

## Submission to the Productivity Commission's study into the Early Childhood Development workforce

### Early Childhood Intervention Australia (NSW Chapter)

Early Childhood Intervention Australia (NSW Chapter) Inc. is the peak state-wide organisation of professionals and parents involved in promoting the interests of young children with developmental delays and disabilities and their families. Members are based in urban, rural and regional centres throughout NSW. Our central purpose is fostering and advocating for the provision of quality, comprehensive early childhood intervention (ECI) services, accessible on an equitable basis, that can offer responsive support within their local community to all young children with disabilities and developmental delays and their families.

The main focus of our submission is on workforce issues in ECD services in NSW that provide support to this group of children and families. The issues we raise relate predominantly to those employed in specialist ECI services (the majority of which are small to medium-sized community-based NGOs), but with some reference to ECECs and community / supported playgroups that are attended by many children with disabilities, with or without funded support. Many of the same workforce issues almost certainly apply to other ECD sectors, but providing substantial comments on those is beyond the scope of our organisation's direct knowledge and particular expertise.

## 3 THE EARLY CHILDHOOD DEVELOPMENT WORKFORCE

### Workforce for children with additional needs

***What characteristics describe the workforce that provides services to children with additional needs — in terms of demographics, wages and salaries, working conditions, employment status, staff turnover, unfilled vacancies, and job satisfaction?***

- It is a highly skilled workforce, with much specialist knowledge and expertise.
- As in many other areas of professional employment, it is also a rapidly ageing workforce.
- The level of remuneration is very poor (especially in NGOs, for both staff and their managers / service directors: wages, salaries, superannuation, long service leave, maternity leave are inequitable compared to most education, health and private practice employment options. In a very competitive environment, this makes recruitment extremely difficult). *Further discussion of these issues may be found in our response to a number of other questions below.*
- Services / teams are generally lead by very committed individuals, whose skills and expertise are frequently not amply recognised or rewarded.
- This workforce experiences very variable physical working environments, including some that are extremely undesirable both for children and families, and workers. Disability services have often been expected to 'make do' in run-down, cramped and under-resourced premises, with capital funding sources extremely scarce.

- There are very limited career path options within the field.
- Disability specialists are often well-regarded by their early childhood education colleagues, but within most professions, disability is a low status area in which to specialise. And in the broader community, a career in disability does not appear to be highly valued which, as suggested in the Commission's Issues Paper, can be reflected in key ways, such as low levels of pay.
- Staff turn-over is not a straightforward issue: there is a core of very long-term staff in most agencies; but often when positions are filled, the period of employment is not very lengthy, especially with younger professionals. It is also a very predominantly female workforce, so the interrupted employment pattern more common amongst women can have a particularly significant effect. Turn-over appears to be greater for allied health professionals, for whom there is often a much wider range of employment options, including private practice.
- Vacancies can be a very significant challenge to fill in all early childhood intervention (ECI) professional disciplines throughout NSW – but this is particularly so in rural and regional areas, where the locally available qualified labour pool is much more limited, and attracting (and retaining) staff from elsewhere can be especially difficult.
- For early childhood teachers, the lack of paid school holidays in most ECI services means that pre-schools (as well as schools) may be a more attractive option.
- New graduates, or workers without disability backgrounds often have high training needs, which can have a large practical and financial impact within both smaller organisations and/or those in geographically remote locations.
- Job satisfaction is, however, one of the main selling points within early childhood intervention. Those who are genuinely attracted to it tend to remain very committed as a result of the significant personal satisfaction often derived from working with young children with disabilities and their families. In addition, a highly supportive team environment is commonly a feature of the workplace; and the scope for high levels of learning and extension of professional skills is greatly enhanced in the interdisciplinary / transdisciplinary environments that often prevail.
- The predominant ECI employers in NSW are NGOs, which frequently offer family-friendly, flexible working arrangements.
- However, case-loads are often high and the major (and increasing) demand for ECI services can make it a very stressful area in which to work, given need/demand far outstrips the current level of service provision available. Having children and families on long waiting lists, or being able to offer them only limited services or supports, can be a very difficult ethical issue for staff.

## 5 DEMAND FOR ECD WORKERS

### Demand for early childhood education and care workers

***What are some of the child development reasons families choose to use, or not use, different ECEC services? How is this changing over time?***

- There is now a much greater expectation amongst families (and to quite an extent, the broader community) that children with a disability should be included as a matter of course in their local ECEC. Families have gained greater awareness of the advantages this can have for all areas of the child's development and general well-being, regardless of their level of disability, and it is now regarded as a given by most people.

