

**1. What is the study about?**

**2. Early Childhood Development**

***Given the terms of reference, is the suggested scope of the ECD workforce appropriate for the purposes of this study?***

Yes, given terms of reference.

Note: There are disparities in salaries of preschool teachers and early years of schools teachers in many states.

***Which ECD services for children with additional needs should the Commission include in this study?***

Integration into mainstream services with the appropriate specialised support from qualified health professionals should be a goal. This is often what families want as opposed to 'targeted' services for children who are 'different'. ECD services for children with additional needs should work together with 'mainstream' services to provide a balanced intervention.

***What are some other examples of integrated and co-located services? What are the benefits and limitations of integrating and co-locating ECD services?***

- Historically, Lady Gowrie Child Centre has provided integrated health, education and care services for children since the 1940's. Available programs have fluctuated dependent on government funding. Discussions that suggest 'integrated' services as a new idea, ignore the fact that there is a history of integration in not-for-profit services for over 70 years.
- Research conducted in 2010 investigated operations of a number of integrated services nationally:  
Press, F., Sumsion, J. & Wong, S. (2010). *Integrated early years provision in Australia*. A research project for the Professional Support Coordinators Alliance (PSCA).  
Download: <http://www.pscalliance.org.au/Research/research.html>
- OECD recognised that early education and care were inextricably linked (2006a).
- Siraj-Blatchford (1999) noted that care and education must be considered as inseparable tasks (cited in Bretherton, 2010). Integrated nature of how young children learn has been recognised and governments in UK (Sure Start program), NZ and Scandinavia have responded through integrating preschool and child care.
- Aspirations should be for genuine integration rather than co-location.
- An integrated service is positioned to provide a holistic experience, have a common focus, policies, leadership, pathways for staff. Families and children benefit from a seamless service where professionals work together to support positive outcomes for children.
- Current government policy which focuses on co-located services has not addressed important issues of leadership and ensuring professionals across different disciplines are able to work together for the benefit of children and families.

### 3. The early childhood development workforce

***Does this list provide comprehensive coverage of formal childcare settings? Is this an adequate representation of the broad roles and responsibilities of childcare and preschool workers? What characteristics describe the childcare and preschool workforces – in terms of demographics, wages and salaries, working conditions, employment status, staff turnover, unfilled vacancies, and job satisfaction?***

- The current separation of education and care is a result of historical and funding reasons.
- Young children's learning is holistic and integrated. Early education cannot be provided in the absence of an ethic of 'care' and child care does not occur in the absence of child learning.
- Given a common curriculum framework (EYLF) which recognises the holistic and integrated nature of children's learning and common regulatory obligations, provision of separate services is obsolete.
- All services should be operating at identified benchmarks of quality. The differences between early education and child care are artificial but powerful.
- Staff working in Long Day Care are seen as 'lesser' than staff working in preschools. Current salaries and conditions reflect this artificial divide. This dichotomy is a significant contributor to poor professional identity and attrition in child care.
- This list should include integrated services with clinicians or other specialised health and community support staff on-site.
- The significant disparity in wages and salaries between staff who work in Long Day Care (LDC) and staff who work in preschool is considered a major cause of attrition rates. Many workers in child care hold the same degree qualification as preschool teachers without their qualification being recognised and without receipt of appropriate remuneration.
- Working conditions differ significantly, with staff in LDC working longer hours, having fewer holidays and reduced non-contact time. Staff in LDC are often able to have permanent employment as opposed to the contract work prevalent in the preschool and schooling sector.
- High staff turnover in LDC is due to:
  - Poor professional identity
  - Low wages
  - Lack of recognition of the complexity and responsibilities of their work
  - Resultant low job satisfaction
  - Poor public perception and support of LDC
- Child health and family support workers and the workforce for children with additional needs should be included in this list.

