

# Submission to Early Childhood Development Workforce Study

## Gr8 START Submission

gr8 START is an early years partnership network which brings together a diverse range of organisations on the Gold Coast to work collaboratively to enhance, influence and support children 0-8 years and their families to achieve positive health, wellbeing, growth and development outcomes with a focus on promotion, prevention, early identification and intervention. The gr8 START early years partnership involves Government, non-Government, private and not-for-profit early year's service providers. This submission is a combination of comments from organisations represented on the gr8 START early years partnership group.

### **2: Early Childhood Development**

#### **Scope of the ECD sector**

*Given the terms of reference, is the suggested scope of the ECD workforce appropriate for the purposes of this study? What are some other examples of integrated and co-located services? What are the benefits and limitations of integrating and co-locating ECD services?*

- One such initiative is the Early Years Centre's which have been funded by the Queensland Government. The Centres provide services to families with children aged birth to eight years with a parenting 'one stop shop'. Parents are able to access a range of support and services to improve their children's health, well-being and safety. Services include such things as parenting programs, playgroups, baby clinics and family support. The Benevolent Society currently operates two of these centres.

#### **Benefits:**

- One of the primary benefits of the Centres is the ability to provide holistic support to children and families. The co-location of services encourages collaboration between service providers and seamless and flexible service delivery to children and families. Families are able to access services from trans-disciplinary teams with a wide range of knowledge and skills as well as access more specialist services if needed. Another major benefit is the removal of stigma for those families accessing family support or other targeted services.
- Integration of staff has enabled two important processes not possible within a traditional service model. Firstly, at a local level the size and diversity of the staff team of roles and experience have enabled local initiatives aiming at strengthening community resilience, community connections and links with existing community capital to emerge. These initiatives are in addition to programs for children and families. The resources within the Centres have also contributed to outreach strategies to improve access to vulnerable communities and focus on outcomes critical to children's health and well being like maternal mental health, attachment, increasing trust with health and bolstering child health checks undertaken in these communities. These areas of focus are collaborative and without a team approach, a real impact is difficult to achieve in these contexts. On a strategic level senior staff of these Centres participates in regional and state-wide planning forums that contribute to policy development and implementation by using the lessons learnt and the needs being identified to shape an early intervention approach across Government and non-Government organisations. It also helps to highlight the partnering opportunities that maximise co-operation and collaboration and minimise resource duplication to ensure accessible pathways for families to required services. In this way, flexibility and innovation result.
- Families are dealt with more efficiently as multiple people can be seen at once/same day/same place. This reduces waiting periods for families and gets onto problems/issues sooner which equates to more efficient services.

#### **Limitations:**

- One of the limitations or challenges for the Centres can arise from different funding/governance arrangements for the different aspects of the service. This can in turn result in different and sometimes competing priorities and performance measures.

- Co-located services means more demand on the one facility as families are using only one facility instead of multiple. This strains physical capacity of a building (i.e. office, clinical and common area space).
- Co-location in larger cities and regions may lead to dis-investment of services from multiple smaller communities as many non-profit services have only enough funding for one large location or many smaller locations. This may reduce the number of physical services available to families who are unable (for transport, cost or geographical purposes) to access the larger co-located service.

### 3: The Early Childhood Development Workforce

#### Early childhood education and care workforce

##### Childcare workforce and preschool 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?*

##### Characteristics:

- All lower paid workforces (including ECEC) have certain demographic characteristics for the majority of workers including lower socio-economic status. This is associated with lower educational attainment, lower standard living conditions and higher rates of mental health and other health conditions (particularly chronic disease related illness linked to risk behaviours such as obesity, smoking and alcohol mis-use).
- Lower wage rates in ECEC services in comparison to ECD services are a demographic concern for workers. i.e. An early childhood kindergarten teacher within a school environment is paid significantly higher than an early childhood kindergarten teacher within an ECEC setting.
- Vulnerability for liability is high presenting a 'cautious' workforce at times
- ECEC services have continuously busy working conditions due to the nature of work however this means little to no time for professional development opportunities unless undertaken outside of work hours and usually at the cost to the employee. This presents problems in up-skilling the workforce on current and emerging issues/policies/regulations/practices and maintaining good practice within the workplace.

