



# What about the kids?

Policy directions for improving the experiences of infants and young children in a changing world

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Prepared by Ms Frances Press



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## Foreword

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**How we nurture our babies and young children is universally regarded as fundamental to our humanity. But the ways in which we choose to care for our infants and toddlers are infinitely diverse. Each era, every culture and all families endeavour to create the best possible start in life for their young, but they face many and varied challenges.**

It is encouraging to see recent recognition by Australian governments of the importance of investing in human capital development from a very young age. But there are also some concerns about the ways we as a nation are presently meeting the test of caring for our infants and young children. This has prompted the NSW Commission for Children and Young People, the Queensland Commission for Children and Young People and Child Guardian, and the National Investment for the Early Years (NIFTeY) to look closely at what is happening in Australia and to put forward concrete suggestions for policy improvements which we think will better support young children and their families. This has been done both in the following research paper and in a shorter summary paper of the same title.

The content of this research has emerged from the larger body of work which we commissioned in 2004 and which resulted in *A Headstart for Australia's Children*. From that paper it became clear that a further focus on the twin responsibilities of caring for young children and working for a living was needed. The world is changing in ways that are affecting the critical early years of our children's lives but we – individuals, families, communities and governments – are struggling to adapt in ways that will best meet the needs of our youngest citizens.

This paper seeks to present the evidence of how we are caring for our children today, and looks at how we can do it better. It offers solutions grounded in the best available evidence that will assist families to make good choices for their children. And we hope that as a result of this paper, others will take up the challenge to build a system which will comprehensively support the young Australians of today and of the future.

Such an investment will not only bring smiles to the faces of our young children, it will set Australia on the road to a more productive and richer future.

**Gillian Calvert**

NSW Commissioner for Children and Young People

**Elizabeth Fraser**

Queensland Commissioner for Children and Young People and Child Guardian

**Graham Vimpani**

Chair, National Investment for the Early Years (NIFTeY)

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## Definitions

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Throughout this paper the term **early childhood education and care** is used to refer to formal prior-to-school care and education for infants and young children. The term covers children's services such as long day care centres, family day care, registered home based care, in-home care and preschool. Early childhood education and care is the term adopted by the OECD to emphasise the inseparable nature of care and education for young children.

Where the term **childcare** is used, this refers to the formal services of long day care, family care, registered home based care and in-home care.

**Preschool** denotes those services identified as preschool (or kindergarten in some jurisdictions) that provide sessional care and education for children one to two years prior to the commencement of school.

## Section 1: Introduction

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**Young children and babies live their lives intensely in the present. They are the most vulnerable of nature's young, acutely dependent for their wellbeing on the love and care of adults. But while the eyes of the infant may be only for the mother, her world is influenced by a much larger context: the social, cultural and economic life into which she has been born. The lives of our infants and young children are affected by the decisions we make at all levels; family, community and government. The responsiveness of our society to the needs of children can be analysed from many different angles, from the design of cities and the availability of public parks, to the accessibility and effectiveness of education, health and family support services.**

This paper develops several of the major themes arising out of the report *A Headstart for Australia's Children* commissioned in 2004 by the New South Wales (NSW) and Queensland (QLD) Commissions for Children and Young People, and NIFTeY Australia. It reflects on the question of how we care for our young children and infants, both in the home and in formal children's services and looks at how we can develop policies to improve their early childhood experiences. The paper looks at policies relating to the family (such as access to parental leave) and policies concerning early childhood education and care (preschool, and both centre-based and home-based childcare). Why these two areas? Because the policies that affect the choices that families have for the care, nurture and education of infants and young children and the policies that shape formal early childhood settings, have a profound impact upon the nature and quality of life for today's young children.

The paper draws upon the now abundant available literature on the social policies that support parental and out-of-home care for young children. It also draws upon a much more limited base of research into young children's own views, where they themselves talk about what they value, particularly in prior-to-school care and education.

In 1991 Australia ratified the United Nations Convention on the Rights of the Child (UNCROC). Under that Convention, Australia agreed to a number of articles relevant to the considerations of this paper. Of particular relevance is Article 3 which places a number of requirements upon governments to ensure children's wellbeing. Article 3.1 of the Convention requires that the primary consideration in actions concerning children is the best interests of the child; Article 3.2 sets out to ensure children's protection and care; while Article 3.3 requires that "the institutions, services and facilities responsible for the care or protection of children" conform to appropriate standards<sup>1</sup>.

These articles clearly have implications for the way in which governments should support families, and should shape policies concerning the education and formal care of young children.

Subsequent to signing the Convention on the Rights of the Child, several State governments established Commissions for Children and Young People in an endeavour to both safeguard and promote the rights of children in Australia. In line with this mandate, the Commissions in NSW and QLD have provided funding for this paper, as has the National Investment for the Early Years (NIFTeY). The latter instigated this report because of its concern that as a nation we could be doing much more to ensure a good start to life for our children.

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### <sup>1</sup>UN Convention on the Rights of the Child

#### Article 3

- 1 In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.
- 2 States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.
- 3 States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

In *Developmental Health and the Wealth of Nations*, Keating and Hertzman (1999) describe as “modernity’s paradox” the fact that although many post-industrial economies have become adept at wealth creation, there are growing concerns about the physical and developmental health of increasing numbers of children, and sharpening social divisions which result in marked and increasing disparities between outcomes for those in disadvantaged circumstances and the rest of the population. Such evidence has drawn national and international policy attention to the importance of ‘getting it right’ for children, particularly in the early years. The concerns highlighted by Keating and Hertzman (1999) are echoed in Australia. In 1999, the Australian National Crime Prevention Report, *Pathways to Prevention*, raised awareness about the importance of children’s development in the early years in relation to broader social issues such as crime prevention and the creation of social cohesion. The existence of bodies such as the NIFTeY and the Australian Research Alliance for Children and Youth (ARACY) are in themselves testament to the fact that specialists across a number of professional domains are troubled by trends in the health and wellbeing of Australia’s children. Across the whole population there are increases in “low birth weight, child abuse and neglect, behaviour problems, educational problems, mental health problems, substance abuse, unemployment and juvenile crime” (Stanley August 2003: 3). Thirteen per cent of primary school children are considered to be at risk of having learning difficulties (Ministerial Council on Employment Education and Youth Affairs 2000, cited in Williams and Holmes, 2004). These trends command us to pay better attention to what is happening in the lives of young children in such a changing world.

There is widespread interdisciplinary agreement that children (and families with young children) bear the consequences of the changed risk structure now evident in contemporary post-industrialised economies (Esping-Andersen and Sarasa 2002). As Meyers and Gornick (2003) assert, “families with young children are living in a half-changed world, being left to craft private solutions to problems that have high public implications”. Workplace demands are frequently cited as encroaching upon the capacity of parents to give the time that they might want to their children (Human Rights and Equal Opportunity Commission 2005). Smaller family size and family mobility resulting in increased distances between siblings, parents and extended family, can mean that many parents feel inadequately prepared for parenthood and lack readily accessible support. The couple family with a single income is no longer the norm. More and more infants, toddlers and preschoolers are being cared for and educated on a regular basis, for extended periods of time, in environments outside the home. Changes in family structure and less family stability heighten the risk of child poverty and child poverty has “strong, long-term negative consequences for both individuals’ life chances and for society at large” (Esping-Andersen et al. 2002: 12). While there is no doubt that poverty exacerbates, if not causes, a number of conditions that hinder the healthy development of children, there are also other issues which face families across the social spectrum which make parenting difficult. Social policy, as a mechanism for the public management of social risk (Esping-Andersen 1999) needs to directly address such issues. The consequences of adverse developmental outcomes for children are lifelong and include diminished productivity, impaired mental health and greater crime rates. We all suffer, adults and children alike, from the consequences of childhoods at risk. But this paper wishes to make a broader appeal, grounded in the belief that most of us are committed to principles beyond self interest. As a society we should care about what children and families are experiencing in the here and now. As a country with a strong economy, Australia should be better able to support families in the important job of parenting so that no children need experience conditions which, at worst do harm, and at best fail to let them thrive. In this respect, it is laudable that the Council of Australian Governments began to seriously address issues concerning early childhood at its February 2006 meeting.

In framing a social policy response there is much to be considered and this paper seeks to provide an understanding and analysis of key policy issues concerning children’s early care, development and education. In doing so, it is underpinned by two important principles: That the object of social policy is not to pit parental (mother) care against childcare as if these are mutually exclusive options; and that children are people with entitlements who are owed recognition of their personhood. Children are not simply objects of potential intervention, or adults in the making, but people whose experiences and perspectives on their lives have a legitimacy of their own.

Although parental and early childhood education and care policies and impacts must to some extent be examined discretely, it is also important to recognise and understand their interrelationship. The decisions that families make in relation to children are the result of a complex interplay of factors. Such factors might relate to household responsibilities in the unpaid sphere, household income, the nature of available paid work and community and workplace expectations and judgements. Social policies must respond to the realities of family life if children (and populations) are to be buffered against risk, particularly the risks posed by the impact of poverty.

There is no doubt that all Australian governments are concerned with such issues. State and Territory governments have sought to improve the coordination and delivery of services to families with young children through a range of initiatives such as *Families First* in NSW, *Best Start* in Victoria, the *ACT Children's Plan*, *Putting Families First* in Queensland, *Our Kids Action Plan* in Tasmania, South Australia's *Every Chance for Every Child* and the *Vision for Territory Children* in the Northern Territory. In 2003 the Federal Government started a process to develop a *National Agenda for Early Childhood* to guide investment in the early years as is evident in the *Stronger Families and Communities Strategy*.

This paper seeks to add to these efforts by illuminating, at least in part, what children need for a childhood where they are valued, nurtured and supported in the exercise and development of life's skills.

## 1.1 What characterises a good childhood?

It may simply be my naivety, but a child should be able to have food, shelter, clothing, valued education and achievements, love and hugs. Why is it so hard? (Young person, focus group, ACT Department of Disability Housing and Community Services, 2004: 1)

A single definition could never encapsulate the essence of a good childhood and no policy solution could ever ensure that all children experience good childhoods. Nonetheless, an increasing research base makes it possible to identify policy directions which enable governments to better support families and communities in providing for children the environments and experiences which enhance their development and daily wellbeing.

Child wellbeing depends on much more than the income of their family. Some of these determinants, such as parental care and affection, are not easily influenced by social policy. Even within the scope of economic goods and services, however, income is only one contributor to child wellbeing. Education, health and family services in particular, are a central part of state support for children in all industrialised and post-industrialised societies. (Bradbury 2003: 47).

For the purposes of this paper, there are perhaps two ways of considering good childhoods. One way is to consider how children's development can be supported so that their life chances are optimised (rather than reduced). The other is to take seriously the lives and experiences of children in the here and now, in order to bring about a deeper understanding and respect for children. This understanding must be woven into the fabric of our cultural, political and social landscape and be integrated into all relevant policy.

Such a view is consistent with Bronfenbrenner's ecological framework which is frequently used to illustrate the interactive nature of the conditions that influence children's experiences and development (see also: Zubrick, Williams, Silburn and Vimpani 2000 and *Pathways to Prevention*, 1999). The contexts of family, education and care, and community, set as they are within a broader social, cultural, political and economic context, interact to influence children's daily lives and outcomes in areas such as health, education and development.

Early childhood encompasses an important developmental trajectory during which there are tremendous achievements in cognition, language, motor skills, adaptive skills and social-emotional functioning, underpinned by rapid experience-based brain development.

Experience is biology. How we treat our children changes who they are and how they will develop (Siegel & Hartzell, 2003)

According to Shonkoff and Phillips (2001) the foundation laid in the early years influences the effectiveness of all subsequent education efforts. Danziger and Waldfogel (2000) assert that interventions in the early years lay the groundwork for later success thus ongoing benefits are cumulative and "are compounded over time" (:14). During a recent visit to Australia, the Nobel laureate in economics Professor Heckman reinforced these findings, emphasising that lifelong learning begins in infancy with the early years being vitally important for skill formation. "Significantly, this is a time when human ability and motivation are shaped by families and non-institutional environments." When children are well supported in the early years they are more likely to succeed in school and become positively contributing adults (Erickson and Kurz-Riemer 1999 cited in Rolnick and Grunewald 2003). Unfortunately the converse is also true, and children's development can be impeded by factors such as insufficient cognitive stimulation, poor nutrition, and maladaptive social interaction (Karoly, Greenwood, Everingham, Hoube, Kilburn, Rydell, Sanders and Chiesa 1998).

Hence, "improving child development is a question of improving environments in which children grow up, live and learn." (Hertzman 2002: np). We know that effective parenting is an important protective factor in promoting optimum child development (Hertzman 2002), as is the family's immediate social environment. The *National Agenda for Early Childhood, Draft Framework* recognises the importance of environmental impacts in identifying the following priority areas for action concerning children: healthy young families; early learning and care; supporting families and parents; and creating child-friendly communities (:15). How then, can we improve these environments?

Whether children are with their families or with teachers and caregivers outside the home, Gammage (2000) reminds us that all children need love and care. The secure, caring, and affectionate relationships children have with significant adults in their lives have a positive impact on their emotional health in adulthood (Hertzman 2002).

As self evident as this may seem, we must make sure to include these qualities in our strategies for effective parenting, and for early learning and care. And intertwined with love and care, all caregivers (whether parents, grandparents, teachers or carers) need an understanding of children and time to interact with them meaningfully. In other words, love and care alone, without time, resources, support and knowledge are not enough.

My family is special because they are all ways (sic) there for me.  
(Jasmine, 7 years old)

Time and the quality of time adults spend with children is an important factor in terms of children's wellbeing. Quality time may be considered, for example, as the time that parents have to share activities and talk with children, in a way that indicates to children that parents like interacting with them (Zubrick et al. 2000: 24). Clearly the work demands that many families face can erode the time that is available. Conversely, a surfeit of time, but few resources and limited support may also erode the quality of parent-child relationships and the capacity of parents to facilitate children's engagement with the world around them.

Similarly, time is an important resource for staff within early childhood settings and there is considerable concern within the early childhood field that multiple demands placed upon teachers and caregivers are taking time away from meaningful interactions with children.

The pressures of time, often coupled with insufficient understanding of children's needs, desires and development, can also serve to restrict the way in which we care for children. Under such conditions, care becomes a series of activities or work practices, changing nappies and feeding, rather than being an engagement with children that involves 'a deep respect for personal integrity' and an 'expression of concern and the development of personal trust' (Fine 2005: 251). Take for instance, this observation of a Guardian journalist, Rebecca Abrams, on a visit to a child care centre in the south of England.

Then there was the boy of nearly one, picked up like a pack of Pampers and carted off to be changed.

Clothes removed, bottom wiped, new nappy put on in three minutes flat.

All this was done with exemplary efficiency – all done without a single word or smile from the young woman doing the changing, the entire operation carried out as impersonally as if she'd been loading the dishwasher.

Children themselves are acutely aware of what caring really is and their comments reinforce the importance of affectionate and responsive relationships. In describing the best preschool they could wish for, young children in the ACT stated the following:

The teachers sit down and talk to you all the time. They let you decide what to do all the time. They don't tell you what to do. (Bronte, four years old)

The teachers hug me at this preschool. (Luca, four years old) (McNaughton, Smith, and Lawrence, 2004)

Finally, we must reflect upon how well we understand children. In early childhood educational research, there is ample evidence that the quality of care and education improves when teachers and caregivers have undertaken study specifically related to early childhood development (see, for instance, the Effective Provision of Preschool Education (EPPE) study). In relation to Australian society in general, Vimpani (2005: 2) questions our understanding of the "needs and capabilities of the young preverbal child" and cites Hertzman who asserts that many parents "both underestimate young children's capacity to learn from their environment

and overestimate their level of responsible action". Many parents are themselves eager for information and support. In a recent survey by the Australian Childhood Foundation, the majority (78%) of parents surveyed wanted information on how to foster positive relationships with children (Tucci et al. 2005: 17-19).

Of particular importance is the question of how successfully we support the wellbeing of infants and toddlers. The first 12 months of life is considered critical in the establishment of patterns of interaction between parent (usually mother) and child that support the development of secure attachments. This comes about through sensitive and appropriate responses to the infant's emotions and needs (Harrison and Ungerer, 1997). Given the sensitivity of this developmental period it is crucial that parents are supported in the choices they make about how best to care for babies, whether this is through enabling one parent to remain at home or both parents to share care, or through ensuring high quality, stable childcare options.

Put simply, children need love, affection, care and developmental opportunities from people who are attuned to and responsive to their needs. They are well supported when they find these not just from their parents and siblings, but from other significant adults in their lives and from peers. In turn, the adults in children's lives are better able to nurture children when they are in supportive communities that take the experiences, needs, interests and development of children seriously.

## Section 2: Developing a platform for prevention of harm and early intervention

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**While there may be a variety of views as to the detail of what constitutes a good childhood, there is extensive agreement about the benefit of interventions to prevent children's exposure to the impact of poor childhoods.**

The literature canvassed thus far shows widespread support for investing in the early years of childhood and acknowledges the benefits of such investment to both the individual and society as a whole. The array of existing State, Territory and Federal Government initiatives targeted to the early years are, in themselves, an indication that governments have an understanding of the fundamental impact of such investment. Nevertheless, continued program and policy fragmentation across the early childhood arena, serious shortages in appropriately qualified staff, as well as the absence of key family policy entitlements such as paid parental leave, are examples of significant gaps and disjunctures. And for the most vulnerable families and children, an effective prevention and early intervention strategy is reliant upon a comprehensive and systemic approach to policy and funding so that families are not left unsupported.

Prevention and early intervention frameworks usually encompass three key aspects. The first is the universal provision of services and entitlements to prevent problems from occurring (for instance, early childhood health services). The second involves the timely detection of risks to healthy development and the provision of remedial intervention in order to ameliorate or resolve problems, or stop them from escalating. The third is the availability of support early in the life course as interventions in children's earliest years are considered to have the most benefit and persistent long-term outcomes. A prevention and early intervention approach seeks to provide the protective factors that enable families and individuals to successfully negotiate risk.

A comprehensive list of risk and protective factors has already been elucidated by Zubrick et al (2000) and replicated in the documents associated with the *National Agenda for Early Childhood*. It will not be reproduced here. This paper will however, examine the potential of sound family policy and the systemic provision of good quality early childhood education and care to be cornerstones of an effective prevention and early intervention platform. Good quality early childhood care and learning environments, coupled with family policy initiatives that recognise and facilitate parental responsibilities to children, have the capacity to provide effective support to children and families across a number of important spheres.

Family policy, in the form of parental leave, should smooth the way for both women and men to spend time at home after the birth of a child. Maternity leave has benefits for the health of both mothers and children and supports prolonged breastfeeding. Paternity leave encourages fathers to be more actively involved in their infants' lives. Parental leave assists both parents to be meaningfully engaged in their children's lives.

Good quality early education and care is considered a potentially powerful component of prevention and early intervention strategies because it operates to address risks to child development on a number of different levels. Firstly, it is a direct form of service provision to children, which like schooling, can directly improve their developmental outcomes and wellbeing (Bradbury 2003). Secondly, it is a potentially effective site for the provision of additional supports and interventions for both parents and children. And thirdly, it facilitates parental workforce participation. Parental workforce participation, particularly that of women, is regarded as an effective anti-poverty strategy (Esping-Andersen et al. 2002).

