



Municipal Association of Victoria

**Submission to Productivity Commission Inquiry
Early Childhood Development Workforce**

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The MAV can provide this document in an alternative format upon request, including large print, Braille and audio.

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While this paper aims to broadly reflect the views of local government in Victoria, it does not purport to reflect the exact views of individual councils.

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1 Executive Summary

The Municipal Association of Victoria (MAV) as the legislated peak body for Victorian local government commends the Australian Government on its increased investment and commitment to early childhood education and care through the Council of Australian Governments (COAG). All Victorian councils are committed to the aim of providing children in their municipality with the best possible start in life through effective planning, development and provision of services that improve the health, connectedness, education and care of children and their families.

The Productivity Commission has defined the scope of the ECD sector to include:

- Early childhood education and care services;
- Child health services; and
- Family support services.

Local government has responsibilities for local planning around all of these services as well as providing a strong local early years platform. It is primarily the experience of councils in the services around the early childhood education and care and child health that informs the following MAV responses to the key areas identified in the Productivity Commission's Issues Paper, November 2010:

- Current and future demand for ECD workers, and the mix of knowledge and skills required within the workforce to meet quality objectives.
- Current and future supply of the ECD workforce, and the impact of quality objectives on that supply.
- The structure of the ECD workforce, and its efficiency and effectiveness.
- ECD workforce planning and development in the short, medium and long-term.
- Institutional arrangements impacting on the ECD workforce.

It is important to state from the outset that local government has the capacity and flexibility to build on, innovate and maximise the opportunities for the ECD workforce through its role in the provision and management of a range of early childhood and family services. In this submission, MAV will provide a local government perspective regarding the critical issues identified in the inquiry.

Current and future demand for ECD workers

In the period 2000 – 2007, Victoria experienced a significant increase in the number of births. For this period there was a net increase of fifteen per cent in the number of birth notifications.¹ Since 2007 births have continued to increase each year by an average of up to ten percent. The impact of this increase in the birth cohort will carry throughout the life span of these individuals² which will have a significant impact on local government service planning and delivery of early childhood services and, as such will impact on the demand for an early childhood development workforce to cope with this unexpected increase in numbers of children.

While local government is supportive of all the national and state reforms that will deliver better outcomes for young children and their families, it also believes that significant investment in a number of areas will be required to ensure their success.

¹ A preliminary investigation into the recent increase in birth notification in Victoria : Statewide Outcomes for Children Branch: October 2007

² A preliminary investigation into the recent increase in birth notification in Victoria : Statewide Outcomes for Children Branch: October 2007

For example, MAV has recently undertaken extensive research into the impacts of the universal access reform alone and it is estimated that an additional 600 – 800 full time staff is needed across Victoria for the implementation of fifteen hours of kindergarten³. This will rise again when staff/child ratios change to 1:11 in 2016.

In addition with the combined National and Victorian regulatory changes, the changed staff: child ratios for children under three years of age, the demands for workers in these sectors will increase and this will result in overall increased costs to delivering early childhood education and care services.

Current and future supply of the ECD workforce

Victorian councils advise that they already experience difficulty in attracting, recruiting and retaining staff, a situation that will only be exacerbated with the range of challenges the sector is currently facing. The requirements under the various reforms will impact on the supply of the ECD workforce, particularly the financial impacts for the sector in Victoria of requiring all 'untrained' childcare workers nationally to have a Certificate III and the requirement for some Early Childhood Teachers to have increased qualifications. In addition, some councils are reporting that the current critical shortage of nurses overall in particular those able to work in a full-time capacity is an immediate issue that is impacting on the delivery of MCH services.

There is an urgent need for Commonwealth investment in the development and introduction of new, more flexible training options to meet the targets and to encourage existing staff across Victoria to increase their current level of training and qualifications. Otherwise the supply of ECD workforce may be significantly reduced due to staff not able to meet the requirements within the timeframes and a financial burden on both individuals and services of meeting these requirements. Local government reports an ongoing mismatch between the number of staff, particularly new graduates for the growth in the areas of children's health, care and education.

