

**CHILDCARE AND EARLY CHILDHOOD LEARNING**

**RESPONSE TO PRODUCTIVITY COMMISSION**

**ISSUES PAPER – DECEMBER 2013**

**Submitted by**

**Victorian Inclusion Support Managers Network**

**January 2014**

**The Victorian Inclusion Support Agency Managers (ISAMs) Network consists of managers representing the 17 Commonwealth funded inclusion support agencies under the Inclusion Professional Support Program (IPSP). There are eight agencies across the state.**

**Through this network the ISAMs representatives bring a strong knowledge of the needs of families with children who may have additional needs, through disability, coming from a Culturally and Linguistically Diverse background (CALD), coming from a Refugee or Humanitarian background or being from an Aboriginal or Torres Strait Islander background.**

**This paper only responds to those questions in the issues paper to which participants felt they could provide an informed response.**

## **Response to Questions**

### **Government Involvement In Childcare & Early Learning**

**What role, if any, should the different levels of government play in childcare and early childhood education?**

- It would be less complex and confusing, for the general community and especially the ECEC service sector, if there was one government level supporting all ECEC services; and
- Similar funding from different levels of government can have different criteria and this can impact negatively on support to children – see case study 1.

*Case study 1 – A child with a disability who attends a state funded kindergarten program in a long day care centre, may not be eligible for the Kindergarten Inclusion Support Subsidy (KISS) funding, but is not eligible to receive the Inclusion Support Subsidy (ISS) during the allocated fifteen hours of kinder even though he/she has been supported by ISS for the previous years of his/her life. Some centres and parents are not registering their child in the 'kindergarten' program even though the child is attending the kindergarten program so they can continue to have an additional educator in the room in order to reduce the staff:child ratios.*

### **Who Uses Childcare & Early Learning Services & Why**

**Are there families from particular household structures, socioeconomic groups or geographic areas that are now using some forms of ECEC significantly more than in the past?**

- The new Key Worker model in the Early Childhood Intervention (ECI) range of services is now supporting ECEC services to provide an inclusive environment for children with a disability rather than providing exclusive services for children, either at home or at the ECI service.

## **Children's Development Needs**

**The Commission is seeking evidence on the effect of the different types of ECEC, including separate preschool programs, on children's learning and development and preparedness for school.**

- Research has found that a quality ECEC service with a four year qualified educator, regardless of setting, provides the best preparedness for school. See case study 2.

**How does the amount of time spent in ECEC and the age at which a child first enters childcare impact on learning and development outcomes?**

*Case Study 2 – Findings from the Effective Provision of Preschool Education (EPPE) Project*

### ***Impact of attending a pre-school***

- Pre-school experience, compared to none, enhances all-round development in children.
- Duration of attendance (in months) is important; an earlier start (under age 3 years) is related to better intellectual development.
- Full time attendance led to no better gains for children than part-time provision.
- Disadvantaged children benefit significantly from good quality pre-school experiences, especially where they are with a mixture of children from different social backgrounds.
- Overall disadvantaged children tend to attend pre-school for shorter periods of time than those from more advantaged groups (around 4-6 months less).

### ***Does type of pre-school matter?***

- There are significant differences between individual pre-school settings and their impact on children, some settings are more effective than others in promoting positive child outcomes.
- Good quality can be found across all types of early years settings; however quality was higher overall in settings integrating care and education and in nursery schools.

### ***Effects of quality and specific 'practices' in pre-school***

- High quality pre-schooling is related to better intellectual and social/behavioural development for children.
- Settings that have staff with higher qualifications have higher quality scores and their children make more progress.
- Quality indicators include warm interactive relationships with children, having a trained teacher as manager and a good proportion of trained teachers on the staff.
- Where settings view educational and social development as complementary and equal in importance, children make better all round progress.
- Effective pedagogy includes interaction traditionally associated with the term "teaching", the provision of instructive learning environments and 'sustained shared thinking' to extend children's learning. (Sylva, K, Melhuish, E, Sammons, P, Siraj-Blatchford, I & Taggart, B. (2004) *The Effective Provision of Preschool Education (EPPE) Project. A Longitudinal Study funded by DfES 1997-2004. Final Report.*2004)

### Availability Of Childcare & Early Learning Services

The Commission is seeking evidence on the extent to which parents are experiencing difficulties accessing ECEC that meets their needs/preferences and whether there are particular categories of care, times, locations or circumstances for which accessing ECEC is more difficult — for example, regional areas, certain days or part days each week, or for children with additional needs?

