



ETHNIC CHILD CARE, FAMILY AND COMMUNITY SERVICES CO-OPERATIVE

Submission to the Productivity Commission's Childcare and Early Childhood Learning Draft Report

Ethnic Child Care, Family and Community Services Co-operative is the peak body for Culturally And Linguistically Diverse (CALD) issues in children's, disability and aged care services in NSW.

Firstly, as members of Australian Community Children's Services NSW and Community Child Care Co-operative, we would like to make clear that we fully support their submissions to the inquiry. Our own submission will focus on the particular issues facing CALD (including refugees, humanitarian entrants and Aboriginal and Torres Strait Islanders) communities in the area of early childhood education and care.

DRAFT RECOMMENDATION 12.4

- *support up to 100 hours of care per fortnight for children of families that meet an activity test of 24 hours of work, study or training per fortnight, or are explicitly exempt from the criteria*

ECCFCSC is concerned that the activity test will further reduce accessibility for the families in greatest need of ECEC. The positive impacts of high quality early childhood education on individuals, families and communities have been well documented, including in the draft report. It is also noted that high quality out-of-home education and care is particularly beneficial for vulnerable children, which includes children from CALD backgrounds, and the Australian Government has explicitly stated that improving participation for several groups (including CALD and ATSI children) is a priority. The activity test however, is likely to only further reduce accessibility to ECEC services for these groups, who are disproportionately affected by mental illness, domestic violence and drug and alcohol addiction, conditions which impact upon an individual's ability to participate in work, study or training.

HIGHLIGHTS

- Appreciate the recognition of the necessity to increase funding to the IPSP
- Support the continuation of assistance for families with additional needs
- Fear that without a full-subsidy, at risk children and children with a disability will be unable to access ECEC services pushing them further from the mainstream ("up to" 100% is insufficient)
- Concerned that the "deemed" cost of service will not match the actual cost of service, further reducing affordability and accessibility for at risk and vulnerable children, including those from CALD and ATSI backgrounds
- Alarmed about the perceived separation between education and care in early childhood



Ethnic Child Care,
Family and Community
Services Co-operative™

In 2011, unemployment rates were more than three times higher among Indigenous¹, than non-Indigenous², Australians. There are a large number of factors affecting this including the high proportion of ATSI families living in regional and remote communities where employment is more difficult to attain, and much higher levels of mental illness and drug and alcohol abuse. Indigenous children have been identified by the Draft Report as among those most in need of high quality ECEC – why create conditions that are more likely to further exclude them?

In addition, it is unclear who would be excluded from the activity test. For example, there is no mention of exempting particular migrant groups from the activity test. Would refugees and humanitarian entrants be exempted? In addition to finding it more difficult to communicate as a result of potentially low levels of English, newly arrived refugees and humanitarian entrants are more likely to have undergone severe trauma, impacting upon their mental health. For these individuals, employment or study may not be a possibility. Again, the draft report has highlighted the priority of improving accessibility for CALD families, which includes refugees and humanitarian entrants. Forcing them to meet an activity test in order to access subsidised ECEC for their children will reduce, not improve, accessibility.

It is counter-intuitive to identify that the impacts of high quality ECEC are strongest among certain populations (including ATSI and CALD children), state the need to prioritise access for these groups and then restrict their ability to access services by instigating an activity test that they are more likely to fail. As Professor Deb Brennan from the University of Sydney recently stated to *The Australian*: “Why are we punishing children whose parents are struggling to get their lives together? I cannot see the logic of this. The opposite course of action — taking measures to enroll disadvantaged and low-income children in high-quality services — would serve our long-term national goals far more effectively.”³

ECCFCSC does not support the Commission’s recommended activity test because we believe that it will only further reduce accessibility for vulnerable children. Given the strong benefits of out-of-home ECEC for children, families and communities, we believe that high quality service should be available, accessible and affordable for all children, regardless of their parents’ willingness or ability to work, study or seek employment. It is the vulnerable children who will suffer most if this activity test is initiated.

DRAFT RECOMMENDATION 12.6

The Australian Government should establish three capped programs to support access of children with additional needs to ECEC services.

