over the long term, employers may, in certain cases, need to offer higher remuneration.

Moreover, because the inclusion support subsidy is only a contribution towards the cost of an additional worker (see box 8.1), ECEC services attended by a child with high care needs are already contributing to the cost of including that child:

The current practice of minimal funding to mainstream services to include children with a range of high support developmental and medical needs is largely inadequate. As a result, organisations or individual services that are committed to the inclusion of children with additional needs pay dearly for their beliefs and practices. The more children are included, the higher the cost and the larger the deficit that a service carries. ... Currently, KU subsidises the employment of our support staff by \$216,000 annually (\$46,000 in preschools and \$170,000 in long day care services) as both the Commonwealth and State funding does not cover the hourly rate of pay for these staff. (KU Children's Services, sub. 26, p. 3)

ECEC services must fund the wages of inclusion support workers upfront, and seek reimbursement from the National Inclusion Support Subsidy Provider at the end of the quarter. In addition, until a service support plan has been completed (which, as discussed above, can be onerous) and payment of the subsidy has been approved, the service may be required to cover the full cost of employing an additional worker.

Relying on ECEC services to fully or partly fund the inclusion of children with additional needs can make them unwilling to enrol those children:

The subsidy amount is inadequate as it places financial burden on the service including the child. In practice, it makes services reluctant to enrol children with high and ongoing support needs. (Child Australia, sub. 78, p. 13)

In short, because of inadequate fiscal and structural support for the inclusion of children with disabilities in Australian early childhood services, the majority of centers in this study were left with four options when asked to enroll a child with a disability: (1) refuse enrolment; (2) attempt to secure limited government funding in a time-consuming, complex and inflexible process; (3) struggle to fully include him or her with little support or funding; and (4) devote a great deal of energy into fund-raising activities to fund the full-time employment of one or more specially trained staff. (Grace et al. 2008, p. 25)

With COAG having agreed to implement considerable reforms in the ECEC sector (chapter 3), the cost pressures on services are expected to increase. This is likely to further reduce their willingness and capacity to divert other funds or fundraise to subsidise inclusion. Therefore, if ECEC services are to continue to be accessible to children with high care needs, additional funding will be required (see draft recommendation 8.1 below). There are likely to be considerable returns on this investment, as children who are disadvantaged or who have additional needs stand to gain the most benefit from quality ECEC services (appendix C).

Conditions

Working hours

Because inclusion support funding is available for a maximum of 25 hours per week, most inclusion support workers are employed on a part-time basis. Some study participants, such as the Childcare Association of WA (sub. 73) considered that the part-time nature of these roles adds to the difficulty in recruiting inclusion support workers.

The level of funding is for a predetermined number of hours (5 hours), it doesn't relate to the need for a full day in the service, or a full days employment. In addition the hourly subsidised rate is lower than actual salary costs. (Gowrie Victoria, sub. 41, pp. 7–8)

However, it is not clear that increasing the number of funded hours would significantly increase the supply of inclusion support workers. The positive effect of increased hours on the labour supply decision of some inclusion support workers could be partly offset by a negative effect on the decisions of others. For some workers, the requirement to work longer hours would be perceived as negative, for two main reasons.

- First, part-time work suits certain workers, as it allows them to balance work and family commitments. While few data are available on the work hour preferences of inclusion support staff, C&K Association suggested that casual, part-time work is attractive to staff currently employed in support roles (sub. 52). If workers who have chosen to work in inclusion support roles have a preference for part-time work, they may be reluctant to remain in those roles if full-time work were required.
- Second, some low paid part-time workers face very high effective marginal tax rates if they move to full-time work, particularly through the loss of health care cards and other entitlements (Bodsworth 2010). In the absence of tax policy reforms, inclusion support workers would face such high effective marginal tax

rates that they would be unlikely to increase their working hours, even if the number of funded hours increased.

However, increasing the number of funded hours does not imply that all workers would be required to increase their working hours. A full-time role could be shared by two part-time staff members, for example.

There may also be another rationale for increasing the number of funded hours of inclusion support. As discussed in preceding chapters, through the National Partnership Agreement on Early Childhood Education (NPA ECE), governments have committed to providing access to 15 hours per week of preschool education to all children in the year before they start school. ECEC services can set their own preschool timetables, so a preschool program could potentially be provided in two six-hour sessions and one three-hour session per week. However, because the Australian Government's inclusion support subsidy is available for a maximum of five hours per day, there is scope for a mismatch between preschool programs and the availability of inclusion support in approved childcare services. To the extent that limited hours of funding for inclusion support prevent children with additional needs from participating in preschool programs in approved childcare services, they work against the objectives of the NPA ECE. Similar issues can also arise in preschools funded by State and Territory Governments, many of which offer full-day programs.

In light of this tension, the Commission considers that additional funding flexibility will be required in order for preschool programs to be delivered to all children with high care needs. Inclusion subsidies should be made available whenever children with high support needs are attending preschool programs, regardless of the duration of the preschool sessions (see draft recommendation 8.1 below). Such a change would have relatively small cost implications for governments, while increasing access to preschool for children with additional needs.

Job security

Most inclusion support workers are employed on short-term contracts. This situation has arisen because of the structure of the Inclusion Support Program, which provides time-limited funding, generally for a maximum of 12 months. Funding can also be withdrawn if a child stops attending the ECEC service. While these measures help to ensure that funding is directed to children with the greatest need, they create uncertainty for ECEC services and mean that services prefer to employ inclusion support workers on short-term contracts. Similar issues arise for state and territory inclusion programs, as children typically only require support for one year of preschool.

The insecure nature of inclusion support work was raised as an issue by several study participants (for instance, Penrith City Council, sub. 74), and appears to have a negative effect on the supply of inclusion support workers.

... workers employed in ECEC services under the SCAN and ISS programs are employed on short term contracts. ... Lack of job security and uncertainty often leads staff to look for alternative employment (often before the contract is finished) and results in lack of staffing continuity. This can impact on the outcomes of children who need additional support. (UnitingCare Children, Young People and Families, sub. 62, pp. 26–27)

However, despite employing support workers on short-term contracts, some services have retained the same support staff for many years (for instance, KU Children’s Services, sub. 26). C&K Association suggested that ‘the majority of additional needs assistants stay in the position whilst the funding is applicable’ (sub. 52, p. 6). Retaining staff in this manner is likely to be easier for larger organisations like KU Children’s Services and C&K Association than for small, stand-alone facilities. Another relatively large employer, Northcott Disability Services, considered that having a variety of full-time, part-time, casual and contract employment opportunities can benefit both individual employees and employers (sub. 18). Lack of job security does appear, however, to affect the attractiveness and stability of the inclusion support workforce in small services.

Regulatory burden

The ability of the workforce to include children with additional needs is also affected by changing funding criteria and by the onerous nature of the application process (including the requirement to prepare a service support plan — see above).

The eligibility criteria have become increasingly restrictive, which has rendered a significant number of educators (who had previously had approval to access ISS) unable to continue accessing the subsidy. This can impact on the ability of such educators to continue providing care to children with additional needs, as the subsidy is often crucial to ongoing sustainability due to educators being unable to carry the full complement of children allowed under state regulations. There can be an excessive amount of ‘red tape’ for ISS applicants, which is a barrier to those initially applying and is particularly obstructive to reapplication for funding for those children with unchanging diagnosed additional needs. (Family Day Care Australia, sub. 61, p. 12)

Programs such as [the Inclusion Support Program] have a high administrative component related to the attraction and retention of the funding. For the workforce this means employing staff at a lower rate of pay or providing less hours of employment, finding time to complete administrative tasks and learning the skills required to complete and report on funding agreements. (Gowrie Victoria, sub. 41, p. 7)

Another pertinent factor in the Australian context is the complexity of federal and state government funding schemes designed to assist in the inclusion of children with disabilities in early childhood services. These schemes have varying eligibility criteria, are poorly understood by most parents and early childhood staff, and are resource intensive. (Grace et al. 2008, p. 19)

The complex nature of inclusion funding interacts with the other factors discussed above (such as low remuneration, limited working hours and poor job security) to limit both the supply and capacity of the inclusion support workforce. Taken together, these factors suggest that the current structure, operation and funding of inclusion programs limit the effectiveness of the inclusion support workforce. In order for inclusion support workers to successfully include all children with additional needs, early childhood inclusion programs need additional funding and administrative simplification. This has already begun in some jurisdictions, with the Victorian Government providing an additional \$2.4 million per year for Kindergarten Inclusion Support Services from 2011-12 (DTF 2011).

DRAFT RECOMMENDATION 8.1

To ensure that children with additional needs benefit fully from the COAG ECEC reforms, governments should modify the structure and operation of inclusion programs and reassess funding levels so that such programs:

- ***provide sufficient funding to support the inclusion of all children with additional needs***
- ***cover the full cost of employing inclusion support workers at market wages***
- ***provide funding for an inclusion support worker to enable children with high support needs to attend preschool for 15 hours per week in the year before school***
- ***have simple and streamlined application processes, which do not place an undue burden on ECEC services***
- ***make funding available to ECEC services in a regular and timely manner***
- ***provide multiple-year funding, requiring re-application or adjustment only where there is a significant change in the level of need of a particular child or cohort of children.***

Training support workers

As noted above, inclusion support workers are not required to have any formal training in ECEC or disability services. While a number of study participants reported employing qualified assistants (for instance, C&K Association, sub. 52),

this does not appear to be widespread. The absence of training prompted concern among study participants:

Further consideration needs to be given to the education of Early Childhood Development workers in the area of additional needs beyond providing ‘an additional pair of hands’. (GoodStart Childcare, sub. 34, p. 7)

In some cases, an ‘additional pair of hands’ may be sufficient, particularly when support workers work alongside qualified staff and possess important personal traits, such as empathy, patience and good communication skills. However, there is a case for ensuring that all workers in ECEC settings have a basic knowledge of child development and ECEC practice. The nature of inclusion support work also suggests the need for a foundation knowledge of relevant disability practice.

One way of increasing the level of training of inclusion support workers would be to include them in the qualification requirements contained in the National Quality Standard (NQS). Requiring these workers to obtain a Certificate III in Children’s Services or a similar qualification would be congruent with the objectives of the NQS, particularly because inclusion support staff work not just with the child with additional needs but with all the children in a room, and the NQS aims to improve the quality of care for all children. Indeed, ensuring that inclusion support workers are qualified is arguably more important than requiring such qualifications of the mainstream workforce as, by definition, inclusion support staff work in the most demanding settings, with children with the highest support needs.

However, there would also be considerable disadvantages in requiring inclusion support workers to obtain qualifications. Principally, such a requirement is likely to reduce the supply of inclusion support workers at a time when demand for such workers is increasing. Under current wage structures, and with most inclusion support workers employed on a casual or part-time basis, incentives for them to obtain the newly required qualifications are likely to be inadequate.

In light of this, instead of requiring qualifications, the Commission considers in-service training to be the most effective way of providing learning and development opportunities for inclusion support workers. This could, for instance, involve expanding the role of professional support coordinators to explicitly include the provision of training opportunities for inclusion support workers.

Because funding for inclusion support is limited, ECEC services have little incentive to pay for training of inclusion support workers, or to pay alternative staff to backfill positions. Enabling all inclusion support workers to access these new training opportunities will therefore require governments to provide funding support, both for the costs of training and backfill of staff.

To provide inclusion support staff with the necessary skills to ensure children with additional needs benefit fully from the COAG ECEC reforms, governments should provide additional, priority funding to cover both the cost of relevant in-service training in child development, disability and ECEC, and the cost of replacement staff.

Supply of specialist professionals

A number of study participants reported particular difficulties in attracting and retaining early childhood special education teachers and allied health and early intervention professionals (Batchelor Institute, sub. 46; Northcott Disability Services, sub. 18; Professor Alison Elliott, sub. 70; Penrith City Council, sub. 74). The widespread shortage of speech pathologists provides a prominent example (box 8.3). Relatively low remuneration, unattractive working conditions and scarce training opportunities all contribute to this situation.

Box 8.3 Speech pathologists are in limited supply throughout Australia

There are currently around 3800 speech pathologists in Australia, of whom around 65 per cent work full time. Turnover is relatively low — each year around 6 per cent of speech pathologists leave the occupation, compared to the average for all occupations of 13 per cent.

Shortages of speech pathologists have been reported since 2003, although some improvement was noted in 2009:

Employers seeking to fill new graduate positions were very successful, receiving multiple suitable applications for each vacancy advertised. However, employers recruiting experienced speech pathologists continued to experience difficulty, especially in specialist areas such as acute ear, nose and throat care, disability and paediatric services. Regional and private practice employers experienced more difficulty than metropolitan and public sector employers. (Skills Australia 2010, p. 2)

The ageing of the population is likely to increase demand for speech pathologists (for instance, to provide rehabilitation services after a stroke), suggesting that workforce shortages are likely to persist in the medium term.

Source: DEEWR (ndj), Skills Australia (2010).

There was also concern that current shortages may be exacerbated by possible future changes to qualification requirements, with consequent adverse effects on service quality:

Existing teachers and programs for early childhood students with disabilities may be at risk if teachers are required to demonstrate both early childhood and special education qualifications. (Western Australian Department of Education sub. 44, p. 11).

Remuneration of professionals

Different factors affect the attractiveness of the remuneration and conditions offered to early childhood special education teachers and to allied health and early intervention professionals.

Because early childhood special education programs are generally attached to special schools, teachers in these programs tend to have the same employment arrangements as their counterparts in special schools. Therefore, unlike in mainstream settings, there are few concerns about equality of pay and conditions between early childhood and primary school teachers. However, there are wider concerns about the supply of special education teachers in many jurisdictions (New South Wales Parliament Legislative Council 2010).

There are also concerns about the remuneration and conditions for early intervention professionals (for instance, Early Childhood Intervention Australia (NSW Chapter), sub. 25; NIFTeY NSW, sub. 36; Playgroup Queensland, sub. 9).

The Inclusion Support Agency has difficulty attracting and recruiting support staff as the positions are over prescriptive and have a low rate of remuneration when matched with the skills and knowledge required. (Penrith City Council, sub. 74, p. 7)

To a large extent, the relatively low rate of remuneration springs from the structure of early intervention programs, many of which are delivered by NGOs. In many jurisdictions, workers employed directly by government receive higher salaries than those employed by NGOs, leading workers to move from early intervention programs to government-run services, such as community health centres. The Commission therefore recommends that funding for ECD services for children with additional needs, and the wages of allied health and early intervention professionals who work in such services, be based on relevant market wages and conditions for equivalent positions (draft recommendation 8.3 below).

Working hours of professionals

Several study participants expressed concern about the available working hours for allied health and early intervention professionals. In many cases, employment is only offered on a part-time basis, which can be relatively unattractive to such workers.

Many early intervention or integrated early childhood development services ... find it difficult to afford anything other than part-time positions for early intervention workers. In our experience, part-time positions are less appealing than full-time, and hence these tend to be filled by recent graduates, who then move on when they find a full-time position elsewhere, which is typically outside of the early childhood development sector, since services in this space generally experience similar funding constraints. In our view, until permanent, full-time positions become commonplace in the early childhood development sector, the development of its workforce will remain constrained. (Mission Australia, sub. 12, pp. 15–16)

Part-time working hours can also limit the ability of services to accept and supervise students and trainees, limiting future workforce capacity (KPMG 2008). To the extent that ECD services are constrained to offer working hours that do not suit the preferences of potential employees, they will be at a disadvantage in the labour market. Successful recruitment and retention will thus depend on funders and providers of early intervention and allied health services taking employee's preferences about working hours into account.

Training and career paths for professionals

Training education professionals

Specialised training programs and qualifications in early childhood education for children with additional needs are rare, and this rarity prompted concern on the part of study participants:

There are few if any early childhood teacher education courses that specialise in inclusion or early intervention. This is a serious omission. (Professor Alison Elliott, sub. 70, p. 3)

The shortage of formalized training in vision impairment is extremely concerning. There is just one formal qualification at the postgraduate level only, which specifically addresses vision impairment. This is run in New South Wales by the Royal Institute for Deaf and Blind Children's Renwick College through the University of Newcastle. Further, this program addresses education, but not early childhood health, family support or early intervention and development. (Vision Australia, sub. 57, p. 7)

While recognising that university courses in special education are required for the delivery of ECEC to children with additional needs, the Commission considers that broader issues relating to the number and content of special education teacher training programs are best considered as part of the Commission's forthcoming study of the schools workforce.

Training allied health and early intervention professionals for ECD services

Allied health and early intervention professionals who work in ECD services acquire their professional skills through university study, at either the undergraduate or postgraduate level. For instance, speech pathologists may complete either a bachelor degree or masters degree in speech pathology (Speech Pathology Australia 2011). Although approved by the relevant professional body, courses vary in duration and content. Moreover, because health services are the major employer of these professionals, universities tend to focus their curriculums on equipping graduates for health service roles. Graduates of different courses and disciplines therefore differ considerably in their knowledge of child development and their readiness to provide ECD services.

Several study participants (including the Benevolent Society, sub. 49) expressed concern that newly trained professionals in many allied health and early intervention disciplines may not be equipped to work effectively with children with additional needs, particularly those with multiple or complex needs.

New graduates, or workers without disability backgrounds often have high training needs, which can have a large practical and financial impact within both smaller organisations and/or those in geographically remote locations. (Early Childhood Intervention Australia (NSW Chapter), sub. 25, p. 2)

Some graduates are very much work ready – others not so and this is often due to the amount of practicum/work placement they have undertaken in their course. Recent graduates do not always have the skill of including children with a disability. (SDN Children's Services, sub. 31, p. 6)

To the extent that gaps in graduates' knowledge affect the quality of ECD services, addressing these gaps may improve service quality. This could be achieved by encouraging university students who may later work in early intervention services to study relevant paediatric subjects. In some cases, universities could be more active in facilitating and promoting opportunities for students to take courses in different faculties and departments (for instance, health science students studying child development subjects delivered by the education faculty).

Professional development and career paths

Study participants considered that allied health and early intervention professionals should have access to professional development programs. For example, Gowrie South Australia noted that ‘all early intervention workers require ongoing professional learning’ (sub. 40, p. 15). Some concern was also expressed about the cost of attending professional development (for instance, Mission Australia, sub. 12).

However, the major concern expressed by study participants and commentators is the lack of career paths for professionals in the ECD sector, with difficulty in accessing professional development and support considered to be a symptom of this broader problem.

Funding difficulties impact on the professional development opportunities for all workers in the early childhood development space. However, professional development and career opportunities are plentiful and more appealing in other sectors (such as the hospital system) for specialists such as occupational therapists, speech pathologists, and so on. (Mission Australia, sub. 12, p. 4)

There are no identified career pathways within the early childhood intervention sector (in contrast to other ‘competing’ sectors, such as the health sector), and this is a deterrent to many professionals who wish to pursue a career path that recognises their increasing expertise. (KPMG 2008, p. 24)

Therefore, for the ECD sector to retain professional staff in the long term, career paths and professional development opportunities in the sector will need to be enhanced so that they are as attractive as those in other sectors. Basing program funding on relevant market wages for equivalent positions will also assist in this regard.

Another potential method of improving career paths is to foster cooperation between the health, education and disability sectors. For instance, professional development programs and mentoring networks linking ECD and health services could be established at a regional level. Such an approach may have wider benefits, as greater cooperation and integration of services can also serve to improve service delivery for all children, including those with additional needs (chapter 15).

Children with additional needs require the services of allied health and early intervention professionals to benefit fully from the COAG ECEC reforms. To enable early childhood development services for children with additional needs to sustain an appropriately skilled workforce of allied health and early intervention professionals, governments should ensure that funding for such services:

- *is based on relevant market wages and conditions for equivalent positions*
- *takes into account the skill sets required to perform the purchased services*
- *is indexed to market wage growth within the relevant industry sector*
- *includes provision for professional development and support.*

8.4 Equipping the mainstream workforce to provide ECEC for children with additional needs

While some ECEC staff do not work with children with additional needs on a regular basis, almost all will do so over the course of their careers. For example, one third of family day care providers report caring for at least one child with a disability or developmental delay (Family Day Care Australia, sub. 61). Indeed, ‘any and all members of the ECD workforce have a role to play in the inclusion of all children’ (Health and Community Services Workforce Council, sub. 56, p. 18). Workers in the ECEC sector therefore require both a sound background in how best to support children with a broad range of additional needs, and detailed knowledge and skills about the specific needs of the children they currently work with. For instance, staff require knowledge of particular behaviour management strategies when working with children with autism, or the ability to use signing and visual tools for communication with children with sensory disabilities (UnitingCare Children, Young People and Families, sub. 62).

However, many ECEC workers do not have the skills to provide effective services to children with additional needs, with commentators suggesting that ‘limited staff knowledge, negative attitudes and inadequate support provisions have continued to hamper inclusion’ (Petriwskyj 2010, p. 348). This was confirmed by a number of study participants (for instance, AUSPELD, sub. 19; Northcott Disability Services, sub. 18; Tasmanian Minister’s Child Care Advisory Council, sub. 83). SDN Children’s Services considered that ‘it can be difficult to find staff with the skill to include children with a disability into mainstream services’ (sub. 31, p. 5). Governments have agreed that the capacity of the ECD workforce to include children with a disability could be improved, and have recently promised to ‘strengthen the capability of all education providers to deliver inclusive high quality

educational programs for people with all abilities from early childhood through adulthood’ (COAG 2011, p. 54).

The limited leadership capacity in the sector (chapter 5) can also act as a barrier to inclusion, with Child Australia considering that ‘the lack of experienced leaders in the ECEC sector impacts significantly on the successful inclusion of children with additional needs’ (sub. 78, p. 13). These factors point to gaps in both the initial training and professional development of the mainstream workforce.

Initial training

While early childhood teachers and diploma-qualified workers receive some grounding in education and care for children with additional needs, it is typically of a general nature. Gaps in such training make it hard for ‘early childhood staff across a range of professions ... to respond to the increasingly complex needs of children and families’ (City of Greater Geelong, sub. 20, p. 12).

Most early childhood teacher training courses provide limited exposure to children with disabilities (Kilgallon and Maloney 2003). Similarly, ‘cultural diversity training in early childhood training both in university and TAFE is extremely limited’ (Ethnic Communities Council of Queensland, sub. 58, p. 12).

Courses typically include only one or two subjects on additional needs, with only students who choose to specialise in special education or English as an additional language undertaking more in-depth study. At best, these courses provide an introduction to dealing with children with disabilities and children from Indigenous or CALD backgrounds. Many early childhood teaching graduates are therefore not equipped to effectively teach all the children in their classroom:

New service teachers often do not feel capable of appropriately supporting the specific needs of children with additional needs and are frustrated by the insufficient funding available to provide on-site assistance for children with more substantial, sustained needs. (Community Connections Solutions Australia, sub. 75, p. 15)

Similarly, while the Diploma of Children’s Services includes one compulsory core unit on the inclusion of children with additional needs, it does not equip graduates with the range of skills necessary to work with children with additional needs. The Certificate III in Children’s Services does not include any compulsory units on children with additional needs.

Several study participants suggested that future ECEC workers should be required to complete more study on the inclusion of children with additional needs. For instance, the Australian Education Union considered that ‘all pre-service teacher

education courses must include significant units on teaching students with special needs and those from CALD backgrounds and those from lower [socioeconomic status] backgrounds' (sub. 69, p.13).

However, changing the content of certificate, diploma or degree courses to include additional study of service provision for children with disabilities and from CALD backgrounds is unlikely to be worthwhile, for several reasons.

- First, it would require students to spend less time studying other topics, and so is likely to have a negative impact on workers' skills in other areas.
- Second, initial training will only ever be able to provide a limited introduction to the wide range of additional needs.
- Third, many workers have already completed their initial training, and thus would not be reached by changes to curriculums.

The Commission therefore considers that the targeted use of professional development programs would be the most effective way of increasing ECEC workers' knowledge and skills in providing services to children with additional needs.

Professional development

In light of the limited coverage of additional needs in the initial training of ECEC workers, further professional development opportunities on inclusion are required. While professional support coordinators (see box 8.1 above) and State and Territory Governments (for instance Therapy ACT 2011) provide some such training, many study participants agreed that there are gaps in this area (for example, Gowrie Tasmania, sub. 82; Tasmanian Minister's Child Care Advisory Council, sub. 83).

ECEC staff need access to information and professional learning opportunities to improve their knowledge and skill in relation to quality inclusive practices and the broad scope of additional needs, including those emotionally and socially based. (Community Connections Solutions Australia, sub. 75, p. 15)

... building capacity for inclusion across the whole ECD workforce is a high priority. (Health and Community Services Workforce Council, sub. 56, p. 18)

Others highlighted the importance of ensuring that all members of the ECEC workforce can provide services in a culturally sensitive manner (for instance, Community Child Care Cooperative, sub. 53; Mission Australia, sub. 12; SNAICC, sub. 29).

Cultural competence training for childcare workers and early education practitioners [should be] funded by the State or Commonwealth government. (Townsville Multicultural Support Group, sub. 28, p. 8)

We need to have practical hands on [professional development] programs to assist educators with working with children with additional needs, including CALD and Indigenous children. (City of Monash, sub. 10, p. 8)

In addition to bicultural and bilingual workers, the workforce generally needs access to good quality cultural competency training given the importance of culture to parenting. New standards and improved curricula are needed to ensure that cultural competency training is effective and of a high quality. (Ethnic Communities Council of Queensland, sub. 58, p. 7)

Family Day Care Australia expressed concern that many family day care providers are not aware of inclusion support agencies, inclusion support facilitators and other services that can assist them to effectively include children with additional needs (sub. 61).

Even participants who considered that all ECEC workers have skills for working with children with additional needs (and therefore regard special skills as unnecessary) considered that more professional development would be beneficial (Child Australia, sub. 78).

The changes currently underway in the sector increase the need for ECEC workers to be able to respond effectively to children and families with different needs and backgrounds. For instance, with the introduction of the Early Years Learning Framework (EYLF), ECEC workers will be required to promote children's independence. However, some families from CALD backgrounds do not seek to increase the independence of young children (Farrar 2007). ECEC workers will therefore need the cultural competence and skills to enable them to communicate the goals and philosophy of the EYLF to families from other backgrounds — many do not currently possess such skills. Recruiting more bilingual staff and staff with cultural knowledge may assist in this regard, as 'staff with linguistic and cultural skills are particularly effective in working with new and emerging communities' (NSW Government, sub. 79, p. 13).

The NQS will also encourage ECEC services to improve their cultural competency. Under the proposed new rating instrument, ECEC services can only receive a rating of National Quality Standard (or higher) if they meet (or exceed) all the elements in the NQS. Included among other elements is the requirement that children's cultures provide the foundation of the education program, and that staff acknowledge, value and respect diversity and difference (ECDWG 2010).

Chapter 10 contains recommendations for enhancing professional support and development opportunities for ECEC workers. Delivery of services for children with additional needs would form an important part of these enhanced professional development and support programs (see draft recommendation 10.8).

In recommending the enhancement of professional development options relating to ECEC for children with additional needs, the Commission seeks to emphasise that any such training or professional development should be optional. Because the effectiveness of training is enhanced when it is relevant and linked to workplace needs and goals, the focus of enhanced professional development should be on providing ECEC workers with skills that are applicable in their current workplace, and that address the additional needs of the children they currently work with.

In providing increased opportunities for in-service training and professional development, existing programs should not be compromised. Enhanced professional development should be offered in addition to services currently provided by bicultural support staff and inclusion support facilitators, and should not be structured in such a way as to increase the workloads of these support staff. Models of good practice are already being established in some areas. For instance, several children's centres in South Australia 'were involved in an Occupational Therapy program that gave staff theoretical and practical knowledge and skills with the [occupational therapist] working alongside staff to model intervention strategies with identified children' (Government of South Australia, sub. 66, p. 18).

Appropriate timing of professional development programs is also important to their usefulness and success. Ideally, a wide range of programs would be offered at the beginning of the year:

There needs to be specific workshops for the various diagnosed children as well as a broader behavioural guidance session set up during two weeks of February so that educators can go to a workshop early in the year which would enable them to plan appropriately for all children in their care. ... Many problems occur because there is no available training for teachers when they need it most. (City of Monash, sub. 10, p. 8)

As mentioned above, the support and commitment of directors, teachers and other ECEC leaders is also essential for the successful inclusion of children with additional needs. For instance, Gowrie SA considers that:

Many services are working effectively with children with additional needs, CALD and low [socioeconomic status] backgrounds — many struggle. This work is complex and depends on overall service quality, leadership and the opportunities for professional dialogue and learning within the staff team. (sub. 40, p. 15)

Similarly, a study of inclusion of children with disabilities in Australian ECEC services found that:

Only three centers [out of 17 centers included] in this study ... could be described as providing an inclusive environment. ...Although the ways in which these three centers made inclusion work differed, they all shared one thing in common — a director personally committed to making the center inclusive. (Grace et al. 2008, p. 26)

This suggests that enhanced opportunities for professional development on the inclusion of children with additional needs should be targeted to centre directors, teachers and other leaders in the first instance.

9 The ECEC workforce in rural and remote areas

Key points

- It is difficult to obtain sufficient numbers of skilled and experienced early childhood education and care (ECEC) workers in rural and remote areas. Unless addressed, this will prevent the full implementation of the Council of Australian Governments (COAG) ECEC reforms in rural and remote areas. The causes of this difficulty affect both rural and remote settings, to a degree that typically increases with remoteness.
- Children in rural and remote areas are less likely to attend mainstream ECEC services than those in metropolitan areas. When attending mainstream services, rural and remote children are more likely to attend preschool and family day care, and less likely to attend other services, such as long day care. This may be affected by the relative availability of services.
- Supply of ECEC workers is significantly constrained in rural and remote areas, particularly for positions requiring tertiary qualifications.
- Special allowances and other incentives are offered to workers in some rural and remote areas. While such payments appear to increase supply of ECEC workers in these areas, the magnitude of this increase is unknown.
- The poor availability of housing in some (mainly remote) areas adversely affects worker retention as well as their ability to perform their duties. This results in higher cost and lower quality services. In order to meet the goals of the COAG ECEC reforms for children in remote areas, Governments should provide all ECEC workers in remote communities with timely access to appropriate housing at reasonable cost, including housing for students undertaking placement.
- Workers who are recruited from, receive training in, or otherwise have experience with rural or remote areas are more likely to continue working in those areas. Increasing the number of training opportunities in rural and remote areas would improve staff recruitment and retention rates.
- Many jurisdictions experience difficulties in attracting teachers to primary schools in rural and remote areas. Given the compulsory nature of primary schooling, it will remain a higher workforce priority than ECEC services. This will compound the difficulties in supplying teachers to ECEC services in rural and remote areas.

Providing early childhood education and care (ECEC) services in rural and remote areas involves particular workforce challenges. Recruitment and retention are very difficult (box 9.1) due to factors such as insufficient housing, competition with other sectors, ‘culture shock’ and limited opportunities for professional development and support. This chapter explores these issues, and discusses how the Council of Australian Governments (COAG) ECEC reforms will affect ECEC provision in rural and remote Australia.

Regional and remote areas can generally be thought of as those areas outside of major metropolitan cities. Figure 9.1 shows the distribution of regional and remote areas in Australia. There is considerable diversity within and between regional and remote classifications. Inner regional towns like Ballarat, for example, experience few of the issues discussed in this chapter. Even some outer regional towns do not experience these issues to a significant degree. For example, while classified as outer regional, Cairns has a population of around 150 000 people and thus has access to a significant workforce.

Box 9.1 ECEC staffing difficulties in rural and remote areas

Many study participants stressed that service providers in rural and remote areas face greater difficulties than their urban counterparts in attracting early childhood education and care staff.

Recruiting staff into remote locations is a difficult matter. (Mobile Children’s Services Association of NSW, sub. 38, p. 5)

... being located in a rural area offers more difficulties in recruiting staff. (Community Child Care, sub. 63, p. 8)

The difficulties of attracting ... qualified staff in child care settings are exacerbated in regional and remote areas. (Department for Communities (WA), sub. 59, p. 2)

As a member of a large number of forums and reference groups, KU is aware that there is difficulty in attracting ECEC university qualified teachers in regional and remote areas. (KU Children’s Services, sub. 26, p. 7)

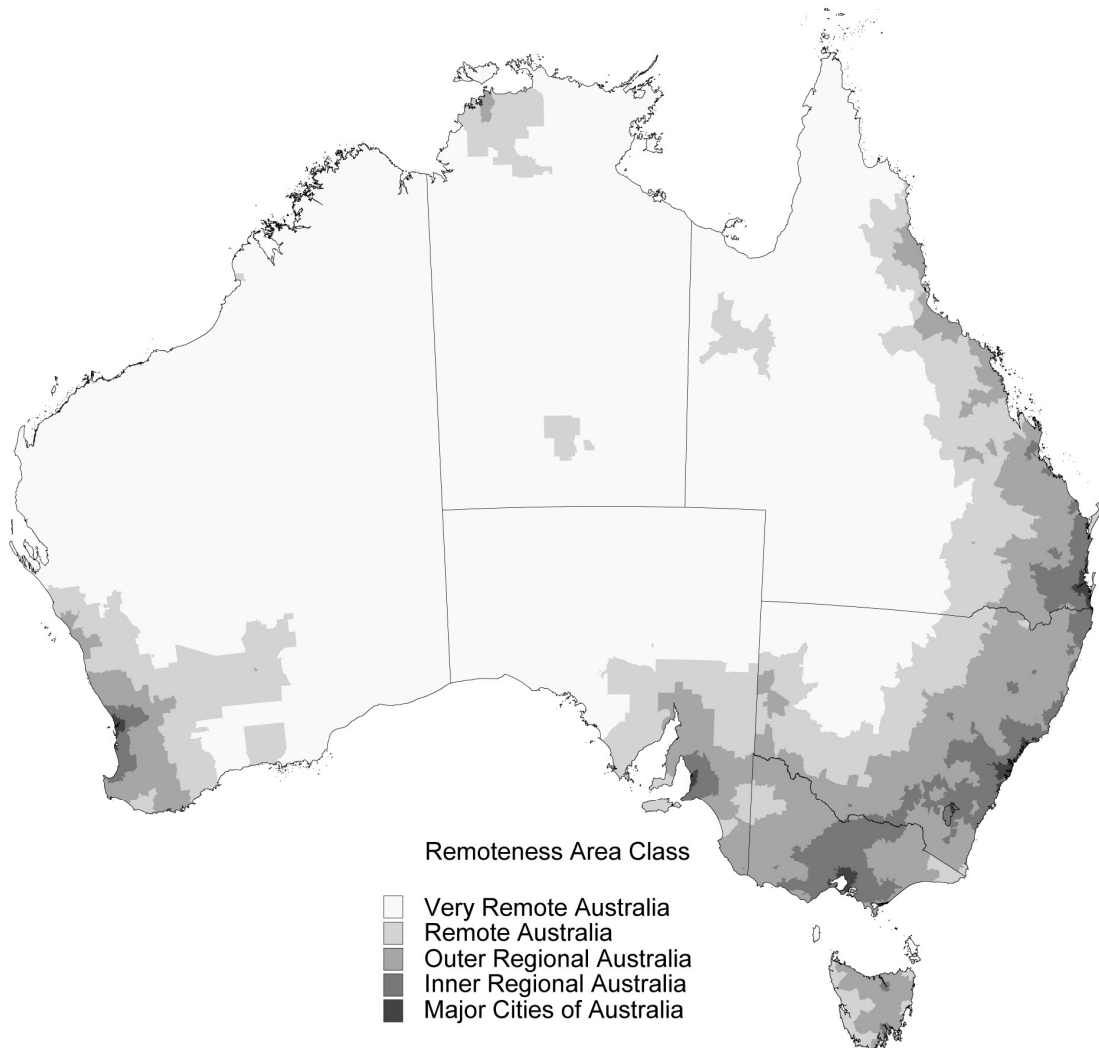
... we find it particularly difficult to recruit staff in regional and rural areas ... often because there is not a large enough pool of suitably qualified staff (especially the case in regional areas) from which to recruit. (Northcott Disability Services, sub. 18, p. 3)

These concerns were just as strong when considering retention of staff in rural and remote areas.

Turnover is very high and consistency of staff retention is hard to maintain [in remote regions]. (RRACSSU Central, sub. 42, p. 3)

... retention difficulties are consistently apparent in the most remote isolated areas. (City of Greater Geelong, sub. 20, p. 7)

Figure 9.1 Metropolitan, regional and remote Australia



Source: ABS (2010g).

It is a combination of isolation and low population density that causes some areas to experience ECEC workforce issues that are significantly different from those in urban areas. For this reason, the issues discussed in this chapter are correlated with an area's regional or remote classification, but not perfectly so. Therefore the term 'rural' will be used to refer to those regional, but not remote, areas where the issues in this chapter exist to a significant degree. Most rural areas are contained within areas classified by the Australian Bureau of Statistics as outer regional.

The issues discussed in this chapter are, where possible, separated according to whether they affect both rural and remote areas, or mainly affect remote areas. However, most of the issues exist in all regional and remote areas, but to varying degrees. Many inner regional areas experience these issues to a limited degree,

while in most areas classified as very remote these issues are pervasive. Therefore, where an issue is identified as applying to remote areas, that does not mean that this issue is not present to some degree in other areas.

While 88 per cent of Australian children under the age of five live in major cities and inner regional areas, 9 per cent live in outer regional areas, and 3 per cent in remote and very remote areas (ABS 2009d). Remote and very remote issues have relevance mainly to Queensland, Western Australia, and the Northern Territory, since 80 per cent of children living in remote or very remote areas reside in these jurisdictions.

In addition to ECEC services discussed in preceding chapters, a range of non-mainstream services are offered in rural and remote areas. Non-mainstream services are provided by not-for-profit organisations and are delivered mainly in rural, remote or Indigenous communities. They provide access to ECEC where the market would otherwise fail to deliver any ECEC services. They include:

- flexible/innovative services
- mobile ECEC services
- crèches including Jobs, Education and Training (JET) crèches (DEEWR ndb).

The Port Pirie JET crèche is an example of an Australian Government non-mainstream service. It offers ‘a free crèche to sole or disadvantaged parents who have the opportunity to participate in workshops for their development and/or employment skills’ (UnitingCare Wesley Port Pirie 2010).

Non-mainstream services also include services targeted specifically at Indigenous children, such as Multifunctional Aboriginal Children’s Services (MACS), Indigenous playgroups, and Indigenous outside school hours care (OSHC) and enrichment programs. Workforce issues affecting Indigenous-focused services are discussed in chapter 14.

Non-mainstream services are also funded by other levels of government. For example, the Darwin City Council operates ‘The Fun Bus’ — a mobile playgroup service for children 0 to 5 years and their parents and carers (Darwin City Council, sub. 47). In New South Wales, there are 110 mobile children’s services operating in hundreds of communities with thousands of families (Mobile Children’s Services Association of NSW, sub. 38).

9.1 Demand for ECEC workers in rural and remote communities

Most factors affecting demand for ECEC workers in rural and remote areas are the same as those in metropolitan areas. However, demand for workers does vary to the extent that the proportion of different types of services offered in rural and remote areas differs. The current makeup of the rural and remote ECEC workforce has implications for the additional demand resulting from the COAG ECEC reforms.

Current demand

Demand for ECEC workers is to a large extent dependent on current availability of ECEC services. Though no ECEC service type is absent from all rural and remote areas, the availability of some service types diminishes in the more remote areas of Australia. Towns like Tamworth and Bendigo have a full range of ECEC services available, while the only ECEC service available in Jeparit (outer regional Victoria) is a preschool. In communities such as Batchelor (outer regional Northern Territory), a MACS is the only available option.

There are no data that comprehensively describe the ECEC workforce and services in rural and remote areas. However, some conclusions can be drawn from the data that do exist. The proportion of ECEC services offered in these areas differs to that of urban areas, with long day care (LDC), OSHC and occasional care (OC) making up a smaller share of ECEC services in rural and remote areas than in urban areas. Of those attending ECEC services (excluding preschool), proportionally more children in outer regional, remote and very remote areas (17 per cent) attend family day care (FDC) services than those in inner regional and metropolitan areas (9 per cent). Also, the share of ECEC services (excluding FDC) accounted for by dedicated preschools increases with remoteness (25 per cent in major cities, 33 per cent in inner regional areas, 44 per cent in outer regional areas, and 71 per cent in remote and very remote areas). The greater prevalence of dedicated preschool services in remote and very remote areas may be due to their provision by State and Territory Governments in these areas (Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census and ABS 2009d).

The increased rates of FDC attendance in rural and remote areas does not necessarily reflect a preference for these services over LDC and other types of ECEC. It is instead a consequence of the fact that, in some areas, low population density can make large-scale operations like LDC unviable, and so they are substituted by small-scale services such as FDC. Even in areas where LDCs are

viable, there may nevertheless be limited opportunities to choose quality long day care services (Harris 2008). Given that FDC is more common in rural and remote areas, the demand for workers is skewed in favour of FDC when compared with metropolitan areas.

Four-year degree-qualified teachers form a larger part of the remote and very remote ECEC workforce (19 per cent), excluding FDC workers, than in other areas (10 per cent) (Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census). This is to be expected, as preschools comprise a much larger proportion of services in those areas, and many of these preschools offer more extensive programs than preschools in other areas. For instance, most jurisdictions fund preschool programs for Indigenous children for two years prior to formal schooling, rather than just one year, meaning that rural and remote areas, which generally have a higher concentration of Indigenous children, have a higher demand for preschool teachers.

OSHC and OC services constitute 15 per cent of services in outer regional and 6 per cent of services in remote and very remote areas, compared to 22 per cent in major cities and 20 per cent in inner regional areas (Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census). It may be due to the comparative rarity of these services that study participants raised very few concerns about the workforce for OSHC and OC services in rural and remote areas. It is also likely that there is a high degree of substitution of informal care for these services in rural and remote locations.

Effect of COAG reforms in rural and remote areas

The National Quality Standard (NQS) will require some mainstream ECEC services to employ qualified teachers and to meet staff-to-child ratios that are higher than those currently in place in many jurisdictions. In addition to greater staff numbers, the reforms also require a general increase in the qualifications of those workers currently employed in the ECEC workforce (chapter 5). These requirements present a significant challenge to rural and remote areas, which already struggle to recruit and retain an ECEC workforce.

Staffing pressures to increase

With ECEC services in rural and remote areas already experiencing greater difficulty in recruiting both contact workers and qualified teachers than their counterparts in urban areas, study participants expressed concern that they will be unable to find enough qualified staff to meet the NQS.

There is immense concern from members in rural WA who at present find it very difficult to meet the current standards with a diploma trained [staff member] ... as there are none to recruit — these members are voicing their concern at attracting a university trained educator to their rural centre. (Childcare Association of WA, sub. 73, p. 3)

Isolated services will also experience ... challenges in accessing higher qualified staff — access to support and training in rural areas should be considered — isolated areas have limited choice in care options and to jeopardise what is there will have a detrimental impact on communities, families and children. (Tasmanian Minister's Child Care Advisory Council, sub. 83, p. 28)

The change in demand for preschool teachers in rural and remote areas depends on the current demand for teachers in these areas. Attendance rates and hours of attendance at preschool can give an indication of demand for preschool teachers. At first glance, preschool attendance rates appear to be similar across all remoteness classifications (ABS 2009c), with some data suggesting higher attendance rates in remote and very remote areas (SCRGSP 2011). However, when again considering that a larger share of children in rural and remote areas attend preschool for two years instead of one, it appears that rural and remote children are less likely to attend preschool than those in other areas. Also, children who attend preschool in outer regional, remote and very remote areas, do so for fewer hours per week than those who attend preschool in other areas (ABS 2009c).

As mentioned in chapter 3, the National Partnership Agreement on Early Childhood Education (NPA ECE) includes a requirement that every child will have access to 15 hours of preschool per week in the year before formal schooling by 2013. This will lead to a pronounced increase in demand for preschool teachers in rural and remote areas, due to current hours of participation of children in these areas being lower than those in urban areas. With some rural and remote areas already unable to find appropriately qualified preschool teachers (Australian Childcare Alliance, sub. 71; Childcare Association of WA, sub. 73; Community Child Care Co-operative, sub. 53; Community Connections Solutions Australia, sub. 75; KU Children's Services, sub. 26; Queensland Catholic Education Commission, sub. 13), the requirements of the NPA ECE will place more stress on what is already a severe shortage of teachers.

A greater need for training

While there is a need to increase the size of the workforce in rural and remote areas, the NQS also creates a need to improve the qualifications of the workforce in these areas. Since a greater proportion of ECEC staff are unqualified in remote and very remote areas (37 per cent) than in other areas (29 per cent), the requirement that all ECEC contact workers obtain the Certificate III in Children's Services will place greater stress on remote and very remote workforces. In addition, there are proportionally fewer diploma-qualified staff in outer regional, remote and very remote areas, so the requirement that half of all contact workers possess a diploma qualification will further increase pressures (Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census).

Compared to those in cities, a larger proportion of the ECEC workforce in rural and remote areas are currently enrolled and studying for a qualification in an ECEC related field. Around 45 per cent of ECEC staff in rural and remote areas are currently studying, compared to 33 per cent in major cities and 35 per cent in inner regional areas (Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census). This may suggest that the rural and remote workforce is working more quickly towards the new qualification requirements but may also reflect that workers in these areas are more likely to study by distance education, which can involve undertaking fewer units at a time.

9.2 Supply of ECEC workers in rural and remote communities

Limitations on supply

As discussed, rural and remote service providers report great difficulty in recruiting and retaining ECEC workers (see box 9.1 above).

One of the most pressing challenges currently facing early childhood services across Australia is the shortage of qualified early childhood staff. This problem is particularly evident within rural and regional communities ... (City of Greater Geelong, sub. 20, p. 5)

This sentiment was echoed by several other study participants (Australian Community Children's Services, sub. 64; Benevolent Society, sub. 49; C&K Association, sub. 52; NSW Children's Services Forum, sub. 23).

Although attracting any ECEC staff is difficult, attracting degree-qualified staff, such as teachers, is particularly challenging.

... there is difficulty in attracting ECEC University qualified teachers in regional and remote areas. (KU Children's Services, sub. 26, p. 7)

Teacher recruitment is so difficult in some jurisdictions that requirements for qualified staff have been relaxed in order to allow rural and remote services to continue to operate. In outer regional, remote and very remote areas, 16 per cent of services report that they have an exemption for workers without formal qualifications, compared with 9 per cent of major cities and inner regional services (Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census).

Isolation and remoteness

Along with recruitment, retention is commonly raised as a problem for ECEC services in rural and remote areas. In addition to the challenges of isolation (City of Greater Geelong, sub. 20), 'culture shock' may be a major reason for the reported differences in retention rates between local and non-local ECEC workers. Batchelor Institute suggested that:

[ECEC workers] must ... have the maturity and courage to leave their own culture to live in a world where few people speak their language fluently. In addition there is ... inability to travel to and from communities in the wet season. (sub. 46, p. 10)

These difficulties are likely to be more apparent in very remote areas, including some Indigenous communities. Workers moving to these areas need to have the skills and disposition to be able to adapt to a different way of life.

The cost of food — a major determinant of the cost of living — is significantly higher in rural and remote areas (Burns et al. 2004; Lee 2003). The higher cost of living further compounds recruitment difficulties (Professor Alison Elliott, sub. 70). The cost of living is also affected by the higher cost of housing, which is a particular issue in some areas due in part to the growth of the resources sector.

Impact of resources sector

ECEC employers in some rural and remote areas face overwhelming competition for workers from other sectors. Many mining communities, for example, have difficulties recruiting ECEC workers.

High salaries offered to workers in the mining industry in these regions impact greatly on the retention of staff. Additional incentives may be required under such

circumstances to attract and retain workers in the sector. (Australian Education Union, sub. 69, p. 14)

While wages of workers from all sectors are generally higher in mining towns, including those of ECEC workers (Catholic Education Office of Western Australia, sub. 65), study participants considered recruitment and retention to be more difficult due to the presence of these booming industries.

[There is] high turnover of staff in regional mining towns — the wage of a childcare worker is no comparison to [the wage of] menial task jobs such as stacking shelves or pumping fuel in these towns. (Childcare Association of WA, sub. 73, p. 1)

Typically, remote mining areas make use of a ‘fly-in, fly-out’ (FIFO) workforce. While the Health and Community Services Workforce Council (sub. 56) expressed concern that the use of FIFO workforces contributes to recruitment difficulties in early childhood services, these concerns do not appear to be widespread. The use of a FIFO workforce reduces the likelihood of workers bringing spouses who may take up ECEC roles, denying a source of workforce supply. However, it also reduces the likelihood of workers bringing children who may require ECEC services, removing a source of workforce demand. While the precise impact of a FIFO workforce on ECEC workforce issues may depend on demographic characteristics and scale effects, the overall effect is likely to be neutral.

Although ECEC workforce difficulties are apparent in areas where the resources sector dominates economic activity, there are offsetting effects also originating from the resources sector. The royalties paid by resource companies can be used to support the ECEC workforce. For example, Western Australia’s ‘Royalties for Regions’ program funds the construction of housing for government employees, providing funding for 459 units in rural and remote areas of Western Australia (Grylls and Buswell 2009). The availability of housing is an issue which affects the ECEC workforce in remote areas (see below).

While the mining sector’s presence has contributed to the shortage of ECEC workers in some rural and remote areas, a number of resource companies are actively funding the provision of ECEC services in order to address the needs of their workers, as well as those of the broader community.

Contributions by the mining companies have included assistance with construction costs, and the provision of housing for child care workers to support recruitment and retention of staff who would not otherwise be able to afford the high housing costs (purchase and rental) and higher general living costs in mining towns. This measure further assists with the affordability of child care in those areas. (Department for Communities (WA), sub. 59, p. 3)

For example, Woodside Petroleum has contributed \$3.7 million to fund the construction of a \$5.9 million childcare centre in Karratha (remote Western Australia), with the remainder provided by the Australian Government (Garrett and Pratt 2010). Similarly, BHP Billiton Iron Ore's childcare strategy has committed \$25 million to supporting ECEC in Newman and Port Hedland (remote Western Australia). Part of the investment included establishing two childcare centres, providing training, support and housing for ECEC staff, and provision of small grants to existing ECEC centres and workers (BHP Billiton 2008). However, BHP has since withdrawn its provision of a house for a childcare worker in Port Hedland, increasing the cost of ECEC services in the area (see below).

Limited training and professional development opportunities

Workers in rural and remote areas have difficulties accessing training and professional development opportunities, whether by travelling to larger population centres to attend courses, or through remote learning.

Distance from training providers and the difficulty in finding replacement staff both present major barriers to training for ECEC workers.

Living in the Central West [of New South Wales] can be an obstacle when it comes to accessing quality EC training and inservicing. Many training opportunities are available in capital cities and travel and accessing relief staff can also be an obstacle when staff choose to attend such workshops. (Kristy Yeo (Parkes Early Childhood Centre), sub. 67, p. 2)

On the Mid-North coast [of New South Wales] with a number of isolated townships and a transient population there is significant challenge in the area of maintaining a casual pool of suitably qualified and experienced early childhood staff for children's services. (Southern Cross University and Early Childhood Australia (NSW), North Coast Branch, sub. 16, p. 11)

Teachers in remote settings in particular face issues and obstacles to their participation in professional development and communication with colleagues in the wider teaching community. Strategies to address these issues include time release, access to appropriate IT facilities and travel allowances to allow teachers to attend professional development activities. (Australian Education Union, sub. 69, p. 17)

Staff working in rural and remote children's services face additional challenges accessing training and development programs. These additional challenges include not having a peer or mentor in a geographically close location, often needing to undertake study externally or with no or limited face to face interactions, lack of easy access to study and library resources, and computer download speed and capacity in some rural and remote regions. (Community Child Care, sub. 63, pp. 14–15)

Where workers must travel to access training, they are absent from the workplace (and need to be replaced) for longer, adding extra cost to their professional

development. This can make travelling for short training courses impractical or prohibitively expensive.

One method to improve access qualifications is to increase access to recognition of prior learning (RPL). The Australian Government has recently increased its support for RPL, with the Child Care Reform Agenda Workforce package offering grants covering 75 per cent of the costs associated with accessing RPL for workers in rural and remote areas, up to a maximum of \$1125 per worker (Treasury 2011a). However, as discussed in chapter 10, there are some concerns about RPL being used in ways that do not promote the skills of the workforce. The Australian Education Union (sub. 69) also advised caution in the application of RPL. Nevertheless, Price and Jackson-Barrett (2009) demonstrate that RPL can yield positive results for rural and remote areas when carefully administered.

While access and provision are major issues for training workers in rural and remote areas, the need for specialised skill sets, such as skills in working with children with additional needs, requires particular attention in these areas (Townsville Multicultural Support Group, sub. 28). As discussed in chapter 14, Indigenous children experience greater disadvantage in early childhood development, and therefore greater demand for workers with these skills exists in rural and remote areas.

Potential policy responses to supply issues

Wages, allowances and other incentives

As is the case in metropolitan areas, low wage rates can make employment in the ECEC sector relatively unattractive in rural and remote areas.

Generally in remote regions, wages are poor and offer little incentive to remain in the childcare workforce. (RRACSSU Central, sub. 42, p. 3)

Governments and employers have attempted to increase the attractiveness of work in rural and remote areas with a range of incentives and allowances (box 9.2). Study participants supported this approach. For instance, NIFTeY NSW noted that:

Incentives need to be made available to attract and keep qualified staff in areas where it is difficult to attract applicants ... in rural [and] remote areas. These need to be funded by Governments as local communities cannot support additional costs. It is also important for the quality of services to children so that those in low income or isolated areas do not end up with poorer quality programs due to the lack of, or turnover of, qualified staff. (sub. 36, p. 3)

Most of the current incentives are targeted at teachers, generally those employed by governments, and do not extend to ECEC workers as a whole. Considering the additional difficulties faced by employers in attracting degree-qualified teachers, targeting extra incentives at these workers may be appropriate.

Box 9.2 Additional incentives for rural and remote ECEC workers

Various jurisdictions offer specific incentives targeted at early childhood education and care (ECEC) workers who choose to locate in rural and remote areas. While some of these incentives apply to all ECEC workers, others apply only to preschool teachers, and generally only those employed by governments.

ECEC workers

Under the transition to the modern Children's Services Award (2010), workers covered by that award in Western Australia and the Northern Territory continue to be entitled to the payment of a district allowance until 2014. District allowances are amounts paid to workers in rural and remote areas to recognise supply difficulties that exist in those areas. The allowance varies depending on location. In Western Australia, district allowances range from \$5 to \$90 per week. In the Northern Territory, the allowance is paid at either \$6.70 or \$16.60 per week. The payment is taxable, and made in addition to the worker's regular wage.

Victoria offers an incentive payment to some ECEC workers who take up work in a hard-to-staff location. A payment of up to \$6000 is made available to diploma-qualified staff, while a payment of up to \$12 000 is offered to early childhood teachers. Workers taking up an ongoing position must remain in their role for at least two years after receiving the payment.

Early childhood teachers

The Australian Government offers a reduction of \$1662.40 of HECS-HELP debt to early childhood teachers who work in some rural and remote areas. The benefit is calculated on a weekly basis and credited annually, with teachers who remain in the designated areas for a full year receiving the full benefit and those who remain for shorter periods receiving less.

In Western Australia, state government staff in some rural and remote areas receive allowances and benefits of almost \$10 000 per year, plus assistance with relocation of up to \$15 000.

Preschool teachers employed by the Department of Education and Training in the Northern Territory are offered various incentives, including a 100 per cent rental concession, study leave, fares to Darwin or Alice Springs, remote incentive allowance, and other incentives worth more than \$5000 per year in some areas.

Sources: ATO (nd); DEEWR (ndd); DEECD (2010d); Productivity Commission estimates based on Department for Communities (WA), sub. 59; DET NT (2011a).

There is considerable variety in the way incentive schemes are targeted and their terms. For example, the Western Australian district allowance is paid annually and only to government employees, while the Victorian incentive payment is made to any ECEC worker who meets eligibility requirements. These provide different incentives and will act to influence the decisions of ECEC workers in different ways.

With recruitment difficulties common to all jurisdictions, it is difficult to determine what impact the various incentive schemes are having. By offering such incentives, governments appear to consider that they have at least some effect on recruitment or retention in rural and remote areas. However, the Commission was unable to find evidence that the effectiveness of these programs has been evaluated, and their usefulness remains unclear. Even with the incentives in place, employers still note difficulties in recruiting and retaining staff in rural and remote locations (box 9.1).

Also impacting on the attractiveness of employment in rural and remote areas are living and working conditions, such as the availability and affordability of housing (see below). Wages and financial incentives should not be considered a perfect substitute for other conditions.

Many jurisdictions also have difficulties recruiting teachers for primary and secondary schools in rural and remote areas (box 9.3). In addition to financial incentives, non-financial benefits should be considered when providing incentives to workers to take up employment in rural and remote locations. In New South Wales, for example, teachers who fill a position in a rural or remote location for a specified period of time then become eligible for priority transfer to a school in a location of their choice (DET NSW nda). Such incentives have not been formally evaluated, but may be effective in government-operated preschools where staffing is centrally controlled.

Targeted recruitment

There is greater success in retaining ECD workers where they are initially recruited from the local community (Flaxman, Muir and Oprea 2009). This sentiment was supported by study participants.