***What data collections provide information on the ECD sector and its workforce? How might these data collections be improved?***

- There are currently several methods of data collection including, Child Care Benefit info accessible through Centrelink, the Australian Early Development Index (AEDI) and the collection of Census data each year for LDC and preschool aged children from both state and federal governments. It appears that there is duplication.
- Currently these data collection measures are onerous because:
  - The surveys are time consuming
  - There are multiple questions on every child attending a service
  - There are multiple questions on every staff working at the service.
- Given that all CCB information is submitted online there may be a method to extract data from this information
- Currently some integrated services offering LDC and preschool cannot access the South Australian online system and all preschool information has to be submitted by hand via appropriate forms.
- A recent national DEEWR survey required all staff to complete data about their qualifications, etc, but then the service had to supply this same data.
- There is little evidence or available information to the early childhood sector as to how this data is used by government and how it informs policy.
- Could there be coordination and sharing of data between state and federal governments?

**4. Institutional arrangements and COAG reforms**

***How do the differing roles and policies of governments affect the planning and provision of the ECD workforce?***

***Are there examples of jurisdictions or councils with effective policies and programs that could be usefully transferred and applied in other areas of Australia?***

There are ongoing issues regarding funding of LDC services. Because the 50% Child Care Rebate (CCR) is paid directly to parents at a later date it is not recognised as fee reduction by many families and perceptions about the cost of care fail to account for the rebate. It is paid directly to families; regardless of whether they have paid their LDC account which increase the financial burden on centres.

The gap between CCB and the actual fees of high quality services is increasing and is currently not affordable for families on a low income. Services which employ mainly qualified staff, provide staff retention measures and incentives, have low group sizes, high staff ratios, and offer high quality food are at risk of not being accessible to the families who most need them.

***Are there other significant policies governing the ECEC, child health and family support sectors and their workforces that the Commission should be aware of?***

- In the development of innovative models there should be more involvement of the not-for-profit early childhood sector and more meaningful consultation and planning in relation to strategies for implementing the NQA.
- Many initiatives at a state level by-pass or simply ignore expertise in the child care sector resulting in a top-down approach and child care being excluded from participation (i.e. visiting teacher scheme which reinforces a view that child care needs to be fixed). In short, there remains a situation of child care being 'done to' which reflects the impact of the dichotomy between education and care.
- In the development of integrated services the implementation is a top-down approach organised by government; rather than an organic community up model. Different models for integration could include cost effective strategies that utilise existing infrastructure and recurrent cost savings.
- Another example is the implementation of the four initiatives from the NQA (including the workforce strategy) which are being rolled out as distinct strategies where an integrated approach could result in innovative, cost effective strategies that would progress Australia towards OECD recommendations and viable long term services.

## 5. Demand for ECD 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?***

Families use ECEC (LDC & Preschool) services to:

- Promote development
- support children's social learning opportunities
- promote development of language
- familiarise children with the experience of a setting outside of the home
- provide a safe place when the home environment is stressful
- prepare children for school

Reasons why families may not use preschool services:

- Times are not accessible or convenient to parent's work schedules
- Inflexible service provision – i.e. short sessions

Limitations on LDC enrolment and attendance

- poor perceptions of child care (negative media perceptions)
- lack of understanding about LDC as a source of educational programs for young children
- Cost – minimum fees (after CCB) are too high – child care is not affordable for low income earners, part-time workers or people on benefits

Perceptions of cost (see comments on CCR) have a significant influence on enrolment in LDC and result bookings of one to two days a week and the use of multiple care arrangements for children in a single week. This has a negative impact on children's ability to settle, experience positive attachment and feel safe, contributing to stress in children.

Many children reduce attendance at LDC as soon as eligible for preschool because in SA preschool is at a minimal cost, perceived as 'free', and is provided to families in need at no cost.

***To what extent is female labour force participation influenced by the availability of formal childcare? How might the demand for ECEC services be affected by changes to female labour force participation?***

- Outlay for LDC fees is too high and may not be viable if working part-time (CCR should be directed to CCB & made available at time fees are paid).
- High quality services are in demand with long waiting lists.
- Emergence of combinations of care & preschool (called wrap-around care) which may support the working hours of families but increases the stress levels of children and does not offer a high quality education experience, while reinforcing the poor professional identity of child care workers.
- The impact of paid maternity leave on attendance of babies is unknown as yet – it may reduce the number of young babies in LDC but many centres have experienced fewer babies under 6 months in recent years.
- An increased demand for ECD workers will increase difficulties finding suitable staff unless issues around salary and conditions are addressed.