## 2.1 The risks posed by child poverty

Poor children experience a disproportionate share of deprivation, disadvantage, and bad health and school outcomes, and ... the consequences of poverty are especially dire for young children. (Kamerman, Neuman, Waldfogel and Brooks-Gunn, 2003)

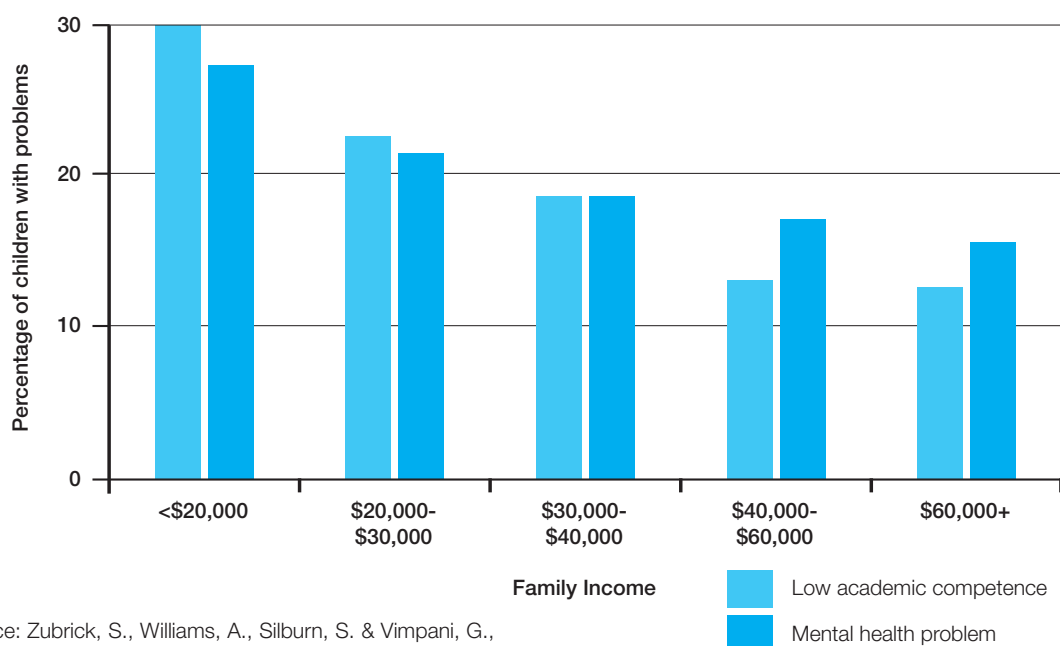
As family structures have changed and have become less predictable, the burden of risk of poverty has shifted to children (Esping-Andersen, 1999). A UNICEF report calculates that 14.7% of Australian children live below the poverty line (cited in Stanley et al. 2005, 2). Australia's child poverty rate is related to lone parenthood and joblessness (Bradbury, 2003). When only one parent is available, their capacity for workforce participation is obviously restricted by their responsibility to care for their children and this means "that children living in lone-parent households are almost inevitably more likely to be poor" (Bradbury, 34). However, even in couple families, parental joblessness can be an issue. In 2000, Australia was reported as having the third highest level of parental joblessness across 17 OECD countries (OECD, cited in Bradbury, 2003).

Child poverty poses a risk to children's healthy development. It has an obvious impact upon the investment that families can make for their children's wellbeing, including expenditure on essential items such as housing, food and clothing, and on items related to children's readiness for school such as books and cultural outings. It also has an impact on families' capacity to obtain additional support and expertise in a timely manner. Families on low or fixed incomes find that services such as allied health professionals, for interventions around conditions such as speech delays, have long waiting lists and may even be effectively unavailable (Rogers and Martin, 2002).

Poverty is also related to parental stress and such stress makes it more difficult for many parents to provide consistent and involved parenting (cited in Bradbury 2003, 16). The incidence of child abuse and neglect is greater in sole parent families and families of low socio-economic status (Gauntlett, Hugman, Kenyon and Logan, 2000), a possible indication that poverty-related stress may be linked to increased likelihood of child abuse.

As a result it is not surprising to find that as incomes decrease, the likelihood of adverse health outcomes for children increase. Poor nutrition, higher rates of prematurity and low birth weight, injury and hospitalisation, are all associated with living in poverty, as is an increased risk of abuse and neglect (Uniting Care Burnside). The following table provides stark evidence of the correlation between income and mental health outcomes.

### Comparison of family income with children's academic competence and mental health



Source: Zubrick, S., Williams, A., Silburn, S. & Vimpani, G., *Indicators of Social and Family Functioning (2000)*

A phenomenon related to poverty is that of social exclusion. Considered to be intergenerational, social exclusion encompasses the experience often associated with poverty, whereby a significant lack of access to resources makes it difficult or impossible for individuals to participate fully in society. A child from a socially excluded family is more likely to become a socially excluded adult (Social Exclusion Unit 2005 cited in Stanley, Eadie and Baker, 2005).

For instance, Canadian research found that where families had easy access to supports such as children's services, libraries and parent education groups, their children had better developmental outcomes when starting school. Families without such access were more likely to have children commence school with problems in at least two developmental domains (Janus and Offord, 2002, cited in Watson and Moore, 2002). Research with Australian families has indicated that non-working parents have lower levels of awareness and supports particularly between toddler and schooling stages – due to the lack of linkage with formal early childhood services; more limitations accessing user pays services; lower likelihood of accessing early intervention assessments and help for their children; and greater unmet needs in terms of respite and time away from their children (FaCS 2003a, ix). It is worthwhile noting that work currently being undertaken in relation to the validation and evaluation of an Australian Early Development Index, based on the Canadian Early Development Indicator developed by Janus and Offord (2002), will provide invaluable information on the interconnections between community supports and child development and may assist in the more effective targeting of specialist supports (Centre for Community Child Health & Telethon Institute for Child Health Research, 2005).

No one policy acting in isolation can alleviate the incidence and impact of child poverty. Effective approaches to counteract child poverty incorporate both child related income transfers to families and strategies that enable women to maintain their contact with the paid labour force. Income transfers in the form of tax benefits and family payments are an important ingredient in a policy mix designed to reduce the financial vulnerability of families. These appear particularly effective when they take into account the number of children in the household (Kamerman et al., 2003). Enabling and maintaining women's contact with the paid labour market can be achieved through a combination of mandated workplace entitlements, such as paid maternity leave and the right to return to work part-time, and through the provision of high quality early childhood education and care.

## 2.2 Child wellbeing in the context of work and family life

Parental employment generates household income, contributes to national productivity, and significantly, it also models to children the practice of going to work. This is an important consideration given the fact of intergenerational unemployment, whereby the children of parents reliant on income support (workless households) are more likely themselves to become dependant on income support, leave school early and have children at a younger age (Pech and McCoull, 2000, cited in Bradbury, 2003).

However, there is a need to pay attention to the nature of work. For maternal employment to be a successful anti-poverty strategy, participation in the workforce must be accompanied by an increase in income. In their international review of social policies related to child outcomes, Kamerman et al. (2003) point out that the third highest poverty risk to children is among the working poor. Furthermore, although maternal employment per se does not appear to have a negative impact upon children's development, long work hours and non-traditional work schedules, do appear to have an adverse impact.

There is no joy for parents and children if tired and harassed parents, particularly mothers, feel compelled to return to work soon after birth because of limited (or no) parental benefits. Similarly, long work hours, unreasonable work hours and inflexible work practices are obstacles to working parents' active involvement in their children's lives. In a survey undertaken by the Australian Childhood Foundation, 71% of parents interviewed believed that balancing the needs of work and family was a serious issue for them (Tucci et al. 2004, 11). Further, many parents facing this struggle are "conscious of the lack of time available to them to connect with their children's experience of their world" with over a third of parents feeling that they do not spend enough time with their children (Tucci et al. 2005, 13).

Clearly governments and business need to develop policy responses to the needs of families that recognise the diversity and complexity of family life in contemporary Australian society. Keating and Mustard (1993) describe this situation thus:

...labour market policies that do not recognise the extensive demands placed on families with young children, combined with the dearth of good, affordable childcare, create a situation in which adequate nurturing of the next generation cannot be assured. (cited in Keating and Hertzman 1999, 2).

In a similar vein Zubrick et al. (2000, 33) make the point that *“the family does not exclusively control children’s access to the full set of resources likely to enhance their health and wellbeing (their italics).*

The reality is, that what families provide for children is subject to a number of interactive influences of which government and community play a significant part. These influences include the supports made available to both parents and children through policy mechanisms that shape workplace entitlements (such as parental leave and part-time work) and the quality and accessibility of the early childhood education and care system, upon which so many families rely, and in which large numbers of young children spend their time.

Family policy must give parents real choice about how to manage their responsibilities to children. Two central components of enabling this choice are the provision of paid parental leave entitlements and the provision of good quality, affordable, early childhood education and care.

## 2.3 Supporting child and family wellbeing through early education and care

This section specifically examines the role of high quality early education and care as an early intervention strategy. This focus is not intended to imply that all children should be in formal education and care settings, nor is it intended to downplay the importance of parental time with children or the provision of support to families at home. Families are the most importance influence in children’s lives. Nevertheless, a properly resourced, high quality early childhood education and care environment is a recognised strategy for providing direct support and interventions to prevent risk to children.

While the provision of good quality early childhood education and care indirectly supports children’s wellbeing by its capacity to enable parents to enter, or remain in contact, with the paid labour force and hence to escape or avoid poverty, the value of good quality children’s services reaches beyond their relationship to the labour market. They constitute direct service provision to children. Good quality children’s programs have been shown to:

- enhance children’s concurrent development and development over time;
- provide interventions which mediate the impact of particular impediments or risks;
- provide a safe and secure environment for children in which they can engage in a range of projects and activities as well as develop relationships with peers; and
- provide a site for building parental supports and networks.

Given the known benefits of early education and care, at what age should children enter such programs? Whilst the evidence is unequivocal about the benefits of group-based early childhood education and care in children between three and five years, the research is more mixed with respect to group care for children during infancy. For instance, the research arising out of the NICHD raises concerns that long hours of infant care (more than 10 hours) can be disruptive to mother-child attachment and raises concerns that early entry into child care is linked to children externalising problems (NICHD, 2002). Findings also indicate that patterns of mother-child interaction from six to 36 months can be less harmonious when children spend more rather than less time in any kind of childcare – irrespective of quality; or when exposed to poorer care (NICHD, 1999).

On the other hand, Australian research by Harrison and Ungerer (1997) found higher levels of secure attachment between mothers and babies when infants received *more than* 10 hours a week of non-maternal care, and attachment was greater where children attended formal regulated settings, rather than informal, non-regulated care. Recent New Zealand research points to the benefits to children's development of early entry (between aged one and two years) into high quality programs (Wylie, Hodgen, Ferral and Thompson, 2006).

Regardless of such differences, there is widespread agreement that low quality formal care, large groups, long hours and instability of care do present risks of insecure attachments and behaviour problems (for further discussion on quality please refer to section 5).

Such findings emphasise the need to pay particular attention to the quality and duration of infant care and to ensure that workplace conditions do not place unreasonable demands on parents in relation to the nature and length of work hours. Early childhood education and care services are not substitutes for family responsive workplace conditions (Section 3 investigates issues concerning work and family in more depth).

However, in relation to intervention for families at risk, the use of early childhood education and care can be a successful form of intervention for children, and their families, including infants. But these results stress the fact that programs must be well resourced and appropriately staffed, rather than hasty 'add-ons' to existing services with no, or insufficient additional resources attached.

### 2.3.1 Ameliorating risk

The Effective Provision of Preschool Education project confirms the effectiveness of early childhood education leading to improved experiences at school for children otherwise at risk of school failure. In this UK study children were screened at the commencement of their preschool experience with one in three identified as being at risk of developing learning difficulties. This figure reduced to one in five by the time they started primary school (Sylva et al., 2003). This finding is similar to that of the *Cost Quality and Outcomes Study* which also found that high quality care positively influenced outcomes for children considered at risk of school failure (Peisner-Feinberg and Burchinal, 1997). A recent Argentinian study confirms the benefits of prior-to-school education. A massive program of preschool construction has enabled all children to experience one year of pre-primary school, with a curriculum focused on communication skills, personal autonomy and behaviour skills, social skills, logical and mathematical skills and emotional skills. An evaluation found average third grade test scores increased by 8% of a mean or by 23% of a standard deviation. The experience also benefited students' self-control in third grade as measured by behaviours such as attention, effort, class participation and discipline, and skills (Berlinski, Galiani & Gertler, 2006).

Studies which have traced outcomes into adulthood of high quality preschool interventions for children facing disadvantage have found improved rates of college attendance, improved rates of employment, a reduction in the need for special education, and lower rates of delinquency and arrest (Masse and Barnett, 2002; Lally, Mangione, Honig, and Wittner, 1988; Ramey, undated).

Attendance at an early childhood program can also have an important screening function, detecting those children who are at risk of developmental delay, and providing children and families with appropriate additional support in the early stages of children's lives. If developmental delay is not picked up before the commencement of formal schooling children face an increased risk of academic failure, behavioural problems and socio-emotional disturbance (Glascoe, cited in Williams and Holmes, 2004).

Early childhood programs are also regarded as a means of *direct* support and intervention for children facing other types of risk. This is evident in the priority of access guidelines of the Department of Family and Community Services (FaCS) which states that children at risk of abuse or neglect are regarded "as a priority group for access to quality childcare" (FaCS, 2000).

### 2.3.2 Support to children at risk of abuse

Tucci, Goddard, Mitchell (2003, 16) cite an extensive range of research naming the following as some of the problems associated with significant experiences of abuse: Aggressiveness, intellectual and cognitive developmental delays, depression, poor self esteem, under-achievement, substance or alcohol abuse, and increased mental health problems. The abuse that children face is more likely to occur in the home with 91% of child abuse reported to have been perpetrated by an adult known to the child and 71% of all child abuse perpetrated by a biological parent (Tucci et al. 2003, 14). Clearly, the prevention of child abuse and successful interventions to prevent further abuse need to be encompassed by any early intervention and prevention strategy.

This research indicates that a significant percentage of the Australian population tolerates violence against children. One in five of those surveyed did not regard injuring a child as serious enough to merit an assault charge. An even larger percentage of those surveyed (one in two respondents) did not believe or were uncertain to believe children's stories about abuse. Abuse against children is unlikely to be prevented unless community attitudes change.

Attitudinal change and information which supports behavioural change is thus critical in the prevention of child abuse and neglect. Equally important is parents' capacity to access support and information in a way that is not stigmatised. In other research undertaken by the Australian Childhood Foundation 78% of parents surveyed wanted information on how to foster positive relationships with children yet many parents were reluctant to seek advice and support when they were having problems for fear of being judged (Tucci et al., 2005). As parents report being very influenced in their parenting by their child's early childhood setting (Tucci et al., 2005), such sites have enormous potential to effectively provide unobtrusive but effective support to families about a range of parenting issues. The protective potential of early childhood education and care is supported by United States research by Magnuson and Waldfogel (2005) which found that parents with children who attended centre based early childhood services, particularly high quality programs such as *Headstart*, were less likely to physically punish their children.

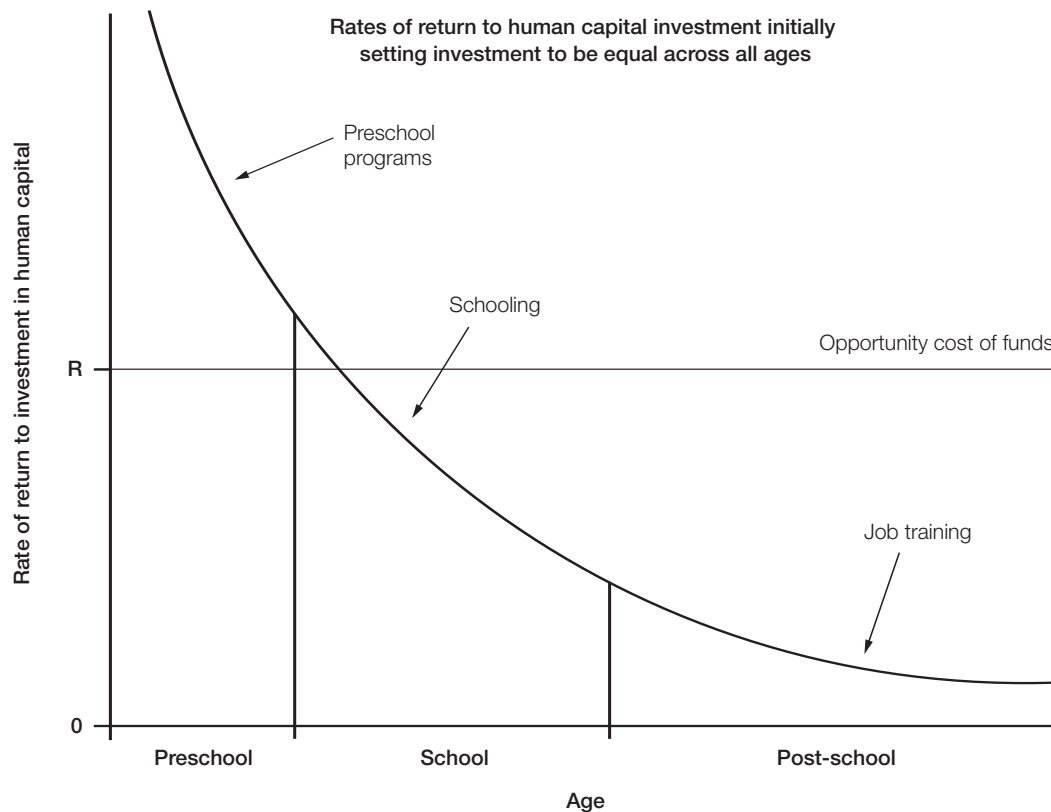
Interventions before the child turns three are deemed particularly important in relation to the prevention and treatment of child abuse and neglect as this is a high risk period as well as a crucial time for the development of the infant-parent relationship (Guterman, cited in Geeraert, Van den Noortgate, Grietens and Onghena, 2004). In general, programs that intervene earlier have stronger effects (Waldfogel, 1999). There is some evidence to suggest that exposure to good quality child care has a positive impact on mother-child attachment where this is insecure (Caldera and Hart, 2003), though research concerning this is equivocal. There is also evidence to suggest that children at risk of abuse and neglect can gain special benefits from time spent with alternative, nurturing caregivers (Gunnar, 1998, cited in Currie, 2000). Importantly a good quality early childhood program is one where children can build strong relationships with a caring adult. A caring relationship with an adult in the community is one of the critical protective factors that promotes resilience in vulnerable children (Gauntlett et al., 45).

Fisher, McHugh and Thomson (2000) cite a range of other reasons why access to properly resourced, high quality early childhood programs can be a successful intervention for children at risk of abuse and neglect. Firstly, such programs provide a safe and stimulating environment for children, where their wellbeing can be monitored by trained and professional staff; secondly, staff are in a position to detect early signs of abuse and neglect; thirdly, children can be taught protective behaviours and experience models of appropriate behaviour; fourthly, parents can gain access to support and information not only from professionals but also from peers as they build networks with other parents; and finally parents gain respite from parenting.

Such positive outcomes are not automatically assured. They are reliant on a well resourced sector, staffed by appropriately trained personnel, that has as its primary focus a commitment to children's wellbeing.

## 2.4 The best returns come from investing early

In *Investing in Disadvantaged Young Children is an Economically Efficient Policy*, Heckman illustrates the effectiveness of early years investment thus:



A number of longitudinal cost benefit analyses confirm the individual and social ‘pay-off’ of supporting children and families early through good quality learning and care programs (see, the *Perry Preschool Project*, Schweinhart, 2003 and Karoly et al., 1998; the *Abercaldarian Early Childhood Intervention*, Masse and Barnett, 2002; the *Chicago Child-Parent Center Program (CPC)*; *Canadian Childcare projections*, Cleveland and Kranshinsky, 1998). Despite measuring effectiveness against different outcomes and monetising benefits in differing ways, each analysis shows positive returns.

One of the greatest risks to children’s health and development is poverty (Zubrick et al., 2000, 20; Esping-Andersen, 2002). Paid parental leave policies and the availability of good quality affordable childcare both enable primary caregivers to re-enter or enter the workforce and are social policy initiatives that directly help to alleviate poverty, and thus help remove this risk to children’s development.

At the same time, good quality early education and care is associated with a number of measurable benefits to children’s development. Further, well resourced, high quality programs can ameliorate identified risks to children’s development. However, there is also another dimension. Families cite preschool, childcare and playgroups as playing a significant role in family life (Tucci et al., 2005, 16). Hence these services have the potential to also become a source of advice and support to parents in their parenting role.

## Section 3: Navigating work and family

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... the upbringing of children requires a sharing of responsibility between men and women and society as a whole (CEDAW preamble).

... policy should not primarily be about giving workers more flexibility to 'fit the kids in' between work assignments. Rather it should be about allowing people to be better parents for their children. (Buchanan and Thornthwaite, 2001, 54).

Raising children is not a purely individual enterprise. The choices parents are able to make in relation to their commitments to work and family are heavily influenced by a range of factors external to the desires and aspirations of individual family members. A secure and adequate income, and the time needed to raise and 'be there' for children are two major pressures for many families in navigating commitments to work and family.