The trend to higher and professional qualifications will have significant implications for already stretched staffing resources in many communities and especially remote communities. Critical to sustainability and quality of early childhood services in the longer term must be locally educated and recruited early childhood educators. (Professor Alison Elliott, sub. 70, p. 5)

In similar industries such as nursing, retention in remote areas is greater where a workforce is recruited from rural and remote backgrounds (Hegney et al. 2002). Incentives which encourage the training of ECEC workers drawn from the local population of rural and remote areas should therefore be explored. While yet to be evaluated, a focus on local recruitment of ECEC workers in these areas could be an efficient recruitment strategy.

The Western Australian Department of Education has conducted a program of recruiting teachers at all levels from outside the jurisdiction. ‘Success has been demonstrated in the recruitment of staff from Tasmania and the United Kingdom in particular’ (sub. 44, p. 9).

Box 9.3 Rural and remote staffing in the school sector

The experience of primary and secondary schools in attracting qualified teachers to rural and remote locations has many parallels to that of preschools. The supply of school teachers is generally insufficient to meet demand in these locations (Hudson and Millwater 2009). Given that attendance at primary school is compulsory, while attendance at preschool is not, governments may be expected to fill vacancies in primary schools before those in preschools where teachers are qualified to work in either role.

The school teacher workforces in most jurisdictions have wages and conditions set by collective bargaining agreements, which generally specify district allowances for teachers located in rural and remote areas. In addition, some jurisdictions offer scholarships to students who then must teach in rural or remote locations (DET Queensland 2009; DET NSW ndb). Despite these incentives, shortages persist in schools in rural and remote areas.

The situation in relation to school teachers highlights the disincentives associated with working in rural and remote areas. An excess supply of school teachers exists in urban areas (Owen, Kos and McKenzie 2008). With some qualified teachers struggling to find employment in urban locations, their unwillingness to take up the vacancies that exist in rural and remote areas demonstrates how undesirable they believe moving to a rural or remote location would be. This shows that even with large incentives on offer, teachers may still not be willing to relocate to rural and remote areas.

Bradley, Green and Leeves (2006) studied the effects of wages and district allowances on employment decisions by primary and secondary teachers in Queensland. They found that district allowances have a significant effect on the retention of female teachers in rural and remote locations. The effect is larger on female teachers than male teachers as working in rural and remote locations is found to be a greater disincentive to female teachers. While the effect on retention is significant, district allowances have a lesser effect on recruitment. The cost effectiveness of district allowances as a measure for encouraging recruitment and retention in rural and remote areas was unclear.

Delivering training in rural and remote areas

Training workers in rural locations increases the likelihood of those workers choosing employment in rural areas (McClure and Reeves 2004). Through the Australian Government's University Departments of Rural Health program, medical schools have been operating rural health departments for 13 years. Medical students who study at these departments are more likely to enter rural practice on graduation, regardless of their rural or urban backgrounds (Urbis, 2008; Tolhurst, Adams and Stewart 2006).

Deakin University is now extending this model to other health disciplines, including optometry, pharmacy, exercise science and sports science, through its Regional Community Health Hub (REACH). Attached to the Waurin Ponds campus (near Geelong), the \$47 million facility accommodates 1500 students and 172 staff. The student selection process for courses run at this new centre will favour individuals from rural areas. The university's philosophy is that if students come from rural areas, and are trained in rural areas, they are more likely to take up employment there (Birks 2011).

While it would not be viable to build tertiary training institutions in range of all rural and remote areas, distance education is an option that can offer all residents of these areas opportunities to obtain ECEC qualifications. The North West Early Childhood Teacher Development Program in Western Australia (box 9.4) is one such distance education program.

In addition to providing face-to-face training opportunities in rural and remote areas, training may also be delivered remotely, allowing students to maintain links with their local community. Remote training delivery is discussed in chapter 10.

Pre-service experience in rural and remote areas

When making a decision about whether or not to take a permanent job in a rural or remote area, city-based workers face significant uncertainty. They may be unsure about conditions in these areas, and whether they can cope with the change of lifestyle. If such a person is risk averse, they might decide against moving simply because they do not have enough information. Similarly, if a person is less risk averse, they may choose to move to a rural or remote area, then remain only for a very short period of time if they find they cannot cope in the area. This suggests that a lack of information can contribute to recruitment difficulties or costly staff turnover in rural and remote areas. Therefore, giving ECEC workers opportunities to temporarily experience working in a rural and remote ECEC service may increase recruitment in these areas, and lead to lower turnover.

Box 9.4 The North West Early Childhood Teacher Development program

The North West Early Childhood Teacher Development program is offered by Murdoch University, in collaboration with the Western Australian Department of Education and Training and the Australian Government. The program retrains early childhood education and care (ECEC) workers in the Pilbara and Kimberley regions of Western Australia to become early childhood teachers.

Students generally have a Certificate IV (Teacher Assistant) qualification, though some entering the program have diplomas and are given recognition of prior learning (RPL) for some units. RPL is also awarded where students can demonstrate that prior work experiences meet the objectives of specific units. All students continue to work part-time or full-time in ECEC services, and generally undertake two units per semester. All learning is undertaken by distance education, with academic staff visiting students infrequently.

Students receive scholarships of \$10 000 each over the length of the program. The program also arranges mentoring support from local teachers. Students select a mentor teacher from their community who is then paid to assist the student on a regular basis.

There have been two intakes of students, 10 in semester one 2009, and 11 in semester two of that year, that were funded by the Western Australian Department of Education and Training, and the Department of Education, Employment and Workplace Relations respectively. The program has been successful in facilitating the training of new teachers in rural areas, where the participants would normally not have considered university study as an option. Despite positive evaluations of the program, further funding for additional intakes has not been forthcoming.

Sources: Price and Jackson-Barrett 2009; Jackson-Barrett et al. 2009.

Rural experience programs have already been tried successfully in primary and secondary schools, and may be useful to replicate in ECEC. For example, the ‘Over the Hill’ program allows pre-service teachers to experience living and teaching in rural and remote areas. Student teachers are billeted with local families, participate in community activities, and teach or assist at a local school. On completion of the program, many participants expressed a greater willingness to take up a position in a rural or remote area (Hudson and Millwater 2009). Though untested, a similar program for ECEC teachers may have comparable beneficial effects.

There are significant financial and other costs for students associated with a rural placement. Halsey (2009) estimated the financial costs of a 26-day placement at approximately \$2500 per student. This amount includes lost income of approximately \$1000.

To meet the workforce goals of the COAG ECEC reforms, rural and remote areas will need to attract and retain more workers. Governments should assess the cost effectiveness of existing incentives aimed at increasing recruitment and retention in rural and remote areas. These incentives should be compared against alternative strategies such as:

- *targeted recruitment of workers from rural and remote backgrounds*
- *the delivery of training in rural and remote locations*
- *support for pre-service teachers to experience working life in rural and remote areas.*

Remote-specific supply issues

Housing

The supply of housing is very restricted in many remote areas. Typically there is no private rental market, or rent is very expensive. These housing supply shortages can have a considerable impact on the ECEC workforce, on the cost of ECEC services, and on the ability of jurisdictions to meet the goals of the COAG ECEC reforms:

In rural and remote areas, access to teacher accommodation is another issue which impacts on the ability to attract and retain staff. Indigenous and non-Indigenous members of the AEU report difficulties in accessing teacher accommodation if they are living and working in their home communities due to state and territory education department regulations. (Australian Education Union, sub. 69, p. 14)

Access to housing in remote and very remote communities is a significant limiting factor for the delivery of government programs. Government agencies or service providers generally either have to provide housing for staff or recruit from the limited labour pool within the community. ... [In the MacDonnell Shire in the Northern Territory] only one community had a dedicated house for the childcare team leader. The remaining team leaders occupied share accommodation. The limited availability of accommodation contributes to the turnover of staff in remote and very remote communities. (ANAO 2010, pp. 52–53)

A mining company in a Pilbara town has withdrawn its contribution to housing costs for the child care coordinator, resulting in the centre needing to increase its revenue by approximately \$1000 per week to meet the rental cost for the staff member. This has resulted in child care fees increasing from \$375 to \$450 per place per week. (Department for Communities (WA), sub. 59, p. 3)

Like other workers, ECEC workers require access to an appropriate standard of housing. In the absence of such housing, they will be reluctant to remain in the area. Those that remain may be unable to perform their duties properly. For example, the

Australian Education Union considered that ‘overcrowding in remote area housing makes it difficult for teachers to find a quiet space to plan and prepare work’ (sub. 69, p. 14). Those workers contemplating taking up a position in such an area will also be less likely to do so if adequate housing is unavailable.

Because of the difficulty or impossibility of obtaining housing through private markets in remote areas, and the importance of housing to the attraction and retention of staff, the Commission considers that, in order to achieve the goals of the COAG ECEC reforms for children in remote areas, employers should ensure that housing is available to all ECEC staff in these areas.

Particular issues can arise for workers entering the ECEC workforce who already reside in government housing, typically Indigenous residents in remote and very remote communities. When these workers begin to earn an income, they may become ineligible for government housing. In the Northern Territory, for example, a single person household loses eligibility for publicly provided housing when earning more than \$670 gross per week (Department of Housing, Local Government and Regional Services 2010). Though the benefit is phased out over a period of six months once the individual becomes ineligible (Department of Housing, Local Government and Regional Services 2011), this still presents a significant disincentive to entering the workforce. Even where an ECEC position offers housing, there is often such a long waiting period that the individual risks finding themselves without housing for many years. This represents a major disincentive to the local community in joining the ECEC workforce. To overcome this disincentive, the Commission recommends that all workers in ECEC services should have access to housing, including those recruited from within remote communities.

In practice, this is likely to mean that governments, as employers or funders of ECEC services, will need to increase their contribution towards staff housing. However, in some areas, private employers may be best placed to supply housing assistance, such as that provided by a large resource company in Western Australia (Department for Communities (WA), sub. 59). In some locations, governments may only need to contribute towards rental costs, while in others, governments may need to provide for the construction of housing. While recognising that complex land tenure issues in some remote areas impede the construction of new housing (CGRIS 2009), the Commission nevertheless considers appropriate housing provision for ECEC workers to be necessary for the provision of services and the attraction of staff.

DRAFT RECOMMENDATION 9.2

To attract and retain sufficient staff to achieve the goals of the COAG ECEC reforms for children in remote areas, governments should provide all ECEC workers in remote communities with timely access to appropriate housing at reasonable cost, including housing for students undertaking placement.

10 Training the early childhood education and care workforce

Key points

- Formal education and training in early childhood education and care (ECEC) is delivered in both the higher education and vocational education and training (VET) sectors by a range of government and private providers.
- In 2009, there were around 27 000 students enrolled in ECEC-related VET. In the same year, 2300 students completed early childhood teaching degrees.
- The National Quality Framework imposes a range of training and qualification requirements on ECEC workers that will increase the demand for ECEC training.
- The National Partnership Agreement on Early Childhood Education will further increase demand for qualified early childhood teachers. This increase will be significant and immediate, and teacher training should be prioritised in the allocation of resources.
- Study participants report that the quality of ECEC training delivered by registered training organisations (RTOs) is highly variable. While there are examples of excellence, concerns about poor quality training from RTOs are widespread.
 - Substantial additional investment in ECEC will increase the demand for VET, and has the potential to lower training quality because of increased pressure on the training system.
 - The new national VET regulator, the Australian Skills Quality Authority, needs to ensure that processes to approve new RTOs to deliver ECEC qualifications are more robust.
 - Training quality assurance mechanisms need to emphasise the skills of graduates rather than focusing on RTO processes.
- Professional development (PD) should augment formal qualifications. PD is important in imparting specialised skills (particularly for staff working with children with additional needs), distributing knowledge and supporting career development. The cost of replacing staff while they attend training impedes access to PD.
- Accessing training is much more challenging in rural and remote areas. Internet-based professional development and support has the potential to reduce some difficulties in accessing these programs. Effective internet-based training requires an ongoing commitment of resources.
- Given existing registration requirements for ECEC service providers, governments should not support registration of non-teaching ECEC contact workers. ECEC teachers should not be excluded from existing teacher registration requirements.

10.1 Qualifications and the quality of early childhood education and care

The National Quality Standard (NQS) is designed to improve the access to quality early childhood education and care (ECEC). High quality early childhood programs have been found to have positive effects on children, especially for those children from disadvantaged backgrounds (Elliott 2006; Magnuson, Ruhm and Waldfogel 2007; Melhuish et al. 2006).

The quality of staff involved in early years service provision is considered important in terms of enhancing a child's development (box 10.1). It is one among a number of factors of 'quality' care found to have significant impacts in the development of children (Melhuish 2004). These include:

- well-trained and committed staff
- adult–child interaction that is responsive, affectionate and readily available
- facilities that are safe, sanitary and accessible to parents
- ratios and group sizes that allow staff to interact appropriately with children
- supervision that maintains consistency
- a developmentally appropriate curriculum with educational content.

As discussed in chapter 4, the ECEC workforce contains a variety of workers delivering a range of diverse services across long day care (LDC), preschools, family day care (FDC), outside school hours care (OSHC) and occasional care.

Despite this diversity, the ECEC workforce may be broadly characterised as being made up of two groups of employees: highly skilled and tertiary trained specialists as well as lower-skilled workers with lower level or no qualifications. The introduction of the National Quality Standard (NQS) aims to increase the level of qualifications held by lower skilled workers, and the number of more highly skilled workers, thereby reshaping the skill profile of the sector as a whole. As part of the National Partnership Agreement on Early Childhood Education (NPA ECE), jurisdictions that do not already require a four-year teaching degree will also need to upgrade the required qualifications for teachers, from a three to a four year teaching degree.

Box 10.1 The relationship between qualifications and quality of early childhood education and care

Minimum standards of qualifications for early childhood education and care (ECEC) workers are premised on the idea that qualified staff deliver better quality care.

Quality ECEC may be thought of as being comprised of structural and process elements. Structural quality refers to centre facilities and equipment, building designs and layouts, staff-to-children ratios and required qualification levels of staff. The process or 'interpersonal' quality includes the social environment of a centre, the stimulus offered by learning and play activities as well as the quality of interactions between ECEC workers and children (Moore 2008).

The conceptual relationship between structural and process elements of care provides a rationale for introducing minimum qualification levels. It is reasoned that the structural elements of care affect the process quality — for example, qualifications attained by staff provide them with skills that improve the quality of their interactions with children (King and Meagher 2009). It is on this basis that governments across Australia emphasise the importance of qualifications in ensuring quality education.

However, the causal relationship between staff qualifications, quality of care and child outcomes is difficult to prove. For example, it is unclear whether workers who provide quality early childhood education and care are more likely to attain qualifications, or that workers who provide quality early childhood education and care do so because of those qualifications.

Despite these difficulties, the literature indicates a general acceptance of the positive relationship between qualifications and quality of care. A review of the approach to setting national standards and assuring the quality of care in Australian early childhood education and care services found that:

Qualifications and training of staff are key indicators of the quality outcomes for children in ECEC programs, assessed using measures across the developmental spectrum (emotional, social, cognitive, language, and physical). (Tayler et al. 2006, p. 59)

This is supported by evidence from the UK, where the Effective Provision of Preschool Education (EPPE) study established that the most effective centres in terms of child outcomes had highly qualified staff. This study found that:

Settings that have staff with higher qualifications, especially with trained teachers, show higher quality and their children make more progress. (Melhuish 2004, p. 44)

In addition, the qualifications of the centre manager are found to be of particular importance in determining the quality of care delivered at an ECEC centre (Sammons et al. 2003a, 2003b). The presence of qualified teachers also has a positive influence on quality of care delivered by other staff (Siraj-Blatchford et al. 2003).

This reorientation will significantly increase the demand for qualified ECEC workers, and consequently, the demand for ECEC training. In order to meet the national standards that have been already agreed by the Council of Australian Governments (COAG), previously unqualified contact workers will be required to

have, or be working towards, a Certificate III in Children's Services. A large number of ECEC workers will also be required to have a Diploma of Children's Services. In addition, LDCs will require access to degree-qualified teachers, a change that occurs in conjunction with a large increase in the demand for degree-qualified teachers due to the introduction of universal access to preschool.

The sharp increase in demand for ECEC training has the potential to reduce the general standard of training offered across the sector because of increased pressure on the supply of workers capable of providing ECEC training.

This chapter outlines the qualification structures under which ECEC workers are trained (section 10.2) before examining what is required to best ensure the delivery of quality training for ECEC workers under the NQS (section 10.3). Sections 10.4 and 10.5 examine the provision of professional development and support to early childhood education and care workers.

10.2 Education and training in early childhood education and care

The education and training of ECEC workers is provided by both the vocational education and training (VET) and higher education sectors, including both public and private training providers and universities.

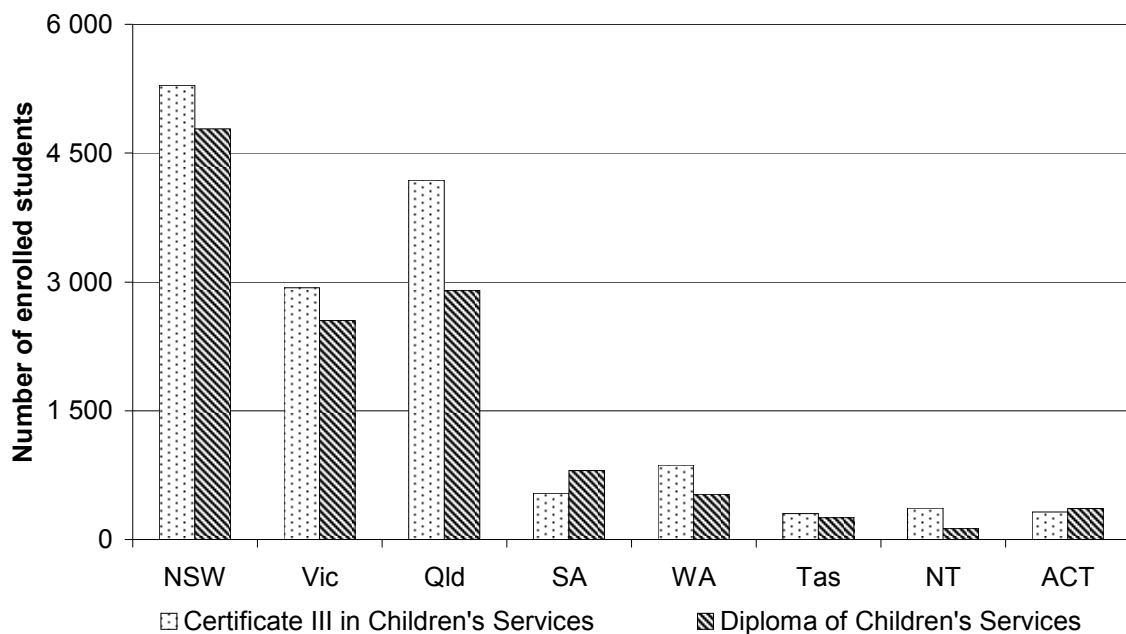
Training for the Certificate III in Children's Services, the Diploma of Children's Services (Early childhood education and care) and the Certificate IV in Children's Services (Outside school hours care), as well as a number of other non-requisite qualifications (such as the Advanced Diploma of Children's Services) is delivered in a VET context. Early childhood teaching degrees are typically delivered within a university setting, although some registered training organisations are offering both VET and higher education qualifications.

Vocational education and training

In VET, students are assessed on their achievement of work-related competencies. A competency may be defined as 'the consistent application of knowledge and skill to the standard of performance required in the workplace' (NQC 2009, p. 6). Competency-based training has been criticised for being too work-specific and not providing a sufficient theoretical foundation to support lifelong learning (Watson 2006).

VET qualifications are obtained from registered training organisations (RTOs), including Technical and Further Education (TAFE) institutions, who are registered to deliver courses under the Australian Qualifications Framework. In 2009, there were about 15 000 students enrolled in a Certificate III in Children’s Services with an additional 12 000 students enrolled in a Diploma of Children’s Services (figure 10.1).

Figure 10.1 Number of early childhood education and care students enrolled in vocational education and training, 2009^a



^a Data refer to students enrolled in 2009. The Student Outcomes Survey was conducted in 2010.

Source: Productivity Commission estimates based on unpublished 2010 Student Outcomes Survey data from National Centre for Vocational Education Research.

VET qualifications recognise that an individual has developed the skills and knowledge required to achieve an ‘industry-level’ standard of competency that is consistent, portable between organisations and jurisdictions and relevant to employment. These competencies are set out in a nationally recognised ‘training package’ developed by an Industry Skills Council to meet the identified training needs of specific industries or industry sectors. The competencies required for ECEC qualifications are described in the Community Services Training Package (CSHISC 2010a) (box 10.2). These qualifications may be delivered by either privately- or publicly-run RTOs.

Box 10.2 Vocational education and training (VET) qualifications in early childhood education and care

There are a number of VET qualifications used in early childhood education and care settings:

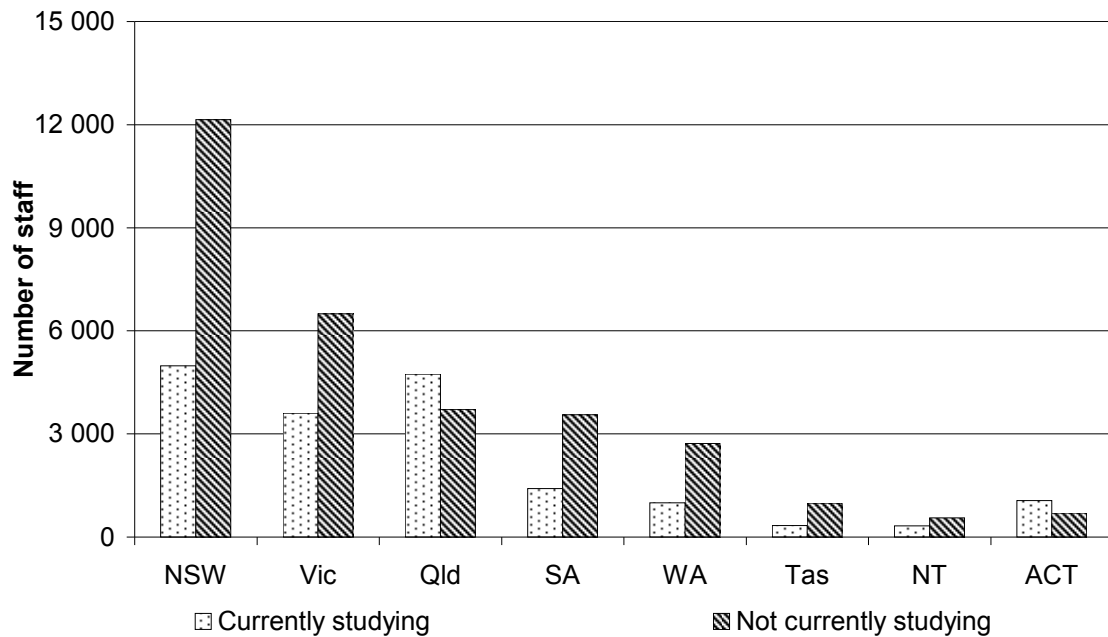
- The *Certificate III in Children's Services* certifies the skills of workers who use organisation policies, procedures and individual children's profiles to plan activities and provide care to children, facilitating their leisure and play and enabling them to achieve their developmental outcomes. It includes the development of skills and knowledge in areas such as statutory practices and obligations, children's health, safety and wellbeing, care practices, child development, play and pedagogy, communication and inclusive practices.
- A *Certificate IV in Children's Services (Outside school hours care)* covers workers who conduct vacation programs as well as before and after school care activities for children of school age. Workers are trained to plan activities and provide care to children, facilitating their leisure and play, and enabling them to achieve their developmental outcomes. They may work under direct supervision or autonomously, and may have some supervisory responsibilities for volunteers and other workers.
- The *Diploma of Children's Services (Early childhood education and care)* covers workers in children's services who are responsible for planning, implementing and managing programs in early childhood services, in accordance with licensing, accreditation and duty of care requirements. At this level, workers have responsibility for supervision of other staff and volunteers. In most jurisdictions it is the minimum qualification required at director or service manager level for children's service centre-based care.
- The *Diploma of Children's Services (Outside school hours care)* covers workers who are responsible for day-to-day running of a before and after school care and/or vacation care service, including planning, implementing and managing programs which address licensing, accreditation and duty of care requirements. At this qualification level, workers have responsibility for supervision of other staff and volunteers. In most jurisdictions this diploma is the minimum qualification required under the national standards for outside school hours care coordinator positions.
- The *Advanced Diploma of Children's Services* is a qualification designed to train workers who provide specialist services, supervision and support for other workers and volunteers, work intensively with clients and to work with clients with complex needs.

Source: CSHISC (2010a).

The NQS will require a large increase in the number of ECEC workers undertaking either a Certificate III in, or a Diploma of, Children's Services. Data from the 2010 National Early Childhood Education and Care Workforce Census suggest that there

are over 48 000 contact workers employed in ECEC services without a relevant qualification (figure 10.2).

Figure 10.2 Early childhood education and care contact workers without relevant qualifications, 2010^a



^a Staff are considered to not have a relevant qualification if the highest level ECEC qualification they have completed is below a Certificate III in Children’s Services. In order to meet National Quality Standard requirements, at least 50 per cent of contact workers will need to have a Diploma of Children’s Services. Remaining contact workers will be required to hold the certificate III-level qualification.

Source: Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census.

About 17 500 of these unqualified contact workers are already studying in an ECEC-related field and would meet the national standard, which requires that ECEC staff without qualifications be working towards a Certificate III in Children’s Services. The remaining 30 500 contact workers are currently without a relevant qualification, are not currently training to complete a qualification, and would not meet the requirements of the NQS if they were to currently apply. These remaining workers are expected to gain their qualifications by enrolling in training that is either privately or publicly-funded (box 10.3), and through the recognition of prior learning, which is discussed later in this chapter.

Box 10.3 Australian Government VET training subsidies

The Australian Government directly subsidises the provision of some VET training for early childhood education and care workers. This includes around \$115 million between 2008-09 and 2013-14 to remove upfront tuition fees for students undertaking either a Diploma or an Advanced Diploma of Children's Services at a government-run training provider.

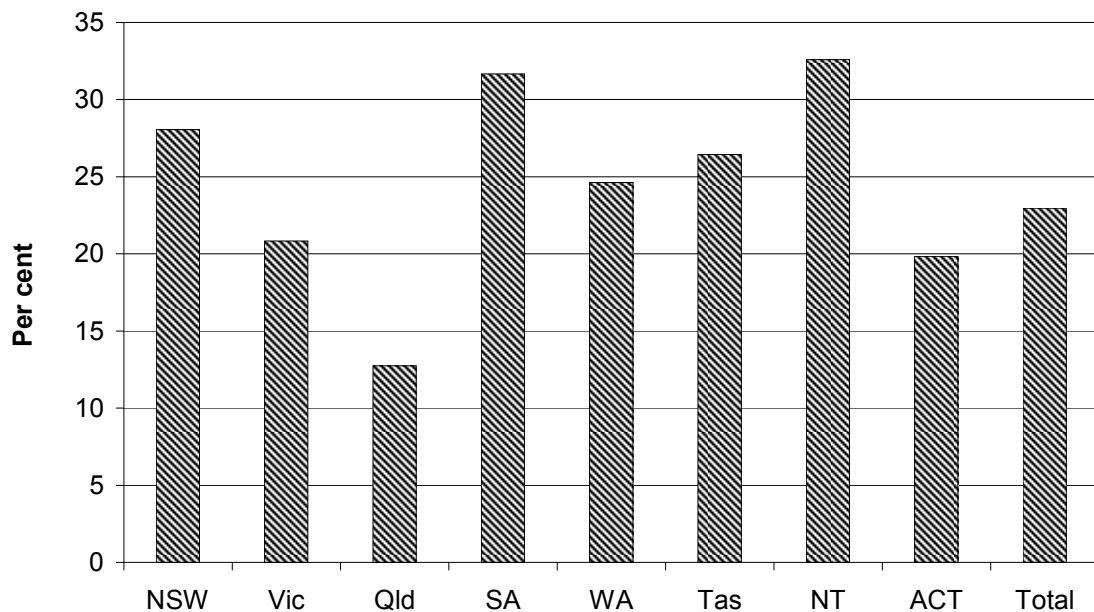
In addition, both the Certificate III in, and Diploma of, Children's Services are included as priority qualifications in the Australian Government's Productivity Places Program. This program provides funding for both job seekers (in which case the Australian Government funds training) and existing workers (in which case funding is shared between the Australian Government, the State and Territory Governments, and the employer) to improve their qualifications. While the total cost of this training is not available, the Certificate III in Children's Services was the most sought qualification for job seekers under the Productivity Places Program between April 2008 and June 2009.

Source: DEEWR, sub. 86.

Because of existing differences in qualification requirements, the unqualified workers who are not currently training are unevenly distributed across jurisdictions (figure 10.3). Only around 13 per cent of Queensland contact staff are both without qualifications and not currently studying. This is attributable to current legislation which requires a minimum qualification level of certificate III for LDC and preschool services (appendix E). In contrast, there are a number of other jurisdictions without this requirement, where more than a quarter of staff would not currently meet NQS requirements, and a substantial increase in demand for ECEC training must be expected.

Figure 10.3 Proportion of early childhood education and care contact workers without relevant qualifications^a

Per cent of total ECEC workforce



^a Staff are considered to not have a relevant qualification if the highest level ECEC qualification they have completed is below a Certificate III in Children’s Services. In order to meet National Quality Standard requirements, at least 50 per cent of contact workers will need to have a Diploma of Children’s Services. Remaining contact workers will be required to hold the certificate III-level qualification.

Source: Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census.

Children’s services qualifications

The competency standards required to achieve the Certificate III in Children’s Services or a Diploma of Children’s Services are set out in the Community Services Training Package (CSTP). This training package also details the broader framework of children’s services qualifications and guidelines for the assessment of the competency standards (box 10.4).

Opinions vary as to the appropriateness of the Certificate III in Children’s Services as a minimum standard for working in ECEC. For some, the Certificate III is regarded as an excessive entry-level qualification (Karen Kearns, sub. 8), and does not deliver a wage increase that justifies the investment required (LHMU, sub. 55). Alternatively, the Certificate III may also be thought of as providing an inadequate basis from which early childhood education may be provided (Southern Cross University and Early Childhood Australia (NSW), North Coast Branch, sub. 16).

Box 10.4 The Community Services Training Package

Training Packages are developed by Industry Skills Councils to meet the identified training needs of specific industries or industry sectors. To gain national endorsement of a training package by the National Quality Council, skill councils must provide evidence of extensive research, consultation and support within the industry area.

The Community Services and Health Industry Skills Council (CSHISC) is responsible for developing and maintaining the Community Services Training Package (CSTP). The CSTP includes the relevant early childhood education and care qualifications: Certificate III in Children's Services, Certificate IV in Children's Services (Outside hours school care), Diploma of Children's Services (Early childhood education and care) and the Advanced Diploma of Children's Services.

As with all training packages, it contains three compulsory, endorsed components.

- *Competency Standards*: Each unit of competency identifies a discrete workplace requirement and includes the knowledge and skills that underpin competency in that requirement. The competency also outlines language, literacy and numeracy; and occupational health and safety requirements.
- *Assessment Guidelines*: provide an industry framework to ensure that assessments of competencies meet industry needs to nationally agreed standards.
- *Qualifications Framework*: outlines the units that must be achieved in order to award a qualification.

Registered Training Organisations (RTOs) use the material in the training package to develop a curriculum and course content. As a result, the same training package may be taught and assessed differently by different RTOs.

The CSHISC consults with industry and government to ensure the training package is responsive to changing work roles. This includes receiving submissions, conducting interviews and meetings with key industry stakeholders, and a series of workshops with industry training advisory bodies across the country.

After a recent series of consultations, the CSHISC has proposed the development of new national competency standards and qualifications for early childhood education and care. This is to ensure that the competencies and qualifications described in the CSTP are both relevant to industry requirements and consistent with early childhood policy reform. This proposal is currently being considered by DEEWR.

Sources: Community Services and Health Industry Skills Council (2010); PC (2011c).

Participants have suggested that the qualifications in children's services could be expanded to include or increase the coverage of:

- the theoretical foundations of early childhood pedagogy (GoodStart Childcare, sub. 34)

-
- skills required to communicate effectively with families and utilise this information in planning (Pat Jewell, sub. 85)
 - the management and leadership of ECEC services (Gowrie Victoria, sub. 41; Victorian Children’s Services Association, sub. 43). This is likely to be considered in future reviews of the CSTP, either through material being added to existing qualifications, or through a new VET qualification specialising in ECEC management.
 - the particular requirements of family day care workers (FDCA, sub. 61). The Community Services and Health Industry Skills Council recognises that there are opportunities to better tailor training packages towards the requirements of FDC clients (such as small business skills) by developing FDC-specific skill sets in future training packages (CSHISC 2011).

Despite the range of opinions, a certificate III is generally accepted as a reasonable entry-level qualification that provides workers with the necessary tools with which to work in a LDC or preschool setting. Gowrie SA notes that the new standards:

... comprehend the complexity of ECE and the fact that there may be diverse ways to meet a standard, dependent on local community context and values. (Gowrie SA, sub. 40, p. 6)

This suggests that the process by which the content of training packages are maintained and revised by Industry Skills Councils, and endorsed by the National Quality Council is generally effective and ensures that the qualifications remain relevant.

Study participants express few concerns about the Diploma of Children’s Services, which suggests that it is regarded as appropriate for LDC and preschool as currently specified in the training package. The diploma provides a broad focus on child development and pedagogy, observation and planning, and inclusive practices and management.

While Karen Kearns (sub. 8) suggested the diploma should have a greater focus on focus on pedagogy and child development, at the expense of management training, other study participants indicated that leadership and management training, a non-compulsory unit, may be a ‘gap’ in the training programs (Gowrie Victoria, sub. 41; UnitingCare Children, Young People and Families, sub. 62).

Study participants indicate that the content of vocational education and training (VET) qualifications for ECEC is largely satisfactory, and the methods currently employed to determine course content are appropriate. Opportunities to better tailor training packages towards the requirements of family day care contact workers are being pursued.

Delivery of children's services qualifications

The way in which the courses detailed in the CSTP are delivered impacts on both the value — in terms of improved skills — derived from training and the accessibility of training itself. Concerns have been raised about the length of courses and the amount of practical experience provided to students.

Many study participants observed that some new ECEC graduates have insufficient on-the-job experience (for example, Community Childcare Cooperative, sub. 53; Community Connections Solutions Australia, sub. 75; Gowrie Victoria, sub. 41; RRACSSU, sub. 42; SDN Children's Services, sub. 31), and that some qualified workers accorded qualifications are not actually ready for work:

... some newly qualified workers are very much work ready but ... others are not. This appears to be dependent on the particular university or the registered training organisation's course. The quality of education and training appears to vary greatly and is often due to the amount of practicum/work placement required in the course ... (NSW Children's Services Forum, sub. 23, p. 9)

A greater emphasis on practical experience needs to be encouraged. This could be addressed by a more explicit definition of requirements for on-the-job experience in the training package (Gowrie Victoria, sub. 41) For example, in Victoria it is currently recommended that students undertaking a Certificate III in Children's Services undertake a minimum of 105 hours of practical placement (DIIRD 2010). However, this is a recommendation provided by the Victorian Government to RTOs in that jurisdiction, rather than a requirement specified in the training package.

There are also concerns that some courses are unreasonably short (City of Casey, sub. 35; Community Connections Solutions Australia, sub. 75; Gloria Ince, sub. 7) and that students are not being provided with sufficient support.

RTOs are often not able to provide the support and nurture required by their recruits, many of them school leavers or long-term unemployed, and far from being work ready. Employers are less inclined to hire graduates from these short programs when they can take their time to train up their own employees. (Gloria Ince, sub. 7, p. 2)

Ensuring that ECEC training in the VET sector is delivered appropriately is important in terms of both ensuring the provision of quality ECEC services and that training subsidies are well spent. If the increased demand for ECEC training that stems from the NQS leads to an increase in the provision of unreasonably short ECEC training that provides graduates with little practical experience, the public expenditure on this training will not result in a more skilled ECEC workforce.

DRAFT RECOMMENDATION 10.1

The Community Services and Health Industry Skills Council should consider specifying the minimum periods of training and practicum associated with children’s services qualifications. These minimum periods should be decided in consultation with ECEC providers.

There is potential for RTOs to better tailor the delivery of courses to the diverse needs of communities, something that will be important in retaining culturally and linguistically diverse (CALD) workers in the ECEC sector (CSHISC 2010).

In South Australia, workers from CALD backgrounds are being supported to obtain the Certificate III in Children’s Services, which is being offered in conjunction with a certificate in English language proficiency. The program allows people from CALD backgrounds to obtain qualifications and to work in their own home-based child care businesses, including family day care, and in child care centres (Government of South Australia, sub. 66).

DRAFT RECOMMENDATION 10.2

Governments should facilitate access to VET by developing ECEC training programs targeted at contact workers from culturally and linguistically diverse backgrounds (including English language programs delivered in conjunction with ECEC training).

The delivery of the certificate III-level qualification often includes practical elements that RTOs require to be completed in a long day care centre, which can create significant difficulties for FDC workers who are running their own service (FDCA, sub. 61). While training in a LDC setting will increase the transferability of FDC workers’ qualifications, there are likely to be instances where FDC workers face particular problems in accessing centre-based training. For example, FDC workers in remote locations may have to travel long distances to attend centre-based training, meaning that they will face large costs associated with replacing staff, and in terms of travel, time and accommodation expenses.

Where centre-based training is difficult to facilitate, registered training organisations should offer in-home practical training and assessment for family day care contact workers as an alternative to centre-based training and assessment.

Higher education

In contrast to the VET focus on competencies, ECEC education provided at universities places a greater emphasis on pedagogical theory and developing a foundation for future learning. The increased theoretical basis may come at the expense of more practical skills — higher education qualifications have been criticised for failing to equip graduates with adequate work-related skills (Watson 2006).

There are different definitions of what constitutes a degree in early childhood teaching. For example, Watson and Axford (2008a, p. 7) define ‘an Early Childhood Education Degree ... as a program of study that qualifies graduates to teach groups of children between the ages of birth and eight years’. However, early childhood education degrees vary in the age ranges covered, equipping graduates to work with different age groups. Typically they qualify graduates to teach groups of children between the ages of either birth and five, or birth and eight, although institutions in New South Wales also qualify teachers to teach children aged between birth and twelve.

The early childhood teaching degrees vary between institutions, both in structure and coverage. Degrees may be offered as either 3- or 4-year bachelor degrees, with the 4-year degrees generally providing graduates with an accredited qualification that also allows them to teach grades 1 and 2 in primary schools, covering the ages from birth to 8 years of age. Degrees covering the ages from birth to 12 years provide graduates with the skills to teach both at the early childhood education and primary school levels.

New developments in the delivery of higher education qualifications

The delivery of higher education qualifications is evolving to meet the needs of diverse student populations. In particular, the unique features of early childhood education pedagogy are being increasingly included in courses that train teachers to teach the early years of primary school.

Course delivery is increasingly focused on enhancing the flexibility of student paths into and out of early childhood teaching qualifications, offering ‘on-ramps’ and ‘early exit’ points into and out of early childhood education degrees. These various pathways allow institutions to cater to students with varying needs, and from diverse backgrounds, such as Indigenous students and students entering the program with VET qualifications.

New modes of course delivery are also increasingly used to target courses to students who differ from the mainstream intake of year 12 graduates. These include targeted external courses, and courses delivered on multi-campus locations, particularly education facilities in remote and regional communities, coupled with housing and other forms of support (Watson and Axford 2008a). Programs with student-centred design features are part of a specific strategy to meet the needs of targeted groups, such as Indigenous students, and are discussed further in chapter 14.

DRAFT FINDING 10.2

Innovations in the delivery of higher education qualifications in ECEC are making study in this area more attractive to a wider pool of graduates. Early childhood teaching qualifications incorporate pedagogical content that is fundamental to sectoral reforms.

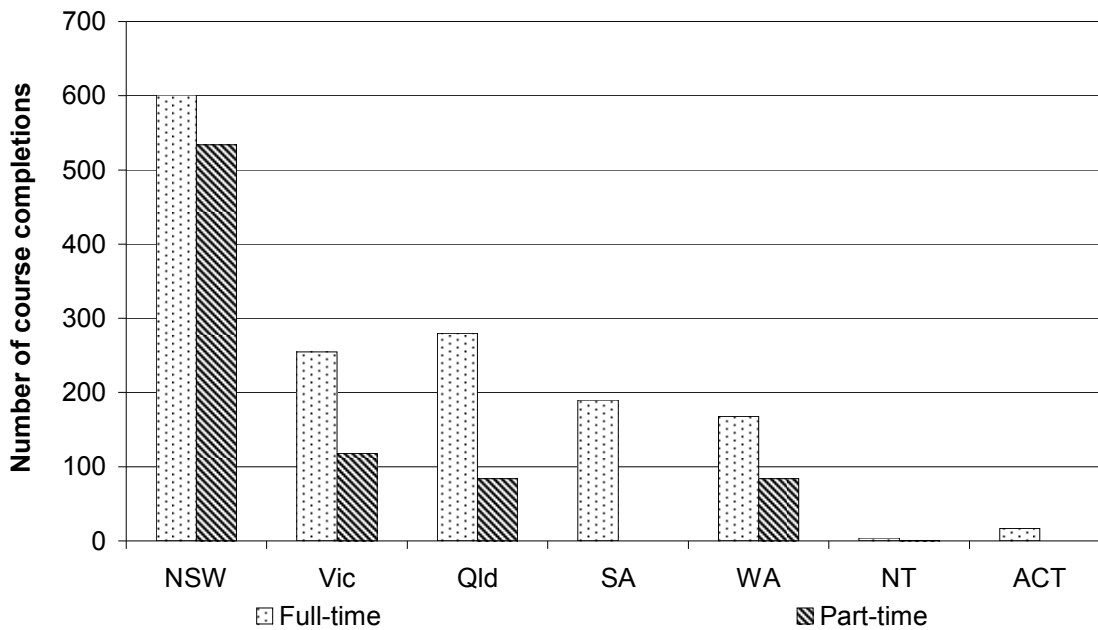
Increasing demand for early childhood teaching degrees

In 2009, around 2300 students graduated from early childhood teaching courses across Australia. While undergraduate teaching qualifications typically take four years of full-time study, around 35 per cent of these graduates were part-time students when completing their qualifications, meaning they are likely to have taken longer to complete their qualifications (figure 10.4). The number of both full-time and part-time course completions is noticeably higher in New South Wales due to existing requirements for degree-qualified teachers in LDC and preschool settings.

There will be an immediate increase in the demand for qualified teachers, and a corresponding increase in the demand for early childhood teaching degrees, when the obligations to provide universal access to preschool, under the NPA ECE, come into effect in 2013. In contrast to the requirements for VET qualifications, people employed as early childhood teachers need to have completed their 4-year qualification by 2014 in order to meet the standard. For example, between 600 and 800 additional teachers will be required in Victoria by 2012-13 in order to provide universal access to preschool. Further additional teachers will be required to meet

the requirements of the National Quality Framework, and because of the recent increase in the birth rate in Victoria (Victorian Government, sub. 87).

Figure 10.4 Early childhood teaching course completions, 2009^{a,b}
By completion type



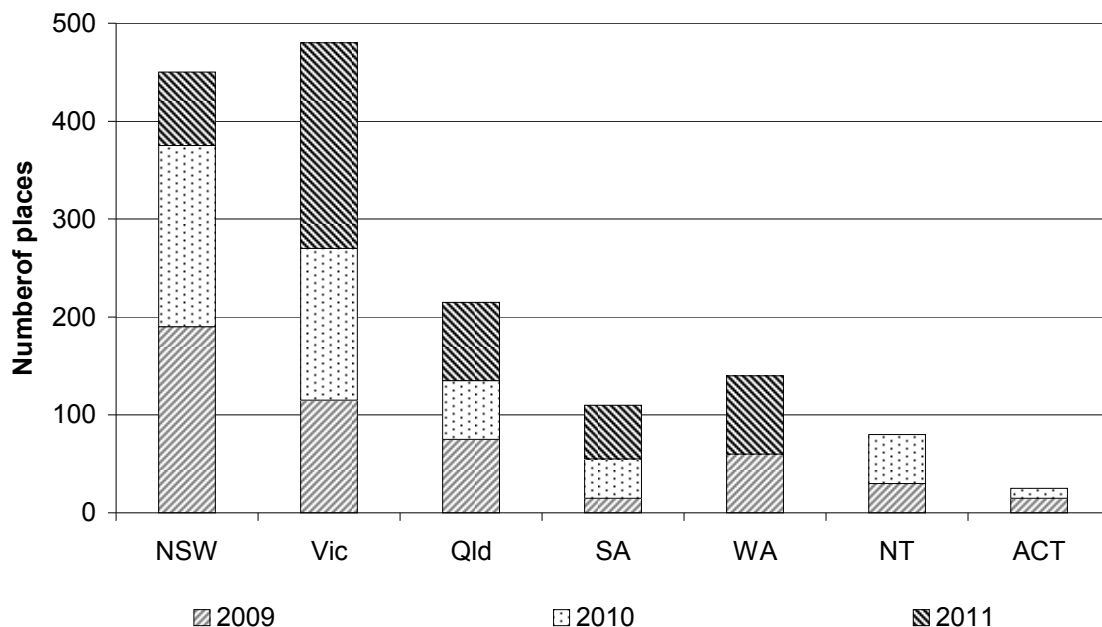
^a Data on part-time completions in South Australia in 2009 are not available. ^b The number of early childhood teaching qualifications completed in Tasmania in 2009 is not available. ^c Teaching graduates who may be qualified to work as early childhood teachers, but complete a qualification that is not identified as specifically relating to early childhood are not included. An example of this is a Masters of Teaching.

Data source: DEEWR Higher Education Statistics Collection (unpublished).

In order to offset some of this increase in demand, the Australian Government allocated funding in 2009 to support training for 1500 early childhood teachers over three years (DEEWR 2011a). These places have been allocated between the States and Territories (figure 10.5).

It is important to note that, given the large number of students who undertake their study on a part-time basis, many graduates would need to have started their qualification prior to 2010 to be qualified by 2014. It is unclear how many of these supported places have been taken up by part-time students.

Figure 10.5 Allocation of Australian Government-supported early childhood education places^a



^a There were no Australian Government-supported places allocated to Tasmania.

Source: DEEWR (2011d).

Training and career pathways

An established (‘articulated’) pathway whereby VET-qualified workers are able to advance their career by undertaking higher education is important for improving the ECD workforce. This is likely to improve the retention of staff within the ECEC sector by providing workers with a path for career advancement, as well as enhancing the future supply of qualified ECEC teachers.

The need for discernable career pathways and accompanying articulated courses is commonly cited as a concern within the sector (for example, Community Childcare Co-operative, sub. 53; Edith Cowan University, sub. 27; Gowrie Victoria, sub. 41; Mission Australia, sub. 12; Prue Walsh, sub. 3; Women’s Electoral Lobby, sub. 17). However, with increasingly well-defined occupations and qualification requirements, there has been an emergence of links and articulations between ECEC roles and qualifications (Watson and Axford 2008a). For example, a diploma qualification provides a pathway to a degree in early childhood education, providing approximately one year’s credit transfer, depending on the higher education provider involved.

Importantly, the articulation from VET to higher education is not uniform (LHMU, sub. 55). Standardising articulation arrangements may be considered desirable in that it would provide a consistent and definite pathway to higher qualifications (Council for the Care of Children, sub. 22; LHMU, sub. 55). However, variation in the quality of VET training is likely to be a major factor in universities — who are responsible for their own quality assurance — not being prepared to guarantee a specified amount of credit for a given VET qualification.

Pressure to grant credit for previous qualifications also has the potential to raise the threat of a ‘race to the bottom’, where universities may face competitive pressures to grant credit in order to secure enrolments. Watson (2006) raises this as a potential problem:

Course convenors in the VET sector reported that they encouraged Diploma students to “shop around” for the most generous credit transfer arrangements offered by universities. And many of the people we interviewed cited the cost and time involved in undertaking further studies as a barrier to participation in [higher education] among VET Diploma holders. (2006, p. 26)

While there is potential for this to occur, the Commission did not find evidence that a ‘race to the bottom’ is in fact happening. Universities are more likely to want to ensure that entrants have sufficient skills to complete courses rather than allowing ill-prepared students to enrol. Watson (2006) cites examples of universities revising credit transfer policies in response to students struggling under more generous arrangements.

DRAFT FINDING 10.3

Career pathways are emerging as ECEC is changing. These pathways are important in attracting, retaining and increasing the skills of staff, and it is important that clear pathways for career advancement are maintained.

10.3 Ensuring quality in vocational education and training and higher education

The introduction of qualification requirements will only improve service quality and outcomes for children if training is of sufficient quality to improve the skills of new and existing employees. An appropriate institutional framework to ensure quality of training is therefore essential if the objectives of the National Quality Standard (NQS) are to be met.

Vocational education and training

Quality of training provided by registered training organisations

The quality of training provided by RTOs across the VET system is variable. On the one hand, Skills Australia recognises:

... many examples of excellence right across the [VET] sector, and training providers, industry leaders and governments can be proud of the substantial achievements in advancing [the VET sector's] ongoing development over the last decade. (2011, p. 1)

In particular, there are privately-operated RTOs that are recognised as providing high quality and innovative training for ECEC workers.¹ Further, VET traineeships in ECEC are recognised as having ‘contributed enormously to the professionalisation of these industries and [have provided] improvement in both quality and consistency of service delivery’ (Apprenticeships for the 21st century Expert Panel 2011, p. 35).

At the same time, there are widespread concerns about the quality of ECEC training provided by some RTOs (see box 10.5). In part, this is attributed to the nature of VET, which focuses on the student attaining a series of specified competencies, thereby allowing ‘considerable scope for variation in course duration, contact hours, teaching staff and practicum experience’ (Victorian Government, sub. 87, p. 17). Some of these issues were discussed in relation to delivery of course content in section 10.2, and recommendations were made to reduce this scope for variation and improve the quality of VET training.

¹ For example, One World For Children Limited was a finalist in the Victorian Small Training Provider of the Year Award in 2010, after winning the same award in 2009 (DEECD nd).

Box 10.5 **Concerns about the quality of vocational education and training in early childhood education and care**

A number of participants expressed concerns about the quality of training provided by registered training organisations (RTOs):

UCCYPF has concerns that the training provided by some registered training organisations (RTOs) does not adequately prepare students to work in the ECEC sector. (UnitingCare Children, Young People and Families, sub. 62, p. 20)

[T]he training of staff has deteriorated dramatically with the proliferation of private enterprise [RTOs]. The quality of both Certificate III and Diploma graduates is so bad that many Children's Services Centres have fewer staff than they would like, rather than employing someone who is so poorly trained as to be a danger to the children. (Victorian Children's Services Association, sub. 43, p. 1)

[T]he quality [of vocational education and training] provided by some commercial RTOs is of particular concern, with fast-tracking and questionable levels of competency commonly reported. (Community Connections Solutions Australia, sub. 75, p. 12)

The rapid growth of fast tracking RTOs has resulted in some courses not providing sufficient course content and support for students. This has resulted in poor quality graduates. (KU Children's Services, sub. 26, p. 9)

Concerns have also been raised about the quality of different courses offered by RTOs and the lack of checks on course delivery in the vocational education area. (NIFTeY, sub. 36, p. 6)

Participants argue that some RTOs simply 'tick the boxes' in providing certification:

While RTOs all try to do their best, there is inevitably pressure from some children's services employers to 'fast - track' the training of their staff, for the reason that 'they have been doing it for a long time and basically running the room'... RTOs must resist the temptation of going down the pathway of 'ticking the boxes' without vigorously assessing any skill gap and provide the training required for their students. There is always something to be learnt, no matter how long the person has been on the job. (Gloria Ince, sub. 7, p. 2)

The 'tick and flick' style of some training organisations is not rigorous enough to ensure staff have the underpinning knowledge and theories of education required to be suitable qualified staff. (Gowrie SA, sub. 40, p. 12)

Unfortunately, there are a few RTO providers in the NT who take a tick and flick approach to recognition of prior learning (RPL) and course delivery in general. (Batchelor Institute, sub. 46, p. 17)

The concern about quality of training delivered by some providers is strongly demonstrated by the fact that some jurisdictions limit their purchase of training to a list of 'preferred training providers' (DEECD 2009c, State Training Services 2010). These providers are a subset of RTOs considered to deliver training of sufficient standard to receive public funding. This clearly shows that there are a number of RTOs that are deemed to provide training of insufficient quality, despite being licensed providers.

Trainers and assessors

VET trainers and assessors are employed by the RTO to certify competencies of VET students, both in the context of certifying the competencies of students trained by a RTO, and in the context of recognising prior learning. Improving the knowledge and skills of the trainers and assessors is likely to promote the training of quality graduates.

VET trainers and assessors are required to hold a VET Children's Services qualification, 'at least to the level being delivered or assessed' (MCTEE 2010, p. 6) as well as the Certificate IV in Training and Assessment. However, it is also sufficient that trainers and assessors be able to demonstrate the equivalent competencies for both qualifications (NQC 2010; CSHISC 2010).² This raises the possibility that people without a children's services qualification or the training and assessment qualification are permitted to deliver ECEC training in a VET setting, although the Commission has not received any indication that this is currently happening. Nevertheless, the Commission considers that trainers and assessors who do not possess the relevant qualifications should be required to demonstrate them via a formal Recognition of Prior Learning (RPL) process, and has recently recommended that this be the case (PC 2011c).

Requirements for industry currency and what they entail are also a source of confusion. The Australian Qualifications Training Framework (AQTF) requires trainers and assessors to be able to 'demonstrate current industry skills directly relevant to the training/assessment being undertaken' (2010, p. 6). However, this is not necessarily enforced. As the Commission recently found in its study of the VET Workforce:

There is evidence of currency gaps in the current workforce, particularly among those who have worked full-time in the VET sector for more than 10 years. (PC 2011c, p. 246)

The concerns about the lack of industry currency are relevant to VET trainers in ECEC (Community Childcare Solutions Australia, sub. 75; Gowrie Victoria, sub. 41), where a lack of current industry experience results in:

... people being trained by registered training organisations with inadequate experience and knowledge of the industry and therefore graduates are coming out with low level skills. (City of Casey, sub. 35, p. 3)

² Strictly, the National Quality Council distinguishes between VET trainers and assessors. Trainers are required to hold the Certificate IV in Training and Assessment or 'be able to demonstrate equivalent competencies' (NQC 2010), in addition to their Children's Services qualification or 'relevant vocational competencies' (CSHISC 2010). Assessors are also required to have the relevant vocational competencies but are only required to hold or be able to demonstrate equivalent competence in three units of competence specifically related to assessment activities and validation (NQC 2010).

The introduction of the Early Years Learning Framework, under the National Quality Standard, will require existing VET assessors to update their knowledge of current ECEC practice to incorporate this framework. Professional development for VET trainers and assessors is therefore necessary to educate them in the ways of contemporary ECEC practice.

DRAFT RECOMMENDATION 10.4

The requirement for VET assessors to demonstrate knowledge of current ECEC practices should be enforced by VET regulators. The Department of Employment, Education and Workplace Relations should design and implement a program of professional development for VET assessors working in ECEC to identify and address gaps in their knowledge of current practice.

Recognition of prior learning

Recognition of prior learning (RPL) is an important element of competency-based training, where a student's skills and knowledge that were acquired through previous training, work or life experience, can be used to obtain status or credit in subjects or modules, or even full VET qualifications (PC 2011c). RPL is implemented by assessing whether or not an ECEC student is competent, relative to standards prescribed in the Community Services Training Package.

RPL facilitates the retention of those with experience in the ECEC sector by acknowledging their accumulation of relevant human capital (KU Children's Services, sub. 26; Western Australian Department of Education, sub. 44), and minimises costs to both the employer and the employee by removing the need for duplication of training (Australian Qualifications Framework Advisory Board 2007).

Despite its importance within the context of competency-based learning, there are a number of potential problems with RPL. Recent submissions to the Skills Australia 'roadmap' for VET highlighted variable RPL assessment practices as 'contributing to a lack of confidence in the VET sector' (Skills Australia 2011, p. 79). Variation in RPL assessment may be attributed in part to:

- inconsistent approaches to the assessment of competencies across the VET sector (Australian Education Union, sub. 69)
- a lack of necessary skills on the part of trainers and assessors (DEEWR, sub. 86; PC 2011c).

Other possible impediments to the effective use of RPL include:

- financial incentives to apply RPL inappropriately in order to ensure enrolments, described as a ‘tick and flick’ approach to RPL (Batchelor Institute, sub. 46)
- limited access to RPL assessments, particularly in the case of Indigenous applicants and in areas where low levels of language, literacy and numeracy exist (DEEWR, sub. 86)
- lack of awareness of the availability of RPL on the part of potential candidates (FDCA, sub. 61; LHMU, sub. 55).

The Australian Education Union cautioned that:

Whilst the AEU supports the appropriate application of RPL, we do not support RPL programs that damage the quality of pre-service ECE courses or undermine the integrity of ECE qualifications ... Processes must be made clear and transparent, and proactive methods put into place to ensure that workers who may benefit from such processes are aware of them. (sub. 69, p. 12)

Study participants have suggested that there may be at least two ways to maximise the benefits attained from RPL. First, given issues with variation in assessment of competencies delivered by RTOs, there is a need for an appropriate national RPL tool that promotes nationally consistent assessment of skills. Funding for the development of such a tool has been recently announced in the Commonwealth Budget (box 10.6). This tool will need to be applied by trained assessors, and would allow for a more consistent recognition of experience and competency. It is also likely to reduce problems associated with unrealistic requests for information from students by RTOs (DEEWR, sub. 86).