- *The Special Early Care and Learning Subsidy would fund the deemed cost of meeting additional needs for those children who are assessed as eligible for the subsidy. This includes funding a means tested proportion of*

¹ Australian Bureau of Statistics, “6287.0 – Labour Force Statistics of Aboriginal and Torres Strait Islander Australians, Estimates from the Labour Force Survey, 2011” <http://www.abs.gov.au/ausstats/abs@.nsf/Products/6287.0~2011~Chapter~Unemployment> Accessed September 2014.

² Australian Bureau of Statistics, “Media Release: Australia’s Unemployment Rate at 5.2 per cent in December 2011” <http://www.abs.gov.au/ausstats/abs@.nsf/lookup/6202.0Media%20Release1Dec%202011> Accessed September 2014.

³ Patricia Karvelas, “Tougher work test on childcare payment recipients to save \$400m,” *The Australian*, 15 August 2014.

the deemed cost of mainstream services and the ‘top-up’ deemed cost of delivering services to specific groups of children based on their needs, notably children assessed as at risk, and children with a diagnosed disability.

ECCFCSC is concerned about this “deemed cost” of a) ECEC services in general, and b) meeting additional needs. Costs of ECEC vary depending on a variety of factors that we do not believe have been considered by the Productivity Commission. The cost of providing services may differ dramatically depending on the location. For example, the costs of renting a space in central Sydney are likely to be significantly greater than renting a space in a small town in rural NSW. Likewise, in very remote areas that are difficult to access, and where everything is more expensive, the costs of running an ECEC centre are also likely to be substantially greater than those of the average service. The “deemed cost” of service cannot be uniform across the country. Some variation needs to be allowed so as not to disadvantage some services and populations that do not conform to the average.

Additionally, we are particularly concerned about the top-up deemed cost of delivering services to particular groups, and especially children with a disability. Again, costs will vary based on the service and location; they will not be uniform across Australia. In our discussions with ECEC services and inclusion support agencies, we have learned that some centres are asking families to pay any additional costs not covered by subsidies, only further reducing affordability and accessibility to ECEC for already vulnerable children. We agree with the recommendation of the Productivity Commission to fund a 100% top-up for children with additional needs and urge the government not to adopt anything less than this.

- *The Disadvantaged Communities Program would block fund providers, in full or in part, to deliver services to specific highly disadvantaged community groups, most notably Indigenous children. This program is to be designed to transition recipients to child-based funding arrangements wherever possible. This program would also fund coordination activities in integrated services where ECEC is the major element.*

ECCFCSC supports block funding to allow service delivery among particular groups including Indigenous and other CALD children, and those living in regional and remote areas where the small number of children present may not be sufficient to allow a service to be financially viable without additional support. High quality ECEC should be available to all children in Australia.

- *The Inclusion Support Program would provide once-off grants to ECEC providers to build the capacity to provide services to additional needs children. This can include modifications to facilities and equipment and training for staff to meet the needs of children with a disability, Indigenous children, and other children from culturally and linguistically diverse backgrounds.*

ECCFCSC appreciates the Productivity Commission’s recognition of the importance of the Inclusion and Professional Support Program and fully supports the recommendation to increase funding to support the inclusion of children with additional needs through the new Inclusion Support Program. However, at the moment it remains unclear how this funding will be allocated. We urge the Productivity Commission to recommend increasing the number of hours for which the existing Bicultural Support program is funded to provide and to recommend the creation of a Bicultural Support Disability Pool. Within the current system, there is no provision of support for CALD children with disability that addresses the various issues of CALD communities’ perception of disability and seeks to overcome myths. A pool of trained bilingual workers would

be extremely helpful to address the issue of disability in a cultural context and to support children's services with better including CALD children with disability.

Bicultural Support is an Inclusion and Professional Support Program funded by the Australian Government Department of Education. For 35 years, ECCFCSC, through Bicultural Support, has been providing "additional resources to eligible children's services to assist with the inclusion of children from Culturally and Linguistically Diverse backgrounds (CALD), Refugee and Indigenous Children."⁴ Bicultural Support's state-wide network of 360 bilingual workers provides both on-site and off-site support to children, families and educators. This is achieved through the provision of relevant language assistance to support and facilitate communication between children, families and educators; introducing the child's culture to the children and staff at the service, thereby increasing cultural knowledge and ensuring that the child and family know that their culture is valued; in educating staff about particular cultural and child-rearing practices that may be unknown to them; and, in encouraging and supporting the maintenance or development of children's home languages. For several decades, Bicultural Support Workers and Consultants have been successfully supporting the integration and inclusion of bicultural and bilingual children and their families, through the provision of culturally and linguistically appropriate childcare, education and information.