The discussion paper for the inquiry into work life balance, *Striking the Balance*, conducted by the Human Rights and Equal Opportunity Commission, confirms the findings of Tucci (2004) that many families find balancing the demands of work and family problematic (HREOC, 2005b). The fact that many women are delaying childbearing while they establish their careers is further evidence that the balance between work and family life can be difficult to achieve (Work+Family Policy Roundtable, 2005, 3). The work-family discussion is often centred on how responsibility for household tasks and child rearing is or is not shared. We know for instance that women take a disproportionate responsibility for household tasks, whether or not they are themselves in the paid workforce (Craig, 2005b). We also know that upon the birth of a child, men tend to work longer hours in paid employment, and women less hours in paid employment. This is occurring at the same time that men are expressing a desire to spend more time with their children (Hand and Lewis, 2002; HREOC, 2005b). On the other hand, working mothers match the time non-working mothers spend talking, playing, reading and listening to children (Bittman et al., cited in Craig, 2005b). Thus, when we ask what might be achieved through work and family policy there is a need to consider how to facilitate the involvement of both fathers and mothers in children's lives. We must also ask how we secure for children a childhood where parents are not faced with unpalatable choices about income security and time with their families. How do we achieve that 'fair and healthy society' where "those who seek the intimacy of family life should be able to do so without unduly damaging their career prospects" (McDonald, 2005)?

There are a range of readily identified mechanisms, already implemented in many parts of the world, that enable parents to be responsive and engaged with their children and to provide adequate financial support for the family. Although implementation of family responsive conditions is often the responsibility of employers, such mechanisms can be facilitated by government. Parental entitlements to paid leave upon the birth of a child and flexible work practices are critically important but these must exist alongside a living wage, reasonable work hours and work times which do not unduly encroach upon the capacity of parents to undertake the daily responsibilities of family life.

As stated, time and money are key considerations for the decisions parents make about whether or not, and how, they participate in the workforce. These are key considerations because they are essential contributors toward children's wellbeing. Parents understand this and security of income is an important factor when people are making the decision whether or not to begin a family or to have more children. Family income needs to be assured and at a sufficient level to support children, and perhaps a dependant partner (AIFS, 2005). For those in paid employment, family income is obviously reliant upon the weekly wage, and entitlements to paid parental leave. Targeted income supplementation in the form of government funded family benefits is also an important factor in assisting families meet the added costs of having children (Kamerman et al., 2003). The issue of family time is bound up in the length, nature and predictability of working hours, and whether or not parents have access to paid leave to undertake family responsibilities, as well as access to paid holidays and flexible work arrangements.

The following section provides an overview of existing conditions and potential strategies to facilitate work-family balance.

## 3.1 Maternity leave

As women give birth and breastfeed, maternity leave is the logical starting point for policy aimed at enabling families to meet the needs of infants in the context of working life. The birth and rearing of children is a key transition in the life cycle, and for mothers, so too is returning to work.

Paid maternity leave plays a key role in providing the time for mothers and babies to become attuned to one another. Attachments between mothers and babies have long been recognised as central to children's healthy development. Attentive, sensitive and prompt responses to babies' signals help children develop a sense of security which facilitates their exploration of the world. Manne (2005) draws on a range of research to illustrate that the development of this loving bond between mother and child is a product of time, as mothers (and indeed other key adults in children's lives) become familiar with and adjust to the rhythms and nuances of their children's lives. Maternity leave is thus central to any platform of policies designed to support children's development.

The International Labour Organisation (ILO) *Maternity Protection Convention* (ILO 183) provides for a minimum maternity leave entitlement of 14 weeks on two-thirds pay and encourages leave to be extended to 18 weeks. The European Union calls for 14 weeks on full pay. The World Health Organisation recommends a 16 week period for the health and wellbeing of the mother and child (HREOC, 2002).

Yet Australian women have no legislated right to paid maternity leave. Australia and the United States are the only two OECD countries without a paid maternity leave system (HREOC, 2002). The recently introduced WorkChoices Bill retains previous industrial provisions for 52 weeks unpaid maternity and paternity leave. However, paid maternity (and paternity) leave is not mandated and entitlements to paid leave must be negotiated with employers. An estimated 40% of the workforce has no access to paid maternity leave and such leave is more likely to be available to higher paid professional women with only 18% of clerical, sales and service workers with such an entitlement (:21). In addition, there are significant variations in the length and nature of entitlements to paid maternity leave with many falling short of the suggested 14 week minimum standard. In 2004 only 11% of Australian Workplace Agreements contained any reference to maternity leave, paid or unpaid (HREOC 2002, 21-22). Access to paid paternity leave is rarer still (Buchanan and Thornthwaite, 2001).

### 3.1.1 Maternity payment

In lieu of paid maternity leave, the Federal Government has introduced a Maternity Payment of \$3,000 per baby. In July 2008 this will increase to \$5,000. The Maternity Payment is a universal entitlement, not related to the employment status of the mother. As a result it has the advantage of providing all families with additional financial support upon the birth of a child, further it does not prevent working women claiming wage related maternity leave where this is available (McDonald, 2005). Nevertheless, it does not fully address the absence of paid maternity leave, and concern has been expressed that it may act as a disincentive for employers to introduce paid maternity leave schemes where none exist. There is also some confusion about the goals of this social policy. For instance, is it to provide support to parents to cover the financial costs of a new arrival? Is it an incentive to boost fertility? Is it a less cumbersome form of entitlement to maternity leave than fortnightly payments?

## 3.2 Family friendly work practices

Family friendly workplaces allow all employees to remain competitive in the workplace even if they have children (MacDonald, 2005). They enable employees to better balance the expectations of the workplace with their commitments to family. Although essential for both parents, family friendly work conditions have the potential benefit of encouraging closer relationships between fathers and their children. This is an important goal at a time when fathers maintain the same work hours, rather than reduce them, upon the birth of a child (Craig, 2005c).

Access to paid leave for family responsibilities, is an integral part of a family friendly workplace. Family responsive work practices including flexible work times, and part-time work, are also important. But to be truly family friendly, these need to be negotiated arrangements, not unilaterally imposed by employers. At the current time, access to family friendly work practices are not evenly spread and tend to be more prevalent in higher status jobs.

### 3.2.1 Parental leave

Parental access to paid leave so that parents can attend to sick children and participate in important child related activities is essential. The WorkChoices Bill provides for 10 days paid personal/carers leave per annum for a 38 hour per week employee (precluding casual employees). All employees (including casuals) are entitled to two days unpaid carers leave per occasion to care for a family member who is injured, ill or affected by an unexpected emergency (HREOC, 2005a).

Where leave entitlements are available, it is women, rather than men, who are more likely to deplete their personal leave to meet responsibilities for children (HREOC, 2005a, 6). However, there are an increasing number of workers in jobs without basic leave entitlements (Pocock, cited in Work+Family Policy Roundtable, 2005, 5).

### 3.2.2 Part-time work

The right to return to work on a part-time basis is regarded as an important component in a suite of possible arrangements aimed at facilitating work and family balance. Currently, employers may offer new parents the opportunity to work on a part-time basis up until the child's second birthday, but this is not legislated. Although part-time work can be family friendly, it is not inherently so, particularly if it is obtained by acquiescence to poor conditions, and a sacrificing of career paths. The hours worked in part-time work may be either marginal (a few hours a week) or almost full-time (for example 34 hours a week) hence there is a potential mismatch between hours wanted and hours worked. Marginal part-time work can be disadvantageous in that it does not provide sufficient income, or offer sufficient opportunities to maintain skills (Chalmers, Campbell and Charlesworth, 2005, 51). Whilst many women with children choose to work part-time, others would prefer to work more hours (Gray, Qu and de Vaus, 2003, cited in AIFS, 2005). As with many flexible work practices, part-time work only becomes a family oriented practice when there is a capacity to negotiate arrangements that help meet family needs and that do not penalise the career path of the part-time worker. Further, parents should be able to make the transition from part-time back to full-time work.

### 3.2.3 Reasonable and predictable working hours

Other parents (often fathers) spend so much time working that they hardly see, let alone give personal attention to, their children, which raises concerns about both partnership stability and child development. (OECD, 2003,10)

For full-time employees the working week is getting longer. More than 85% of employed men in full-time work, work an average of 45.3 hours per week (HREOC, 2005a, 16). In a small survey conducted by the AIFS, children were more likely to express a desire for fathers to spend more time with them (15%) than express the same desire for mothers (10%). This may reflect the fact that men are more likely to be working longer hours.

Expectations of long hours of work have implications for the time children may have to spend in childcare. While good quality childcare is generally associated with developmental benefits for children, long hours of early childcare have been associated with a number of poor outcomes for children, particularly where there is less sensitive mothering (NICHD, 2002; Stuart, O'Connor, Cramer, & McKim, 1999).

So too, do we need to consider the impact of unpredictable and non-standard work hours. HREOC (2005a) cites British research that indicates that workers who work non-standard hours have less time reading with their children, less capacity to do homework together, and fewer shared meals(18). Provisions that enable

employers to unilaterally vary the hours worked by an employee or require additional hours to be worked, encroach on the capacity of employees to plan and balance work and family responsibilities: “the open-ended nature of the hours frequently worked are a source of uncertainty and instability for the families involved. ... people spoke of ... the disappointment and loss experienced by children with frequently absent fathers.” (:17).

Casual work has been on the increase over the past decade. In 2002 over a quarter of all employees comprised casual workers. For mothers in the work force, unpredictable work hours are more likely to stem from a reliance on casual work. The irregular and unpredictable nature of much casual work can make it difficult for families to find appropriate childcare (HREOC, 2005a, 19). It also means that for those children in formal childcare on a casual basis, peer groups and primary carers are more likely to change, even if they are able to keep returning to the same centre.

Reasonable and predictable work hours for parents facilitate the likelihood of better quality non-parental care for children. When children’s attendance patterns are predictable, early childhood programs are better able to foster strong relationships between peers and with primary caregivers. Such relationships are foundational to children’s sense of belonging, and for teachers and caregivers to scaffold children’s learning in an appropriately responsive and challenging way.

### 3.2.4 Organisational culture

Although many work places offer flexible, family friendly arrangements, there is evidence to suggest that parents may be dissuaded from making full use of these because of negative attitudes by managers or co-workers (AIFS, 2005, 21-23).

## 3.3 Other considerations

### 3.3.1 Lone parent families

Approximately one in five Australian families with dependant children is a lone parent family and most of these are lone mothers (de Vaus, 2004, cited in Hughes and Mathews, 2005). Because lone parents are more likely to be exclusively responsible for their children they can face additional difficulties in navigating work and family. Further, single parents may have smaller social networks than couple families to draw upon for informal childcare support and face particular difficulties in relation to childcare, because they have fewer financial resources to pay for it (Hughes and Stone, 2003, cited in AIFS, 2005).

Lone mothers are less likely to be in paid employment than mothers from couple families, and because they are more likely to be employed on a casual basis and as casual workers, they do not have access to paid leave. In 2001, 35.1% of employed lone mothers were casually employed compared with 23.7% of employed couple mothers (ABS, 2001, cited in Hughes and Gray, 2005).

Yet, once in employment, lone mothers are more likely to be working full-time than women from couple families (Hughes and Gray, 2005). The higher propensity for full-time work may be because of the need to earn sufficient income for the family (Drago, Tseng and Wooden, 2004; Glezer and Wolcott, 1995, cited in Hughes and Gray, 2005). This view is consistent with the finding that 20% of single parents working part-time preferred to be working full-time (Gray, Qu, and de Vaus, 2003, cited in AIFS, 2005).

### 3.3.2 Jobless households

Of all families with dependants, 20% had no employed parent in 2004, with most jobless households (two-thirds) being lone parent households (ABS, 2004b, cited in AIFS, 2005). Families with unemployed husbands are more likely to also have unemployed wives. Excluded from these figures are families where one parent only works short hours and earns insufficient income to be independent of income support (AIFS, 2005). Clearly such families are dependant on income support and measures designed to enable them to re-enter the workforce.

### 3.3.3 Welfare reform

There is no doubt that paid employment provides a pathway out of poverty for many families. Nevertheless, there is a need to consider carefully how this is done, so that it strengthens rather than weakens family functioning.

From July 2006, parents who claim the Parenting Payment will be required to seek part-time work when their youngest child turns six. Once the youngest child turns eight they will move to the lower paying Newstart Allowance, a number of concerns have been raised in relation to this initiative including the fact that families will be financially worse off under Newstart by at least \$30 a week (ACOSS, 2005) and face a high effective marginal tax rate when they do re-enter the workforce (Harding, Vu, Percival and Beer, 2005).

Parents may also face additional costs to re-enter the workforce. It is not unreasonable to assume that these costs will include transport, clothing and childcare for many sole parents. Under this type of income support regime, many sole parents will be juggling the demands of work and family with little improvement in the financial situation of the family (Harding et al., 2005).

## 3.4 Income support measures

In Australia, family tax benefits are an important source of income support to families with children.

### 3.4.1 Family Tax Benefit Part A

Family Tax Benefit Part A is an income related per child cash payment based on the principle of vertical equity i.e. that taxpayers with dependent children should be treated differently from those without. Most families receive some level of Family Tax Benefit Part A, but it is income tested on the combined earnings of both partners.

### 3.4.2 Family Tax Benefit Part B

Family Tax Benefit Part B is a payment made to single-income families (sole or couple parent households) and the rate is the same regardless of the number of children in the family. Sole parents do not have an income test for Family Tax Benefit B. For couple families the Family Tax Benefit B income test only applies to the person who is the secondary earner (i.e. not the main income earner in the family). The secondary earner of a couple can receive the maximum rate of Family Tax Benefit B if their own income is below \$4,000 per year. Income above this level reduces Family Tax Benefit B by 20 cents in the dollar. Once the secondary income reaches around \$20,000 for a child under five and \$15,000 for a child aged between five and 18, Part B cuts out completely.

While Family Tax Benefits have succeeded in delivering increased financial support to families, there are a number of issues concerning the equity of the system, especially in relation to Part B. In essence, because Part B is paid only to families with a single income earner and the family is eligible for the benefit regardless of the income earned, it treats families differently because of type and does not serve to supplement income according to financial need. That is, it favours families with a stay at home spouse, and disadvantages low and middle income families whose income is derived from the efforts of both partners.

As a result, Part B presents a real barrier to women from low income families getting back into the workforce. Because access to Part B reduces as soon as the non-working partner (usually the mother) earns quite a small amount of money, regardless of the income of their working spouse, it makes more financial sense for the single income earner (usually the father) to work longer or take on a second job.

In its treatment of better off families, Part B sharply contrasts with welfare reform changes which *require* those on parenting allowance to re-enter the workforce once their child reaches eight. “This is really ‘rules for the rich and the poor’ to the point of being distasteful.” (McDonald, 2005).

Finally, the system as a whole presents real difficulties for families who choose to claim regular family payments throughout the year, rather than wait for an end of tax year rebate. Such families are likely to be those in most need of regular income supplementation (i.e. those with lower incomes). In order to claim periodic family payments, families must estimate their annual income. To do so accurately has proved difficult for many families and many find that they are left with a debt that must be repaid to the government. This places a very real financial burden on many families, particularly the families who can least afford it.

## Section 4: The education and care of young children

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More and more infants, toddlers and preschoolers are being cared for and educated on a regular basis, for extended periods of time, in environments outside the home. Their time in such environments may be joyful, stressful, boring, stimulating, or perhaps even frightening. Developmentally, their experiences may be nurturing and responsive, with the potential to enhance their daily lives and future wellbeing; or they may be alienating and unresponsive, with potentially adverse consequences for their development now and into the future. Parents may find their early childhood service a source of community and support; or they may feel dissatisfied, but limited in the choices they can make for their children. The experiences of children and families are critical to their social wellbeing, for the evidence is clear that the quality of children's early experiences has an impact on how they develop, and many developmental outcomes have an impact on the type of society we create.

The quality of these environments for children is crucial. Research firmly establishes that good quality early childhood programs are associated with positive benefits for children and families in terms of concurrent outcomes and outcomes over time (see Howes, 1992; Peisner-Feinberg and Burchinal, 1997; NICHD, Early Childcare Research Network, 2002; Phillipsen, Burchinal, Howes and Cryer, 1997). While good quality environments are related to positive developmental outcomes, poor quality environments are related to adverse outcomes. For instance, children experiencing lower quality care have poorer cognitive-linguistic functioning at two, three, four and five years of age (see Love, Schochet and Meckstroth, 2002; NICHD, Early Childcare Research Network, 2002). If early childhood services are to genuinely support families and children, quality is fundamental.

A substantial body of research establishes the benefits of good quality early education and care, and earlier entry into programs is thought to have particular benefits (Andersson, 1992; Richardson and Marx, 1989; Osborn and Millbank, 1987, cited in Cleveland et al., 1998; Sylva et al., 2003; Wylie et al., 2006). Children are more likely to be emotionally secure and self confident, have good language skills, and have the ability to regulate their own behaviour (Howes and Hamilton, cited in Helburn and Howes, 1996). *The Cost Quality and Outcomes Study*, the *EPPE project* and the ongoing work of the *National Institute of Child Health and Development* (NICHD) are three well-known research projects which have established improved outcomes for all children across a number of domains when children attend higher quality early childhood programs (Peisner-Feinberg et al., 2000; Sylva et al., 2003) including the positive influence of preschool on children's development in skills considered important to children's ability to succeed at school (Peisner-Feinberg and Burchinal, 1997; Sylva et al., 2003).

As a result, a review of early childhood service provision in Australia is warranted and timely. A number of previous reports have highlighted the complexity of the current system within Australia (Pannell, 2005; Press, Rice and Hayes, 2002; OECD 2001; Press and Hayes, 2000; Childcare Advisory Council, 2001). However, one of the most important reasons for taking stock of the system is that the use of formal education and care for children under school age is on the increase at a time when we understand much more about the importance of children's early development and the types of environments which support children and their families. A contemporary research base now exists which provides a greater understanding of the structures and practices which support children's development in out-of-home settings than existed when early childhood programs were first established; and innovations in early childhood programs internationally can be used to offer Australia cogent lessons for policy formulation. This offers a unique opportunity to examine the current system and assess both our strengths and weaknesses to ensure that we get it right for children.

An equally important impetus is that to neglect the insights from research runs the risk of getting it wrong. Getting it wrong will not only have adverse consequences for individual children and families, but will exacerbate disadvantage, perpetuating and facilitating poor developmental outcomes that erode social cohesion and community wellbeing. For instance, Peisner-Feinberg et al. (1999) found that children at risk of not doing well at school are positively influenced by participation in good quality services but they are also particularly susceptible to the impact of poor quality childcare.

The following sections provide a national overview of early childhood education and care, and identify key trends and issues concerning its provision, from which will be developed a schema for future policy, the pivotal criteria for which centres on children and their wellbeing.

## 4.1 The use of non-parental early care and education in Australia

Non-parental care in Australia, broadly described, may be formal or informal. The Australian Institute of Health and Welfare (AIHW) describes formal childcare as providing “care and developmental activities for children” (2003, 225). **Formal services** comprise regulated and/or accredited government funded children’s services such as preschool, long day care, family day care, regulated home-based care, occasional care, in-home care and outside school hours care. **Informal care** includes unregulated home-based care, nanny care, babysitting, and a range of informal arrangements between family and friends.

It is estimated that almost half (49%) of children aged 0-11 use informal and formal childcare (ABS, 2003c, cited in AIHW, 228).