Box 10.6 Improving the Recognition of Prior Learning for ECEC workers

The Australian Government introduced two measures to improve access to Recognition of Prior Learning (RPL) for early childhood education and care workers 2011-12 Commonwealth Budget. These measures seek to improve the quality and uptake of RPL within the sector, particularly for staff in regional and remote areas.

First, \$2.0 million is allocated over three years to:

- develop a skills assessment tool to promote consistent RPL practices
- train 600 already-qualified RPL assessors to make RPL delivery in certificate III, diplomas and advanced diplomas in early childhood education more efficient, consistent and effective.

It is expected that the training of RPL assessors in the use of the tool will commence in early 2012.

Second, \$7.2 million over the next four years to assist existing early childhood education and care workers in rural and remote areas access recognition of prior learning assessments. Up to 2000 existing early childhood education and care workers will be eligible each year for a rebate of their costs associated with completing the assessment process, such as travel expenses or IT costs. Eligible recipients will receive a one-off rebate of 75 per cent of their expenses up to a maximum rebate of \$1125 where their expenses are \$1500 or more.

Source: Treasury (2011a).

DRAFT FINDING 10.4

Recognition of prior learning provides a means by which both the direct and opportunity costs of training may be reduced. The proposed development of a national recognition of prior learning assessment tool in children's services training will promote efficient, effective and consistent recognition of prior learning.

Regulation of vocational education and training

VET providers are regulated in order to align the interests of students, employers and training providers. The key regulatory framework in this respect is the Australian Quality Training Framework (AQTF), which comprises national standards for the registration and auditing of RTOs and the accreditation of courses. Ensuring that providers meet the requirements of the AQTF — including the accreditation of courses and the auditing of RTOs — is currently the responsibility of the VET regulators in different jurisdictions (PC 2011c). After 1 July 2011, much

of this responsibility will pass to the new national VET regulator, the Australian Skills Quality Authority (ASQA) (box 10.7).

Box 10.7 National regulation of vocational education and training

A national regulator for the vocational education and training (VET) sector, known as the Australian Skills Quality Authority (ASQA) commences operations in July 2011. ASQA will have a number of functions, including:

- registering training providers as 'registered training organisations' (RTOs)
- accrediting courses that may be offered/provided by RTOs
- auditing RTOs to ensure compliance with VET regulations
- collecting, analysing and distributing information about VET and the performance of RTOs
- assessing the financial risk of RTO applications.

In most states, ASQA is established through a referral of powers to the Commonwealth, which will assign ASQA responsibility for the registration and auditing of RTOs and the accreditation of courses.

This will not be the case in Victoria and Western Australia where ASQA will only be responsible for registering VET providers that:

- offer courses to international students, or
- also operate in a state or territory other than Victoria or Western Australia.

The Victorian Registration and Qualifications Authority and the Training Accreditation Council (in Western Australia) — will continue to regulate VET providers that:

- only deliver services to domestic students, and
- operate in Victoria, Western Australia, or Victoria and Western Australia only.

Source: DEEWR (2011k); PC (2011c); Skills Australia (2011); National Vocational Education and Training Regulator Act 2011 (Cwlth).

The concerns of study participants about the quality of ECEC graduates from the VET system can be partly addressed through improving course design and delivery, as outlined in recommendations 10.1 to 10.3 above. However, there is no doubt that participants feel that some RTOs should not be providing ECEC training, and that there are risks that pressure on VET providers to provide many more graduates in a short time frame will further erode the quality of the system. A more appropriate regulatory framework is required.

Members of the NSW Children's Services Forum have expressed concerns regarding some registered training organisations whose programs do not qualify people to meet the needs of the sector. There is a need to monitor training providers to ensure the quality of graduates. In response to the increased demand for qualified workers, it is critical that the

integrity of training is not further compromised. (NSW Children's Services Forum, sub. 23, p. 11)

These problems suggest that a more rigorous approach is needed to ensure VET-qualified ECEC workers are equipped with the required skills. While audits of RTOs and courses are conducted regularly by the state and territory VET regulators, students have continued to graduate without the requisite skills, despite being certified as competent. Study participants suggest that current regulatory arrangements are not preventing some VET providers from offering poor-quality training (CCSA, sub. 75; NIFTeY NSW, sub. 36).

The Commission's recent report on the VET Workforce encourages state regulators to publish information on audit outcomes and performance indicators, to provide additional incentive for training providers to focus on the provision of quality training (PC 2011c).

To some extent, access to better information about training quality is likely to improve the ability of students to choose quality training providers. However, as demand for VET-qualified ECEC workers is likely to dramatically increase under the NQS, there will be an increased incentive for workers to obtain low-cost and low-quality credentials so as to gain employment in services more focused on fulfilling regulatory requirements than providing high quality care (Mission Australia, sub. 12).

In the presence of such a demand 'shock', improved information alone will not ensure that training delivered is of a required standard. A number of additional measures to ensure ECEC training and graduate quality have been suggested by study participants, including:

- restricting access to training subsidies to a 'preferred' list of RTOs that meet a pre-agreed standard of performance. This is the approach incorporated in the Victorian Training Guarantee, which ensures access to Certificate III training from a 'panel of preferred providers' (DEECD 2009c, p.11). A similar approach is in place in New South Wales, where state-funded traineeships may only be accessed through providers approved through a tender process (State Training Services 2010)
- restricting access to childcare benefit payments to services provided by staff qualified from a list of preferred providers
- various methods of tightening the RTO regulatory structure, including:
 - de-registering RTOs whose graduates do not meet minimum standards
 - increasing the focus on graduate quality as a means of assessing RTO performance (Gowrie Victoria, sub. 41)

-
- using external assessors for on-the-job assessments (Gowrie Victoria, sub. 41) to limit the ability of RTOs to certify graduates not meeting competency requirements.

Using a ‘preferred provider’ list indicates a lack of confidence in the existing RTO registration system, and raises the question of how admission to a preferred provider list should be any different to that for all providers. If there are faults in the existing registration system it is far better to fix those, than go to the effort and cost of running what are effectively parallel registration systems.

As a preferred approach, ASQA needs to examine the procedures associated with the initial registration of RTOs providing ECEC training, with a view to ‘raising the bar’ in terms of quality service delivery. Establishing and maintaining a robust system of initial registration is likely to reduce the need for further, ongoing regulatory measures. In turn, this should reduce administrative and compliance costs of the VET registration system.

While it may be possible to focus regulatory efforts on the initial registration, the regulation of existing RTOs that provide substandard training also needs to be considered. Deregistering RTOs is not a simple or straightforward process.

For the short to medium term, therefore, for already registered RTOs, it is important that the focus of quality assurance is on the competencies of graduates. Currently, registration requirements typically focus upon inputs into the training process, such as finances, facilities, trainer qualifications, training strategies and modes of assessment (for example, see VRQA (2009)).

However, it is the quality of graduates rather than the quality of training inputs that is the desired outcome of the training process. Quality indicators that reflect the ability of graduates to perform the tasks for which they are certified are likely to give a better indication of the quality of training than measures focussing on the quality of inputs. An overemphasis on the inputs into the training process has the potential to lead to a misapprehension of training quality.

As such, Skills Australia — who advise the Australian Government Minister for Tertiary Education, Skills, Jobs and Workplace Relations on current and emerging workforce skills and development needs — supports:

... reducing the current focus on process and inputs ... [and] focus[ing] audits on achievement of high quality teaching and learning outcomes. (2011, p. 80)

In order to assess the quality of training outcomes, training organisations should be accountable for their declarations of competency. Use of external assessors to either validate assessment practises or conduct certification, in conjunction with credible

threats of deregistration, is likely to be an effective way of promoting more credible certification of graduate competency.

DRAFT RECOMMENDATION 10.5

Governments should provide the Australian Skills Quality Authority with sufficient resources to establish and maintain processes and staff to ensure ECEC training is of a consistently acceptable standard. The Australian Skills Quality Authority should:

- apply more robust conditions for the initial registration of ECEC training providers***
- establish a rigorous and targeted system of audits and penalties to ensure that any registered training organisation that does not consistently produce graduates of acceptable quality is no longer able to provide ECEC training***
- externally validate the competencies of a targeted sample of VET graduates to ensure graduate quality is maintained***
- consider relaxing its focus on ongoing registration in the future, as poor quality training providers are both denied entry and progressively removed in the short-to-medium term.***

The regulation of RTOs across Australia is substantial task, with the ASQA taking responsibility for regulating around 3700 of the 5100 existing RTOs (Skills Australia 2011). The ASQA will be required to take on staff from the existing state regulators that are being wound up and will have to source other staff with relevant expertise in the VET sector. Establishing authority and demonstrating competence will be a challenge, particularly when questions have been raised over whether funding for the institution will be adequate. As Skills Australia note:

VET quality regulation is considerably underfunded in comparison to the higher education sector. While the [Australian Qualifications Training Framework] is a good starting point in terms of a set of standards, there has been a failure to invest adequately in effective implementation, evaluation and continuous improvement. (2011, p. 81)

The approach to funding the ASQA will also be important. While Skills Australia (2011) advocates a full cost recovery fee structure, it is important that this is designed in such a way to allow strategic audits that may be targeted at information gathering around particular areas of concern, rather than in relation to an individual institution.

To ensure that the ASQA is effective in the regulation of the VET sector, the Commission recommends a performance audit be carried out within two years of commencing operations.

The Australian Skills Quality Authority should be subject to a performance audit within its first two years of operation. This performance audit should:

- ***focus on the ability of the Australian Skills Quality Authority to ensure that ECEC workers receive quality vocational education and training***
- ***review the effectiveness of the Australian Skills Quality Authority in enforcing the minimum conditions and standards for initial and ongoing registration***
- ***consider the adequacy of the funding allocated to the Australian Skills Quality Authority.***

In addition to an increased focus upon outcomes in the audit process, Skills Australia has emphasised the importance of targeting audits and dealing with underperforming RTOs quickly and effectively. Among other policy ‘levers’ to improve the regulation of RTOs, they advise that:

... the most regulatory effort [should be focussed] on the RTOs identified as highest risk, allowing those who are low risk and who are delivering high-quality training and assessment to expect a lower level of regulatory intervention. (Skills Australia 2011, p. 80)

ECEC training in the VET sector should be considered as being at risk of being poor quality. This is because ECEC training requires comparatively low starting costs meaning that it is relatively simple to enter the market. In addition, the ECEC reforms provide potential for large economic gains for VET providers, as noted by Mission Australia:

[T]he new National Quality Framework makes for an attractive business opportunity for Registered Training Organisations. This is likely to see an increase in the number of RTOs adding the relevant qualifications to their scope, including those with less impressive credentials and experience. (sub. 12, p. 3)

The risk associated with delivery of ECEC qualifications in VET requires that the regulatory environment in which the RTOs operate be tailored to minimise the incentive to provide poor quality training. In the short-to-medium term, this will be achieved by focussing auditing activity upon providers of high-risk courses. A potential reduction in the administrative and regulatory burden faced by high quality providers will provide an incentive for RTOs to maintain high quality training.

ECEC qualifications should be regarded as ‘high risk’ by the Australian Skills Quality Authority and audited accordingly. Organisations found to consistently provide high-quality ECEC training should be subject to progressively less regulatory intervention over time.

Higher education

Quality assurance of early childhood teaching degrees varies according to the type of higher education institution issuing the degree. Traditionally, public universities have been responsible for ensuring the quality of their own courses, through what is referred to as self-accreditation. Other higher education providers are typically accountable to an accreditation authority in their jurisdiction, both for registration of the institution and accreditation of the courses offered (MCEETYA 2007).

Quality of teaching degrees

Study participants provided limited comments on the quality of teaching graduates and the training they receive. The lack of comment itself suggests a general satisfaction with the standard of graduates. The limited evidence available provides support for this — Australian Community Children’s Services (sub. 64) conducted a recent survey of their members across Australia. They report that around 90 per cent of responding services find the degree qualifications required for entry into various ECEC services to be either ‘somewhat appropriate’ or ‘highly appropriate’.³

The specialist early childhood content of the degrees currently offered varies widely across courses, which may prompt some concern about the specialist nature of the qualification. The courses might benefit from content being standardised by input from a central authority. For example, the Senate Education, Employment and Workplace Relations References Committee (2009, p. 99) has recommended that ‘the national childcare authority should be able to influence the curriculum for the training of early childhood teachers and carers’.

Practicum experience for both VET and higher education students is regarded as being very important (Southern Cross University and Early Childhood Australia (NSW) North Coast Branch, sub. 16). However, the ‘availability and willingness’ of employers to provide teaching students with practicum experience is an ongoing

³ It should be noted that the Senate Education, Employment and Workplace Relations References Committee (2009) report an awareness of dissatisfaction with teacher training in universities. However, their report on childcare provision does not elaborate further on these concerns.

concern (Government of South Australia, sub. 66, p. 12). Similarly, the cost to the individual of time spent on practicum can also be significant. The Independent Education Union of Australia (sub. 50) suggests that government-sponsored leave may assist students to be able to engage in study. While this is correct, it is appropriate that students bear the majority of the cost, as the benefits from undertaking the placement will accrue largely to the student.

DRAFT FINDING 10.5

Higher education providers appear to be equipping early childhood teaching graduates with the skills and knowledge they require, though access to quality practicum placements remains an ongoing concern.

Increased demand for qualified early childhood teachers corresponds with an increase in the demand for university places to provide the necessary training. Maintaining the quality of teacher training delivered at a higher education level is a challenge directly resulting from the COAG ECEC reforms. As noted by the Victorian Government, the increase in demand for qualified academic staff to deliver early childhood qualifications is recognised as an ‘ongoing challenge’ (Victorian Government, sub. 87).

As the demand for degree-qualified teachers increases, RTOs are likely to become a more important source of ECEC teaching graduates. These RTOs are likely to have the capacity to expand their operations, and provide a continuous path of learning from VET to higher education. While this flexibility to increase the supply of qualified teachers is necessary, it increases the importance of external course accreditation being effective in ensuring the quality of courses. This is particularly so, given existing concerns about the variable quality of VET.

DRAFT FINDING 10.6

Registered training organisations are likely to play an important role in meeting increased demand for higher education qualifications for teachers. This will require strong oversight on the part of regulators responsible for quality assurance.

10.4 Professional development and support

Workers in the ECEC sector require professional development and support in order to maintain and improve their skills. Continuing professional development allows ECEC workers to:

... affirm existing understandings as well as acquire new knowledge and skills and thereby remain up-to-date with evolving developments in the field. (Waniganayake et al. 2008, p. 111)

This in turn enables the ECEC workers to provide high-quality services. In addition to improving service quality, the provision of ongoing learning opportunities can also be important in the retention of staff in the sector (Benevolent Society, sub. 49).

Providing professional development and support

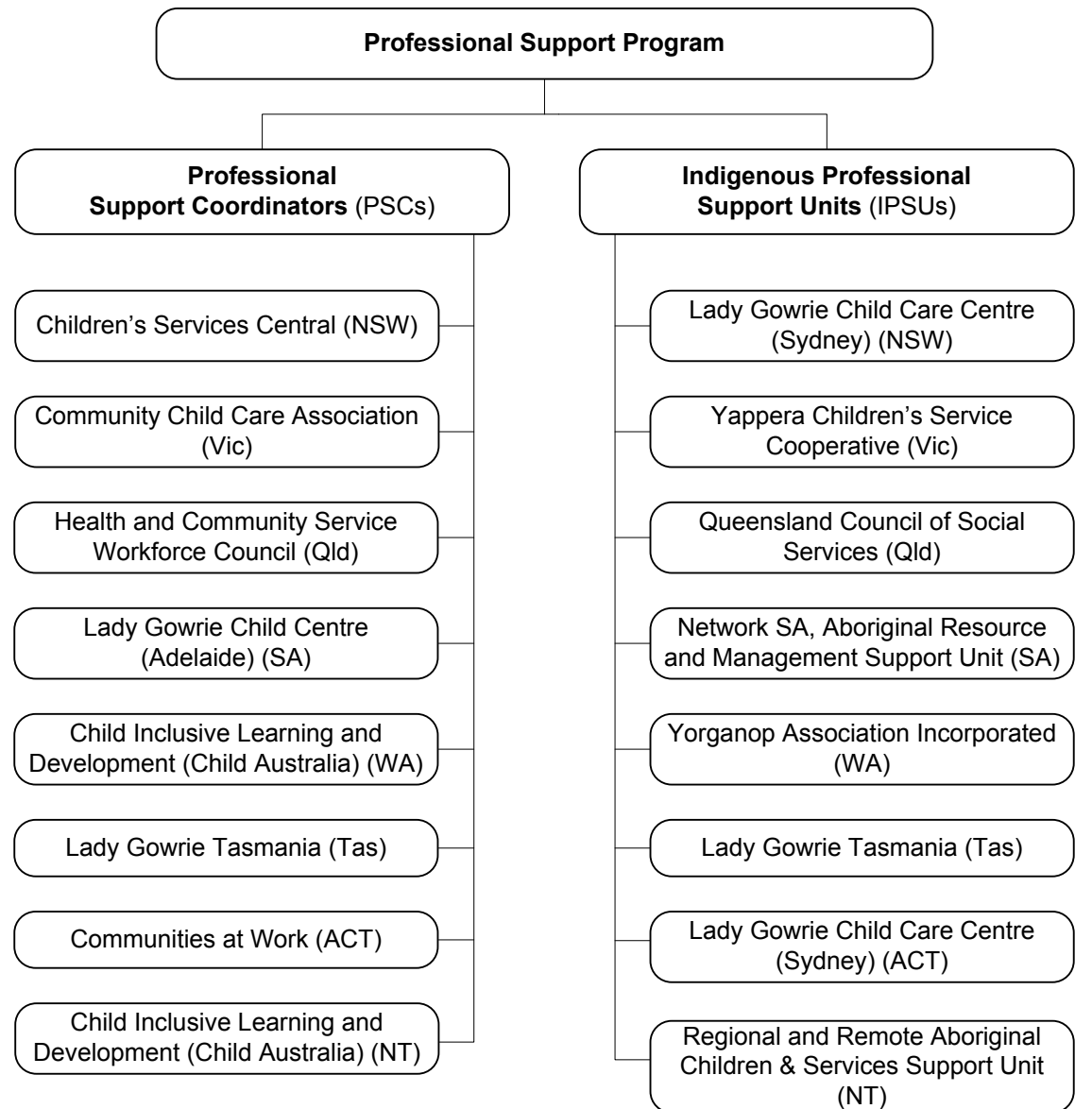
Professional development for most ECEC workers is delivered through the Australian Government's Professional Support Program (PSP) (box 10.8). The program provides professional development in a variety of formats (DEEWR 2010e). These include:

- accredited and non-accredited courses
- conversations and informal sessions
- events, forums, hubs and networks
- collaborative projects
- mentoring and coaching
- advice and information
- information/access to resources.

For the purposes of this section, 'professional development' refers to activities other than accredited training, as this has been considered in detail above.

Box 10.8 The Professional Support Program

The Australian Government's Inclusion and Professional Support Program consists of two main structures — the Professional Support Program and the Inclusion Support Program (see chapter 8 for a discussion of the Inclusion Support Program). The Professional Support Program funds a Professional Support Coordinator (PSC) and Indigenous Professional Support Unit (IPSU) in each state and territory (see figure).



(Continued next page)

Box 10.8 (continued)

The PSCs are responsible for planning the delivery of all professional support to childcare services approved for childcare benefit payments in each jurisdiction, as well as for services that receive non-mainstream, 'budget-based' funding from the Australian Government (see chapter 2 for explanation of funding and approval mechanisms). IPSUs provide services similar to those provided by the PSCs to Indigenous-focused ECEC services — such as Multifunctional Aboriginal Children's Services. IPSUs may also be subcontracted by PSCs to provide advice on culturally appropriate service delivery and the needs of Indigenous children and workers.

The PSCs and IPSUs subcontract a large number of organisations (known as professional support service providers) to provide professional development and support, and provide information to ECEC service providers about how to access these services. They also provide a range of resources and direct support to service providers in the form of support networks and call services. While ECEC services are charged for the access to resources and professional development programs, PSCs design fees so as to encourage participation by ECEC service providers.

In 2010-11, about \$16.5 million will be provided to PSCs and \$3.5 million to IPSUs (DEEWR, sub. 86).

Sources: DEEWR (2010e; 2011g).

As part of the Professional Support Program, Professional Support Coordinators (PSCs) organise advice and training for ECEC workers on a variety of topics. For example, as the PSC for South Australia, Gowrie South Australia offers professional development sessions on topics as diverse as documenting children's learning, food safety, and responding to abuse and neglect (Gowrie SA 2011). PSCs in other jurisdictions offer a similar range of courses.

Because services provided by the PSCs are subsidised by the Australian Government, study participants generally considered the direct costs of professional development (such as registration fees) to be reasonable. Gowrie SA note that course costs do not generally pose a barrier to access for workers (sub. 40). This is not necessarily the case for some staff who work in preschools, as outlined below.

Professional support and mentoring programs

Network-based support for ECEC workers is important in improving service quality, supporting on-the-job development of staff and preventing burnout. This is the case for all levels of staff (Marcia Spitkowsky, sub. 21), and in particular for Indigenous staff (Independent Education Union of Australia, sub. 50; SNAICC, sub. 29). These networks can take different forms, including:

- formalised networks that coordinate professional support services in a particular region
- less formal study groups coordinated at a service level by centre managers or directors. These informal groups are often a means of supporting formal study (Waniganayake et al. 2008).

Network-based support programs that support ECEC graduates from the commencement of their studies and beyond their entry into the workforce are regarded as particularly useful in preparing graduates for work and supporting them in the workplace. This is particularly important for smaller centres that are not part of a larger corporate network. Support programs are not only important in promoting good practice, but ensuring that staff have the ongoing support necessary to retain them in the sector, and can ‘greatly assist in removing the sense of isolation which early childhood teachers experience’ (Independent Education Union of Australia, sub. 50, p. 17).

Mentoring programs, implemented formally or informally, are regarded as important in refining professional practices, particularly for early childhood teachers in the first two years of their career (Waniganayake et al. 2008). Similarly, coaching programs that involve a concentrated period of focus on an individual’s work practices by a more experienced worker allows transmission of knowledge. This may be more applicable to the development of more specialised skills in ECEC workers.

DRAFT FINDING 10.7

Ongoing professional development is important for maintaining a skilled and capable workforce, allowing ECEC workers to build on base-level skills while promoting quality care. Access to support programs promotes the sharing of knowledge, and is also an important determinant of staff retention.

Accessing professional development and support

Replacement staff can be costly and hard to find

As discussed above, the direct costs of professional development are not prohibitive for most ECEC staff. However, participating in professional development also entails a range of other costs. These costs include travel and accommodation, as well as the cost of finding and paying replacement staff — known as ‘backfilling’ — to cover for workers while they attend professional development.

Subsidies to cover the cost of replacing staff are only available in certain limited circumstances. This is when inclusion support agencies approve flexible support funding for ECEC workers to undertake specialist training directly relevant to supporting a child with additional needs (DEEWR 2010e). See chapter 8 for more discussion of the Inclusion Support Program.

Study participants considered the cost and difficulty associated with backfill to be a substantial impediment to accessing professional development and support (for example, City of Monash, sub. 10; Health and Community Services Workforce Council, sub. 56; UnitingCare Children, Young People and Families, sub. 62).

A barrier that we have been unable to address relates to the inability of many ECD services to release staff during work hours as they do not have relief staff. (Child Australia, sub. 78, p. 7)

In addition to course costs, a big barrier to accessing training and professional development programs for the ECEC sector, in particular, is cost and availability of replacement staff. Where an ECEC centre has the minimum number of staff to operate, it is not possible to release a worker to attend training without compromising the staff: child ratio and breaching regulations. Backfilling the position using casual agency staff is expensive and may be prohibitive for a small service. (Benevolent Society, sub. 49, p. 19)

This echoes concerns expressed in a study of professional support in Australian ECEC services.

Often it is difficult to release staff to attend workshops and conferences. Equally it is difficult to release for study leave particularly when the staff member is qualified and hard to replace. It would be great to have the whole centre attend certain professional development activities together however we are restricted by budget to do this as it would need to occur on a weekend. (Tasmanian ECEC service quoted in Waniganayake et. al 2008, p. 98)

In particular, obtaining replacement staff is difficult for staff working in LDC centres, who tend to work (and thus need to be replaced for) long hours. Backfill is also problematic for staff in FDC coordination units (FDCA, sub. 61).

Workers in rural and remote areas face additional barriers

In addition to widespread difficulties in obtaining replacement staff, workers in rural and remote areas face other barriers to accessing professional development and support. In particular, both the time and cost involved with travel can be prohibitive. In addition, when workers have to travel to professional development they are absent — and need to be replaced — for longer, which increases the requirement to backfill staff. The limited training and professional development opportunities in rural and remote areas are discussed in further detail in chapter 9.

Providing professional development and support to workers in rural and remote areas can also be more difficult because workers in those areas are less likely to hold qualifications in ECEC.

In locations where qualifications and skills are low, it is challenging to provide this skill development and enhancement due to lack of basic understanding of child development and quality practices. Our training needs analyses have repeatedly demonstrated the need for basic/entry level skill and competency training across much of the NT. (Child Australia, sub. 78, p. 7)

Many preschool staff have limited professional development options

Many ECEC workers in community- and privately-operated preschools have poor access to subsidised training. This means that for many workers in these services, the cost of professional development can be prohibitive.

Staff who are employed at other services such as NSW community-based preschools do not have access to funded training except as a result of small one off funding opportunities provided by Community Services. (Community Child Care Co-operative, sub. 53, p. 17)

Some jurisdictions offer professional development to a small number of community- and privately-operated preschool staff. For instance, the Bastow Institute of Educational Leadership in Victoria offers several professional development programs for early childhood practitioners, and covers the costs of training, travel and backfill for practitioners selected to participate in the programs (DEECD 2010c). However, as noted by Kindergarten Parents Victoria:

... these programs and initiatives in isolation cannot train sufficient staff to lead the important reform initiatives in the sector, and there is no systemic mentoring and leadership programs to provide genuine professional support to [kindergarten] staff. (sub. 72, p. 7)

Professional development and support needs are not always identified

Identifying the professional development and support needs of ECEC workers is largely dependent upon an effective performance appraisal system that facilitates a review of work practices. This allows the requirements of both individual services and workers to be taken into account (Waniganayake et al. 2008).

However, the Commission has found little evidence of a systematic approach to identifying professional development and support requirements. There are a number of reasons for this, including the need to conduct performance management outside of normal working hours. Institutional structures may also impede the recognition of the value of professional development. For example, in community-controlled centres, where it is usual for management committees to change every year, the value of professional development and performance appraisal can easily be overlooked and the management skills necessary to provide an effective appraisal system are lacking (chapter 3).

Enhancing professional development to meet future needs

Professional development to support the National Quality Standard and the Early Years Learning Framework

Meeting the requirements of the NQS and the Early Years Learning Framework (EYLF) will require ECEC staff to alter, and to critically reflect on, aspects of their professional practice. In order to do so effectively, many ECEC workers will require professional development and support.

[Under the EYLF] ... the ECEC workforce is now required to reflect on their practices and systems and be able to determine how to improve quality and increase their professionalism. The existing training frameworks within the VET sector are predominantly focused on practical application of skills and knowledge. The vast majority of those who have qualifications within the ECEC sector have come from this background. They have not, in the most part, received training to enable them to gain the skills, knowledge or experience to undertake complex critical analysis of their organisations, job roles and practice. (FDCA, sub. 61, pp. 6–7)

... base level qualifications and traditional accredited and non-accredited training tend to focus expressly on the development of core skills and competencies. However, best-practice and quality frameworks in the ECD field are increasingly demanding learning outcomes that enable complex thinking and problem solving to support the particular needs of different children and families. (Health and Community Services Workforce Council, sub. 56, p. 10)

Study participants therefore considered enhanced professional development to be essential to implementing the NQS and EYLF:

Educators should be provided with access to quality professional learning opportunities that meet both their needs and the needs of the community in which they work, opportunities that align with the requirements of the NQS and that are not cost prohibitive to the Early Childhood Development worker. (GoodStart Childcare, sub. 34, p. 9)

Indeed, even before the adoption of the EYLF, ECEC staff most frequently identified ‘curriculum, programming and planning’ as a priority topic for professional development (Waniganayake et al. 2008).

PSCs are currently offering a range of courses, seminars and other professional development activities to help ECEC workers to implement the NQS and EYLF. For example, Gowrie SA offer a series of on-site workshops that seek to assist ECEC staff in incorporating the EYLF in their daily practice (Gowrie SA, 2011).

However, it is not clear that current efforts are effectively equipping all ECEC workers to improve service quality, for a number of reasons.

- First, it is important that the intensity and duration of professional development is matched to the content being conveyed. The appropriateness of the length of time spent in professional development activities depends on the goals of the activities themselves (U.S. Department of Education 2010). Given the complex and multi-faceted nature of the COAG ECEC reforms, current information and training sessions (which may go for as little as two hours) may not be sufficient for many workers.
- Second, as discussed above, professional development and support programs are not accessible to all ECEC workers, for a number of reasons.
- Third, the focus on the NQS and EYLF may be displacing other important topics from professional development programs. Study participants identified a number of areas in which professional development needs to be enhanced.

Other areas in which professional development could be strengthened

Study participants considered that professional development opportunities could be improved in a number of other areas. These include:

- management, governance and leadership skills (Community Connections Solutions, sub. 75; Gowrie Victoria, sub. 41; UnitingCare Children, Young People and Families, sub. 62)
- cross-disciplinary integration of services (UnitingCare Children, Young People and Families, sub. 62)

-
- specialised training tailored to specific needs of different service types, such as professional development for OSHC workers, or focused on the administrative obligations of FDC workers (FDCA, sub. 61).

Numerous study participants also considered that there is a need for more specialist training to assist ECEC staff to work effectively with children from culturally and linguistically diverse backgrounds and children with disabilities (for example, Community Connections Solutions Australia, sub. 75; Ethnic Communities Council of Queensland, sub. 58; Health and Community Services Workforce Council, sub. 56; Lady Gowrie Tasmania, sub. 82; Tasmanian Minister's Child Care Advisory Council, sub. 83; Vision Australia, sub. 57).

In chapter 8, the Commission outlines the importance of ensuring that all ECEC workers have access to professional development programs that increase their ability to include children with a disability and children from CALD backgrounds. As the support and commitment of directors, teachers and other ECEC leaders is essential for successful inclusion, professional development relating to including children with additional needs should be targeted to these workers in the first instance. Inclusion support workers also need to have access to relevant professional development and support (see draft recommendation 8.2).

DRAFT RECOMMENDATION 10.8

Governments should ensure that all workers in ECEC services have access to professional development and support programs. Priority should be given to enabling workers to participate in professional development that will assist them to:

- *implement the National Quality Standard and the Early Years Learning Framework*
- *include children with disabilities and children from culturally and linguistically diverse backgrounds in ECEC services*
- *enhance the leadership and governance of ECEC services work effectively in integrated ECD services.*

10.5 Other issues in training and professional development

Internet-based training and professional development

Increased use of internet-based solutions such as online training packages and internet-based performance feedback has the potential to overcome some of the

difficulties associated with distance and requirements for relief staff. Online training methods have already been implemented on a large scale for ECEC workers in New Zealand (Centre for Community Child Health, sub. 81). Evidence from the United States suggests that use of these systems has the potential to improve teacher quality via a cycle of web-based observation and feedback (Downer et. al 2009; Pianta et. al 2008). The delivery of professional development and training through web-based technologies could help to overcome the problem of rural and remote workers having to travel to access professional development.

As noted above, professional support and contact with peers is important for many ECEC workers, particularly those who work alone and those in rural and remote areas. Video- and internet-based technologies can also be used to provide professional support. For instance, videoconferencing has already been used to reduce the professional isolation of primary and secondary school teachers in rural and remote Western Australia (Broadly, Boyd and Terry 2009).

It is important to recognise that, while technological options have the potential to be highly effective and less resource intensive, they need to be sufficiently resourced. Herrington et. al (2009) studied the use of online learning modules designed to integrate technology into teaching and learning by 170 teachers in 85 Australian schools. They found, amongst other things, that high-quality online modules had a greater impact on teachers' classroom practice. They also found that a lack of reliable access to working computers with appropriate networks impeded the use of these approaches. This concern was shared by study participants, with the Western Australian Department of Education noting that there is a need to:

... improve local access for the early childhood workforce to relevant information and e-learning activities by upgrading communications technology infrastructure in rural and remote locations. (sub. 44, pp. 14–15)

DRAFT FINDING 10.8

Increased use of technological solutions such as online training packages should continue to be explored as a means of facilitating support networks, mentoring arrangements and providing structured feedback regarding teacher–child interactions. This approach requires ongoing provision of adequate resources.

Equipping culturally and linguistically diverse workers to deliver the Early Years Learning Framework

Many ECEC workers come from culturally and linguistically diverse (CALD) backgrounds, and this diversity is highly valued by study participants (Brotherhood of St Laurence, sub. 32; City of Greater Geelong, sub. 20; GoodStart Childcare, sub.

34; Government of South Australia, sub. 66; Southern Cross University and Early Childhood Australia (NSW) North Coast Branch, sub. 16). Many CALD families also value care environments that allow children to remain immersed in their own culture, such as family day care provided by a member of the same community, with ECEC services provided in languages other than English in some cases (Health and Community Services Workforce Council, sub. 56).

For some workers who come from CALD backgrounds, whether they provide culturally specific services or work in mainstream services, obtaining the qualifications that will be required under the NQS will be particularly difficult. This difficulty was highlighted by several study participants (including Gowrie SA, sub. 40).

The Brotherhood's experience in delivering services to migrants, refugees and the long-term unemployed has alerted us to the fact that many individuals who are otherwise suited to ECEC professions can find it difficult to obtain the relevant qualifications ... It is essential that approaches to teaching, learning and assessment are flexible enough to ensure that potential participants are not deterred or excluded based on their competence in the English language. (Brotherhood of St Laurence, sub. 32, p. 5)

There is a high literacy level required in undertaking qualification in ECD and sometimes support is not accessible for students from Aboriginal and CALD backgrounds (SDN Children's Services, sub. 31, p. 7)

Although some workers from CALD backgrounds will require support in upgrading their qualifications and delivering services in line with the NQS, appropriate support mechanisms are yet to be established. There is therefore concern that many workers from CALD backgrounds will leave the ECEC sector (Health and Community Services Workforce Council, sub. 56). With demand for workers growing in the disability and aged care sectors (PC 2011a; 2011b), there will be many alternative, potentially more attractive, employment opportunities for these workers. The need for governments to develop ECEC training programs targeted at contact workers of diverse backgrounds is discussed in section 10.2.

Professional registration for early childhood education and care employees

The registration of early childhood workers has been suggested as a means of promoting the professionalism of workers in the sector and ensuring ongoing access to professional development (including by Community Connections Solutions Australia, sub. 75; Professor Alison Elliott, sub. 70). Early childhood teachers and other educators are not currently required to be registered, though the Victorian Government is considering registering early childhood teachers through the

Victorian Institute of Teaching, with an indicative commencement date of September 2012 (Victorian Government, sub. 87). Kindergarten Parents Victoria argued that:

... the registration of early childhood teachers ... is critical to ensuring that the standards of the education profession are upheld by all. The registration process provides a true recognition of the early childhood education professional, illustrating the value of all teachers in the education sector. (sub. 72, p. 12)

Given the case made in this study to align the pay and conditions of teachers in ECEC settings with those in primary schools more closely, and the greater likelihood of staff moving between early childhood and primary school settings in the future, there is no case for excluding teachers working in early childhood education and care settings from existing teacher registration requirements.

A ‘traditional’ registration model is typically characterised by a statutory authority responsible under legislation for a number of functions, including:

- determining requirements for initial and continuing registration, such as ongoing professional development and requirements for current practice
- approving and accrediting courses for members of the occupation
- monitoring the standards of education and training provision to members of the occupation
- handling complaints and disciplinary actions against members of the occupation
- promoting the occupation to the broader community.

The costs of performing these functions, as well as the costs of administering the registration scheme, will need to be recouped via membership fees.

Systems of compulsory registration are typically implemented in response to community concerns about the potential risks to public health and safety from underqualified or unfit people working within an occupation. These schemes typically apply in occupations where it is difficult for a potential client to determine the quality of a service on offer, and/or where the effects of poor quality are significant (PC 2011c).

These conditions hold, to some extent, for early childhood education and care workers — the ECEC reform programs are centred around the benefits of having qualified workers, and it is certainly undesirable for unfit people to work in ECEC occupations. However, the need for compulsory registration is weakened by the already robust registration requirements for ECEC service providers. Registering ECEC workers would duplicate the work done by the various state ECEC regulators (and by the Australian Children’s Education and Care Quality Authority when it

commences operation in 2012). It is therefore a high-cost approach to ensuring professional status and access to professional development.

An alternative approach is voluntary registration, or self-regulation. Such schemes are typically established by members of an occupation, and membership is a signal to the public that a person is ‘suitably qualified, safe to practise and subject to a disciplinary scheme’ (Carlton 2003, p. 20). Accountants and engineers (excluding engineers in Queensland), for example, operate under schemes of this type.

It is unclear how much support there would be for a voluntary registration scheme amongst ECEC workers. If ECEC workers did want a professional registration scheme, the Commission considers that any such scheme would confer benefits almost solely on its members, and should, therefore, be member funded.

DRAFT RECOMMENDATION 10.9

While there is no case for excluding teachers working in ECEC settings from existing teacher registration requirements in all jurisdictions, governments should not endorse or contribute funding to a registration scheme for non-teacher ECEC workers.

11 Planning the early childhood education and care workforce

Key points

- Governments are developing an Early Years Development Workforce Strategy.
- The role of a workforce strategy is to ensure that sufficient workers enter, train and remain in the sector. In early childhood education and care (ECEC) this means attracting and retaining the significant number of additional workers that will be required in order to achieve the already agreed ECEC goals of the Council of Australian Governments (COAG).
- In particular, the workforce strategy should address the challenges of filling positions in hard-to-staff services such as those in remote and very remote areas, and Indigenous-focused services, as these services will have the most difficulty achieving the COAG ECEC goals.

The success of the Council of Australian Governments' (COAG) early childhood education and care (ECEC) reforms will to a large part be determined by whether or not sufficient workers enter, train and remain in the ECEC workforce. This will be particularly challenging with respect to hard-to-staff rural and remote services (chapter 9) and Indigenous-focused services (chapter 14). Recognising this, COAG has committed to developing an Early Years Development Workforce Strategy (EYDWS). Governments have agreed that the EYDWS will set out options to:

... provide for an adequate supply of qualified workers to support the [National Quality Agenda], as well as examine options for improving educational leadership in the sector ... [it would] address the availability of nationally consistent workforce data, attraction and retention approaches, policy directions underpinning qualifications, and the particular workforce issues confronting rural and remote locations. (COAG 2009f, p. 48)

The development of a workforce strategy is supported by a number of study participants (LHMU, sub. 55; Municipal Association of Victoria, sub. 68; NATSEM, sub. 39). The Department of Education, Employment and Workplace Relations argued that:

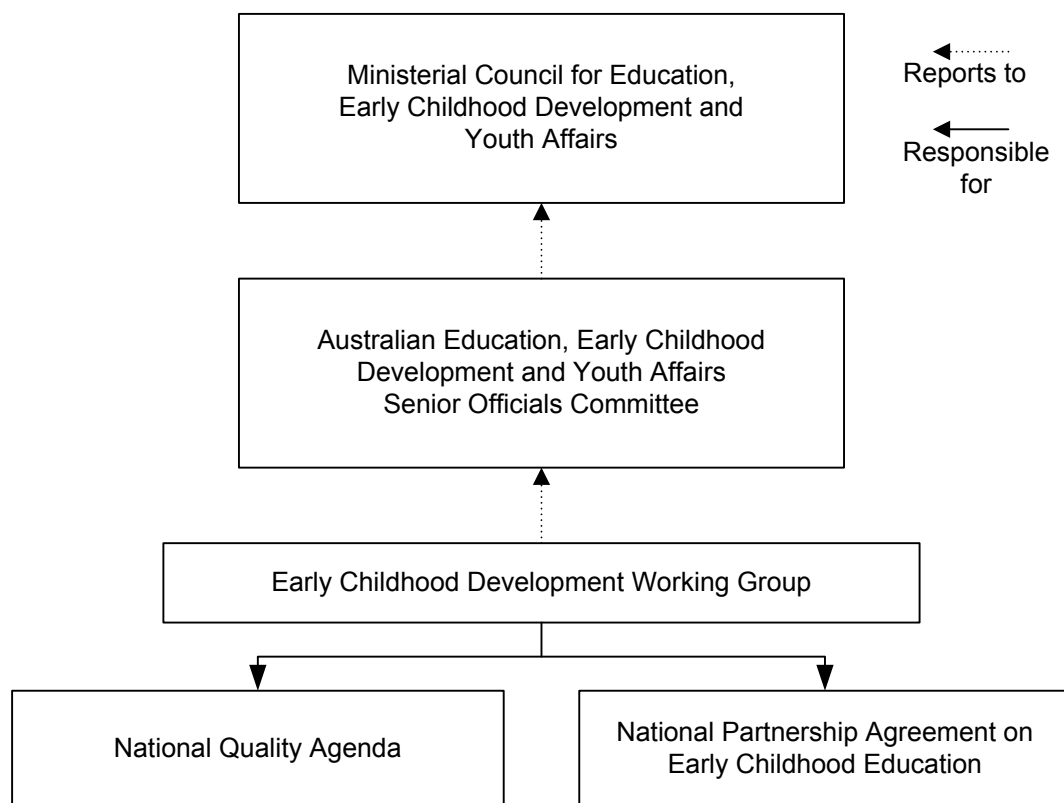
... [workforce] development remains critical to the success of the early childhood reform agenda. The Australian Government is committed to working with states and territories to develop a national Early Years Workforce Strategy. (sub. 86, p. 35)

Responsibility for the Early Years Development Workforce Strategy

From a government perspective, the Early Childhood Development Working Group (ECDWG) is required to undertake work on implementing the National Quality Agenda (NQA) and the National Partnership Agreement on Early Childhood Education (NPA ECE) as referred to the Ministerial Council for Education, Early Childhood Development and Youth Affairs by COAG. The development of the EYDWS is a part of the ECDWG's responsibility (MCEECDYA nd).

The ECDWG, formed within the Department of Education, Employment and Workplace Relations and including representatives from all States and Territories, reports to the Australian Education, Early Childhood Development and Youth Affairs Senior Officials Committee, who in turn report to the Ministerial Council (figure 11.1).

Figure 11.1 Early Childhood Development Working Group governance arrangements

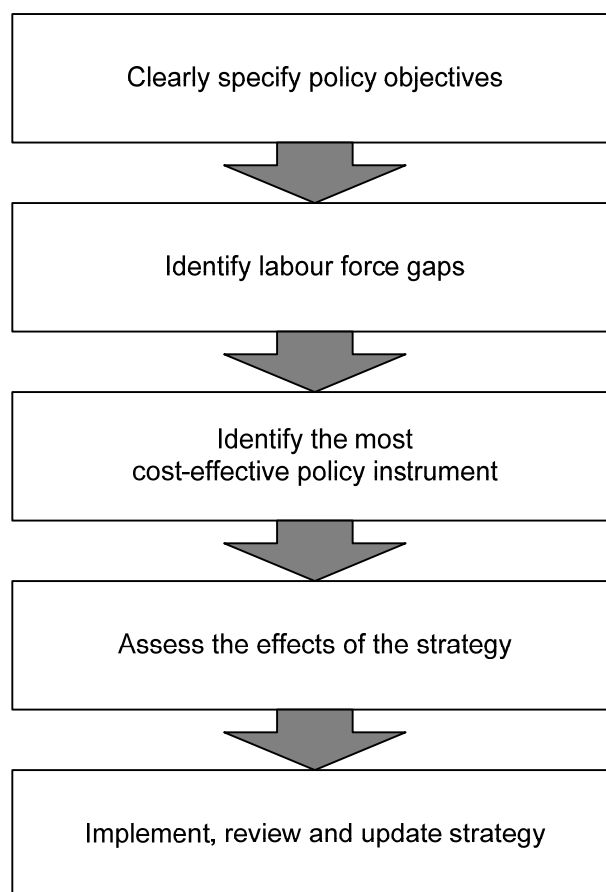


Source: DEEWR, Canberra, pers. comm., 18 April 2011.

11.1 Essential components of an ECEC workforce strategy

The process for developing a workforce strategy is well established (figure 11.2). The EYDWS should clearly specify its objectives, including ensuring that sufficient workers enter, train and remain in ECEC to meet the staff-to-child ratios and qualification requirements of the National Quality Standard (NQS) and to provide access to 15 hours per week of preschool education to all children in the year before formal schooling. In particular, the strategy would look to address the challenges of attracting sufficient workers to hard-to-staff services in rural and remote locations and Indigenous-focused services.

Figure 11.2 **Steps in developing and implementing a workforce strategy**



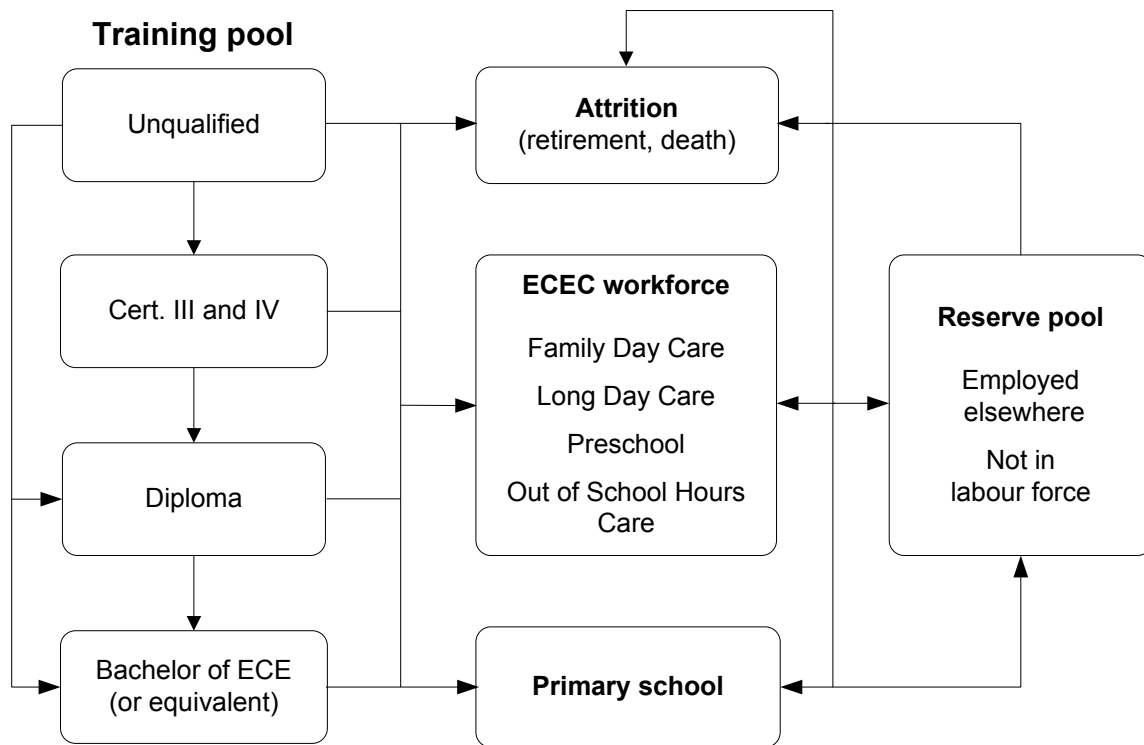
Source: PC (2005)

The development of the EYDWS requires the identification of current and expected demand for qualified staff to meet the targets of the NQS and NPA ECE. This demand would then be compared to current and expected supply, which reflects the

available ‘stock’ of qualified ECEC workers, whether they are currently working in ECEC or not, and the ‘flow’ of workers that are expected to enter or exit the ECEC sector. The flow of workers is likely to include:

- newly trained workers, including high-school graduates, workers in similar or related sectors, older workers returning to the workforce, and people changing careers
- the ‘reserve’ pool of qualified workers, which comprises workers who are qualified to work in the ECEC sector but are currently either working in other occupations or who are not currently in the labour force
- primary school teachers (figure 11.3).

Figure 11.3 Stocks and flows of ECEC workers



If current or expected supply, or both, are inadequate to meet demand, the EYDWS would then seek to identify the most cost-effective policy instrument to increase supply. Broadly these instruments will include those that raise the return to workers who enter, train and remain in the ECEC sector (such as wage subsidies), and those that reduce the cost to workers of doing so (such as training subsidies) (box 11.1).

Box 11.1 What are some economic policy instruments?

Broadly speaking there are two economic approaches for improving the attractiveness of the ECEC labour market. The first is to raise the return to workers of participating in the ECEC labour market and the second is to reduce the cost to workers of doing so.

Raising the return to workers

The first approach is to pay ECEC services to employ additional ECEC workers (figure A). This can be a payment in the form of a wage subsidy paid to employers. This provides ECEC services with an incentive to increase the number of workers they employ (from L_0 to L_1), and the wage paid to employees increases from w_0 to w_1 as a result.

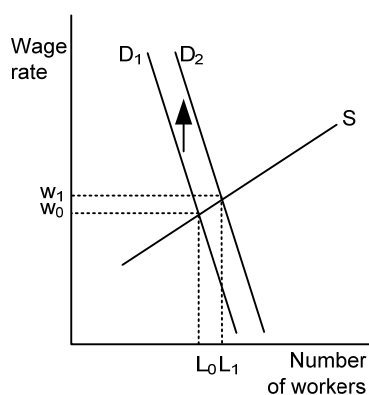


Figure A

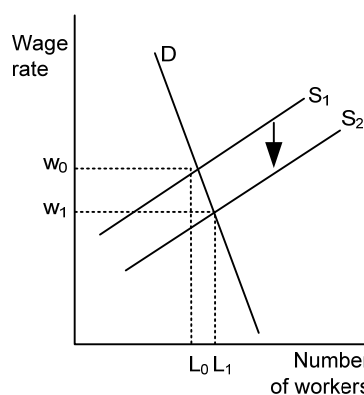


Figure B

Reducing the cost for workers

Reducing the financial and opportunity costs of attending education and training through scholarships or the provision of accelerated training or both, can increase the supply of workers at any given wage level. Put another way, these policy approaches lower the wage required to attract sufficient workers to meet a given level of demand (figure B).

Which approach?

The choice of policy instrument depends on which approach is the least costly in achieving the target level of employment. The direct program costs are equal to the level of the subsidy paid per ECEC worker multiplied by the number of ECEC workers who receive the subsidy. The magnitude of the direct program costs will depend on the relative sensitivities of demand and supply. Governments have mostly chosen to subsidise training with TAFE fee waivers, funding for recognition of prior learning and programs such as the Productivity Places Program (chapters 3 and 10).

An appropriate assessment of the cost-effectiveness of any policy changes implemented as a part of the EYDWS should be conducted. This assessment would take into account both the direct costs of the changes, as well as the community-wide effects (appendix C).

While the examples above focus on changes in financial costs, other non-financial factors, such as improving the status of workers, or providing them with things like professional development and support, easier access to training, more opportunities to experience working in different environments (such as rural communities) and better career paths, can also be important in attracting and retaining workers.

DRAFT RECOMMENDATION 11.1

The Early Childhood Development Working Group should ensure that the Early Years Development Workforce Strategy:

- ***contains clearly identified objectives***
- ***uses sound data on the current workforce and clear, robust assumptions about future policies to make projections of expected ECEC workforce demand and supply***
- ***employs the most cost-effective policy instrument (that also takes into account non-financial factors) to address supply limitations***
- ***takes into account both direct and community-wide effects in assessing cost effectiveness.***

Data requirements for the workforce strategy

The EYDWS requires data on the extent and location of current and future supply in the ECEC workforce, and data to inform the choice of policy instrument to induce additional supply if required. Data are also required to inform policy makers as to the likely response of household demand for ECEC services to any policy changes (as this will subsequently affect workforce demand). There is a considerable volume of data already available to policy makers (appendix B). However, a number of study participants have identified areas where they consider current data collections to be inadequate (box 11.2).

Comprehensive data on the ECEC workforce is available in the form of the National Early Childhood Education and Child Care Workforce Census. The Australian Census of Population and Housing is also useful for analysing the total stock of workers outside the ECEC sector and their motivations to enter and exit the ECEC workforce. However, the existing publicly accessible Australian Census of Population and Housing datasets (the confidentialised unit record files) are not sufficiently detailed to allow such analyses in support of a future ECEC workforce strategy.

Box 11.2 Participants' views on data

Many participants expressed concern regarding the quality of ECEC workforce data. Some participants noted that there were gaps in existing data collections:

Until there is one consistent data collection system implemented nationally, there will continue to be great gaps in collecting this information. (KU Children's Services, sub. 26, p. 5)

Being able to accurately quantify the extent of current workforce shortages ... is very difficult. The lack of specific research data contributes to this difficulty. (City of Greater Geelong, sub. 20, p. 6)

SNAICC argued that there was a lack of workforce data for Indigenous ECEC workers:

There is minimal comprehensive data on our sector and we suggest a major data collection exercise be undertaken on the sector to identify our workers, their qualifications and needs. (sub. 29, p. 12)

The Western Australian Department of Education argued for greater consistency in workforce data:

[The Australian Government should] improve national consistency of early childhood education and care workforce data, and the collection, processing, and provision of this data. (sub. 44, p. 15)

And data on the movement of qualified workers within the community are necessary:

Data is required to determine the extent to which people participating in [ECD courses wholly funded by the Australian Government] ... move into or remain in the child care workforce. (Department of Communities (WA), sub. 59, p. 2)

The NQA and the NPA ECE both require data collection and monitoring. There is also a large body of administrative data that is currently collected. However, access to consolidated datasets remains difficult.

While the ABS community services survey (ABS cat. no. 8696.0) provide some cost data there are gaps in these collections. These gaps could be addressed by extending the National Early Childhood Education and Care Workforce Census. However, ECEC services already face considerable regulatory burden, and requiring extra data collection would add to this burden.

The ABS's Child Education and Care Survey (CEaCS) collection provides a rich description of household demand for ECEC services. The CEaCS collection could be usefully expanded to allow for a more accurate assessment of the impact of different policy options on families who use ECEC services.

To support the development, monitoring and evaluation of the Early Years Development Workforce Strategy, governments could usefully consider:

- *improving access to the National Census of Population and Housing*
- *incorporating ECEC service costs in the National Early Childhood Education and Care Workforce Census*
- *expanding the Childhood Education and Care Survey collection.*

12 Child health workforce

Key points

- Child health services provide regular checks on the health and development of young children, with a focus on health promotion, prevention and the early detection of diseases and disorders. Such services support the health and wellbeing goals outlined in the National Early Childhood Development Strategy.
- They are generally, but not exclusively, staffed by nurses with postgraduate qualifications in child health. Aboriginal health workers also play an important role in delivering child health services to many Indigenous children.
- While child health services appear to be effective, more research is needed to determine the optimal number and timing of child health checks.
- Around two per cent of the nursing workforce, or 5800 nurses, are employed in child health. Over half these nurses work part time, and 63 per cent are located in major cities. Less than four per cent are male. In line with their higher levels of qualifications and experience, child health nurses are, on average, older than other nurses.
- In some jurisdictions, child health services do not employ sufficient nurses to deliver the recommended number of child health checks to every child, and only a small proportion of children receive at least half the scheduled checks.
 - Although there are shortages of nurses in Australia and worldwide, child health nursing is a relatively attractive nursing speciality. Because of this, the supply of child health nurses is likely to increase in response to any increases in government demand for, and funding of, child health services. In particular, child health nurses currently working as practice nurses in general practices provide a reserve pool of trained workers.
- While scholarships may encourage a small number of additional nurses to obtain qualifications in child health or to practice in areas of high demand, their cost effectiveness should be assessed before any expansion of such programs.
- Some jurisdictions require child health nurses to also be qualified midwives. There is little evidence to suggest that this requirement leads to better outcomes for children. As it creates an additional hurdle to workforce recruitment, this requirement should be removed.
- In remote areas, the supply of child health nurses is unlikely to meet demand. Training remote area nurses and other existing health workers to conduct child health checks would improve service provision for children in remote areas.

In addition to education and care, the early childhood development sector includes a range of other services designed to promote the health and wellbeing of young children. These include child health services and family support services (chapter 13). Child health services are attended on a voluntary basis, and have a particular role in promoting infant health and development, with children under one year of age being more likely to attend child health services than early childhood education and care (ECEC) services.

In considering the workforce for child health services, the Commission has focused on universal primary care services aimed at children and families. Other health services for children are generally provided in hospitals or by medical practitioners. Workers in those settings form part of the health workforce, and were considered as part of the Commission's study of the health workforce (PC 2005). Similarly, while acknowledging the importance of antenatal care in improving child outcomes (Government of South Australia, sub. 66), the Commission has focused on health services provided to children from birth to school age.