***To what extent does the relative cost of ECEC services determine the demand for those services?***

- Perceived cost has a direct impact on demand.
- Although in real terms child care is more affordable now (when combining CCB & CCR for middle income earners) many families perceive the cost of services as too high and combine minimal LDC with informal arrangements, in some cases multiple arrangements which are likely to be detrimental to children's emotional wellbeing.
- There are a larger number of families using preschool/kindergarten due to the heavily subsidised fees and alignment with the education sector as opposed to 'care' sector.
- There is an increasing gap between the 100% CCB reduced fee and the actual cost of high quality services, meaning that the children and families who are at risk and will benefit most from such services cannot afford them. Urgent review of this gap fee is needed.

***What factors affect the demand for, and the skills required of, the child health workforce? What factors affect the demand for, and the skills required of, the family support workforce?***

- Recurrent and consistent funding is required - short term contracts cannot attract suitable staff.
- All ECD workers require ongoing professional learning and time for collaborative work, i.e. dialogue and planning, to:

- update knowledge regarding child development and learning processes
- staff of different disciplines to meet to work together
- case management ideas need to apply
- family support and health workers need to work within the host organisation's policies to ensure consistency of service and
- families only having to tell their story once
- Current disparities in salaries of LDC staff & health workers – LDC staff may have superior qualifications but earn less – more evidence that LDC workers are underpaid.

***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?***

- Some LDC services currently employ more qualified staff than required by regulations enabling a higher standard of educational program for children. Many centres with lower daily fees will struggle financially to implement the new standards and may not promote the changes positively to families.
- The new standards appear to comprehend the complexity of ECE and the fact that there may be diverse ways to meet a standard, dependent on local community context and values. This is a welcome improvement as currently childcare has suffered from managerial approaches to regulations and quality with a 'one size fits all' and every aspect of day to day life is subjected to narrow interpretations by Licensing and Accreditation officers.
- Research shows that smaller group sizes and increased staffing levels are crucial to the provision of high quality services for children. Such improvements to provide better environments and standards for our most vulnerable citizens – children, should be applauded and negative media reports should be challenged.
- A major public education campaign will be necessary to raise awareness of the importance of formal qualifications, ongoing training, increased staff ratios and smaller group sizes to ensure better outcomes for children.

***What effect will the new standards and targets have on demand for ECD workers?***

- The new standards are a positive *first step*, potentially reducing barriers across education and care sectors, and supporting consistent pedagogy, professionalism, and a stronger career structure.
- A second step would be to build a *career structure* for all ECD services;
  - all team leader/leadership positions in services would be at a 4 year, Bachelor ECE level and
  - the remainder at a minimum Diploma level.
  - A certificate III in children's services still provides an unqualified worker.

Potentially the new standards and targets move ECE forward;

- breaking down the dichotomy between care and education
- development of innovative education and care models
- Building career structures and futures for ECD workers
- BUT inadequate wages must be improved to improve staff retention. Current attrition rates jeopardise implementation of the NQA.

***What options are available for funding the increased wages and salaries of more highly qualified ECD workers?***

- Integration of education and care services could save money and avoid duplication.
- Infrastructure is duplicated and some of this infrastructure is not well utilised (i.e. separate preschools and child care services, sometimes next door to each other).
- Government could create financial incentives for centres to encourage integration.
- In south Australia, we noted that rather than directly funding additional teachers in LDC to achieve 15 hours of preschool, top up salary funding is being provided to enable child care centres to upgrade some positions from child care worker to a teacher position.
- 'Visiting teacher' programs should stop – these are expensive and ineffective, children's learning outcomes are not enhanced and morale in LDC is damaged – funding of these programs should be directed to child care centres to upgrade to a preschool program.
- CCR should be reviewed and better targeted. Levels of subsidy are generous for high and middle income earners; some of these funds could be paid directly to services to offset teacher salaries.
- Creation of a career structure would benefit both LDC and preschool, particularly if integrated services flourish resulting in more, higher level leadership positions thus building career structures.
- Services with higher levels of qualified staff could receive a higher funding offset paid directly by state or national government. This could also be aligned with particular qualifications with 4 year degrees attracting greater funding offsets than 2 year diplomas.
- The LDC sector could be aligned more closely with the education sector where the state government pays salaries of degree qualified staff. Staff could also then choose to be part of the state Teacher's Union and teacher registration processes.