- However, with the still significant differences that exist between individual ECECs in their capacity, expertise and willingness to offer a truly inclusive, supportive and welcoming environment to all children, some families continue to experience barriers to their child's enrolment / continued enrolment (which can even include the exclusion of their child from a centre), as well as programmes that do not meet their child's needs. This can result in their having to make difficult choices about the best options for the child and themselves.
- Greater workforce participation by mothers of young children also of course means that families frequently have need of greater access (including extended hours) to an ECEC – something that can be an especial challenge when a child has additional support needs. This can be for reasons both of the funding available (which rarely extends to a full day) and the perceived capacity for the child's needs to be satisfactorily met.

## Future demand for ECD workers

***How might the proposed qualification standards, staffing levels, and the implied mix of skills and knowledge assist the delivery of the desired outcomes for children?***

- An increase in the qualifications required for staff in ECECs clearly has much to offer all children. One of the potential positives for children with disabilities and developmental delays is that the additional specialised training required for staff to support them effectively would generally be able to be delivered more efficiently to those who are more highly qualified, given the sounder knowledge base on which it would be building e.g. greater ability to plan, implement and evaluate programmes for young children generally.
- Improved staffing ratios designed to benefit all children should be advantageous in addressing the needs of those with additional needs.
- There is, however, an urgent need for a review of pre-service training within all professional courses of those employed in the ECD workforce. [See **Qualifications and career pathways** on pp4&5 below, for more detail]

***How will increased fertility rates, changing family structures, the introduction of paid parental leave and other demographic, social and policy factors affect the demand for ECD services and ECD workers?***

- Population and health policy factors such as increased fertility rates and greater survival amongst very premature babies inevitably result in a higher number of children with disabilities.
- The identification of disabilities in young children is also rising. This may reflect improved skills in earlier detection of some disabilities, but could also represent an actual increased incidence.
- In addition, there have been continuing shifts in community attitudes and expectations for more equitable and inclusive support provisions for children with disabilities.
- All of these factors are leading to greater demand for both specialist services and support for enrolment within universal ECEC services.

## 6 SUPPLY OF ECD WORKERS

***Do providers of ECD services have difficulties finding staff? If so, are these problems more pronounced in some ECD occupations or in some areas of Australia? Why is this the case?***

- There is a general lack of trained professionals to provide effective support. Many services, particularly those in rural and regional areas, find it difficult to attract appropriately trained and experienced staff, particularly in allied health positions.
- This is not assisted by the fact that funding levels in the non-Government disability sector make it very difficult to match the wages and conditions available in Government provided services (Health, Education, etc). In the case of many allied health professionals, there is a wide range of competing employment options, including private practice.
- Another significant factor in attracting people to the broader ECD sector is the major lack of an early childhood / paediatric focus within many professional training courses. For example, the very limited course content and placement requirements for undergraduate therapists relating to children and families are extremely concerning.
- Potential family support workers are generally drawn from those with social work or psychology backgrounds. Tertiary training for these professions varies enormously in terms of providing knowledge on key child and family issues.
- Perhaps even more surprising is the apparent diminution of explicit emphasis on child development in many early childhood teaching courses within NSW.
- In all of these professional courses, there is extremely minimal inclusion of material relating to delays / disabilities.
- The generally perceived low status of ECD services as a whole also contributes significantly to difficulties in sourcing staff.

***How much of the shortage is caused by low wages or wage differentials? Are there other factors (such as working hours or conditions) that are important in attracting staff to the sector?***

- Staff retention is greatly affected by low wages. Addressing the challenge of recruitment and retention of well-qualified, specialist professional staff, particularly in rural and regional areas is problematic. Current difficulties partly reflect the output and availability of relevant graduates, and also the relatively poor remuneration in this field, particularly in the NGO sector.

### Qualifications and career pathways

***How appropriate are the qualifications required for entry into various ECD occupations? Do differences in qualification requirements restrict workers' ability to move between jurisdictions or ECD sectors?***

- Qualifications are clearly extremely variable between occupational areas and offer very different preparation routes for entry to the workforce. This is an issue that requires considerable knowledge and expertise to assess; but one area that we feel merits more exploration is the possibility of some shared courses for the different professions during

pre-service education and training, particularly in relation to early childhood, families, disability, cultural competence and social disadvantage.