### 4.1.1 Informal care

Of all children aged between 0-4 using care, the percentage and pattern of those using informal care is as follows:

- Grandparent 39.1%
  - Brother/sister 1.3%
  - Other relative 10.6%
  - Other person 10.8%
- (AIHW, 2003, 231)

### 4.1.2 Formal care

Of all children aged between 0-4 using care, the percentage and pattern of those using formal care is as follows:

- Long day care 35.3%
  - Family day care 9.6%
  - Occasional care 4.2%
  - Preschool 24.4%
- (AIHW, 2003, 231)

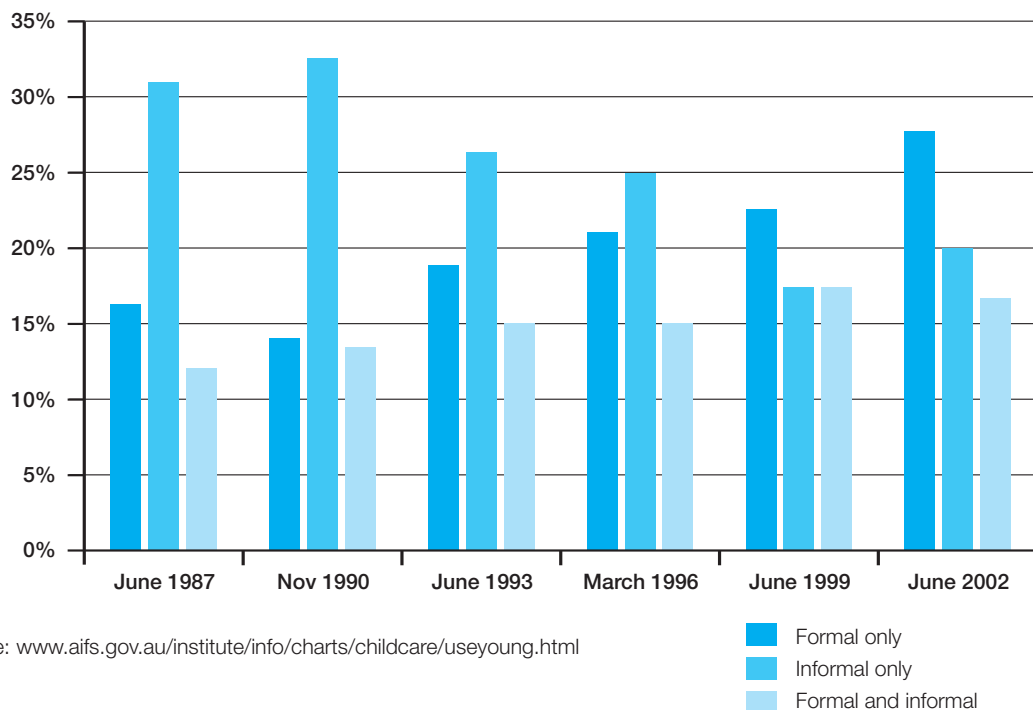
### 4.1.3 Trends

The number of children who use only formal care is increasing. Between 1993 and 2002, the number of children aged from birth to four years using *only* formal care increased by 39% whilst the number of children using *only* informal care fell by 28% (AIHW, 2003, 229).

As children’s age increases so too does the use of care, rising from 34% for children under one year of age to 88% of children at age four (AIHW, 2003, 229). However, there are significant variations as to whether children are using informal or formal care, with informal care predominant for children under one (79%) but dropping to only 6% of children aged four (AIHW, 2003, 229). As the use of informal care decreases with age

(for children 0-4), the use of formal care increases. Twelve per cent of children under one were in formal care only and 8% used both formal and informal care, whilst 61% of four year olds were only using formal care and 33% used both (AIHW 2003: 230). However, the *proportion* of children in care under two years of age is increasing. The 2004 FaCS Census of Child Care Services found that 16% of children in private long day care centres were under two years of age; 21% in community-owned centres; 22% in family day care and 22% in in-home care (:13).

#### Children aged 0-4 years: proportion using formal or informal care, 1987-2002



#### 4.1.4 Patterns of use in relation to service type

**Grandparent care.** Grandparent care represents the bulk of informal care, with almost 40% of children under four years of age looked after by grandparents. Most grandparents report looking after grandchildren to enable their daughters or daughters-in-law to return to paid employment. Goodfellow and Lavery (2003) caution us not to treat grandparents as a homogenous group or to assume that grandparent care is 'on-tap'. Grandparents have a diversity of views and attitudes about looking after their grandchildren, with some actively choosing to do so, and others acting out of a sense of obligation. Although most grandparents report a willingness to look after grandchildren, many also report that they also want time to themselves and do not wish to be taken for granted. Many grandparents are still in paid employment, hence they too must juggle the responsibilities of work with looking after grandchildren.

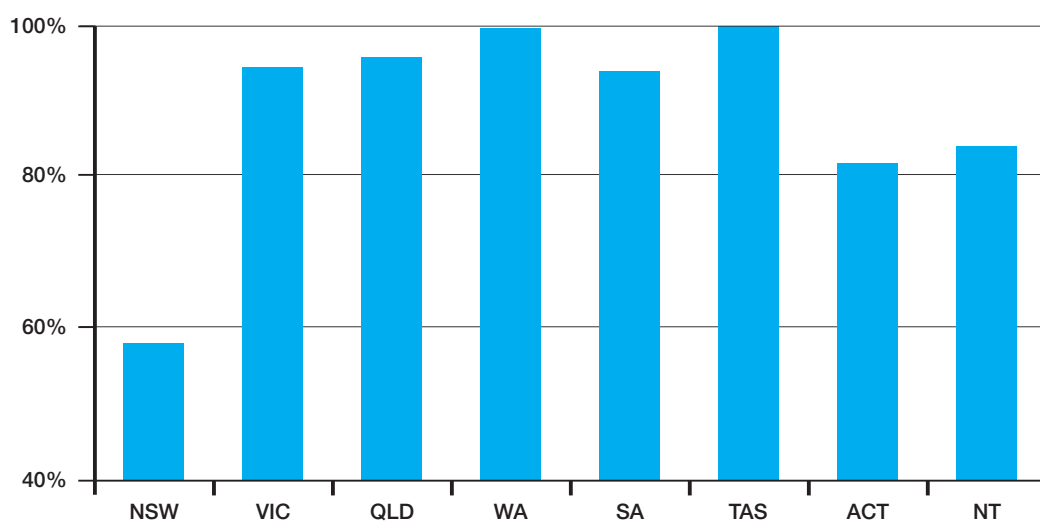
**Long day care.** Fifty-nine per cent of children using formal childcare (excluding preschool) attended long day care (AIHW, 2005, 91). Forty-six per cent of children using community based long day care were two years of age and under. Thirty-seven per cent of children using private long day care were two years of age or under (FaCS, June 2005, Tables 24, 25).

**Family day care.** Of all children aged between 0-4 using non-parental care and education services, just under 12% use family day care (FaCS, June 2005, 7). Forty-two per cent of children using family day care are two years of age or under (Table 26).

**In-home care.** An estimated 3,240 children are using in-home care which represents a significant increase in a two year period (nearly 116%). Thirty-three per cent of these children are under two (FaCS, June 2005).

**Preschool.** Using the ABS Childcare Survey, the Australian Institute of Health and Welfare (AIHW) estimates that in June 2002, 239,100 children attended preschool (AIHW, 2005). Significantly, the participation rate in preschool is higher in major cities (58%), for non-indigenous families (57%) and for families with the highest incomes (65.9%). The latter are 1.4 times more likely to have children who attend preschool than families on the lowest incomes (48.5%). It also appears that children from a non-English speaking background, children with no employed parents and children who have parents without a post-school qualification are less likely to attend preschool (AIHW, 2004, 65-66).

**Proportion of children attending State and Territory government funded and/or provided preschool services immediately before the commencement of full time schooling.**



Source: Productivity Commission Report on Government Services 2006, Volume 2.

Patterns of preschool attendance vary between jurisdictions. Variations occur because the age at which children become eligible to attend differs as does the composition of available days and hours to attend, as well as variations arising from family choices. Issues concerning preschool availability across Australia will be examined further in the section on provision. (Refer to Appendix A, Tables 2 and 3).

While participation in long day care more than doubled between June 1993 and June 2002, preschool participation did not significantly change, although a slight downward trend can be detected in some States and Territories.

**Multiple childcare arrangements.** In an analysis of the ABS Childcare Survey (2002), Qu and Wise (2004) estimated that 32% of children using some form of non-parental childcare, or 21% of all children under five, experienced multiple care arrangements. Of these 18% used two types of childcare whilst 3% used three or more.

Only 5% of infants were in multiple care whereas 37% of four year olds were. The type of care arrangements children find themselves in are also likely to vary with age. Infants and very young children are more likely to be in a mix of informal childcare arrangements, children aged two and three are more likely to be in a combination of formal and informal care, whilst four year olds are likely to combine formal care options, a finding possibly related to the greater availability of preschool services for four year olds in many jurisdictions.

Use of multiple childcare arrangements is linked to parental workforce participation, with children more likely to be in such arrangements if the resident parent(s) worked. As children grow older they are more likely to experience multiple care, and a greater number of care arrangements.

## 4.2 What factors drive the current use of early childhood education and care?

### 4.2.1 Labour force participation

The majority of children live in either two parent dual income households, or single parent employed households (Buchanan and Thornthwaite, 2001). The participation of parents in the workforce is a major reason why families seek to use children's services. Not surprisingly, use of children's services is higher among employed parents. Fifty-nine per cent of children within couple families used children's services if both parents were employed, and 74% of children in sole parent families used children's services if that parent was working (ABS, 2002, 6).

In June 2002, an estimated 805,000 couple families in Australia had at least one child under five years. Of these families, half had both parents in the labour force. At the same time, 41% of the 173,000 sole parent families with a child under five years of age, were also in the labour force (AIHW, 2003, 226). By the time their youngest child is two years old, almost half (49%) of all mothers are in paid employment (as at August 2001, AIHW, 227). The vast majority of Child Care Benefit (CCB) use is for work related reasons (90% in long day care and 88% in family day care) and 49% of children's paid hours in occasional care are for work related reasons (FaCS, June 2005, 15).

### 4.2.2 Assistance to children and families with additional needs

As previously indicated the provision of early childhood services can act as part of a successful early intervention strategy. The detection, assessment and provision of support for children and families with additional needs occurs in a number of ways; through screening once children are in the program, through referral to a program by an outside agency or by being identified as part of a social group that is recognised as often requiring specialist support. Both Federal and State and Territory Governments administer schemes to support children who are considered to have additional needs. The use of services by children within certain target groups is outlined below.

#### **Use of Commonwealth approved services by children with additional needs**

Whilst an estimated 4% of the total Australian population is comprised of Aboriginal and Torres Strait Islander children aged between birth and four years, approximately 2% of children in all long day care (centres, family day care and in-home care) were Aboriginal or Torres Strait Islander. Whilst an estimated 4.3% of children in the birth to four age group had a disability, the proportion of children with a disability using all long day care was 2.2%. The proportion of children from culturally and linguistically diverse backgrounds in all long day care was 12%. Eighteen per cent of all children in long day care centres were from sole parent families while in family day care and in-home care 25% of children came from sole parent families (FaCS, June 2005, 16).

In-home care has the highest proportion of children with a disability (16%), compared to 3.4% in family day care, 1.9% in community-owned long day care and 1.2% in private long day care. However, the proportion of children from culturally diverse backgrounds was higher in long day care (13%), than family day care (9%) and 4% in in-home care (FaCS, June 2005, 16).

Less than 1% of all children using Commonwealth supported children's services were referred because of risk of serious neglect or abuse (FaCS, June 2005, 15).

Although not an identified additional needs group, children from low income groups are more highly represented in Commonwealth approved childcare than they are in the community (Productivity Commission, 2005).

### Use of preschools by children with additional needs

The Productivity Commission (2005) estimates that nationally, preschool attendance by children from non-English speaking backgrounds and Indigenous children (6.2% and 4.5% respectively) broadly correlates with their representation in the broader community (6.1% and 4.1% respectively). It is difficult to accurately compare the representation of children with a disability in preschool (4.7%) with the proportion of those in the community as community figures include all children aged birth to 14 years (8.2%).

It must be noted that across all service types and categories, national averages disguise variations in representation across jurisdictions.

### 4.2.3 Other reasons

While work is the main reason parents give for using care (for formal care 46%; and informal care 45%), benefit to the child is the next most common reason for parents' use of formal care (ABS, 2002).

Preschool has long been recognised as being educational and is strongly linked to a concept of school readiness. Much preschool utilisation is not linked to parent workforce participation as preschools usually run for short days or half days, children's access is usually limited regarding the numbers of days they attend a week, and preschools are often closed during school holidays (Press and Rice, 2002). However, some parents may supplement informal care with preschool to enable their workforce participation (Baxter, 2004).

The AIHW notes that early childhood services are also important to families who move. Between 1996 and 2001 more than six million people changed address in Australia and 20% of this population were under fifteen years of age. Childcare and preschool for families with young children provide an important opportunity for all family members to build new networks and gain support (2005).

It is clear that for increasing numbers of children, the early childhood education and care setting is part of their everyday life (Strandell, in Penn, 2000, 149). For a significant number of children, this experience is one which they have from infancy until formal schooling starts. Children who enter full-time childcare when they are babies and stay until they enter school, spend almost the same number of hours in an early childhood setting as they will for the whole of their schooling (National Childcare Accreditation Council). However, the majority of children attend childcare on a part-time basis – 58% of children in long day care attend for less than 20 hours, 79% less than 30 hours, 80% of children in family day care, and 74% of children using in-home care attend for less than 30 hours a week (FaCS, June 2005, 7).

## 4.3 Provision of Early Childhood Education and Care (ECEC)

Government policy influences the shape and direction of children's services, what is provided, who has access, and the quality of service provision. Each level of government in Australia has displayed a commitment to children's services either through funding, and/or through the establishment of standards, regulation or early childhood curricula. Such mechanisms, coupled with already expressed policy commitments to action in the early years, provide a strong foundation upon which to build a system which successfully responds to issues of child and family wellbeing.

In order for this to occur it is necessary to understand how children's services are currently configured.

### 4.3.1 Children's Services' providers

Early childhood education and care in Australia involves at least two and sometimes three layers of government. Responsibility is divided between the Commonwealth Government and State and Territory governments, with local government playing a significant role in some jurisdictions. Provision of services is reliant upon a mix of government, non-profit and for-profit providers.

The providers of formal early childhood services vary according to type (whether the service is preschool, centre based day care, or a type of home-based care) and sometimes location. Such variation reflects the influence of diverse policy antecedents.

Preschool provision is predominantly the province of State and Territory education departments (Western Australia, South Australia, the ACT, the Northern Territory and Tasmania), with parent organisations and non-profit sponsor bodies (such as the KU Children's Services and the Queensland based Crèche and Kindergarten Association) major providers in NSW and Queensland.

The private sector provides most long day care centres in Australia (approximately 70%) (AIHW, 2005). As a result of corporate mergers and the acquisition of the Defence Force contract for childcare a substantial percentage (over one fifth) of long day care centres in Australia are held now by the one corporation, ABC Learning.

The non-profit sector dominates the provision of other types of services, predominantly family day care and outside school hours care (96%) (AIHW, 2003).

The number of childcare services is increasing, with the biggest growth being in the number of private long day care centres (217 since 2002 compared to 15 community long day care in the same period) (FaCS, June 2005, 7).

## 4.4 The role of Government

### 4.4.1 Commonwealth Government

Two Commonwealth Departments are involved in the provision of children's services, the Department of Family, Community Services and Indigenous Affairs (FaCSIA) and the Department of Education, Sciences and Training (DEST). The Family Assistance Office administers family and childcare benefits to families.

The Childcare Support Program, under the ambit of FaCSIA, has a primary objective of "helping families to participate in the social and economic life of the community through the provision of support for childcare services." (FaCS, 2002). This is a broadly stated aim oriented toward the provision of childcare to assist parents. FaCSIA has policy responsibility for long day care, family day care, outside school hours care and some occasional care (these are known as approved services). It administers a fee subsidy (Childcare Benefit) for eligible families and provides some funding to eligible Commonwealth approved services for specific purposes. The Minister for FaCSIA appoints the National Childcare Accreditation Council (NCAC) which oversees quality accreditation systems for long day care, family day care and outside school hours care. The NCAC aims to accredit services for quality. Its functions are outlined in section 5.

DEST is a major source of funding for Indigenous early childhood programs.

### 4.4.2 State and Territory Governments

State and Territory governments are primarily responsible for preschool and the regulation of children's services, with some also providing funding to services other than preschool. Within each State and Territory responsibility may rest with the portfolios of Health, Community Services or Education or be divided between them. The following section will focus on outlining patterns of preschool provision. Regulatory regimes will be discussed in detail in section 5.

Preschools are often aligned with education portfolios and policy concerning other children's services aligned with the portfolios of community services or health, but there is no uniform pattern (Refer to Table 1 in Appendix A). In relation to preschools, there are also variations in terminology (the same service may be referred to as preschool, kindergarten, or transition), the age range of children eligible to attend preschool, hours of operation, patterns of utilisation, availability, cost, relationship to school entry, and the location and management of programs (Press, Rice and Hayes, 2002) (Refer to Tables 2 and 3 in Appendix A for further indication of these variations).

Of all children attending preschool, an estimated 62% are aged four. Almost 20% are three years old and 18% are five. Fifty-four per cent of children spend between 10 and 19 hours a week at preschool (AIHW, 2005).

## 4.5 Funding, cost and affordability

Issues concerning the cost of education and care for young children are inseparable from the way in which services are funded. Funding for early childhood services occurs in several ways. It may be through operational or capital funding, the direct delivery of services, funding to parents as the buyer of services, or funding tied to specific purposes such as additional for children with additional needs.

Because of the policy and jurisdictional divisions between preschool and other forms of early childhood education and care, funding comes from different government sources. The Productivity Commission (PC) estimates that in the 2003-04 year, total government expenditure on children's services (across National, State and Territory governments) was \$2.4 billion. Almost three quarters of this (74.5%) was from the Federal Government. Of this amount, a little over three quarters (78.8%) was in the form of fee assistance to families. In contrast, State and Territory governments spent just over 80% of their total expenditure on the provision of preschool services (PC, 2005).

In relation to GDP, expenditure on early childhood services in Australia is comparatively low (as is that of the UK and US) (Candappa, Moss, Cameron, McQuail, Mooney and Petrie, 2003, 5).

### Inclusion in publicly supported early childhood education and care (mid-1990's)\*

	Share of children served in publicly-financed care, ages 0, 1, 2	Share of children served in publicly-financed care, ages 3, 4, 5	Typical schedule, primary form of care for children, ages 3, 4, 5	Share of 5 year olds served (in education-oriented care) when compulsory schooling begins at 6	Age of compulsory schooling	Share of 6 year olds served (in education-oriented care) when compulsory schooling begins at 7
<b>Nordic Countries</b>						
DK	48%	82%	Full day	–	7	93%
FI	21%	53%	Full day	-	7	57%
NW	20%	63%	Full day	-	6 <sup>1</sup>	(90%)
SW	33%	72%	Full day	-	7	93%
<b>Other European Countries</b>						
BE	30% <sup>2</sup>	95% <sup>3</sup>	Full day	99%	6	-
FR	23%	99%	Full day	100%	6	-
GE	2%	78%	Part day	79%	6	-
IT	6%	91%	Full day	99%	6	-
NL	8%	71%	Mixed <sup>4</sup>	-	5	-
<b>English-language Countries</b>						
AS	5%	40%	Part day	74% <sup>4</sup>	6	-
UK	2%	60%	Mixed <sup>4</sup>	-	5	-
US	5%	54%	Part day	89%	6	-

\* This is the most recent cross-national comparison

<sup>1</sup> Lowered from 7 to 6 in 19972 Averaged across French, Flemish, Germany communities. Data for Germany are for the former West Germany only

<sup>3</sup> In the NL, varies by age group; in the UK, nursery education is usually part-day, reception class usually full-day.

<sup>4</sup> Number includes 5 year olds in primary school only (pre-primary not included)

Source: Candappa, M., Moss, P., Cameron, C., McQuail, S., Mooney, A. & Petrie, P., Funding and Sustainability, adapted from Meyers and Gornick (2001:167).

### 4.5.1 Commonwealth funding

The Commonwealth's approach to early childhood education and care funding emphasises targeted benefits and prioritises the market, and limits government responsibility to cases of market failure (Candappa et al., 5). The bulk of Commonwealth funding for childcare is in the payment of CCB (FaCS, June 2005) although the Commonwealth also provides funding aimed at improving the access of services to children and families with additional needs.

**Childcare Benefit (CCB).** CCB is a fee subsidy payable to families using either registered care or approved services. Registered care is provided by individuals such as relatives, friends or nannies who are registered with the Family Assistance Office. Some services such as non-government and private preschools are also eligible to become registered (Family Assistance Office (FAO), 2005). Approved services include long day care centres and family day care schemes that are accredited by the National Childcare Accreditation Council (NCAC).

All families using Commonwealth approved or registered services are entitled to a minimum payment of CCB which at the current time is \$0.483 per hour up to a maximum of \$24.15 a week. Additional CCB is paid to families for use of approved services with the amount paid varying according to hours used, income and number of children (FAO, 2005).

