

Productivity Commission
Early childhood education and care inquiry
Parents Work Collective | Supplementary submission and speaking points
27 February 2024

Key speaking points:

1. Both the draft report and supplementary paper 1 should be amended to separately deal with (a) children aged under three years of age and (b) children aged between three and five years of age, due to the differing needs of children in these two cohorts (eg the needs of a six month old baby are self-evidently vastly different to the needs of a five year old child) and to reflect the varying evidence base for the impacts of ECEC on these two cohorts (the evidence is more mixed and there is less research for the impacts of ECEC for children aged under three). It also appears that more in-depth analysis is needed of the research base relating to children under three.

2. The Productivity Commission's draft report is wholly underpinned by the findings of its 'Supplementary paper 1: children's outcomes'. As such, this paper ought to be carefully scrutinised by the Commissioners to ensure that it is accurate, free from bias and that its summarising statements reflect its substantive content. For example, table 1.1 of the paper suggests that the research relating to ECEC programs shows outcomes from ECEC programs to be wholly positive, whereas the detail of the paper reveals this not to be the case.

3. Draft finding 1.1 ought to be revised to more accurately reflect the evidence base as outlined in the Productivity Commission's 'Supplementary paper 1: children's outcomes' (that is, that: the evidence is somewhat mixed; impacts are difficult to measure; and that evidence of benefits to children of attending ECEC is predominantly for children over the age of three and for children of low socioeconomic status).

4. The Productivity Commission's Supplementary paper 1 should be amended to include age ranges of each of the studies referred to, as well as the socioeconomic status of the children the subject of each study.

Supplementary submission:

Thank you for the opportunity to make a submission to the Productivity Commission with respect to its draft report into the early childhood education and care (**ECEC**) system, 'A path to universal early childhood education and care: Draft report' (**draft report**). Parents Work Collective has previously made a submission to the Productivity Commission with respect to its inquiry into ECEC.

Our concerns primarily relate to the Commission's 'Supplementary paper 1: children's outcomes' and the findings and recommendations in the draft report which arise out of this paper. Notwithstanding that, we acknowledge that the analysis of the research in this paper relating to how centre-based daycare and preschool can influence outcomes for children was extensive and we were pleased with the overall breadth and detail of the review of the literature.

The lack of distinction between age groups is confusing and somewhat misleading

We found the lack of reference to age groups within the research paper to be confusing and somewhat misleading. Towards the end of the research paper there is a section dealing with studies relevant to children under three (titled 'ECEC can produce benefits at all ages, but evidence is stronger for older children'), which makes clear that the majority of the ECEC research relates to preschool aged children and suggests that evidence for attendance of children under three in CBDC services is more mixed than for older children. We consider, however, that the content of this section is insufficient to generate a clear understanding of childhood outcomes across different age groups.

Without consistent reference to the age ranges being discussed, the Productivity Commission risks the findings in relation to older children being mistakenly applied to babies and toddlers. Repeated summarising statements that generalise about the benefits of ECEC represent a distinct failure to acknowledge the difference between a 6 month old baby and a 5 year old child. Anyone who has been in the company of babies and children will have a basic understanding that the developmental needs of a 6-month-old baby are very different to the developmental needs of 3, 4 and 5-year-old children. There is also considerable neurological research that illustrates large leaps in brain development during this time which means older children are vastly different to babies and toddlers in their psychological needs.

Using ECEC in this setting, as a term broadly referencing all the different stages and types of care, becomes misleading when considering the different development needs of different age groups. Age ranges of children within ECEC should guide any policy and inform productivity measures but this cannot happen while using extremely broad terms to capture a complex 'gradient' of child development and the settings that best support this development.

Table 1.1 in the paper, for example, is a broad summary of evidence which is said to relate to ECEC programs in general. However, based on our understanding of the evidence referred to in the research paper, most of the outcomes in this table are not supported by the research relevant to children under three.

In addition, as mentioned above, the section dealing with studies relevant to children under three is very brief. On even a brief review of the evidence it appears that there are a number of studies relevant to children under three showing at least short-term negative impacts on behavioural outcomes from ECEC programs that were not included in the research paper.

Of course, the research paper cannot reference every single study that has been done on ECEC for children under three. It is presumably also even more difficult to carry out research on this cohort because of the very young age of the children. However, the period from birth to three years is widely acknowledged as an incredibly significant period of child development and, of course, the children of this age are particularly vulnerable in terms of their developmental needs and the fact that many babies and toddlers have very little language. As such, we consider that the current analysis of the research for this cohort is insufficient and further analysis should be carried out. It may also be necessary to consider expert opinion from child development psychologists if the research is inadequate because of the difficulties in studying outcomes relevant to babies and young toddlers. We assume that studying the impacts of a quality preschool program for a four or five year old child is of a very different nature to studying the impacts of 30 hours a week away from a parent in long daycare for a six month old baby.

In the interests of clarity and integrity, we request that:

- findings and analysis are grouped into age ranges (eg 'for older children the outcomes are this..., for babies and toddlers the outcomes seem to be this...');
- age ranges are included each time a study is referenced;
- further analysis of the research relating to ECEC programs for children under three is conducted, including expert opinion from child development experts where necessary; and
- the draft findings and recommendations in the report itself are separated, where necessary, to deal separately with children aged under three and children aged over three.