***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?***

- As the population ages and mobility increases, there may be fewer extended family care options for young children. Parent/s may stay home longer with the birth of their child (in some cases), meaning that children access ECE services later, with a decreased demand for places for children between birth and one year of age. Data needs to be collected to ascertain whether paid maternity leave has any impact on use of ECD services.
- Currently very young and/or disadvantaged parents are often not engaged with EC services and may have difficulty accessing pre and post natal information as well as support.

- The perception of costs for ECE services is leading to the use of informal care arrangements, increasing the stress on children who need to cope with multiple care arrangements during a week, as well as increasing risk for those children who are in unregulated environments.
- The ageing workforce & retirement could lead to a loss of knowledge and experience, but is an ideal time to introduce change to the ECE and health sector/s

## 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? 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?***

- There is a long established crisis of high attrition rates
- For over ten years there has been a critical shortage in recruiting and retaining quality, qualified staff to LDC programs.
  - The pay scale for LDC positions has been inappropriately aligned with the Metal Workers pay scales, while the complexity, expectations, responsibilities and accountability of LDC workers has increased. Family expectations have increased and the integration of children with disabilities and/or serious health issues, and extreme behavioural challenges has grown rapidly. LDC work requires intellectual, physical and emotional investment to work with children from birth to five years of age.
- Generally shifts involve an 8.5 hour day (includes 30 minute lunch break) and there is minimal flexibility
- Staff in LDC face considerable stressors each day, including;
  - significant emotional investment in ensuring children are secure and safe for every minute of every day
  - ensuring they meet stringent licensing and Accreditation regulations and
  - meeting the goals and needs of a wide variety of families
- impact of an increasing number of children attending LDC for one day a week
- accreditation and licensing requirements around the amount of written information required
- documentation demands with higher numbers of children attending for small amounts of time
- Staff also support children and families through highly emotional life events such as - separation, divorce, death of a family member, serious illness of children, job loss, domestic violence, drug use, terminal illness, disability and mental illness.
- Wage and conditions differentials between LDC and preschool
  - minimal wage differential between a qualified worker and an unqualified one (less than \$2 per hour), which is a disincentive for staff to take on leadership responsibilities.
  - staff with a four year early childhood degree who choose to work in LDC are sacrificing at least \$6-\$15 per hour of wage increments that apply to EC teachers; up to 8 weeks of annual leave and a shorter working day.
  - Reduced preparation and program time, usually only 2 hours per room per week, meaning the quality of the curriculum offered can only reach a certain standard due to time constraints.



- Attrition from LDC: staff who study for an early childhood degree while working in LDC will use this as a pathway out of LDC when completed. We currently have six staff (four full-time, two part-time) who have a Diploma in Children's Services (TaFE) who are studying a Bachelor of Early Childhood Education (UniSA) externally. It is likely that at least five will leave our organisation once their studies are completed.
- LDC staff (whatever their qualification) measure up poorly in the public's perceptions compared to staff working in the 'education system' such as preschool/kindergarten and schools;
  - lack of 'professional status' accorded to LDC staff has an impact on the quality of staff attracted to the sector and the attrition rate.
- These issues are exacerbated in rural and remote areas, where isolation and a lack of support compound poor working conditions and salaries.
- A further issue is attracting and retaining Aboriginal and Torres Strait Islander employees -having dedicated, funded, mentoring and support programs in place are crucial to their successful and ongoing employment.

***To what extent are ECEC, child health and family support services experiencing staff retention issues? Are there examples of effective staff retention strategies in the ECD sector? How might such strategies be replicated throughout Australia?***

Even with effective staff retention strategies there will be a higher than acceptable attrition rate because of the issues raised in the preceding point – future development of ECD to meet NQA aspirations require that LDC wages and career structure issues must be addressed.

#### Proposed retention strategies

- Leadership – using a leadership team principle; deliberately building leadership capabilities within the team through professional learning, structures, distributing leadership and creating opportunities for leadership enactment
- Professional learning – ongoing opportunities for individual and team professional learning, associated costs met by organisation, in paid time. Paid accredited training eg infant mental health, etc
- Nurturing professional identity through making work meaningful and satisfying
- Above regulation staffing to achieve better staff child ratios and small group sizes to reduce stress levels
- Support to gain qualifications – study leave – to complete diploma or degree (even though staff will leave when completed to gain a teacher paid position)
- Collective Agreement:
  - above Award wages,
  - above Award annual leave and financial incentives.

