

Submission to the Productivity Commission – Childcare and Early Childhood Learning

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Prepared by: Mallee Track Health and Community Service

Our Organisation

Mallee Track Health and Community Service (MTHCS) is a multi-purpose service which delivers a range of health, education and wellbeing services to the community of the Mallee Track. We are located in the North West of Victoria and service the communities of Ouyen, Underbool, Murrayville, Sea Lake and surrounding districts. We service a geographical area of 18,000 square kilometres with a population base of approximately 4500 people.

The services that we deliver include:

- Aged care – residential and community based
- Allied and community health (District nursing, podiatry, physio, social work, chronic disease management)
- Home and Community Care (Planned Activity Group, Volunteer Co-ordination and Transport, Meals on Wheels)
- Family Services
- Disability Services
- Budget Based Long Day Care (Including Vacation Care)
- Kindergarten Cluster Management
- Playgroups and Learning Library
- Public dental services

We employ a workforce of approximately 250 Staff and are privileged to enjoy the support of a volunteer workforce of approximately 200 people across the catchment.

The following are our observations as a provider of Kindergarten Cluster Management, Budget Based Funded Long Day Care, Vacation Care, Family Services, Playgroups, Allied Health and a range of other child and family related services.

Current Strengths of the Childcare and Early Childhood Learning System:

- Introduction of the National Quality Framework has had the desired effect in terms of ensuring quality of service and meeting of minimum standards of care for children and families.
- Introduction of Universal Access and the research which underpins this platform is well informed and will only be beneficial to children and families – particularly those who are vulnerable.
- The Australian Early Development Index (AEDI) has been a useful tool and indicator of measures of children's development and provides real and practical insights into where policy and financial resources should be directed to achieve maximum impact in the years to come.

- Current and emerging research in the area of the neuroscience in Early Childhood Development provides the evidence to suggest that earlier intervention is better in terms of delivering outcomes for children and families in later life.

Limitations of the current Childcare and Early Childhood Learning System:

- Definitions of vulnerable are variable and do not consider how to define 'place' in a rural and remote context. Current definitions of vulnerable largely consider Child Protection or tertiary service involvement – measures such as those in the AEDI are not, on their own, considered enough to be a definition of vulnerable.
- Current 'Place based approaches' still largely consider a hub and spoke approach. This means that if you live in a rural and remote area, your ability to access services is limited to how much resource the lead provider is able to 'spare' when the resource is largely consumed at the 'hub'.
- Children and families have to navigate a fragmented system (primary, secondary and tertiary) with multiple providers if they wish to support their child's learning and development. This is particularly complex in the rural and remote environment when these services come out of the 'hub' from usually a minimum of 6-8 different providers.
- Funding distribution models focus on larger population centres which leave children and families in rural and remote communities at a higher level of vulnerability in terms of children's development.
- Current policy platforms and funding distribution models rely on intervention with children and families at the secondary and tertiary end of the system, rather than focussing on the primary service system.

Potential models and ideas for consideration to address the limitations:

- Defining of 'place based' approaches and models need to take into account rural and remote locations. Investment in local services (health, education, etc.) that are based 'in place' will produce the best outcome for children's development and ensure the most cost effective way of delivery of a service for the funding provider. Models of place based thinking should be broadened outside of the current thinking – particularly in rural and remote communities where investment in local services can result in better outcomes for children and families
- Models of service delivery should be focussed on investment in a local services provider where wrap around and one stop support can be provided.
- Models of service delivery should be focussed on the primary service system where the most effect over the long term can be achieved. Continual investment in secondary and tertiary systems are akin to a 'finger in the dyke' approach to early childhood development.
- Models of service delivery in the rural context need to consider integration to achieve the best wrap around service for children and families.

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