The structure of the ECD workforce, and its efficiency and effectiveness and workforce planning

From a local government perspective the current structure of the ECD workforce provides a significant barrier to the efficient and effective provision of services. The structure of the ECD workforce needs to be reviewed to develop a common philosophy focusing on competencies required for the ECD workforce with clear pathways for career progression, attainment of qualifications and leadership and management skills. One metropolitan council reports that the segregation of this workforce through the very language used to describe it remains a barrier in how the workforce actually views itself and operates.

The workforce in general is ageing with shortages in some areas such as Maternal and Child Health nurses predicted due to the age of that particular workforce. The older workforce needs consideration and options to stay in the workforce longer.

A co-ordinated Commonwealth and State funded workforce strategy for the ECD workforce is needed. Current workforce strategies do not appear to adequately address the impacts of reforms at both the State and National level, management of

³ MAV Policy Position – Universal Access – 15 hours Kindergarten :June 2010

industrial issues, the diversity of the workforce, and expected costs of staffing for local government. A lead strategy of modelling and then linking to workforce targets is needed to ensure more university places are available in Victoria for Early Childhood Educators.

In addition timelines for change should be carefully aligned to maximise positive outcomes and to reduce any duplication of effort with regard to ECD workforce initiatives and planning.

Institutional arrangements impacting on the ECD workforce

There are many 'institutions' and 'jurisdictions' involved in the delivery of early childhood education and care which arguably makes for a very complex sector. The training of the workforce can involve many different institutions including universities, TAFE, private registered training organisations either for profit or not-for-profit and State based institutions. The employment of the workforce can be done by not-for-profit community based organisations, local government, private providers and the State and Commonwealth governments. The funding of early childhood education and care is provided by all three levels of government and parents.

The complexity of these institutional arrangements on the ECD workforce is such that quality, coordination and responsiveness are perhaps not as effective as they need to be to meet the challenges and any emerging new priorities.

2 Recommendations

The MAV provides the following as a set of recommendations for consideration to support the ECD workforce both now and into the future.

1. That an adequate level of national investment to support both the qualitative and quantitative reform agenda is made.
2. That there be a coordinated Commonwealth and State funded workforce strategy for the ECD workforce.
3. That a cohesive and funded change management strategy is developed using a partnership approach across the three level of government, which will support and enhance the achievement of the priorities and goals of the reforms of the Early Childhood sector
4. That the opportunity for improved nationally consistent workforce data collection and comparability be examined as this could be one of the most essential improvements to support all levels of reform and planning around the ECD workforce.

3 Introduction

As the peak body for local government in Victoria, the Municipal Association of Victoria (MAV) welcomes the opportunity to contribute to the Productivity Commission's current enquiry into the Early Childhood Development Workforce.

Local government in Victoria has substantial experience in local planning and early childhood service provision and contributes its own revenue sources to sustain and improve the available services so that children and families can be supported in their

communities. Local government resources are limited. Local government is continually faced with the challenge of needing to balance its expenditure with a range of competing demands whilst ensuring an affordable rate base across all its services and jurisdictions.

Victorian local government has a long and proud history in the early childhood area. It has been characterised by an independent and locally responsive approach to supporting the needs of local families. Victorian councils provide a unique integrated early childhood service system in line with international best practice, and national and state policies, for example, central locations for maternal and child health, playgroups, preschool, early intervention and family support. This has been largely funded and led by local government – where families can easily access a range of early childhood services from one venue or precinct.

Along with the more readily defined ECD workforce roles, local government also provides a range of other roles that sit within the context of supporting and managing the delivery of early childhood and family services in Victoria. Some of these roles are unique to the Victorian ECD workforce such as Kindergarten Cluster Management and central enrolment services.

In Victoria, local government has a lead role as a provider of early childhood services with extensive local early years planning through councils' Municipal Early Years Plans and advocacy. Victorian local government is well placed to identify and advocate for the service needs of their communities and is crucial to sustaining the accessibility of these services. Local councils lead municipal planning, often own early childhood infrastructure, are the single largest licensee of children's services, jointly fund and deliver Maternal and Child Health Services, and invest heavily in the delivery of kindergarten programs, and other early childhood services and programs.