Note: there are limitations to the incentives that can be offered because of direct impact on fees

***What are the key factors influencing an individual's decision to work in the ECD sector? Do these vary for different ECD occupations? Why are ECD workers paid less than those working in related sectors? Are the wages and salaries for workers in different ECD occupations appropriate, given the skills and qualifications required? If not, how might this best be addressed?***

One may ask why degree qualified staff work in LDC at all and the answer lies in their belief in *holistic early childhood programs* and *early intervention*, which are most effective in the very early years of life. The opportunity to work with children and families during such a precious time is invaluable, the *meaningful relationships* inherent in ECD and for some staff, worth the sacrifice in salary, conditions and reputation.

Staff who are passionate about their career make a conscious choice and accept the sacrifices to salary and conditions (for as long as they can). The ECD sector offers enormous *variety and multiple opportunities for professional learning*. LDC offers *flexibility* in types of programs, support for pedagogy development and learning and reinforces a belief in *outcomes* for children and families, something which is immediately visible. Working with families and children is *exceptionally rewarding*.

Differences in salary are historic – i.e. ECD seen as women's work emerged from a philanthropic tradition.

Current differences between preschool & LDC are historic; preschool teachers gained recognition as educators; childcare still viewed as 'childminding'.

Significant contributors to this difference are:

- preschool predominantly state government services (better pay) allied with education or professional unions
- childcare funded by Commonwealth, community based, social services, predominantly private ownership, for-profit motivation and direct link between salaries and parent fees. Allied with a non-professional blue collar union.

#### Current situation

Role and function of child care operations have changed dramatically over the past 20 years – higher demands on staff and increasing similarities in service provision between child care and preschool.

Now recognised through NQA;

- a common curriculum framework,
- common regulatory and quality obligations and
- qualification structure across ECD services

It is **not appropriate** to remunerate LDC workers at current levels (hence the attrition rates!) A career structure is needed recognising the value, skills and responsibilities of LDC workers.

ECE Degree qualified staff should be paid as teachers wherever they work –i.e. in preschool, LDC, and with infants, toddlers or 4 year olds.

Investment is also required for EC leaders whether in preschool or childcare, recognising the increasing complexity of service provision and the expected outcomes for children and families.

***Does the regulatory burden have a significant impact on attracting or retaining staff in the ECD sector? Do you expect recently announced reforms to make a material***

***difference to the regulatory burden facing ECD workers? What more could be done to reduce the regulatory burden?***

Reforms are hoped to make some contribution.

Extent to which a significant reduction will occur is not clear. Currently for accreditation staff conduct several internal and external checks as well as ensuring there is a 'paper trail' for every change made to room procedures, etc. This has no bearing on outcomes for children. Written evidence is preoccupied with written policy and process documentation instead of pedagogical documentation.

Higher emphasis should be placed on recognition for quality conditions such as:

- above-ratio staffing and space requirements
- practices which support children's rights
- documentation of children's learning

(The continual focus on reducing and discouraging risk and challenge for young children is detrimental to quality outcomes.)

Census data collection for governments needs to be reformed – refer previous discussion re extracting data from online CCB system. Better, linked up online systems are recommended

***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? Do newly qualified ECD workers have the necessary skills and attributes to be effective in the workplace? To what extent are qualification requirements a barrier to entering the ECD sector? How could any such barriers be overcome? Do people from Indigenous and CALD backgrounds face particular barriers to obtaining entry-level ECD qualifications?***

Appropriate tertiary qualifications should be a recognised entry to ECD. The qualifications are not the barrier the remuneration is!

A generic qualification is not supported - given the complexity and specialised knowledge required for working across ECD and related family support specialised qualifications provide the coverage needed to address the complexity.

There needs to be encouragement for specialised post graduate qualifications for leadership, financial management, adult literacy, and the complexities of working in integrated services.

Indigenous and CALD workers require higher support to achieve qualifications which could be provide through specialised units that could be established to support groups of students with mentoring and counselling.