Families can access up to 20 hours a week of subsidised childcare for non-work related purposes and up to 50 hours for work related care (Popple and Martin, 2003). CCB is means tested, with the amount families receive related to their income. For instance a family with 3 children in care for 50 hours a week is entitled to a weekly subsidy of \$156.59 per child if their income is below \$33,361. For a family with three children in care with an income above \$117, 847.74, only the minimum rate of CCB is payable (FAO, 2005).

**Child Care Tax Rebate (CCTR).** The Child Care Tax Rebate provides additional financial support to families toward the cost of childcare fees. Families must be in receipt of CCB in order to qualify for CCTR which covers 30 per cent of out-of-pocket child care expenses. Out-of-pocket child care expenses are the fees paid for approved care less Child Care Benefit (CCB).

The rebate is paid up to a maximum \$4,000 per child per year and is paid on the basis of family income, the number of children in care and the type of care.

**Additional Needs Funding.** The Supplementary Services Program aims to improve the capacity of services to cater to children with specialist needs, by funding the employment of specialist staff to support the work and programming of childcare staff. The Special Needs Subsidy Scheme is targeted to providing more direct support to individual high need children (AIHW, 2005). The Jobs, Education and Training (JET) Program is designed to help parents in receipt of Parenting Payment to re-enter the workforce. JET arranges access to childcare in conjunction with advice, training and employment opportunities (AIHW, 2005).

## 4.6 Cost and affordability of long day care

According to the 2004 Census of Child Care Services the average weekly fee in private long day care in 2004 was \$208 (up from \$184 in 2002); in community owned long day care, the fee was \$211 (increasing from \$188 in 2002); in family day care it was \$185 (up from \$163) (FaCS, June 2005).

The full cost of childcare fees is subsidised by CCB. The gap fee is the difference between the full fee and the CCB amount the family is eligible for. For instance, in 2003 the maximum CCB for one child in full-time care was \$133 whilst the average weekly fee was around \$208. Hence, families with one child in full-time centre based early childhood education and care would face a *minimum weekly* fee of \$75 regardless of income. The lesser the entitlement to CCB the higher the gap fee.

Although CCB is linked to the CPI, fees for childcare have been rising higher than the CPI. From September 2003 to September 2004 the cost of childcare increased by 10.3%. The only goods and services price increased which was higher was fuel at 12% (ABS, 2004b, cited in Cassells, McNamara, Lloyd and Harding, 2005).

Whilst Toohey (2005) establishes that CCB successfully contributes to both horizontal equity (families with more children receive more CCB) and vertical equity (larger amounts of CCB to those on low incomes), the AIHW (2001) found that CCB was more effective in relation to affordability for those using part-time care (because of the loading paid to those using less than 20 hours a week) than for those using full-time care. Drawing upon the work of other researchers, they postulate that the cost of full-time care may be a disincentive for parents on low incomes who want to retrain and it may also be one of the factors taken into account regarding the decision to have more than one child.

The Productivity Commission (2005) calculates that out-of-pocket costs<sup>1</sup> for childcare, as a proportion of weekly family income, increase with gross annual income. Families with one child in full-time centre based care and an annual income of \$27,000 spend 12.5% of their weekly disposable income. The equivalent families on \$65,000 spent 13.4%. This increases significantly when two children are in full-time care to 20.5% for those on \$27,000 to 22% for those on \$65,000.

The introduction of the 30% out of pocket cash rebate (CCTR) by the Federal Government is expected to reduce this amount for some families. However, the CCTR is of most benefit to higher income families who pay more out of pocket expenses for child care. Because the CCTR operates as a tax offset that can only reduce a person's tax liability to zero, it provides no additional assistance to low income families with a low or zero income tax liability (ACOSS, 2006).

As a proportion of disposable income, the cost of childcare has increased for most family types since 2000. Two income, couple families on high incomes (2.5 times the national average weekly earnings) are the only group for whom childcare has increased in affordability. Sole parents in receipt of parenting payment are the group for whom childcare is least affordable (AIHW, 2005).

In comparison to family day care, in-home care had a lower proportion of parent users who received no Childcare Benefit (CCB), and higher proportion of parent users who received maximum or partial CCB (:17). Thirty-three per cent of families using long day care, family day care and in-home care received maximum childcare benefit (:16).

Fees are influenced by a range of factors. Staffing costs (numbers of staff, qualifications of staff, rates of pay) and the cost of insurance are two factors often cited by service providers as the reason for fee increases. Powlay (2000) noted that fee increases in the private sector appear to follow fee increases in the community-based sector.

Use of formal childcare is easily affected by price. The cost of childcare has a direct impact on the decisions mothers make regarding participation in the paid workforce. Increased childcare costs result in a lower probability of the mother's participation in paid employment, reduced work hours, or children being withdrawn from formal options and placed in unpaid (or lesser cost) alternatives (Cleveland, Gunderson and Hyatt, 1996, cited in Cleveland et al., 18).

In an analysis of trends in childcare usage in Australia, Lee, Carlson and Mitchell (2001) found that prior to 1996, the major reason for parents of three year old children not using additional long day care or preschool was a lack of supply, whilst by 1999, the major reason had become cost.

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1 The proportion of weekly disposable income spent on childcare services after payment of subsidies (PC, 2005)

## Section 5: Quality in early childhood education and care

### 5.1 The critical importance of good quality services to children's wellbeing

Quality within early childhood education and care is multidimensional both in manifestation and in outcomes. It encompasses the way in which services relate to their families and communities as well as approaches to caring, teaching and learning. Quality varies; it can be good or poor, mediocre or excellent. We know that poor quality services place children at risk. Mediocre education and care will, at best, be custodial and at worst damaging. On the other hand, a high quality early childhood service is a dynamic space for children and families which creates and enhances family and community networks, becomes a trusted source of information and support, provides children with caring and nurturing learning programs, and where appropriate, specialist intervention. Quality makes a difference in children's lives, determining the nature of their daily experiences and influencing their development in school and throughout the rest of their lives.

All children are influenced by the quality of the education and care they experience and children from less advantaged backgrounds are more susceptible to its influence (Peisner and Burchinal, 1997). But good quality is not automatically assured and poor quality can be found across all service types. The United States based *Cost, Quality and Outcomes Study* described the quality of care and education of pre-school age children in that country as 'generally mediocre' (Peisner and Burchinal, 1997). In a study of 100 randomly selected family day care homes, Howes and Norris (1997) found that the average rating indicated minimal quality. In a Canadian study of family day care, a little under one third of those surveyed provided care that was considered below the standard of good custodial care, with 7.8% being of inadequate quality (Doherty, Lero, Goelman, Tougas, and La Grange, 2000).

Such findings are not necessarily reflective of the Australian context. However, they do underscore the need to actively facilitate the attainment of good quality. Poor quality is not acceptable in any circumstances. As well as making children's lives in out-of-home care needlessly stressful, it greatly increases the likelihood of adverse outcomes over time both in relation to children's development and in relation to social consequences.

### 5.2 What makes a good childhood in early childhood settings?

What makes a good childhood for children in early childhood settings? Answering this question is fundamental to developing an understanding of the nature of good quality education and care.

Considering this question from a rights perspective, we can draw upon the United Nations Convention on the Rights of the Child. The child's right to play is encapsulated in Article 31.1 of the Convention. Enabling a child's right to "rest and leisure, to engage in play and recreational activities ... and to participate freely in cultural life and the arts" should be considered an essential component of early childhood environments in a world in which the space for children's play is increasingly encroached upon by a diverse range of factors including urban development, fears for children's safety and approaches to children's learning which focus upon narrowly prescribed academic outcomes.

A great deal of children's learning about the world can take place within the early childhood setting hence it is also relevant to consider Article 29 of the Convention which calls for children's education to be directed to "the development of the child's personality, talents and mental and physical abilities to their fullest potential". Fundamental to this article is a commitment to education reflecting and engendering a respect for human rights; and a concern with "the preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples". Evident is a holistic and long term view of the role of education in relation to children's learning and development and the skills required for the creation and enhancement of civil society. Thus in seeking to understand quality it is pertinent to reflect upon how early childhood services cultivate a respect for, and an understanding of, children as active agents in the world and to ask how services nurture children's sense of community and responsibility for others.

According to McCain and Mustard (1999) “learning in the early years must be based on quality, developmentally-attuned interactions with primary caregivers and opportunities for play-based problem-solving with other children that stimulates brain development” (cited in Doherty, Lero, Goelman, Tougas, and La Grange, 2000).

Children develop in the context of relationships. When key relationships in children’s lives are ‘developmentally-attuned’ and responsive to their needs, children are given the opportunity to thrive. A good childhood is supported by early childhood settings that recognise the importance and the multiplicity of children’s relationships, that understand that the significant relationships in children’s lives include a range of family members (parents, siblings, grandparents, aunts, uncles and cousins), teachers and carers, peers, and others within their community.

I look happy because I played with all my friends and the teachers were lovely and they didn’t tell everyone to go to sleep for 20 minutes (Elyse aged five, describes a picture she drew for the consultations for *ACT Children’s Plan*)

Elyse’s description about what made her feel valued at preschool, neatly encapsulates the importance to children of relationships with friends and teachers, as well as the desirability of individual responsiveness to children’s needs and wishes. According to research by the NSW Commission for Children and Young People, children want the following from their caregivers – someone who spends time with them and nurtures them, provides happy, stimulating environments, makes them feel warm, wanted and welcome, and helps when they are unhappy or need attention (Calvert, 2003).

In good quality education and care environments, children are encouraged to develop strong relationships with the staff and with each other. Interactions between caregivers and children are frequent and positive. Children are understood and responded to as individuals with teachers and caregivers promptly and thoughtfully responding to children’s questions or infants’ bids for attention (Love, Schochet and Meckstroth, 1996, NSW Curriculum Framework).

Thus, in some respects at least, a good childhood within early childhood services, can be understood as one in which children’s innate capacities are nurtured and strengthened, and where children are supported in attaining key developmental milestones and the key social and empathic skills necessary to negotiate life. Children’s services need to be places for children to form friendships, play, learn and to be a part of the cultural life of the community. To this end, the early childhood service needs to be more broadly reconceptualised from being a place where children *can be left* while their parents are at work, to becoming a place *where children can go* for friendship, interaction, nurturing, learning and support.

### 5.3 What can be done to support quality in early childhood education and care?

A positive influence can be exerted upon the quality of care and education for young children and their families through four key mechanisms:

- A strong *and enforced* regulatory framework which addresses key structural components of quality;
- An accreditation system which accurately assesses the quality of children’s experiences within the setting (the process components);
- A pedagogical framework that focuses on children’s holistic development and wellbeing; and
- Attracting and retaining an appropriately qualified professional workforce.

### 5.3.1 The interactive nature of quality

The achievement of a good quality early childhood environment which supports children's development is dependant upon the interaction of two dimensions: *structural components* – which are those components which make the provision of good quality care and education more likely (hence these may also be referred to as *contributing components*); and *process components* – which encompass the dynamics of the environment including teacher/carer behaviours, the nature and sensitivity of interactions and curricula (hence these are also referred to as *determining components*).

**Structural components** are concerned with elements of the early childhood environment which are measurable and which have been shown to contribute to overall quality. Research on quality in childcare has identified the following structural features as underpinning the quality of childcare service provision; factors relating to physical health and safety, physical space, group sizes, staff to child ratios and staff characteristics (including levels of training).

Structural components of quality have the potential to be readily included in a regulatory framework. They encompass measurable standards which establish a baseline to ensure an acceptable level of safety, and they provide the floor upon which quality can be built.

**The process components** of quality are concerned with what actually occurs and is experienced within early childhood environment. The process components of good quality settings include positive teacher behaviours; effective interactions; staff stability and continuity; the nature and implementation of curricula; and good communication between carer and parent (Love, Schochet and Meckstroth, 2002, 146-149).

Structural components are the foundations of quality. They directly influence process components such as teacher and caregiver behaviour including pedagogical approaches, interpersonal interactions, decision-making, and the organisation of the environment (Wangmann, 1995).

## 5.4 Establishing standards that facilitate good quality care and education

State Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision. (Article 3.3, United Nations Convention on the Rights of the Child)

### 5.4.1 The importance of a regulatory framework

First and foremost early childhood services require regulation. A more stringent regulatory environment has a positive impact on the quality of care that children experience in centre based care (Phillipsen et al., 1997). This is the case for home based services as well. In Canadian research, length of time as an unregulated caregiver was negatively correlated with ratings of quality and associated with detached behaviour and interactions with children (Doherty et al., 2000). A study of 120 randomly selected family day care providers in the Midwestern states of the US found that more regulation was associated with higher quality services (Raikes, Raikes and Wilcox, 2005). When regulable features of home based services are favourable, caregiver behaviour, the physical environment and caregiver-child interactions are more likely to be rated positively (Clarke-Stewart et al., 2002).

External evaluation and standard setting for quality is particularly appropriate in contexts where there is a predominance of the private market (Mooney et al. 2003). Recent research by Krashinsky (1999) in Canada found that the quality of care and education provided by the for-profit sector was lower than that of the non-profit sector. US research undertaken by Phillipsen et al. (1997) found that for-profit childcare provided significantly poorer quality than non-profit childcare in environments that were less stringently regulated, with the disparity between the quality of non-profit and for-profit childcare reduced in stringently regulated states.

Not only does a regulatory framework need to be in place, it must be monitored and enforced. Research by Gormley (1999) indicates that the quality of child care centres improves with more frequent licensing visits. When licensing visits become less frequent, a significant percentage grow worse, regardless of initial quality.

## 5.4.2 Key elements of regulation

### Staff

Children need adults around them, with whom they can build a trusting relationship. Adults need to respond to children's needs and interests in a warm, nurturing and respectful way. In group care, children need adults (staff) who understand them, the nature of child development, the individual and cultural nuances of such development, reflective teachers who take the time to build relationships with families, understand the children with whom they spend their time, and plan accordingly. For this, staff need stability, training, and recognition that they are professionals. In regulatory terms this means that staff qualifications, the proportion of staff to children (staff: child ratios), and group size are crucial indicators of quality.

### Staff qualifications

Specialist early childhood training and teacher training in particular, are extremely important. The recent UK based Effective Provision of Preschool Education (EPPE) study adds to the body of existing research about the importance of staff qualifications. In this study, centres with highly qualified teaching staff had better outcomes for children (Siraj-Blatchford, 2002, cited in Mooney et al., 2003). This is consistent with earlier US findings that specialist early childhood teacher training contributes to better quality in centre based services (Whitebrook, Howes and Phillips, 1989; NICHD, 1999). Early childhood teacher training supports the provision of good quality services in a number of ways. Teachers tend to be more attentive to health and safety, more effective in encouraging individualised learning, recognising children's needs and facilitating creative play (Darling-Hammond, 1992, cited in Strategies for Children, 2005).

Specialist training is also an important consideration for home-based care. Caregiver education and training consistently emerges as having a positive impact on quality, and counts much more than experience. Specialised training in childcare is the best predictor of caregiving practices, and is associated with more positive caregiving, and with trained caregivers providing higher quality care and less detached caregiving (Fischer et al., 1991; Clarke-Stewart et al., 2002; Burchinal, Howes and Kontos, 2002).

New Zealand has recognised the critical importance of training and has taken strong measures to mandate for early childhood teachers in all early childhood settings (including the coordination units of home based care settings) and improve the supply of early childhood teachers to meet increased demand (New Zealand Education Review Office, 2001).

### Staff to child ratios and group size

Research concerning quality in childcare centres emphasises the importance of appropriate ratios and group size in enabling good quality education and care to occur. Small ratios and group size are considered particularly important for infants and toddlers (Helburn, 1995; Whitebrook, Howes and Phillips, 1989, cited in Azer, LeMoine, Morgan, Clifford and Crawford, 2002). Children do better in centre-based environments when recommended standards regarding staff to child ratios, group size, and caregiver training are met. When these are not met, children do not fare as well (NICHD, 1999).

Staff to child ratios and group size are important for health and safety, as well as affecting staff's capacity to engage with children in individually and developmentally responsive ways. When there are higher numbers of staff to children, caregivers are able to more effectively monitor and promote healthy practices and behaviours which reduce the transmission of disease. Better ratios are also associated with fewer situations involving potential danger and abuse.

Importantly, higher staff ratios enable teachers and caregivers to respond more effectively to the individual characteristics of children and engage with children in a more stimulating, responsive, warm and supportive manner. They also enable children with more complex needs to benefit from greater adult attention (Lally et al. 1994; Mooney et al.:19).

Teachers working within professionally recommended staff to child ratios tend to be more sensitive, less harsh and less detached (Howes, 1992). On the other hand, adults with responsibility for too many children spend a higher percentage of time on simply controlling them (Doherty, 1996).

Such factors are also important for home based environments. In a study examining the impact of adding two school aged children to family day care quality, Howes et al. (1997) found that for many children there was a decrease in provider sensitivity, suggesting that “the task of attending to more children in a larger range is difficult for providers.” (:340). In addition, most providers appeared to shift their focus from the developmental needs of younger children to the needs of older children. This research also suggests that caregiving provided to infants is more sensitive to the influence of group size.

Group size refers to the numbers of children in a group. Smaller group size is associated with a lower risk of infection in childcare and appears to improve the safety of children (cited in Fiene, 2002). It also affects factors such as noise level, the amount of stimulation and confusion. Smaller groups enable children to form caring relationships with one another whereas when there are too many children there can be a loss of intimacy, meaningful shared experiences, and the ability to engage in discovery through play (Lally et al., 1994). The following extract from the consultations around the ACT Children’s Plan (McNaughton et al., 2004), highlights the impact of such factors.

I’m happy in this picture at the lucky, lucky preschool because it’s not noisy there. There aren’t too many kids. (Bronte, aged four).

Tremblay’s work on the developmental origins of aggression lends further weight to the importance of small groups for toddlers. As aggressive tendencies tend to peak between ages two and three, small groups are needed to enable caregivers to attend to the task of teaching children pro-social behaviours (Hay, 2003).

The NICHD study (1996) on infant care emphasises the importance of small groups for positive caregiving. Infants require physical attention and the NICHD observations revealed that caregivers responsible for several infants and toddlers at the same time have limited time to devote to any single child. Conversely, Doherty (1996) cites a range of research findings indicating that too many children in a group is associated with caregivers who are overly restrictive and controlling or detached and uninvolved.

### 5.4.3 Quality accreditation

Whereas regulations are primarily concerned with those factors that facilitate good quality practices, accreditation systems are concerned with evaluating the experienced quality of the setting, and examines those factors relating to process. The *Starting Strong* report of the OECD (2001) highlights the need for supplementing quantitative measures of quality (such as those found in regulations) with qualitative mechanisms. Accreditation systems work best when they involve self evaluation and external validation. Self evaluation facilitates reflective practice and enhances the service’s capacity for change, growth and development. This is crucial in a field where deeper understandings of families and the development and learning of young children are constantly emerging. External validation by professional peers is required to ensure the legitimacy of the accreditation findings.

#### 5.4.4 Pedagogical frameworks

Pedagogical frameworks can guide practice and help ensure consistent standards across early childhood settings. In order to effectively nurture young children's development, it is vital that such frameworks do not focus on narrow academic objectives. "The most important intellectual dispositions are inborn and must be strengthened and supported rather than undermined by premature academic pressures." (Katz, 2003, 3). They work best when they encompass a holistic view of children's development and wellbeing, and when they enable staff and services to be flexible in their pedagogical approaches (OECD, 2001). Such frameworks should stimulate meaningful curricula which supports children's developmental learning and extends their thinking about the world (Love, Schochet and Meckstroth, 1996, NSW Curriculum Framework). High quality curricula centres on children's relationships. When key relationships in children's lives are 'developmentally-attuned' and responsive to individual needs, children are given the opportunity to thrive.

### 5.5 How does Australia seek to assure the quality of the care and education of infants and young children?

Australia is fortunate in the fact that both levels of government seek to influence the quality of early childhood education. The Commonwealth Government does so through its support of the National Childcare Accreditation Council (NCAC) and State and Territory governments through regulations and the development of early childhood curricula. In addition, all governments are involved in the establishment of a national standards framework for children's services. At the time of writing National Standards are under review.

**Accreditation systems** are administered by the NCAC and linked to the services capacity to offer families Childcare Benefit. There is a Quality Improvement and Accreditation System (QIAS) for long day care; a Family Day Care Quality Assurance System (FDCQA); and Outside School Hours Care Quality Assurance (OSHCQA). The accreditation process relies on a self study report undertaken by the service; a review by a peer assessor; and a blind review of the documentation.