4 Background

4.1 Previous Local government submissions

Over the past three years, the MAV has participated in a number of early childhood education and care campaigns, and provided submissions to various government enquiries on early childhood education and care. The MAV has been consistent in its perspective on the impacts of proposed reforms in this area based on local government experiences. Key issues of concern to councils regarding the National Reform Agenda for early childhood education and care are:

- Balancing the need for increased quality in both the ECD workforce and delivery of services against the costs of the reforms and impacts on current kindergarten participation rates in Victoria.
- Availability of facilities and the qualified ECD workforce for services other than four-year old kindergarten groups and potential displacement of important children's services such as playgroups and three-year old kindergarten groups.
- The three spheres of government responsibilities in financing of the improvements and increased costs in line with the Victorian Local Government Agreement.

- The required rates of growth of the early childhood workforce, particularly university qualified teachers to support the reforms.
- That the timelines of change associated with the implementation of the reforms including plans for universal access to fifteen hours of early childhood education
- by 2013 and the changes under the *2009 Children's Services Regulations*, should be carefully aligned to maximise positive outcomes and to reduce any duplication of effort.
- The impacts of a concurrent reform agenda by both the Commonwealth and State Governments will have a cumulative effect on local government.

MAV also has a clearly stated policy position on the COAG reform of universal access to 15 hours of kindergarten. Based on extensive capacity assessment undertaken by councils in mid 2010 there are some key aspects, which need to be addressed by the Commonwealth Government in order to achieve this reform. They are:

- Commit to a minimum investment of \$606 million for local government kindergarten facilities.
- Provide \$36 million change management funding.
- Immediately invest in workforce initiatives as an estimated 600 extra trained staff is needed to increase the participation rate from the current 10 hours.
- Fully fund the additional hours as rate payers should not be left with funding responsibility for the shortfall created by this reform.

4.2 Municipal Early Years Plans

A Municipal Early Years Plan (MEYP) is a local area strategic plan for development and coordination of early education, care and health services, activities and other local developments for young children. An MEYP is tailored to suit local circumstances. Since 2004, all 79 Victorian councils have been developing Municipal Early Years Plans. These plans are also proving a strong basis for cooperation between levels of government.

4.3 MAV and Victorian Department of Education and Early Childhood Development Partnership Agreement 2009 and Maternal and Child Health Memorandum of Understanding

In Victoria the Victorian Department of Education and Early Childhood Development (DEECD) and the Municipal Association of Victoria (MAV) have committed to a partnership agreement that is based on '*a spirit of cooperation and shared commitment to help ensure that every young Victorian thrives, learns and grows to enjoy a productive, rewarding and fulfilling life.*⁴ This partnership is vital in ensuring that early childhood services meet local needs and create child-friendly communities.

This Partnership Agreement provides a formal set of high-level principles to guide the partnership between the State Government and MAV in its representation of local councils. It is strong recognition that local government is a distinct and essential tier of government that plays a role in planning, funding and delivering a range of services including early years services particularly with the increased emphasis on integrating early childhood and education services.

⁴ DEECD – MAV Partnership Agreement: August 2009

The Maternal and Child Health (MCH) Service in Victoria is delivered in partnership between state and local governments. A Memorandum of Understanding (MoU) between the MAV on behalf of 79 local councils and DEECD outlines the partnership elements. Management and operational service delivery of the MCH Service are the responsibility of local government. The majority of MCH services are managed directly by local councils (91%) with the remainder being contracted out to other

service providers. Local government contributions towards infrastructure, local initiatives and service responses are over and above the 50:50 subsidy agreement applicable to core services as contained in the MCH Memorandum of Understanding.⁵ The MCH Service provides a strong platform for local responses across a range of early childhood services. In addition to providing 50% funding for the core services DEECD fully funds the Enhanced MCH service which reaches out to support families with additional parenting support needs. DEECD is responsible for policy and program development, which build on the strengths of the service, including the wide acceptance of the service by families, its availability in local communities and its highly qualified workforce.

4.4 2010 DEECD – MAV Survey of local government activity to support Victorian children, young people and their families

In 2007, the Victorian Office for Children and the MAV undertook a survey of all the 79 councils in Victorian regarding their involvement in early childhood services. The survey findings then indicated that Victorian councils are involved in a wide range of early childhood services and were (and still are) the single largest licensee of children's services.