Like many other developed countries (see appendix D), Australia has a well-developed system of universal health services for young children, provided by community-based nurses. The job titles used by these nurses vary across Australia. Common titles include maternal and child health nurses (Victoria and the Australian Capital Territory), child health nurses (Western Australia, Queensland, and the Northern Territory), child and youth health nurses (South Australia) and child and family health nurses (New South Wales) (Kruske, Barclay and Schmied 2006). In Tasmania, nurses working in child health and parenting services (CHAPS) are referred to as CHAPS nurses (Tasmanian Government, sub. 77). For simplicity, the Commission has chosen to refer to all such nurses as 'child health nurses'.

Child health nurses are often the first point of contact for well-child care and parenting advice (Schmied et al. 2008). This reflects the changing nature of the child health nurse role, in which the concerns about malnutrition and infectious disease that prompted the establishment of child health services now have less prominence (Vimpani 2004). In their stead, child health nurses:

provide health education to families to promote health and wellbeing and prevent illness; offer support and guidance to families while developing parenting skills; assess child growth, development and behaviour at key ages and stages; guide and inform families in relation to family health, breastfeeding, immunisations, nutrition, accident prevention and child behaviour; and provide access to information on child and family services. (ANF sub. 80, p. 2)

In some areas, child health services also employ Aboriginal and Torres Strait Islander health workers. These workers play an important role in increasing the accessibility of the services in which they work to Indigenous children and families.

When child health services are accessible and effective, they can enhance development outcomes for Indigenous children by, for example, promoting the early identification and treatment of hearing impediments that affect children's capacity to learn and socialise.

12.1 Characteristics of the child health workforce

Child health nurses comprise a small proportion of the nursing workforce. The exact size of the child health nursing workforce is unknown, as it includes:

- nurses currently working in child health
- nurses who hold postgraduate qualifications in child health (who may not be currently working in child health).

Nurses working in child health

In 2008, 5788 nurses reported working in child health.¹ This represents around two per cent of nurses employed in clinical practice (AIHW 2010b). While most nurses who report being employed in child health work in child health services, some may also work in other settings, such as children's hospitals or as school nurses.

On average, nurses who report working in child health are older than nurses working in other areas of clinical practice, are more likely to be female, to work part time and to be registered nurses (as opposed to vocationally trained, enrolled nurses) (table 12.1).

Similar observations about the child health nurse workforce were made by study participants. For instance, the Municipal Association of Victoria reported that, of the 925 nurses employed in child health services in Victoria in 2010, 72 per cent worked part time and 14 per cent were aged 60 or older. Only one male child health nurse was reported (sub. 68). In Tasmania, 13 per cent of child health nurses were aged 60 or older (Tasmanian Government, sub. 77).

Over 63 per cent of nurses working in child health are located in major cities, with another 18 percent located in inner regional areas. Less than four per cent of such nurses work in remote or very remote areas (AIHW 2010b).

¹ In the Nursing and Midwifery Labour Force Survey (AIHW 2010b), nurses were asked about their area of clinical practice. Those who selected 'family and child health' are referred to here as child health nurses.

Table 12.1 Selected characteristics of nurses working in child health

	<i>Average age</i>	<i>Male</i>	<i>Holds registration</i>	<i>Average working week</i>	<i>Work part time</i>
	Years	%	%	Hours	%
Nurses employed in family and child health	46.4	3.4	93.6	31.8	54.4
All nurses employed in clinical practice	44.1	9.4	81.3	33.4	47.9

Source: AIHW (2010b).

Nurses working in child health are more likely to hold post-registration or post-enrolment qualifications than nurses employed in other clinical areas, with 69 per cent of nurses working in child health having such qualifications. While postgraduate qualifications are required of child health nurses in some jurisdictions, nurses in similar roles in other jurisdictions may not have such qualifications (see below). Some nurses working in child health may also have relevant undergraduate qualifications that are no longer offered, such as mothercraft nursing (DHS 2004b), and thus would not require postgraduate qualifications in child health.

Few data are available on staff turnover in child health services. Study participants did not consider turnover to be high (for instance, City of Casey, sub. 35; ANF, sub. 80). This would suggest that child health nurses ‘tend to remain in the field for many years’ (Victorian Government, sub. 87, p. 5). The Australian College of Children and Young People’s Nurses considered that the ‘predominant reason for turnover is retirement’ (ACCYPN, sub. 45, p.1), which also indicates that child health nurses remain employed in the sector for many years.

Nurses with qualifications in child health

It is difficult to obtain a comprehensive picture of the qualified child health nurse workforce, for a number of reasons.

- Nursing registration data do not indicate whether nurses have qualifications in child health. Since 1 July 2010, the Nursing and Midwifery Board of Australia (NMBA) has been responsible for the professional registration of nurses and midwives. Unlike some of the state-based Nurses Boards it replaced, the NMBA does not ask for information on nurses’ specialist qualifications (such as child health qualifications) for registration purposes.
- Nurses with child health qualifications may not be employed in child health services. For instance, many nurses employed in general practice (as ‘practice nurses’) have postgraduate qualifications in child health nursing (Parker et al. 2009).

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- Training and qualification requirements for child health nurses vary between jurisdictions. Some nurses with qualifications in child health may therefore not be considered to be ‘qualified’ for child health roles in all jurisdictions.

Aboriginal and Torres Strait Islander health workers in child health

In areas with high Indigenous populations, health services often employ Aboriginal and Torres Strait Islander health workers (AHWs). AHWs ‘generally provide a first point of contact for Indigenous people accessing healthcare services’ (SCRGSP 2009). The presence of these workers can encourage and support Indigenous families to access child health services, as in addition to their clinical role, AHWs ‘play a key role in cultural brokerage between Western medical systems and Indigenous communities’ (General Practice and Primary Health Care Northern Territory, sub. 132, p. 6, cited in PC 2005).

As is the case with child health nurses, very few data are available on the relatively small number of AHWs who are involved in providing child health services.

A somewhat better picture is available of the AHW workforce as a whole. There are around 1700 AHWs in Australia in total, of whom around half work full time and 55 per cent are male. The median age of AHWs is 39 years, which is the same as the median age of the Australian workforce as a whole. One quarter of AHWs have certificate III or IV qualifications, while 30 per cent hold a diploma or advanced diploma and 10 per cent have a degree. Turnover is relatively low — each year around 10 per cent of AHWs leave the occupation, compared to the average for all occupations of 13.1 per cent (DEEWR ndf).

Aboriginal health workers are relatively poorly remunerated. For example, an AHW with a certificate III qualification employed under the Aboriginal Community Controlled Health Services Award 2010 would earn \$738.20 per week in their first year of employment. This compares to average weekly reported earnings for ECEC contact workers of \$753.50 (ABS 2010c), despite many contact workers not having certificate qualifications.

Health Workforce Australia is working to improve the available data on the AHW workforce, with a project currently underway that aims to:

develop a national picture of the Aboriginal and Torres Strait Islander Health Worker workforce. This includes location, role, skills, qualifications and interface with other sections of the health workforce. It will also provide information to inform the development of national standards; scope of practice; workforce roles; career pathways and optimal mechanisms for interaction with other health professionals. (Health Workforce Australia nd)

This information will be particularly useful in planning for professional registration of AHWs, which will commence on 1 July 2012.

Data on the child health workforce

The absence of reliable data about child health nurses and AHWs who work in child health reduces governments' ability to effectively plan and deliver child health services. A number of study participants expressed concern about the limitations of data on the child health nurse workforce (ACCYPN, sub. 45; NSW Government, sub. 79; ANF, sub. 80).

Several initiatives currently underway have the potential to improve the quality of data about child health nurses. The NMBA is moving towards a nationally uniform renewal date for nurse registration, along with standard registration categories. Such changes should improve data consistency at the national level. Some jurisdictions, notably Victoria, have also made efforts to obtain and examine data on the child health nurse workforce (DHS 2004a).

Employers and funders of child health services, notably State and Territory Governments, may nevertheless find it worthwhile to work with the NMBA and Health Workforce Australia to seek ways to progressively obtain and enhance administrative data collections on the child health workforce. In doing so, adhering to standard business reporting (SBR) principles may assist these organisations to collect better data in a more efficient manner (see PC 2009 for further detail).

12.2 Demand for child health nurses

Universal child health services

Government policy on universal child health services is the main driver of demand for child health nurses. Each jurisdiction has a schedule of universal child health visits with a child health nurse, ranging from six visits in South Australia to ten visits in Victoria (appendix C). The variation in the number of visits offered reflects historical differences between jurisdictions and the inconsistent evidence base for child health services (box 12.1). There is also considerable variation in the number of child health visits offered in other countries (appendix D).

Box 12.1 The sparse evidence base for universal child health services

Evidence about the effectiveness of child health services is scarce, with 'limited Australian and international research examining the outcomes or impact of child and family health nursing services' (Schmied et al. 2008, p. 19).

In its most recent review of evidence for child health screening and surveillance, the National Health and Medical Research Council considered that:

Some of [the activities to prevent problems from occurring or to promote or enhance health outcomes] have a strong evidence base (eg immunisation, breastfeeding); for others there are some limited data suggesting they are likely to be effective in facilitating improved outcomes (eg early literacy, injury prevention programs); some appear to be intuitive yet at present there is no compelling evidence as to their effectiveness in improving outcomes (anticipatory guidance, the provision of information to parents). (NHMRC 2002, p. 221)

There is also little evidence about the number of health visits (or 'well-child checks') that should be universally available:

Because well-child checks follows a 'one-size-fits-all' approach, many families are subject to unnecessary visits, while children with biological, psychological, or social risks do not receive the services they need due to time and resource constraints. (Bergman, Plsek and Saunders 2006, p. 3)

To date, there has been no rigorous evaluation of universal services provided by child and family health nurses or the equivalent in other countries ... there is little knowledge of the frequency and intensity of services required to achieve optimum outcomes. (Schmied et al. 2008, p. 19)

Child health services are mainly delivered in community health settings (such as maternal and child health centres and baby health clinics) that offer face-to-face services (at either scheduled appointments or drop-in clinics). Some jurisdictions also provide telephone support and advice on child health (Victorian Association of Maternal and Child Health, sub. 15) or child health visits via the Royal Flying Doctor Service. Child health services are also increasingly being offered in integrated services (chapter 15). For instance, the Benevolent Society's Women's Health and Mother Baby Hub offers integrated primary health services to women and families in Strathpine, Queensland (sub. 49).

Differences in the number of funded child health visits leads to considerable differences between jurisdictions in demand for child health nurses, with higher demand in jurisdictions that provide more visits (such as Victoria, New South Wales, Queensland and the Northern Territory). A national approach to universal child health services has been proposed (Allen Consulting 2009), and five jurisdictions are now supporting research on its implementation (ARC 2009). To the extent that such an approach leads to changes in the number of visits offered by some jurisdictions, there could be considerable change in the demand for child

health nurses in those jurisdictions. Such change appears unlikely, however, as adoption of the national framework is uncertain (appendix E).

Changes that have been recently introduced include health and wellbeing checks for three-year-olds (Treasury 2011b) and four-year-olds (DoHA 2010). These checks are funded by the Australian Government and are generally delivered by general practitioners or practice nurses. The three-year-old check is voluntary and will include consideration of emotional health and wellbeing (Treasury 2011a). Legislation currently before Parliament would make payment of the Family Tax Benefit Part A Supplement conditional on parents taking their children for a four-year-old health check (Collins 2011).

Regardless of the number of child health checks offered, changes in birth rates or service usage rates will also affect demand. Birth rates have increased in Australia in recent years (chapter 2), driving increases in demand for child health services. Study participants commented on the increased demand (for example, ACCYPN, sub. 45) and noted that increases have been particularly pronounced in some metropolitan areas (City of Casey, sub. 35; Western Australian Auditor General 2010).

The Tasmanian Government suggested that families in low socioeconomic status areas tend to rely more heavily on child health services (sub. 77), which may increase service usage in those areas. However, others have found that families of infants and toddlers from a higher socioeconomic background are more likely to attend child health services than those from lower socioeconomic backgrounds (Blakemore, cited in McCarthur et al. 2010).

Service usage rates can also be affected by the personal qualities of the child health nurses:

It's not enough to just provide more numbers – Rural areas require [the] Child Health Workforce to engage with the local community, not be seen to judge – if workers aren't accepted within the community outcomes won't be achieved – Should be strong focus on interactions as well as academic knowledge. (Tasmanian Minister's Child Care Advisory Council, sub. 83, p. 26)

Several jurisdictions have been attempting to increase service usage rates through mass media advertising campaigns. Victoria, for instance, has advertised the availability of the three-and-a-half-year-old health check in women's magazines (DEECD, DoHA and MAV 2010). In contrast, other jurisdictions do not employ sufficient nurses to deliver the recommended number of child health checks to every child. For instance, in Western Australia only a small proportion of children receive even half of the seven checks technically offered to Western Australian children, with priority being given to health checks for children under one year of

age (Western Australian Auditor General 2010). If funding for child health services is increased in line with increasing birth rates, there will be a substantial increase in demand for child health nurses in those jurisdictions. Conversely, in the absence of evidence that the reduction in the average number of child health checks delivered by some jurisdictions has had a negative impact on the health and development of children in those jurisdictions, there may be a case for reducing funding to universal child health services. This would in turn reduce demand for child health nurses.

DRAFT RECOMMENDATION 12.1

To ensure the cost effectiveness of child health services and better inform consideration of future child health workforce needs, state and territory governments should seek to improve the evidence base for child health services, in particular to determine the optimal number and timing of child health checks.

Targeted child health services

Vulnerable families

Targeted child health services provide extra contact or support for certain groups. For instance, both New South Wales and South Australia have home visiting programs targeting vulnerable families (CYWHS 2005; NSW Department of Health 2009). The number of families assisted by home visiting and other targeted child health services is relatively small. For instance, the Enhanced Maternal and Child Health Service in Victoria was used by 1132 families in 2009-10 (DEECD 2010a).

Nurse home visiting programs have been shown to be associated with improvements in some child outcomes and in parenting skills among vulnerable families (box 12.2). There was support amongst study participants for the further development of nurse home visiting programs (NIFTeY NSW, sub. 36; UnitingCare Children, Young People and Families, sub. 62).

Box 12.2 Nurse home visiting

Visiting pregnant women and new mothers at home, particularly those from vulnerable and disadvantaged groups, has become an increasingly important part of nursing practice in several countries. A review of reviews of ante- and post-natal home visiting programs found that they can be associated with:

- ‘Improvements in parenting
- Reported improvements in some child behavioural problems
- Improved cognitive development, especially among some sub-groups of children such as those born prematurely or born with low birth weight
- A reduction in accidental injury among children
- Improved detection and management of post-natal depression
- Improved rates of breastfeeding’ (Bull et al. 2004, p. 25).

Programs that target at-risk individuals tend to have larger effects on child outcomes (Sweet and Appelbaum 2004) and are significantly more cost effective (London Economics 2007).

While this evidence is promising, much of it emanates from the United States, principally from the Nurse Home Visiting Program (Olds et al. 2007), which targeted disadvantaged women in number of US cities. Questions remain about the applicability of this research in other countries. There is also uncertainty about which model of home visiting best suits different families’ needs, and the optimal duration of home visiting programs (Bull et al. 2004).

Indigenous families

Australian governments are seeking to reduce the gap in developmental outcomes between Indigenous and non-Indigenous children, with the Council of Australian Governments aiming to halve the gap in mortality rates for Indigenous children under five within a decade (COAG 2009b). Several targeted child health programs are designed to help reach this goal.

- The Australian Nurse–Family Partnership Program (ANFPP) supports pregnant Indigenous women to improve their own health and the health of their baby. It also provides parenting support and assistance in the early years of the child’s life (ANFPP 2010). It is closely based on the US Nurse Home Visiting Program (Olds et al. 2007).
- The New Directions Mothers and Babies program funds services to increase access to antenatal care and to improve the birth weights of Indigenous babies (DOHA 2011).

To the extent that these programs increase Indigenous families' access to, and use of, child health services, both increase demand for child health nurses.

Child health nurses in general practice

Child health nurses are trained in health promotion and preventive care and generally have experience in delivering such care in a community setting. Many nurses with child health qualifications work as practice nurses, mainly because, until quite recently, certificates and diplomas in child health nursing were some of the few qualifications that equipped nurses to work in community settings (Parker et al. 2009). Initiatives to encourage general practices to employ practice nurses, such as the Practice Incentives Program (Medicare Australia 2010), are therefore likely to increase demand for child health nurses, at least in the short term. As graduates of recently developed practice nursing courses increase in number, demand for child health nurses in general practice is likely to fall. The substantial number of child health nurses working in general practice could therefore be thought of as a reserve pool of child health nurses, who may return to child health over time.

12.3 Supply of child health nurses

The ability to recruit and retain nurses to child health services depends on the attractiveness of employment in those services, compared to nurses' other employment options. While this is largely determined by the remuneration and conditions offered to child health nurses, other factors also contribute to making child health nursing attractive to many potential workforce entrants. For instance, professional autonomy and the ability to establish relationships with families contribute to the desirability of working in child health (ANF, sub. 80), as does the absence of shift work.

Indeed, child health nursing is one of the more attractive nursing specialties, with stakeholders reporting 'no shortage of nursing graduates wanting to work in children's health care' (ACPCHN 2002, p. 1). However, there are barriers to entry to child health nursing, and their removal (see below) would increase the supply of child health nurses.

Remuneration

In all jurisdictions except Victoria, child health nurses are employed by state and territory governments. They generally receive the same wages as nurses with postgraduate qualifications in other fields of nursing, as they are employed under

the same awards and agreements as other nurses. However, there is considerable variation between jurisdictions in wage rates for child health nurses (table 12.2).

Table 12.2 Wages for child health nurses

Annual wage at first pay point, 1 January 2011^a

	NSW ^b	Vic ^c	Qld	SA	WA	Tas	NT	ACT
\$	62 933	71 500	71 297	59 377	66 948	60 087	72 761	72 960

^a Excluding allowances and loadings. ^b At fifth pay point. ^c Average wage for a child health nurse in Victoria in 2008-09 (DEECD 2009f).

Source: ACT Public Sector Nursing and Midwifery Enterprise Agreement 2010-2011; Northern Territory Public Sector Nurses' 2008 – 2011 Union Collective Agreement; Nurses and Midwives Heads of Agreement 2010 (Tasmania); Nurses and Midwives (Queensland Health) Certified Agreement 2009; Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2010; Public Health System Nurses' and Midwives' (State) Award 2011; Registered Nurses, Midwives and Enrolled Mental Health Nurses Australian Nursing Federation – WA Health Industrial Agreement 2007.

In Victoria, child health nurses are employed by local governments under municipal enterprise agreements. There is no formal mechanism for aligning child health nurse wages with those of nurses in other local government areas or in the health system. Differences in wage rates are likely to remain despite the introduction of modern awards, as current rates of pay in Victoria are well in excess of those in the modern award.

More importantly however, wage variation between jurisdictions has come about because child health nurses are generally paid at the same rate as other nurses (although child health nurses do not receive shift penalty payments and so tend to have lower take-home pay — see below). This wage parity is important in ensuring the ongoing attractiveness of child health nursing within jurisdictions, and would appear to be the main reason why study participants did not express concerns about the adequacy of remuneration for child health nurses.

However, the Tasmanian Government (sub. 77) noted that, despite notionally equal rates of pay, differences in salary packaging arrangements between hospitals and child health services can affect the relative attractiveness of the remuneration offered by child health services. Local governments in Victoria raised similar concerns (Municipal Association of Victoria, sub. 68), with the City of Greater Geelong suggesting that nurses 'are likely to suffer significant pay losses (including superannuation, salary sacrifice and the inability to transfer other entitlements such as long service leave from the public hospital system to local government) if they choose to become [child health] nurses' (sub. 20, p. 6). Despite this, as funders or employers of nurses in both hospitals and child health services, state and territory governments could, over time, be able to reduce such differences if necessary.

While the jurisdictional variation in wage rates may lead child health nurses to move to higher-paying jurisdictions, this tendency is limited by variations in qualification requirements (see below).

Employment conditions

Working hours

As noted in table 12.1, more than half of the nurses employed in child and family health work part time. Part-time work is more common among nurses employed in child health than among nurses employed in any other clinical area except midwifery (AIHW 2010b).

Study participants also considered rostering arrangements in child health services to be attractive. For example, the Australian Nursing Federation considered that child health nurses ‘have largely predictable and stable rostering arrangements when compared to their acute sector nursing and midwifery colleagues. The requirement for them to work shift work is minimal’ (sub. 80, p. 3). Similarly, the City of Casey considered flexible working hours to be a benefit of working in child health services (sub. 35). The availability of part-time work, together with the absence of shift work and control over working hours, is attractive for many nurses, despite not receiving shift penalty payments.

Location

As community-based nurses, employment opportunities for child health nurses are geographically dispersed, broadly in line with the distribution of the population. Positions in inner city areas are attractive and easy to fill, perhaps because nurses tend to work locally and prefer not to commute long distances. Because turnover is low, vacancies in these areas arise relatively infrequently. Most vacancies arise in child health services in outer metropolitan growth areas and rural areas. There were reports that positions in these areas can be difficult to fill (City of Greater Geelong, sub. 20; City of Casey, sub. 35), but few data on vacancies are available at the local level.

12.4 Training and workforce planning for child health nurses

Training and qualifications

Training child health nurses

The undergraduate nursing curriculum does not focus on child health, and provides limited exposure to nursing practice beyond the acute care sector (Parker et al. 2009). Nurses therefore require additional training in order to provide child health services, and most child health nurses hold a postgraduate certificate or diploma in child health. Masters degrees are also increasingly common (ANF, sub. 80; Victorian Association of Maternal and Child Health Nurses, sub. 15).

While these courses generally equip child health nurses with appropriate skills and knowledge, there is considerable variation in course length, names of courses, mode of delivery, entry requirements and theoretical and clinical practice requirements (Kruske and Barclay 2006). There are also concerns that the number of clinical placements in child health nursing is inadequate (NHWT 2009). The Australian College of Children's and Young People's Nurses reported that some courses have only 15 hours of clinical placement (sub. 45). This could affect the quality of graduates from child health nursing courses.

Limited clinical contact hours within the maternal and child health sector whilst undertaking the postgraduate course often does not enable confidence for autonomous practice on completion of the course and entry to the field. (ANF, sub. 80, p. 12)

If there were substantial concerns about the quality of graduates of child health nursing courses, in the absence of major workforce shortages it could be expected that graduates may have difficulty obtaining employment in the field. This does not appear to be the case, as study participants did not express concern about graduate quality. Indeed, in Victoria, more than three quarters of graduates of maternal and child health nursing courses apply for, and gain, employment as a child health nurse (Victorian Association of Maternal and Child Health Nurses, sub. 15). This suggests that Victorian child health graduates have appropriate skills (though they may differ from graduates in other states due to the requirement for Victorian child health nurses to also be qualified midwives — see below).

Scholarships for postgraduate study

In Victoria, a number of scholarships are available for nurses undertaking postgraduate training in child health. The Department of Education and Early Childhood Development offers 15 such scholarships per year, valued at \$3500 each

(MAV 2010). Some local governments also offer scholarships of various sizes for postgraduate study in child health.

Several study participants considered these scholarship programs to have been effective in addressing localised workforce shortages, including in rural areas (ANF, sub. 80; City of Greater Geelong, sub. 20). To the extent that scholarships attract nurses to areas of unmet demand, they are likely to be beneficial. However, there are few data to confirm that scholarships have encouraged additional nurses to obtain qualifications in child health or to move to areas of unmet need. There is also little evidence to suggest that scholarships encourage the retention of child health nurses in underserved areas. In the absence of data on nurses' career intentions, it would appear likely that the schemes reduce the cost of obtaining qualifications for many nurses who would have obtained them anyway.

The Commission considers that scholarships and other incentives should only be targeted to nurses who would otherwise be unwilling to practice in demonstrated areas of workforce shortage. Prior to any expansion of scholarship programs, such as that advocated by the Australian Nursing Federation (sub. 80), clear evidence should be obtained to show that scholarship programs are a cost-effective way of attracting additional nurses to areas of need. Initiatives that promote the retention of existing child health nurses in hard-to-staff areas, such as preceptorships² and professional support programs, also merit consideration.

DRAFT RECOMMENDATION 12.2

Scholarships for postgraduate study in child health nursing may encourage a small number of additional nurses to obtain qualifications in child health or to practice in areas of high demand. The cost-effectiveness of scholarships as a method of achieving this goal should be assessed by governments before any expansion of scholarship programs.

Jurisdictional variation in qualifications required of child health nurses

Training and qualification requirements for child health nurses vary between jurisdictions. For example, while New South Wales considers postgraduate qualifications to be ideal, they 'are not mandatory and can be gained after entering the area of practice' (NSW Government, sub. 79, p. 8). New South Wales therefore employs generalist nurses in child health roles (NSW Department of Health 2009). Other jurisdictions prefer child health nurses to hold a graduate diploma or masters

² A preceptor is 'an experienced practitioner who teaches, instructs, supervises and serves as a role model for a student or graduate nurses, for a set period of time, in a formalised programme' (Usher et al. 1999, p. 507 quoted in Mills, Francis and Bonner 2005).

degree in child health, rather than a graduate certificate, but will relax this requirement in certain circumstances.

These differences can mean that some nurses with qualifications in child health are not considered to be employable in child health roles in some jurisdictions, which can create a barrier to movement of child health nurses between jurisdictions. In jurisdictions that require or prefer nurses to have a postgraduate qualification in child health, these barriers can be overcome by nurses who are willing to undertake a relatively short period of additional study (for example, a graduate certificate generally takes six months to complete). The requirement for child health nurses to also be midwives is more problematic.

Requirement for child health nurses to also be midwives

In Victoria, maternal and child health services are required to employ registered nurses with qualifications in both midwifery and child health (DEECD 2009g). Victorian universities offering postgraduate courses in child health nursing have therefore required nurses to hold midwifery qualifications prior to commencing studies in child health nursing.

Some study participants supported the midwifery requirements, considering that:

For maternal and child health nurses to competently provide the care required for families and children today, they require the current level of education, experience and expertise in this specialised field. (Victorian Association of Maternal and Child Health Nurses, sub. 15, p. 3)

Others considered that more emphasis should be placed on ensuring that new mothers receive certain types of support commonly provided by midwives, such as breastfeeding support and advice on maternal nutrition (Diana Aspinal, sub. 33). Another potential rationale for requiring child health nurses to hold qualifications in midwifery is that they sometimes visit families within a few days of the birth of a child (ANF, sub. 80).

However, there are a number of important disadvantages of requiring child health nurses to have qualifications in midwifery. First, the time and cost of obtaining qualifications in nursing, in midwifery and in child health nursing could reduce the number of potential entrants to the field, contributing to workforce shortages in some areas (Centre for Community Child Health, sub. 81; City of Greater Geelong, sub. 20). Second, workers with additional qualifications require recompense for those qualifications in the form of higher wages, as can be seen in the relatively high wages paid to child health nurses in Victoria (table 12.2). All other things equal, this can restrict the number of nurses that can be employed and the number

of child health checks that can be provided. Third, as discussed above, these requirements restrict movement of nurses between jurisdictions (Australian College of Children’s and Young People’s Nurses, sub. 45). Fourth, while the costs of the additional qualification requirements are considerable, the benefits are both diffuse and uncertain. The Commission was not told of, nor could it find, any evidence to suggest that Victorian children have better health outcomes than their counterparts in other states as a result of being seen by more highly qualified child health nurses. If the additional qualification requirements did indeed contribute to child health outcomes, it could be expected that some evidence to this effect would be available. In light of these factors, the Commission considers that there is little justification for requiring child health nurses to hold qualifications in midwifery.

DRAFT RECOMMENDATION 12.3

In order to reduce unnecessary obstacles to attracting new child health nurses, state and territory governments should not require child health nurses to have qualifications in midwifery in addition to their qualifications in nursing and in child health.

Planning and supporting the child health workforce of the future

Age of the workforce

Several study participants expressed concern about the ageing of the child health nurse workforce (for instance, NSW Government, sub. 79; Victorian Association of Maternal and Child Health Nurses, sub. 15). However, given the additional training required of child health nurses, it is both reasonable and expected that child health nurses are older than the nursing workforce as a whole. The Australian Nursing Federation considered that ‘the higher than average age range for [child health] nurses is probably reflective of the work experience and educational preparation requirements for the role, as many nurses enter this field after considerable experience in other areas’ (sub. 80, p. 3). The Commission concurs, and does not have particular concerns about the ageing of the child health nurse workforce.

DRAFT FINDING 12.1

While child health nurses are, on average, older than other nurses, this reflects their higher level of qualifications and experience and does not appear to be a cause for concern.

Professional development and support

All registered nurses, including child health nurses, must undertake 20 hours per year of continuing professional development (CPD) in order to maintain their professional registration (NMBA 2010). Nursing organisations considered it important that, in addition to professional development, child health nurses are able to access appropriate professional support (ACCYPN, sub. 45; ANF, sub. 80). This is particularly the case for nurses commencing practice in child health, because ‘it is professionally and personally difficult for nurses/midwives to enter the field without having a defined process of preceptorship with an experienced [child health] nurse’ (ANF, sub 80, p. 12). Formal support structures are also more important for professionals who work alone.

The Tasmanian population is small and dispersed so most [child health] nurses delivering universal services work alone or with other disciplines so often do not have the collegial support that nurses in hospitals experience. (Tasmanian Government, sub. 77, p. 10)

To counter this potential isolation, many employers of child health nurses provide preceptorships or formal mentoring programs (for example, Tasmanian Government, sub. 77). Some, such as the City of Stonnington in Melbourne, have formally undertaken to do so as part of enterprise agreements (ANF, sub. 80). In areas where such programs are in place, they appear to be addressing professional support needs.

In rural and remote areas, however, professional development programs are scarce (ACCYPN, sub. 45), and other means of providing professional support and networking opportunities may be required. In the Northern Territory, a recent study of the nursing and midwifery workforce suggested a potential approach.

Create an online ‘virtual community’ for past, present and future NT nurses which lets them interact with each other and so reduce the sense of isolation. (Garnett et al. 2008, p. 5)

In chapter 10, the Commission recommended the expansion of such ‘virtual communities’ for the early childhood teacher workforce. A similar approach for the child health nurse workforce is also likely to prove beneficial. Where development of online communities for nurses is already underway, any such initiatives for child health nurses should form part of the broader system. This may require the purchase of new equipment as, in some jurisdictions, many child health nurses do not have access to adequate information technology (Western Australian Auditor General 2010).

Providing child health checks in remote areas

Though children who live in remote and very remote communities are more likely to experience poor health and to be developmentally vulnerable (Centre for Community Child Health and Telethon Institute for Child Health Research 2009), many do not have access to child health services and do not receive child health checks. Study participants suggested that the remote health workforce faces many other competing demands.

The core business of health professionals in remote services is health and it is our experience that they are generally too overwhelmed by health needs of the full range of people in the community to focus specifically on early childhood. (RRACSSU Central, sub. 42, p. 3; Batchelor Institute, sub. 46, p. 3)

Many nurses in remote areas also have little training or experience in child health. While acknowledging the pressure faced by health professionals in remote areas, the Commission considers that methods need to be found to ensure that children in remote areas receive child health checks, as they stand to derive the greatest benefit from preventive services.

In many areas, employment of a dedicated child health nurse is unlikely to be possible or practical. Generalist roles are unlikely to be attractive to many child health nurses (ACCYPN, sub. 45). Child health services will therefore need to be structured and staffed in different ways. In some areas, visiting child health nurses can deliver child health services. For instance, the Royal Flying Doctor Service has provided child health services in Queensland since the early 1990s (King et al. 2001). In other areas, the existing workforce — such as remote area nurses and Aboriginal health workers — will need to be trained to provide child health checks. This training could be modelled on the NT ‘Healthy Under 5 Kids’ program (box 12.3).

DRAFT RECOMMENDATION 12.4

In areas where children are unlikely to have access to a child health nurse, other health professionals, such as remote area nurses and Aboriginal health workers, should receive training in child health.

Despite the likely benefit of the child health training recommended by the Commission, attempts to make it compulsory before nurses or Aboriginal health workers take up posts in remote areas should be avoided, as such requirements are likely to reduce the available workforce in those areas. Moreover, the training package is designed for remote delivery, and thus can be undertaken by health professionals who are already working in remote areas.

Box 12.3 Healthy Under 5 Kids Education Package

The Healthy Under 5 Kids Education Package is a stand-alone, self-directed education package for remote-area practitioners who do not have a background in child health. It is designed to support them in the delivery of preventive child health care, including age-specific child health checks, growth assessments and vaccinations.

The package takes 20 hours to complete. This study time is generally spread out over approximately 12 weeks. Since its launch in August 2010, 120 workers, including remote area nurses, Aboriginal health workers and other staff in remote areas, have enrolled in the package.

Nurses are able to obtain continuing professional development (CPD) points for completion of the training package. Completion can be also counted as one subject towards a Graduate Diploma in Child and Family Health at Charles Darwin University.

Source: Northern Territory Government (nd).

Chapter 9 considers rural and remote issues for the early childhood education and care workforce. Many of the recommendations in that chapter, including those relating to housing, professional development and support, will also be relevant to health workers. For instance, health professionals providing child health services in remote areas should have access to housing and to relevant technology for training and development purposes.

13 Workforce for family support services

Key points

- All levels of government fund a large number of family support programs. Though differing in structure and methods, these programs are guided by COAG's National Early Childhood Development Strategy and share the common goal of improving families' capacity to care for their children.
- The workers who deliver family support services are drawn from the early childhood education and care, nursing, allied health and community services workforces with most workers' knowledge about family support practice coming from their initial training. Volunteers and peer mentors also play a significant role in some programs.
- Although recent improvements are promising, there are still few data available on the family support workforce. This reduces governments' ability to effectively plan and deliver family support services.
- The demand for workers to provide family support services is primarily driven by government funding and policy priorities, with individual recruitment decisions largely made by non-government organisations. Thus there is considerable variation in demand for different types of workers across and within jurisdictions.
- The supply of workers for family support programs is highly dependent on the employment opportunities available to those workers in their primary area of expertise (for instance, opportunities for social workers to work in community services). Due to different award structures and insecure program funding, employment in family support programs is often the less attractive option. Services that provide family support therefore require increased funding for longer periods, so that they can plan their workforce with confidence, invest in training, pay market wages, and attract and retain staff.
- Preceding chapters have shown that demand for most ECD workers is likely to exceed supply in the short term. As workers in family support programs are largely drawn from the same pool of workers, demand for workers in family support programs is also expected to exceed supply under current policy settings.
- There is limited high-quality evidence about the effectiveness of many family support programs, and directing more resources towards evaluations would have benefits in the long term. There may be potential for the provision of additional family support services through the use of volunteers.

Family environment plays a crucial role in the cognitive, social and emotional development of young children. Indeed, in its systematic review of parenting programs for parents of young children, the Cochrane Collaboration found that:

There is an increasing body of research indicating that the quality of the parent–infant relationship in particular creates the conditions for establishing healthy patterns of functioning in childhood and adulthood. ... Insecure attachment prior to age 2 is related to a range of poor outcomes including conduct problems, low sociability, poor peer relations, symptoms of anger, and poor behavioural self-control during the preschool years and to adolescent anxiety, dissociation, drug use, and delinquency ... This may indicate a role for early interventions designed to improve parent–infant interaction in particular, and parenting practices more generally. (Barlow and Parsons 2007, pp. 2–3)

The role of family support as part of broader early childhood development (ECD) programs is further considered in appendix E. In light of this demonstrated need, a range of family support services have been established, some of which provide assistance with housing, employment, financial management and parental relationships. While acknowledging the important role of such services, the Commission has limited its focus on family support services to those that aim to improve the capacity of families to care for their children. This focus aligns with the definition of family support services used by the Australian Institute of Health and Welfare (AIHW 2001).

13.1 The workforce for family support services

Family support services are diverse and fragmented

Governments in Australia have an ongoing commitment to fund a wide range of family support programs and services (COAG 2009c), many of which are delivered by non-government organisations (NGOs). Each State and Territory funds, and in some cases directly provides, a range of family support services. For instance, 25 family support projects funded or provided by State and Territory Governments were identified by the Australian Health Ministers' Conference and Community & Disability Services Ministers' Conference (AHMC and CDSMC 2006). Similarly, the Australian Government will fund 160 projects through its Family Support Program in 2010-11 (FaHCSIA 2010b).

The large number of different family support and parenting programs leads to diversity in their messages, with a review conducted for the Ministerial Council for Education, Early Childhood Development and Youth Affairs identifying 126 parenting initiatives with 98 separate key messages (MCEECDYA 2010a). The diversity of family support services can also be seen in the wide range of programs and services considered to be 'promising' by the Australian Institute of Family

Studies (AIFS 2011b). The ‘promising practices’ range from literacy programs, parenting education and home visits, to music therapy, supported playgroups and circus workshops (box 13.1). Other promising programs, such as the Brighter Futures program in New South Wales, involve assisting vulnerable families to access mainstream early childhood education and care (ECEC) services (Benevolent Society, sub. 49; NSW Government, sub. 79; UnitingCare Children, Young People and Families, sub. 62).

Box 13.1 Examples of the diversity of family support programs

Sing and Grow

Sing and Grow is a music therapy project that provides group programs in the community for mums, dads and carers with young children. We usually meet once a week for about an hour, for 10 weeks. We use percussion instruments, drums, ribbons, balls and parachutes, along with singing known and new songs, to increase positive interactions between parents and their children, enhance child development, build social support networks and increase parents’ confidence to use music as play at home. (Playgroup Queensland 2011)

Home Interaction Program for Parents and Youngsters (HIPPY)

HIPPY is a 2-year, home-based, early childhood enrichment program for preschool children that targets communities [that] have experienced various forms of social disadvantage. It provides intensive education and support to parents with children up to 5 years of age, using tutors that work with both parents and children within their homes. The tutors are chosen from participating families in the program and hence provide peer support. The program enables parents to spend more time with their children in activities that enhance cognitive development, social/emotional development, stimulate positive parent/child interactions, and empower parents to view themselves as primary educators of their children. (AIFS 2011a)

Brimbank Children’s Circus Project

The Brimbank Children’s Circus Project provides a rich environment where children aged 3-5 years are immersed in physical play, oral language, visual stimulation and interaction with a key adult in their lives. The combination of circus activities, a strong literacy and numeracy concept and a community learning approach, enables children and their families to experience literacy through a positive and universal approach and responds to the National Strategy for Literacy and Learning in a new and exciting way. (Westside Circus 2011)

Psycho-Educational Program for Parents

The Psycho-Educational Program for Parents program is an innovative mental health promotion intervention for universal application in primary care with fathers, mothers and their first newborns. It addresses two under-recognised risk factors for postnatal psychological disturbance: quality of relationship with partner; and management of infant crying, sleep and settling. The 2-session program [is] conducted in half-day seminars by maternal and child health nurses. (AIFS 2011c)

Family support services are delivered in a variety of ways. In addition to face-to-face services, parenting helplines in each jurisdiction allow parents to access support over the phone (Kids Helpline nd). In some jurisdictions, mobile family support services are provided to families who are isolated by geographic, social, cultural or economic factors (Mobile Children’s Services Association of NSW, sub. 38).

As well as differing in their methods, family support services differ in the specific focus of their efforts. While services generally aim to enhance child development and to improve child and family outcomes, others common objectives include:

- preventing child abuse and maltreatment
- preventing delinquency and crime in future years
- enhancing family relationships
- fostering community development and integration
- assisting culturally and linguistically diverse (CALD) families and families of children with disabilities with their specific needs.

Most family support programs aim to achieve several of these objectives, with many specifically targeting disadvantaged or vulnerable families. Despite this focus, families of young children from low socioeconomic backgrounds are much less likely than those from a higher socioeconomic background to have used community support services for their children (Blakemore, cited in McCarthur et al. 2010).

A wide range of workers deliver family support programs

The diversity of family support services means that a wide range of workers are involved in their provision. They include:

- child health nurses
- preschool teachers and other early childhood education and care (ECEC) workers
- social workers, family support workers and other welfare professionals
- psychologists and other allied health professionals
- other professionals, such as counsellors, music therapists and social scientists
- volunteers, including neighbours and peers.

Many programs are delivered by a combination of different professions and workers. For instance, the Intensive Family Support Program in NSW is delivered

and managed by workers with a degree in either social work or psychology (NSW Human Services 2010). Other programs are delivered in a multidisciplinary fashion, or place an emphasis on training workers in the unique methods of a particular program, regardless of the workers' professional backgrounds (for instance, the Positive Parenting Program known as Triple P). Some family support programs, such as South Australia's Learning Together @ Home program, are delivered by unqualified workers (Government of South Australia, sub. 66).

NIFTeY NSW considered the presence of a wide variety of skills in the family support workforce to be beneficial, because different workers can help to support different domains of a child's development (sub. 36). Similarly, the Benevolent Society considered that:

It is important to acknowledge that no one profession can adequately address all the needs of a child and their family nor can one ECD worker provide a full suite of services to the child's family. A comprehensive program requires a diverse and experienced team of professionals including psychologists, social workers, early educators, child and family health nurses, infant mental health specialists, speech and occupational therapists. (Benevolent Society, sub. 49, p. 18)

This diversity adds considerably to the difficulty of defining and analysing the workforce for family support services. However, although the evidence base on family support programs is limited, it suggests that the diverse and flexible service delivery model, common to many Australian programs, is associated with improved outcomes (box 13.2).

Characteristics of the workforce for family support services

Few datasets provide information about the workers who deliver family support programs. Though most family support programs employ health and community services staff, data on the health and community services workforces, such as that reported by the AIHW, do not permit workers in family support services to be separately identified (AIHW 2009c). So while the number of social workers or psychologists is known, it is not possible ascertain how many of these professionals work in family support services.

Box 13.2 The evidence base for family support programs

The effectiveness of several family support programs, including the Positive Parenting Program (known as Triple P) (Markie-Dadds and Sanders 2006) and the Nurse Home Visiting Program (Olds et al. 2007), has been demonstrated in high-quality studies.

However, international experience suggests that most family support and parent education programs have shown only modest impacts or have been effective for some at-risk populations but not others (Bruner 2004; Layzer et al. 2001). Moreover, very little is known about the 'active ingredients' of effective programs (Barrett 2010), making them difficult to replicate elsewhere. In Australia, there is also a paucity of evidence about the applicability and effectiveness of different family support programs (Wise et al. 2005).

However, despite the relative lack of evidence, the literature suggests that:

The most successful parent education programs contained targeted recruitment [of families]; a structured and lengthy program; a combination of interventions/strategies; and a strengths-based approach. The most successful home-visiting programs were delivered by highly trained professionals (for example, nurses); contained targeted recruitment strategies; program goals that matched client needs; and were designed to improve both maternal and child wellbeing. (Holzer et al. 2006, p. 21)

Other broad areas of consensus indicate that:

- relationships between workers and families are more important than program structure or curriculums, with high rates of staff turnover having a negative impact on relationships and program effectiveness
- different programs work in different contexts, with the most effective services targeting the 'right' intervention to the 'right' audience.

Survey of the community services sector — general community services

A survey of the community services sector (SCS), recently published by the National Institute of Labour Studies (Martin and Healy 2010), provides the best available picture of employment in family support services (box 13.3).

Box 13.3 The survey of community services (SCS)

The statistics on the family support workforce cited in this chapter are from a recently published survey of community services (SCS) by the National Institute of Labour Studies (Martin and Healy 2010). The SCS provides detailed and previously unavailable data on workers in the general community services sector (defined as those who deliver social support and assistance to families). The SCS therefore provides the best available data on workers delivering family support programs.

The SCS is based on a sample of 397 service providers and 1507 workers. It disaggregates workers into the following categories.

- *Non-professionals*: Family, youth or child support workers; carers in homes and refuges; customer service and referral workers.
- *Professionals*: Allied health workers; social workers; case managers.
- *Managers and Administrators*: Service and program administrators; managers and coordinators.

Like all surveys, the SCS can be affected by sampling and non-sampling errors, which should be borne in mind when interpreting the statistics in this chapter. The survey sampled around 740 of about 4000 general community services outlets, and achieved a response rate of 48 per cent (356 providers) — a high response rate compared to most surveys. That said, there is some risk of non-response error because the number of employees may influence the probability of responding to the survey (that is, larger organisations may have administrative staff better able to respond to survey questions). In addition, there is no clearly accepted listing of general community services or family support providers. That could bias results if the number of employees in an agency influences the probability of that agency being discovered for inclusion in the sample frame (that is, it may be easier to find large, well-known organisations than small ones). However, Martin and Healy used a thorough search method to construct the sample frame, so this risk is probably low.

Overall, the SCS yields the best available evidence describing the general community services workforce and, by inference, the family support services workforce. However, as is the case with all surveys, data about aggregates such as the total number of workers in the industry will be less reliable than data describing the characteristics of workers.

Sources: Martin and Healy (2010); PC (2011).

The SCS defines general community services to include social support and assistance services provided directly to children and families, with the exception of child protection, juvenile justice, disability services and services directed specifically at the aged, at providing housing or supported accommodation, and crisis services (Martin and Healy 2010). This definition of general community services appears similar to, although slightly broader than, the Commission's definition of family support services (in that it includes services that do not directly

aim to improve families' capacity to care for children, such as counselling or advice on matters unrelated to parenting). The SCS data on the general community services workforce therefore include the family support services workforce, and provide the best available information on this workforce.

Around 32 200 people were employed in Australia to provide general community services in 2009, of whom 23 900 worked in direct contact roles. When part-time employment is taken into account, this workforce was equivalent to about 18 100 full-time workers (12 300 of whom are direct providers). Of these workers:

- 35 per cent were non-professional workers, 33 per cent were professional staff and 21 per cent were managers and coordinators (in equivalent full-time terms)
- 83 per cent were women
- 42 per cent were employed on a permanent full-time basis, and 39 per cent were employed on a permanent part-time basis
- three quarters of professionals and 53 per cent of managers/administrators held at least a bachelor degree, while nearly 80 per cent of non-professionals had at least a certificate III qualification. Qualifications were generally in areas such as social work, psychology or counselling, youth work, and community work
- 85 per cent worked for not-for-profit service providers, with government employing the remainder
- 68 per cent expected to still to be working in general community services three years after they were surveyed.

There was considerable variation in the age of the general community services workforce, although mature aged workers predominated. 15 per cent were under 30 and 62 per cent were 40 or older (compared to 29 per cent and 49 per cent of the Australian female workforce respectively).

Study participants confirmed some of these findings, including that the family support workforce is predominantly female and includes a high proportion of part-time workers (Benevolent Society, sub. 49; Playgroup Queensland, sub. 9).

While the SCS data are a welcome addition to the knowledge base on the family support workforce, it is somewhat surprising that these data have not been systematically collected and published by funders of family support programs, to inform their consideration of future program requirements. New South Wales has made progress in this regard, sponsoring a 'profile' of non-government community service organisations which includes consideration of workforce characteristics (Hilferty et al. 2010). Despite positive developments such as this, the scarcity of workforce data has carried through to evaluations of family support programs,

which have typically focused on workers' personal qualities and attributes and their contribution to program effectiveness. Comparatively little attention has been given to the demographic characteristics, professional background or employment status of workers in those programs, limiting the workforce lessons from previous investments in family support programs.

13.2 Demand for workers to provide family support services

Governments and NGOs determine demand for workers in family support services

Demand for workers with qualifications and skills

The number and types of workers employed in family support programs is, to a large extent, determined by government funding priorities. The decision to fund or not to fund certain types of programs will affect demand for workers with the skills to deliver those programs. For instance, the establishment of the Australian Nurse–Family Partnership Program (ANFPP) has led to a large increase in demand for nurses with experience in child health and the ability to work in partnership with Indigenous families (see chapter 12 for more information on the ANFPP).

Decisions about recruitment of individual workers are largely made by NGOs. However, NGOs' discretion in staffing and recruitment can be limited, as governments are increasingly specifying inputs as well as outputs of family support programs. In other words, 'the qualifications and skills required of family support staff are determined by the model that the NGOs are contracted to deliver' (UnitingCare Children, Young People and Families, sub. 62, p. 14).

In rural and remote areas, many services are required to work in an integrated and flexible manner. For instance, mobile services are called on to support both children and parents on developmental issues, and so may need cross-disciplinary staff with skills in both early childhood development and family support (Mobile Children's Services Association of NSW, sub. 38). The demand for workers with cross-disciplinary skills may therefore be higher in rural and remote areas, which may in turn be one reason why providers of family support services reported difficulty in attracting staff to rural areas (Benevolent Society, sub. 49; Early Childhood Intervention Australia (NSW Chapter), sub. 25; Northcott Disability Services, sub. 18).

However, regardless of location, staff in family support services need a wide range of skills.

As our work becomes increasingly complex, staff need to have a breadth of skills and experience and it is often difficult to find and attract appropriately qualified and experienced people. ... Occupations that were particularly difficult to recruit for were case managers and psychologists. (Benevolent Society, sub. 49, p. 14)

Demand for workers with personal qualities and connections

Evaluations of family support programs suggest that workers' personal qualities may be at least as important as their formal qualifications. The ability to listen, empathise and work with a non-judgemental attitude have been shown to be essential characteristics (Muir et al. 2009). Staff who lack relevant personal attributes are unlikely to be able to effectively support families. For instance, some of the qualified family support staff employed by the 'Pathways to Prevention' project in Brisbane were rejected by communities because they were considered to be too young or were not parents themselves (Homel et al. 2006).

Programs for Indigenous and CALD families also require workers with specialist cultural skills, as 'connection with the community is an important element in the success of these [family support] roles, especially for Aboriginal and Torres Strait Islander and CALD communities' (SDN Children's Services, sub. 31, p. 3).

Given the importance of personal qualities and cultural understanding, there appears to be potential for greater involvement in family support programs of peers and volunteers, who are likely to have the required qualities and skills. This is discussed in further detail below.

Trends in demand for different types of family support workers

Some inquiry participants submitted that demand for family support staff has been falling in recent years, due to limited increases in funding (for instance, UnitingCare Children, Young People and Families, sub. 62). However, it is hard to be certain of overall funding trends because programs are funded for short periods and are renamed and changed on a regular basis.

Making accurate predictions of future demand for different types of family support workers is made more difficult by the relatively sparse evidence base for family support services (box 13.2). Strengthening the evidence base for different programs may shape future demand in unforeseen ways.

There are nevertheless some emerging trends in family support practice, although their effects on workforce demand are uncertain. For example, there has been increased emphasis on home visiting, with the creation of the ANFPP and the expansion of the Home Interaction Program for Parents and Youngsters (HIPPY) program (DEEWR nde). While both ANFPP and HIPPY aim to use home visitors to improve child development, they rely on different types of workers. ANFPP will increase demand for child health nurses, while HIPPY uses trained visitors who are often past participants of the program (box 13.1).

There has also been a trend towards integration of children's services, including the provision of early learning, child care and parent and family support services to Indigenous families at integrated Children and Family Centres. The effects of service integration on workforce demand are considered in chapter 15.

13.3 Supply of workers to provide family support services

The supply of workers for family support programs depends on opportunities for these workers in their area of expertise (generally in other parts of the ECEC, health or community services sectors), opportunities in family support and the relative attractiveness of employment in each setting. Government policy changes in other sectors can therefore have a substantial effect on the supply of staff for family support services.

Remuneration

Level

Several study participants considered that remuneration levels for workers in family support services are too low (Early Childhood Intervention Australia (NSW Chapter), sub. 25; Playgroup Queensland, sub. 9) or have not kept pace with wage growth in other sectors (Department for Communities, sub. 59). Available evidence, while limited, goes some way towards confirming this, with employees in the family support sector receiving relatively low rates of pay compared to those in other sectors.

- The SCS found that the mean hourly wage rate for workers in the general community services sector (which includes family support staff) was around 10 per cent lower than mean hourly earnings for all female employees (\$25.00 per hour compared to \$27.60 per hour) (Martin and Healy 2010).

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- At the wider community services level, the sector contributes 4.4 per cent of Australian employment, but 3.2 per cent of wages. After adjusting for the greater likelihood of people working part-time in the community services sector, the wage differential appears to be around 13 per cent (PC 2011b).
 - Comparing graduates employed under modern awards, a new graduate with a four-year degree in a field relevant to family support (such as social work or psychology) earns \$755.00 per week if employed under the Health Professionals and Support Services Award 2010 or \$760.93 per week under the Social, Community, Home Care and Disability Services Industry Award 2010. A teaching graduate with a four-year degree employed under the Educational Services (Teachers) Award 2010 earns around five per cent more, or \$796.44 per week.

Given the relatively low rates of pay for workers in family support programs, in order to achieve an adequate supply of workers with appropriate skills in such programs over the long term, services may need to offer higher wages.

Indeed, the need for increased remuneration may be particularly pressing for family support services. This is because family support roles tend to be more difficult or stressful than many other ECEC, community services and allied health roles, in that they require workers to apply their professional skills in demanding situations. For instance, running a supported playgroup may be harder than running a mainstream playgroup. For nurses, visiting families at risk is likely to be more difficult than conducting child health checks for healthy, well-cared-for children. In light of these differences, family support services may need to pay higher wages than other parts of the ECD and community services sectors in order to attract sufficiently skilled and capable workers.

Parity between government and not-for-profit sectors

There is a considerable difference between the wages of family support staff employed by government and the wages of those employed by NGOs. Several study participants reported considerable difficulty in attracting staff to work for an NGO when they can receive higher salaries working for comparable government services (Early Childhood Intervention Australia (NSW Chapter), sub. 25; Northcott Disability Services, sub. 18; SDN Children's Services, sub. 31; UnitingCare Children, Young People and Families, sub. 62). The Benevolent Society considered that:

... there needs to be parity between the not-for-profit and government sectors. The disparity in pay and conditions between the not-for-profit sector, government and

business is a growing issue, especially as these sectors are increasingly competitive players in the delivery of human services. (sub. 49, p. 15)

SCS data confirm that government workers are more likely to earn higher wages than those doing similar jobs in the non-government sector (Martin and Healy 2010).

Most NGOs are only funded to pay award wages, limiting their ability to pay higher wages to attract staff. Nevertheless, around one quarter of community services organisations in NSW pay above-award wages (Hilferty et al. 2010). However, when this occurs, it can mean that NGOs are cross-subsidising programs (UnitingCare Children, Young People and Families, sub. 62). Their scope to do so over the longer term is likely to be limited.

The wage gaps between NGO and government employees do not take into account fringe benefit tax (FBT) concessions available to some not-for-profit organisations. However, the benefits of FBT concessions are often overestimated, especially for those on low salaries. Therefore, despite having the ability to ‘salary sacrifice’ to obtain FBT concessions, considerable pay gaps remain for many workers. For example, the pay gap for social workers in Western Australia working in equivalent government and NGO positions is between 15 and 27 per cent (table 13.1).

Table 13.1 Annual wage gaps for social workers after salary sacrifice
Western Australia

<i>Public service levels</i>	<i>Public Service 2009 salaries</i>	<i>Equivalent Social and Community Services (SACS) Award levels</i>	<i>SACS Award 2009 salaries</i>	<i>SACS Award salaries with salary sacrificing</i>	<i>Dollar gap (after salary sacrifice)</i>	<i>Percentage gap (after salary sacrifice)</i>
	\$		\$	\$	\$	%
1 st year	51 601	4.2	39 151	43 381	7 700	15.1
2 nd year	54 319	4.3	40 241	45 160	9 159	16.9
3 rd year	57 334	4.4	42 402	47 791	9 543	16.6
4 th year	61 102	5.1	43 393	49 002	12 100	19.8
5 th year	66 943	5.2	44 484	50 332	16 611	24.8
6 th year	70 743	5.3	45 475	51 543	19 205	27.1

Source: WACOSS (2009).

Family support services are not the only services facing pay gaps between government and NGOs. Indeed, the Commission’s report on the not-for-profit sector found that similar issues are prevalent throughout the community services sector (PC 2010a). In that report, the Commission recommended that ‘governments purchasing community services need to base funding on relevant market wages of

equivalent positions’ (PC 2010a, p. 271). This consideration remains valid for the family support services workforce.

DRAFT RECOMMENDATION 13.1

In order to ensure that family support services can sustain their workforces, and as wages are a major factor in the successful recruitment and retention of staff, government funding for family support programs should:

- ***be based on relevant market wages and conditions for equivalent positions***
- ***take into account the skill sets required to perform the purchased services***
- ***be indexed appropriately to market wage growth within the relevant industry sector.***

The substantial wage gaps between NGO and government positions in the community services sector have begun to be recognised by Australian governments. For example, in May 2009, the Queensland Industrial Relations Commission awarded a pay rise of between 18 and 37 per cent to workers in the social and community service sector, bringing wages into line with those in the government community services sector.

However, this has not entirely removed pay differences in Queensland, because organisations funded by the Australia Government continue to employ staff under modern awards, which can contain considerably lower wages than corresponding state awards. For instance, salaries under the Social, Community, Home Care and Disability Services Industry Award 2010 could be as much as 33 per cent lower than those under the Queensland award by January 2012 (Playgroup Queensland, sub. 9). Such differences would continue to affect the family support workforce. However, in a national wage case for the social and community services (SACS) sector, Fair Work Australia is attempting ‘to identify the extent to which gender has inhibited wages growth in the SACS industry and to mould a remedy which addresses that situation’ (FWA 2011, p. 84). The possible need for future changes to funding to attract sufficient staff to family support services will depend to a large extent on the final outcome and effects of that case.