**Regulations** for early childhood services are a responsibility of State and Territory governments. As the following table indicates there is considerable variation in which types of services are subject to regulation. There is also variation in relation to the content of each set of Regulations.

**Curricula.** Most States and Territories have also introduced early childhood curricula. Again, there is considerable variation in the age ranges and services to which curricula apply and the approaches taken. Please refer to Appendix A, Table 4.

## Types of Early Childhood Services subject to regulations, by jurisdiction

State/Territory	Preschool	Long Day Care	Family Day Care	Home Based Care	Mobile Children's Services
<b>Australian Capital Territory</b>	Yes Department of Education	Yes Children's Services	Yes Children's Services	No	No
<b>New South Wales<sup>2</sup></b>	Yes Department of Community Services	Yes Department of Community Services	Yes Department of Community Services	Yes Department of Community Services	Yes Department of Community Services
<b>Northern Territory</b>	Yes Department of Education and Training	Yes Health and Community Services (Office of Children and families)	No	No	No
<b>Queensland</b>	Yes Education and the Arts	Yes Department of Communities	Yes Department of Communities	Yes (under Family Day Care Scheme) Department of Communities	No
<b>South Australia</b>	Yes Education (Children's Services)	Yes Education (Children's Services)	Yes Education (Children's Services)	Yes (under Family Day Care Scheme) Education (Children's Services)	Licensed as a babysitting agency
<b>Tasmania</b>	Yes Education	Yes Education (Childcare Unit)	Yes Education (Childcare Unit)	Yes (under Family Day Care Scheme) Education (Childcare Unit)	No mobile children's services
<b>Victoria</b>	Yes Human Services (Children's Services)	Yes Human Services (Children's Services)	No Govt regulating via central register	No Govt regulating via central register	Yes Human Services (Children's Services)
<b>Western Australia</b>	Yes Education and Training	Yes Community Development	Yes Community Development	No	No

2 Please note that although the author has attempted to verify the accuracy of these tables in many jurisdictions funding, administrative and regulatory arrangements are in a state of flux.

## 5.6 Is quality assured?

When key elements of existing standard setting mechanisms are examined against professionally recommended standards, Australia falls short. The nexus between Regulations, Accreditation and Curricula has the potential to be an enormously powerful impetus for the provision of an education and care sector that is of good enough quality to effectively support young children and their families. However, the existence of these mechanisms, in itself, is not enough to assure quality. Content, application and enforcement are critical to their success.

There is no room for complacency. Australian research conducted by Sims, Guilfoyle and Parry (2005) measuring the level of cortisol in children throughout the day at centres of varying quality underscores the necessity of taking the quality of care and education environments for children very seriously. High levels of cortisol are linked with stress. In infants, stress can be particularly damaging and adult responsiveness, including the capacity to soothe and reassure infants when they are stressed, is crucial in enabling infants to achieve emotional equilibrium. Secure attachments to caregivers, characterised by responsive, nurturing care, touching and holding, results in less extreme reactions to stress.

Where responsive adults have not been available infants demonstrate chronically high levels of cortisol and atypical cortisol responsivity. (:4).

Thus the question of whether we are providing good enough care and education is critical. The following section examines Australia's existing quality related mechanisms across a number of key areas including staffing, numbers of children and the effectiveness of monitoring and enforcement.

## 5.7 Staffing requirements of State and Territory regulations

The research is clear. Children do better when recommended standards regarding staff to child ratios, group size and caregiver training are met. When these are not met, children do not fare as well (NICHD, 1999). Hence the following sections will examine existing standards relating to staff against the key findings.

### 5.7.1 Centre-based services

#### Staff to child ratios

The following tables compare the professionally recommended standards for staff to child ratios with those mandated by Regulations for centre based services. Professional recommendations are taken from the Early Childhood Australia (ECA)<sup>3</sup>; and the US based National Association for the Education of Young Children (NAEYC)<sup>4</sup>.

The numbers in bold indicate the instances where recommended standards are met. It is apparent that in more instances than not, regulations and existing national standards fail to reflect the staff to child ratios recommended by professional organisations as necessary for good quality centre based care and education to occur. In research by Howes, Phillips and Whitebrook (1992) settings were more likely to be rated 'good' or 'very good' quality if they had ratios of at least 1 adult to 3 children for infants (1:3); at least 1:4 for toddlers and at least 1:9 for preschoolers. Note that no jurisdiction mandates a ratio of 1:3 for infants.

<sup>3</sup> ECA is Australia's national early childhood peak organisation and regularly publishes Australian early childhood research through the Australian Journal of Early Childhood.

<sup>4</sup> The NAEYC is the leading professional body for early childhood education in the United States with a membership of over 100,000. It is internationally regarded for its research and publications concerning early childhood issues.

Professional Recommendations			State and Territory								
Age	Staff: Child ratio (AECA)	Staff: Child ratio (NAEYC)	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	National Standards
Birth - 12 months	1:3	1:3-1:4	1:5	1:5	1:5	<b>1:4</b>	1:5	1:5	1:5	<b>1:4</b>	1:5
13 - 24 months	1:4	1:3-1:4	1:5	1:5	1:5	<b>1:4</b>	1:5	1:5	1:5	<b>1:4</b>	1:5
25 - 36 months	1:5	1:4-1:6	<b>1:5</b>	1:8	<b>1:5</b>	1:6	1:8	<b>1:5</b>	<b>1:5</b>	<b>1:5</b>	<b>1:5</b>
3 years old	1:8	1:8	ldc 1:11  ps 2:25	1:10	ldc 1:11  ps 2:20	ldc 1:8 (2.5-3) 1:12 (3-6)  ps 2:20	ldc 1:8	ldc 1:10	ldc 1:15	ldc 1:10	1:11
4 years old	1:10	1:9	ldc 1:11  ps 2:25	<b>1:10</b>	ldc 1:11  ps 2:20	ldc 1:12  ps 2:25	ldc 1:8  ps <b>1:10</b>	ldc <b>1:10</b>  ps <b>1:10</b>	1:15	ldc <b>1:10</b>  pre- primary 2:25	1:11
5 years old	1:10	1:9	ldc 1:11  ps 2:25	<b>1:10</b>	ldc 1:11  ps 2:21	ldc 1:12  ps 2:25	ldc 1:8  ps <b>1:10</b>	ldc <b>1:10</b>  ps <b>1:10</b>	1:15	<b>1:10</b>	1:11

Please note that although the author has attempted to verify the accuracy of these tables in many jurisdictions funding, administrative and regulatory arrangements are in a state of flux. Abbreviations: ldc – long day care, ps – preschool.

The ratio of 1 adult to 5 infants and toddlers that exists in a number of jurisdictions is particularly worrisome. A number of studies confirm that high numbers of staff to children are particularly beneficial for the quality of program offered to infants and toddlers (Phillipsen, Burchinal, Howes and Cryer 2002, NICHD, 1996) with the NICHD study revealing that the closer the ratio is to 1:1 for infant care, the more sensitive the care offered to them (NICHD, 1996). In research examining the correlation between quality, children's development and staff to child ratios, Burchinal, Roberts, Riggins, Zeisel, Neebe and Bryant (2000) concluded that children who experienced ratios within those recommended by the American Public Health and American Pediatric Associations tended to have higher receptive and overall communication scores. The American Public Health Association and the American Academy of Pediatrics recommend child:staff ratios of 1:3 and group size of six, for children under two years (cited in NICHD, 1996).

## Group Size

Despite research highlighting the impact of group size on the quality of children's experiences, few jurisdictions mandate any limits, and those that do fall short of those recommended for good practice.

Age	Staff: Child ratio (AECA)	Staff: Child ratio (NAEYC)	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	National Standards
Birth - 12 months	6	6	N/A	10	N/A	8	N/A	N/A	N/A	N/A	N/A
13 - 24 months	9	6	N/A	10	N/A	10 (15 months -2.5 yrs)	N/A	N/A	N/A	N/A	N/A
25 - 36 months	10	8-10	N/A	16	N/A	12 16 (2.5 -3.5 yrs)	N/A	N/A	N/A	N/A	N/A
3 years old	16	16	N/A	25	N/A	24	N/A	N/A	N/A	N/A	N/A
4 years	20	16 - 20	N/A	25	N/A	24	N/A	N/A	N/A	N/A	N/A
5 years	20	16 - 20	N/A	25	N/A	24	N/A	N/A	N/A	N/A	N/A

Please note that although the author has attempted to verify the accuracy of these tables in many jurisdictions funding, administrative and regulatory arrangements are in a state of flux.

### 5.7.2 Home-based services

Home-based services include Family Day Care, in which carers are affiliated with a central coordination unit that provides administrative, professional support and training; home-based care in which carers are not affiliated with an external body; and in-home care in which care is subsidised in special circumstances for carers to be responsible for children in the children's own home. In-home care is a relatively new service type and is currently not subject to regulation. It is understood that the current Review of National Standards will be looking at the issue of standards for in-home care.

A number of jurisdictions do not have Regulations for Family Day Care and/or Home-Based Care. In the absence of such Regulations the relevant Coordination Unit may apply standards to family day care homes. However, in the absence of regulations and a coordinating body, there is no capacity to apply standards to home-based carers.

Yet research indicates that the quality of home-based care is affected by factors such as group size and the training and qualifications of caregivers. The quality of care to infants is a particularly important consideration. It is particularly sensitive to the impact of group size (Howes et al., 1997) with lower quality homes tending to have proportionately more babies (Burchinal, Howes and Kontos 2002). In a study examining the impact of adding two school aged children to family day care quality, Howes et al. (1997) found that for many children there was a decrease in provider sensitivity, suggesting that "the task of attending to more children in a larger range is difficult for providers." (:340). In addition, it appeared that most providers shifted their focus from the developmental needs of younger children to the needs of older children.

This has significant policy implications since many parents prefer home-based care for their babies. No jurisdiction that regulates Family Day Care and/or Home-Based Care specifies a limit on the number of infants and toddlers within the general limits of group size although there may be limits to total group size and the number of children under school age. For instance, National Standards state that *a carer must not provide care at any one time for more than seven children, four of whom have not started school.*

In contrast, the US National Association for Family Childcare (NAFCC) suggest that group size limits take into account both the number and age of children enrolled. Under the NAFCC guidelines each child is weighted according to the age of the child. Total points are calculated by multiplying the number of children in each age category by their respective weighting and adding the total. Total points should be less than one hundred. Points are allocated in the following way: children under 24 months = 33 points; 24 months to 35 months = 25 points; 36-60 months = 16 points; more than 60 months = 10 points (Burchinal et al., 2002). Clarke-Stewart et al. (2002) found that compliance with these recommended standards was significantly related to quality, in particular higher ratings of caregiver's positive caregiving.

### **Regulatory requirements for staff and caregiver qualifications**

A close examination of qualification and training requirements for young children's care and education throw up a number of issues and discrepancies.

The term qualified staff, as it is used in children's services' regulatory documents and in the FaCS Census of Childcare, refers to staff with two year TAFE qualifications (or equivalent) and three and four year university trained teachers. This is problematic as it fails to differentiate the level of qualification within centres.

Although research clearly points to the impact of staff training and qualifications, particularly early childhood teacher training, on the quality of care and education children receive, most states and territories do not require early childhood teachers in long day care services. This is not the case for preschools, which are often staffed by teachers. Yet, for increasing numbers of children, long day care is their preschool experience, rather than formal preschool.

NSW is the one State that mandates early childhood teachers for both long day care services and community based preschools. However, this requirement does not apply to services of less than 30 children. Ironically, this has the result of excluding many preschool services from the requirement to employ an early childhood teacher.

### **Qualifications relevant to Family Day Care**

The National Standards list carer competencies but no requirement for carer qualification. However, they do specify a minimum two year qualification for key staff within the Coordination Unit for Family Day Care.

The importance of qualified staff and affiliation with a coordination unit should not be underestimated. Active involvement in a family day care network is strongly associated with better quality care (Kontos cited in Love et al., 2002; Fischer and Eheart, 1991; Doherty et al. 2000). In addition, coordination units are likely to improve caregiver compliance with quality standards through support, mentoring and assistance (Mooney and Munton, 1999; and Wilkes and others, 1998, cited in Owen, 2000).

**Qualifications of staff in centre-based care**

NSW	ACT	VIC	Qld	TAS	NT	SA	WA	National Standard
2, 3 or 4 year qualifications	One in every 2 primary contact staff must be qualified	Service of less than 15 children must have at least 1 qualified staff member	Service of less than 30 children, Director must have at least a 2 year qualification	2, 3, or 4 year qualifications as appropriate	2 or 3 year qualification	Tertiary qualifications in childcare or early childhood education	2, 3, or 4 year qualifications and Mothercraft Nurse	A trained staff for every 10 children under the age of three years
2 year qualifications or nurse must be in attendance at premises when children under 2 are present	Qualifications must be at least 2 years	0-3 years, 1 qualified staff member for each 15 children  3-6 years, 1 qualified staff member for each 15 children	Services of over 30 children, Director must have at least a 3 year qualification  Assistant Director must have at least 2 year qualification and 2 years experience  Must be a qualified group leader for each group (minimum 2 year qualification)	0-4 years, 1 qualified staff member for every 5 children  3-6 years, 1 qualified staff member for every 10 children  Mixed age, 1 qualified staff member for each 15 children  Qualified Director must be replaced if absent for 5 or more days	0-2 years, 1 qualified staff member for each 5 children  3-5 years, 1 qualified staff member for each 11 children	0-2 years, 1 qualified staff member for each 5 children  2-3 years, 1 qualified staff member for each 8 children  School aged, 1 qualified staff member for each 15 children	At least 1 qualified staff with each age group  Qualified staff working with 0-2's must have completed a course with soecialist 0-2 years component including 100 hours of practicum	A trained staff for every 22 children over the age of 3 years  Mixed age groups require a trained member for every 15 children
3 or 4 year qualifications are required as follows:  Places: Numbers of children – Teachers required: 0-29 – 0 0-39 – 1 40-59 – 2 60-79 – 3 80 + – 4		Qualifications must be at least 2 years or other qualifications as approved by the Department						

Adapted from Price Waterhouse Coopers (2002), *Children's Services Regulation 2002 Regulatory Impact Statement Final Report*, NSW Department of Community Services.

## 5.8 The National Childcare Accreditation Council's quality assurance systems

There is no doubt that the introduction of accreditation has served as a catalyst for many service providers to reflect upon their practice, and the guidelines within quality assurance documents can be used to provide parents and staff with an insight about what might be expected from a good quality service. Further, the link that accreditation has with Childcare Benefit (CCB) is internationally unique and a powerful incentive for services to participate in the process.

A key plank of accreditation is the notion of quality assurance. For families this understanding is reinforced by the fact that they can only receive fee assistance (Childcare Benefit) if the service is accredited. However, there are weaknesses with the process which need to be addressed if the system is to ensure that it does indeed accredit for quality. These weaknesses rest in three areas: tension between the NCAC's role as a quality assurer and its emphasis on improvement rather than censure for services that do not reach its standards; the absence of external validation to test the reliability of accreditation in identifying the level of quality; and concerns about whether the system sets a high enough bar to ensure quality of a sufficient level to support children's development. These will be discussed in turn.

When concerns are raised about quality in children's education and care services, accreditation is held up as reassurance and proof that the system is working well. At the same time, for the NCAC, the emphasis of accreditation is on the opportunity for quality improvement. Since its inception, few services have been refused CCB because of a failure to reach accreditation standards. Although a service may have had to submit a plan for improvement (indicating that it did not meet all required criteria to a sufficient standard) its capacity to attract CCB for parents is rarely jeopardised. This emphasis on improvement, while important, is not the same as quality *assurance*. This leads to an inconsistency in the application of the system.

A further issue rests with the validity of the system. Although accreditation has changed and evolved, its success in determining quality has not been validated against a recognised measurement of quality, such as the Early Childhood Environment Rating Scale (ECERS) and the Infant and Toddler Environment Rating Scale (ITERS). Long day care in particular has experienced rapid expansion over the last decade, and has been beset with ongoing problems of staff turnover and shortages of appropriately qualified staff. As staff consistency and qualifications are key quality indicators it is incongruent that the long day care sector has consistently produced such high levels of accreditation. External evaluation of childcare through a professionally administered validated assessment instrument such as the ECERS and ITERS may be one means of testing how well the current accreditation processes reflects actual quality.

We need to know whether accreditation is working and, in the light of the research by Sims et al., we also need to consider whether the standards that it sets are 'good enough'. Their research on children's cortisol responses in childcare indicated that across a number of accreditation principles a satisfactory rating was not sufficient to decrease children's cortisol levels. However, when the identified principles<sup>5</sup> were of high quality, children's cortisol levels decreased during the day.

## 5.9 The early childhood workforce

The workforce issues currently facing the childcare sector are serious and complex, and there is a role for all levels of government, and the sector itself, in dealing with them. Of immediate concern is the difficulty that services experience in recruiting and retaining qualified childcare workers. (Report of *National Childcare Workforce Think Tank*, 2003, 3)

It is quite clear from the research already canvassed that the creation of a stable and suitably qualified early childhood workforce is fundamental to the capacity of children's services to do their job well. The *Draft Agenda for the National Agenda for Early Childhood* (June, 2004) calls for a "skilled and knowledgeable early

3 Identified principles were 1.1, 1.2, 3.1, 5.3, 6.1, 7.2, 7.3, and 10.2

learning and care workforce able to provide best-practice in early learning and care programs for children and to provide parents with consistent, up-to-date and practical advice about child development, health and wellbeing” (:16).

The workforce in early childhood in all countries must respond to two related developments: the divide between care and education is breaking down; and the professional role is becoming more complex, with growing recognition of the importance of working with parents and other services and of the competence of young children as learners. (Moss, 2004)

It is not only the knowledge and skills of staff that make the difference. It is consistency of staff. Children and families must be able to build secure relationships with staff. In turn this helps the early childhood program to be responsive to the individual needs of each child and family. Trust and responsiveness are critical elements of an appropriate nurturing and educative environment for children. Relationships develop over time and with familiarity. Staff turnover is disruptive and potentially damaging.

Yet Australian early childhood services are experiencing serious shortages of appropriately qualified staff and some services at least appear to be experiencing an unacceptably high rate of staff turnover.

What is the cause of this problem and how might it be best addressed? The report of the Commonwealth Childcare Advisory Committee *Childcare Beyond 2001* highlighted the “contrast between the high level of commitment many early childhood professionals bring to their complex role compared with the wide undervaluing and misunderstanding of their contribution” (:43). Thus for many working in early childhood, there is a sense that the significance of their work in the lives and development of children and the multiple responsibilities which they are required to undertake everyday are overlooked. This is not just chagrin. Regardless of qualification, staff working in early childhood are underpaid for the level of responsibility that they undertake, and have few opportunities for career advancement within the field. The Community Services and Health Industry Skills Council describes the mean average earnings of childcare workers as ‘especially poor’.

This deters potential recruits. According to research undertaken by the Centre for Community Child Health (May 2003) “pay rates for early childhood staff are relatively poor, making the sector increasingly unattractive to new staff. There are serious shortages of staff with appropriate qualifications and experience.” (:101).

It is also a cause of staff attrition. Research commissioned by the NSW Department of Community Services identified that many staff are dissatisfied with the mismatch between responsibilities and wages, with high workload expectations and multiple demands, cited as reasons for leaving the sector (Warrilow, Fisher, Cummings, Sumsion and a’Beckett, 2002). The Department of Employment and Workplace Relations estimates that around 50% of job openings for childcare workers and 80% for coordinators result from staff leaving their occupations (cited in Community Services and Health Industry Skills Council, 2005).

Yet staff working conditions (including wages and management practices) have been identified as important elements in support of good quality early childhood practice (Helburn and Howes 1996, Wangmann 1995, EPPE, 2001). If staff feel valued and rewarded for the work that they undertake, they are more likely to remain in the profession, engage in professional development, and maintain their commitment to children. This is a view shared by the OECD (2001) which states that “research shows the links between strong training and support to staff – including appropriate pay and conditions – and the quality of early childhood education and care services” (:96). It is a logic that applies as equally to home-based carers as staff within centres. In Canadian research (Doherty et al., 2002), providers who reported better working conditions (number of holiday days, compensation for additional hours, and a higher daily fee) also displayed more caregiver sensitivity and less detachment. It appears that low wages and poor conditions act as disincentives for home-based providers to seek training or become professionally affiliated. At the same time appropriate wages and conditions are regarded as a means to attract more highly educated carers and reduce carer turnover. Both trends positively impact on the quality of care provided.