The SES status of the populations in the studies should be called out

We would also request the SES of the research subjects be referenced each time a study is referenced. Without this we risk mistakenly applying positive effects found in disadvantaged groups to the general population. Gains from ECEC settings are only relative to home care, but this is rarely made clear in the review.

Care should be taken when comparing mode of delivery

We note that the only longitudinal research where outcomes are measured into adulthood is based on old research and childcare systems that were very different to the models we use now. We ask that care be taken in advising the reader about the type of childcare delivery the research relates to each time a study is referenced, and how this compares to the Australian childcare system we have today. For example, Headstart in the US was not delivered through for-profit care models until 2011, it was previously run through non-profit providers which relied heavily on government funding and volunteers. Children who started Headstart programs in 2011 will only be highschool age currently so it is difficult to know what the outcomes are in a for-profit model similar to what we have in Australia.

We believe that international or even domestic research can only be valuable in cases where care models closely match that found in Australia today; a largely for-profit CBDC sector with small elements of not-for-profit and public services. Since the for-profit models emerged over time they aren't a large feature of longitudinal research.

There was no mention of the impact of infectious illness on children in the ECEC setting

We note that research relating to increased infectious illness in ECEC settings was not included in childcare outcomes for children.

We note the report from the Commonwealth Department of Health and Aged Care titled 'Infection Control in Child Care Settings' (noting that this is from 1997, but that there is more recent evidence to the same effect, see eg <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7152033/>):

Children attending child care centres experience a greater number of illnesses than do children cared for at home. Wald et al reported that children attending centres had 51 per cent more episodes of infection, and 134 per cent more days of illness than children cared for at home. Another study found that Swedish children in child care required 40 - 80 per cent more medical consultations for acute infections than did children who remained at home. Excess illnesses may be related to upper and lower respiratory tract infections including middle ear infection. Gastroenteritis is also an important cause of illness among children attending centre based care. The important pathogens, especially among toddlers, are enteric viruses, particularly rotavirus, bacteria such as Shigella and the parasites Cryptosporidium and Giardia. Hepatitis A, also an enteric virus, has been responsible for outbreaks in child care centres in Australia, although not to the extent described in Phoenix, Arizona, where 42 per cent of notified cases in the community were associated with child care.

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-pubs-cdi-1997-cdi2122-cdi2122a.htm>

Increased infectious illness has a clear impact on quality of life of children which we would assume to be related to overall child outcomes. It also impacts on productivity of parents and places increased pressure on health systems in a way that may offset productivity gains.

We also note an absence of any reference to increased childcare use necessitating earlier weaning and the lost health and cognitive benefits of sustained breastfeeding.

We believe these are unjustifiable absences and ought to be the subject of a literature review and the results included in the research paper.

Summarising statements ought to capture the nuances of the evidence base

We believe that the conclusions in the research paper and the draft findings drawn from the research paper did not accurately capture the content of the research paper. In summarising comments at the end of section 1.1, the authors accurately conclude that "the effects on children's outcomes that would be brought about by an expansion of access to early childhood education and care in Australia cannot be predicted with a high degree of confidence." This summary contrasts with the draft finding 1.1: "Most credibly evaluated early childhood education and care programs have been found to benefit children." If this statement were true then we could be highly confident of the positive effects on childhood outcomes resulting from an expansion of ECEC, and of the productivity gains resulting from improved outcomes for children. If we do not have a high degree of confidence about childcare outcomes, then we cannot draw the conclusion that most programs have been found to benefit children. We are also concerned that this broad draft finding does not deal with the distinction between the evidence relating to different age groups with sufficient nuance.

We believe that the following draft finding 1.1 more accurately summarises the findings of the research paper and propose that it is used instead:

Proposed revised draft finding 1.1: Most evidence shows children aged 3-5 years benefit from attending high-quality ECEC, particularly children from low socioeconomic backgrounds. The evidence for younger children is less clear.

Many credibly evaluated early childhood education and care programs have been found to benefit children aged between 3 and 5 years of age. There are other credibly evaluated ECEC programs that have been found to either have no impact or to have adverse impacts on children aged between 3 and 5. There is much less evidence available for the effects of ECEC programs on children aged under 3 years although there is again evidence of positive, neutral and negative impacts on those children. In general, the impacts of ECEC on children are difficult to measure, particularly in the case of infants. Benefits of ECEC seem stronger for children experiencing vulnerability or disadvantage, although they can extend more broadly.

Projected productivity gains may be questionable

Finally, we note that childcare use is already quite extensive as outlined in the draft report, which states that nearly half of one-year-olds attend some form of ECEC, and about 90% of four-year-olds are enrolled in ECEC. Productivity gains were clearly achieved in the early adoption of childcare but have stagnated in recent decades even with increased use of childcare. Academic and mental health outcomes for children have not improved in line with increased childcare use. Recent increases in childcare subsidies have failed to increase productivity; rather than performing more paid work, parents of young children often choose to retain their current workload and instead simply pocket more of their pay in savings on childcare fees.

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