- Children with additional needs who, eg. attend Special Developmental Schools (SDS) may struggle to get care in an after school care program if they are required to be transported to a mainstream program, if their school does not provide an Outside School Care program;
- Anecdotal feedback has found that a proportion of the families using the FDC program do so because the service hours are more flexible and better suited to those who do not work traditional business hours;
- SDS Early Childhood programs are not funded for children who have turned five years of age even if they are not going on to school. Therefore, those children receiving a second year of kindergarten do not receive any ongoing support from the SDS; and
- Due to fears and experiences of discrimination some families are not disclosing that their child has an additional need during enrolment process at ECEC services.

*Case study 3 – A child who attends an SDS during the school term required specialist equipment and care during the vacation care program at a mainstream school. The child required a hoist to be available in order to be moved from wheelchair to toilet. Due to the time required to organise both the equipment and the specialist support to train the educators to use the equipment, the vacation care program took the decision that they were unable to enrol the child. Had the SDS had vacation care funding, the equipment and care would have been available.*

### Services For Additional Needs & Regional & Remote Areas

The Commission is seeking information on how well the needs of disadvantaged, vulnerable or other additional needs children are being met by the ECEC sector as a whole, by individual types of care, and in particular regions.

- Anecdotal feedback is that children with additional needs tend not to utilise Family Day Care (FDC) as an option; most use formal long day care settings.

*Case Study 4 – For example, in one municipality there are currently one hundred and twenty three children receiving inclusion support in ECEC services. However, only 3 children are in FDC. FDC is conducted in educators homes which are generally not equipped to accommodate children with high support needs e.g. wheelchairs, hoists, walking frames.*

- Under the Inclusion Professional Support Program (IPSP) ECEC service can apply for ISS funding for an additional educator. However IPSP guidelines state that services can only receive ISS funding for a maximum of 10% of the children attending the service.
- However, the 10% rule does not work for Special Development Schools (SDS);
- We should be encouraging SDS to operate OSHC services especially vac care, but the 10% rule will not work for them as they have low staff to child ratios throughout the day and would need the same in an OSHC service - there was an SDS in the City of Monash that had this issue and closed their vacation care program, forcing parents to find alternative care for their children, with high support needs, in mainstream services.

*Case study 5 – A small OSHC service has nine children attending, one of these children has a disability. There is one educator as national quality standards require but the service would benefit by having an additional educator to ensure safety and inclusion of all children. As one child is less more than 10% of the children, and equates to 0.9 of a person, attending, the service is not eligible for ISS funding*

*On Pg 35 of the Inclusion and Professional Support Program Guidelines for 2013 – 2016 -  
**Conditions relating to ECEC educators/carers employed with the Inclusion Support Subsidy***

*Where the ECEC service receives the Inclusion Support Subsidy to employ an additional ECEC educator/carer, the ECEC service is responsible for:*

*2 - ensuring that the number of Inclusion Support Subsidy funded additional educators/carers in a service at any one time is limited to no more than 10 per cent of the ECEC service's currently utilised child care places*

- Anecdotally, there are services that have open doors to all families but there are also services that are less welcoming. As a consequence families do not utilise these services for their children with additional needs.

*Case study 6 – An ECEC service with a rating of 'working towards' recently enrolled a child who had just been "asked to leave" an ECEC service with a rating of 'Meeting'. The new service rang to seek ISA support as it did not want to turn the child away given the child's experience at the previous centre.*

- ECEC services are unable to receive ISS funding for children with high medical needs. As a result when services provide a service to children with high medical needs they must fund the additional staff resources, and possibly equipment, from within their own budget.