Issues related to poor conditions are more likely to be found within the long day care sector (centre-based and home-based) rather than preschool. Staff within preschools are likely to work shorter days and have longer holidays than staff within long day care, and carers within home-based care. Research in the UK appears to mirror some of the research within Australia, pointing to long hours, expectations of unpaid work (for meetings and planning) being factors which lead to job dissatisfaction (Rolfe, 2005). Staff to child ratios also appears as a factor in relation to working conditions as higher numbers of children to staff, particularly for infants and toddlers, is related to staff stress and dissatisfaction (Warrilow et al., 2002).

Interestingly, the way in which employers do or do not support staff obtaining or upgrading qualifications was an issue in the UK and deserves further attention in the Australian context. The UK research found that most of the training supported by employers was mandatory, low cost and short (Rolfe, 2005). Employers were generally reluctant to support vocational training, either through payment, or allowing staff time off to attend courses or to do course work during working hours.

## 5.10 Moving forward on quality

In summary, there are a number of reasons to be concerned about the current level of quality in children's early care and education environments and to be attentive to strategies to improve it. These reasons include:

- The research of Sims et al. (2005) which indicates the need to aim for a higher standard of quality for infant care;
- The lack of regulation for many of the environments in which infants and babies find themselves (home-based care, in-home care, in some jurisdictions family day care);
- The failure of regulation to reflect recommended standards and research findings in relation to staffing – particularly ratios for infants and toddlers; and qualifications of staff (across all service types);
- The pronounced shortage of qualified staff;
- The lack of regulatory requirements for *early childhood* teachers in all early childhood education and care settings;
- Concerns regarding the effectiveness of the accreditation system in assuring the quality of service provision.

One of the great strengths of the Australian system of early childhood education and care is the commitment and involvement of both levels of government in the establishment and monitoring of standards. As previously stated, the nexus between regulations, accreditation and curricula has the potential to be an enormously powerful impetus for the provision of an education and care sector that is of good enough quality to effectively support young children and their families. The challenge for governments is to meet their stated policy commitments to children and families by strengthening these frameworks, to more closely align them with key research findings, and to put the interests of children centre stage in policy formulation.

This will only be successful if there is a commitment to build a professional and stable early childhood workforce. At the current time, Australia is experiencing a serious shortage of appropriately early childhood staff. If we are to take children and families seriously, then we must also acknowledge and address the detrimental impact that this crisis is having on the quality of care and education children receive.

Innovations in program delivery internationally over the past decade offer cogent lessons for early childhood policy in Australia; and a contemporary research base provides a greater understanding of the structures and practices that support and enhance children's wellbeing in out-of-home settings than existed when early childhood programs were first developed. It is time to take the developmental impact of early childhood education and care seriously and to consider the potential for universal publicly funded early care and learning centres to become platforms for delivering a range of supports to children and their families.

### 5.10.1 Building integration and coherence within early childhood education and care

Australia's current approach is piecemeal and cuts across a number of jurisdictional boundaries in an ad hoc fashion. Worryingly, there is no readily accessible, universal service for young children before they reach school age. Attendance at maternal and child health centres is voluntary and participation varies between states. Some states (e.g. NSW, Victoria, SA) are attempting to or have introduced universal health home visiting. Only SA has a program of sustained home visiting for the most vulnerable families. Whereas many OECD nations offer a minimum of two years preschool education before school, not all Australian jurisdictions offer access to free preschool. Where universal preschool is available it is for limited hours, usually only for the year before school and children may find themselves transported between childcare contexts and preschool contexts, with little continuity between settings. Although many young children spend significant amounts of time in long day care settings, only one jurisdiction requires the employment of early childhood teachers within these settings. Such divisions fail to recognise that children learn in all contexts and learn from birth.

## Section 6: The Way Forward

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A national strategy can enable diversity, but structures, policy and practice should have a reference which begins with the child. (OECD, 2001, 46)

### 6.1 Introduction

How then can we map a way forward for Australia's children? How do we build an early childhood system which is respectful of children and responsive to their needs?

Public policy support for children's early learning and nurture, both within and outside the home, crosses many public policy domains including health, education, and welfare. And it involves the spending of substantial amounts of government funds. A visionary, long term view has the potential to turn such public expenditure (both financial and intellectual) into an investment for the future with benefits across individual, family and social realms. However, a continuation of a piecemeal approach, a tinkering at the edges of existing policies, no matter how well intentioned, will be a poor investment. More significantly, it will represent a missed opportunity to make a real difference to the lives of today's young children. As the Nobel Prize winning economist James Heckman states, "Life cycle formation is a dynamic process where early inputs greatly affect the productivity of later inputs in the life cycle of children. Skill begets skill; motivation begets motivation. Early failure begets later failure." (:3)

The provision of adequate public support to families does not usurp the responsibility that each family has toward its children. Rather it has an enabling capacity, supporting families to love and nurture their children to the best of their abilities.

This paper began with the question of what makes a good early childhood. It ends by considering what can be done to improve such Australian childhoods, with reference to family policy and to early childhood education and care. It is impossible to map a way forward for these areas of children's lives, without at the same time giving some consideration to other critical areas. The diversity and complexity of policy and programs which impact upon families and children in Australia, means that the action taken must operate across multiple dimensions and, although perhaps not simultaneous, each step must be a part of a comprehensive and integrated approach to systemic reform. Change which is effective and sustained requires "the service system as a whole" to coordinate "its efforts to address the risks and enhance the protective factors in early childhood at different levels simultaneously" (Moore 2004 cited in Sayers, Goldfield, Coutts, Silburn, 2005).

NIFTeY and the NSW and Queensland Children's and Young People's Commissions are aware that other aspects of children's lives and experiences are not represented in this paper. For instance, their contact with the health system, or the impact of the local community is not reviewed. Nevertheless, it has been possible to identify principles for future action which are foundational to producing systemic reform while at the same time indicating specific areas for action and review. This section presents a number of guiding principles in which are nested recommendations for specific reform.

In *Headstart for Australia's Children* (2002), the eminent academic Professor Clyde Hertzman outlined an early childhood development strategy for Australia, based on the following:

- *Comprehensive services* – incorporating early childhood education and care and parenting support;
- *Universally available and accessible services* – parents and children should not be excluded from participation in programs because of cost, location or ability;
- *Integrated services* – holistic programs which integrate the work of existing sectors (health, education, social services) as well as the resources of different levels of government;
- *Community driven services* – intersectorial local authorities as these are more likely to be sensitive and responsive to the particular needs of their communities;
- *Quality and accountable services.*

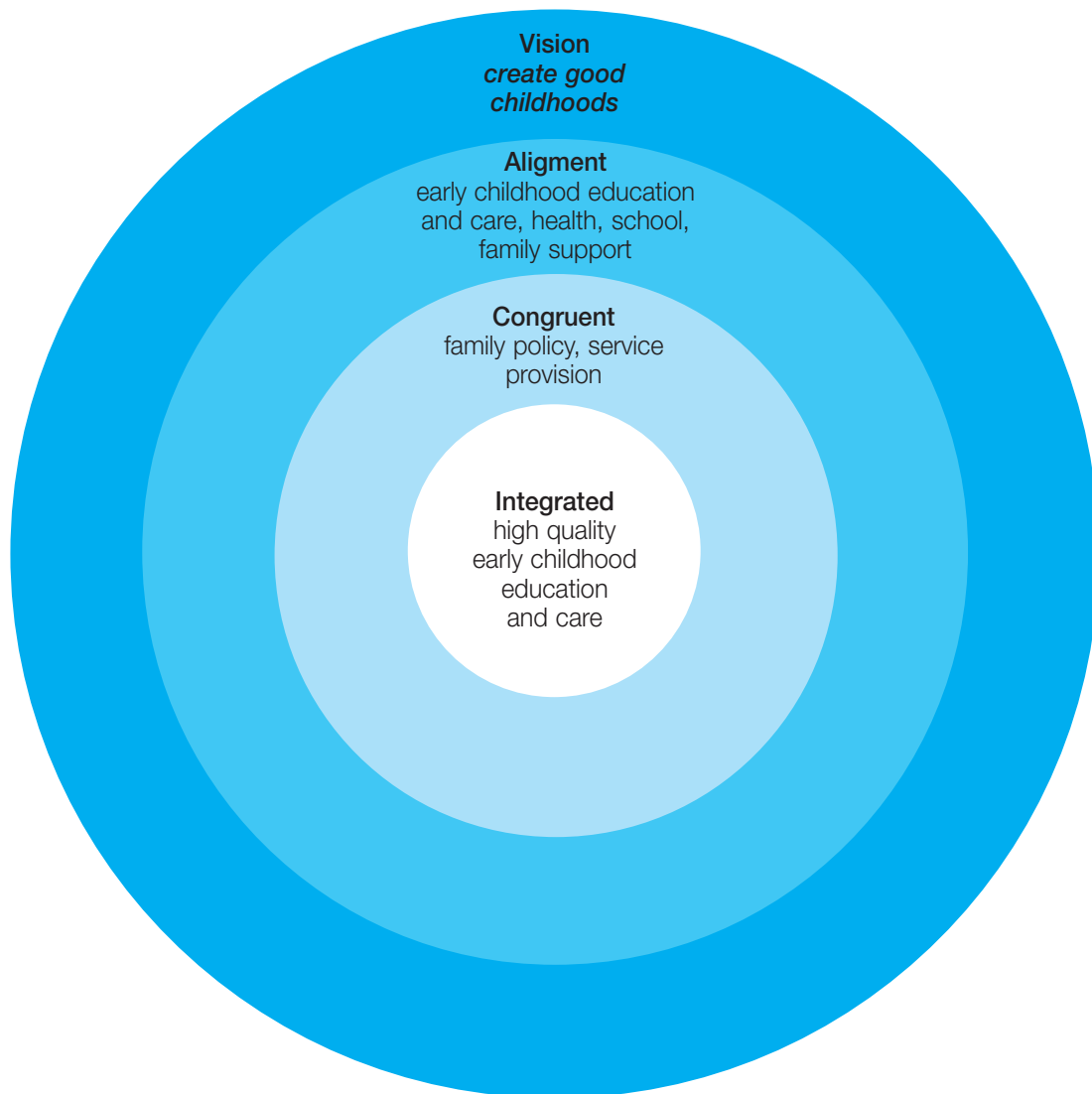
In a similar vein, with specific reference to early childhood education and care, the OECD (2001) postulated that successful early learning policy incorporates the following elements:

- A systemic and integrated approach to policy development and implementation;
- A strong and equal partnership with the education system;
- A universal approach to access, with particular attention to children in need of special support;
- Substantial public investment in services and the infrastructure;
- A participatory approach to quality improvement and assurance;
- Appropriate training and working conditions for staff in all forms of provision;
- Systemic attention to monitoring and data collection; and
- A stable framework and long term agenda for research and evaluation (:26).

Common to both Hertzman and the OECD, are themes of universal access, integrated policy and service delivery, attention to quality, community participation and accountability. The *Building Bridges* proposals of the US based National Center for Infant and Early Childhood Health Policy (2004) propound similar themes in its policy blueprint for reform. Drawing upon these frameworks it is possible to discern a number of key aims appropriate to the multidimensional work that is needed to reshape current approaches to early childhood and family policy in Australia. Importantly, change needs to:

- *Be guided by a vision* which engages community commitment to children's wellbeing;
- *Strive for congruence and alignment* across key policy domains including education, health, work and family, and social welfare; and
- *Develop a cohesive and universal approach to early childhood* which has as its primary focus children's wellbeing.

These aims complement rather than supersede the points made previously, and emphasise that which we should be seeking with specific reference to current Australian conditions.



These principles are not startlingly new. Across all levels of government, jurisdictions have taken steps toward integration and coherence in many early childhood domains and recently, the Council of Australian Governments (COAG) has committed itself to action on early childhood. These are welcome developments and there is great potential to build on the work already undertaken if policy commitments are matched by increased public investment. Lasting reform that is of real benefit to children and their families requires coordinated and continued action by all levels of government, explicit commitments to the wellbeing of children and rhetoric which is matched by expenditure.

## 6.2 Creating systemic reform

### 6.2.1 Begin with a vision

Systemic reform depends upon a clear vision. A shared set of values informs what we do for children and how we do it and enhances the capacity of disparate service providers to collaborate.

The development of the *National Agenda for Early Childhood* (FaCS, 2004) began an important process of vision building by engaging government and the community in discussion about children and early years policy. The enthusiasm that greeted the proposal to develop a *National Agenda for Early Childhood* is evidence of goodwill and community support to address this major gap in policy. However, the *Agenda* has been in draft form since 2004 and there is a need to renew the impetus that was evident in its early days of development.

Vision building as a force for reform requires ongoing dialogue. Release of the *National Agenda* would be a useful catalyst for continued discussion between government, community and business. In order to generate the momentum for significant reform, future iterations of the *Agenda* and actions arising from it need to address outstanding areas of concern.

For instance, whilst the *National Agenda's* recognition of the developmental significance of the early years is long overdue, it is essential that a vision for children also concern itself with the experiences and rights of children in the here and now, not just in relation to 'hoped-for' developmental outcomes. Tucci et al. (2004) argue that better outcomes for children may result from "continuing to re-orient social discourse to the needs, vulnerabilities and competencies of children ..." (:15). The OECD makes the point that countries with high quality comprehensive services for young children "have recognised the importance of focusing on children as a social group with rights" (OECD, 127).

Children's rights to provision, protection and participation necessitate policies and programs developed from an awareness of what children need (provision), and how best to protect them from harm (protection), and a commitment to take the experiences, views and perspectives of children seriously (participation). Thus a vision building exercise should not only encompass considerations of what children need, but how policy makers and program providers can better hear the voices of children.

Arguably, the voices of children themselves is not strongly heard in the *National Agenda* and this is an area to be actively addressed in future iterations of the *Agenda* or actions arising from it. A vibrant example of how this can be done rests with the *ACT Children's Plan*, which actively sought the insights and contributions of young children. Consultation with children (and tangible responses to their experiences and perspectives) at once demonstrates the competencies of young children, demonstrates to policy makers the value of hearing children's voices, and demonstrates to children and their communities that children are to be taken seriously.

An agenda for children must interact with key policy discussions in related policy areas, such as the HREOC Inquiry into Maternity Leave (2002) and the HREOC Inquiry into work and family balance (2005b). Subsequent actions need to engage business and employers in responding more effectively to the needs of families, so that parents are better able to nurture their children.

### 6.2.2 Increase public investment

The extent to which children are regarded as a public or private good shapes policy related to children and families. If children are regarded as a private family responsibility the burden of associated child rearing costs (foregone income, direct expenditure or the time costs of caring) falls into the realm of personal and individual choice. However, a view of children as a public responsibility, "a contribution to common prosperity", recognises that "children are a product of family inputs comprising money, time and labour" with worth to the whole community (Craig 2005a, 1). The weight of evidence makes it clear that the relegation of children solely to the realm of the private is not sustainable if we care about their future and that of the society in which we all live.

The view of early childhood expenditure as investment is consistent with international developments in policy for the early years, such as the OECD (2001) *Thematic Review of Early Childhood Education and Care*; the World Bank sponsored *From Early Child Development to Human Development* (Young, 2002); the Sure Start initiatives of the UK; and New Zealand's Pathways to the Future. This investment needs to be targeted both to families and infrastructure.

Direct investment to families in the form of government income support when children are young reduces the incidence of child poverty (Kammerman, Neuman, Waldfogel and Brooks-Gunn, 2003). And government–employer partnerships can facilitate the provision of extended parental leave entitlements following the birth of a child.

In relation to investment in early childhood services, Bennett (2003) cites the following areas as experiencing returns: “The national economy (higher employment and broader tax base); health (better mental and physical health for children and families, less at-risk behaviours, family violence and emergency room visits, better fertility control); social services and criminal justice (less dependency of families on social welfare; less criminal activity among parents, higher earnings); education (better integration into primary school, better grade progression, less participation in special education)” (:36). Cleveland and Krashinsky (1998) argue that investing in early education and care provides a more equal start in life for children. Heckman (2006) draws together a substantial body of evidence to establish that early interventions are more effective, more long lasting and more cost effective than intervention and support at later stages of life.

Importantly, well-directed public investment at an appropriate level has the more immediate and tangible benefit of enabling the reshaping of the system so that it can meet the social policy objectives which are sought. Substantial, meaningful change will not be cost free, but it will reap considerable returns.

### 6.2.3 Move to universal provision

While family capacities to obtain needed assistance and support may differ, the kinds of support and services that families with young children need are widely shared. (Halfon, Gonzalez and Hochstein, 1999, 3)

The provision of universal services is widely recognised as key to building a successful system (Halfon, Gonzalez and Hochstein, 1999; Watson and Moore, 2002; OECD, 2001). Children at-risk are found across the population, not only in designated postcodes or population groups; and all families need support at some time during their parenting. Universal services provide a platform for non-stigmatising support to families, from which can be made available specialised services and supports for those families which have additional needs.

When we talk about universal services provision in the context of family policy and early childhood education and care, what should we be aiming for? Comprehensive early childhood policy requires a strategy that recognises that the support available to parents in the earliest years of their children's lives, through both income support (paid maternity and paternity leave, tax rebates and family allowances) and the provision of early childhood education and care services has a strong impact upon the types of decisions that they can make in relation to work and domestic life. There is no doubt that the current situation is highly unsatisfactory, with many parents dissatisfied with current work-life arrangements and the constraints they face in trying to reconcile their responsibilities to their children with the demands of work. Universal provision in this sense therefore should be aimed at providing parents with genuine choice in how they meet these responsibilities. This requires looking at both parental leave options and the provision of good quality children's education, care and support services.

#### Maternity and Paternity Leave

Guaranteed paid maternity leave after the birth of a child would alleviate much of the pressure many women face to return to work sooner than they desire, and to take childcare places they are not happy with. In addition, it would make it easier for mothers to continue to breastfeed. The World Health Organisation

recommends that infants should be breast fed exclusively for the first six months of life (cited in Australian Breastfeeding Association, 2006).

*Starting Strong* recommends “paid, flexible and job-protected maternity and parental leave schemes of at least one year” (Bennett 2003, 44). In their *Children’s Wellbeing Manifesto*, Manne, Grille and Wendorf (2006) call for parents to have an entitlement to at least two years parental leave. As a *minimum* initial target for paid maternity leave, Australia should be aiming to meet that which the World Health Organisation recommends for the health and wellbeing of the mother and child – 16 weeks (HREOC, 2002). This would be a significant step in the right direction and would provide a platform from which Australia could move to a more comprehensive system of parental leave.

### **Family friendly work practices**

The availability of family friendly work practices needs to be more evenly spread throughout workplaces and there are key areas in which action could be taken so that workplaces are genuinely responsive to the obligations that all parents (including fathers) have toward their children. These include:

- Availability of lactation breaks and the provision of a private space to breastfeed and / or express milk (Australian Breastfeeding Association, 2006);
- A right to negotiate on hours of work;
- The right to return to work on a part-time basis following parental leave until the child reaches school age; and
- The provision of a greater period of simultaneous unpaid parental leave for both parents (MacDonald, 2005, suggests eight weeks).

### **Other income support measures**

The current family tax benefit system needs to be revised to end the current discrimination against dual earner families. This would improve the lives of young children, by targeting assistance at families who need it most (rather than rewarding a particular type of family structure) and by permitting parents to have a more equitable division of paid work and care, if they so choose. Further, there is a need to review methods of payment so that those families who require periodic payments in the form of family allowance are able to do so with minimal risk of facing debt at the end of the financial year.

### **Early childhood education and care services**

The availability of paid maternity and parental leave is one factor which affects demand for childcare places. In this respect the provision of childcare is tied to labour force participation. But early childhood services are much more than this, when they are configured around children’s wellbeing. It has been almost a decade since the European Commission Network on Childcare and Other Measures to Reconcile the Employment and Family Responsibilities of Men and Women stated that:

The overarching principle of a comprehensive early years policy is to provide flexible, coherent and high quality services with equality of access for all children, whether or not their parents are in employment. (1996, 3).