Employment conditions

Providers of family support services have a responsibility to offer good employment conditions for their workers (COAG 2009c). However, current funding arrangements mean that many providers, particularly in the non-government sector, face considerable obstacles to offering attractive conditions to their workers.

Workplace conditions

As well as receiving lower rates of pay, employment conditions for family support staff employed by NGOs generally compare unfavourably to conditions in the government sector (UnitingCare Children, Young People and Families, sub. 62). For instance, Playgroup Queensland commented on the inflexible work environments in some family support services (sub. 9). Employment also tends to be less secure in NGOs (see below).

Employment in family support services can also be relatively unattractive because supporting families can be difficult and stressful. For instance, children's social workers report that their work entails a range of different relational and organisational stresses (Gupta and Blewett 2007) and Northcott Disability Services commented on the 'stress and high workload in some early childhood development services' (sub. 18, p. 4). Similarly, the emotional toll of working with Indigenous families in remote communities, where 'staff are inevitably required to deal with traumatic events and traumatised people' is a major cause of staff dissatisfaction and turnover (Scougall 2008, p. 75).

Duration of employment contracts

Most family support programs receive government funding for a set period of time, typically one to three years. Funding is not guaranteed beyond the end of the funding cycle, and employers generally only employ staff for the duration of the funding agreement. The relatively insecure nature of employment opportunities in family support programs reduces the supply of workers for such programs. A number of study participants expressed concern about this issue (for instance, Benevolent Society, sub. 49; Gowrie SA, sub. 40), with some commenting in great detail.

Lack of job security is a significant issue impacting on staff recruitment and retention. Job security for family support workers is often limited due to the short term nature of many government funding contracts. (UnitingCare Children, Young People and Families, sub. 62, p. 17)

Currently in remote Indigenous communities in the NT a significant number of family support services are provided through NGOs like Save the Children, Red Cross, Smith Family, Fred Hollows Foundation, etc. This means that they are always writing grants, always assessing their financial capacity to provide services, always seeking staff when new funding arrives and losing them when funding decreases and are therefore regularly constrained in the delivery of these vital services by relatively short term funding cycles. (RRACSSU Central, sub. 42, p. 3; Batchelor Institute, sub. 46, p. 3)

As seen in box 13.1, the success of family support programs depends on relationships between staff and families.

These services are based on relationships, not transactions or clinical interventions. For children and parents, certainty is based on trusting relationships and the experience of attachment. Multiple and compressed interventions provided by different services and workers, even those judged to be of high quality, do not meet children's need for security based on trusting and continuing relationships. (Green and McClelland 2003, p. 78)

Good relationships are more likely when staff turnover rates are low, because '... it takes time to build trust in communities and new or continual change undermines work already done' (Tasmanian Minister's Child Care Advisory Council, sub. 83, p. 27). This suggests that measures to reduce staff turnover are likely to increase program effectiveness. For example, in the Best Beginnings program in Western Australia, workforce changes were found to be problematic for service users. When staffing changes occurred, many parents chose to leave the program rather than establish a relationship with a new staff member, despite valuing the support provided by the original staff member (Clark 2009). Similar conclusions have been drawn for Indigenous families in Australia (Flaxman, Muir and Oprea 2009) and from the US experience.

Because the connection between home visitors and families is the route through which change is hypothesised to occur, turnover among home visitors may be a serious problem for programs. (Gomby, Culross and Behrman 1999, p. 18)

In addition, as noted by Dr Dianne Jackson, 'families that are most vulnerable because of their circumstances are also most likely to be affected by workforce issues' (sub. 6, p. 2).

Given participants' concerns about the effect of funding uncertainty and short funding cycles on staff turnover, and the potential for turnover to adversely affect the most disadvantaged children and families, the Commission considers that increasing the certainty and duration of program funding should be explored and implemented wherever possible. Such an approach has been suggested by governments (AHMC and CDSMC 2006), parliamentary committees (for instance, Public Accounts and Estimates Committee 2002), evaluations of family support programs (for example, Muir et al. 2009) and by the Commission in its report on the not-for-profit sector (PC 2010a).

Increasing the certainty and duration of funding for family support programs should not be incompatible with competitive procurement principles nor with the requirement to ensure efficient expenditure of public money. Indeed, the necessity of improving the return on governments' investment in family support programs would suggest that more funding certainty should be provided to many services.

Principally, funding certainty would involve governments making decisions about funding renewal for family support programs well before program funding is scheduled to end. However in some cases, funding would need to be provided for longer periods than is currently the case. For example, an evaluation of the Australian Government’s Communities for Children initiative found that ‘the four-year Communities for Children model does not allow sufficient time or resources to consult and engage with Indigenous communities, especially in rural and remote areas’ (Flaxman, Muir and Oprea 2009, p. 8). This suggests that long-term, multi-year funding may be required in some circumstances. For instance, five-year funding agreements, in which the mix of services can be altered but the total level of funding is fixed, may be effective in some circumstances (PC 2010a).

DRAFT RECOMMENDATION 13.2

In order to facilitate better workforce planning by services and the attraction and retention of staff, governments should increase the certainty and duration of funding for family support programs wherever possible.

13.4 Training and workforce planning for family support services

Training and skills

Skills of new graduates

There are few dedicated training pathways for workers in family support programs. Principal among them is the Certificate IV in Child, Youth and Family Intervention (Family Support) (although this certificate is also commonly obtained with specialisations in child protection or residential and out of home care, rather than in family support). However, there are a wide variety of courses in the community services training package that provide some preparation for workers in family support programs. These include certificates and diplomas in community work, children’s services, youth work and other related fields.

Professional workers in family support programs gain most of their knowledge about family support practice from their initial university studies in other disciplines. It is therefore of some concern that several study participants considered that newly trained workers in many disciplines may not be equipped to work in family support services (Brotherhood of St Laurence, sub. 32; Gr8 START, sub. 54). In particular, participants expressed doubts about the ability of new graduates to work with families with multiple or complex needs.

To effectively support these families requires high level skills and expertise. Newly-qualified workers do not always have the necessary experience for some of our roles ... (Benevolent Society, sub. 49, p. 18)

Graduates of different courses also differ considerably in their readiness to provide family support services.

... social workers generally graduate with little knowledge of child development, despite the fact that many will be employed in child and family contexts (Early Childhood Intervention Australia (NSW Chapter), sub. 25, p. 5)

With Northcott's ECD family support services, there is a wide range of qualifications that we would accept as suitable for the role (Social Work, Welfare, Psychology, Social Science, Counselling, etc.), and the structures of these courses can be very different. Some qualifications may require 1000 hours of student field education practical experience, where others have no such requirements. Therefore two staff starting in the same role but with different educational backgrounds, might mean a different level of skills and readiness to undertake the role effectively and without direct supervision. (Northcott Disability Services, sub. 18, pp. 4–5)

Deficiencies in ECEC workers' knowledge of child development were also considered to affect their ability to provide supported playgroups, early intervention and family support services (Connect Child and Family Services, sub. 6; Mission Australia, sub. 12) (see chapters 8 and 10).

To the extent that gaps in graduates' knowledge affect the quality of family support services, addressing these gaps may improve service quality. This could be achieved by encouraging students who may later work in family support services to study relevant subjects while at university. In some cases, universities could be more active in facilitating and promoting opportunities for students to take courses in different faculties and departments (for example, by encouraging social work students to study early childhood development subjects, and vice versa).

While encouraging and enabling potential family support workers to obtain a broad knowledge of relevant issues is desirable, requiring them to undertake additional study or work experience placements is unlikely to be equally beneficial. Adding to the burden of study or work experience involves considerable costs borne by the students and thus is likely to reduce, rather than increase, the supply of trained workers for family support programs. In any case, however good the training received, experience may be the only way to build sufficient practical knowledge to deal with complex and multi-faceted family support issues.

Skills of existing workers

Many general community services outlets report difficulty recruiting appropriately skilled workers.

General community services outlets quite often employed workers without optimal skills, with about 30 per cent saying that their most recent professional appointee did not have optimal skills. Nearly 40 per cent had recently employed non-professional general community services workers without optimal skills ... (Martin and Healy 2010, p. 12)

Despite this reported difficulty in recruitment, 80 per cent of employers in the general community service sector believe that none of their employees lack the skills needed for their jobs. Similarly, almost all workers in these services believe that they have the skill required for their current roles (Martin and Healy 2010). This suggests that employers are providing appropriate in-service training and professional development, enabling workers to attain required skill levels after they commence employment. There may nevertheless be gaps in some areas. For instance, the Ethnic Communities Council of Queensland considered that staff in family support programs need cultural competency training in order to work effectively with families from CALD backgrounds (sub. 58).

Professional support

While effective professional development appears to be contributing to the sound skill base of workers in family support programs, there is scope for improvement in the support and guidance provided to this workforce. Professional support is a particular concern in family support services, for several reasons. As discussed above, family support is often provided in difficult environments, and can place considerable relational and emotional burdens on workers. The ability to debrief and converse with peers is therefore essential. However, many workers in family support programs operate in isolation from those in the same profession.

... often, specialist workers are the sole technical expert in their given field in their workplace and they must source professional supervision elsewhere, for which funding may or may not be able to be provided. This drives specialists away from the early childhood development sector. (Mission Australia, sub. 12, p. 4)

The Commission's recommendations relating to the payment of market wages in, and increased funding certainty for, family support programs (draft recommendations 13.1 and 13.2 above) should help to address these gaps.

- By paying market wages, family support programs should be able to attract more experienced staff, who can more easily take on professional supervision roles.

-
- With greater funding certainty, family support programs will have greater capacity to establish relationships with other services that employ the same workers, increasing staff access to workers in the same profession. For instance, better linkages between family support and community health services may help to address professional isolation of allied health professionals. The move towards service integration (chapter 15) should also help to improve such linkages.

A clear understanding that providers of family support services are expected to offer professional support and development for their staff (COAG 2009c), and need to be funded to do so, would also help in this regard.

Planning

Workforce mobility

Workforce planning in family support services is complex, because workers come from so many professions. Mission Australia noted that there is:

... a greater potential for mobility into and out of the early childhood development sector for workers in the family support services segment relative to ECEC workers. (sub. 12, p. 8)

This potential mobility arises because most workers in family support programs have skills that are highly relevant in the community services, health, ECEC, disability or aged care sectors, or indeed in many of these sectors. Some governments are actively promoting movement between sectors. For instance, the Queensland Government publishes guidance for children's services workers who are interested in working in family support services (Queensland Government nd).

Despite their capacity to work in other sectors, 68 per cent of general community services staff reported that they intend to be working in the same sector in three years time (Martin and Healy 2010). Indeed, 'general community service workers who contemplate leaving their jobs are often motivated by opportunities to advance within the sector, rather than by more attractive outside offers' (Martin and Healy 2010, p. 190). This suggests that creating or expanding opportunities for career progression within family support services will promote staff retention. The Commission's recommendation to increase funding certainty for family support services (draft recommendation 13.2 above) should assist them in creating career opportunities for their staff.

Rural and remote issues

In common with other parts of the ECD workforce, providers of family support services reported difficulty in attracting staff in rural areas (Benevolent Society, sub. 49; Early Childhood Intervention Australia (NSW Chapter), sub. 25; Northcott Disability Services, sub. 18). In addition, deficiencies in training were reported to be particularly acute in rural and remote areas.

There is a severe lack of training across the sector — i.e. skills in working effectively with other organisations, managing services, supporting and mentoring staff within services, working effectively with parents and families, meeting the complex needs of children with additional needs in resource poor work environments, financial management, and other leadership activities. (RRACSSU Central, sub. 42, p. 18)

Chapter 9 considers rural and remote issues for the ECEC workforce, and makes recommendations relating to housing, professional development and support. Many of these recommendations will also be relevant to workers in family support services. For instance, workers in family support services in remote areas should be provided with housing where required. Similarly, as discussed in relation to the ECEC workforce in chapter 10, workers in family support services in remote areas need access to relevant technology to assist with training, development and support.

Indigenous programs

Many mainstream family support programs place a particular emphasis on supporting Indigenous parents and children. For example, the Australian Government's Communities for Children initiative contains programs for specific target groups, including Indigenous Australians and families from CALD backgrounds (Muir et al. 2009). There are also a number of Indigenous-specific family support programs. For example, in the Northern Territory:

The Families as First Teachers-Indigenous Parenting Support Services Program works to strengthen positive relationships in families, promote positive behaviour in children and build confidence in parenting. This is done through modelling behaviour management at the early learning sessions, encouraging families in their interactions, group discussions, parenting workshops, home visiting and individual consultations. The program takes a strength based approach to parenting, working from the belief that all families want the best start in life for their children. (DET NT 2011b)

Whether they work in mainstream or targeted programs, staff need skills in the provision of culturally appropriate services in order to effectively support Indigenous families.

Culturally appropriate services are those which have individual staff who have appropriate knowledge, skills, values and a long-term commitment to building trusting relationships and engaging with families. (Flaxman, Muir and Oprea 2009, p. viii)

The Commission's recommendation to increase funding certainty for family support services (draft recommendation 13.2 above) should facilitate long-term staff commitment to Indigenous-focused services. Other methods of improving the quality of ECD service provision for Indigenous families, including cultural competency training, are discussed in chapter 14.

Need for robust evaluation

While the need for more consistent and robust evaluation of family support programs has been recognised by Australian governments (AHMC and CDSMC 2006), there is little high-quality evidence about which programs are most effective and whether different workers have the necessary skills to support vulnerable families and improve child outcomes (box 13.2). Indeed, the evidence base on the effectiveness of family support programs is in 'urgent' need of improvement (Barlow and Parsons 2007, p. 10). The weakness of the evidence base for family support programs means that, in all probability, some family support programs are ineffective, and funding directed to such programs would be more effectively spent elsewhere.

Evaluating family support programs can be challenging, because many of their impacts are in areas that defy neat categorisation, such as relationships and personal growth. There are nevertheless a number of promising methods and techniques that could enhance family support evaluations (Bruner 2006). Longitudinal studies can also be important in evaluating family support programs. 'Longitudinal data are essential to analyse change' (Sanson et al. 2002, p. 4), as they allow the sustainability and effectiveness of different programs to be assessed.

DRAFT RECOMMENDATION 13.3

In order to obtain the greatest benefit from workers in the family support sector, governments should direct a larger share of funding for family support programs towards obtaining high-quality evidence about the effectiveness of different programs through longitudinal studies and robust program evaluations.

Provision of family support by volunteers and peers

Family support programs provided by volunteers and peers have demonstrated various degrees of success. While there is little evidence that programs which focus

on befriending parents lead to improved child development outcomes (Byrne and Kemp 2009), other volunteer and peer programs do lead to such improvement. For instance, the Home Interaction Program for Parents and Youngsters (HIPPY) has been shown to be enhance children’s development and school readiness in a variety of communities (Dean and Leung 2010). The expansion of HIPPY is now being funded by the Australian Government (DEEWR nde). The involvement of volunteers in family support programs was supported by several study participants (for instance, Benevolent Society, sub. 49; Community Connections Solutions Australia, sub. 75).

Programs delivered by volunteers and peers have a number of potential benefits including that:

- members of the same community can be particularly effective at building relationships with target families
- they may be perceived as less threatening than traditional services, particularly where vulnerable families may be wary of government representatives and authority figures
- volunteer-delivered programs can have lower costs, and so can reach more families with a given budget.

However, in expanding volunteer- and peer-delivered family support programs, there are a number of hurdles that would need to be overcome. First, the Australian evidence base for these programs remains sparse. It would need to be improved before volunteer family support programs could confidently be adopted on a widespread basis. Second, recruitment of appropriate volunteers may be challenging, particularly as volunteering in community services organisations has seen a relative decline in participation in recent years (ABS 2007c). Despite these challenges, the Commission considers that delivery of family support programs by volunteers and peers merits further development and evaluation.

DRAFT RECOMMENDATION 13.4

In order to obtain better evidence on the effectiveness of family support programs delivered by volunteers and peers, governments should evaluate such programs on a wider scale, with a view to the expansion of such programs if they prove to be effective.

14 ECD workforce for Indigenous children

Key points

- Indigenous children often experience significant disadvantage. The COAG National Indigenous Reform Agreement includes six targets to close the gap on Indigenous disadvantage, and several focus on children.
- Disadvantaged children stand to gain the most from quality ECD services, and reducing the gaps in outcomes means quality ECD services for Indigenous children will need to be a priority for governments.
- The Indigenous population is younger than the non-Indigenous population. The 55 000 Indigenous children aged from birth to 4 years make up almost 5 per cent of Australian children in that age group.
- Proportionately, the Indigenous population increases with geographical remoteness.
- Many issues affecting the mainstream ECEC workforce affect the workforce for Indigenous children, and in many instances are more pronounced.
- There are also significant specific issues affecting the ECEC workforce for Indigenous children, particularly in remote areas. Current demand for ECEC workers for Indigenous children is not being met.
- Indigenous-focused services often have poorer infrastructure and resources, and fewer qualified staff, yet many Indigenous-focused ECEC services will initially be excluded from the National Quality Standard (NQS).
- As a result, as the NQS is applied to mainstream services, the gap between the quality of mainstream services and those for Indigenous children is likely to be exacerbated.
- To avoid this and to achieve COAG's Closing the Gap goals, Indigenous-focused services should be brought within the scope of the NQS, albeit with extended timeframes. Priority funding should be made available to these services so they meet the NQS within an agreed timeframe, without the need for ongoing waivers.
- Innovative solutions are required to deliver quality ECEC services for Indigenous children, such as more flexible work arrangements. Specific strategies already used to attract, retain and train Indigenous staff will need to be used more intensively if Indigenous services are to 'catch up'.
- Cultural competency training is important for the effective delivery of ECEC services for Indigenous children. Appropriate professional development should be provided to staff working with Indigenous children.

Indigenous people in Australia often experience significant disadvantage, as indicated by lower levels of literacy and numeracy, employment, life expectancy and other factors (box 14.1). Half of all Indigenous children are behind in the areas of language and cognitive skills development in their first year of compulsory schooling (CCCH and Telethon Institute for Child Health Research 2009). Some Indigenous children experience community and family violence, alcohol abuse, and disengagement from culturally valued activities.

Children experiencing disadvantage stand to gain the most from quality ECD services, which can help them develop the social and cognitive skills necessary for achievement at school and in later life (Heckman 2006) (chapter 3). But even where quality early childhood education is offered, culturally appropriate programs for Indigenous children are required to positively affect their attendance and readiness for school (Fordham and Schwab 2007).

Policy reforms — initiatives for Indigenous children

The COAG National Indigenous Reform Agreement (NIRA) includes six targets for ‘closing the gap’ on Indigenous disadvantage. These include reducing the gap in developmental outcomes between Indigenous and non-Indigenous children relating to young child mortality, participation in quality early childhood education, and reading, writing and numeracy.

The National Partnership Agreement on Early Childhood Education (NPA ECE) and the Closing the Gap National Partnership Agreement on Indigenous Early Childhood Development (NPA IECD) comprise a number of commitments including:

- access to early childhood education for all Indigenous 4-year olds by 2013, including those 4-year olds in remote communities
- funding of child health checks for Indigenous children (including in mainstream health services)
- the establishment of 38 new integrated Children and Family Centres (23 of which will be located in regional or remote areas), integrating ECEC, family support, and child health services (table 14.1).

Further, the Australian Government allocated \$59.4 million (over four years) in the 2010-11 Budget to increase the staff qualification levels and staff-to-child ratios in budget-based funded Indigenous-focused ECEC (non-mainstream) services (FaHCSIA 2010a).

Box 14.1 Indigenous disadvantage

Indigenous people often experience significant disadvantage, as indicated by a range of health, education and employment outcomes. This disadvantage begins early, and continues throughout life. Some COAG 'close the gap' indicators on Indigenous disadvantage (including early childhood education) provide a useful summary.

Young child mortality, in particular infant mortality, is an indicator of the general health of the population. Indigenous perinatal and infant (within one year) mortality rates are two to three times the non-Indigenous rates. Indigenous child mortality rates for children up to 4-years are between two and four times the non-Indigenous rate.

Early childhood education (ECE) of high quality can enhance social and cognitive skills necessary for achievement at school and later in life. Providing access to high quality ECE for all Indigenous 4-year-olds, including in remote communities, is a COAG target.

Reading, writing and numeracy and improved educational outcomes is seen as a key to overcoming many aspects of disadvantage. A substantially lower proportion of Indigenous students compared with non-Indigenous students achieve the national minimum standards for reading, writing and numeracy, across all year levels. For example in 2008, 68.3 per cent of Indigenous year 3 students achieved the national minimum standard for reading, compared with 93.5 per cent of non-Indigenous year 3 students.

Year 12 attainment may be necessary if young people are to have access to the full range of further education, training, employment and life chances consistent with their abilities. In 2006, 35.7 per cent of Indigenous 19 year olds completed year 12 or equivalent, compared with 73.5 per cent of non-Indigenous 19 year olds. In 2008, retention rates (from the beginning of secondary school to year 12) for Indigenous students was 46.5 per cent, compared with 76 per cent of non-Indigenous students.

Employment is related to people's living standard and many aspects of their wellbeing. In 2006, the unemployment rate for Indigenous people was 15.6 per cent, compared with 5.1 per cent for non-Indigenous people.

The employment to population ratio for Indigenous people was 48 per cent, compared with 71.7 per cent for non-Indigenous people. The labour force participation rate for Indigenous people was 56.8 per cent, compared with 75.5 per cent for non-Indigenous people.

Life expectancy is a broad indicator of the long-term health and wellbeing of Indigenous Australians. Estimated life expectancy at birth was 72.9 years for Indigenous females and 67.2 years for Indigenous males. This compares with 82.6 years for non-Indigenous females and 78.7 for non-Indigenous males.

Source: SCRGSP (2009).

These initiatives are supported by a number of Indigenous specific measures including the NPA on Indigenous Economic Participation, which requires the incorporation of Indigenous workforce strategies into all new major COAG reforms, and the Indigenous Remote Workforce Strategy that will support trainees in ECEC services in remote areas (Department of Education, Employment and Workplace Relations, sub. 86).

Table 14.1 Children and Family Centres (CFCs)

Integrated ECD services targeting the needs of Indigenous children and families

<i>Location</i>	<i>Regional or remote</i>	<i>Urban</i>	<i>Total</i>
NSW	4	5	9
Vic	1	1	2
Qld	6	4	10
SA	3	1	4
WA	4	1	5
Tas	1	1	2
NT	4	1	5
ACT	-	1	1
Total	23	15	38^a

^a Planned for completion by June 2014. – Nil.

Source: DEEWR (ndb).

The Indigenous child population

Over half of the Indigenous population live in New South Wales or Queensland, and there are significant Indigenous populations in Western Australia and the Northern Territory. Indigenous people make up about one-third of the Northern Territory population, and more than 80 per cent of Indigenous people in the Territory live in remote and very remote areas (ABS 2007b, 2010f).

About 75 per cent of Indigenous people live in major cities and regional areas (31 per cent and 45 per cent respectively), and about 25 per cent live in remote and very remote areas (ABS 2007b). The Indigenous proportion of the total population increases with geographic remoteness (from 1 per cent of people in major cities to 48 per cent of people in very remote areas) (ABS 2010f). One feature of Indigenous Australia is that there are a large number of discrete communities inhabited predominantly by Indigenous people, most of which are located in very remote areas (many with populations of less than 50 people) (Fordham and Schwab 2007). The size and remoteness of these communities present unique challenges for the delivery of ECEC services (chapter 9) and ECD services more generally.

The Indigenous population has a younger age profile than the non-Indigenous population, reflecting both higher fertility and mortality rates (ABS 2009d). Indigenous children make up 4.9 per cent of Australian children aged from birth to 4-years, in contrast with Indigenous people who make up 2.5 per cent of the total population (IERSC 2010). The geographic distribution of the 55 000 Indigenous children in Australia aged birth to 4 years follows that of Indigenous people as a whole, and the Indigenous proportion of the total birth to 4 years population also increases with geographic remoteness (ABS 2006).

The scope of this chapter

The ECD sector provides ECEC, child health and family support services for Indigenous children (child health and family support services are discussed in chapters 12 and 13), and these services are often delivered within integrated ECD services (chapter 15). The focus of this chapter is on ECEC services for Indigenous children and the ECEC services workforce, and includes those delivered within an integrated ECD services setting.

14.1 ECEC services for Indigenous children

ECEC services for Indigenous children are delivered in Indigenous-focused services that cater exclusively (or largely) to Indigenous children, or in mainstream services that cater to Indigenous and non-Indigenous children. Some mainstream ECEC services provide education and care to a significant number of Indigenous children ('Indigenous specialised mainstream' services are discussed below).

The Australian Government funds Indigenous-focused ECEC services where it is not commercially viable to provide services privately and where culturally competent services are required to meet the needs of local Indigenous people (non-mainstream services, funded under the Australian Government's budget-based funding program). These include a range of service types such as Multifunctional Aboriginal Children's Services (MACS), crèches, playgroups, and mobile childcare services (mobile services) that visit rural and remote areas (table 14.2). In addition, a number of state government and independent preschools are designated specifically for Indigenous children.

Indigenous-focused ECEC services delivered within an integrated ECD services setting reduce the difficulties families may have identifying and accessing fragmented services. Integrated ECD services that extend beyond ECEC and include child health and family support services can be particularly helpful for

disadvantaged families, who may need contact with multiple services in a coordinated way. These additional services interact to support children, including to improve education outcomes. For example, hearing impediments, prevalent among Indigenous children (SCRGSP 2009), limit children's ability to learn, and child health services assist in its early identification and treatment. Further, family support services that recognise the importance of family can enhance education outcomes for children by enhancing the family environment.

Table 14.2 Indigenous-focused ECEC services^a
2009-10

<i>Service type</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>SA</i>	<i>WA</i>	<i>Tas</i>	<i>NT</i>	<i>ACT</i>	<i>Aust</i>
MACS ^b	9	6	3	5	5	1	3	1	33
Creche	–	–	–	4	2	–	31	–	37
Playgroup	4	5	10	–	2	–	1	–	22
Mobile	3	–	1	1	6	–	3	–	14
Flexible/innovative child care	–	–	12	7	2	1	15	–	37
OSHC	3	–	44	2	4	–	68	–	121
Other	–	1	–	–	2	–	2	–	5
Total	19	12	70	19	23	2	123	1	269

^a Budget-based funded Indigenous-focused ECEC (non-mainstream) services. ^b Includes six MACS managed by the Victorian Government under the Grow MACS project. – Nil.

Source: Productivity Commission estimates based on unpublished DEEWR data (2009-10).

MACS are one example of Indigenous-focused integrated ECD services and are specifically designed to meet the needs of local Indigenous families by offering a range of services and providing a combination of LDC and at least one other form of ECEC or activity. Mobile services may include playgroups, vacation care, lending libraries and parenting support. The MACS model incorporates Indigenous control, although funding for these services is limited, and decisions with respect to that funding are reviewed each year. The establishment of Children and Family Centres (CFCs) will further enhance the availability of integrated services for Indigenous children and their families (box 14.2).

Box 14.2 From Multifunctional Aboriginal Children's Services (MACS) to Children and Family Centres

MACS are designed to meet the educational, social and developmental needs of Aboriginal and Torres Strait Islander children. Each MACS centre offers culturally appropriate services, and provides Aboriginal communities the opportunity to design and operate their own childcare services.

MACS provide long day care for below school age children, and at least one other form of ECEC or activity (such as outside school hours care, playgroups, nutrition programs and/or parenting programs).

Program funding for MACS is limited and decisions to offer funding are reviewed each year. Even where existing or new applicants meet the funding criteria, it is not guaranteed. Funding for MACS is increased annually, but MACS received an increase in funding of 20 per cent in 2007-08 in recognition that funding had not previously kept pace with cost increases. (ANAO 2010; DEEWR ndb)

Children and Family Centres (CFCs) are to be established across Australia. They will target the needs of Indigenous families and their young children, but will also provide services to all families in the community. The range of services offered can include ECEC, family support and child health services. Community consultation will inform the mix of services offered in each centre, although unlike MACS, CFCs will not be operated by Indigenous communities.

Jurisdictions will be responsible for planning and implementation of CFCs. Community engagement is recognised as integral to their success, and each jurisdiction will be responsible for consultation with Indigenous communities and other stakeholders.

Location of CFCs is based on criteria including population size and disadvantage, and takes into account existing services and current service needs. Consideration will be given to incorporating or linking existing Australian Government funded services (such as playgroups) with CFCs. (COAG 2009b)

Participation of Indigenous children in ECEC services

Indigenous children are underrepresented in mainstream childcare across most jurisdictions¹ and in preschool services. Nationally, 1.9 per cent of children in mainstream child care are Indigenous, although their representation in the community is 4.4 per cent. The underrepresentation of Indigenous children in mainstream childcare services is greatest in the Northern Territory, where 9.4 per cent of children attending are Indigenous, but their representation in the community is 39.2 per cent (SCRGSP 2011). However, these figures should be

¹ Based on proportion of children from birth to 12 years attending Australian Government approved childcare services in 2010.

interpreted with caution as not all childcare services are represented in the data, and child attendance could be overstated as there is no unique identifier for each child.

The underrepresentation of Indigenous children in mainstream childcare services is offset in part by many Indigenous children attending Indigenous-focused ECEC services (such as MACS). Though limited data prevent a thorough description of Indigenous children's participation in Indigenous-focused ECEC services, Indigenous-focused ECEC services increase the overall Indigenous-child participation rate in ECEC services (table 14.3).

Indigenous children are likely to be underrepresented in preschool but limited reliable data make it difficult to draw strong conclusions (SCRGSP 2009). Enrolment of Indigenous children in preschool services in the year before full-time school (3.2 per cent) is lower than their representation in the community² (4.5 per cent), although the picture varies across jurisdictions (SCRGSP 2011). However, absentee rates indicate that enrolment figures may paint an overly optimistic picture.³ For example, in Western Australia, more than 40 per cent of Indigenous children enrolled in Catholic and independent school preschools were absent during the survey week, compared with around 20 per cent of non-Indigenous children. In the Northern Territory, more than 60 per cent were absent, compared with around 20 per cent of non-Indigenous children (SCRGSP 2011).

The underrepresentation of Indigenous children in ECEC services may occur for a range of reasons.

- Indigenous people may have poor access to services, particularly in remote locations.
- Fees may prevent families accessing services, even when they are heavily subsidised.
- Services may not meet the support or cultural needs of Indigenous families, discouraging Indigenous families from participating.
- Where services do exist, transport issues may prevent families accessing some services, particularly in remote communities.
- Complex cultural relationships can prevent family use of Indigenous-focused services (Fasoli et al. 2004).

² Indigenous children aged 3 to 5 years.

³ Based on unpublished *National Preschool Census 2010* data. A child is deemed absent if they missed one or more sessions that they were enrolled in during the survey week. Data is drawn from non-government preschool services only.

Table 14.3 Children attending Indigenous-focused ECEC services^{a,b}
2009-10

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
MACS reporting/ total	9/9	–/6 ^c	np	4/5	5/5	np	np	np	25/33
Indigenous children attending ^d	34	..	44	21	25	37	34	20	30
Creches reporting/ total	–	–	–	np	np	–	22/31	–	28/37
Indigenous children attending ^d	..	..	..	11	17	..	15	..	14
Playgroups reporting/ total	np	np	6/10	–	np	–	np	–	8/22
Indigenous children attending ^d	20	..	16	..	16	..	..	..	17
Mobiles reporting/ total	3/3	–	np	np	6/6	–	np	–	10/14
Indigenous children attending	19	..	10	..	45	..	..	..	34
Flexible-innovative child care services reporting/ total	–	–	11/12	5/7	np	np	8/15	–	27/37
Indigenous children attending ^d	..	..	30	32	19	26	48	..	35
OSHC services reporting/ total	np	–	19/44	np	3/4	–	41/68	–	65/121
Indigenous children attending ^d	20	..	37	9	86	..	59	..	52
Other services reporting/ total	–	np	–	–	np	–	np	–	1/5
Indigenous children attending ^d	..	..	..	..	65	..	..	..	65
Total									
Total services reporting/ total	14/19	np	39/70	14/19	20/23	np	74/123	np	164/269
Indigenous children attending ^d	29	..	31	21	40	32	44	20	37

^a Budget-based funded Indigenous-focused ECEC (non-mainstream) services. ^b Average number of Indigenous children attending each service, based on children attending during 2 week survey. Only 60 per cent of Indigenous-focused services provided attendance data. Child attendance could be overstated as there is no unique identifier for each child. ^c Data from the six MACS managed by the Victorian Government was not available. ^d Average number of children attending. – Nil. .. Not applicable. np Not for publication.

Source: Productivity Commission estimates based on unpublished, non-mainstream service report data from DEEWR (2009-10).

Many Indigenous-focused ECEC services have poorer infrastructure and resources than mainstream services. They also have fewer qualified staff (section 14.2) (DOFD 2008). Indigenous-focused ECEC services are more often delivered in remote and very remote areas (table 14.4).

Table 14.4 Indigenous-focused ECEC services^a

By remoteness

<i>Service type</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Other</i>	<i>Total</i>
MACS ^b	9	11	4	6	3	–	33
Creche	–	1	1	3	31	1	37
Playgroup	1	7	7	1	6	–	22
Mobile	–	–	2	9	3	–	14
Flexible/innovative child care	1	1	4	9	22	–	37
OSHC	6	3	10	22	80	–	121
Other	1	–	1	2	1	–	5
Total	19	23	29	52	146	1	269

^a Budget-based funded Indigenous-focused ECEC (non-mainstream) services. ^b Includes six MACS managed by the Victorian Government under the Grow MACS project. – Nil.

Source: Productivity Commission estimates based on unpublished, non-mainstream service report data from DEEWR (2009-10).

Mainstream ECEC services, located in urban, regional or remote areas, cater to both Indigenous and non-Indigenous children, but Indigenous children are generally underrepresented (table 14.5).

A small number of mainstream ECEC services have 25 per cent or more Indigenous children in their services (referred to here as ‘Indigenous-specialised mainstream’ services). Of these ‘Indigenous-specialised mainstream’ services, the highest proportion (43 per cent) are in outer regional areas (table 14.6).

Table 14.5 Indigenous children in mainstream ECEC services^a

By jurisdiction

	<i>Units</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>SA</i>	<i>WA</i>	<i>Tas</i>	<i>NT</i>	<i>ACT</i>	<i>Aust</i>
Mainstream services										
ECEC ^b	no.	4 042	2 544	2 516	867	868	309	165	240	11 551
Preschool	no.	1 031	1 536	393	506	901	226	129	87	4 809
Total	no.	5 073	4 080	2 909	1 373	1 769	535	294	327	16 360
Indigenous children attending										
ECEC ^b	no.	6 778	1 396	6 984	1 065	1 466	348	913	207	19 156
Preschool		na	na	na	na	na	na	na	na	na
Indigenous children attending ECEC ^b	ave.	1.7	0.6	2.8	1.3	1.7	1.1	5.5	0.9	1.7
Proportion of Indigenous children										
Indigenous children attending ECEC ^b (proportion of all children)	%	2.1	0.6	2.9	1.4	2.1	1.5	9.4	0.9	1.9
Indigenous children in the community (proportion of all children) ^c	%	4.1	1.2	6.2	3.3	5.6	6.5	39.2	2.3	4.4

^a Average of the maximum number of children to whom care is offered at any one time. ^b Excludes stand-alone preschools. ^c Based on proportion of children aged 0–12 years in the community. **na** Not available.

Sources: Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census; SCRGSP (2011).

Table 14.6 Indigenous-specialised mainstream ECEC services^a

By remoteness

		<i>Major city</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote and very remote</i>	<i>Remote not specified</i>	<i>Total</i>
Services	no.	26	26	56	16	5	129
Services (proportion)	%	20	20	43	12	4	100

^a Mainstream ECEC services that have 25 per cent or more Indigenous children in their services.

Source: Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census.

14.2 ECEC workforce for Indigenous children

Current demand for ECEC services workers for Indigenous children is not being met. These services are affected by the many recruitment and retention, pay and conditions, and training issues that apply to mainstream services (outlined in earlier

chapters). In the main, those issues affecting the mainstream workforce apply to all services for Indigenous children, and those issues affecting mainstream rural or remote services apply to all rural or remote services for Indigenous children. For example, the particular remote workforce challenges for ECEC services such as the availability of housing and housing costs also apply to Indigenous-focused services in remote locations. Similarly, current incentives to attract and retain workers to remote locations are not sufficient to meet staff demand in these areas, though a greater focus is likely to fall on increasing the skills of people living in remote locations, for the reasons outlined below. Additional workforce difficulties are often experienced by ECEC services for Indigenous children, in particular Indigenous-focused services.

The additional workforce difficulties experienced by ECEC services for Indigenous children can be illustrated by looking at mainstream services receiving exemptions (from regulations in their jurisdiction) that enable a position to be occupied by a worker without holding the required ECEC qualification. Around 10 per cent of mainstream services and around 20 per cent of remote and very remote mainstream services received a qualification exemption (chapter 9). But qualification exemptions are even more pronounced among remote and very remote 'Indigenous-specialised mainstream' services, where more than 35 per cent received exemptions (Productivity Commission calculations based on unpublished DEEWR data).

Although limited data availability prevents a thorough description of the workforce for ECEC services for Indigenous children (SNAICC, sub. 29), some general comments can be made.

- The workforce comprises Indigenous and non-Indigenous workers. The relative number of Indigenous versus non-Indigenous workers is greater in Indigenous-focused services. Regional and remote Indigenous-focused services have a greater proportion of Indigenous workers than major city or very remote Indigenous-focused services (Productivity Commission calculations based on unpublished DEEWR data, 2009-10).
- There are fewer qualified Indigenous than non-Indigenous workers, and where qualified they generally hold certificate level rather than diploma or degree qualifications, including in Indigenous-focused ECEC services (table 14.7).
- Degree-qualified positions are more commonly held by non-Indigenous workers in Indigenous-focused services (table 14.7).

Table 14.7 Workers in Indigenous-focused ECEC services^a

By qualification

	<i>Units</i>	<i>Indigenous</i>	<i>Non-Indigenous</i>	<i>Total</i>
Workers	no.	835	345	1 180
Without formal qualification	%	67.4	49.6	62.2
With formal qualification ^b	%	32.6	50.4	37.8
Certificate I	%	0.5	-	0.3
Certificate II	%	1.1	0.6	0.9
Certificate III	%	18.6	12.2	16.7
Certificate IV	%	3.0	0.9	2.4
Diploma or advanced	%	6.2	21.7	10.8
Bachelor degree or above	%	3.2	15.1	6.7
All workers	%	100	100	100

^a Budget-based funded Indigenous-focused ECEC (non-mainstream) services. ^b Highest attained qualification. - Nil.

Source: Productivity Commission estimates based on unpublished, non-mainstream service report data from DEEWR (2009-10).

Of the unqualified workers in Indigenous-focused ECEC services, similar proportions of non-Indigenous and Indigenous workers are studying toward a qualification. Most are studying toward certificate III qualifications. A smaller proportion of unqualified Indigenous workers are studying toward a degree or higher level qualification (1 per cent) than non-Indigenous workers (4 per cent) (table 14.8).

Table 14.8 Unqualified workers studying in Indigenous-focused ECEC services^a

By study qualification

	<i>Units</i>	<i>Indigenous</i>	<i>Non-Indigenous</i>	<i>Total</i>
Workers without formal qualification	no.	563	171	734
Not studying	%	73	70	72
Studying toward	%	27	30	28
Certificate I	%	1	-	1
Certificate II	%	3	1	2
Certificate III	%	20	23	21
Certificate IV	%	1	1	1
Diploma or advanced	%	2	2	2
Bachelor degree or above	%	1	4	1
All workers	%	100	100	100

^a Budget-based funded Indigenous-focused ECEC (non-mainstream) services. - Nil.

Source: Productivity Commission estimates based on unpublished, non-mainstream service report data from DEEWR (2009-10).

Data availability

Limited data availability on Indigenous-focused ECEC services, including their workforce, prevent thorough analysis, reducing governments' ability to effectively plan and deliver these services. Limited data availability is due to incomplete data collection, made difficult where the number of skilled staff able to provide this data is limited. Also, current systems do not support the regular collection, validation and distribution of data. While significant challenges prevent the skill shortages of these services being immediately addressed, additional investment to improve systems could improve governments' ability to plan and deliver these services and understand their workforce needs.

DRAFT FINDING 14.1

Limited data availability on Indigenous-focused ECEC services, including their workforce, prevent thorough analysis, reducing governments' ability to plan and deliver these services effectively.

Attracting, retaining and training Indigenous staff

Staff working with Indigenous children require high levels of cultural competency, special skills and qualities to work with disadvantaged children (as a higher proportion of Indigenous than non-Indigenous children are disadvantaged), and local language skills (needed in some remote locations). For this reason, increased employment of Indigenous workers is a critical factor in the delivery of services for Indigenous children. This is particularly important in rural and remote communities, where Indigenous people are a larger proportion of the population and it is difficult to attract workers to those communities. Recruiting Indigenous staff has the added benefit of attracting Indigenous families to Indigenous-focused and mainstream services (Hutchins, Frances and Sagers 2009).

Challenges faced by ECEC services for Indigenous children in attracting and retaining suitably qualified Indigenous staff include:

- low levels of literacy and numeracy among the Indigenous population
- high effective marginal tax rates (that is, the combined effect on earnings of income tax and withdrawal of assistance)
- inflexible work arrangements that fail to accommodate cultural and family responsibilities (Batchelor Institute, sub. 46)
- 'tall poppy syndrome', where people are resented or criticised for their talents or achievements.

Indigenous-focused ECEC services seeking to recruit Indigenous staff face additional difficulties in doing so, particularly where they are located in remote or Indigenous communities that are often characterised by lower levels of formal education and workforce participation.

There are numerous reasons for this.

- Some Indigenous-focused services operate in a way that reduces the willingness of potential local Indigenous workers to seek employment in those services. For example:
... in remote [Indigenous] communities finding the right staff for ECD services is challenging. When there is the wrong leader or manager in the services, when the services are seen to be run by outsiders who don't listen to the community and when people are not treated respectfully local participation of workers dwindles ... (Batchelor Institute, sub. 46, p.9)
- The lack of housing in remote locations. For example, Aboriginal education assistants in the Northern Territory who qualify as teachers (and are subsequently employed as qualified teachers) lose their Northern Territory Housing entitlement, and housing provided to teachers can take years to materialise (Department of Housing, Local Government and Regional Services 2010) (chapter 9).
- The scarcity of suitably skilled Indigenous workers in some communities results in Indigenous workers carrying responsibility beyond their role, experience or personal preference and can lead to 'burn out'.
- Significant levels of community responsibility (for example, as a mother, aunty, sister or an elder) can result in Indigenous staff being reluctant to undertake training that may place further demands on them.

These problems are compounded by staff retention problems in Indigenous communities with high levels of dysfunction. For example, Indigenous staff may be reluctant to undertake training where it requires them to leave their community, even for a short while, due to safety concerns for their children.

The employment of Indigenous workers in mainstream services is difficult for a number of reasons. A lack of cultural competence can make the workplace unattractive for Indigenous staff (National Childcare Accreditation Council, sub. 11), and Indigenous people may be reluctant to work where there are no, or few, other Indigenous staff.

Some initiatives have been introduced to address these difficulties and to support Indigenous students and staff. Although their success remains unclear, initial results show cause for optimism (box 14.3).

Box 14.3 **Innovative strategies to attract, retain and train Indigenous staff**

Flexible work arrangements that respond to cultural needs of Indigenous staff can help retain Indigenous workers. An example of flexible arrangements that take into account family and community commitments is that implemented in a central Australian childcare centre with a good record of staff attendance. It involves staff receiving sick and personal leave entitlements, but with adjusted pay arrangements for legitimate additional absences. The adjustment reduces staff income by taking into account their average hours worked per week and assists the centre to afford taking on additional staff to backfill staff in their absence. In addition, the number of absences and reasons for them, by category, are available to all staff (Batchelor Institute, sub. 46).

The **Yarning Circle Project** was a professional support initiative that increased the capacity of early childhood educators (both Indigenous and non-Indigenous) to provide effective early childhood services for Indigenous children (in both Indigenous-focused and mainstream services).

The Yarning Circle involved conversation among two groups of early childhood educators from geographically distant areas, to gain insight and understanding that improves professional practice. The Yarning Circle supported early childhood educators to implement the Early Years Learning Framework (EYLF). Specifically, the project focused on supporting Indigenous children's sense of identity and developing them as confident and involved learners. Early childhood educators took part in an ongoing discussion over five months, met four times as a group, and were provided with face to face visits, email and telephone support over the term of the project.

Participants in the Yarning Circle reported positive outcomes, and specific benefits including gaining a deeper understanding of the EYLF, and developing a range of practical ideas to implement the EYLF (Health and Community Services Workforce Council, sub. 56).

The **Batchelor Institute** of Indigenous Tertiary Education offers 'both ways' education for Indigenous people that allows them to strengthen their own cultural knowledge while learning new knowledge and skills. Batchelor student-centred course design offers 'mixed mode' course delivery. It combines community-based study and research, field study and supervised work experience with short, intensive residential workshops. It focuses on supporting students in remote communities that lack infrastructure, funding and staff resources.

ECEC related certificate courses (Certificate II in Community Services (Children's Services) and Certificate III in Children's Services) are provided as an on-the-job learning program for Indigenous students in their communities. Mentors in the community (such as Play Group directors) support students as they undertake their studies, supported by The Learning at Work Book that provides culturally relevant examples and allows students to work at their own pace (Batchelor Institute nd; RRACSSU 2011).

Attracting and retaining qualified staff

The low qualification levels of many Indigenous workers often results in Indigenous-focused ECEC services employing non-Indigenous early childhood teachers and Indigenous contact workers, particularly in remote locations.

Recruiting non-Indigenous staff to work in Indigenous-focused ECEC services is difficult, and is particularly so in rural, remote or Indigenous communities. Compensation is typically inadequate to overcome the additional difficulties of working in these communities.

- The challenges of joining a new community for extended periods of time, that may be culturally very different, can discourage non-Indigenous people from working in remote communities (chapter 9).
- The lack of suitable housing can discourage non-Indigenous people from working in remote communities (chapter 9).
- Where there are general workforce shortages in regional or remote areas and qualified staff are required to deliver compulsory schooling, schools get priority when employing qualified staff.
- Safety issues can make working in some remote communities unattractive, and few potential staff may have the necessary characteristics and experience to handle this (Professor Alison Elliott, sub. 70).

Retention of non-Indigenous staff is also an issue. However, appropriate training and support may aid retention. Cultural training and mentor support may help staff adjust to their new environment, as may additional needs training (Batchelor Institute, sub. 46).

14.3 The National Quality Framework

Many Indigenous-focused ECEC services are ‘initially excluded’ from the National Quality Framework (NQF). This is due to the difficulties these services would have applying the National Quality Standard (NQS) within the required timeframe.

The ECEC services initially excluded from these reforms include playgroups, most budget-based funded (BBF) (non-mainstream) services, and mobile services (COAG 2010). Of the 345 BBF services in operation, more than 260 are Indigenous-focused, and many mobile services to remote communities deliver services exclusively to Indigenous children. Only Indigenous-focused services that receive Child Care Benefit funding (around 8 or 9 MACS) will be included in the

NQF.⁴ The planned CFCs for Indigenous children and their families will be excluded from the NQF.

Although many Indigenous-focused ECEC services are ‘initially excluded’ from the NQF, the \$59.4 million 2010-11 Budget measure is intended to assist many of those services to ‘meet key aspects’ of the NQS by 2014. Included is \$15 million to develop the workforce, to increase the number of qualified and culturally competent staff in those services. This funding will include incentives for Regional Training Organisations to deliver training in remote communities and for flexible training options, and additional funding to enable staff to be released to attend training (Department of Education, Employment and Workplace Relations, sub. 86). The adequacy of this funding is difficult to assess due to limited data on the characteristics of the existing Indigenous-focused ECEC services workforce.

14.4 Policy implications for ECEC services for Indigenous children

Bringing Indigenous-focused ECEC services within scope of the National Quality Standard

The Commission considers that the provision of quality ECEC services for Indigenous children should be prioritised. Indigenous children often experience significant disadvantage, and research suggests that disadvantaged children stand to gain the most from quality ECEC services.

The standards of most Indigenous-focused services are below those specified in the NQS and those of many mainstream services. While recent government initiatives provide additional Indigenous-focused ECEC services and funds to improve the standard of such services, these initiatives may fail to close the quality gap between these and mainstream services, particularly in remote areas. The lack of commitment to specific qualification and staff-to-child ratio targets for Indigenous-focused services risks other future priorities taking precedence.

The Commission considers that to achieve COAG’s goals, Indigenous-focused ECEC services should be brought into the scope of the NQS. However, due to current staffing difficulties experienced by these services, in many cases temporary waivers will need to apply. The Commission also considers that a structured plan is

⁴ Although the recent arrangements for the Victorian Government to take over management and control of Victorian MACS means these services will now fall under the NQF (ANAO 2010).

required for Indigenous-focused services with temporary waivers to achieve a rating of National Quality Standard (or above), with agreements on targets, so that the planned quality improvements to Indigenous-focused services do not fall away as new priorities emerge. Additional funds will be required to attract and retain suitably qualified staff for those services.

DRAFT RECOMMENDATION 14.1

To achieve the COAG ECEC reform goals governments should:

- *bring Indigenous-focused ECEC services into the scope of the National Quality Standard*
- *have a structured plan with agreed targets, and allocate additional funds to ensure all Indigenous-focused ECEC services achieve a rating of National Quality Standard or above within an agreed timeframe, without the need for waivers.*

Policy coordination

Policy coordination is a necessary component of effective service systems (Moore and Skinner 2010). Coordination across levels of government and departments and portfolios can lead to better outcomes for children by reducing tensions between departments and programs (such as data sharing), removing bureaucratic obstacles, and improving government agency ownership. It may also improve outcomes for the workforce (Valentine, Katz and Griffiths 2007 in Moore and Skinner 2010; Batchelor Institute, sub. 46).

A lack of policy coordination in delivering services for Indigenous children, including supporting the workforce, can lead to inefficiencies:

Policies and practice associated with the Indigenous Professional Support Units (IPSUs) and VET training offered through ... [Registered Training Organisations] RTOs in the NT need attention. These two groups are charged with providing professional development to Indigenous ECD services. VET trainers target the same groups as do IPSUs. How well do they work together? How can their work be structured more effectively to support Indigenous children's service workforce development ...? Collaboration is currently difficult, due in part [to the] different policies and levels of funding. (Batchelor Institute, sub. 46, p. 5)

There are promising signs that governments are increasingly working together to reduce duplication and improve cooperation. Recommendations made by the Coordinator General for Remote Indigenous Services that address duplication and collaboration have received in principle agreement, with governments examining the use of more flexible funding arrangements to streamline reporting and reduce

‘red tape’, and to coordinate investments in education pathways and employment (CGRIS 2010). Even so, governments have made a number of past commitments to improve governance related to services for Indigenous people (see SCRGSP 2009 for examples), and more action may be necessary to improve efficiency.

The Commission considers that continued focus on policy coordination is necessary to avoid duplication and ensure optimal use of scarce resources.

Innovative approaches to service delivery in Indigenous communities

Although the Commission supports the application of the NQS to Indigenous-focused ECEC services, it recognises that this will be challenging. The size and complexity of the task, made more difficult by the prevailing cultural challenges, suggests innovative approaches to service delivery may be required, and that capacity building should be the immediate focus.

Several innovative programs suggest that new approaches can be successful in delivering positive outcomes for Indigenous children. There are numerous examples (box 14.4). One example relates to an education initiative under the Cape York Welfare Reform project. The Attendance Case Manager approach has been used in Aurukun, a remote Aboriginal community on Cape York peninsula, where school attendance has improved markedly. These initiatives might be successfully applied in the early childhood context, albeit with some adjustment. For example, the attendance case manager concept may be effective in increasing preschool attendance among Indigenous children, but the non-compulsory nature of preschool suggests the role would be one more of an outreach program that encourages rather than enforces attendance.

DRAFT FINDING 14.2

Alternative models of service delivery for Indigenous-focused ECEC services are being developed and trialled. Expansion of these models, and possible development of new ones, will be required to meet desired quality outcomes for Indigenous children.

Box 14.4 Examples of successful innovation

The **Napranum Preschool Parents and Learning (PaL) Program** builds capacity in Indigenous communities by supporting parents and family members to engage in their young children's learning. It was developed following requests from parents for activities and strategies to support their young children in preparing for school.

The 2-year early literacy and numeracy program is home based, focuses on parents as teachers of their own children, and primarily complements attendance at preschool. The PaL program has expanded to operate in five other communities nationally. (Parents and Learning nd)

Some initiatives that might be extended to the early childhood context are those from the Cape York Institute and the Stronger Smarter Institute.

Cape York Partnerships is a development organisation that enables reform by building innovative partnerships between Indigenous individuals, families and communities, government and the philanthropic and corporate sectors.

The Case Management Framework supports families to ensure their children attend school everyday, are on time, and have an uninterrupted school day. The attendance CMF uses a behavioural management approach to set community wide expectations of 100 per cent school attendance. Attendance Case Managers work with parents, students, schools and the broader community to set and meet that expectation. Every absence from school is followed-up, on the day, to work with families to resolve the reason behind the child's unexplained absence or lateness and to develop strategies to avoid reoccurrences. The approach was used in the remote community of Aurukun (on Cape York peninsula) where school attendance has improved markedly. (FaHCSIA 2009a; 2009b; 2010d)

MULTILIT (Making Up Lost Time In Literacy) in Cape York Schools is designed to improve student literacy outcomes and embed sustainable high quality literacy instruction across schools. The remedial reading program designed for low-progress readers in Year 2 and above has a track record of success in a wide variety of settings (including in a remote Indigenous community). For example, students given around 17 weeks of instruction on average gained more than 21 months in reading accuracy in a Cape York trial conducted by Macquarie University Special Education Centre at Coen State School.

(Continued next page)

Box 14.4 (continued)

Initiatives from the **Stronger Smarter Institute** aim to increase expectations in Indigenous education. The Stronger Smarter Institute has its genesis in Dr Chris Sarra's in-school programs at Cherbourg State School, that successfully addressed absenteeism, low motivation and poor academic results. Unexplained absenteeism fell by 94 per cent within an 18 month period, and real attendance improved from 62 per cent to 93 per cent between 1999 and 2004. Year 2 literacy improved from zero per cent of children at expected reading levels to 58 per cent over two years from 1998, and Year 7 literacy improved from zero percent to 81 per cent from 1999 to 2004. The Stronger Smarter Leadership Program for school and community leaders aims to enhance their leadership capacity to achieve school transformation. The Stronger Smarter Learning Communities national project also aims to transform schools through building leadership capacity. The project operates through hubs, where leaders are charged with supporting, developing and challenging staff and community leaders in affiliated schools (QUT 2007; Sarra 2008; SSI 2011).

Community engagement

Community engagement is a common feature of successful Indigenous programs and initiatives, and is the basis for achieving long-term and sustainable outcomes (Banks 2009; SCRGSP 2009). It can assist in attracting Indigenous families to ECEC services, and community control and support may help those services recruit and retain Indigenous workers (Batchelor Institute, sub. 46; Benevolent Society, sub. 49).

The importance of community engagement for effective service delivery is acknowledged by government, and the NPA IECD identifies community engagement as integral to its successful implementation. Even so, recognition may not be enough, and proper identification and evaluation of program weaknesses is required so that these weaknesses can be rectified. Further, community engagement can take time to be effective (SNAICC, sub. 29).

Improved cultural competency

High levels of cultural competency in ECEC services, where services respond respectfully and effectively to people of diverse backgrounds in a manner that recognises, affirms and values those individuals, are necessary to ensure engagement with Indigenous families and to enhance child wellbeing and development (Trigwell 2000; SNAICC 2009). However, cultural competency can

be difficult to achieve due to complex kinship networks such as extended family, clan and community (Flaxman, Muir and Oprea 2009).

However, some study participants argue that improved cultural competency is required in mainstream services, as few non-Indigenous staff currently have the necessary cultural skills to work with Indigenous children and families (National Childcare Accreditation Council, sub. 11; SNAICC, sub. 29).

An incentive to improve cultural competencies in mainstream services is provided via the linking of Indigenous cultural awareness and competencies to the NQS. ECEC services will only receive a rating of National Quality Standard (or higher) if they meet (or exceed) all the elements in the NQS. The elements include the requirement that children's cultures provide the foundation of the education program (Quality Area 1), and that staff acknowledge, value and respect diversity and difference (Quality Area 4) (ECDWG 2010). However, there appear to be no clear guidelines to define and measure these quality areas, and consultation may be necessary to ensure they are accurate and effective.

The Commission considers that general Indigenous cultural competency in mainstream ECEC services should be encouraged in services that include Indigenous children, and regards the cultural competency requirement for a rating of National Quality Standard (or higher) as appropriate. However, consultation is needed to develop clear and effective Indigenous cultural competency guidelines for mainstream ECEC services with Indigenous children to receive National Quality Standard endorsement.

DRAFT RECOMMENDATION 14.2

ECEC services must meet cultural competency standards to receive National Quality Standard endorsement. The Australian Children's Education and Care Quality Authority should consult with relevant stakeholders to develop clear and effective Indigenous cultural competency guidelines for ECEC services with Indigenous children to receive this endorsement.