Unfortunately, the current allocation of twelve hours per request is insufficient. As recently as 2007, Bicultural Support was funded to provide forty hours of assistance to children, families and ECEC services to support the inclusion of a CALD child or children into an ECEC setting. Though the arrangements were flexible, this generally equated to one four-hour on-site support session per week for ten weeks. The current arrangement dramatically reduces this to one four-hour session per week for just three weeks. We find that services, families and our workers are commonly frustrated by this restraint; they can see the progress that is being made with the child but the support is cut off much too soon. Further, many services are reluctant to develop the Inclusion Improvement Plan (previously Service Support Plan) that is required to apply for Bicultural Support because they do not believe that it is worth taking the time to do this for only twelve hours of support. Additionally, Bicultural Support is finding it increasingly difficult to retain workers. Bicultural Support workers are employed on a casual, as needed, basis. The twelve hours of work, usually spread out over three or four weeks, that we are able to offer them on an irregular basis is often insufficient to allow them to continue working with the program as it is just not a financially viable option. This is particularly the case in rural and regional areas with smaller populations and generally lower levels of cultural and linguistic diversity. When the allocation was forty hours, worker retention was much less of a problem because a) the amount of work being offered was greater, and b) services were more willing to take the time to apply for support.

Furthermore, we believe that all children, regardless of the type of ECEC service that they are attending, or the way in which they are funded, should have access to this support. The current practice of funding Bicultural Support only for "approved" federally funded services means that some children and families lose out. We regularly receive requests, and engage in discussions, with non-approved services, and particularly with state funded pre-schools, who are keen to access our support but, due to their funding structure, they are unable to do so free-of-charge and struggle to access grants or other funding sources to subsidise the cost of using the program on a fee-for-service agreement. The result of this is that children are missing out. There needs to be a discussion between federal and state governments to ensure that Bicultural Support is available to all children.

⁴ Children's Services Central, "Bicultural Support" <http://www.cscentral.org.au/support/bicultural-support-pool.html>, Accessed August 2014.

ECCFCSC is particularly concerned that the cultural and linguistic needs of CALD children with a disability are being neglected. In our consultations with a variety of ECEC services across the inner west region of Sydney throughout 2013-2014, we found that while many services were catering (at least to some extent) to the additional needs of children with disability, far less were engaging support for the children's cultural and linguistic needs. This was particularly the case for CALD children with a disability. The link between strong positive cultural identity and improved self-esteem, wellbeing and health outcomes among all children (but especially among CALD and Aboriginal and Torres Strait Islanders) is well documented.⁵ We would like to stress the importance of services addressing both the child and family's cultural and linguistic needs *and* their health and developmental needs. It is not sufficient for services to address only the health and developmental needs of CALD children with disability.

Currently, there is a particular gap within the Bicultural Support program relating to bicultural/bilingual children with disability. We recommend the creation of a Bicultural Support Disability Workers pool with bicultural and bilingual workers who are also trained in working with children with disability. The pool could be created from our existing pool of workers through the provision of disability training or by recruiting specialised bilingual disability workers. Such a pool has existed in the past – the Disabilities Casual Ethnic Workers Pool – but it was unfortunately defunded. Particularly given the research around improved self-esteem and health outcomes attached to positive cultural identity, we believe that it is vitally important that CALD children with disability be able to access the same bicultural support as children without disability. Specially trained disability workers with relevant cultural and linguistic backgrounds would be best placed to provide such support and would also be able to improve understanding among educators and staff about disability in the relevant cultural context, leading to increased outcomes for the child, family and ECEC service.

INFORMATION REQUEST 8.1

The Commission seeks further information on the nature of the barriers faced by families with children with additional needs in accessing appropriate ECEC services and the prevalence of children with additional needs who have difficulty accessing and participating fully in ECEC. Information on the additional costs of including children with additional needs is also sought.

Since its inception in 1978, ECCFCSC has undergone countless consultations (both formal and informal) on CALD issues in early childhood education and care with services, CALD families and communities, inclusion support agencies and university research centres across NSW. These consultations, combined with our own observations, and those of our Bicultural Support workers, have identified a number of factors affecting accessibility of ECEC services for CALD families. The primary barriers are: affordability, social isolation, different cultural practices of child rearing, lack of awareness of the benefits of early childhood education and care and insufficient numbers of bilingual and bicultural ECEC staff.