***Are workers who obtain additional skills and qualifications sufficiently rewarded? Is expertise sufficiently recognised and valued? How could opportunities for career progression within the ECD sector be enhanced? Are in-service training and professional development programs meeting workforce development needs? Are there barriers to ECD staff accessing training and development programs? If so, how could such barriers be overcome?***

Currently there is *no incentive* to gain an early childhood degree when working in LDC.

A career structure with parity to preschool is required to solve attrition rates.

Requirements that all staff in the ECD workforce require as a minimum, relevant Diploma qualification and that all leadership positions (including team/room leaders and service Directors and managers) require an early childhood degree would be an incentive for staff retention as well as improving the quality of programs for children and families. Post graduate qualifications should be recognised as well.

Currently in-service training needs are provided by the Professional Support Coordinators (PSC) and the programs offered are based on sector needs. Access to these programs has increased over the years. As this training is subsidised by the government, cost does not appear to be a barrier. The new Award requirements may impact on staff access to such programs (i.e. payment of overtime for part-time staff attending training outside their specified hours).

***Do you consider professional status to be an issue for the ECD workforce? What factors determine professional status in the sector? How might a change in status be achieved? What would be the effects of such a change?***

Professional status is a huge issue, particularly for LDC staff. Public perceptions of LDC are low and this is reflected by the wages and conditions for staff, despite their qualifications.

Poor professional identity of LDC staff should be addressed through;

- addressing inadequate and inequitable wages and conditions
- alignment with a teacher's Union
- direct funding and support to services from government
- upgrade ageing LDC centres

***Will the supply of qualified ECD workers expand sufficiently to meet COAG's objectives? How might the training of additional workers be funded?***

Currently there are not sufficient staff of the calibre required to effectively meet COAG's objectives.

- waiving of Diploma fees has seemed to increase the number of qualified Diploma staff
- the number of retiring preschool teachers will increase preschool vacancies over the coming 10 years, with direct impact on LDC
- Current high attrition rates in LDC are expected to continue
- The apprenticeship and traineeship scheme in South Australia has been helpful to upskill unqualified staff to qualified.

***Are training providers and courses of sufficient quality to meet the needs of the ECD sector? What can be done to ensure that there is an adequate supply of skilled trainers to meet future increases in demand for training?***

- More rigorous quality control measures should be in place, particularly for those organisations offering external qualification study opportunities. (The 'tick and flick' style of some training organisations is not rigorous enough to ensure staff have the underpinning knowledge and theories of education required to be suitable qualified staff.)
- Another reason staff often leave the LDC sector is to take up training opportunities with training institutions, so addressing one issue will have an impact on the other.

***What is the scope for productivity improvements in the ECD sector?***

- Productivity improvements should relate to improved outcomes for children and families.
- Improved learning environments for children will have a significant impact on children's social, emotional and intellectual development and their longer term participation in education.
- As is already known around the world, increased spending now to ensure high quality programs in the early years will translate to reduced government spending later.
- It has been an ongoing source of disappointment that few governments will employ long-term measures by significantly investing in programs for children in the birth to five age range, despite mounting evidence of the positive outcomes of genuine early intervention.

***Have initiatives to increase the supply of ECD workers been effective?***

**No** we have a revolving door situation - waiving the course fee for TaFE Diploma level training has had some impact, but the increase in LDC staff upgrading diploma to ECE degree has offset this as they are moving out of LDC to more highly paid positions in the education sector.

***Will the workers who are required to upgrade their qualifications do so, or will they leave the ECD sector?***

We believe that making it mandatory will influence unqualified staff to gain their qualification. Provided there is a lead in time, suitable levels of support, and remuneration is increased there is evidence that such a measure would be successful over the longer term.

***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? In the context of increasing integration of ECD services, does the involvement of multiple unions and professional associations affect the capacity for innovation and flexibility in the ECD workforce?***

A 'generic' tertiary course of education providing common training is not considered helpful in addressing the complex needs of integrated early childhood services. There is little point creating such a generic degree unless there is appropriate remuneration.

The real value and richness of integrated services comes from the combination of professionals from different disciplines collaboratively working together to share their knowledge, skills and perspectives to respond to the dynamic and complex needs of children and their families.