- It is evident, however, that there is an urgent need for a review of pre-service training within all professional courses of those employed in the ECD workforce, given the scarcity of focus the vast majority have on all aspects of the development of young children, their family and community environments (and the even more minimal focus on the particular issues affecting each of these in children with additional needs).
- This significant education and training gap is reflected both in course content and in many of the mandatory placement requirements (e.g. for early childhood education students, there is now very limited formal emphasis on child development; in therapy studies, there is often little focus on paediatrics and many students complete their course requirements without undertaking a clinical placement with children; social workers generally graduate with little knowledge of child development, despite the fact that many will be employed in child and family contexts).
- There are also very few postgraduate courses that early childhood teachers or allied health workers can undertake to increase their knowledge and skills in relation to children with disabilities and delays.
- Behaviour management is a skill base that nearly all ECD workers would benefit from, but most feel poorly-equipped for. It is notable that behaviour issues are frequently cited as the main influence on children's successful inclusion in, and progress while attending ECECs. Early childhood intervention (ECI) staff are often seen as having greater expertise in applying effective techniques for managing behaviours than their ECEC counterparts and receive many requests to assist centres in developing strategies that can be implemented with individual children.
- Specialist knowledge and skills, which may or may not derive from formal qualifications, are likely to be amongst the factors restricting workers' capacity to contribute effectively within different ECD service types.

***Do newly-qualified ECD workers have the necessary skills and attributes to be effective in the workplace?***

- See the comments relating to tertiary course content in the response points above.
- Much on-the-job training, complemented by targetted external courses, is frequently required to provide new graduates with the skills that are essential for them to be effective in the workplace.
- Professional supervision requirements for some disciplines can be difficult to fulfil, given the variable availability of suitably qualified, more senior practitioners.
- Possession of the necessary attributes for working effectively in the ECD sector is highly individual, rather than necessarily being related to being newly-qualified; it's therefore difficult to make a generalised comment about these.

## **ECD workforce for children with additional needs**

***Do ECD workers have the skills to provide effective services to all the children who they regularly work with, including those with disabilities and other special needs and from CALD or low SES backgrounds? What additional skills or support might they require in order to do so?***

There are some very significant training needs within the broader ECD sector if all children's needs are to be effectively met. Engaging with families is central to this process if the

desired child outcomes are going to be possible. In relation to infants and young children with developmental delays and disabilities:

- The ability to identify early that there might be delays and/or disabilities remains very variable within the ECD workforce. There are a number of training courses available to assist universal services to undertake this role, including ECIA NSW's own *Does This Child Need Help? Identification and early childhood intervention* training package. Universal early childhood service workers (in health, education and family support roles) are in a key position to pick up on apparent developmental difficulties that are emerging in young children.
- Broad skills and knowledge in accommodating individual needs of whatever kind are a sound base from which to build more specific techniques that might be required for working with individual children with delays or disabilities. The specialist input needed for particular children can be provided by their families and the early childhood intervention professionals with whom they have been involved. Such collaborative consultations and/or a 'Community of Practitioners' framework are invaluable for all ECD workers.
- Working with families requires, at a minimum, well-developed communication and engagement skills, cultural awareness and competency and an understanding of adult learning principles.
- To be even more effective, additional training in working from a family-centred perspective, building on families' strengths and responding to their self-identified priorities for their child and themselves, is invaluable. Intervention efficacy in all ECD settings is significantly enhanced within such a model, which can incorporate a wide range of elements such as responsive teaching, parent coaching, guided practice and strengths-based learning.
- As outlined in our response to the ***Qualifications and career pathways*** questions above (p5), behaviour support is much sought-after, but is often viewed as a 'specialist' skill set, rather than simply being part of the core requirements for the majority of ECD workers. There are of course circumstances where highly specialised behavioural interventions are required, but when working with young children and their families, a sound understanding of, and the ability to apply standard behaviour management principles to day-to-day occurrences (as well as to be able to offer strategies / support to families around common parenting challenges), should be seen as essential.
- While the ECD (including ECI) workforce is gradually becoming more diverse, workers from a range of cultural backgrounds are not yet present in numbers that reflect wider community demographics. There are very evidently many complex reasons for this, including a greater need to both encourage and actively support more young people from diverse backgrounds to consider ECD as a career option (and/or provide bridging training or recognition of existing qualifications / experience for those who have studied outside of Australia). Indigenous and other bi-cultural workers offer much-needed support to children and their families, as well as invaluable knowledge to share with service colleagues.