⁵ See for example: Colquhoun, Simon and Dockery, Alfred Michael, "The link between Indigenous culture and wellbeing: Qualitative evidence for Australian Aboriginal peoples" CLMR Discussion Paper Series 2012/1, The Centre for Labour Market Research, Curtin University, January 2012; Kids Matter, "Cultural diversity and children's wellbeing" Australian Primary Schools Mental Health Initiative, Commonwealth of Australia, 2012-13; Office for the Arts, Department of the Prime Minister and Cabinet, "Culture and Closing the Gap," Australian Government, date unknown; Centre for Cultural Diversity and Wellbeing, Victoria University.

Affordability remains a major barrier to access for many CALD families, who tend to be overrepresented in the lower income levels. The Australian Council of Social Service found that in 2010, migrants from non-English speaking countries were 50% more likely to live below the poverty line than those who were Australian born.⁶ Families with children, and Aboriginal and Torres Strait Islanders were also more likely to live in poverty.⁷ An ABS survey conducted in 2008 found that 28% of ATSI households had run out of money for basic living expenses in the previous twelve months.⁸ For these families, subsidy rates of even 90% could be insufficient to allow them to enrol their children in ECEC services. They may be forced to choose between ECEC or buying food or paying the rent, electricity or water bill.

Social isolation is also an enormous barrier to accessing services. In the act of moving, individuals lose the familiar, and often extensive, social support of their community. For migrants who travel substantial distances, and from communities with diverse cultural and linguistic traditions, this loss of support may be further compounded, leading to feelings of social isolation. Families who are unfamiliar with Australian society, or who are not confident speaking English, are less likely to seek out services, including ECEC. They may not know who to ask, or may struggle communicating their needs. "English language skills are consistently acknowledged to be a huge advantage in settling in Australia, and are considered one of the biggest barriers to achieving social connectedness, access to health services and employment. In the current health system, finding the time to seek health information and services is difficult enough; finding it in the right language and delivered in a way that is sensitive to cultural and personal needs is even more difficult."⁹ The same issues exist for non-English speaking families trying to access other social services, including ECEC. A lack of translated information on the benefits of ECEC, children's rights and parent's responsibilities make it hard to make informed choices about ECEC. Though ECCFCSC has developed some resources over the years (for example: the Multicultural Reference Guide, which is a directory of region-specific ethnic, indigenous, refugee, multicultural and child's services; posters supporting bilingual language development, diversity and inclusion; DVDs on incorporating bilingual and culturally diverse perspectives into ECEC), further support is needed. In order to address these issues there needs to be a community development outreach project that works with CALD families to assist them to access early ECEC services. Similar projects were carried out by the Ethnic Child Care Development Unit in the past. Before the unit was defunded, it provided linguistically appropriate information on the different types of children's services in various forms including translated written material, through ethnic media and through the provision of language specific parenting workshops, with the aim of increasing access to ECEC services by CALD families.

For some CALD families, social isolation and the challenge of settling into a new country may be accompanied by additional stresses such as the husband/father regularly travelling overseas for business. In this situation, mums may feel alone and isolated in this new country, where they are not confident speaking the official language and have little understanding of available services. ECEC services have commented that some mums are either unable or unwilling to make decisions for their child without their husband present.

⁶ The ACOSS measures poverty as those living on less than 50% of the national median income. This is a commonly used measure across the OECD.

⁷ Australian Council of Social Service, "Poverty in Australia" ACOSS Paper 194, Published 2012.

http://www.acoss.org.au/uploads/ACOSS%20Poverty%20Report%202012_Final.pdf Accessed September 2014.

⁸ Australian Council of Social Service, "Poverty Report October 2011 Update"

http://acoss.org.au/images/uploads/ACOSS_Poverty_October_2011.pdf Accessed September 2014.

⁹ Women's Centre for Health Matters, "Culturally and Linguistically Diverse (CALD) Women"

<http://www.wchm.org.au/CALDWomen.htm> Accessed September 2014.