#### Data describing the ECD workforce

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

- ABS. The categories used to assess the ECD sector and workforce is inaccurate in appropriately perceiving the ECD workforce and the roles within this, thus not providing an appropriate picture in terms of statistics of the workforce
- This report indicates 'there is a wealth of data...on childcare and preschool workforces'. This data is not disseminated effectively to the general population. Data collection may be enhanced if its methodologies and outcomes/reports are more widely known throughout the sector

### 4: Institutional arrangements and COAG reforms

#### Governments' current role in the ECD sector (Australian, State/Territory and Local governments)

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

- The ECD workforce currently feels undervalued as a profession. The most important messages that need to be fed through to ECD staff around the current and emerging changes

is about improvement and building on the strengths of the workforce. More broadly, there is a general fragmentation that exists across workforce development and planning on a regional or state-wide level that creates challenges to match critical workforce shortages and coordinate resources.

- The important lessons learnt in the UK with the implementation of Surestart are that constant change can lead to fatigue and disillusionment.
- Inconsistent funding bodies (between National, State/Territory and Local Gov) and funding requirements/outcomes has and continues to lead to fragmented funding within this sector. This leads to significant competition for funding (though the majority of services are working towards very similar outcomes) which operationally means different outcomes in learning and services offered to children between both LGA's and between States and Territories.

## **COAG agreements and frameworks affecting ECD**

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

- National Agreement National Healthcare Agreement:
  - Australians are born and remain healthy
  - Children are born and remain healthy
  - Australians have access to support, care and education they need to make healthy choices

## **5: Demand for ECD workers**

### **Demand for early childhood education and care workers**

#### **Child development:**

*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 choose to use ECEC services for a number of child development reasons including learning, socialising and interaction. Adverse child development reasons include fear of their child contracting an illness considering the ease of spread of an illness within a service and a child's ability to learn profanity from another child (i.e. a conservative family with strong values may fear the child will learn profanity/less conservative views from the other children). There are also a number of other factors such as 'babysitting', convenience and proximity to home which impact on a decision to use, or not use, and ECEC service.

#### **Labour force participation:**

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

- Female labour force participation is slightly influenced by the availability of formal childcare. Availability can include proximity to work, home and family, relative cost or perceived quality. i.e. within suburb areas some ECEC services can be at 100% capacity whereas others may only be at 70% capacity. It depends on how a family perceives the quality difference between those ECEC services that will affect if they utilise them or not thus labour force participation is slightly influenced by the differing factors in availability.
- Affordability of a service will also be influential on the female labour force. Labour force wages must be equal to or exceed the costs of an ECEC service or it is a financial burden to return to work (rather than financial gain). Other factors such as Centrelink benefits also need to be considered in costs associated with childcare and returning to the workforce. Currently in some circumstances, the family Centrelink benefits for a stay-at-home parent and the significantly reduced price for childcare (when receiving these Centrelink benefits) out-way the costs associated with paying full rates for a child to attend an ECEC service and the limited Centrelink benefits (for a working parent) when comparing to workforce wages.

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

- Increased level of qualification will improve the knowledge of the ECD workforce, enabling appropriate teachings and in turn delivery of desired outcomes to children through a curriculum and/or intentional teaching. Increased staffing levels will aid in the reduction of the child to staff ratios of which is more beneficial to quality teaching. Both measures will increase reflective practice, increase time spent on teaching/emergent curriculum with children and increase bonding and attachment between child and worker. This will provide a more stimulating and positive environment for children and their development.
- Demand to some extent is regulated by cost incurred to parent. While increased qualification and staffing levels are essential for good practice and quality outcomes for children, this undoubtedly incurs an increase in unavoidable staffing costs to the service which must be funded through the services funding body (licensee or Government). Consequently these extra costs are passed onto paying customers (in this case families) through weekly service fees. Extra costs to a family will determine if a significant number of families use an ECEC service or return to the workforce, leading to a reduction in family demand for the use of ECEC services and in turn the workforce.
- Increased fertility rates means more ECEC services will be needed as more children are born and may require childcare.
- The changing family structures will change the type of demand of ECD workers and be reflective on changing type of family structure, need for childcare and cost incurred to family.
- The newly introduced Commonwealth Government paid parental leave scheme provides minimum wage to families for 18 weeks after the birth of the child and can be taken immediately from birth or anytime up to 35 weeks post the birth. This payment can be taken on top of or post a women's individual employee's maternity leave situation. Families utilising this scheme are unlikely to return to work earlier than they would normally have (without the parental leave scheme) meaning their child will start ECEC later in their first year, thus reducing demand for services to cater for that 0-20 week age group.
- Changing policy including reform, planning and funding arrangements (as the issues paper has mentioned) play a significant role in altering demand for ECEC services. The more funding that is spent on early childhood services in either lowering costs direct to parents or subsidising services should increase demand. Reducing funding or benefits to parents or services will reduce demand as the cost of an ECEC service would out-way parental working wages.