14.5 Policy implications for the ECEC workforce for Indigenous children

Funding for ECEC services for Indigenous children

Current funding arrangements for Indigenous-focused services may hinder effective workforce planning, as funding is reviewed annually, and even where existing or

new applicants meet the funding criteria, funding is not guaranteed (DEEWR ndb). A change from single-year to multiple-year funding arrangements was recommended by the Australian National Audit Office, although this has yet to be implemented (ANAO 2010).

Current funding for Indigenous-focused services may be inadequate. A significant increase in demand for qualified ECEC staff for Indigenous-focused services, including in remote areas, will result from recent policy changes. The COAG commitment to ensure access to ECE for all Indigenous 4-year olds, including in remote communities, will increase the number of ECEC services and therefore demand for qualified staff. Further, demand for qualified staff would be expected to increase more broadly were the NQS to apply to Indigenous-focused ECEC services (draft recommendation 14.1) as the staff-to-child ratios and qualification requirements are implemented.

The NPA IECD provides more than \$290 million over six years to establish and staff CFCs, and the 2010-11 Budget measure will contribute to increasing the number of qualified staff in existing Indigenous-focused services. While the planned CFCs will assist in improving access to ECEC services for Indigenous children, the Commission considers that additional funding may be needed to attract and retain sufficient staff, and may include funding better pay, conditions, support and professional development, given the existing recruitment difficulties experienced by these services. Further, funding will be required for: a necessarily greater focus on recruiting qualified staff given the generally low qualification levels of existing staff; qualified trainers in regional and remote areas to deliver quality training; and innovative approaches such as the employment of staff to apply the attendance case manager concept.

The additional funding required to attract and retain staff, and to provide quality training, should be made available as a priority to avoid further widening the gap between mainstream and Indigenous-focused services by facilitating the timely implementation of recruitment and training strategies.

To meet the goals of the Closing the Gap: National Partnership Agreement on Indigenous Early Childhood Development and the COAG ECEC reforms, more workers, and more highly skilled workers, will be required to work in Indigenous-focused services. To support service-level workforce planning and to provide for greater certainty to facilitate more effective attraction, retention and training of staff in Indigenous-focused services, governments should:

- ***give priority to the provision of quality ECEC services for Indigenous children, without passing on extra costs to parents***
- ***provide multiple-year funding for Indigenous-focused ECEC services.***

While Indigenous children are likely to benefit from good quality ECEC, the benefits do not necessarily persist as they get older. One study participant stated:

It is with increasing concern that we see Australian Aboriginal children who have benefited from a good cultural preschool seemingly fall behind once they reach Year Three. (Dalaigur Pre-School, Kempsey, pers. comm., 2 June 2011)

This experience is widespread. The proportion of Indigenous children who achieved the national benchmarks for reading decreased from year 3 to year 5, and the proportion of Indigenous children who achieved the national benchmarks for numeracy decreased from year 3 to year 5 and year 5 to year 6 (SCRGSP 2009).

This suggests that some Indigenous students require transitional support as they begin formal schooling for the benefits of ECEC to be maintained. This is a finding supported by a broader literature showing that underperforming students are unlikely to catch up unless provided with assistance (Ou and Reynolds 2004; Reynolds et al. 2001; Schweinhart 2005). One study participant suggested that additional school staff are likely to contribute to children's ongoing wellbeing and success:

[Australian Aboriginal] ... children ... should be supported up to the end of Year two by having at least two teachers in the classroom, one being early childhood trained ... [to] assist in ensuring the emotional wellbeing of the child ... A single teacher in a class of twenty-four cannot do it all. They cannot manage the academic side as well as the emotional side because there is not enough time in the day. Some of our children have high emotional needs and it takes time to assist the child through them, and also work with the family. (Dalaigur Pre-School, Kempsey, pers. comm., 2 June 2011)

Alternatively, programs that assist Indigenous students once they leave preschool could take the form of support for parents and family members to contribute to the children's wellbeing.

Ongoing support for Indigenous children is necessary as they make the transition to formal schooling, to ensure the benefits they gain from ECEC are maintained as they advance through the education system.

A new workforce policy framework

The significant impact of policy reform on workforce demand, as well as the importance of access to quality Indigenous-focused ECEC services, suggests a clear workforce strategy is required, which includes a focus on attracting and training Indigenous and non-Indigenous workers.

Though some jurisdictions have workforce plans to implement the NPA ECE and the NPA IECD (see NPA bilateral agreements), they vary in their progress and depth. Some are service specific, and there is no overarching strategy to attract Indigenous workers (SNAICC, sub. 29). Several contributors to this study argue for improved workforce planning. For example:

... a flexible policy framework for workforce development is crucial in gearing services for success ... Establish a specific, national planning process for the Aboriginal and Torres Strait Islander early childhood sector. (SNAICC, sub. 29, pp. 7–8)

An overarching strategy to attract Indigenous and non-Indigenous workers to Indigenous-focused services should be one component of the broader Early Years Development Workforce Strategy (the Strategy) (chapter 11). Though the Strategy is planned to include specific initiatives to build the Indigenous ECEC workforce, it is as yet unavailable. The Strategy should consider relative priorities across ECEC services, including those of Indigenous-focused services, and build on individual workforce plans in each jurisdiction. Without this, services that most need assistance may not get the focus required to adequately support them.

As part of the broader Early Years Development Workforce Strategy agreed by COAG, governments should work together to develop a coordinated workforce strategy that builds on workforce plans in each jurisdiction, so that priority is given to placing suitably qualified staff in Indigenous-focused services. This should include a specific plan to build the Indigenous ECEC workforce.

Flexible work arrangements for Indigenous staff

More flexible employment practices may help to attract and retain Indigenous workers, and mainstream services that accommodate the changing circumstances of, and demands on, Indigenous workers demonstrate success at retaining them (Hutchins, Frances and Saggars 2009). One example of flexible working arrangements that respond to family and community commitments involves staff receiving sick and personal leave entitlements, but with adjusted pay arrangements for legitimate additional absences (box 14.3).

The Commission considers that to attract and retain Indigenous staff, ECEC services may need to consider offering more flexible employment arrangements.

DRAFT RECOMMENDATION 14.5

ECEC services should consider offering more flexible employment arrangements, such as access to additional leave with adjusted pay arrangements for legitimate absences, to attract and retain Indigenous staff.

Student-centred design

Indigenous students are under-presented in further education, and while they are well represented in vocational education and training (VET), the proportion of Indigenous students who successfully complete training is lower than for VET students as a whole. Indigenous students withdraw from VET study at a higher rate, but indicate levels of student satisfaction generally on par with, or higher than, VET students as a whole (PC 2011c).

Training strategies that incorporate student-centred design, where it is delivered using culturally appropriate course design, may result in better educational outcomes for Indigenous students and improve the supply of suitably trained Indigenous staff. In addition, culturally appropriate training that takes into account variations in the way Indigenous workers engage with the demands of the workforce may be a key factor in retaining them (Hutchins, Frances and Saggars 2009).

Contributors to this study support incorporating student-centred design principles to assist in training Indigenous workers, particularly in rural and remote areas (National Childcare Accreditation Council, sub. 11; SNAICC, sub. 29). Possible support strategies include: training that takes into account both learning style and context, the need for periods of extended release from training, and access to technology; well resourced student support services; cultural appropriateness; travel

and accommodation for students; and support for services backfilling positions while Indigenous workers are studying (National Childcare Accreditation Council, sub. 11).

One student-centred design solution is the provision of on-the-job training. On-the-job training may enhance the number of Indigenous staff with qualifications. It does so by delivering training services to Indigenous workers in their community, providing access to those who are reluctant to leave for training due to significant community and family responsibilities.

Student-centred design principles are increasingly being incorporated into workforce development strategies (Watson and Axford 2008a). The recent Australian Government initiative to improve the standards of BBF ECEC services incorporates supportive student-focused workforce initiatives (FaHCSIA 2010a). Other examples include the Northern Territory Department of Education and Training's Building Remote Indigenous Workforce Strategy that includes on-site training, student support and cultural awareness with literacy building, and initiatives by several educational institutions.

Although educational institutions sometimes tailor their services to support disadvantaged students, including improving literacy and numeracy skills, this may be inadequate. The National Childcare Accreditation Council considered, in relation to the Indigenous workforce:

... some of the difficulties in ... ECEC training ... are being addressed by a number of educational institutions with student-centred course design, but this needs to be well-resourced to be effective ... (sub. 11, p. 12)

In VET, registered training organisations are required to adhere to principles of access and equity for disadvantaged students, but there is no additional funding for the additional hours that are required to support disadvantaged students (DEEWR 2010b, NVEAC 2010).

DRAFT RECOMMENDATION 14.6

VET and higher education institutions should apply student-centred design principles to the design and delivery of courses for Indigenous students. Sufficient resources must be provided to ensure Indigenous students are suitably supported throughout their training.

Study readiness support that takes into account the particular learning needs of Indigenous students is also required. Many Indigenous students from rural and remote areas require additional support due to their lack of experience in the education system and poor levels of literacy. Although increasingly tertiary

institutions and registered training organisations include literacy support for Indigenous students (SNAICC, sub. 29), these may be inadequate to provide the intensive literacy support required by many Indigenous students.

For Indigenous workers, priority funding is required for students at levels lower than certificate III, which are pathway qualifications that assist students in preparing for work and further study. Study participants suggested that training in remote communities may need to start at the certificate I level, followed by an appropriate certificate II (Batchelor Institute, sub. 46; SNAICC sub. 29).

DRAFT RECOMMENDATION 14.7

To assist Indigenous students to prepare for study to qualify to work in ECEC settings, priority funding from governments for certificate I and II training will be required, particularly for students in remote areas.

Professional development

Cultural competency training

To address the need for Indigenous cultural competency the Indigenous Professional Support Units (IPSU), funded by the Australian Government under its Inclusion and Professional Support Program (chapter 8, box 8.1), provide advice to mainstream ECEC services. Several cultural awareness related elective units are also available to students undertaking VET Children's Services related courses. Further, cultural awareness and respectful practice is 'foundation knowledge' for these nationally endorsed training packages and part of the holistic qualification assessment, but not explicitly assessed (CSHISC 2010a).

Despite this, some study participants suggest that improved cultural competency is required in mainstream services (section 14.4), suggesting that current cultural competency training may be inadequate. Further, the approach of offering Indigenous cultural competency training as electives, rather than as part of core training, risks marginalising Indigenous knowledge and practices (National Childcare Accreditation Council, sub. 11).

One approach to improve cultural competency in mainstream services is to add a cultural competency unit to core qualification requirements in nationally endorsed training packages, but this approach could further exacerbate the recruitment and training challenges facing the sector. A better approach is to resource the IPSUs to expand cultural competency professional development support for mainstream ECEC services.

The Commission considers that additional funding may be required to ensure the IPSUs can provide sufficient cultural competency professional development support for mainstream ECEC services.

Indigenous-focused services

The Commission also considers that further cultural competency training should be made available to staff in Indigenous-focused ECEC services, especially where complex kinship networks exist in the community. Professional development tailored to the needs of a particular service or community might be the best approach to improving cultural competency for staff, to build on more general Indigenous cultural competency training. Additional funding may be required to ensure the IPSUs can provide access to tailored cultural competency training for Indigenous-focused ECEC services.

Support for Indigenous staff

Some Indigenous staff working in mainstream or Indigenous-focused ECEC services also require ongoing mentoring and other support. Some study participants suggested that mentoring of staff can be important to help them adapt to work or study, including in rural communities (Health and Community Services Workforce Council, sub. 56; Western Australian Department of Education, sub. 44). This includes peer support networks for people working in rural and remote areas where contact with peers would otherwise be limited (chapter 9), and mentoring and peer support for Indigenous staff training in remote communities to ameliorate some of the problems of distance learning.

Professional development is also likely to be a suitable approach for training Indigenous staff. The main source of professional development for Indigenous-focused children's services is provided by IPSUs (chapter 8). However, the IPSU program may not be able to meet the professional development needs of all Indigenous staff, particularly for remote services with high support needs (Batchelor Institute, sub. 46).

The Commission considers that adequate funding should be made available to ensure that appropriate professional development and support is provided to Indigenous staff.

To achieve the COAG ECEC reform goals, the Australian Government should make available additional funding for Indigenous Professional Support Units so that:

- general Indigenous cultural competency training can be provided to all staff without such competency working in mainstream ECEC services with Indigenous children*
- tailored professional development on Indigenous cultural competency can be provided to staff working in Indigenous-focused ECEC services where there is demonstrated need*
- the units can provide sufficient professional development and support to Indigenous staff.*

15 The integrated ECD services workforce

Key points

- The prevalence of integrated ECD services is increasing, however the range of services offered and the extent and model of integration differs from jurisdiction to jurisdiction, and between services.
- Different communities have different needs, and community consultation is key to developing the right model.
- The challenges in delivering effective integrated ECD services include leadership, information sharing and collaboration.
- Few data are currently available on the integrated ECD services workforce and future workforce censuses and surveys should separately identify them to address the issue.
- The integrated ECD workforce will require additional attributes, skills and qualifications to deliver effective integrated services.
 - Leadership and team building is particularly important, although there is no agreement as to what qualifications may be required.
 - Additional skills requirements will differ for managers and leaders and the staff delivering the integrated ECD services.
 - Where services are provided predominantly to disadvantaged families, staff may need additional skills and on-the-job experience to deliver services effectively.
- The different pay and conditions among occupations in integrated ECD services will negatively affect staff recruitment and retention in those services, and be a barrier to true integration without a more flexible approach to pay and conditions.
- Staffing of planned integrated ECD services and requirements for additional attributes, skills and qualifications will further exacerbate existing ECD workforce shortages.
- A range of skill development options to support staff should be considered, and those that least exacerbate existing recruitment difficulties chosen.
- To ensure effective delivery of integrated ECD services, governments should adequately fund these services in areas of disadvantage to provide appropriate professional development to staff.

Integrated early childhood development (ECD) services are designed to provide families with more seamless access to multiple services. Integrated services can fall along an ‘integration continuum’ from cooperation (with some information sharing between services) to full integration where services are merged (box 15.1).

Box 15.1 The continuum of integrated service delivery

Co-location

Services are co-located, but operate independently of one another, with no formal sharing of information or resources (services are not integrated). Their co-location can make it easier for families to access a range of services.

Cooperation

Low-intensity, low-commitment relationship between parties in which they retain individual autonomy but agree to share information.

Coordination

Medium-intensity, medium-commitment relationship between parties in which they retain their individual autonomy but agree to some (time-limited) joint planning and coordination project or service.

Collaboration

High-intensity, high-commitment relationship between parties in which they unite under a single auspice, share resources and jointly plan and deliver particular services.

Integration

Completely merged parties under the one entity.

Source: Adapted from Moore and Skinner (2010).

Potential confusion about the definition of integrated services relates to the concept of co-location. Services that are merely co-located provide families with easier access to the range of services on offer, but are not integrated, lacking linkages between services. Co-location is not necessary for integration. In some circumstances co-location may not be preferable, for example in remote locations where some families find it difficult to access the specific location (Moore and Skinner 2010).

Integrated ECD services are a policy focus in Australia and for governments internationally (box 15.2). Integrated ECD services are favoured as they provide families with easier access to the range of ECD services, reduce transaction costs and prevent families from having to repeatedly ‘tell their story’. Integrated services are seen to be particularly beneficial to disadvantaged families that find it difficult

to identify and access fragmented services. Other cited benefits of integrating ECD services include earlier diagnosis, referral and access to specialist services (Moore and Skinner 2010). Integrating ECD services can also assist in reaching disadvantaged families that might otherwise avoid those services. One study participant, in relation to reaching Indigenous families, stated:

... welcomes these models of integrated and co-located services because they have the potential to develop the appropriate trust relationships and professional skills that are needed ... There is a strong residue of distrust of mainstream services that makes such co-location with trusted services particularly useful for our families. (SNAICC, sub. 29, p. 12)

Box 15.2 Sure Start Children's Centres

The first Sure Start programs were launched in England in 1999, and focused on service provision in the lowest socioeconomic status areas.

Key features of the Sure Start model are community control, exercised through local partnership boards, and a focus that recognises the importance of family and neighbourhood.

Sure Start Children's Centres offer a different range of services, targeted to the needs of the local community. Core services of all centres include:

- early childhood education and care services, or, at a minimum, advice on childcare options
- child and family health services, ranging from health visitors to breastfeeding support
- advice on parenting, local childcare options and access to specialist services for families such as speech therapy, healthy eating advice or help with managing money
- help for parents to find work or training opportunities, using links to local employment services and training providers.

Many Sure Start Children's Centres also offer additional services, such as parenting classes, English classes, allied health services and smoking cessation advice. Outreach services are provided in disadvantaged areas.

Sure Start has delivered some benefits to children. At 3 years of age, children in Sure Start areas showed better social development and greater self-regulation of behaviour, partly as a consequence of parents manifesting less negative parenting. At 5 years of age, there were less beneficial effects on children in Sure Start areas, although mothers showed greater improvement in life satisfaction and less use of harsh discipline, and provided a more cognitively stimulating home learning environment for their children than those in the comparison groups (appendix D).

Sources: Department for Children, Schools and Families (2008b); Melhuish, Belsky and Barnes (2010b); Katz and valentine (2009).

The recent emergence and increasing prevalence of integrated services suggests that the integrated services model will continue to develop. As these services evolve and respond to the needs of the community, different workforce needs are likely to emerge.

Effective delivery of integrated ECD services

Despite the increasing prevalence of integrated ECD services, there is little shared understanding among service providers, consumers and policymakers about integrated models and their desired outcomes (Siraj-Blatchford and Siraj-Blatchford 2010). One description sees the integrated model as comprising a unified management system, pooled funds, common governance, ‘whole systems approach to training’, and joint planning and performance targets (Horwath and Morrison 2007, in Moore and Skinner 2010). Effective integration also includes policy integration at the whole of government, regional and local planning, and team levels (Moore and Skinner 2010).

No clear consensus appears to exist on the exact nature of the team level integration required to deliver effective integrated ECD services. Teamwork can be characterised as ranging from uni-disciplinary teamwork — where one discipline attempts to meet all the needs of the child (and family) — to trans-disciplinary teamwork (where team members share roles and cross discipline boundaries) (Moore and Skinner 2010).

Some key structural properties and processes have been identified for effective integrated service systems for vulnerable families. Examples include universal core services that are inclusive and non-stigmatising, multiple single entry points, active community participation, information for parents, and engagement with and empowerment of parents (Moore and Skinner 2010). Without thorough community consultation, services offered may not be wanted or needed, and families may not use them.

Other factors may influence the effectiveness of integrated ECD service delivery. For example, while co-locating ECD services with schools can assist families with school children accessing those services, it may be counter-productive among disadvantaged families where there is distrust of mainstream services (SNAICC, sub. 29). On the other hand, co-locating ECD services with schools is a way to gradually introduce families to a school environment in a positive way.

Another example relates to data sharing. Though the success of integrated ECD service delivery will depend on data and information sharing, this may not always occur in practice. Sharing of information can be difficult due to system

incompatibility, professional differences, institutional differences or confidentiality regulations. One way to support integrated services would be for services to share the same database, with all services having access to core biographical information, but with different levels of access to service-specific data.

15.1 Integrated ECD services

In considering integrated ECD services, the Commission has focused on early childhood education and care (ECEC), child health and family support services. All states and territories have begun to provide ECD services in an integrated way, but the range of services offered and the extent and model of integration differs from jurisdiction to jurisdiction and sometimes between services

Some integrated ECD services offer only two ECD services (such as ECEC services and child health) and others offer a broader range (such as ECEC, child health and family support services). The range of services differ according to community need. For example, integrated ECD services are more commonly placed in disadvantaged communities, which leads to the provision of particular services (box 15.3).

The exact nature of integration can also differ. Integrated services may differ in their organisation, the way staff are formed into teams, and the processes used. Some integrated services include community connection and engagement with parents. For example, the Best Start program in Victoria is based on building local partnerships and the Schools as Community Centres program in NSW provides a range of activity delivery in partnership with communities and families. Other services aim to build community resilience and build social capital in the community, such as Queensland's Early Years Centres (Benevolent Society, sub. 49). Several recent government initiatives will further expand the number of integrated ECD services in coming years (box 15.4).

Box 15.3 **Tasmania's Child and Family Centres**

Tasmania's Child and Family Centres are a State funded initiative that aim to improve the health, wellbeing, education and care of young Tasmanians by improving access to a range of services. Available to all local families with young children up to five years, they are designed to provide a seamless experience to families to make sure they do not have to 'tell their story over and over'.

The mix of services will be tailored to each community and can include parenting programs, child and family health services, and adult education and training. Early childhood education and care may be co-located in the centres, but will not be provided by the government.

One state government funded Child and Family Centre is currently open in Beaconsfield, and a further seven will open in Clarence Plains, Chigwell, East Devonport, George Town, Ravenswood, Queenstown and Risdon Cove. A further two Australian Government funded Children and Family Centres (CFCs) are to open in Bridgewater and Geeveston.

Consultation with Child and Family Centre communities is currently underway. This process will include identifying the appropriate service mix and developing a shared vision and desired outcomes.

Sources: DoE Tasmania (ndd); DEEWR (ndh).

Integrated Indigenous-focused ECD services

Indigenous ECD services are more commonly delivered in an integrated setting than mainstream services. For example, Multifunctional Aboriginal Children's Service (MACS) provide a range of services specifically designed to meet the needs of local Indigenous families including long day care (LDC) with at least one other form of ECEC (such as occasional care, outside school hours care or vacation care), along with playgroups, nutrition programs and/or parent support (chapter 14). In addition, Children and Family Centres that target the needs of Indigenous families, planned for completion by 2012, will provide integrated early childhood education and care, parent and family support programs, and child health services (box 15.4).

Box 15.4 Integrated ECD services

Early Learning and Care Centres

Australian Government funded Early Learning and Care Centres (ELCCs) will provide integrated early childhood education and care in a long day care setting that takes into account the needs of the local community.

Of the total 38 planned to be operational by 2012, six will be Autism-specific centres. Where possible the services will be located on the grounds of schools, TAFEs, universities or on common land. Several ELCCs provide a link to a range of other ECD services, such as playgroups and child health services.

Children and Family Centres

Australian Government funded Children and Family Centres (CFCs) across Australia will provide integrated early childhood education and care, parent and family support programs, and child health services to suit the needs of the local community.

The 38 CFCs will connect with other services in the community to ensure families can easily access the services they need. The CFCs are targeted at addressing the needs of Indigenous families and their children, and will also provide services to all families in the community.

Of the CFCs, 15 will be located in urban areas and 23 in regional and remote areas. Queensland will have ten centres, NSW nine, Western Australia and the Northern Territory five each, South Australia four, Victoria and Tasmania two each, and ACT one (box 14.2; table 14.1).

Source: DEEWR (2011f, ndh).

Policy reforms

Some integrated services, including Early Learning and Care Centres (ELCCs), are eligible for the Child Care Benefit and therefore fall within scope of the National Quality Standard (NQS). Other integrated services, such as the planned integrated Children and Family Centres (box 15.4) that target the needs of Indigenous families, will be excluded from the NQS, though the Commission has recommended that Indigenous-focused services fall within the scope of the NQS (chapter 14).

15.2 The integrated ECD services workforce

As with integrated services themselves, the lack of data prevents a thorough description of the integrated ECD services workforce. The integrated services workforce can be thought of as comprising ECEC, child health and family support

workers. The integrated ECD services workforce faces similar challenges to those sectors, but it also has its own challenges.

The two distinct groups of workers observed in the ECEC workforce broadly apply to integrated ECD services, but with two variations. The first group which includes teachers and ECEC directors, now expands to include child health nurses, and family support specialists (such as psychologists, social and community workers). These specialists have at least a diploma qualification, and may be in managerial or supervisory roles leading contact workers. The other variation relates to integrated services directors, who are often specialists but have additional responsibilities to drive and lead integration.

The remainder of the workforce, as in ECEC services, work in roles with more direct provision of education and care services to children. These include ECEC contact workers, teachers aids, and trainees. They have lower levels of educational attainment and lower levels of relevant qualifications, and are more likely to work in non-permanent and part-time roles.

While the Commission received valuable input on integrated ECD services from several study participants, additional information and data on the characteristics of the integrated ECD services workforce are required.

INFORMATION REQUEST

The Commission seeks further information and data on the characteristics of the integrated ECD services workforce.

Limited evidence on the effectiveness of integrated ECD services, and its workforce, is partly due to their recent emergence. One initiative to improve the evidence base is the recently announced Economics of Education and Child Development research program, which will include research into the effects of the new Integrated Children's Centres in Victoria (Melbourne Institute 2011). But information and data on the integrated ECD services workforce remains inadequate, in part because current collections do not separately identify integrated ECD services.

The recent National ECEC Workforce Census is one example where the lack of an identifier prevents analysis of integrated ECD services. As integrated service delivery becomes increasingly common, reliable data on these services will be required to assess their effectiveness in improving outcomes for children. Any such analysis is likely to require an understanding of the workforce in these services.

Future ECD workforce censuses and surveys should identify integrated ECD services separately to facilitate analysis of the workforce and subsequent policy development.

Service integration and skill requirements

The composition of the workforce for each integrated service depends both on the services offered and the skills and qualifications required to deliver them. This in turn depends on the level of team integration, and the structural properties and key processes in place to deliver integrated services.

For service integration to be effective, several contributors to this study stated that specific core skills are needed to ‘cut across’ ECEC, health and other services (Batchelor Institute, sub. 46; Benevolent Society, sub. 49). The Victorian Government considered that:

It may be of benefit to develop a set of common core skills and knowledge for all early childhood professionals to support the delivery of integrated services, including for those professionals not employed in integrated education and care services. These skills [and knowledge] would complement the specialist skills held by individual workforces and may include family-centred practice, brain development of young children, diversity and cultural awareness and working collaboratively with other professionals. (sub. 87, p. 8)

The Benevolent Society considered that:

... a greater level of experience, skills and qualifications are needed. For instance, staff need skills to work with a broader range of clients and client needs than they would usually encounter in less integrated services (that commonly deal with a narrower range of clients and issues). In turn, they also need an understanding of the processes and philosophy of the services provided by partner agencies. A strong commitment and ability to work collaboratively is crucial. (sub. 49, p. 17)

A basic understanding of early childhood development would also be required of staff to assist early detection, support or referral, or a combination of these. This may be especially so where they work with children who face multiple health, including mental health, and developmental challenges (NGA 2010). Staff working with disadvantaged children may also require significant on-the-job experience. This suggests that most staff working in integrated services should have at least some of these integrated services skills for those services to be effective. However, the exact skills required of staff would depend on their particular responsibilities. For example, professional staff may require an understanding of early childhood development *and* an understanding of other professions to help bring a common

perspective to all workers in integrated centres. On the other hand, contact workers would need basic training in early childhood development to assist in early detection, but due to their specific role may have little need, for example, to understand the professional perspective of a psychologist or social worker.

Leaders would also require special core integrated services skills to ensure the successful delivery of integrated services. These skills may be necessary to lead and manage a multi-disciplinary workforce and to facilitate effective collaboration across that service:

Leaders ... [need to] manage ... diverse service providers to stimulate the vision and motivation with the full range of teams to implement ... seamless service for families. (Council for the Care of Children, sub. 22, p. 7)

Effective leaders would also require skills to contribute to regional and local planning and to assess community need and encourage its participation. In summary, leaders need to be equipped to work across traditional divides, and may need additional skills that relate to relationship building, facilitation and planning (Benevolent Society, sub. 49).

Questions regarding leadership arrangements in integrated ECD services are likely to remain problematic. Professionals in these services come from different disciplines, with different professional approaches. In addition, they often have different levels of pay and employment conditions. This can result in leaders of integrated services being paid less, or experiencing inferior conditions, than some of the staff they manage. This has significant potential to generate tensions between staff.

Recruitment and retention

It can be difficult for integrated services to find and attract staff with sufficient experience of working across disciplines (Benevolent Society, sub. 49). Though the difficulties of finding staff with cross-disciplinary experience may be partly due to the relatively recent emergence of integrated services, demand for this experience is likely to increase as services become more integrated.

Study participants identified some factors that may contribute to recruitment and retention difficulties. Due to the nature of integrated services, specialist staff (such as psychologists offering family support, or speech therapists offering targeted secondary or targeted and intensive tertiary level support) are often the only qualified member of their profession in the service. This professional isolation makes professional development difficult, and can deter professionals from choosing to work in integrated services. On the other hand, integrated services that

apply a team approach may reduce the professional isolation staff sometimes experience in stand-alone services (Kindergarten Parents Victoria, sub. 72). Despite this, while external support and mentoring may address professional isolation in these services, budget constraints can prevent services from providing such support to staff (Mission Australia, sub. 12).

Integrated ECD services commonly offer only part-time positions to professionals, which may be unattractive. This leads to these positions often being filled by new graduates, who move on once they find full-time work elsewhere, contributing to high turnover (Mission Australia, sub. 12). The short-term nature of government funding for many integrated services can also lead to job insecurity, making it difficult to attract and retain staff (Benevolent Society, sub. 49). Further, short lead times on projects can also make it difficult to attract staff within an appropriate timeframe, particularly in rural and remote areas (Benevolent Society, sub. 49) (chapter 13).

Different pay and conditions between occupations in integrated settings

Study participants indicated that different pay and conditions between occupations can be a problem for integrated ECD services. The differences occur within ECEC services (chapter 4) and in settings offering a broader range of ECD services (for example, pay and conditions disparities can occur between LDC staff and health workers, such as child health nurses) (Gowrie SA, sub. 40). One participant stated:

... a key challenge for integrated services is co-ordinating various professionals employed under different industrial instruments, with varying levels of pay and conditions. Without doubt this results in an impediment to true integration. (Kindergarten Parents Victoria, sub. 72, p. 13)

Different pay and conditions and the relative status (or perceived status) of different occupations may lead to tensions. For example, participants in this study stated:

Team members working in the same service are paid under different conditions, therefore there may be feelings of inequity. (C&K Association, sub. 52, p. 3)

Managers of long day care services report significant challenges when staff receive differential pay rates and conditions of employment as a consequence of different industrial instruments. ... this impacts on the willingness and ability of staff to work in different early childhood services and ... can create friction between different groups of employees, with different status attached to various positions within the one service. (Kindergarten Parents Victoria, sub. 72, p. 8)

The broad range of services provided and the various occupations represented in integrated ECD services suggests that to avoid recruitment and retention problems

in integrated services, a more flexible approach to the pay and conditions of different occupations will be necessary.

DRAFT FINDING 15.1

A more flexible approach to the pay and conditions of different occupations will be necessary to avoid recruitment and retention problems in integrated ECD services and to foster true integration.

15.3 Implications for the integrated ECD services workforce

Training requirements and skills acquisition

If the effective delivery of integrated services depends on staff having integrated services skills then how can we ensure that staff working in integrated services attain them? While on-the-job experience can be a valuable way of acquiring these skills to work effectively in an integrated ECD service, this may be insufficient to meet the demand for these skills. This may be even more so where services are provided to disadvantaged families, requiring more extensive and specific on-the-job experience. Some integrated services currently report having difficulties finding staff with that experience, and as new integrated services come on stream these difficulties will worsen.

Leaders of integrated ECD services

Alternative ways for workers in integrated services to gain appropriate integrated services skills include formal higher education or vocational education and training. Some contributors to this study propose specific higher education qualifications for leaders of integrated services, as is the case in the United Kingdom (Centre for Community Child Health, sub. 81). For example, a specific qualification may be required that covers management and leadership (Gowrie Victoria, sub. 41). Another contributor to this study proposes:

... a suite of postgraduate qualifications in integrated early childhood service delivery so that professionals who have different disciplinary backgrounds (for example, child health nurses, child psychologists, social workers, family support workers, child care workers) can be given the opportunity to study across their discipline boundaries, and come to a common understanding on some of the key elements in integrated early childhood service delivery. These people are then positioned to become the leaders in developing new services as they roll out across the country. (Margaret Sims, sub. 2, p. 1)

To this end, the University of New England has proposed establishing several courses (including at the graduate diploma and masters levels) to support the needs of the integrated ECD services workforce (Margaret Sims, sub. 2). The first of these courses is expected to commence in 2012.

DRAFT FINDING 15.2

Postgraduate studies to support the integrated ECD services workforce, with a particular emphasis on management and leadership, are emerging.

The increasing prevalence of integrated ECD services may lead to demand for vocational education and training to assist leaders and managers of these services to deliver them effectively. This could be particularly useful where higher education is not an option. The Community Services and Health Industry Skills Council should consider an integrated services qualification that focuses on leading and managing integrated ECD services.

Contact workers in integrated ECD services

Contact workers may also benefit from formal vocational education and training. Given the present difficulties some services have finding staff with integrated services skills, it would be beneficial for the Community Services & Health Industry Skills Council to consider an integrated ECD services qualification to supplement the existing range of early childhood qualifications. For example, a certificate IV in, or diploma of, integrated ECD services might be introduced for contact workers or playgroup supervisors in the core skills necessary for their work. These qualifications would cover early detection of the need for, and referral to, other services, and the processes and philosophy of integrated services and how to best work in them.

DRAFT RECOMMENDATION 15.2

The Community Services and Health Industry Skills Council should consider introducing VET qualifications:

- *that focus on leading and managing integrated ECD services*
- *for contact workers at the certificate IV or diploma level.*

Professional development

Professional development has a number of benefits (chapter 10). Professional development can be tailored to the needs of particular integrated ECD services, and may be delivered more quickly than in higher education and vocational education

and training contexts. Professional development that delivers training in integrated services skills would also enable integrated services to ‘grow their own’ integrated services skills, rather than recruit from the limited pool of workers with those skills. Further, it may provide a useful way to establish the skill and knowledge gaps of integrated ECD services staff and how best to address them.

The Professional Support Program (chapter 10) that provides workers in child care access to professional development should offer at least introductory integrated services skill training to ECEC staff in integrated ECD services, including the processes and philosophy of integrated services and how to best work in them. Where possible, this should be complemented with ‘in-house’ knowledge and expertise shared by early childhood professionals (such as child health nurses) to enhance the effectiveness of integrated ECD service delivery. Further, consideration should be given to the provision of similar courses for managers of such services.

DRAFT RECOMMENDATION 15.3

The Professional Support Program should provide introductory professional development in integrated ECD services to ECEC staff working in such services. Consideration should be given to the provision of similar courses for managers of such services.

For childcare services to be eligible to receive support from the Professional Support Program, they must be approved for CCB (chapter 3) or be funded under the budget-based funding program (chapter 14). The recent emergence of integrated ECD services may require the Australian Government to consider if workers in non-ECEC components of integrated ECD services should have access to professional development under the Professional Support Program, particularly as common core skills and knowledge may be required of all workers to ensure effective delivery of those services. Further, the Early Years Development Workforce Strategy (chapter 11) should focus on the professional workforce requirements of the integrated ECD sector, and how to meet them.

DRAFT RECOMMENDATION 15.4

The Australian Government should consider if workers in non-ECEC components of integrated ECD services should have access to professional development under the Professional Support Program. Further, the Early Years Development Workforce Strategy should focus on the professional development requirements of the integrated ECD services workforce, and how to meet them.

Staffing difficulties and the delivery of integrated ECD services

The difficulties of recruiting ECEC workers described in previous chapters may be more pronounced for integrated ECD services. If additional integrated services skills are required for effective integrated service delivery, then as new integrated services come on stream, the extra demand for these skills will exacerbate existing recruitment difficulties.

To avoid such difficulties, the right balance between on-the-job experience, higher education, vocational education and training, and professional development options, will be required.

Making additional integrated services qualifications compulsory before employment in an integrated service would add to current recruitment difficulties. A better approach may be for integrated services to require staff to be working towards a qualification, or to encourage and support staff, once recruited, to undertake additional training. Professional development training may be the most appropriate approach, as it can be tailored to the needs of staff and clients, and be delivered more quickly than more formal education options.

Nonetheless, there are significant costs associated with additional training. Without government support the cost of this training is likely to be borne by the services, which will be passed on to families as higher fees.

The Commission recognises that recruitment difficulties may be more pronounced in areas of disadvantage and in rural and remote locations. The temporary replacement of staff, while workers are in training, is likely to be difficult in these areas due to prevailing workforce shortages. Since passing costs on to disadvantaged families may not be an option, governments need to ensure that disadvantaged children are assured of access to quality integrated ECD services in their local area.

A Public consultation

On 22 April 2010, the Productivity Commission was asked by the Australian Government to undertake a study of the education and training workforce.

The study's focus is on the issues affecting the workforces involved in providing:

- Vocational education and training (VET)
- Early childhood development (ECD)
- Schooling.

This is the second phase of the study, which is examining the ECD Workforce.

Outlined in this appendix are details relating to consultations through:

- submissions received (table A.1)
- initial visits (table A.2)
- roundtables (table A.3).

Upon commencement of this stage of the study, the Commission placed notices in the press and on its website inviting public participation in the study. Information about the study was also circulated to people and organisations likely to have an interest in it. The Commission released an issues paper on 18 November 2010 to assist study participants with preparing their submissions. The Commission received 87 submissions (table A.1).

Prior to the publication of this Draft Report, the Commission has also conducted meetings with a range of organisations and individuals, as detailed in table A.2. A roundtable was held in Sydney on 28 February 2011, and 15 participants were invited to attend (table A.3).

Table A.1 Submissions received

<i>Individual or organisation</i>	<i>Submission number</i>
Albury City Council	14
Aspinall, Diana	33
Australian Catholic University	24
Australian Childcare Alliance	71
Australian College of Children and Young People's Nurses	45
Australian Community Children's Services	64
Australian Education Union	69
Australian Federation of Speld Associations (AUSPELD)	19
Australian Nursing Federation (ANF)	80
Batchelor Institute	see Fasoli and Farmer
Benevolent Society	49
Brotherhood of St Laurence	32
C&K Association	52
Catholic Education Office of Western Australia	65
Centre for Community Child Health	81
Child Australia	78
Child Care National Association	60
Childcare Association of WA	73
City of Casey	35
City of Greater Geelong	20
City of Monash	10
Community Child Care	63
Community Child Care Co-operative	53
Community Connections Solutions Australia	75
Connect Child and Family Services	6
Council for the Care of Children	22
Cronulla Pre-School	48
Darwin City Council	47
Department for Communities (WA)	59
Department of Education, Employment and Workplace Relations (DEEWR)	86
Disability Services Commission	76
Early Childhood Intervention Australia (NSW Chapter)	25
Edith Cowan University	27
Elliott, Professor Alison (University of Sydney)	70
Ethnic Communities Council of Queensland	58
Family Day Care Australia (FDCA)	61
Fasoli, (Dr) Lyn and Farmer, Rebekah (Batchelor Institute of Indigenous Tertiary Education)	46
GoodStart Childcare	34
Government of South Australia	66

(continued next page)

Table A.1 (continued)

<i>Individual or organisation</i>	<i>Submission number</i>
Gowrie SA	40
Gowrie Victoria	41
Gr8 START	54
Griffith University, Logan Beaudesert Health Coalition (Queensland Health), and Communities for Children (Family Support Program)	30
Health and Community Services Workforce Council	56
Ince, Gloria	7
Independent Education Union of Australia	50
Jewell, Pat	85
Kearns, Karen (International Child Care College)	8
Kindergarten Parents Victoria (KPV)	72
KU Children's Services	26
Lady Gowrie Tasmania	82
Liquor, Hospitality and Miscellaneous Workers Union (LHMU)	55
Mission Australia	12
Mobile Children's Services Association of NSW	38
Municipal Association of Victoria	68
Music Council of Australia	51
National Centre for Social and Economic Modelling (NATSEM), University of Canberra	39
National Centre for Vocational Education Research	5
National Childcare Accreditation Council	11
NIFTeY Australia	37
NIFTeY NSW	36
Northcott Disability Services	18
NSW Children's Services Forum	23
NSW Government	79
Penrith City Council	74
Playgroup Queensland	9
Queensland Catholic Education Commission	13
Queensland Children's Activities Network	84
Regional and Remote Aboriginal Children and Services Support Unit (RRACSSU Central)	42
SDN Children's Services	31
Secretariat of National Aboriginal and Islander Child Care (SNAICC)	29
Sims, Margaret	2
Sorensen, Susan	1
Southern Cross University and Early Childhood Australia (NSW), North Coast Branch	16
Spitzkowsky, Marcia	21

(continued next page)

Table A.1 (continued)

<i>Individual or organisation</i>	<i>Submission number</i>
Tasmanian Government	77
Tasmanian Minister's Child Care Advisory Council	83
Townsville Multicultural Support Group	28
UnitingCare Children, Young People and Families	62
Victorian Association of Maternal and Child Health Nurses	15
Victorian Children's Services Association	43
Victorian Government	87
Vision Australia	57
Walsh, Prue (Play Entertainment Consulting Pty Ltd)	3
Webster, Lisa	4
Western Australian Department of Education	44
Women's Electoral Lobby	17
Yeo, Kristy (Parkes Early Childhood Centre)	67

Table A.2 **Initial visits**

<i>Individual or organisation</i>
ACT
Department of Community and Family Services
Department of Education and Training (ACT)
Department of Education, Employment and Workplace Relations (DEEWR)
Independent Education Union of Australia
The Treasury
New South Wales
Community Child Care Co-operative
Dalaigur Preschool and Children's Services
Durri Aboriginal Medical Service
Family Day Care Australia
Hastings Early Intervention Program
Kempsey Children's Services
Kempsey Family Day Care and In-home Care
Network of Community Activities
Port Macquarie Health Campus – Early Childhood Service
St Joseph's Family Services
UnitingCare Children, Young People and Families
Northern Territory
Batchelor Institute of Indigenous Tertiary Education
Child Australia NT
Darwin City Council
Menzies School of Health Research
NT Department of Education and Training
NT Department of Health and Families

(continued next page)

Table A.2 (continued)

Individual or organisation

Queensland

C&K Association

Department of Education, Employment and Workplace Relations (Queensland office)

Department of Education and Training

Health and Community Services Workforce Council

South Australia

Children, Youth and Women's Health Service

Department of Education and Children's Services

Gowrie Training Centre

Office of the Training and Skills Commission (Department of Further Education, Employment, Science and Technology)

Tasmania

Department of Education — Child and Family Centres

Department of Education — Child Care Unit

Department of Health and Human Services

Victoria

Australian Council of Trade Unions (ACTU)

Australian Education Union

Australian Nursing Federation (ANF)

Australian Research Alliance for Children and Youth (ARACY)

Australian Services Union (ASU)

Australian Skills Quality Authority (ASQA)

Centre for Community Child Health

Department of Education and Early Childhood Development (DEECD)

Early Childhood Australia

Kindergarten Parents Victoria (KPV)

Liquor, Hospitality and Miscellaneous Workers Union (LHMU)

Municipal Association of Victoria (MAV)

Secretariat of National Aboriginal and Islander Child Care (SNAICC)

Victorian Registration and Qualifications Authority (VRQA)

Western Australia

Association of Independent Schools of Western Australia (AISWA)

Catholic Education Office of Western Australia

Centre for Indigenous Australian Education and Research, Edith Cowan University

Child and Adolescent Community Health, Department of Health

Childcare Association of WA

Department for Communities

Department of Education

Institute for Child Health Research (ICHR)

Table A.3 Roundtable

<i>Name of invited participant</i>	<i>Organisation</i>
Sydney — 28 February 2011	
Professor Deborah Brennan	Social Policy Research Centre, UNSW
Ms Kaye Colmer	Gowrie SA
Professor Alison Elliot	University of Sydney
Dr Marianne Fenech	Institute of Early Childhood, Macquarie University
Ms Kay Ganley	Charlton Brown
Ms Rhonda Hadley	Holmesglen
Dr Catherine Harrison	Australian Catholic University
Professor Colleen Hayward	Kurungkurl Katitjin, Edith Cowan University
Ms Gilda Howard	Gowrie Victoria
Ms Jaye Kinley	GoodStart Training College
Associate Professor Margie Maher	Charles Darwin University
Ms Sarah Martin	GoodStart Training College
Dr Karen Noble	University of Southern Queensland
Dr Joce Nuttall	Monash University
Professor Jennifer Sumsion	Charles Sturt University

B Early childhood development data

Workforce strategies and programs need to be regularly monitored and evaluated for their cost effectiveness — whether they are achieving their objectives at the least possible cost. This ongoing monitoring and evaluation requires data on which sound evidence-based decisions can be made. This appendix describes the major data requirements for workforce planning (section B.1) and the existing ECD data collections (section B.2). It then identifies some of the limits to the existing data collections (section B.3). The appendix then concludes with a discussion of the likely future improvements to ECD data (section B.4).

B.1 Which data to collect?

Australian governments are required under the National Partnership Agreement on Early Childhood Education (NPA ECE) to undertake an early childhood education and care (ECEC) workforce strategy to assist with the implementation of the National Quality Agenda and NPA ECE (see chapter 11).

Data that are integral to the development, monitoring and review of an ECEC workforce strategy include:

- the number of workers and skills and their location in the wider workforce, so that it is possible to understand where there are labour gaps, and why current and prospective early childhood development (ECD) workers join, stay and depart from the sector
- the costs of ECD strategies and programs, so that it is possible to assess their cost effectiveness, including costs to government, the private sector and households
- the motivations and capacities of parents to access ECD services, so that it is possible to assess which ECD services households use as a result of a policy change. This in turn allows a more thorough analysis of the likely labour requirements
- data to understand the benefits of ECD policies. This is important in identifying which children are most likely to benefit from ECD interventions, thereby helping develop targeted workforce strategies.

B.2 What are the existing data collections?

Workforce planning data

There are several collections relevant for understanding the profile of the ECD workforce:

- National Early Childhood Education and Child Care Workforce Census ('National Workforce Census')
- Census of Population and Housing
- higher and vocational education and training statistics of the Department of Education, Employment and Workplace Relations and the National Centre for Vocational Education and Research.

National Early Childhood Education and Child Care Workforce Census

The National Workforce Census collection covers all services that receive Child Care Benefit (CCB) as well as preschools. The last census was undertaken between June and July 2010, and data are available for approximately 80 per cent of the 16 400 services, 139 200 employees and 989 500 children in the sector.

The National Workforce Census replaces the earlier Australian Government Census of Child Care Services and the Australian Government Child Care Provider Survey collections, though it shares a number of common data elements.

It consists of two collections. The first (part I) describes the characteristics of ECEC establishments, their staff and children. The census form was completed by the ECEC service provider. The second (part II) describes in detail the ECEC workforce and was completed by the ECEC workers themselves.

Part I of collection contains data on:

- the number of places for which the service is licensed
- the maximum number of children, by age group, for each day of the week
- the opening and closing times
- the total number of children that attended the service during the reference week, including children that are Indigenous or from non-English speaking backgrounds, by age group
- the total number of children that attended the service during the reference week that had a special need (such as learning and applying knowledge, communication, mobility, self care etc)

-
- whether the service provided a preschool program, and how many children were offered preschool services
 - whether the centre had a qualified preschool teacher
 - the maximum number of hours that the centre provided for a preschool program.

Part I of the collection also includes data on each ECEC employee including:

- their age and gender
- their paid or unpaid status
- their main type of work (primary contact, other contact, management or administration, other work) and main role of employee (director, group leader or teacher, home carer, assistant or aide, other contact worker, other worker)
- whether the employee was part of a preschool program
- their employment status (employee, self-employed etc) and actual hours worked
- their years of experience in early childhood education and care, and with the service provider, and as a contact worker
- their highest level of qualification, whether they are currently enrolled in a qualification, and recent professional development experience.

An illustration of the type of data that are available is given in table B.1. It is apparent that the majority of services are located in major cities and comprise long day care (LDC) centres, and to a lesser extent outside school hours care and preschools.

Table B.1 Number of CCB-approved childcare services, preschools and children, by remoteness classification, 2010^a

<i>Service type</i>	<i>Major City</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote and very remote</i>	<i>Remoteness not allocated</i>	<i>Aust</i>
<i>Number of services</i>						
LDC	4 259	982	444	96	na	5 781
FDC	na	na	na	na	329	329
IHC	na	na	na	na	53	53
Occasional care	55	23	7	–	na	85
OSHC	2 285	581	245	36	na	3 147
Preschool	2 680	1 012	718	399	na	4 809
Vacation care	1 470	433	225	28	na	2 156
Total responses	10 749	3 031	1 639	559	382	16 360
<i>Number of children</i>						
LDC	399 310	99 771	39 001	5 457	na	543 539
FDC	na	na	na	na	93 738 ^b	93 738
IHC	na	na	na	na	3 514 ^b	3 514
Occasional care	3 982	1 683	736	–	na	6 401
OSHC	174 438	24 064	11 853	1 158	na	211 514
Preschool	na	na	na	na	na	na
Vacation care	97 883	21 776	10 155	933	na	130 747
Total responses	675 614	147 295	61 744	7 549	97 252	989 453

^a Remoteness classification based on ABS ASGC ARIA classification. ^b FDC and IHC were not allocated to a remoteness category, as these services can span more than category. **LDC** Long day care, **FDC** Family day care, **IHC** In-home care. **na** Not applicable, not collected or not calculated. **np** Not published. – Nil or rounded to zero.

Source: Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census.

An illustration of the data available on the ECEC workforce is given in table B.2. An interesting feature of the workforce is that approximately 79 000 workers, or about 58 per cent of the ECEC workforce, is qualified to a certificate IV or lower qualification level.

Table B.2 Number of staff by their employment role and highest level of educational qualification, 2010

	<i>Principal, director, coordinator, teacher in charge</i>	<i>Group leader, teacher</i>	<i>FDC, IHCA carer</i>	<i>Assistant, aide</i>	<i>Other contact worker</i>	<i>Non contact worker</i>	<i>Not answered, or not applicable</i>	<i>Aust</i>
Bachelor, 4 years	4 682	6 150	291	1 385	383	124	105	13 120
Bachelor, 3 years	1 969	2 544	162	654	209	61	38	5 638
Advanced diploma, diploma	7 228	16 475	1 514	5 470	1 458	423	97	32 665
Certificate III or IV	1 078	4 775	4 569	22 547	1 686	393	99	35 147
Less than certificate III	199	322	423	1 718	327	230	15	3 235
No ECEC qualification	1 179	1 884	5 152	24 907	3 620	4 169	143	41 054
Attainment not known	195	306	704	2 198	401	235	6	4 045
Total	16 531	32 455	12 816	58 879	8 085	5 636	503	134 905

a FDC Family day care, **IHC** In-home care.

Source: Productivity Commission estimates based on unpublished DEEWR data from the 2010 National ECEC Workforce Census.

Part II of the collection includes data on:

- whether the individual held a teaching qualification (early childhood, primary or other teaching) and its level (certificate level I or II through to postgraduate degree)
- the worker's highest completed non-teaching qualification
- the age-group of children that the worker manages
- the main type of work (primary contact, other contact, management or administration, other work) and main role of employee (director, group leader or teacher, home carer, assist or aide, other contact worker, other worker)
- the years of experience in early childhood and care, and with the service provider, and as a contact worker
- the worker's employment status (such as employee, self-employed), employment arrangement (such as full or part time permanent, fixed term contract and casual), and actual hours worked (such as paid hours, paid overtime, unpaid overtime)
- a number of questions regarding the level of satisfaction, views on the pay and conditions of working at the job
- whether the worker has more than one job
- future work intentions (seeking to depart) and the reasons for intended departure
- views about the career in the early childhood education and care sector
- recognition of prior learning for obtaining qualifications
- take home income.

Data from part II of the National Workforce Census was not available to the Commission in time for the draft report.

Census of Population and Housing

The Australian Bureau of Statistics (ABS) Census of Population and Housing (cat. no. 2901.0) (the 'Census') is a rich dataset that covers a range of economic, social and demographic characteristics of Australia's population. The Census is collected every five years and was last collected in 2006.

Data in the Census can be used to illustrate aspects of Australia's workforce that includes, but is not limited, to the levels of qualification, fields of study of qualifications, labour force status (that is, whether they are employed, unemployed

or out of the workforce), and if employed, their occupation and industry of employment.

An illustration of the type of data that might be extracted from the Census is shown in table B.3. The table describes the distribution of potential ECD workers throughout the community. It seems that persons with children's services qualifications have higher rates of unemployment (around 4.9 per cent at the time of the Census) compared to persons with primary school qualifications (1.4 per cent) — although this does not make any allowance for the likelihood that some workers might choose to drop out of the labour force altogether.

The Census furthermore includes a variety of sociodemographic variables that might assist in describing the workforce participation of individuals, such as income, age, gender, marital status, language spoken at home, location and remoteness of the usual place of residence. This makes the dataset a potentially very useful tool in analysing an individual's choice to join the ECD workforce.

Table B.3 Number of persons, by field of study of ECEC qualification and location by labour force status and industry of employment, 2006

<i>Labour force status and industry of employment</i>	<i>Children's services^a</i>	<i>Early childhood education^b</i>	<i>Primary education^c</i>
Employed			
Childcare services ^d	25 190	3 241	1 106
Preschool sector ^e	4 703	4 731	853
Primary school sector ^f	2 155	580	73 463
Employed elsewhere ^g	23 869	10 855	37 630
All employed ^h	55 917	19 407	113 052
Unemployed ⁱ	2 861	429	1 584
Not in labour force	17 781	8 107	41 170
Other ^j	355	131	553
Total	76 914	28 074	156 359
Unemployment rate ^k (Per cent)	4.9	2.2	1.4

^a Australian Standard Classification of Education (ASCED) QALFP Non-School Qualification 070101. ^b ASCED QALFP 070103. ^c ASCED QALFP 090503. ^d Australian New Zealand Standard Industry Classification (ANZSIC) 8710. ^e ANZSIC 8010. ^f ANZSIC 8021. ^g Includes persons employed in all other industries with qualifications in those fields of study. ^h Includes persons employed on a part-time and full-time basis. ⁱ Includes unemployed looking for part-time or full-time work. ^j Includes overseas visitors on night of enumeration or not stated. ^k Defined as the number of unemployed divided by the number of persons in the labour force.

Source: ABS Census 2006 (TableBuilder).

Data on ECD education and training

The two principal data collections that describe the amount of education and training that takes place each year in Australia's tertiary education sector include the higher education statistics of the Department of Education, Employment and Workplace Relations (DEEWR) and the vocational education and training statistics of the National Centre for Vocational Education Research (NCVER).

Both DEEWR and NCVER maintain statistical collections of the number of enrolled students, the student load undertaken in a given year, and the number of courses completed. This includes the number of students studying towards early childhood education qualifications. The DEEWR dataset covers Australian universities and the NCVER dataset covers government funded vocational education and training, including privately operated providers (to the extent they are publicly-funded) (NCVER 2009).

From these collections, it is possible to obtain time-series data of the number of teachers enrolled and graduating in early childhood education by jurisdiction, Indigenous status and non-English speaking background.

While these collections provide a detailed description of the number of VET and university sector graduates into ECEC, family and support and child health, they do not provide any indication on which sector the graduates eventually find work.

Nursing and Midwifery Labour Force collection

The Nursing and Midwifery Labour Force Collection is a dataset of the demographic and employment characteristics of nurses and midwives who were registered or enrolled in Australia, at the time of the survey. The survey is undertaken annually by state and territory health departments, with the survey administered by the nursing and midwifery registration boards in conjunction with the registration renewal process (AIHW 2009d).

Data from the survey are supplemented from higher education data from DEEWR, the NCVER, and migration and long-term arrivals and departures data from the ABS (ABS 2009d).

The collection contains data on:

- whether the registered or enrolled nurse is employed in nursing, on extended leave, looking for work in nursing (whether they are employed elsewhere or not employed), or not in the labour force (because they were overseas, employed elsewhere, or not employed)

-
- demographic characteristics such as age, gender, Indigenous status
 - country of first qualification
 - average hours work, and part- and full-time status
 - remoteness of employment
 - sector (public or private) of employment
 - clinical area of nursing (including family and child health)
 - field of qualification (including family and child health)
 - the extent of nurse training (by commencements and completions)
 - the level of nurse migration (including arrivals and departures, for long-term residents, permanent settlers and long-term visitors).

Community services data

There is no ongoing data collection for the family and support workforce. A study commissioned by the Community and Disability Services Ministers Advisory Council (Martin and Healy 2010) brought data together from a variety of sources into a single report on community services. Family and support were classified as part of the general community services workforce, which provide social support and assistance services directly to children and families, except for housing or supported accommodation or crisis services (Martin and Healy 2010).

The broader collection comprises two collections — an employer’s and a workforce collection. The employer’s collection includes data on:

- sources of funding for the employing service
- vacancy rates and suitability of recent hires (Martin and Healy 2010).

The worker’s collection comprises data on:

- the number of workers and in full-time equivalent terms
- professional status (non-professional, professional and managers and administrators)
- occupation (carer, referral or information worker, support worker, social worker or case manager, psychologist, counsellor or therapist)
- type of service of employment (non-profit or charitable, for-profit private or public)
- contractual arrangement (permanent part-time, permanent full-time, casual or contract)

-
- whether employed by the service, an agency, sub-contracted or self-employed
 - age, gender, birthplace
 - hours worked, including unpaid hours of work
 - weekly earnings
 - level of education and field of qualification
 - motivations to work in the sector, levels of job satisfaction, and future career intentions
 - work experience before entering the sector, and with the sector (Martin and Healy 2010).

Cost data

There are few ongoing collections of the costs of ECEC services. The only publicly available collection is the ABS's *Community Services: Australia* (cat. no. 8696.0). The Community Services survey is an irregular collection that has been undertaken every four or five years. In the most recent survey in 2008-09, 10 967 community service organisations were surveyed on various aspects of their financial operations. These services included childcare centres.