Many CALD communities have different perspectives of health, welfare, childrearing practices, and concepts of independence, family obligations, recreation and work than mainstream Australian society. For example, the very concept of ECEC is an alien one in many countries. In many communities the mother, or some other close female relative or friend, is responsible for child rearing. Formal ECEC services do not exist in many parts of the world and furthermore, the idea of leaving one's children with strangers may be terrifying for many parents. ECEC services have noted that there is a huge emphasis upon how 'bright' or 'how intelligent' their child is, rather than focusing holistically on the child's social, emotional and developmental needs. There are also different views regarding school-readiness among CALD communities. There seems to be an emphasis on children entering school early, which can lead to worse outcomes for children, and especially for children with delays or disabilities. Through our consultations it is clear that these concepts should be explored before intervention so that educators are more effectively able to communicate with families. However, our consultations with ECEC services have also identified that this is not common practice. Many services do not understand how to explore these concepts with families and are thus unable to provide effective early intervention. It is important to note that expectations on the part of the service provider may be very different to that of the family, which can result in a tendency to blame the family's culture for unsuccessful encounters between the two parties. If services are able to understand the complexity of these cultural barriers, they are better able to engage with and educate families. Professional development and training needs to be accessible to all ECEC staff and educators to help them build cultural competence, develop respect for diversity and inclusion and effectively communicate in a cross-cultural context.

Compounding this, we found that there are not many ECEC services or early intervention professionals who can communicate in the home languages of their non-English speaking clients, as well as minimal use of interpreting services. Many services have commented that there can be difficulty in interacting with, and expressing their concerns to, CALD parents. We strongly believe in the individual's right to access services in a way that is appropriate for both their disability and their cultural background and encourage the use of linguistically relevant staff and consultants, and interpretation services.

There are additional barriers to access for CALD families who have a child, or children, with a disability. Over the past eighteen months, we have dedicated particular focus to identifying barriers to access for this group, who are sometimes referred to as having "double disability" because they have additional needs and require specialised support both as a result of their disability *and* because of their cultural and linguistic background. The primary additional barriers affecting CALD families relate to differing perceptions of disability among many CALD families and communities, and a lack of awareness regarding the social, emotional and cognitive benefits of ECEC for children with disability. Culturally appropriate programming needs to target improving awareness within CALD communities of the importance of responding to disability with appropriate information, in order to best support the development and rights of people with disabilities.

Although stigma and discrimination towards people with disability remains within mainstream Australian society, there is generally much more awareness about additional needs and available support services than exists among CALD communities, and particularly among new and emerging communities. Although many families go through a grieving process when they learn that their child has a disability or delay, several of the ECEC services that we consulted suggested that the grieving process seems to last longer for CALD families. Identification of disability in general, and in early childhood in particular, can be associated with substantial shame and embarrassment in CALD communities. Denial of disability remains common and in the ECEC context can lead to "service hopping" when educators recommend attaining a diagnosis or suggest that they have

concerns about a child's development. Apart from the fact that moving between services reduces the likelihood of being able to provide support for a child with disability, the insecurity of this movement can also add to an already vulnerable child's emotional distress.

Further, some families hide children with known delay/disability, keeping the child a secret from their community, and sometimes even from their extended family, for fear of being blamed, judged or excluded. For this reason, they may reject any activity that could bring their child into contact with another community member, including multicultural playgroups and even interpretation services because the interpreters are likely to be members of their community. Some families even prefer to send children with additional needs back to their home country to be cared for by relatives. For those families who are not comfortable communicating in English, hesitancy to access appropriate interpretation services may lead to disengagement from other services as well, including disability support and ECEC.

In addition to feelings of shame and embarrassment, children with disability may also remain at home due to a lack of knowledge of the rights of children with disability, as well as of the potential developmental, social and emotional benefits of ECEC. In many CALD communities, the perception of disability varies greatly from the Western medical based conceptualisation. In addition the treatment of those with disability can differ significantly, and there may be a lack of understanding of the rights and abilities of children with disability. It is thus key to educate individuals and families with different attitudes in order to provide children with the best possible chance for participation in mainstream society. According to the Federation of Ethnic Communities' Councils in Australia (FECCA), many government services are simply not 'visible' to CALD groups, and networks and workers within a community continue to be a primary source of information about government services. There is a need for education around disability, children's rights and the benefits of ECEC among CALD families in particular, and translating written and electronic information is unlikely to have much of an impact. Information is more likely to be believed and accepted if delivered in person by trusted cultural workers and community leaders. Educating these individuals and empowering them to disseminate their knowledge is the key to building awareness of disability among CALD communities.