*Case Study 7 – There is a four year old child enrolled at an ECEC service. This child has cerebral palsy, epilepsy and is confined to a wheelchair. The child is PEG feed and requires to be sat at a certain degree when being feed; this requires two educators and can take one hour a time... The child has also started going to the toilet, this takes two educators to lift and support. Under IPSP guidelines ISS funding can be provided to assist with the physical issues associated with her cerebral palsy but cannot be used to respond to her medical needs . This child is in a ratio room of 1:15 so two additional educators are required ( two to support the child and one to support the other children)*

- There are educators who find working with children with additional needs, challenging. There are many reasons for this - from lack of experience to lack of training. It seems that graduates of the Certificate 3 and Diploma in Children Services

are not being taught sufficiently about additional needs by registered training organisations (RTO); and

Educator training regarding inclusion is limited, both in pre-service education and professional development. Many undergraduate courses no longer include content on disability awareness or inclusion. In addition, although the Professional Support Coordinators (PSCs) are funded to provide professional development as part of the IPSP, very little of the training offered is on inclusion; and

- Qualification requirements will only have a positive outcome for children if the quality of the course is of a high standard. An Educator in receipt of a Diploma achieved in 6 weeks and without any placements will not have the same level of education and training as an Educator who has completed the course over 2 years.

*Case study 8 - In the July to December 2013 professional development calendar from the Victorian PSC, the following statistics reflect how little content was designed that supported children with a disability:*

**Self-guided learning packages:** *there were 22 self-guided learning packages in the time frame offered. Less than half of one percent were directly related to Inclusion; 1 was specific to Inclusion, under quality area one, the title was "Inclusion of Children with Additional Needs";*

*There were 3 programs that related to promoting positive behaviour in children, but these were not specific to children with additional needs;*

**Resource sheets:** *there were 26 resource sheets produced in the period. Only one related to inclusion, "About Cerebral Palsy";*

**State-wide series:** *There were 10 topics delivered in state-wide training sessions. One topic had inclusion as part of the day;*

**Theory into Practice series:** *there were 6 key topics in the Theory into practice series. One only related to Inclusion: "Inclusive Environments to promote competence, independent exploration and learning through play"; and*

**Online Sessions:** *there were 7 topics in the online series, none of them referenced inclusion.*

**The extent to which additional needs are being met by mainstream ECEC services or specialised services & key factors that explain any failure to meet these needs:**

- Waiting list for Early Childhood Intervention Services (ECIS) can impact on children's ability to access mainstream services because of the limited specialist support available to educators;
- As stated above, the lack experience and skills of the educators ;



- Philosophies and approaches can differ between organisations / agencies / services supporting children with additional needs; and
- Allied health professionals, who generally work one-to one with children often lack an appreciation of the challenges/logistics facing ECEC educators working with children with additional needs within a group setting with ratios of up to 1:15.

*Case study 9 – An ECEC service has a child enrolled with Autism, the family have applied for the Autism funding and have employed an ABA therapist to work with the child. The therapist attends sessions at the LDC centre. The therapist works one on one with the child, which goes against the IPSP guidelines. The therapist suggests different techniques for the educators to follow but the service feel these techniques go against their philosophy.*

**What can childcare operators and governments do to improve the delivery of childcare services to children with additional needs?**

- Streamline the funding models – for example state and Commonwealth funding models for inclusion – very different criteria currently in place for ISS funding (Commonwealth) as against KISS funding (State government);
- ECEC services struggle to support children who demonstrate behaviour issues due to variety of reasons. These include being from a vulnerable family, children who have suffered trauma and/or children who have an undiagnosed disability (eg autism). These children impact on the learning environments within the ECECs but due to guidelines, the ECEC are unable to apply for additional support/funding;
- Have short term funding – similar to Flexible Support Funding (FSF) – for all ECEC services, including kindergartens, to support the orientation of children with additional needs as stated in the previous dot point; and
- Support their staff to access professional development.