The area of early childhood education requires specialised, core knowledge which can be gained in a 4 year ECE degree. Likewise family support workers come from diverse qualification bases of social work, counselling, health, etc all enriching the contributions from their specialised knowledge bases. A generic course would significantly dilute this knowledge base with little benefit. A core component of all courses should include information about brain development and early learning.

There may be scope to create courses focused specifically on birth to five as opposed to birth to eight, but this could increase the perceived division between the education and care sectors even further.

An early childhood leadership post graduate course is recommended as essential for integrated services leaders. This will ensure a career structure that recognises integrated service leadership as a career advancement to a more complex situation.

The only Union option for LDC staff in SA is the Liquor, Hospitality and Miscellaneous Worker's Union (LHMU) which is not appropriate for ECD workers given the current direction of government. Multiple unions and professional bodies may make things difficult, depending on where ECD workers 'fit'. Currently many integrated services are managing this juggle. Refer Press, Sumsion & Wong, (2010).

***How will the ageing of the population, the introduction of paid parental leave, and other demographic, social and policy changes affect the supply of ECD workers?***

This has been discussed previously in our submission.

***What skills must ECD workers have in order to provide effective services to Indigenous children? Do all ECD workers who work with Indigenous children have these skills? Given the challenges faced by many services for Indigenous children, how appropriate are the remuneration and conditions for workers in those service?***

- Given the version of history that many ECD staff have been exposed to in their own schooling, it is recommended that the history of Indigenous people and the impact of this history and current disadvantage of Indigenous people be a mandatory part of any current ECD qualification and upskilling courses.
- There is a strong need for more Indigenous trainers and workers who are able to ensure ECD worker knowledge is current and based on facts and information as understood and given by Indigenous people.
- Without a genuine understanding and empathy for the history of Indigenous people and impacts of current and past policies, it is unlikely that ECD workers will be able to offer appropriate services to Indigenous people. The skills required will need to be learnt. Services who have a high majority of Indigenous children would require a greater degree of support and incentives to attract Indigenous workers.

***What strategies are being used to attract ECD workers from Indigenous communities and to build Indigenous workforce capability? How effective are these strategies?***

The Australian Employment Covenant could be promoted, along with training for non-indigenous organisations to appropriately support Indigenous workers.

Programs to develop support & mentoring programs for Indigenous workers (by Indigenous people) may be effective.

***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? To what extent are workers from CALD backgrounds represented in the ECD sector? How appropriate are the remuneration and conditions***

***for ECD workers for children with additional needs? 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?***

Many services are working effectively with children with additional needs, CALD and low SES backgrounds –many struggle. This work is complex and depends on overall service quality, leadership and the opportunities for professional dialogue and learning within the staff team. Research evidence suggests the value of action learning approaches within centres to meet complex demands. Support is available through the PSC and bi-cultural support programs. When ECD workers are able to access temporary or ongoing assistance from qualified specialists then programs for these children are enhanced.

Currently many families access services outside of ECD resulting in the need for case work strategies to coordinate child & family support. Cost implications of this complex work needs to be recognised.

All early intervention workers require ongoing professional learning.

It is important for children and families that ECD staff and staff who work with children with additional needs work collaboratively and share knowledge. Currently the Inclusion Support Subsidy (ISS) enables the employment of an additional worker in LDC so that staff are better able to support the social inclusion of children. There is no support that enables more knowledgeable health workers to work with children with the LCD setting and currently staff are often working with young children with little knowledge about their additional needs.

## **7. Lessons from other sectors and other countries**

***What lessons can be learnt from the ECD sectors in other countries or from other sectors within Australia? What are some of the caveats that need to be taken into account when making comparisons across countries or across sectors?***

Around 2002 New Zealand set a target for all staff working in early childhood centres (including childcare) to be qualified EC teachers. This has been revised to 60% as this is the current level of achievement. This policy has effectively broken down the barriers between early education and care and created career structures. The system has more complexity than can be addressed here but is worthy of investigation re funding and outcomes.

Parts of Italy in the North have shown innovative ways in which the community can expect and support high quality care.

Various Scandinavian models of early childhood delivery, staff all centres (including infant programs) with qualified early childhood teachers and warrants further exploration.