Universal provision of good quality early childhood education and care has other specific benefits. Evidence indicates that all children benefit from good quality programs but the most benefits accrue to children facing the most disadvantage (NICHD, 2000; Sylva et al., 2003). Furthermore, disadvantaged children benefit the most in environments that are inclusive of children from a range of backgrounds (Sylva et al., 2003).

Although Australia’s provision of childcare is not restricted to particular population groups, waiting lists and affordability concerns provide a clear indication that many families are excluded from its use. Nor is preschool universally available. In addition, the current system does not provide assurance that children in services have access to education and care of sufficient quality.

### 6.2.4 Create greater integration and coherence

An integrated and coherent system requires a multi-pronged approach.

- Firstly, the development of a comprehensive early years policy must recognise and incorporate the nexus between maternity/parental leave and the provision of early childhood education and care.
- Secondly, there is a need to break down the education and care dichotomy within the existing system of early childhood education and care and move to a coherent system which also provides access to preventive health care for young children.
- Thirdly, there is a need to create holistic programs in which families can readily access additional supports that promote good attachment relationships between children and their carers, such as preventive health care, family support programs.

Herein lies the need for congruence across key policy areas so that program alignments can more readily occur.

### 6.2.5 Congruence and alignment

The promotion of a more coherent service system through strategies such as *Families First* in NSW, *Best Start* in Victoria, Queensland's *Early Years Strategy* and the emphasis on cross-sectoral collaboration through the proposed *National Agenda*, are welcome. Nevertheless, developing coherence requires "more than merely bringing different sectors together" (Choi, 2003). It requires a balance between having a centre for coordination, leadership and decision making while retaining a capacity to develop cross-sectoral partnerships. To achieve coherence and coordination the OECD (2001) advises that one ministry take national responsibility for all services for children below school-age. This may result in unified administrative auspices, or the appointment of a lead agency to coordinate mechanisms and facilitate the formulation of common policy goals.

It seems to matter less whether the lead ministry is in education, social welfare, or family affairs, as long as the education, care and social functions of early childhood services from birth to 8 years are acknowledged in an integrated, holistic policy approach. (OECD, 2001).

Addressing the fragmentation of education and care is an important piece of the puzzle. The other pieces concern the potential of early childhood education services to be sites for the provision of other key services to families, or to at least have the capacity to effectively link families with additional supports when appropriate. Hertzman (2002) argues for programs which integrate the work of health, education and social services. This requires serious consideration of where early childhood education and care sits in the context of the child and family service system.

### 6.2.6 Provide additional support for children

Child care and early education providers can both serve as an entry point into a more integrated early childhood service system and help ensure the optimal development of young children by providing positive learning experiences during developmentally sensitive periods. (Halfon et al., 2004).

Effective support for children facing known risks to their development can be targeted at prevention, risk reduction and/or treatment. While good quality early education and care may only be one part of a suite of interventions for such children, provision of supports with a centre based component are deemed to be very effective. This may be because such interventions, when they are well designed, can address issues at multiple levels. They can support healthy parent-child interaction, and facilitate the provision of social support, which are both considered forms of risk reduction (Geeraert et al., 2004) while providing children at risk with alternative, nurturing caregiving (Gunnar, 1998, cited in Currie, 2000).

There is an enormous opportunity to use community-based education and care services as a platform for integrated service delivery (see for instance *Building Bridges*, 2004). While acknowledging the needs for specialist services, the OECD review team makes the point that specialist services can build upon a universal approach. This view is supported by Watson and Moore (2002). Given that families across population groups will require additional supports during the life course, it is important that access to such supports is readily facilitated through early childhood programs. Services may or may not be under the same organisational umbrella, but should be offered, including any additional supports, from the one location. One advantage of such a service platform is that early childhood educators have the opportunity to share promising practices with families and other childhood personnel.

However, often special effort is needed to reach children and families facing the most disadvantage. This necessitates the provision of additional targeted funding so that universal services are also able to provide targeted support to families in demographic areas deemed to be high risk or to individual children and families identified as needing specific supports.

### 6.2.7 Community driven and responsive to community circumstances

In a discussion of strategies to promote child and family wellness, Prilleltensky and Nelson (2000) argue that social interventions at the community level tend to allow for more citizen participation and build informal peer and community support rather than reliance on professionals. Hertzman (2002) argues that intersectorial local authorities are more likely to be sensitive and responsive to the particular needs of their communities.

Agencies and families working together to address needs and concerns are a means of increasing community capacity, an integral component of which is sustained and purposeful networks at the peer, neighbourhood and professional level.

With particular reference to early childhood education and care, collaborative relationships with parents have long been recognised as central to the provision of developmentally responsive learning environments. Thus service structures need to invite and cultivate a high degree of parent and community input.

### 6.2.8 Early childhood education and care

This final section is focused on specific recommendations for early education and care services. This focus is necessitated by the complexity of the current system.

#### Defining the nature of integration and coherence

The recent COAG communiqué acknowledged the critical importance of developing “high quality and integrated early childhood education and care services” to equip children with the “basic skills for life and learning”. This requires breaking down the existing education and care dichotomy, and taking a much more holistic view of early learning and development.

Because the care, development and learning of young children is so very intertwined and critical to their development throughout life, the early education and care sector is uneasily positioned between the conceptual and jurisdictional frameworks of education, health and social welfare.

Hence in calling for a systemic and integrated approach to policy development and implementation, the OECD (2001) advocates a strong and equal partnership with the education system, although it also emphasises the need for policy linkages with sectors such as health and social welfare. From his work on the OECD Thematic Review, Bennett (2003) asserts that one of the consequences of the continued division between education and care is a great imbalance between the number of services provided for over threes (in Australia, over fours) compared to under threes. With an optimistic view of the potential for early childhood pedagogy to exert a positive upward influence on the school sector, Bennett (2003) cites research on educational effectiveness which points to the importance of a caring school, one that pays attention to teacher-student relationships, socialisation, and the ‘soft skills’. He points out that in relation to employability,

it is not only cognitive skills that count but the inculcation of positive attitudes and behaviours, attitudes including a belief in self efficacy, trust in others and the development of assertive rather than aggressive behaviour. Heckman (2006) too emphasises the importance of such non-cognitive skills in establishing the groundwork for children's later achievements. Traits such as these are valued and nurtured in children through good quality early childhood pedagogies.

On the other hand, UNESCO warns that the integration of early childhood programs with education policy must not amount to a schoolification of early childhood, stating that an overemphasis on narrowly defined academic skills would undermine the potential benefits of integration with the school sector (Cohen, Wallace, Moss & Petrie, 2003). Further complexity is added when considering the imperative to develop holistic programs which take into account the health and welfare of children and their families.

The issue of integration is bound up with questions of policy and program alignment. These are questions which are yet to be seriously debated in Australia. To advance policy in this area a number of decisions need to be made based on discussion and consensus within the field of early childhood education and with other key disciplines. An options paper may be the best way to draw attention to the question and to generate the cross-professional and community dialogue and consensus required to build successful systemic reform in this area.

### **Improve the quality of early childhood education and care**

As has been established, quality is a critical issue for early childhood services. The ratio of benefit to cost is directly related to the quality. Higher quality costs more but will have greater social benefits over time. Poor quality costs less in the short term but will have adverse consequences and as a result incur greater costs over time.

Australia has in place a number of standard settings mechanisms for early childhood services. These have been critiqued in section 5. Despite existing shortcomings, such mechanisms provide an important base from which fundamental improvements can be made to the quality of care and education services for children.

### **Apply standard setting mechanisms to all formal early childhood education and care settings**

Standard setting mechanisms include National Standards for Childcare (currently under review); State and Territory Regulatory frameworks for children's services; and Quality Assurance systems. The imperative of quality applies to all early childhood services, therefore all must be regulated and accredited for quality, regardless of type of jurisdiction.

### **Incorporate standards which are known to positively influence quality into National Standards and Regulatory frameworks**

Of critical importance is raising the bar in relation to the qualifications and training of staff who work with children and families, and improving the staff to child ratios for children under two years of age.

Staff to child ratios for children under two years of age should be to 1:3 for centre based care and the number of infants in family day care homes must be regulated.

### **Raise training and qualification requirements for staff working in early childhood services**

Specialist training and qualifications in early childhood are known to improve quality. All contact staff (those staff working directly with children and families) working in early childhood environments should be required to have a minimum level of relevant training and all early childhood education and environments should be required to employ early childhood teachers to oversee children's programs.

### **Review and upgrade Quality Assurance Systems**

The accreditation of childcare programs has been a welcome initiative and the National Childcare Accreditation Council has done much to support the discussion of quality in childcare. However, it is difficult to assert that the current accreditation process does in fact assure quality. Not only has there been disquiet amongst many early childhood professionals as to the system's validity (see for instance, ABC radio's Background Briefing, 3/10/2004), current shortages of qualified staff, staff turnover rates, uneven and in some cases inadequate regulatory standards are known to have an adverse effect on quality. It is difficult to reconcile current high rates of accreditation with the reality of the current context of childcare provision. Because accreditation is a key plank in Australia's early childhood policy it is imperative that its capacity to reliably validate the quality of a service, is itself externally validated. One possibility would be to undertake a comprehensive evaluation of early childhood centres using the internationally recognised and validated Early Childhood Environment Rating Scale (ECERS), and the Infants and Toddlers Environment Rating Scale (ITERS).

### **Address staff pay, working conditions and the professional status of early childhood**

An important dimension of quality is continuity of caregivers and the development of long-term trusting relationships between children, staff and families. Early childhood settings need to retain professional staff. This will only occur if pay and working conditions improve. The disparity between teacher's pay in early childhood settings and the pay of teachers in schools is unjustifiable, given the longer face to face hours and added accountabilities of the former. Pay inequities also exist for those with Diploma qualifications. If we value children, we must also value those to whom we entrust them.

### **Implement a planned approach to expansion**

Childcare has experienced unprecedented growth over the past decade. Much of the expansion of places, especially in long day care, has gone unchecked, and has occurred with little reference to pre-existing supply, or the capacity of the planned service to deliver quality. This represents a poor investment of public money. It is difficult to conceive of any other area of publicly supported service expansion that services could be up and running and open to the public, without the guarantee of appropriately qualified staff to work within them.

## Section 7: The next steps

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The directions outlined in the previous chapter provide both general principles and specific recommendations for future action. The following section specifies the next steps that can be taken to immediately improve the wellbeing of children and support families in their choices for the nurturing and education of children under five.

1. Develop a strategic whole-of-government framework that addresses the interactions of the key policy areas of parental leave, income support, and access to good quality early childhood education and care.
2. Provide genuine choice to families by:
  - a. Immediately introducing an entitlement to 16 weeks paid maternity leave and within a decade raise this to 12 months.
  - b. Provide a further one year of unpaid parental leave including a statutory period for fathers which if not taken is forfeited.
  - c. Provide that parents can work part-time until their youngest child reaches the age of compulsory schooling with the right to return to full-time work as the child gets older. This includes parent's right to negotiate and vary total hours to meet the demands of a young family and to set hours including predictable start and finish times.
  - d. Provide paid leave to meet the needs of young children who are sick.
3. Take steps to provide benefits to parents by:
  - a. Making the Newstart allowance to be of equal benefit to the parent as the parenting payment (not \$30 less)
  - b. Providing an additional one-off payment in the first year to those on the Newstart allowance to cover the costs of re-entering the workforce
  - c. Improving equity in the tax system so that family income and number of children determines the amount of rebate, not the employment status of the spouse
  - d. Reviewing the system of payments to families so that those families reliant on regular payments do not accrue debt for miscalculating income
4. Take immediate steps to improve the quality of children's care and education in formal early childhood services, with particular attention to environments for infants.
  - a. Strengthen regulatory frameworks by
    - i. Ensuring that regulation applies to all children's services, including outside school hours care, family day care, home-based care and in-home care;
    - ii. Implementing a staff to child ratio of 1:3 for children under two in centre based care, and limiting the number of infants and toddlers in home-based care;
    - iii. Limiting group size in line with professionally recommended standards;
    - iv. Strengthening training and qualification requirements for staff in children's services;
    - v. Improving mechanisms for regulatory compliance and enforcement, including annual licensing for all services, with more frequent checks for those found in breach, and annual licensing visits by licensing officers with early childhood qualifications.
  - b. Review and strengthen Quality Assurance for Children's Services.

5. Raise the qualification requirements of staff working in children's services. This needs to be a staged response with specified timelines.
  - a. Within five years introduce entry level child development and family centred practice training for all contact staff in children's services;
  - b. Within ten years introduce early childhood teacher qualified staff in all early childhood programs;
  - c. Immediately develop and implement strategies to address the shortage in both Diploma trained and early childhood teacher qualified staff.
  - d. Immediately develop strategies to train more Indigenous staff; and
6. Implement a National Curriculum Framework for early education and care which recognises the importance of both cognitive and non-cognitive skills and the importance of relationships in children's learning.
7. Develop a strategic plan for early childhood education and care which:
  - a. Tackles the current fragmentation of the system. The development of a discussion paper on policy directions for integration, congruence and alignment is needed to generate focused discussion and strategic directions;
  - b. Ensures that families most in need of support and interventions through formal early childhood programs are able to gain access to such programs;
  - c. Ensures that all children in Australia have access to two years of early childhood education in integrated programs, supervised by early childhood trained teachers, prior to the commencement of formal schooling;
  - d. Specifically targets the inclusion of children at risk in high quality integrated programs;
  - e. Sets targets and provides expert assistance to support Indigenous children to get into preschool prior to the start of formal schooling; and
  - f. Implements a planned approach to the expansion of education and care services which:
    - i. targets the provision of new services to areas of need;
    - ii. supports the provision of public infrastructure in areas identified as requiring specialist support; and
    - iii. ensures that the expansion of new or existing services only occurs if such services are able to be staffed by appropriately trained teachers and caregivers.
8. Release the *National Agenda for Early Childhood* as a basis for continued refinement and development of a strategic whole-of-government response to the needs of young children and families.

## Appendix A: Tables

Please note that although the author has attempted to verify the accuracy of these tables in many jurisdictions funding, administrative and regulatory arrangements are in a state of flux.

**Table 1: State and Territory Ministries with responsibility for long day care and preschools**  
(where preschool means two years prior to Year 1)

State/Territory	Service Type	Department	State Role
<b>Australian Capital Territory</b>	Long day care	Disability, Housing & Community Services	Regulation and advice
	Preschool	Education and Training	Administers preschools
<b>New South Wales</b>	Long day care	Community Services	Contributes funds to community based services
	Preschool	Education and Training	Regulations for ldc and non-DET preschools (800) Approximately 100
<b>Northern Territory</b>	Long day care	Health & Community Services	Funds community based services. Regulations for ldc
	Preschool	Employment, Education & Training	Administers preschools
<b>Queensland</b>	Long day care	Department of Communities	Regulations for ldc and kindergartens
	Kindergarten	Education & the Arts	Funds kindergartens
<b>South Australia</b>	Long day care	Education and Training	Regulations for ldc
	Preschool		Administers preschools
<b>Tasmania</b>	Long day care	Education	Regulations for ldc
	Preschool		Administers preschool
<b>Victoria</b>	Long day care	Human Services	Regulation and funding
	Preschool		
<b>Western Australia</b>	Long day care	Community Development	Regulations for ldc and non-Department of Education preschool Administers preschools
	Preschool	Education Services	

**Table 2: Minimum entry ages for preschool and school<sup>6</sup>**

State/Territory	Service Type (Year 1 minus 2)	Department (pre-year 1)	State Role (year 1)
<b>Australian Capital Territory</b>	4 by April 30 (unless granted early entry)	5 by April 30 (kindergarten)	6 by April 30
<b>New South Wales</b>	2 for DoCS funded preschools  4 by July 31 for DET preschools	5 by July 31 (kindergarten)	6 by July 31
<b>Northern Territory</b>	Continuous entry after 4th birthday	Entry to Term 1, 2 or 3 after 5th birthday. Must be 5 by June 30	At age 6 all children must be enrolled
<b>Queensland</b>	Up to 2006: 4 by 31 December (kindergarten)  From 2007: 4 by June 30 (kindergarten)	Up to 2006: 5 by 31 December (preschool)  From 2007: 5 by 30 June (preparatory year)	Up to 2007: 6 by 31 December  From 2008: 6 by 30 June
<b>South Australia</b>	Continuous entry into preschool after 4th birthday	Entry to Term 1 after 5th birthday	Single entry in January after 2-5 terms in Reception, depending on initial entry
<b>Tasmania</b>	4 by January 1	5 by January 1 (preparatory)	6 by January 1
<b>Victoria</b>	4 by April 30	5 by April 30 (preparatory)	6 by April 30
<b>Western Australia</b>	4 by June 30	5 by June 30 (pre-primary)	6 by June 30

<sup>6</sup> Entry age is being reviewed in some jurisdictions and may change in 2007. For example in 2007 Qld is introducing a full-time non-compulsory preparatory year prior to year 1 and in 2008 is raising the starting age so that children must be 6 by the 30 June the year they enrol in Year 1.

**Table 3: Typical preschool attendance patterns**

(where preschool is two years prior to Year 1)

State/Territory	Pattern	Access	Cost
<b>Australian Capital Territory</b>	12 hours a week  Either: 2 days: 9am-3pm or 3 mornings: 9am-1pm	All children age 4 in the year before school  May be available from 3 to Indigenous children, children with English as a second language, hearing impairment and /or parents with hearing impairment	No cost or non-compulsory fee
<b>New South Wales</b>	(DoCS funded) 2 to 3 days between 9am and 3pm  (DET funded) 2.5 to 3 hour sessions x 4 days a week	Not universal. Available from age 2 or 3 depending on the service  Not universal. Available in the year before school	Sessional, weekly or yearly fee  No cost or non-compulsory fee
<b>Northern Territory</b>	A morning or afternoon session 4-5 sessions a week	All children age 4	No cost or non-compulsory fee
<b>Queensland</b>	Community Kindergartens: 3 days per week	Kindergarten: 4 by June 30th in year they attend pre-Prep year	Sessional, weekly or yearly fee
<b>South Australia</b>	4 sessions a week for four terms	Available in the year before school  Earlier access may be available for rural children, have a developmental need or those who are Indigenous	Non-compulsory fee
<b>Tasmania</b>	10 hours per week in half or full day sessions	All children age 4 on January 1  Early access to gifted children and children from interstate who attended preschool/kindergarten in another state/territory	No cost or non-compulsory fee. May be a levy – low income families subsidised
<b>Victoria</b>	10 hours a week. Offered within a kindergarten or long day care program/setting	All children age 4	No cost or non-compulsory fee. Kindergartens are subsidised
<b>Western Australia</b>	11 hours per week. 4 half days, 2 full days or 1 full day and 2 half days. Determined by school in collaboration with community	All children age 4 by June 30	No cost or non-compulsory fee

Adapted from Press, Rice and Hayes, 2002

Table 4: Curricula by jurisdiction

State/Territory	Early Childhood Curriculum	Age Range
<b>Australian Capital Territory</b>	<i>Contours of Learning</i> Currently applies to preschools and long day care Curriculum for preschools currently under review	Birth to 12 years
<b>New South Wales</b>	<i>The practice of relationships</i> Non DET early childhood education and care	Birth to school age
<b>Northern Territory</b>	<i>NT Curriculum Framework</i> preschool  Long day care currently trialling new curriculum for 3 year olds <i>Early Entry</i>	6 weeks to 5 years  3 to 8 years
<b>Queensland</b>	Up to 2007: <i>Preschool Curriculum Guidelines</i> are used in Long day care and state preschools  From 2007: <i>Early Years Curriculum Guidelines</i> will be used by schools for the preparatory year	Pre year 1
<b>South Australia</b>	<i>Curriculum Standards Accountability Framework</i> Long day care and preschools	Birth to 18 years with a birth to 8 focus
<b>Tasmania</b>	<i>Essential Learnings</i> Preschool Available to long day care but not mandatory	Birth to 16 years
<b>Victoria</b>	<i>Babies, Toddlers and Two Year Olds</i> Long day care  <i>Early Childhood Curriculum Guidelines</i> Preschool	Birth to 12 years  3 to 5 years
<b>Western Australia</b>	Preschool <i>Kindergarten to Year 12 Curriculum Framework</i>	K to Year 12

Table adapted from Press, Rice and Hayes 2002, updated 2005

## Appendix B: Bibliography

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