## 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?*

- While there are a significant number of people wanting to work within the ECEC sector, one common issue is that applicants are underqualified or not suitable. For example, many ECEC studies are now conducted on line, within 6 months or within the high school environment. While these new ways of delivering and training people within this industry is needed, the quality of what is taught and ultimately what is learnt is significantly reduced compared to those who were taught face-to-face for a consecutive number of years. It also means that subjects that were once taught are no longer taught. These issues can impact on the quality of applicants as may now be less knowledgeable than their counterparts.
- Operationally a common issue within the majority of ECEC services is that junior/less experienced staff are not willing to clean (a significant part of working within an ECEC setting), get their hands dirty (while playing with children) or do not understand the way in which a setting should operate (as they have only been taught basics within their six month training as apposed to someone who completes a degree).

### **Staff retention and turnover:**

*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?*

- As in any workforce, a manager's value, respect and integrity towards/of staff members is always the key to reducing staff turnover. The ECEC sector is a very busy workforce by nature and requires extra nurturing of staff members to ensure they are happy, cooperative and appreciated within their work roles.

### **Pay and conditions**

*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?*

- There is a need to increase wage rates and in turn increase the professionalism (and reduce stigma) for the ECD workforce considering the emerging evidence and Government recognition of the importance of the Early Years for later life outcomes and in turn society's ability to function and economically perform. The ECEC sector should no longer be considered as a 'babysitting' service for parents, but as a quality initiative for a child's development.
- Wage rates are a predominant factor influencing an individual's decision to work in the ECD sector and particularly what type of occupation to pursue within this sector. For example, Child Health workers employed through State or Local Governments receive a higher wage than those working in the same position in a not-for-profit agency.
- There are currently noteworthy wage rate differences and awards between what a kindergarten early childhood teacher within a school environment is paid compared to a kindergarten early childhood teacher within a long day care environment. This significantly reduces the number of people wanting to work within a long day care environment specifically when new COAG reform is making it essential.
- Other factors influencing an individual's decision to work in the ECD sector include location of workplace, potential career progression within an occupation and within an organisation and the type of work to be carried out i.e. one-on-one client based, groups or families.

### **Qualifications and career pathways**

#### **Getting started in the ECD workforce:**

*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?*

- With the changing need for alternative methods of delivering qualifications (i.e. internet vs face-to-face) and the length of delivery (i.e. 6 months vs three years), many of the previously required skills for ECD workers are no longer necessarily taught, learnt or seen as required by training organisations. This has caused concern among many ECEC service managers/directors as newly-qualified workers do not have the necessary skills and attributes to be effective in working not only with children, but also within the ECEC environment.
- No qualification should be seen as a barrier unless you can learn all of the necessary skills whilst operationally within the workforce in which the ECD workforce is not one of those sectors. Early childhood (0-5 years) is the most crucial time for brain, language and literacy, and social and emotional development. It is imperative that those working with and teaching children are appropriately qualified so as not to jeopardise early childhood development. Previously the ECD workforce has been seen as 'an easy to enter' workforce for younger people with no qualifications. In order to professionalise the industry and increase the standard of the workforce we must expect and demand qualified workers. While qualifications



should not be the barrier, potentially more financial assistance, mentorship, tutoring and other physical support (from support workers) should be more prominent for those of whom seeking a qualification is a barrier. Ongoing culturally appropriate assistance, support and teachings should be encouraged for Indigenous and CALD populations to overcome cultural barriers including language.