<p><b><i>How appropriate are the remuneration and conditions for ECD workers for children with additional needs?</i></b></p>
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- See earlier comments in ***3 The early childhood development workforce: Workforce for children with additional needs.***
- ECD workers for children with additional needs on whom we are focussing here are those within early childhood intervention (ECI) services, as well as people providing specialist support to workers and/or children within ECECs and playgroups.
- As noted earlier, most ECI services in NSW are provided by NGOs.

- There are many early childhood teachers (often with additional qualifications in early special education) employed both in these specialist ECI organisations (in which they commonly form the majority of ECI workers), as well as in ECECs and playgroups, providing targeted support to children with additional needs.
- As suggested on *p16* (Pay & conditions) of the Commission's Issues Paper, the differential salaries and conditions generally available for teachers in the school sector, compared with ECECs (or ECI services), is very significant.
- A similar differential is also evident for allied health professionals (therapists, family support workers), both in comparison to Government-provided Disability and Health services, as well as the many other competing employment options they may be eligible to consider within the public and private sectors.
- Salaries and many of the conditions for all categories of NGO ECI professionals, therefore, do not match those provided in Government-provided Disability, Education or Health services.
- Such relatively poor remuneration levels in ECI / ECEC specialist support roles certainly do not reflect the high levels of expertise and experience of many of the staff employed in these contexts.
- One way in which some organisations within the NGO sector (i.e. those with ATO Public Benevolent Institution charitable status) can offer slightly more competitive remuneration, is through salary packaging. Not all NGO ECI services, however, have access to this option at the moment, given their lack of PBI status. It would be useful to review why this is the case, as it can make a significant difference to recruitment.

***Are there particular workforce issues for early childhood intervention workers? Is the expertise of such workers sufficiently recognised and valued? Are there career paths that enable early childhood intervention workers to remain within the ECD sector?***

- See earlier comments in **3 The early childhood development workforce: Workforce for children with additional needs.**
- ECI service structures and operations are not well-reflected in the awards governing employment conditions in the ECEC and Health sectors, but it is these awards that, by default, are applied to most of those working in ECI (in NGOs). Some areas of concern include:
  - a) specialist disability-related qualifications and skills are not recognised;
  - b) many of the specific conditions & allowances in the ECEC awards relate to working with a group of children, without parents/carers present, for extended periods – which mostly is not the case within the ECI service sector (children are generally seen with their parents / carers for a short 1-2 hour session);
  - c) the type of professional supervisory roles in ECI are not well-reflected;
  - d) travel demands in ECI can be very high: some level of home-visiting is a feature of most programmes; virtually all offer support to children from their centre who are enrolled in ECECs; and other outreach services can involve travelling large distances, especially in rural areas; and
  - e) the fact that much of the ECI worker role involves at least as much adult focus (including family support), as direct child intervention, reflecting both the more limited contact times, as well as the fact that being family-centred is the most effective way of offering services to support the development and well-being young children. The particular skill-set this requires (described briefly on *p6* above), needs explicit recognition.



- On the whole, career paths in the sector are very limited, with even those employed in large agencies or the public sector not having many routes through which their professional expertise, specialist skills or seniority can be recognised.
- Access to training tailored for the ECI workforce can be very limited – both in relation to the range of courses, workshops and networking opportunities actually being offered, but also in terms of the often significant costs, both direct and indirect, that attending them can entail, especially for those located in more remote areas. With the very small professional development budgets available within most services, this can be prohibitive.
- Infrastructure, resources and administrative support are also quite minimal in many NGO workplaces, meaning that professionals and especially directors / managers spend a lot more of their time than their counterparts in larger organisations or the public sector on tasks outside of their areas of professional expertise (IT support, bookkeeping, HR functions, fund-raising, etc.).
- Tender-writing to secure much-needed funding can be particularly onerous, with no guarantee that the major time-commitment it demands will bring the hoped-for result. This can add a significant burden of responsibility, given the implications of limited resources for providing an effective service to children and their families.
- As indicated earlier, case-loads are often already high in ECI and with ever-increasing demand for services, both the face-to-face workers and their directors / managers can experience high levels of stress around their inability to meet all families' needs within existing funding and resource allocations.
- While there are signs that both State and Federal Governments are recognising the major importance of the early years, including for young children with delays and disabilities, the capacity to provide equitable intervention and support services to them and their families has a long way to go.
- Initiatives such as *Helping Children With Autism* and the proposed *Better Start* packages offer a more significant level of funding provision, over the 2 years prior to school, to children who have one of a small number of specified diagnoses. While any funding increases are positive, overall resource limitations have meant that this particular approach has presented ECI workers with major ethical dilemmas: how should they determine the level of service offered, and the priority to be given to children and families on their waiting lists, when the presence or absence of access to additional funds through some of those families, is part of the equation (instead of simply being based on relative identified individual need). Until all young children with disabilities and delays receive the services and supports they need, regardless of disability type, social / cultural background or geographical location, then neither families nor ECI workers will feel appropriately recognised or valued.