## National Quality Framework

The Commission is seeking views and evidence on the effect of increased staff ratios and qualification requirements on outcomes for children.

- With the new ratio of 1:4 for children under 3yrs of age, the ISA has found there is less demand for support in these learning environments.

### *Case study 10 -International evidence of adult to child ratios in ECEC services*

From a brief review of the literature, the following ratios have been found internationally:

#### Canada:

Where children are cared for in mixed age groupings during the majority of the centre's opening hours:

Age of Child	Ratio	Maximum group size
12 weeks to 2 years	1:4	8
2 years to 6 years	1:8	16
6 years to 12 years	1:15	30

Where children are cared for in separate age groupings during the majority of the centres opening hours:

Age of Child	Ratio	Maximum Group Size
12 weeks to 1 year	1:3	6
1 year to 2 years	1:4	8
2 years to 3 years	1:6	12
3 years to 4 years	1:8	16
4 years to 5 years	1:9	18
5 years to 6 years	1:10	20
6 years to 12 years	1:15	30

Source: <http://www.gov.mb.ca/fs/elccmanual/pubs/sec6.pdf>

#### United Kingdom:

##### **Aged 0 - 2 years:**

1 adult to 3 children

##### **Aged 4 - 8 years:**

1 adult to 6 children

##### **Aged 2-3 years**

1 adult to 4 children

##### **Aged 9-12 years:**

1 adult to 8 children

If the group is mixed gender, the supervising staff should also include both male and female workers wherever possible. [http://www.nspcc.org.uk/inform/research/briefings/adult-child-ratios\\_wda95200.html](http://www.nspcc.org.uk/inform/research/briefings/adult-child-ratios_wda95200.html)

### United States of America:

The USA has diverse rules in many states; a summary of the ratios is below:

The majority of states (33) require a child:staff ratio for 6-week-old infants of 4:1. Three states require a 3:1 ratio.

- 32 states require a child:staff ratio of 4:1 for 9-month old infants.
- 14 states require a child:staff ratio for 18-month-old toddlers of 6:1. An additional 13 states require ratios of 4:1.
- 10 states require a child:staff ratio of 8:1 for 27-month old toddlers. An additional 19 states require ratios of 6:1 or lower.
- 23 states require a child:staff ratio of 10:1 for 3-year-olds. An additional 9 states require 9:1 or lower.
- 17 states require a child:staff ratio for four-year-olds of 10:1.
- 15 states require a child:staff ratio for five-year-olds of 15:1. An additional 7 states require ratios of 10:1 or lower.

Source: National Child Care Information Center. *Child Care Center Licensing Regulations: Child:Staff Ratios and Maximum Group Size Requirements in 2007*. (October 2008).

<http://nccic.acf.hhs.gov/pubs/cclicensingreg/ratios.html>

**The case for greater recognition and assessment of competencies as an alternative in some cases to additional formal training and qualifications.**

- Anecdotal evidence suggests that there are educators who find working with children with additional needs, challenging. There are various reasons for this from their lack of experience to not having had sufficient training in working with these children. Anecdotal evidence suggests that there is limited training provided to both Certificate III and Diploma in Children's Services by the Registered Training Organisations (RTOs); and
- In order to give educators recognition of prior learning, there should be a training body that assesses the training teachers to ensure the highest quality training is provided.

### **Support Provided By State, Territory & Local Governments**

**Is it confusing and/or costly to deal with the large number of programs and agencies administering ECEC support? Is there overlap, duplication, inconsistency or other inefficiencies created by the interaction of programs?**

- ECEC services can at any one time have more than three different agencies supporting them linked to one child

Case Study 11 – A LDC service has a child with Autism enrolled. The child was in the Kindergarten room. The service requested support from the Inclusion Support Agency (ISA – Commonwealth funded) and Pre School Field Officer (PSFO – State Funded). The child was also linked with an ABA therapist and a speech therapist (Commonwealth funded Autism package). All these support professionals were suggesting various techniques to the educators and families which created some confusion as to how the child was going to both access and participate in the environment.