Descriptive data collected include the:

- location of the service
- profit, not-for-profit status of the service
- number of employees
- employment status (full-time, part-time, casual), and volunteer status
- gender and age of employees
- role of employees (direct service provision, and indirect service roles)
- qualification of employees
- average hours worked.

Financial data collected include income of the service (including government funding and fees from service provision) labour costs and a range of other expenses.

Household use data

Household data provides the basis for analysing the motivations and capacities of households to pay for ECD services. It also provides the basis for assessing the distributional impacts of ECD policies.

Childhood Education and Care Survey

The Childhood Education and Care Survey (CEaCS) (cat. no. 4402.0) is a collection of the ABS, most recently undertaken in June 2008. It is an expansion of the earlier Child Care Survey that has been undertaken approximately every three years since the early 1970s. There are two attractions to CEaCS. First, it reports on informal and formal child care, where:

- formal care is defined as any care that is registered or licensed by state and territory authorities, and includes LDC, occasional care, family day care, before and after school care, and preschool
- informal care is defined as any paid or unpaid care not formally registered or licensed, and includes care provided by grandparents, brothers and sisters, other relatives, or any other person.

Second, it provides data for all forms of formal care, not just that which is approved for CCB funding. For example, it includes all occasional care services, even though many of these are not CCB funded.

Third, CEaCS describes the motivation of parents to use formal and informal care, as well as some of the background family characteristics. Data collected include the:

- reasons for seeking formal or informal care (such as work-related, personal, beneficial for child, other)
- labour force status of parents
- number of days per week seeking care
- weekly cost of child care
- weekly family income.

An illustration of the type of data available from CEaCS is given in table B.4. It is evident that the number of children attending formal and informal care increases with age up until school age, and that informal care is relatively more important than formal care in the earlier years.

CEaCS has been used to describe the motivation and capacity of parents to use ECEC services, including to estimate the factors that determine the demand for

child care (see Doiron and Kalb 2002; 2005). The dataset provides a rich description of the key determinants of female labour force participation — such as education levels and household incomes.

Table B.4 Number of children, by informal and formal care and age of child, 2008^a

	<i>Under 1</i>	<i>1–2</i>	<i>3–5</i>	<i>6–8</i>	<i>9–12</i>	<i>Up to 12 years</i>
Formal care						
Before and/or after school care	0	0	40	124	89	253
Long day care	17	184	205	0	0	408
Family day care	5	29	27	5	6	71
Occasional care	1	14	10	0	0	25
Other formal care	2	9	7	1	2	21
Children in formal care	25	225	278	131	96	756
Informal care						
Grandparent	54	146	168	132	161	660
Non-resident parent	1	16	29	45	71	162
Other relative	8	20	34	41	71	174
Other person	7	20	35	34	43	141
Children in informal care	65	181	242	220	300	1 008
Children with no usual child care arrange.	199	213	355	489	726	1 982
All children aged 0–12 years	281	545	785	798	1 089	3 498

^a The total number of children accessing care may not add since children may access more than one type of care during the survey period.

Source: ABS (2009c).

Child Care Management System

DEEWR is responsible for calculating and paying CCB payments. The Child Care Management System (CCMS) is used by the department to administer CCB payments to ECEC services and parents.

There are three collections within the CCMS. The first contains data on every child that used an approved childcare service at least once in a given year. Each child's record contains information on which services the child used, how often the child used the service (hours of use), as well as some demographic characteristics (such as age and gender).

The second collection contains a record for each approved ECEC service. The record includes data on the organisation they are a part of (for example, whether they are part of a chain), the location of the site and the types of services provided (such as whether it provided LDC and occasional care).

The third collection contains information used to calculate CCB payments. As such it contains a record for each family claiming CCB payments. Each record is linked to the fees charged by the centre, the parents' income(s), and the CCB paid to the centre or parent.

The CCMS is a very useful tool for estimating the revenue of approved childcare services, and the affordability of childcare services to households (since it contains records of both household income and out-of-pocket childcare expenses). The dataset permits a detailed examination of how many hours children attend formal child care, and the different types of child care attended. Moreover, the childcare services in the CCMS can be uniquely matched to those in the National Workforce Census.

Data on benefits from ECD interventions

Although there are numerous datasets that describe aspects of child education and development, there are two datasets that comprehensively measure child development and their contributing factors: the Australian Early Development Index (AEDI) and the Longitudinal Study of Australian Children (LSAC).

Australian Early Development Index

The AEDI is a project coordinated by the Centre for Community Child Health (at the Royal Children's Hospital Melbourne) and the Murdoch Children's Research Institute. The project is funded by DEEWR.

AEDI is a suite of indices of child development adapted from the Canadian Early Development Index (CCCH 2007). The data was collected in a one-off survey of over 260 000 (or 96 per cent of) children Australia-wide entering their first year of compulsory schooling in 2009. The survey was administered by 15 991 teachers from 7 420 schools, who were asked to assess their students in accordance with a checklist of early development indicators.

These factors in the checklist were collated and aggregated into five indices ('domains') of child development and covered:

- physical health and wellbeing
- social competence
- emotional maturity
- language and cognitive skills

-
- communication skills and general knowledge.

The AEDI was found to have excellent psychometric properties (Andrich and Styles 2004). The teacher-rated outcomes of the AEDI were also found to be highly correlated with the teacher-rated outcomes collected in LSAC (Brinkman and Silburn 2007; Brinkman et al. 2007). This suggests that the index is a reliable measure of early childhood development, and of the readiness of children to take advantage of the learning environments in school (Brinkman and Silburn 2007; CCCH 2007).

The AEDI is available as a confidentialised unit record file (CURF). The CURF includes (among other things) information on each child's student identification number, gender, age, special needs status, Indigenous status, English as a second language status, place of birth, state of residence, a measure of the socioeconomic status of the child's community of residence (as represented by the ABS's Socio-Economic Indexes for Areas), the child's rating against each of the checklist items, and the child's overall summary score against each of the five AEDI domains (AEDI nd).

Growing up in Australia: the Longitudinal Study of Australian Children

'Growing up in Australia: the Longitudinal Study of Australian Children' (LSAC) is a project undertaken in partnership between the Department of Families, Housing, Community Services and Indigenous Affairs, the Australian Institute of Family Studies, and the ABS.

The study aims to examine the range of social and cultural factors that influence children born in Australia in the late 1990s and early 2000s. Data for the study are collected for two cohorts. The first cohort consists of 5000 up to one year olds in 2004, and the second cohort consists of 5000 four to five year olds in 2004 (AIFS nd). Data was collected in successive 'waves' of collections, with 'wave 3' being the most recently released dataset.

LSAC data is an extremely rich dataset with over 17 000 variables that describe various aspects of a child's life. Data items in the CURF include information about the quality of the child's dwelling, family type of the child and the parents' marital status, a range of variables about the child and their parents sociodemographic history (such as language background), medical history, child's developmental behaviour, the number of hours the child attended formal and informal care (including LDC, family day care, occasional care, mobile care unit), the parent's motivations for child care use, the parents' employment status, and so on.

B.3 What are the limits to existing data collections?

There are a number of limitations to the existing datasets that limit their usefulness in workforce planning.

Workforce planning

Workforce studies are often undertaken to examine the factors that influence the decisions of (prospective) workers to enter and exit a workforce. Such studies have been undertaken for the workforce as a whole and for occupations with a high female representation such as nurses and teachers.¹

The National Workforce Census provides useful information regarding when an ECEC worker joined the sector, for how many years they have been absent, and what their future intentions are for work and study in the sector. Its usefulness is limited, however, in that it only covers those workers currently in the ECEC sector. Questions are not asked of those who have left the sector for their reasons of departure, when they departed, and whether they intend or would consider returning to the ECEC sector.

An alternative collection is the Australian Census of Population and Housing. It provides considerable detail about the Australian population in terms of the labour force status, industry and occupation of employment, their income and a variety of sociodemographic descriptors (such as the age, gender, residence, language background, and so on). The dataset provides not only data on the number of workers outside the ECEC workforce, but has also been used extensively to analyse various aspects of the workforce generally, such as labor force participation and rates of return to education.²

Costs of ECD services

The costs of ECD services are not well understood. While the ABS's collection provides some description of the cost structures of childcare centres, there are few

¹ For the female workforce see Dandie and Mercante (2007), and Vella (1993) for younger women. For nurses and teachers, see for example Bradley, Green and Leeves 2006; Brewer 1996; Cunich and Whelan 2010; Doiron and Jones 2006; Dolton and v. der. Klaauw 1995; Hanushek, Kain and Rivkin 2002; Holmås 2002; Mont and Rees 1996; Parker and Rickman 1995; Russell et al. 2008; Shields 2004; Skåtun et al. 2005.

² See for example Chapman and Mulvey 1986; Chiswick and Miller 1995; Eastough and Miller 2004; Forbes, Barker and Turner 2010; Miller 2005; Preston 1997, 2000; Stromback 1984.

other data for preschools, other ECD services, and for the major cost drivers of ECEC more generally.

The lack of reliable cost data has hampered previous attempts to reliably estimate the cost implications of the proposed ECEC reforms. A number of Australian studies were either unable to quantify the costs, or where costs were obtained, unable to determine in detail the underlying cost drivers of ECEC services (Allen Consulting 2010; Booz and Co. 2008; COAG 2009h; DEECD 2009a; Peak Children's Services Cross Sectoral Taskforce 2006). As a result, these cost–benefit analyses should be treated with caution.

The lack of comprehensive cost data is not unique to Australia — there are few such collections overseas. However, where rigorous cost data have been collected, it has been possible to statistically analyse the data for the effects of policies on ECEC services. Some notable studies include Blau and Mocan (2002), Mocan (1995, 1997), Mukerjee and Witte (1993), Powell and Cosgrove (1992) and Preston (1993) for the United States, and Ringstad and Løyland (1998) for Norway.

Demand for ECEC services

There are two limitations to the CEaCS. As a survey, the number of respondents is sufficiently large to provide an accurate description of aggregate trends nationally, but too small to provide a more detailed analysis of subgroups of households in different regions of Australia. This is particularly important, since the demand for the ECD workforce depends, in part, upon the demand for ECEC services.

CEaCS also lacks sufficient information on the income and education levels of individual parents — factors that are thought to be important determinants of the demand for childcare services (Doiron and Kalb 2005). The lack of sufficient detail has reduced CEaCS's usefulness in analysing possible household demand for child care, and as a result, future labour requirements. As a result, more recent studies have relied on the Household, Income and Labour Dynamics in Australia survey (Kalb 2009; Kalb and Lee 2008; Rammohan and Whelan 2006, 2007).

Benefits of ECD policies and programs

The AEDI and LSAC have complementary strengths and weaknesses. The strength of the AEDI is that it is collected nationally. Another is the robustness of its indicators. This makes the AEDI a reliable indicator of the extent of child development among the population of Australia's children.

Its weakness is that it has only been collected for a single year — 2009. Moreover, the collection does not contain sufficient background variables that would be expected to explain the patterns of child development — such as parental education and income levels, and experience of preschool and child care.

LSAC provides a rich dataset of the various factors that are thought to contribute to child development, such as the education attainment of the child’s parents, the parent’s employment status, experience in child care, and so on. The dataset can be used to assess the extent to which ECD policies and programs have contributed to improvements in child development, after accounting for all other considerations.

LSAC is not a national collection, thereby limiting its predictive capabilities for smaller groups of children. Moreover, LSAC does not collect data on the AEDI.³

The Commission understands that there is a commitment by the Australian Government to continue funding the collection of the AEDI, and that there are ongoing initiatives to link the AEDI and LSAC datasets.

B.4 What data improvements might be made?

In looking at possible improvements to the data that could facilitate a more comprehensive ECD workforce strategy, the costs of providing those data improvements need to be considered.

The collection and dissemination of data is expensive. It includes not only the financial cost to the collecting agency, but also the financial and other costs imposed on those persons responsible for providing data. Individuals can be burdened by administrative requirements that ultimately take them away from their core and most valued tasks, and while the burden of complying with the requirements of any one collection might seem trivial, the culmination of multiple data requests can lead to a substantial burden on individuals.

Recommendations about additional data that might be considered to help in developing the ECD workforce strategy are summarised in chapter 11. Further details in relation to those additional data follow.

³ Even though the AEDI was collected in the first wave of LSAC, it was only done so for the purpose of testing the suitability of AEDI as a predictor of child outcomes against the variables established in LSAC.

Improving workforce planning data

The quality of ECEC workforce planning could be improved by improving access to the Australian Census of Population and Housing. The Census is currently available to the public in two CURFs — covering one and five per cent samples of the Census respectively. Neither of these samples provide a sufficient level of detail regarding occupation and industry classifications to permit a detailed analysis of the ECEC workforce.

The benefit of preparing a more detailed CURF is that it will improve the evidence base around which to prepare an ECEC workforce strategy. It will provide Australian Governments with an insight into the relative rates of return to education in ECEC, and a detailed examination of the reasons for entering and exiting the ECEC workforce.

Providing a more detailed CURF would involve some cost to the ABS. Providing access to a suitably sized CURF (provided confidentiality requirements can be met) is likely to be less expensive over the long run than trying to get similar data another way because it involves a one-off investment in assembling data that has already been collected. Not only will the cost of future ongoing access be lower than the initial start up costs, but they will also be lower than the alternative of establishing an ABS data laboratory — that is, assembling a fully identified unit record file every time that data is to be analysed.

Improving data on the costs of ECEC policies and programs

There is a case for improving the data on ECEC service costs. The understanding of the cost impacts of a workforce strategy could be improved by expanding the scope of the National Workforce Census.

The advantage of expanding the National Workforce Census is that it collects a range of other data that are often important in determining the cost determinants of an ECEC service — such as the workforce arrangements, and the characteristics of the children being cared for (such as their age, language status, requirements for additional needs). It would also enable costs to be linked directly with the characteristics of the centre (such as the number of staff, their qualifications, and the profile of the children), to determine the main cost drivers of the service.

Given that collecting financial data can be potentially costly, there is a case for ensuring that any future cost collection would comply with the Australian Government's Standard Business Reporting (SBR) initiative. The aim of the SBR

initiative is to reduce the business-to-government reporting burden through the use of SBR-enabled accounting and payroll software (SBR nd).

ECEC demand decisions

The objective of expanding the collection of early childhood education and care demand data is to ensure that policymakers understand the implications of ECD policies and programs for households. This could be done by increasing the size of the population currently sampled in the CEaCS and to extending the survey to cover more detail on household income.

There are advantages with getting a more reliable handle on the household responsiveness to changes in the price of ECEC services. It will provide a more detailed understanding of the demand for ECEC services within the community, and as a result, assist with identifying the labour requirement in a workforce strategy.

C The evidence base for early childhood development policy

Australia's early childhood development policy aims to support children's development and address the gaps in outcomes between groups of children. Though most children are doing well and benefiting from quality early childhood development (ECD) services, some, particularly among Indigenous children, are experiencing significant disadvantage, which affects many aspects of their development and prospects. Targeted policies are aiming to support these children, and research overseas has shown that these programs can improve outcomes for participants and their communities. New ECD policies are introducing universal initiatives, for which the evidence base is less conclusive.

C.1 Evidence-based policy in the ECD sector

Over the past five decades, academics and policy advisers have produced a substantial body of research examining numerous aspects of early childhood development. This research forms the evidence base that informed the recent policy initiatives in the ECD sector (box C.1).

The National Early Childhood Development Strategy surveys a vast array of research, from neuroscience findings on brain development to the efficacy of integrated service delivery (COAG 2009c). The studies are based on different time frames and have been conducted in different countries; they examine a variety of programs, which can be highly intensive, targeted or universal; they employ different statistical approaches and arrive at conclusions that are often conflicting.

Despite these differences, what has been established is the importance of children's experiences in their early years, both within and outside the home, in shaping their life outcomes. High quality early childhood education and care (ECEC) can support children's development, and in the case of disadvantaged children, it can have substantial positive effects (COAG 2009i).

This appendix surveys some of the key concepts and findings of the ECD research and their application in policy development, with an emphasis on ECEC. For further

discussion on the evidence base for child health and family support policies, see chapters 12 and 13.

Box C.1 What is evidence-based policy?

Evidence-based policy making can be defined as ‘a process that transparently uses rigorous and tested evidence in the design, implementation and refinement of policy to meet designated policy objectives’ (PC 2010b, p.3). Its aim is to assess whether a policy improves community wellbeing.

The questions that arise in the process of devising evidence-based policy are: what type of evidence is available, what type of evidence should be used to inform policy development, and what role it should play in the policy development process.

Different policy areas are faced with different types of evidence.

- Relatively stable policy fields rely on strong theoretical foundations and a significant evidence base. Research in this area aims to fill gaps or refine existing conclusions.
- In other cases, there is still debate on the theoretical approach, and the knowledge base is contested.
- Emerging policy fields are faced with a high level of uncertainty and a very limited evidence base.

In all cases, the evidence used should be robust, tested and rigorous, and the policy making process should be transparent and contestable.

The chosen evidence base informs all stages of the policy cycle. When first formulating the policy objective, the question should be whether there is evidence of a problem that needs to be addressed in the interest of community wellbeing. Evidence should support a theory on the nature of the problem, the policy instruments chosen to address it and their expected outcomes. As new policy is being implemented, evidence should be collected on its progress and outcomes. This will then be used in a policy review, assessing effectiveness and efficiency.

Source: PC (2010b).

C.2 Key ECD concepts

The recognition of the importance of the early years and the economic rationale for investing in ECEC is often based on recent findings in neuroscience. Research has found that rapid brain development takes places in the first years of life, and it lays the foundation for the development and acquisition of cognitive and social skills (box C.2). Children are born ready to learn, and every interaction they have with others is an opportunity to develop their skills (Shonkoff and Phillips 2000).

Box C.2 Understanding multi-dimensional ability

The new emphasis on early childhood development has been driven by the understanding that human ability is multi-dimensional and malleable. Hence, differences in individuals' ability and life outcomes can be attributed to different life experiences, including education.

In the past, researchers believed that human ability could be represented by a single measure, usually IQ, which was determined largely by genetics. This view has been replaced by a focus on cognitive and non-cognitive abilities (Dickens 2008). Cognitive abilities are intellectual skills such as numeracy and literacy, while non-cognitive abilities include emotional and relational skills such as persistence, self control, communication and other 'soft' skills, which are difficult to measure (Cunha and Heckman 2007).

Both cognitive and non-cognitive skills are essential to children's development. For example, learning cognitive skills, including maths and reading, is greatly enhanced when children have developed supporting non-cognitive skills such as patience, self control and persistence (Heckman and Krueger 2004).

The interaction of cognitive and non-cognitive skills is particularly important in the early years of life (Kilburn and Karoly 2008). A growing body of research demonstrates that adverse experiences in this period, such as abuse or neglect, impair the development of non-cognitive skills and often lead to negative outcomes in adulthood (Felitti et al. 1998). A similar body of work demonstrates the benefits from early childhood experiences that encourage the mutual development of cognitive and non-cognitive skills (Heckman and Krueger 2004). This approach acknowledges the persistence of ability determined by 'nature', while recognising the role of 'nurture', including early childhood education and care, in child development.

Human capital theories argue that early acquisition of skills allows further skill acquisition later in life. This supports the need to invest in children's early years, as investment during this period can be more cost-effective than in later periods, and generate substantial returns over the children's lifetimes, particularly for those from disadvantaged backgrounds (Cunha and Heckman 2007).

As the number of children and families using ECEC services has increased dramatically, the understanding of the importance of children's experiences in the early years prompted increased interest in the way ECEC affects development and how to maximise the benefit (or, depending on the study's context, minimise the damage) from ECEC participation.

Quality

ECEC services can contribute to human capital development. Research indicates that high quality ECEC can have positive effects on children; however, quality in this context is difficult to define and measure (box C.3).

Researchers refer to the ‘iron triangle’ of ECEC quality: staff-to-child ratios, the number of children in a group and staff qualifications. These are three indicators that ‘provide the context in which quality is likely to occur’ (COAG 2009i, p. 22).

However, there is no consensus on the application of these standards, and the optimal balance between them.

- Staff-to-child ratios — a vast body of research has established that higher staff-to-child ratios have positive implications for overall quality and children’s outcomes. However, Huntsman (2008) points out that most research in this area has focused on children aged 3–5 years, and while most studies show a correlation between ratios and positive outcomes, this can be disputed. The results of natural experiments (where quality was measured before and after a change in ratios) and experimental studies have been varied, and in some cases showed that moderate changes in ratios do not affect quality.
- Smaller group sizes have been linked to higher quality in some studies, while others found no effects (Zaslow et al. 2010).
- Staff qualifications have been shown to have the most substantial effect on child outcomes. However, this finding has also been contested in some studies (see below). While the OECD stated that ‘the staff of early childhood centres should ... be pedagogues or educators’ (2006, p. 262) and the research focuses on staff holding teaching degrees, there is no consistent finding regarding the extent and type of training required by other staff members.

The three aspects of the ‘iron triangle’ affect child outcomes in different ways at different stages of their lives. While staff numbers had the most significant effect on outcomes for 2-year-old children, staff qualifications became the most important contributors to outcomes for 3-year-olds (NICHD 1999).

Researchers have argued that the structural aspects of quality that comprise the ‘iron triangle’ have an indirect effect on children’s outcomes, and it is the process quality that determines the effect of ECEC. Structural standards can enhance quality where process quality is high, by allowing carers to have more meaningful interactions with children. Conversely, poor structural quality moderates the effects of high process quality. Researchers have also challenged the notion that higher structural quality will always lead to improved outcomes, suggesting instead that quality must

Box C.3 What is ECEC quality?

The concept of ECEC quality has attracted substantial interest from researchers and policy makers. Although a conclusive definition is yet to be reached, the OECD (2006) identified seven aspects of quality.

- *Orientation quality* refers to the type and level of attention of government towards early childhood policy. It is thought to increase when governments engage stakeholders in a broad consultation on early childhood development policy, with a view to creating an integrated system where the upbringing of children is an important national goal.
- *Structural quality* includes the aspects of early childhood education and care (ECEC) services that can be measured and regulated: staff-to-child ratios, qualifications, group sizes, the service's physical environment, etc.
- *Educational concept and practice* informs the development of a curriculum that sets goals for the ECEC system. The curriculum needs to take into account the changing concepts of learning and development.
- *Interaction or process quality* is reflected in the daily interactions between children and ECEC staff. Relationships between children and staff are most effective in supporting child development when they combine pedagogy and care.
- *Operational quality* is fostered by the quality of management, staff development and team building.
- *Child outcome quality or performance standards* refer to children's wellbeing and the benefits they derive from ECEC. These can be measured in a number of ways, such as assessing literacy and numeracy skills and socio-emotional development.
- *Community outreach and involvement* is particularly important in disadvantaged areas, where ECEC services can make a substantial contribution to community wellbeing by supporting parents and families.

From a regulatory point of view, it is often the structural quality elements that attract the most attention, as they can be readily measured and standardised. High levels of structural quality can promote other types of quality.

However, ECEC quality cannot be judged in isolation. Overall system quality will be affected by the level of amalgamation between education and care, and by funding levels and mechanisms (Bretherton 2010). The social and cultural context also plays an important part in understanding ECEC quality.

The debate over ECEC quality continues, and academics suggest that technical measures of quality should be replaced by a more philosophical approach, in which:

...benchmarks of quality in early childhood are not intrinsic, fixed and prescribed by scientific knowledge about development, although science clearly has a crucial role to play in informing quality development. In due course, human societies may come to share beliefs about what is 'normal' and 'natural' and 'appropriate' for all young children. But universal consensus would not make these beliefs, or the arrangements for their implementation, any less cultural. (Woodhead 2006, p. 23)

be above a certain threshold for any improvements to be realised (Zaslow et al. 2010).

Despite the extensive research, there is no international benchmark for ECEC quality, and standards vary considerably across OECD countries. For example, the American Academy of Pediatrics recommends a staff-to-child ratio of 1:3 for babies under 12 months, increasing to 1:8 once the children reach 4 years of age, and group sizes ranging from 6 to 16 children (AAP 2005). However, these standards are rarely met in OECD countries, with ratios ranging from 1:3 to 1:8 for babies, and reaching up to 1:22 for older children in groups of up to 30 (OECD 2006).

Similarly, there is no universal method to measure children's outcomes. This is reflected in the regulatory approach to ECEC quality, with some countries not regulating ratios or group sizes, focusing instead on staff qualifications and curriculums (OECD 2006). As a result, while the importance of quality ECEC is widely recognised, the evidence base shows this to be a complex concept, based on an interplay between various factors that cannot be easily defined.

C.3 Empirical research

Longitudinal studies

Longitudinal studies gather data about selected children and their families at regular intervals in their lives. They can offer valuable insight into children's outcomes, and the way they are affected by their ECEC experiences. A number of international longitudinal studies that are often cited in ECD research are surveyed below (Australian studies are discussed in box C.4).

The National Institute of Child Health and Human Development (NICHD) Study of Early Child Care and Youth Development

The Study of Early Child Care and Youth Development is an American study that follows over 1000 children who were born in 1991. The information collected during the first years of the study included observations of ECEC quality and interactions, as well as child development, family income and wellbeing.

Findings have shown that higher quality ECEC services that offer more 'positive care' can support children's cognitive and social development, although overall, family characteristics were much more important predictors of development (NICHD 2006). In the context of ECEC, children from high-income families experienced care that ranked higher on the process quality scale (positive

Box C.4 What do Australian studies tell us?

Two major studies of early childhood development are currently undertaken in Australia: the Australian Early Development Index (AEDI) and the Longitudinal Study of Australian Children (LSAC).

The Australian Early Development Index is a population measure of children's development, based on teachers' assessment of children in their first year of full-time school. In 2009, assessments were gathered on 261 147 children, representing 97.5 per cent of the five-year-old population. These assessments cover five domains: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge. Data collection will continue to be undertaken every three years.

The 2009 study found that the majority of children are developing well across all domains. However, 23 per cent of children were described as 'developmentally vulnerable' (being in the bottom 10 per cent of national scores) on one or more domains. This rose to 47 per cent among Indigenous children, who had particular difficulties with language and cognitive skills (CCCH and Telethon Institute for Child Health Research 2009).

Growing Up in Australia: The Longitudinal Study of Australian Children began in 2004 with two cohorts — 5000 infants aged 0–1 years, and 5000 children aged 4–5 years. Data has been collected from participants each year and this will continue until 2020. The study also uses extensive administrative data to provide information on the children's progress (AIFS nd).

About 10 per cent of infants and almost all older children in the LSAC study attended an ECEC service. Data was collected both from families and carers. In the case of infants, the study highlighted the importance of providing more support for home-based carers and emphasising the interaction with families for centre-based carers. For older children, the study showed benefits from attending early childhood education programs delivered by staff with higher qualifications and more experience.

Early childhood education and care (ECEC) quality measures were not shown to be strong predictors of child outcomes. This has been linked to the fact that the Australian ECEC system achieves a high level of quality overall (Harrison et al. 2009).

Footprints in Time: The Longitudinal Study of Indigenous Children (LSIC) started in 2008. The study includes 1687 Indigenous children from two age groups: 6–18 months and 3½ to 4½ years. The first wave of data collection was completed in 2009, and findings focused on maternal and child health and wellbeing. Data collection will continue until 2012 (FaHCSIA 2009c).

Earlier studies include the Australian Temperament Project, which has been following over 2000 families in Victoria since 1983 (Prior et al. 2000), and the Child Care Choices study, which followed 600 families in New South Wales over six years and highlighted the importance of stability in children's ECEC arrangements (Bowes et al. 2009).

interactions with caregivers) compared with children from low-income families, while the differences in structural quality were less pronounced (Dowsett, Huston and Imes 2008). High quality care was found to have a correlation with improved academic achievements when the children turned 15 (Vandell et al. 2010).

The Effective Provision of Preschool Education (EPPE)

EPPE is a study from the United Kingdom that followed 3000 children from their third to their seventh birthdays. Beginning in 1997, EPPE has since been extended to collect data about the children and their experiences as they progressed through the school system (IOE nd) The data collected include characteristics of the children and their families, and the preschool setting they attended.

Findings point to the importance of preschool attendance in enhancing children's development. Attendance at a higher quality preschool resulted in improved child outcomes. The study found that services where staff have higher qualifications tend to achieve higher quality scores, on both structural and process quality aspects. While the researchers recommend that preschools should 'aim at a good proportion of trained teachers on the staff' (Sylva et al. 2004, p.6), they do not specify a recommended staff-to-child ratio.

In terms of family characteristics, children's development was more closely linked to the quality of the 'home learning environment' than to parental income (Sylva et al. 2004).

Competent Children, Competent Learners

Conducted in New Zealand, this study includes 500 children and began in 1993. Children and their families were recruited to the study just before they started school. All children in this study attended an ECEC service.

Similar to the other studies, research found that high quality ECEC can be linked to improved academic skills later in life. At age 16, young adults who attended ECEC services with high operational quality scores continued to show better outcomes than their peers, regardless of their family background (Wylie et al. 2008).

Cost–benefit analyses

Cost-benefit analyses are useful instruments in designing evidence-based policy. They quantify the results of implementing a specific policy, and can compare the benefits accrued to the community to the costs imposed by the policy.

This type of analysis has tended to focus on early intervention programs, mostly in the United States. These studies indicate that intensive early intervention programs have substantial economic returns, which can be up to 16 times higher than the cost of intervention. The benefits extend throughout life, including improved education and employment outcomes, and a lower likelihood of being arrested or requiring welfare payments. Key examples are discussed below.

Head Start and Early Head Start

Head Start and Early Head Start are two large scale programs operating in the United States, which provide funding for early childhood education and family support services for low-income families with children aged 0–5. Head Start began operating in 1965, and focuses on ECEC services for children aged 3–5. Early Head Start was established in 1994, and supports services for pregnant women and families with infants and toddlers.

Since 1965, 27 million children have been enrolled in Head Start and Early Head Start. In 2010, the US Government spent more than \$7 billion on the programs, and expenditure has reached over \$120 billion since they were established (OHS nd).

Early Head Start was found to improve development outcomes for infants and toddlers and their families' parenting skills (US DHHS 2006). The evidence on Head Start, which includes mostly preschool programs for disadvantaged children, shows a different pattern. While Head Start children showed improved pre-academic skills at age three and four, by the end of the first year of schooling, most of these benefits were no longer evident (US DHHS 2010). However, longer term studies found that Head Start participants were substantially more likely to complete high school and attend college, and less likely to be arrested or charged with a crime (Ludwig and Phillips 2007).

From a cost-benefit perspective, research has been inconclusive. Currie suggested that the short- and medium-term benefits of Head Start would pay for 40 to 60 per cent of the program costs, and when taking into account potential long-term benefits, 'Head Start would pay for itself' (2001, p. 234). Other research is less clear. For instance, Ludwig and Phillips concluded that:

...the available evidence suggests to us that the Head Start program as it currently operates probably passes a benefit-cost test. Changing the program in various ways that have figured prominently in recent policy discussions [such as requiring teachers to hold 4-year college degrees] may not make the program any better, and could make things worse. (2007, p. 37)

High/Scope Perry Preschool

Conducted from 1962 to 1967 in Michigan, the High/Scope Perry Preschool Project involved 123 African American children from highly disadvantaged backgrounds. The children participated in a preschool program, which also included home visits by teachers, for two years and research focuses on their life outcomes. By the time they reached 40, the program's participants were much more likely to be employed and have significantly higher earnings compared to those who did not participate. They were also less likely to be arrested (Schweinhart nd).

A range of cost-benefit analyses has been conducted based on the High/Scope Perry Preschool Project findings. Results ranged from returns of \$7 to over \$16 in benefits per dollar invested, primarily accruing to the community through the prevention of crime (Schweinhart nd, Heckman et al. 2009).

Carolina Abecedarian Study

Similarly to the High/Scope Perry Preschool Project, the Carolina Abecedarian Study involved a small group of children from disadvantaged backgrounds. In this case, 112 children were selected in 1972 to attend an ECEC program from as early as 6 weeks of age and until the age of 5. The full-time program had high staff-to-child ratios, from 1:3 for infants and toddlers to 1:6 for older children. Data on the participants' life outcomes was collected until they were 21.

Apart from benefits to the participants themselves, in terms of income and improved health, the program was also reported to generate benefits for their families, who were more likely to be employed. However, this program has not led to a significant reduction in crime.

The Abecedarian Program was found to generate returns of about \$2.50 for every dollar invested, when taking into account health benefits and higher earnings accrued to the participants' families presently and for future generations (Barnett and Masse 2007).

Chicago Child-Parent Centers

The Chicago Child-Parent Centers (CPC) began operating in 1967, offering government-funded early childhood education and family support services to disadvantaged families while their children are aged between 3 and 9 years. Since 1986, the Chicago Longitudinal Study followed 1539 children who participated in the program.

Program participants were more likely to complete their high school education and less likely to receive welfare payments or be arrested. Due to the program design, researchers were able to compare between participants who attended the CPC during their preschool years, after reaching school age, and those who attended the full program. The most substantial improvements, when compared with children who did not participate in the program, accrued to participants who attended the CPCs only during their preschool years. Children who participated in the full program (during preschool and primary school) were slightly more likely to complete high school than those who attended only during their preschool years; however, no differences were found in the groups' rate of arrests and welfare dependency.

This result was mirrored in the cost-benefit analysis conducted for the program. For every dollar invested in the preschool program, the return has been estimated at \$10.83. This compares with \$3.97 and \$8.24 for the school-age and the full program, respectively, which implies that an intervention limited to the preschool period may be the most efficient. Benefits were higher for children from particularly disadvantaged backgrounds. Most benefits accrued to society through lower crime levels and higher tax contributions (Reynolds et al. 2011).

Meta-analyses

Meta-analyses, which combine the results of several studies addressing a set of related hypotheses, have also been used in analysing ECEC data. These studies can be useful to policy makers as they use a larger evidence base, and may allow for more general conclusions to be drawn. However, the specific criteria used to select the studies within each meta-analysis affect the results, and these need to be considered.

Early childhood interventions

- Camilli et al. undertook a meta-analysis of 123 studies comparing the cognitive, social and school progress of children from disadvantaged backgrounds involved in preschool intervention programs, with children who either had no educational intervention or an alternative intervention. All programs were implemented in the United States after 1960. They conclude that while 'preschool intervention programs provide a real and enduring benefit to children ... the research is less clear regarding the specific program features that lead to optimal results' (2010, p. 602). The study supported the assumption that improving staff ratios and maintaining small group sizes had positive effects on children's outcomes. However, programs that offer additional services beyond preschool, such as

home visits, may ‘dilute the intensity of children’s preschool experience’ (Camilli et al., p. 605), and resulted in smaller improvements in cognitive outcomes. The authors suggest that this may be due to the fact that these programs require the teachers to perform a range of duties other than instructing children, limiting their time in the classroom.

- Karoly, Kilburn and Cannon (2005) reviewed 20 early childhood intervention programs, including home visiting, parent education, early childhood education and combined programs, all from the United States. Most programs were shown to have significant positive effects on participants, which persist long after the preschool years. Staff-to-child ratios and staff qualifications were shown to affect child outcomes. However, these positive effects were not sufficient to eliminate the gap between the participants, who were all from disadvantaged backgrounds, and other groups in the population.
- Wise et al. (2005) is an Australian study that focused on the costs and benefits of early intervention programs. It included 32 programs from the United States, Canada, the United Kingdom, Bolivia, Turkey and Australia, conducted since 1960. Some programs were focused either on enhancing child outcomes, parental skills or improving family welfare; others were targeted at both children and parents or were universally offered. Overall, the programs were found to have small to negligible effects on participants. The authors point out that even though some short-term effects on children’s development may be small, they may have a substantial influence on their life outcomes.
- Nores and Barnett considered only early intervention programs from outside the United States. The 30 programs covered in their study were implemented in Europe, Africa, South America, and Asia, in 23 countries with very diverse levels of economic development. Programs offered cash transfers to parents, nutritional support or educational intervention. The study found that all programs had positive effects on children’s cognitive development. Mixed programs, with educational and nutritional components, were shown to have the most substantial effects, although cash transfers were also successful in improving children’s outcomes. Longer programs were less effective, as they were also less intensive. The effects were smaller in countries with lower average incomes and the authors theorise that this may be because ‘intervention effects depend on other supports in the environment that are less likely to be present in less developed economies’ (2010, p. 279).

ECEC quality

- Burchinal, Kainz and Cai (2011) reported the results of two types of analysis: a meta-analysis of 20 research projects that examined the link between quality and

child outcomes, and secondary analysis of data from large scale studies of children's outcomes such as NICHD. The study concludes that the quality of ECEC can be linked to children's academic and social skills, but the effects are moderate. The authors suggest that this may be due to a nonlinear relationship between quality and child outcomes, or weaknesses in the existing definitions and measurements of quality.

- Kelley and Camilli (2007) investigated the effect of teacher qualifications on children's outcomes in a centre-based setting, based on 32 studies. They found that slightly higher outcomes were correlated with teachers holding bachelor degrees.
- Early et al. find some positive correlations between outcomes and teachers' qualifications, but conclude that 'major studies of classroom-based educational programs for 4-year olds ... , taken together, do not provide convincing evidence of an association between teachers' education or [course] major and either classroom quality or children's academic gains' (2007, p. 573). The authors point to three possible reasons for this finding: inadequate training for teachers, insufficient support in the workplace, or a labour market that draws the most competent teachers away from early childhood settings
- Fukkink and Lont (2007) focused on caregivers, rather than teachers, examining the effect of training on competency. They present a model where caregivers' competence, which is an aspect of structural quality, translates into process quality and leads to improved child outcomes. Results indicate that training improves competencies, but the effect on children's outcomes was inconclusive. Large-scale training programs delivered at multiple sites were found to be less effective in improving caregiver competencies, compared with smaller providers of training.

C.4 Applying research to policy development

Recent ECD policies, summarised in the National Quality Agenda (NQA) and the National Partnership Agreement on Early Childhood Education (NPA ECE), are based on two key arguments raised in the literature: for children attending long day care centres, the quality of the service is important; and for children from disadvantaged backgrounds, preschool attendance can contribute to improved life outcomes. Therefore, the NQA seeks to raise structural quality in ECEC and enhance pedagogical quality, while the NPA ECE aims to provide universal access to preschool (chapter 3).

Given the many conflicting conclusions that can be drawn from the research, care must be taken when designing evidence-based ECD policy. For example, the Ministerial Council for Education, Early Childhood Development and Youth Affairs warned against misusing neuroscience research in policy development:

As with any theory, it is wise to interpret the findings of neuroscience with some caution. Neuroscience is in its infancy and is constantly being reviewed, challenged, modified, strengthened, and complemented. In this iterative process new evidence sometimes proves early hypotheses and assumptions invalid.

However, the understandings can be persistent and difficult to dispel. It is also easy to misuse, simplify or overstate findings and translate them over zealously or make questionable interpretations and hence we see the rise of some ‘neuromyths’. (MCEECDYA, 2010b, p. 8)

Although research into early childhood development has been conducted for more than half a century, similar caution needs to apply when interpreting the results. Some of the issues to be considered are the context of the research, including regulatory, social and cultural differences, and the specific programs being examined, which can be offered universally or targeted at specific populations.

The context of research matters...

Much of the evidence base for ECD policy relies on research undertaken outside Australia. It is important to realise the substantial differences across countries and cultures in interpreting these outcomes.

In Australia, the ECEC system operates within ‘a context in which standards for good-quality care are enforced through government regulatory mechanisms’ (Love et al. 2003, p. 1031). This differs substantially from the United States, where regulation of quality standards has recently become a focus point for policy makers (Zaslow et al. 2010). However, much of the literature on quality standards and their effect on children’s outcomes is based on US data.

There may be limited scope for using US findings as conclusive evidence for Australian policy design. In the Longitudinal Study of Australian Children, quality measures were not found to be strong predictors of developmental outcomes for children aged 4–5 years (Harrison et al. 2009). ECEC was found to have a positive effect on children’s social and emotional wellbeing, although the effects observed were minimal (Harrison 2008). Both these results differ markedly from US studies, and this can be explained by the current overall high quality of the Australian ECEC system, compared with the United States.

...and so does program design

Some of the ECD programs reported in the literature — such as the High/Scope Perry Preschool Project, the Carolina Abecedarian Study and the Chicago Child-Parent Centers — have been highly beneficial to the participants and their communities. These programs were targeted, intensive interventions. Hence, their results have limitations when used in the context of policy development aimed at universal access.

Targeted programs tend to achieve substantial benefits for disadvantaged children. However, when these programs, or some of their components, are offered universally, the benefits are more difficult to quantify:

The level of savings for the use of pre-school provision as a form of intervention with disadvantaged populations may be still to be settled. Nonetheless the consistency of positive cost-benefit results from the available studies does indicate that there are long-term savings to be made with such populations.

However the applicability of these indications of savings to the general population is open to considerable doubt in that so much of the benefit in these studies of disadvantaged populations derives from reductions of negative outcomes e.g. crime, remedial education, unemployment, where the incidence of these negative outcomes is dramatically less in the general population and therefore the scope for savings is similarly dramatically less.

Hence extrapolation of the results of the cost benefit analyses from intervention studies to the provision of childcare for the general population is clearly inappropriate. (Melhuish 2004, pp. 55–56)

In the case of preschool, universal programs have a number of potential benefits. Offering programs to the entire community may increase participation rates across the board, including for disadvantaged and vulnerable groups. Higher participation from more advantaged groups can support a stronger demand for quality, and it may improve educational outcomes through peer effects (Barnett 2010). In the United Kingdom, the EPPE study showed that disadvantaged children benefited significantly from attending preschool, particularly in settings with a mix of children from various backgrounds (Sylva et al. 2004).

However, universal preschool programs also pose challenges. Research has found that the families who need them most are least likely to attend, and as a result, ‘universal services ... are not universal in practice’ (valentine and Katz 2007, p. 30).

Children from higher income families are already more likely to attend preschool and experience higher quality care (Elliott 2006) and less likely to be developmentally vulnerable (CCCH and Telethon Institute for Child Health Research 2009). Any universal ECD policy will therefore direct scarce resources to

groups that may not derive substantial benefits. To a point this can be tolerated (if the amount of resources used is small), but if:

...the decision to adopt a universal approach results in a significant dilution of the resources necessary to adequately support at-risk families, the logic underpinning such a choice would appear to be flawed. (Clark et al. 2006, p.38)

A universal preschool program may also affect the supply of ECEC services to younger children, given the limited resources supporting the sector. Research has found that increasing public funding to preschool services can result in a small reduction in services for younger children (Ackerman and Barnett 2009). In other cases, extending universal preschool programs to toddlers did not result in any additional benefits, compared with entering preschool at an older age (Papon and Martin 2008).

In the Australian context, there is concern that increasing the preschool hours available for children in the year before school will reduce the availability of services for younger children, as providers focus on achieving the NQA and NPA ECE standards (Municipal Association of Victoria, sub. 68).

There is limited research on the effects of universal child care programs. Findings vary, based on the country of reference. For example, the introduction of universal childcare in Norway was shown to have had long term benefits (Havnes and Mogstad 2009), while in Canada, children were reported to be worse off as a result of a large increase in childcare availability (Baker, Gruber and Milligan 2005).

C.5 Conclusions

The first question of evidence-based policy is whether there is evidence of a problem. In the case of the Australian ECEC system, the answer is unclear. Some groups, such as Indigenous children and children from a low socio-economic background, are substantially disadvantaged and are likely to benefit from additional services. Most children, however, are doing well, and ECEC services overall seem to be ranking highly on international measures of quality.

However, the OECD (2006) has pointed out a number of issues facing the Australian system, including: a fragmented philosophy that continues to differentiate between education and care; a complex regulatory system; and the low pay and status of ECEC staff and the way these affect quality. COAG's recent ECEC reforms seek to address some of these issues.

Evaluating the evidence base for ECEC policy shows that despite the large volume of literature and research, there is still much that remains unknown. Researchers are

still unsure why certain programs work and others fail, what is the optimal policy design, and what is the best way to ensure the benefits are accrued to those who need them most (Karoly et al. 1998).

The existing evidence supports the theory behind recent ECEC reforms; however, there is limited evidence on the specific policy tools chosen. Most research has found that where similar policies were implemented, their benefits tended to be small. Although targeted programs have been shown to generate substantial benefits, universal policies may be less effective. Monitoring policy implementation and child outcomes in coming years will be important in establishing future policy directions.

D Early childhood development systems and workers in other countries

Early childhood development (ECD) systems in other countries can provide a useful benchmark for assessing the capability and effectiveness of Australia's ECD workforce. The Commission has therefore considered the ECD systems of five other countries. Section D.1 discusses the lessons that can be learned from those systems, with application to areas of current interest to Australian policymakers. Sections D.2 to D.6 provide a snapshot of the ECD systems and workforces in New Zealand, Denmark, France, England and the USA, with a focus on effective service models and recent developments in those countries.

D.1 Lessons for Australia

There is considerable variation between countries in most aspects of ECD service delivery. As noted by Hasan (2007), there are even substantial differences between countries in what is meant by 'quality' early childhood services. There is therefore no 'right' mix of staff for ECD services.

Even among the small number of countries studied, few general conclusions can be made. Indeed, for almost every general conclusion that can be made about ECD systems and workers, at least one country stands as an exception. Nevertheless, it is clear that:

- none of the countries considered in this appendix require all workers in early childhood education and care (ECEC) services to hold qualifications in education or children's services
- with the exception of Denmark, staff-to-child ratios are used as a means of assuring quality in ECEC services (though with considerable variation in the chosen ratios)

-
- preschool education is available to all children in the year(s) before formal schooling and is provided by a degree-qualified teacher (though the United States is an exception in both regards)
 - demand for ECEC services and workers exceeds supply in the majority of countries examined. Only Denmark can be said to provide sufficient government-funded services to meet demand
 - compared to primary schools, ECEC services generally find it harder to attract staff
 - parents, families and volunteers play a role in providing certain ECD services, particularly family support services, in every country. When delivered according to curriculums and/or program guidelines, these services can be very effective
 - except in the United States, child health services are available to all children, delivered by child health nurses in primary care settings
 - every country struggles to increase the proportion of men in the ECD workforce (Peeters 2007).

D.2 New Zealand

Early childhood education and care services

Participation in early childhood education (ECE) in New Zealand is high. In 2009, 93.9 per cent of students in their first year of school had attended ECE the previous year (Teach NZ nd). However, despite high overall attendance rates, around one fifth of Māori children and one quarter of Pacific Islander children do not attend formal ECE services (Tolley 2011).

While the New Zealand Government does not own or operate ECE services, it determines ECE policy and regulates ECE services. New Zealand was one of the first countries to move policy and regulatory responsibility for all ECE services to the education ministry (from the social affairs ministry) (Moss 2000). New Zealand was also a frontrunner in curriculum development, adopting an early childhood curriculum framework in 1996. The curriculum includes five strands — wellbeing, belonging, contribution, communication and exploration. The curriculum is known as *Te Whāriki* (the mat) because it weaves together these strands of learning (Ministry of Education 1996). Following *Te Whāriki*, New Zealand developed a ten-year strategic plan for ECE in 2002, known as *Pathways to the Future* (Ministry of Education 2002). The need for teachers who understood the theoretical complexities of *Te Whāriki*, and who had the professional skills to weave each

curriculum *whāriki*, became a key policy driver for the government's 10-year strategic plan (May 2007).

Under Pathways to the Future, teachers in teacher-led ECE services were required to meet the same professional registration standards as school teachers (Ministry of Education 2002). Pathways to the Future also included the goal that, by 2012, all staff in teacher-led services would be registered teachers. This goal has since been set aside (see box D.1 below).

Parent-led services

Unlike other countries considered in this appendix, New Zealand has a strong tradition of parent- and family-led ECE services. Such services encourage or require parent attendance, and do not usually employ teachers (Ministry of Education 2010). Parent- and family-led centres include 'language nests' and playcentres.

- 'Language nests' (*kōhanga reo*) provide a community- and family-based environment where only Māori is spoken. They are typically found in church halls, schools and traditional Māori community centres (UNESCO and OUP 2010). Language nests provide education and care for around 20 per cent of the Māori children who attend formal care (Statistics New Zealand 2010).
- Playcentres are an early childhood organisation that is unique to New Zealand. 'Playcentres are collectively supervised and managed by parents for children from birth to school age. They have a strong focus on parent education as well as children's learning' (Ministry of Education 2009c). Playcentres generally offer half-day sessions that include a variety of self-selected play activities for children of all ages (NZ Playcentre Federation 2010). In keeping with their aim to increase parents' skills and confidence, most playcentres offer parenting education programs.

Teacher-led services

There are three main types of teacher-led ECE services in New Zealand.

- Kindergartens are not-for-profit, community-based services that accept children between two and five years old. Kindergarten opening hours vary, with some having set morning and afternoon sessions for different age groups and others offering all-day or flexible sessions for a wider age range of children.
- Like long day care centres in Australia, New Zealand's education and care services run full-day sessions, or flexible-hour programs for children from birth to school age. Some services cater for specific age ranges (for instance, babies

and toddlers). They may be owned and operated by private business, community groups or employers.

- New Zealand also has a system of home-based education and care services. Similar to Australian family day care, in New Zealand home-based services provide education and care for groups of up to four children under five years of age, in either the educator's home or the children's home. Each educator must belong to a home-based service and is supported by a coordinator who is a registered ECE teacher (Ministry of Education 2009d). The number of home-based services increased by over 60 per cent between 2001 and 2009 (ECE Taskforce 2010).

In both kindergartens and education and care services 50 per cent of the workers who educate and care for children must be qualified and registered as ECE teachers (Ministry of Education 2009d). By 2012, 80 per cent of staff will need to be registered teachers (Ministry of Education 2009b) (box D.1). There are no qualification requirements for the remaining 20 per cent of staff.

In addition to requirements for registered teachers, New Zealand also has mandatory staff-to-child ratios in teacher-led ECE services. For children under two years, staff-to-child ratios are 1:5. Broadly, for children over two years, staff-to-child ratios are 1:10 in 'all day' services, and 1:15 in 'sessional' services (those attended by children for less than four hours per day).

Subsidies to ECE services depend on the proportion of registered teachers, with services that employ a larger proportion of teachers receiving higher subsidies. New Zealand's childcare subsidies are means tested, though income-testing thresholds are lower than those in Australia (James 2009).

In New Zealand, the benchmark qualification for qualified early childhood teachers is a Diploma of Teaching (Early Childhood Education) (Teach NZ and Ministry of Education 2011). Both the diploma and the Bachelor of Teaching (Early Childhood Education) require three years of full-time study. As well as being delivered by universities, early childhood teaching diplomas and degrees are delivered by other providers, such as the NZ Childcare Association (NZ Childcare Association 2011).

Box D.1 Towards 100 per cent registered teachers in ECE?

In 2002, the New Zealand Government considered that 'many ECE teachers in New Zealand are not qualified, yet there is a strong correlation between quality ECE and teacher qualifications' (Ministry of Education 2002, p. 6).

In response, it adopted a goal that all contact staff in teacher-led early childhood education (ECE) services would be registered teachers by 2012. Intermediate goals included that 50 per cent of contact staff in teacher-led ECE services would be registered teachers by 2007, and 80 per cent would be registered teachers by 2010. A range of scholarships, grants and support programs were put in place to help increase the number of registered teachers (Ministry of Education 2002). ECE providers were also encouraged to employ up to 100 per cent registered teachers with higher funding for services with higher proportions of registered teachers.

However, in late 2009, only around 60 per cent of ECE staff were registered teachers, and the timeframe for achieving the 80 per cent teacher registration target in ECE services was extended to 2012.

... the target of 80 per cent registered teachers by 2010 is not achievable and 2012 is a more realistic target. It is estimated that over 1000 teacher-led, centre-based ECE services would be at risk if the 80 per cent target had to be met by [2010]. Extending the timeframe will reduce the immediate pressure on teacher-led, centre-based ECE services and ease the demand for registered teachers in the short-term. (Ministry of Education 2009a)

The 100 per cent registered teacher target was also deferred indefinitely. Moreover, in the 2010 budget the New Zealand Government reduced the subsidy rate for registered teachers in ECE centres. It also removed the highest subsidy rate, which was previously payable to centres with more than 80 per cent registered teachers (Tolley 2010). The number of ECE centres employing 100 per cent registered teachers and the future of the 100 per cent registered teacher target remains unclear.

Remuneration of ECE teachers varies greatly between services. Kindergarten teachers have pay parity with primary teachers, but represent only 12 per cent of the ECE workforce (ECE Taskforce 2010). In the most recent Kindergarten Teacher's Collective Agreement, a teacher with a bachelor degree would earn \$NZ44 348 in their first year of practice (Ministry of Education 2009b). Kindergarten teachers tend to be better paid than teachers in services other than kindergartens, where salaries are negotiated on an individual basis or covered by a collective agreement (Davison and Mitchell 2008; Teach NZ and Ministry of Education 2011).

There is considerable unmet demand for qualified early childhood teachers in New Zealand. The number of ECE teacher vacancies increased by nearly a third between November 2008 and November 2009 and the occupation is on Immigration New Zealand's long-term skill shortage list (Career Services 2010b). To help address this gap, qualified and registered primary teachers can now be counted as qualified ECE teachers in teacher-led ECE services for funding purposes (Ministry of Education

2011b). However, there are also longstanding and severe shortages of primary and secondary school teachers (Lonsdale and Ingvarson 2003).

Recent developments in ECE in New Zealand

20 Hours ECE

Since 2007, New Zealand children from age three to school age have been able to access up to six hours per day and up to twenty hours per week of ECE. This is known as 20 Hours ECE and is provided at no cost to families (though services can levy optional charges for food, activities, excursions and staffing levels in excess of government requirements). Initially only available in teacher-led ECE services, since 1 July 2010 parent-led ECE services have also been eligible to provide 20 Hours ECE (Ministry of Education 2010).

On average, fees fell by 34 per cent immediately after the introduction of 20 Hours ECE. Participation rates, however, have increased by only one per cent (ECE Taskforce 2010 and 2011). There was also a shift in demand from kindergartens (generally part-day services) towards education and care centres and home-based care organisations (which generally provide full day care).

Large funding increases and mounting cost pressures

The New Zealand Government has made a substantial investment in ECE in recent years, with expenditure increasing by 300 per cent between 2004-05 and 2010-11, to \$NZ1.2 billion per year (Ministry of Education 2011a). This equates to around \$NZ7600 per year for every child who attends an ECE centre, compared to \$NZ6700 for an average secondary student and \$NZ5500 for primary students (Tolley 2011). Increases in ECE funding have primarily been used to fund 20 Hours ECE.

Despite 20 Hours ECE, costs to families appear to have increased in some areas, with reports that the costs of kindergarten rose 11.7 per cent in the year to March 2011. This has led to concerns that ECE is becoming unaffordable for low socioeconomic status families (New Zealand Kindergartens 2011). There are therefore moves towards greater targeting of ECE funding, with the New Zealand Government intending to 'make sure [ECE] can be accessed by those families who are not currently taking part, but who will benefit the most' (Tolley 2010).

ECE Taskforce

In late 2010, the New Zealand Government established an expert ECE Taskforce. The taskforce is, among other things, required to ‘undertake a full review of the value gained from the different types of government investment in ECE in New Zealand; consider the efficiency and effectiveness of current ECE expenditure ... and consider how to achieve its recommendations without increasing current government expenditure’ (ECE Taskforce 2010). Despite widespread unmet demand for ECE teachers, none of the taskforce’s terms of reference address workforce issues. The taskforce was due to report to government in March 2011, but its report has not yet been published.

Out of School Care And Recreation

Outside school hours care in New Zealand is known as OSCAR (Out of School Care And Recreation). OSCAR programs provide care and recreation before and after school and during school holidays for children aged from five to 13. To be eligible for childcare subsidies, OSCAR programs must be approved by Child, Youth and Family (part of the Ministry of Social Development). Subsidies are paid directly to OSCAR programs rather than to families.

Approved OSCAR programs must meet certain minimum standards. While the standards do not contain staff-to-child ratios, they require that children are always supervised by a minimum of two staff at all times. Staff must be ‘qualified and competent’ (though there are no formal qualification requirements), undergo a police check and be over 16 years of age (Child, Youth and Family nd, p. 14). The standards also require OSCAR programs to provide adequate training and support for all staff, without specifying what this might involve (Families Commission nd). Training opportunities include short courses and networking sessions offered by the OSCAR Foundation, and an OSCAR certificate delivered via distance education by the Open Polytechnic (OSCAR Foundation nd).

On average, workers in OSCAR programs in 2009 reported earning \$NZ13.76 per hour, compared to the minimum wage of \$NZ12.50 per hour (Oscar Foundation 2009). Few services appear to have concerns about the quality or availability of OSCAR staff. While parents express a preference for qualified staff, they have little knowledge of the availability of such qualifications (Families Commission 2007).

Child health services in New Zealand

Like Australia, New Zealand has a universal system of child health services or ‘well child care’, which includes a ‘screening, surveillance, education and support service offered to all New Zealand children from birth to five years and their family’ (Ministry of Health 2002, p. 1)

The largest provider of well child care in New Zealand is Plunket, a not-for-profit organisation (Plunket ndc). The New Zealand Ministry of Health provides funding to Plunket to deliver eight well child checks to children in the period from four to six weeks to five years of age. Health care in the weeks immediately following a baby’s birth is organised separately, with mothers receiving at least seven postnatal visits from their maternity carer (obstetrician, midwife or general practitioner) in the first four to six weeks. Of these seven visits, at least five must be home visits (Ministry of Health 2010a).