Many CALD families also have different understandings of the milestones of healthy child development. Some families believe that their child or children are only experiencing language difficulties (i.e. understanding and speaking English). Among families with low levels of English proficiency, ECEC educators may experience difficulty communicating and explaining concerns about a child's development. In addition, navigating the ECEC, healthcare and disability support systems can be very difficult without a good command of English. Language barriers combined with feelings of shame and embarrassment may lead to parents not following through on appointments with professionals, either because they don't understand the importance of the visits or because they believe that their children will "grow out of it" or "get better."

Conversely, educators may lack sufficient knowledge of second language development and may suspect the presence of a delay or disability when one does not exist. In 2012, ECCFCSC hosted a National Bilingualism Conference attended by over 300 ECEC and health professionals, government departments and the community. Following on from the success of this conference, with support from Children's Services Central, the Professional Support Coordinator in NSW, in 2013 and 2014, ECCFCSC and Bicultural Support hosted a series of seven bilingualism forums around the state, focusing on the question: "Does learning two languages in early childhood result in a language delay or disorder?" Again, the forums were attended by over 300 early childhood staff and educators, parents, inclusion support facilitators, speech pathologists and other health

professionals across Sydney and rural NSW, and further highlighted the lack of knowledge around issues of bilingualism in early childhood. Despite the existence of clear research indicating the contrary, many educators and even health professionals continue to misdiagnose bilingual children with developmental disorders. The Bilingualism Forum's facilitator, speech pathologist Nisrine El-Chouefati shared one story that was particularly telling. Through her work she came across a young man with autism, and his mother. When her son was a young boy, his mother had taken him to a doctor, and asked whether he thought it would be ok for her to try and teach him Greek (her home language). The doctor informed her that she should focus on English as her son would be lucky to learn even one language. Fortunately, the mother did not listen to the advice of this medical professional. Her son is now in his thirties, has a Master's degree in creative writing and speaks seven languages. Unfortunately, such recommendations are far too common. Even today, speech pathologists who have assessed a child's language and determined that their skills in the home language are significantly better than those in English, are continuing to recommend that families discontinue their use of the home language and speak with their child exclusively in English.

Speech pathologists, other health professionals, early childhood educators and many parents seem unaware of the multitude of benefits of bilingualism – culturally, cognitively, academically and economically. In addition, they lack knowledge of the normal stages of bilingual language acquisition. For example, one very common feature of second language development in young children (and even in some adults) is the “silent period.” When learning a new language it is not uncommon for the speaker to stop speaking in the new language (even if they had been speaking previously) and they may even stop speaking altogether (even in their home language). This occurs because the child is concentrating on watching and listening, and then internalising and processing, what they are learning. Lack of awareness of this very normal occurrence has unfortunately led to educators, and even medical professionals and speech pathologists, alarming parents, and/or misdiagnosing children, when no issue is present. When the recommendation is that the child stops speaking their home language and concentrates exclusively on learning English, the effects on family relationships, cultural maintenance, identity, wellbeing and self-esteem can be severe. There needs to be more education among educators, medical professionals and speech pathologists about the normal stages of bilingual language development.

Finally, because established Australian families tend to be more familiar with the Australian education system and are more likely to make inquiries about early intervention with a higher level of confidence than CALD families, they are also more likely to be aware of their child's rights within the education system and may know other parents with additional needs children who are able to provide them with support and advice. CALD parents are more likely to lack this support network and it is thus even more vital to link them to appropriate services.

DRAFT RECOMMENDATION 5.2

Governments should plan for greater use of integrated ECEC and childhood services in disadvantaged communities to help identify children with additional needs (particularly at risk and developmentally vulnerable children) and ensure that the necessary support services, such as health, family support and any additional early learning and development programs, are available.