## 2 EARLY CHILDHOOD DEVELOPMENT

### Scope of the ECD sector

***What are the benefits and limitations of integrating and co-locating ECD services?***

#### Potential benefits

- Having a 'one-stop shop' potentially provides families of young children with much easier, and relatively seamless access to all the ECD services they may require.



- For ECD service integrations / co-locations to be maximally effective, they would need to be replicated in all local communities, within very easy reach of young families. It is extremely important that children and families be able attend a local ECD service, particularly an ECEC, given the potential this has to significantly promote their full inclusion within their neighbourhood community.
- Such integrated / co-located services may allow workers with different specialties to more readily share their expertise with one another. There are many existing links and networks between those working in different ECD service types, including much collaboration and consultation, but it would be expected that even closer working relationships could potentially be forged through greater ease of access to others' expertise and knowledge.
- It could also offer advantages in the management, infrastructure, administrative and ancillary systems available.

#### Potential limitations

- It's important that we do not inadvertently reduce families' choices of either the ECEC or specialist resource they might wish to access. They may feel there's an unwritten obligation to make use of any services required only through their initial access point. There are many reasons for people wanting to exercise individual choices, including perceptions of particular expertise, or simply what is the 'best fit' for their child and family.
- Critical to any such service integrations / co-locations would be to ensure that much-valued and highly necessary specialist skills and expertise, which workers from all ECD areas currently offer to young children and their families, are not diminished in any way. While recognising the many benefits of a transdisciplinary / key worker approach to delivering services to families of young children, great care must be exercised to ensure that their often complex needs and concerns are all able to be addressed in an expert way, as required.
- Whether the model is co-location or integration, there are many practical complexities to address, including: the need for a high level of joint planning; a strong commitment to identify and implement major education and training programmes for all workers; the development of workable supervisory and management structures; recognition and respect for others' skills, knowledge and in particular, philosophical approach to working with young children and their families. The latter can differ significantly between service types, professions and individuals, and would need to be dealt with very sensitively.

## 6 SUPPLY OF ECD WORKERS

### **Future supply of ECD workers (*integrated / co-located contexts*)**

***What are the implications for the ECD workforce, in terms of skill-mix requirements and work practices, from integrating or co-locating ECD services? Is there scope for the development of a generalised ECD workforce or a pool of specialised integrated services managers?***

- Regardless of the models being considered for integration / co-location, all would require a major training initiative for the existing workforce in all ECD sectors, with significant logistical and funding implications. As already discussed, there is much specialist expertise in each of these sectors, which offers scope for consultative involvement, but workers' skill sets would need to be much expanded, if they were to increase their capacity sufficiently to be able to work effectively across the sector.

- The many existing networks and linkages that have developed through inter-agency collaborations and consultations could provide a sound starting point for identifying the commonalities and differences in existing skills and expertise; approaches to working with young children and families; professional structures; and recognition of the skill-sets that are highly specialised. Evolution of a shared service philosophy and its consequent work practices would require much explicit planning and negotiation, as well as continuous development strategies. A 'Community of Practice' approach could have much to offer in this process.
- Of critical importance, however, is that specialist knowledge and expertise is not lost: children and their families must continue to have access to the highest quality services and supports that their very diverse needs require. It remains unclear whether a truly 'generalised ECD workforce' could be developed to fulfil this expectation, given the very wide range and level of skills that would be essential for each of its members to possess in order to do so comprehensively. Perhaps more likely is that a key set of core competencies could be determined and introduced across the ECD sector, equipping everyone with at least a base of commonly-shared skills. These would then be complemented by the additional specialty areas of competence required for each individual in their particular professional roles. The latter would allow both for the elements of direct service provision requiring such skills, as well as the capacity for consultative support to other ECD workers.