### **Career pathways and professional development:**

*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?*

- The busy nature of an ECEC service and lack of provision of funds to the service (from licensee of Government) mean that Directors are usually unable to relieve staff to attend training and professional development opportunities. This presents a significant barrier to ECEC staff who are accessing development programs as they are usually made to pay for the professional development personally and must usually attend unpaid outside work hours (at night or on weekends). This is also the case for the majority of general staff meetings and in-service training.

### **Professional status of the ECD workforce:**

*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?*

- As previously mentioned the professional status of the ECD workforce is an issue. Many staff are undervalued by the public and it is seen as a lower-paid underqualified workforce. Whilst the Government is working towards changing this through an increase in qualifications and standards within an ECEC service, this ultimately affects the workforce as this comes at a financial cost to ECEC services. As previously mentioned this creates significant imbalances within the workforce including wages, costs to families and quality of services.

## **Future supply of ECD workers**

### **Workforce planning:**

*Have initiatives to increase the supply of ECD workers been effective? Will the workers who are required to upgrade their qualifications do so, or will they leave the ECD sector?*

- Those who are passionate about their jobs are more likely to stay and upgrade their qualifications than those who are participating in this workforce as a means of living may choose to leave as the expense of increasing qualifications becomes a factor (tuition, work time off to complete etc).

### **Integration of ECD services:**

*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?*

- Further effort and strategies are required to attract males into the ECEC sector. Diversity of roles, career progression and opportunities to do different work and extend responsibilities will also help validate and build on staff skills/interests.
- Demands from the ECD workforce are multilayered in terms of service delivery and what is required is a mix of skills and experience within the team. Integrated services are not only hubs of support for families but provide professional development opportunities for staff in ECEC centres and those who are working with children. For example in the Early Years Centres, staff are trained in the circle of security and share this learning across the EC sectors in the respective regions. In these instances, these positions require high levels of experience to build credibility and rapport with the EC sector and meet the sector needs.

- For integrated staff involved in playgroups and parenting education and support, a key requirement for staff is to share core values around child centred practice and early intervention. They need to demonstrate flexibility and adaptability to change and quickly apply new learning. Integrated service models demand a higher level of emotional intelligence and a greater ability to engage in active listening. They also need to work well in a team and embrace consistent collaboration and team work as part of their approach to working with families and children. Conversely, staff with high levels of experience in childcare sometimes struggle to operate in integrated services because there is less structure, more emphasis on partnership with parents and a greater emphasis on change and adaptation around emerging needs.
- Family support workers can benefit from a broader range of experiences in the social service sector. Of particular importance is the understanding of how abuse may occur, indicators of family/parental stress, the different long term affects of neglect and abuse and an ability to assess the family with a long term view of improving child outcomes. Additional skills include understanding of self, reflective practice, understanding of general psychodynamic principles which support a family centred practice approach. Family support workers need to be equipped with specialist skills to work with families with young children because children are most vulnerable between 0-5years. They need to work in parallel with parents and children but remain strong advocates for the young child/ren, develop plans that build on parents strengths and improve parenting, repair attachments, impact positively on the social environment, enhance family relationships and build children's resilience. Of importance is the family support workers role to coordinate other services (internal and external) and develop a coordinated approach to assessment and planning around needs that values parent and child participation in determining outcomes and goals.
- There is scope for a generalised workforce or specialised workforce. The UK has a National Vocational Qualification in early childhood that is not only competency based but is also based on national standards, and people can progress through. This has been used when employing or training staff in children's centres in the UK successfully.
- This workforce is dependant on appropriate training and professional development with perhaps the development of specific leadership training such as the NPQICL in the UK for Leaders of Integrated Services.
- The implications to a generalised workforce are that there are a specific set of core skills that are required which include comprehensive knowledge of child development, the importance of attachment, a comprehensive understanding of child health, skills in engaging parents and appropriate case management skills. There are good models in the Scandinavian countries who have adopted a social pedagogy approach to joining core areas of knowledge.

### **Demographic, social and policy changes:**

*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?*

- With an ageing population we can expect very experienced practitioners and educators to be progressively retiring from the ECD workforce over the next 5-15 years with only a smaller proportion of under qualified or less experienced staff to fill this void. This will affect the supply of experienced workers and increase demand appropriately qualified new ECD staff.