As well as government contributions, Plunket funds its work with donations and corporate support. Commercial sponsors include Huggies nappies and Watties (manufacturers of baby food). Plunket also makes use of volunteers, with around 8000 volunteers involved in its child health and family support programs.

Attendance at Plunket centres is high, with parents of more than 90 percent of new babies accessing some aspect of Plunket’s well child health service (Plunket ndc). Plunket employs around 650 clinical staff, most of whom are child health nurses (who are known as Plunket nurses) (Plunket nda). Plunket nurses are registered nurses who have completed a Postgraduate Certificate in Primary Health Care (Specialty Nursing: Well Child/*Tamariki Ora Strand*). Plunket recruits around 100 registered nurses per year, and supports them to study for this certificate while they work (Plunket ndb).

As at 1 July 2011, qualified Plunket nurses are paid \$NZ57 715 in their first year of practice (New Zealand Nurses Organisation 2010b). This is more than a community health nurse with four years experience employed by a district health board, who earns \$NZ55 226 (New Zealand Nurses Organisation 2010a). Despite receiving subsidised postgraduate study and wages that are the same or higher than many other nurses, shortages of Plunket nurses have been reported in some areas (Career Services 2009).

Another type of worker involved in providing child health services in New Zealand is the community Karitane worker. These workers work alongside Plunket nurses and assist them in certain tasks, including measuring and weighing babies, monitoring child development and providing support to families, especially the caregiver and child (Career Services 2010a). After finishing high school,

community Karitane workers obtain a certificate qualification in well child care. (This is the same well child certificate that Plunket nurses obtain in addition to their nursing degrees). First-year Karitane workers employed by a district health board earn \$NZ40 908 (New Zealand Nurses Organisation 2010a).

Family support services in New Zealand

A wide range of family support services are available to New Zealand families, funded by several New Zealand Government ministries.

- In addition to being centres for early childhood education, playcentres run parenting programs designed to increase parents' skills and confidence. Some playcentres offer parent education programmes that are accredited by the New Zealand Qualifications Authority (Podmore and Te One 2008). Attending a parent-led ECE services can have positive effects on parenting (Ministry of Education 2009a).
- Strategies with Kids — Information for Parents provides support, information and parenting strategies for parents and caregivers of children under five. It provides free parenting resources and has funded hundreds of local organisations to support local families (SKIP nd).
- As well as antenatal classes, Parents Centre New Zealand offers six parenting education courses at 50 centres around New Zealand (Parents Centre 2011).
- The Parents As First Teachers program has operated in New Zealand since 1991. It is based on the US Parents as Teachers program, and employs qualified early childhood teachers to conduct home visits and provide support and advice to families at risk (Ministry of Family Services 2010).

Because many family support programs are mainly or exclusively delivered by early childhood teachers, the current high demand for early childhood teachers has also affected family support services.

In addition to mainstream programs, there are a number of family support programs targeted at Māori families. For example, the *Whanau Toko I Te Ora* (WTITO) program provides support, advocacy and role modelling for very high need Māori families. It is delivered by local *kaiawhina* (Māori family workers), and consists of home visiting and group meetings. Despite some evidence that WTITO leads to a range of improvements in family functioning, concerns have been expressed about ethnic targeting of family support programs. 'Evidence does not demonstrate that programmes designed and delivered to a particular ethnic group by members of the same group are more effective than mainstream programmes' (Ministry of Education 2005, p. 2).

New Zealand also has an independent statutory body charged with supporting and advocating for families. The Families Commission ‘speaks out for all families to promote a better understanding of family issues and needs among government agencies and the wider community’ (Families Commission nd).

D.3 Denmark

Denmark is renowned for universal public provision of many services, and ECD is no exception. The public sector has the predominant role in provision of ECD services, however about 30 per cent of day care facilities are provided by independent not-for-profit providers (OECD 2006). Denmark is considered to be a world leader in positive child outcomes, and is among the top-rated nations for child wellbeing (UNICEF IRC 2007). These outcomes are supported by high public expenditure — a comparatively large 2.1 per cent share of gross domestic product (GDP) is spent on ECEC services (OECD 2006).

ECEC services in Denmark

ECEC policy in Denmark is administered by the Ministry of Social Affairs, reflecting the Danish philosophy that the primary purpose of ECEC is social development, rather than education.

[ECEC services in Denmark] are understood to have an educational role, but the pedagogical orientation distinguishes education from schooling. These services therefore are not so much concerned with preparation for school and school education, as with leading the good life and all round development, with a strong emphasis on social and cultural capabilities and with a particular understanding of the child. (Korintus and Moss 2004, p. 31)

This approach is embodied in the Danish ECEC workforce’s main professional group — the pedagogue, or social educator of children and youth (box D.2).

The other main professional group in ECEC services is the pedagogue assistant. No formal qualification is required for an assistant role, with much of this workforce consisting of young people spending a year or two working before going on to further study. Pedagogues and pedagogue assistants are present in all ECEC settings.

Box D.2 **Pedagogues in Danish children's services**

The dominant profession in Danish children's services is the pedagogue, which can best be described as 'social educators for children and youth' (OECD 2006, p. 313).

Pedagogy is a holistic concept that recognises the whole child ... and the inseparability of care, education, health and upbringing. (Korintus and Moss 2004, p. 40)

A pedagogue's role is not limited to the education of children, also offering advice and guidance to parents on issues in upbringing and child development (Boddy et al. 2009). Pedagogues work across all early childhood and outside school hours care services and also in some family support and social services roles, such as in aged care.

Training

Pedagogue training consists of a three-and-a-half year course which leads to a degree. Trainee pedagogues study a variety of subjects, including pedagogy, psychology, environmental health and social studies, communication, organisation, management, music, drama and other creative subjects. Pedagogue training includes 15 months of work placements. The initial three month placement is unpaid, and the student does not count as a member of staff in their placement institution. There are two other placement periods, each consisting of six months paid work with the student counting as a member of staff. Students typically begin training after having worked as pedagogue assistants (Korintus and Moss 2004).

Unionisation

Unlike other countries, where ECEC teachers are usually part of a teachers union, Danish pedagogues have a union of their own — the Danish Union of Early Childhood and Youth Educators (BUPL). The BUPL organises more than 95 per cent of all pedagogues in Denmark (BUPL 2009a).

Wages, conditions and career progression

Danish pedagogues typically work 37 hours per week, with six weeks annual leave. Average monthly salary is DKr23 500 (\$4230), or DKr31 000 for managers (\$5500). Salary and working conditions are fixed nationally by collective bargaining every third year (BUPL 2009b). The average monthly income in Denmark is approximately \$2700 (Statistics Denmark 2011).

The requirement that all managers of ECEC services be qualified pedagogues provides a clear career path for pedagogues, compared with other countries where the managers of services are generally not required to have tertiary qualifications.

Sources: Boddy et al. (2009); BUPL (2009a and 2009b); Cameron (2006); Korintus and Moss (2004); OECD (2006); Statistics Denmark (2011).

Danish ECEC services experience few of the workforce retention and recruitment difficulties that are apparent in other countries. The steady rise of female workforce participation in Denmark over the past 30 years, has contributed to an expansion of

the pedagogue workforce. As in most other countries, the ECEC workforce is female dominated. However, a comparatively large proportion of the Danish ECEC workforce is male, with men comprising 8 per cent of pedagogues in crèche and family day care, and 25 per cent of staff in outside school hours care (OSHC). Also, pedagogues command a higher wage and professional status, and are ‘skilful, resourceful, autonomous and reflective’ (Boddy, Cameron and Petrie 2006, p. 103). Hence ECEC roles are attractive, and Danish ECEC services have high staff retention rates (Korintus and Moss 2004).

ECEC policy is the responsibility of the Danish Government, which has legislated a right for all children aged between six months and six years to access childcare. Provision and operation of ECEC services is the responsibility of the municipalities (Boddy et al. 2009). All ECEC services, except for family day care services, have a manager and deputy manager, and both are required to be qualified pedagogues. Beyond this, there are no legislated staff-to-child ratios or requirements for the remainder of staff in an ECEC service to be qualified. Other than family day care, where staff are typically unqualified, approximately 60 per cent of staff in ECEC services are qualified pedagogues (OECD 2006).

Most children are in parental care until they are at least six months old, with entry into ECEC services common when they are one year of age. This is supported by a generous parental leave system offering up to 52 weeks leave (maternity, paternity and parental) — depending on a worker’s employment situation and collective agreement, compensation can reach the full level of salary for the full duration of the leave (Eurochild 2010).

ECEC in Denmark differs by age group. Children from six months to three years of age attend mainly family day care (FDC) or crèche services. Children from three to seven years typically attend kindergarten. Those aged six to ten attend OSHC. There are also a minority of mixed-age services that cater for children from six months to nine years. Children in Denmark begin primary school classes at age seven.

Participation rates are high in all ECEC services. This supports a workforce participation rate for mothers of children under six of 77 per cent. This is the second highest in the European Union, after Sweden (Eurochild 2010).

FDC and crèche

Two-thirds of children aged six months to three years use FDC and crèche services, most for more than 30 hours per week (Boddy et al. 2009; Eurochild 2010). Crèches

are similar to Australian long day care (LDC) services, but do not provide preschool services. The average staff-to-child ratio in crèches is 1:3.3 (OECD 2006).

FDC staff are permitted to provide day care for up to five children in their own home (Broström and Hansen 2010), though the average ratio is one staff member to 3.5 children (OECD 2001). Most FDC staff are employed by the relevant municipality. FDC staff work 48 hours per week (OECD 2006).

Fees paid by parents for FDC and crèche vary according to family income: lower income families pay a reduced rate, or receive the service free of charge. In total, parents pay approximately 25 per cent of the cost of childcare, with the remainder met by municipalities (OECD 2006).

Kindergarten

Kindergarten attendance is not compulsory, however 93 per cent of Danish children aged three to six attend kindergarten services (Boddy et al. 2009), and 82 per cent attend for more than 30 hours per week (Eurochild 2010). As of July 2010, kindergarten was free for children aged between three and six for up to 15 hours per week (Eurochild 2010), and when not free, fees to parents are similar to those of FDC and crèche services.

Kindergarten services for 6-year-olds are attached to primary schools, and are intended to transition children from ECEC environments to school environments. At many schools, this integration continues into the first and second years of primary schooling, with teachers from these levels and kindergarten pedagogues teaching across all three year levels.

The average staff-to-child ratio in kindergartens is 1:7.2 (OECD 2006).

Outside school hours care

All children aged six to ten are guaranteed provision of OSHC (Boddy et al. 2009). Approximately 80 per cent of children aged six to ten attend OSHC services. The average staff-to-child ratio is 1:13.7. Consistent with the rest of the ECEC sector, the majority of the ECEC workforce in OSHC services are qualified pedagogues (OECD 2006).

Child health services in Denmark

All Danish medical care is a public service, financed by the tax system and available to all, regardless of income. The child health program consists of routine check-ups until the child is six, home visits by a community nurse until the child is 18 months old, an immunisation schedule, and parent education and support. As well as conducting health checks, the community nurse has some responsibility for the early identification of parenting difficulties, including neglect and maltreatment. In this role, the nurse may provide support, counselling and intervention to parents.

The municipalities are responsible for health service provision, and these services work closely with ECEC services. School health services take over responsibility for child health provision when children begin compulsory schooling at age seven (Clearinghouse on International Developments in Child, Youth and Family Policies 2004).

Those training to be a nurse in Denmark must complete a three-and-a-half year degree, including one-and-a-half years of clinical training in hospitals and other social and health services. During teaching periods, students spend approximately 40 hours per week attending classes or clinical placements. Students may choose to complete part of their education in another country (Council of Directors in Nursing Education in Denmark 2011).

Community health nurses are paid between DKr22 800 and DKr26 000 per month (\$4100–\$4700), depending on experience (DNO 2009). This is similar to the salary of pedagogues. Nurses have recently been removed from a list of professions currently experiencing shortages in Denmark (Danish Immigration Service 2011). Nurses in Denmark are being allocated some responsibilities which previously fell to doctors, in order to combat a doctor shortage. Though there are no senior nursing positions to provide career progression, increased salaries are offered to those who demonstrate high levels of proficiency (Attree et al. 2011).

Family support services in Denmark

Several mainstream parenting programs exist in Denmark.

- The Parental Guidance Programme takes place in a group setting, inviting parents to discuss their children's behaviour, and their own response to it. The facilitator works on replacing negative perceptions with more positive ones.
- Ready for Baby is a course directed at pregnant women and their partners. It comprises four two-and-a-half hour sessions, one of which takes place postnatally. The course develops participants' knowledge and expectations about

having a child. Facilitators — usually nurses, social workers or psychologists — have four days of dedicated training for the course.

- **Firm Footing** is aimed at parents of children aged from 18 to 36 months. It builds knowledge of child development and of issues such as sleep, diet, exercise and daily life. The program was developed in Denmark. It has not yet been evaluated (Boddy et al. 2009).

Services for at-risk families

Where families have been identified as being in need of additional support (usually by the community nurse), they may be referred to family support services which are staffed by pedagogues, social workers and psychologists. Parents may also attend these services voluntarily. The services usually focus on developing parenting skills, delivering counselling and providing support networks, in addition to those programs mentioned above. Family support services are provided free of charge (Boddy et al. 2009).

In contrast to other countries that typically ration social workers to those with the most acute needs, each citizen of Denmark is — at least nominally — allocated a social worker. When social workers are not engaged actively with one of their allocated citizens, they work in family support services, or with community nurses and pedagogues in other settings (Boddy et al. 2009).

D.4 France

ECEC services in France

France spends approximately one per cent of GDP on education and care for young children (OECD 2006). Within this budget, there is a strong division between child care (for children under three) and preschool education (for children aged three to six) (Rayna 2010).

Integration of child care or preschools with child health and family support services is very rare. This separation is accentuated by the division of responsibility for ECD services between different levels of government. While the majority of ECD services are funded or provided by the French national government, universal child health services are the responsibility of departments (*départements*).

Almost two thirds of French children under three are cared for by their parents, one of whom is entitled to unpaid parental leave until a child's third birthday. Families also receive the 'young child care payment' (*Prestation d'accueil du jeune enfant* —

PAJE) until a child's third birthday. The base rate of PAJE is €180.62 per month. Most families receive PAJE payments (effectively providing child care subsidies to parents on parental leave as well as to those who continue working) (CAF nd).

Childcare services and childcare staff

Of the third of children under three who do attend formal care, most are cared for by licensed maternal assistants (*assistantes maternelles*). Maternal assistants operate in a similar manner to Australian family day carers, providing care for up to four children in the carer's own home. Maternal assistants must complete 120 hours of training and hold a first-aid certificate. Though there is nothing to stop men entering the occupation, maternal assistants are essentially a female workforce (Fagnani 2002). Maternal assistant networks (*relais assistantes maternelles*) provide support to maternal assistants, organise group activities for assistants and children and help parents to find childcare places with assistants (Vérité 2008).

There are many different types of long day care, occasional care and similar childcare centres in France, run by local governments, employers, parent associations and non-government organisations. In total, these various childcare centres are attended by around 10 per cent of French children under three years of age.

Childcare centres are generally run by paediatric nurses (*puéricultrices*), who are qualified nurses or midwives who also have a one-year qualification in child health. Paediatric nurses are assisted by paediatric nurse assistants (*auxiliaire de puériculture*), who have completed one year of post-school vocational training.

At least half of the staff at a childcare centre must be paediatric nurses, paediatric nurse assistants or early childhood educators (*éducateurs de jeunes enfants*). The latter hold a three year qualification in education of children under three years of age. Early childhood educators are not considered to be teachers and do not work in preschools.

A further quarter of the staff in childcare centres must hold some type of qualification in any health or social welfare discipline. The remaining quarter of the staff are not required to hold any qualifications, as long as they are supported by their employer to perform their work (OECD 2006, p. 329).

Staff-to-child ratios in childcare centres are determined not by a child's age but by the child's mobility, with ratios set at one carer to five children who cannot walk and one carer to eight children who can walk (ENA 2006a). There is no curriculum

in childcare services, which are primarily concerned with children's health, wellbeing and 'awakening' (*éveil*).

There are considerable shortages of child care services and workers in many parts of France, notably in rural areas and in disadvantaged areas of major cities (where the homes of potential maternal assistants are often too small for them to be able to offer licensed care). Suggested policy responses include changes to subsidies to make maternal assistants more affordable for low income families, and encouraging employers to contribute to the cost of child care (Tabarot 2008). Another proposed response is the creation of a legally enforceable right to child care. However, there remain considerable practical and theoretical obstacles to doing so (République Française 2008). Progress towards, and discussion of, creating a right to child care appears to have stalled in recent years.

OSHC for older children is provided in separate 'vacation and leisure centres' and 'after school centres' (box D.3).

Preschool services and preschool staff

Children in France have a legal entitlement to attend preschool (*école maternelle*). This has led to more than 99 per cent of three-year-olds being enrolled in preschool. Many two-year-olds also attend preschool, with early school attendance commonly viewed as a means of addressing social inequality. Most two-year-olds who attend preschool therefore come from disadvantaged areas, non-French-speaking backgrounds or rural areas (where other childcare options are limited).

There is an ongoing and vigorous debate in France about the benefits of preschool for two-year-olds, with recent research suggesting that the benefits of early attendance at preschool quickly dissipate (Papon and Martin 2008). Governments in France have therefore become more reluctant to fund preschool places for two-year-olds.

French preschools do not charge fees to parents and operate for 24 hours each week during school terms (36 weeks per year) under the direction of the education ministry (Ministère de l'Éducation Nationale 2010b). In contrast to the play-based curriculums that have recently been adopted in Australia and other English-speaking countries, French preschools provide little time for play (Papon and Martin 2008, p. 59).

Box D.3 **Vacation and leisure centres for children**

In France, outside school hours care and vacation care are managed and staffed separately to child care for younger children. After-school care is increasingly being provided by schools, while separate vacation and leisure centres generally provide care on Wednesdays (when most primary schools are closed) and during school holidays (16 weeks per year, as opposed to 12 weeks per year in Australia).

Educational support after school

Most primary schools offer an after school care program that includes sport, leisure, cultural activities and help with homework. The focus of such programs can vary considerably between schools. In disadvantaged areas, particular emphasis is placed on educational support (*accompagnement éducatif*). Children in designated disadvantaged areas are entitled to attend two hours of free educational support after school four days per week, where they receive help with homework and participate in activities designed to extend their general knowledge. Parenting support is also provided in some cases. Two thirds of the staff in educational support programs are teachers, who are paid overtime for their work in such programs.

Vacation and leisure care

A wide variety of vacation and leisure care are offered in France, including holiday camps, day camps and sporting and artistic centres. The regulation of vacation and leisure centres is increasing in scope — in recent years centres have been required to develop educational and pedagogical plans, though there is little scrutiny of the content or quality of such plans.

The basic qualification for vacation and leisure staff is the play leader certificate (*Brevet d'aptitude aux fonctions d'animateur en accueils collectifs de mineurs*). The certificate is awarded after a total of 28 days of study and work experience. Government funding is available to assist high schools students, low-income university students and social security recipients to obtain a play leader certificate. This has the dual aim of promoting increased workforce participation among disadvantaged groups, and increasing the play leader workforce.

Sources: Boddy et al. (2009); Busy (2010); Hetzel and Cahierre (2007); Lambert and Suchaut (2010); Ministère de l'Éducation Nationale (2011); Veyrinas and Pequignot (2007).

French preschools have an average staff-to-child ratio of 1:19 (Gupta and Simonsen 2007) and are mainly staffed by teachers (*professeurs des écoles*). Preschool teachers have the same salary, conditions, professional status and career opportunities as primary school teachers (and many junior high and high school teachers).

Teachers are considered to be civil servants and, like all French civil servants, are recruited on the basis of an entrance exam. Until 2009, to be eligible to sit the teacher entrance exam, candidates were generally required to have obtained an

undergraduate degree (in any subject). Successful candidates then completed a year of study at a university-based teacher training institute prior to commencing in the classroom.

In an effort to improve education standards, candidates for the teaching exam now need to hold a masters degree in any subject. Parents with at least three children and high-level athletes are exempt from this requirement (Ministère de l'Éducation Nationale 2010a). All candidates, without exception, must hold first aid and swimming certificates. Under the new system, successful candidates are immediately employed as teachers in preschools and schools, and are mentored and trained during their first year of teaching (République Française 2010). There was considerable concern about the introduction of the new training system, focusing on:

- whether the requirement to complete extra university study prior to sitting the entrance exam may discourage potential teachers from disadvantaged backgrounds, reducing the social diversity in the teaching workforce
- the difficulty in finding teachers to replace new graduates in the classroom while they undertake teacher training (République Française 2010).

There is also continuing concern about whether training preschool teachers together with primary school teachers provides the former with the skills for working with very young children (for instance, Bentolila 2007; Haut Conseil de l'Éducation 2007). This perceived lack of pedagogical skills may contribute to the relative unpopularity of preschool teaching, with 90 per cent of trainee teachers preferring to work in primary schools rather than preschools.

Child health services in France

France has a maternal and child welfare service (*protection maternelle et infantile* — *PMI*) staffed by paediatric nurses, midwives, doctors and counsellors. It provides a range of services, including:

- prenatal care, including a detailed interview with a midwife in the fourth month of pregnancy
- child health checks, notably at eight days, nine months and two years (checks at these ages are compulsory for families receiving the PAJE child care payment)
- home visits, especially for vulnerable families
- discussion groups and parenting support, which is a growing part of the work of the PMI centres
- regulation and licensing of child care services (Jourdain-Menninger et al. 2006).

Around 20 per cent of children in France, including 50 per cent of children under one year old, regularly attend PMI centres. PMI services are provided at no cost to families. They therefore primarily serve disadvantaged families (Jourdain-Menninger et al. 2006), with families that can afford to do so obtaining child health services from paediatricians. Around half of French paediatricians do not work in hospitals, instead providing primary care services in private clinics (ENA 2006b).

PMI centres have little difficulty in recruiting paediatric nurses, as the number of nurses in France has been increasing. However they have considerable difficulty recruiting doctors, as doctors earn less in the PMI than they would working in a hospital or in private practice (Jourdain-Menninger et al. 2006).

Family support services in France

While the PMI provides discussion groups and some parenting support services, the national government has also instructed local authorities to establish ‘listening, support and parenting assistance networks’ (*Réseaux d’écoute, d’appui et d’accompagnement des parents — REAAP*). The REAAP networks do not have ongoing funding and cannot employ permanent staff, and so rely on partnerships and cooperation between social support services, non-government organisations, volunteers and parents themselves. Indeed, parental engagement and empowerment are among the main goals of REAAP networks:

Parents can initiate REAAP projects, or contribute to setting them up, to running them, to defining them, and to evaluating them. Professional input — for example from social workers — can be used ‘to provide certain specific competences’ such as the ‘animation’ (coordination and activation) of discussion groups, but also to offer advice or suggest directions to already-existing intervention structures in the department.’ (Boddy et al. 2009)

Because REAAP networks are led by parents at the local level, they inevitably vary in scale and quality (Bastard 2007). While the overall effectiveness of REAAP networks has not been evaluated, initial indications suggest that they have been effective in improving parenting skills in some areas, and in raising the value and profile of parenting (Roussille and Nosmas 2004).

D.5 England

Sure Start Children's Centres

The provision of ECD services in England is based around an extensive network of Sure Start Children's Centres.¹ Each children's centre is an integrated hub that offers early childhood education and care, family support, health services, employment advice and a range of other services for parents and children. While the range of services offered by each centre differs according to the needs of the local community, the core offering includes childcare and early learning, child health services, advice on parenting and help for parents to find work or training opportunities (House of Commons Children, Schools and Families Committee 2010a). Many children's centres also offer additional services, such as parenting classes, English classes and allied health services. Outreach services are provided in disadvantaged areas. More detail on children's centres and their effectiveness is provided in chapter 15.

The mix of staff employed in children's centres depends on the range of services offered. Childcare staff are employed in most children's centres, as 45 per cent of children's centres offer sessional child care and a further 35 percent offer full-day care (Phillips et al. 2010). Other staff commonly employed at children's centres include health visitors and staff with Early Years Professional status (see box D.5 below). Until recently, children's centres in deprived areas were required to hire someone with both Early Years Professional status and qualified teacher status (Department for Education 2010a).

The number of children's centres and the range of services they provide has rapidly expanded since Sure Start was first established in 1999. In 2010, there were more than 3600 children's centres throughout England, making them more numerous than secondary schools (House of Commons Children, Schools and Families Committee 2010a). This rapid expansion has led to staffing difficulties, with reports that 'some children's centres are employing staff with low levels of skill, experiences or qualifications. They are often overwhelmed and have insufficient experience to work with the most complex families ...' (House of Commons Children, Schools and Families Committee 2010a, p. 35). To improve service quality and leadership of children's centres, several early years leadership training programs have been established.

¹ Independent legislatures and ministries are responsible for various early childhood development services in Northern Ireland, Scotland and Wales.

- The National Professional Qualification in Integrated Centre Leadership is a one-year, masters level qualification designed to be completed by those already working as a leader of a children’s centre (NCLSCS nd).
- The New Leaders in the Early Years Program is designed for able graduates in early years disciplines. The program takes two years and, in addition to gaining leadership and management skills and experience, graduates obtain an MA Early Years and Early Years Professional Status (see below) (Canterbury Christ Church University nd).

Since late 2010, the UK Government has sought to make early childhood services more targeted towards disadvantaged children, and ‘refocus children’s centres on early intervention’ (Department for Education 2010b). While the UK Government previously provided local authorities with dedicated funding for children’s centres, this allocation has now been pooled with that for early education for disadvantaged two-year-olds, mental health in schools and support for vulnerable youth (Department for Education 2011a). This has resulted in a diminution of funding for children’s centres, with reports of reduced services and centre closures in many areas (BBC 2011). Other recent changes include abolition of the Children’s Workforce Development Council, which will close in 2012 (Gove 2010).

Early learning and care services in England

In addition to Sure Start Children’s Centres, a range of other ECEC services are available in England. In 2009, there were approximately 103 000 early learning and care providers in England offering over 2.4 million places (table D.1).

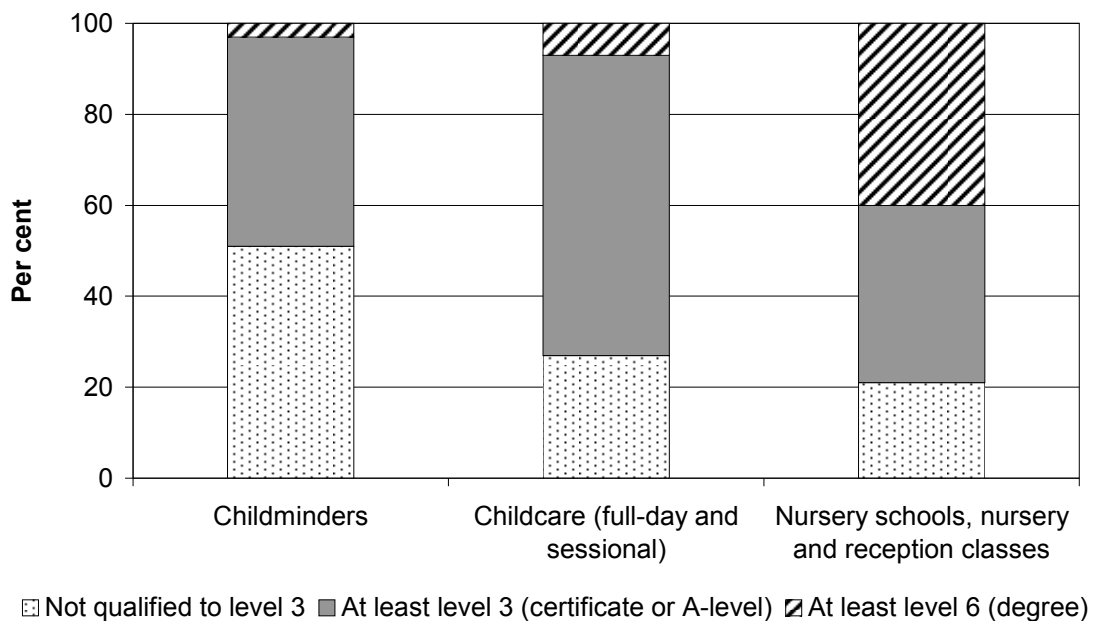
Table D.1 Early learning and care providers in England
2009

	<i>Number of providers</i>
Full day care — including children’s centres	14 100
Sessional providers — including day care for less than four hours in any day, in non-domestic premises	7 800
After school clubs	7 900
Holiday clubs	6 400
Registered childminders	51 000
Nursery schools	450
Primary schools with nursery and reception classes	6 700
Primary schools with reception but no nursery classes	8 600

Source: Tickell (2011a).

Across all early learning and care providers and all staff types, 72 per cent of the paid workforce was qualified to at least level 3 (equivalent to at least one A-level or a certificate qualification) and 13 per cent are qualified to at least level 6 (equivalent to a degree) (Tickell 2011a). Staff qualifications vary between settings, with degree-qualified staff more common in nursery schools, nursery classes and reception classes (figure D.1). There are also a large number of unpaid volunteers in the English childcare workforce — in 2009, there were around 40 700 unpaid staff (Tickell 2011a).

Figure D.1 Qualifications of ECEC staff in England^a



^a Excludes outside school hours care.

Source: Tickell (2011a).

All providers of early learning and care must follow the Early Years Foundation Stage (EYFS), which is both a regulatory framework and a curriculum framework (box D.4).

All 3- and 4-year-olds in England are entitled to 15 hours a week of free early learning and care (commonly called nursery education) for 38 weeks a year. While generally delivered in nursery schools and nursery classes, the 15-hour entitlement can also be ‘delivered flexibly to suit parents’ or carers’ needs’ (Tickell 2011a, p. 10). Around 95 per cent of 3- and 4-year-olds take up the free entitlement offer.

Box D.4 Early Years Foundation Stage

Since 2008, the Early Years Foundation Stage (EYFS) is a comprehensive statutory framework for the education and care of children from birth to five. All providers of early childhood education and care are required to use the EYFS. In addition to setting quality and welfare standards (like Australia's National Quality Standard), the EYFS sets learning goals (like Australia's Early Years Learning Framework):

The current EYFS has 6 areas of learning and 69 learning goals. These goals are used to monitor children's progress while they are in pre-school. At the age of 5 they are assessed against these goals, on a 117 point scale, as part of the EYFS profile. (Department for Education 2011b)

A recent independent review of the EYFS by Dame Clare Tickell found that:

While parents and early years professionals agree that the EYFS has had a positive impact on children's outcomes and helped to raise standards, in its current form there is far too much time spent filling in forms and not enough interacting with children ... the EYFS needs to be simplified and made even more accessible for parents and practitioners. ... The current EYFS is cumbersome, repetitive and unnecessarily bureaucratic. (Department for Education 2011b)

In response to the review, the UK Government announced in March 2011 that the EYFS is to be 'radically slimmed down' (Department for Education 2011b). For example, the number of early learning goals will be reduced from 69 to 17, and written risk assessments will no longer be required for excursions.

Source: Department for Education (2011b); Tickell (2011b).

In late 2010, the UK Government announced that the free entitlement to 15 hours of nursery education will be gradually extended to every disadvantaged two-year-old — an increase of around 90 000 places over four years (Department for Education 2010a).

Registered childminders

Like Australian family day carers, English registered childminders care for children in their own home. In order to be registered with the Office for Standards in Education, Children's Services and Skills (Ofsted), childminders must hold a first-aid certificate and undergo a criminal records check. They must also complete an introductory child care course, with many choosing to undertake a unit called 'understand how to set up a home-based childcare service'. While this unit forms part of the Diploma for the Children and Young People's Workforce, there is no requirement for childminders to go on to complete the diploma qualification (NCMA 2011).

Ofsted sets the number of children which a childminder can care for. They may care for up to a maximum of six children under 8 years old, of which usually no more than three may be under the age of 5 (including the childminder's own children) (NCMA 2010). The number of childminders fell by 12 per cent between 2005 and 2010 (Tickell 2011a), and shortages have been reported, particularly in rural areas (CRC 2009).

Childminders can choose to join a local childminding network. To do so, they must undergo an initial assessment process, participate in on-going monitoring and hold (or be working towards) a relevant level 3 qualification. They also receive support from a network coordinator and, in some cases, from a qualified early years teacher. The latter enables childminders to be considered as providers of early education for the purposes of 3- and 4- year-old early childhood education funding (NCMA 2009).

Day nurseries and other full-day care

Like Australian long day care centres, day nurseries in England generally care for children from 3 months to school age, and offer care from 8am to 6pm for most weeks of the year. They are run by private individuals, community groups, commercial businesses and employers, and most offer a choice of morning, afternoon or full day sessions. Some nurseries also provide outside school hours care for school-age children.

The number of full-day care providers has increased by 81 per cent since 2001 (Tickell 2011a). Staff in nurseries and other full-day care settings (such as Sure Start Children's centres) generally earn around half the national average hourly wage, or £7.60 per hour on average (Tickell 2011a). Despite the rapid increase in nursery provision and the relatively low wages received by nursery staff, there are few reports of staff shortages.

The UK Government has set a target of ensuring that at least one member of staff in every full-day care setting has a relevant university qualification, while full-day providers in the most deprived areas are to have at least two graduates. 'To support that aim, the Government has introduced Early Years Professional Status (EYPS) to help supply a suitable cohort of graduates' (Phillips et al. 2010, p. 15) (box D.5).

Box D.5 Early Years Professional Status

Early Years Professional (EYP) status is awarded to university graduates (from any discipline) who can demonstrate that they meet a set of 39 professional standards when working with children from birth to five. Practitioners with EYP status generally lead the delivery of the Early Years Foundation Stage (EYFS) in full-day care settings.

Five different training pathways for EYP status have been established to accommodate the different training needs of early years graduates, primary and secondary teachers, and graduates from other disciplines. (Qualified teachers comprise around 40 per cent of those completing EYP training.) The training pathways range in duration from 4 to 24 months. The UK Government covers the cost of training and, for EYP candidates already working in the early years sector, also covers the cost of employing replacement staff while candidates attend training. Training is delivered by a panel of training providers under contract for the Children's Workforce Development Council.

Nearly 7000 practitioners have achieved EYP status since it was introduced in 2007, and a further 3600 are in training (Tickell 2011a). Around 22 per cent of private and not-for-profit full-day care providers have at least one graduate with EYP status, and four per cent have at least two (data are not available on full-day centres run by local authorities) (Phillips et al. 2010).

Some aspects of the EYP role are not yet fully resolved. In particular, though the government describes EYP status as being equivalent to Qualified Teacher Status:

Others are less convinced that there is real equivalence between the two statuses. For example, Professor Iram Siraj-Blatchford, Institute of Education, University of London, suggests that Early Years Professionals are unlikely to lead learning as effectively as qualified teachers on the basis that the Early Years Professional Status standards relating to children's learning are only loosely specified and that the related training is not underpinned by the same level of supervision and assessment of practice as for teacher training. (House of Commons Children, Schools and Families Committee 2010b, p. 57)

In response to such concerns, a recent independent review of the EYFS recommended that 'clear career progression routes in the early years through a progression structure for qualifications' be established (Tickell 2011b, p. 45). The mechanisms by which such a structure would be established have not yet been determined.

Sources: Children's Workforce Development Council (2008) and (2010); House of Commons Children, Schools and Families Committee (2010b); Tickell (2011a) and (2011b).

Playgroups, nursery schools, nursery classes and reception classes

Early education for English 3- and 4- year-olds is provided in a wide range of settings.

- Nursery schools — many nursery schools are operated by local authorities. They are generally attended by 3- and 4-year-olds on a part-day basis during school

terms. Attendance at a local authority nursery school is free, though places are limited in many areas.

- Nursery classes — nursery classes are attached to primary schools, but are the same as local authority nursery schools in all other respects.
- Playgroups — playgroups (sometimes also called preschools or private nursery schools) offer sessional care or extended sessions, usually to children from 3 years to school age, though some may accept 2-year-olds. Most are only open during school terms. They are operated by private or not-for-profit providers and charge fees to parents (though 3- and 4-year-olds can generally access their entitlement to 15 hours per week of free early education in these services).
- Reception classes are full-day preschools located on school grounds. Children normally start reception class in a state school in the September after their 4th birthday (University of Cambridge 2011).

Children in government-funded nursery schools and reception classes must be in the care of a qualified teacher. Because of this requirement, staff in nursery schools, and nursery and reception classes have the highest qualification levels of all early learning and care staff (see figure D.1 above). However, the requirement for a qualified teacher to be present is not met on a daily basis in every school and class (OECD 2006).

Staff in nursery schools, and nursery and reception classes earn £14.10 per hour on average. This is slightly less than the national average hourly wage for UK employees in 2009 of £14.43 (Tickell 2011a), but less than the hourly wage of a newly qualified teacher, who starts on a minimum of £16.80 an hour (House of Commons Children, Schools and Families Committee 2010b).

Nursery teachers undertake the same training as primary teachers. There are multiple undergraduate and postgraduate pathways for gaining teaching qualifications, generally involving three to five years of university study. However, there are concerns that teacher training does not place sufficient emphasis on the needs of younger children, with the House of Commons Children, Schools and Families Committee considering that ‘current arrangements for initial teacher training mean that early years/primary teachers are not being as well prepared as they could be to support younger children’ (2010b, p. 59).

Outside School Hours Care

Outside school hours care (OSHC) in England generally includes breakfast clubs, after-school clubs and holiday schemes that operate on school grounds. They generally offer care from 8am to 6pm (University of Cambridge 2011). Some

schools, known as extended schools, provide additional services (box D.6). In addition to school-based provision, registered childminders provide OSHC for children under the age of eight.

Regulation of OSHC services depends on the age of the children who attend the service. Though there are some minor exemptions, in general:

- any service that cares for children from school-age to their eighth birthday must be registered on Ofsted’s childcare register
- any service attended by children younger than school age must deliver the EYFS (even if only providing wrap-around care for children who also attend nursery). These services must also be registered with Ofsted (Ofsted 2011).

Box D.6 Extended Schools

At an extended school, the school works in partnership with local government, local children’s health providers and partners from the voluntary, community and private sectors ‘to offer access to a range of services and activities which support and motivate children and young people to achieve their full potential’ (Department for Children, Schools and Families 2008a, p. 2). These services and activities include:

- outside school hours care and activities, such as homework clubs, study support, music tuition, sport and special interest clubs
- parenting support
- community access to school facilities
- access to targeted and specialist services.

Not every service and activity is provided on site at every school — access can be through other local schools or through other providers. While early evaluations suggested that extended schools are beneficial, especially in the most disadvantaged communities (Ofsted 2009; Marmot 2010), there have been challenges in implementation.

The development of extended services in and around schools is important, but more is needed to develop the skills of teaching and non-teaching staff to work across home–school boundaries. (Marmot 2010, p. 25)

In particular, ‘integrating social care professionals into extended schools represents a significant shift in working practices’ and has not been easy to achieve (Wilkin et al. 2008, p. 35).

While the stated goal was for extended services to be accessible in all schools by 2010, it remains unclear whether this has been attained.

Sources: Department for Children, Schools and Families (2008a); Families Commission (2007).

In both cases, services must meet a staff-to-child ratio of 1:8, and half of the staff must have successfully completed a level 2 qualification (such as the General Certificate of Secondary Education or an equivalent vocational qualification). In addition, the manager must have at least a level 3 (certificate) qualification in a relevant area of work (Ofsted 2010), and at least one staff member in a registered service must have completed other relevant training, such as courses in first aid, food handling and child protection.

Services that are only attended by children aged eight years and older can seek registration on a voluntary basis (Ofsted 2011). At least one staff member in these services must have a relevant level 2 qualification (Ofsted 2010).

Child health services and staff in England

Child health services in England are structured around the Healthy Child Programme (HCP). The HCP provides antenatal care, regular health and development reviews, screening tests, immunisations, health promotion and parenting support.

While HCP aims to deliver a universal preventive service at the same time as focusing on vulnerable babies, children and families, it has struggled to meet both objectives (Department of Health 2009). In addition, there are multiple other policies designed to improve child health — ‘since 1999, there have been 27 national policies (approximately one every six months) aimed at improving the health of under-fives’ (Audit Commission 2010, p. 15).

The HCP is primarily provided by health visitors, who are trained nurses or midwives with specialist training in family and community health (generally a one-year postgraduate degree in specialist community public health nursing/health visiting) (NHS Careers 2008). There are around 8000 health visitors in England (Department of Health 2011).

The professional role of health visitors includes:

- delivering universal child and family health services (the HCP)
- leading health improvement, on subjects such as healthy eating, accident prevention and emotional wellbeing
- helping families stay in touch with wider sources of support through children’s centres, including from the community and other parents.

As discussed above, most health visitors work in Sure Start Children’s Centres. However, the integrated approach offered by Sure Start ‘has not yet resulted in

significant improvement in health outcomes for the under-fives' (Audit Commission 2010, p. 9). In part, this may be due to current shortages of health visitors.

There are serious concerns about the number of staff available to provide essential early years support. For example, there has been a nearly 13 per cent drop in whole-time equivalent health visitors since 1998 while the number of live births has increased by 8.5 per cent in the same period. (Marmot 2010, p. 102)

To address the shortages of health visitors, the UK Government has recently announced a plan to employ an additional 4200 health visitors by 2015. This represents an increase of over 50 per cent and, to allow for retirement and other losses from the workforce, will require an additional 6000 health visitors to be trained (Department of Health 2011). Health visitors will continue to be paid on the same pay band as other nurse specialists and nurse team leaders (NHS Careers 2011).

Family support

A significant proportion of family support programs in England operate as part of integrated early childhood and school services. Many Sure Start Children's Centres (see above) and Extended Schools (box D.6 above) offer parenting education and family support services.

There are also a variety of other family support programs.

- Home-Start is a charity that is funded by the Department of Education to offer volunteer support to families within their own home (Home-Start UK 2010).
- Family Nurse Partnership (FNP) programme is a preventive program for young first-time mothers. Based on the US Nurse-Family Partnership, it offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until the child is two (Department of Health nd).

As is the case in Australia, a wide variety of workers provide family support services, and each profession brings certain skills and aptitudes to the role. For instance, health visitors provide 'a ready-made home-visiting service generally accepted by disadvantaged families' (Melhuish, Belsky and Barnes 2010a, p. 160). In contrast, family support workers are more likely to provide informal support, and are 'crucial in ensuring lone parents have access to health information and service provision for their children' (Audit Commission 2010, p. 34).

D.6 USA

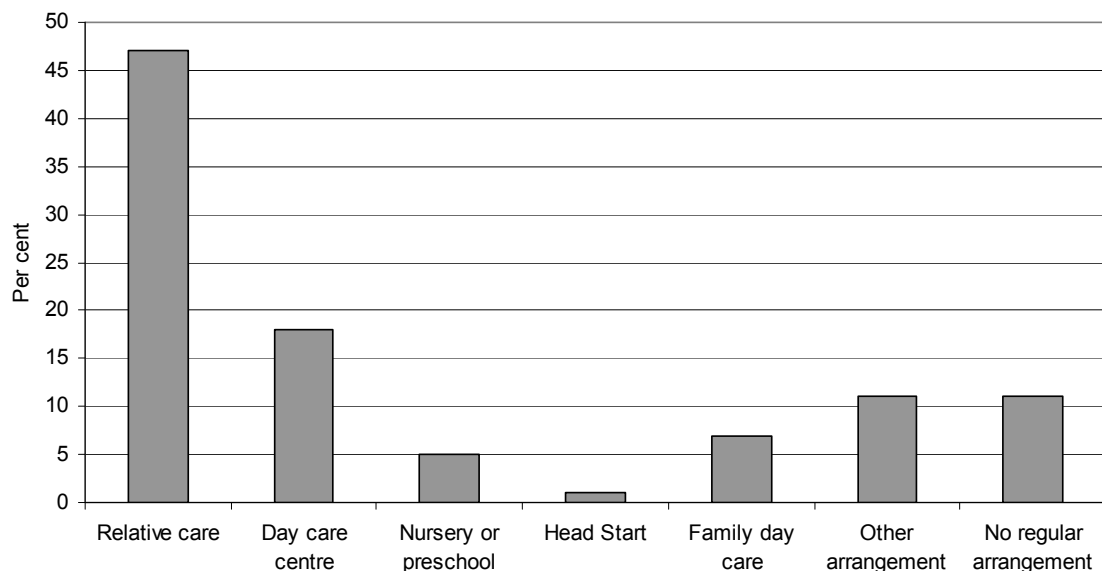
Early childhood education and care

Though it serves almost half the population of children under 14, the ECEC system in the United States operates within a fragmented policy context. The types of services available, the regulatory framework and the level of funding all vary substantially across states. Further, the Organisation for Economic Co-operation and Development has identified a number of pressing concerns in regards to system quality and equity (OECD 2006).

ECEC services

Over 11 million children under 6 years of age whose mothers are employed access some form of child care. Of these, 47 per cent are cared for by relatives, mostly grandparents, and 53 per cent use ECEC services (NCCIC 2010b) (figure D.2). Many of these services are provided by over 690 000 individual operators, caring for children in their own homes (US Census Bureau nd). These providers operate family child care homes that are often unregulated (NACCRRA 2011).

Figure D.2 **Primary ECEC arrangement for children under 5 with employed mothers^a**



^a The 'other arrangement' category includes children cared for in their own home, and a small number of children attending kindergarten or a school-based arrangement.

Source: Productivity Commission calculations based on US Census Bureau (nd).

Services are also offered through over 120 000 day care or child care centres, preschools and Head Start centres (see below for a definition of Head Start) (NACCRRA 2010). For-profit provision of ECEC services is common — the largest provider in the country, Knowledge Universe, operates more than 1700 centres across the country and has a total revenue of over \$US1.6 billion. There are also a number of franchised organisations (Neugebauer 2010).

Most centres need to be licensed by State regulators, though many exemptions exist. The regulation and enforcement framework varies substantially across states; in some areas, the licensing system addresses many aspects of quality and inspections are carried out regularly, while other states do not enforce any staff requirements.

In an effort to improve system quality, 25 states have been implementing quality rating and improvement systems, which offer financial incentives to improve service quality. Some regulators have been publishing quality information on ECEC services online (NACCRRA 2011). There are also a number of optional quality accreditation systems operating in the United States (OECD 2006), but their coverage is limited. In 2010, less than 10 per cent of centres and 1 per cent of family child care homes achieved quality accreditation (NACCRRA 2010).

Funding and subsidies

The type of services and funding available to families varies based on income. Families who are close to, or above, the median income in their state, are not eligible for child care subsidies, or for enrolment in ECEC services that are provided by government. These families can access for-profit services, including day care centres and family child care homes, at an annual cost that ranges between \$US3500 and \$US18 500 per child (NACCRRA 2010). They may be eligible for a tax credit of up to \$US3000 per child to offset their ECEC costs (IRS 2010). More than 6 million tax payers claimed over \$US3.4 billion under this policy (NCCIC nda).

Federal and State Governments in the United States spend over \$US10 billion on child care services and subsidies for low-income families (NACCRRA 2011). Federal funding comes in the form of grants to states and funding to public and private entities that provide ECEC services to eligible families. States offer subsidies to families and child care providers, as well as funding some preschool and early intervention programs (NCCIC nda).

The main federal funding programs include the:

- Child Care and Development Fund (CCDF). This provides a total of \$US5 billion in yearly grants to states to subsidise child care costs for

low-income families. Eligibility conditions for the programs vary substantially by states but in all cases, subsidies are offered for up to 6 or 12 months (NCCIC 2010a). A minimum of 4 per cent of the funds must be used to improve child care quality, via measures such as the provision of training and professional development for staff (OCC 2010)

- Temporary Assistance for Needy Families (TANF). The TANF program offers grants to states to assist low-income families to care for their children. The program's other aims are 'reducing the dependency of needy parents by promoting job preparation, work and marriage, preventing out-of-wedlock pregnancies, encouraging the formation and maintenance of two-parent families' (ACF nd). Over \$US20 billion is allocated to this program, and some funds are transferred to the CCDF. Funds are also used by the states to fund ECEC services (US DHHS 2009)
- Individuals with Disabilities Education Act (IDEA), which includes funding provisions of \$US800 for early intervention and preschool programs for young children with disabilities (NCCIC nda)
- Military Child Development Program, which is the largest employer-sponsored ECEC program in the United States. The Department of Defense spends over \$US500 million each year on the provision of ECEC to the children of its staff (NCCIC nda) and providers need to comply with some of the most stringent quality requirements in the country (NACCRRRA 2011).

The Federal Government also funds the Head Start and Early Head Start programs. Beginning in 1965 as a summer enrichment program for children from low-income families, Head Start centres now offer ECEC and support services for eligible children from birth to 6 years of age. Since the program's inception, more than \$US120 billion was spent to offer services to over 27 million children (OHS nd). (See appendix C for more on the Head Start program and its effects.)

Preschool programs

State governments in the United States spend over \$US5 billion each year on the provision of preschool (known in the United States as pre-kindergarten) programs. In recent years, funding per child has been declining. Across the United States, 27 per cent of 4-year-olds and 4 per cent of 3-year-olds attend public pre-kindergarten. This includes children attending pre-kindergarten through programs such as Head Start and IDEA.

Of the 40 states that fund public pre-kindergarten, only 5 states require school districts to offer programs. In other states, programs operate based on demand. In

17 states, enrolment is open for all children where programs are available; in other states, children must come from low-income families or be considered at-risk.

The specific requirements for pre-kindergarten and preschool programs also differ by state. While most states require staff-to-child ratios of 1:10 or better, only 27 states require the teacher delivering the program to hold a university degree. Preschool programs include requirements for home visits or family support or, at a minimum, regular parent–teacher conferences (Barnett et al. 2010).

Over the years, a number of highly targeted, intensive preschool programs were delivered in the United States. Prominent examples include the High/Scope Perry Preschool and the Carolina Abecedarian Study, which were conducted in the 1960s. Much of the research on the effectiveness of preschool and early intervention has relied on these programs (appendix C).

After-school programs

After-school programs have been attracting an increasing amount of interest from US policymakers. Over 13 million children (representing 40 per cent of the school-age population) attend some form of after-school activity, including enrichment programs and after-school care (Carver and Iruka 2006). However, a significant proportion of children are in ‘self care’ (that is, are not cared for by an adult) and demand for after-school services is greater than supply (NACCRRRA nd).

After-school programs are delivered by a wide variety of providers, including schools, faith-based organisations, community organisations and private, for-profit providers. Similarly to other ECEC services, government funding for after school programs is available primarily to low income families, through CCDF, TANF and the Department of Education. CCDF funds are used to provide subsidies for families, while TANF grants can support the program providers. The Department of Education supports the 21st Century Community Learning Centers, a program that distributes grants to schools and other community organisations that operate after school programs.

The regulatory framework for after-school care is similar to that of other ECEC services — standards vary considerably across states, and 38 states allow programs to operate without licences (OCC nd).

Workforce issues

Estimates on the size of the ECEC workforce in the United States vary considerably. According to the Bureau of Labor Statistics, the sector employs

796 000 workers, including mostly preschool teachers, childcare workers and teacher assistants. Annual salaries range from \$US19 330 for childcare workers to \$US25 530 for preschool teachers² (BLS 2010). The level of qualifications across the sector varies — 16 states do not require ‘lead teachers’ to hold high school diplomas, and 14 states do not have any specific training requirements (NACCRRA 2011).

ECEC services are affected by high turnover of staff: ‘dissatisfaction with benefits, pay, and stressful working conditions causes many to leave the industry’ (BLS nd). To assist with recruitment and retention, 12 states offer wage subsidies for employees, and many others support professional development and registration programs (NCCIC 2008). These programs were found to improve retention and workforce skills (NCCIC ndb).

Child health

As with early childhood education and care in the United States, the provision of child health services is fragmented across states and socioeconomic strata. In the absence of ‘universal’ public provision of health services, access to health services is determined either by public or private (employer-based or directly purchased) health insurance coverage, with services often provided either by private enterprise or not-for-profit organisations. In 2008, around 9 per cent of children under the age of 12 were without any form of health insurance (DeNavas-Walt, Proctor and Smith 2009), and around 20 per cent of those under 5 had inadequate coverage (MCHB 2010).

Targeted public health insurance is available to low-income families, who can obtain assistance to access medical care under a joint federal-state program known as Medicaid.³

All states provide Medicaid to children under the age of 6 with family incomes below a specified income threshold.⁴ The federal Vaccines for Children Program

² Kindergarten teachers and primary school teachers have substantially higher salaries, at \$US31 980 and \$US41 760, respectively. Similarly, preschool teachers working for schools or other organisations receive higher wages (BLS 2010).

³ Eligibility for Medicaid does not ensure entitlement — enrolment is necessary to gain access to Medicaid in most states.

⁴ The income threshold for receipt of Medicaid is set at 133 per cent of the ‘federal poverty level’, the amount of income required to purchase the US Agriculture Department’s ‘economy food plan’, calculated in the early 1960’s. The initial poverty level has subsequently been indexed, but has otherwise remained unchanged (Fisher 1992). In some states, children are still eligible for Medicaid if their family income is higher than this threshold.

provides vaccinations for children who are eligible for Medicaid, thereby reducing poverty-induced deficiencies in immunisation coverage (How et al. 2011). Children in families with higher incomes may be eligible for a program providing health insurance to uninsured families with children, known as the Children's State Insurance Program (CHIP).

There is considerable variation in the implementation of child health policies across states, and as a result child health outcomes are also varied. For example, while around 1 in 5 children across the United States were screened for developmental problems in 2007, screening rates across the states ranged between 10.7 per cent in Pennsylvania and 47.1 per cent in North Carolina (How et al. 2011) (box D.7).⁵ The national average is considerably lower than that of most other developed countries.

Box D.7 Well-child care in the United States

Preventive medicine for children in the United States is based around a 'well-child' program of care that combines health supervision, monitoring of growth and development, health guidance and advice, and immunisation programs. A well-child program seeks to ensure that children are on an optimal trajectory for growth and development by identifying and addressing influences that may negatively affect health outcomes.

Well-child visits are generally conducted by general practitioners or paediatricians, and are timed according to the expected development of the child, with 8 visits recommended in the child's first year of life (American Academy of Pediatrics 2000)

Paediatricians have reported a number of barriers addressing psychosocial issues and achieving developmental assessments during the well-child visits. These include the inability to bill or be reimbursed separately for assessments and well-child care, unfamiliarity with screening instruments, lack of available specialists for diagnosis/treatment, lack of time, lack of training, and lack of referral options for children identified with possible developmental problems.

Source: Kuo et al. (2006).

⁵ The American Academy of Pediatrics (2006) recommends that primary care providers conduct developmental surveillance at all well-child visits for children from birth to three years, and perform structured developmental screening using a standardized instrument at nine, 18 and 30 months of age.

While US Department of Health and Human Services manages most of the funding of public child health policy, implementation is generally a consideration of state governments or individual service providers. This is exemplified by the Healthy Start Initiative, which seeks to reduce infant mortality and improve infant and maternal health among at-risk communities through the provision of:

- prenatal care
- community outreach education programs targeted at populations at-risk for poor pregnancy outcomes
- home visits and case management — such as Nurse-Family Partnership, Healthy Families America, or Parents as Teachers (box D.8)
- perinatal and parental health education programs across a range of topics decided upon by individual Healthy Start grant recipients (there is no common Healthy Start curriculum).

While programs such as Healthy Start are funded federally, they are operated in partnership with state governments, and are designed and implemented by individual grant recipients. As a result, staff requirements vary considerably across the United States. Healthy Start provides descriptions of staff roles and responsibilities, but does not prescribe titles or qualifications. This means that individual case managers providing health education or substance abuse counselling may be filled by staff without professional training (but may receive training from Healthy Start), social workers or public health nurses.

Family support programs

Family support in the United States is provided through a range of home visiting programs, including the Parents as Teachers (box D.8), Nurse-Family Partnership and the Home Instruction for Parents of Preschool Youngsters (HIPPY) (Wasserman 2006). The latter two programs are discussed in more detail in chapters 12 and 13.

Box D.8 **Parents as Teachers**

Parents As Teachers (PAT) is a not-for-profit organisation that arranges for 'parent educators' to visit parents (of children typically under five years) in their home to act as mentors. Parent educators test child development, address questions from parents, and provide instructional literature for parents. Events are also scheduled where parenting skills are taught in a group setting.

Parent educators typically have qualifications in teaching, nursing or social work. Additional training is required for those undertaking home visits. Training lasts between two and five days and costs US\$900 on average.

PAT is funded by the US Government and state governments across America, with funding for some local PAT programs provided by school districts and charitable donations. Missouri has recently reduced state funding for the organisation from US\$31 million to US\$13 million.

School districts are responsible for implementing and operating PAT programs. Some school districts offer the service free of charge, while others charge fees that vary with household income. The recent reduction in funding has led some programs to begin targeting services at disadvantaged families or those who have children with additional needs. The programs cost between US\$2000 and US\$2500 per family per year.

Evaluations of the PAT programs have identified positive effects on child development, particularly in children with additional needs and disadvantaged children.

Sources: Parents as Teachers (nd); Shelton (2011); STLtoday (2011); FRIENDS (2009).

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