ECCFCSC supports prioritising funding for integrated service models that include ECEC. Integrated service models vary in the types of services that they provide, as well as the way in which they are structured, however at their core they all aim to provide efficient, accessible, comprehensive and holistic services for children, families and communities. Information sharing between services improves efficiency both for families, who are no longer required to explain their situation and needs to a multitude of agencies, as well as for services, which are able to access relevant client information from partner services. Additionally, integrated service models should improve both the quality and accessibility of services by simplifying access to important family workers in education, health and social services. Perhaps most importantly, integrated services improve communication “between agencies [which] should stop families ‘falling through the cracks.’”¹⁰ Children with additional needs, including those from CALD backgrounds and those with disability, are likely to benefit the most from service integration because they are among the populations in greatest need of additional services. If services are integrated (and ideally co-located), accessibility for clients would be improved. In our 35 years of experience in working to support the inclusion of CALD families in ECEC services in NSW, we have found that, though enrolment in ECEC services among CALD families is lower than among the general population, for those who do access services, ECEC services are often among the first that are contacted. ECEC services thus have the potential to act as a source of knowledge, as well as a bridge between, CALD communities and other community services. They should be promoting access to additional services by passing on information about available services to their CALD (and non-CALD) families. ECEC services need to be aware of the services that are relevant and available for their families to access.

ECCFCSC supports the proliferation of ECEC services situated in buildings that also comprise a series of co-located services such as: child and maternal health, allied health and social work. Integrated services may be offered through clearly negotiated partnerships between services and agencies in local areas or regions or through less prescribed or formalised agreements.¹¹ Fundamentally, from ECCFCSC’s perspective, a key feature of any integrated service model must be the provision of linguistically and/or culturally relevant services including ECEC, parenting groups and classes, carer support and healthcare, among others. It is also of vital importance to link parents of additional needs children to one another in order to promote transfer of information, awareness about additional needs and mutual support. Integrated services could act as community hubs and facilitate improved communication and the building of mutually supportive relationships.

INFORMATION REQUEST 12.6

What is the case for the Australian Government funding start-up capital or on-going operational support for mainstream ECEC services in rural, regional and remote communities?

As has already been stated, the benefits of ECEC for vulnerable children are enormous. Children in rural, regional and remote communities are more likely to be vulnerable and less likely to be able to access services. If the government truly understands the value of ECEC, they need to ensure that high quality services are accessible to all children and families. In areas where the financial viability of a centre is questionable (for

¹⁰ Australian Research Alliance for Children and Youth, “Early Childhood Services: Models of Integration and Collaboration,” November 2007.

¹¹ Supporting Professional Learning in an Integrated Context: Building on the PSCA Research “Integrated Early Years Provision in Australia” A Resource for Early Childhood Leaders.

example in regional and remote communities), this may mean that the government has to step in to provide additional support to allow a centre to continue to exist.

DRAFT RECOMMENDATION 7.5

ACECQA should:

- *explore ways to make the requirements for approving international qualifications simpler and less prescriptive in order to reduce obstacles to attracting appropriately qualified educators from overseas.*

ECCFCSC supports the simplification of the existing approval process for international qualifications as a means to increase the diversity and inclusivity of the ECEC workforce. Increasing the numbers of bilingual and bicultural ECEC staff and educators is an important aspect of creating inclusive and diverse learning environments that are supportive of all children and their families. Bicultural and bilingual staff are better placed to support CALD children and families, and to provide multicultural and diverse perspectives for all children and staff within a service.

DRAFT RECOMMENDATION 5.4

Early intervention programs to address the development needs of children from disadvantaged backgrounds should be underpinned by research. Their impact on the development outcomes of the children attending should be subject to ongoing monitoring and evaluation, including through the use of longitudinal studies.

ECCFCSC supports the recommendation that early intervention programs be underpinned by research. There are a number of academics who are conducting interesting and relevant research related to the provision of high quality early childhood education and care for children from disadvantaged backgrounds. Innovative research into ECEC services for children from CALD backgrounds is being carried out at Macquarie University, the University of Sydney, the University of Western Sydney, the University of New South Wales, the University of Technology, Sydney, and the University of New England. ECCFCSC and Bicultural Support have cooperated on various projects with these institutions over the last few years.

This submission was prepared by Ashley Hill (Project Officer) and Shikha Chowdhary (Programs Manager) with assistance from Jessica Lobo, Vivi Germanos-Koutsounadis and Meni Tsambouniaris. Please direct all inquiries to:

(02) 9569 1288

ashleyh@eccfcsc.org

shikhac@eccfcsc.org

Ethnic Child Care, Family and Community Services Co-operative Ltd.

Building 3, 142 Addison Road

Marrickville, NSW 2204 Australia