In 2010 this survey was repeated and extended to include services provided to children, young people and their families from the ages of 0 – 25 years old. The survey grouped three age groups: 0-8 years old; 8-12 years old; and 12 -25 years old.

The early indications of this recently completed survey continue to demonstrate and provide evidence for the ongoing, wide ranging involvement of councils in the early years environment, and in particular a local government workforce that provides support for the broader ECD workforce. Some examples of the findings are:

- 34% of councils are approved cluster managers
- 94% of councils own facilities used for four-year-old kindergarten.
- 30% of councils provide a central enrolment service for kindergarten.
- 72% provide support for long day care which may include administrative services, training, employing and support ECD staff.
- 76% of councils provide or support Family Day Care including regular training and monitoring of carers, HR, payroll and OH&S.
- 40.5% of councils provide or support Outside School Hours Care for primary school aged children.
- 81% of councils provide or support playgroups.
- 53% of councils provide or support early intervention services for children with a disability or development delay and their families.
- Nearly 50% of councils are involved in child protection, family and early parenting services.

⁵ Memorandum of Understanding between DEECD and MAV in relation to MCH Services 2009-2012

4.5 Local Government Early Childhood Workforce in Victoria

The sustainability of workforces is one of the major challenges facing most organisations in the Western world and the local government sector in Victoria is no exception. The size and composition of the workforce will be affected by the ageing of the general population, a potential decline in the size of the total workforce, increased demand on certain local government services, and increase of competition for workers with certain skills. The local government workforce is statistically much older than the Victorian workforce in general, with a large proportion aged 45 and over. The workforce in rural councils is also older than that of metropolitan councils.⁶

Local government Early Childhood Development (ECD) workforce is multi-faceted with roles of direct employment of ECD staff, provision of administration and coordination services, and facilitation and contracting arrangements. Victorian local government invests heavily in the provision of early childhood services. It owns the majority of facilities and is the major planner and largest single provider of kindergartens and maternal and child health services.

Historically, the majority of the MCH workforce is female with only one male nurse recorded in 2010. Approximately 925 MCH nurses are employed directly by local councils or contracted MCH services. The 2010 age profile for Victorian MCH nurses indicates that 33% (n=303) are aged over 56 years. This number includes 128 nurses who are greater than 60 years of age.

In addition to the ageing profile of the MCH workforce the part-time nature of MCH work has changed significantly, placing a further pressure on recruitment efforts for the service. Across a ten-year period from 1998 to 2009, there was a 16.7% increase in permanent part-time MCH nurses. In 2010 the rate of part time MCH nurses was 72%.

91% of Victorian MCH services are managed and delivered by local councils with the remainder contracted to health services organisations. These services often include Enhanced Maternal and Child Health teams which provide outreach to families with additional needs. The workforce engaged in the enhanced service may include professionals with family support training, such as social workers as well as nurses. The demographics of these teams are quite diverse and include a range of other professionals who work in quite demanding situations requiring problem-solving skills in often resource poor environments.

5 Issues for consideration

5.1 Impact of Concurrent Early Childhood Education and Care Qualitative and Quantitative Reforms and Policies at National and State levels

There is a cumulative impact of concurrent reforms on the local government ECD workforce. Victoria's *Children's Services Regulations 2009* and the all Governments' commitment to universal access to fifteen hours of early childhood education will generate significant increased demand for qualified ECD workforce. With the combined National and Victorian regulatory changes, the lowered staff: child ratios for children under three years of age, the demands for workers in these sectors will increase and this will result in overall increased costs to delivering early childhood

⁶ MAV Report *Retirement Intentions of Local Government Workforce Pilot Study*: August 2010

education and care services. The sector already experiences difficulty in attracting, recruiting and retaining staff, a situation that will only be exacerbated with the

changes proposed. In addition councils have made mention in particular of the financial impacts for the industry of requiring all 'untrained' childcare workers nationally to have a Certificate III.

At present, local government reports that it is providing important, but largely unrecognised levels of resources into supporting its current workforce to upgrade and update their qualifications. For example one rural council is providing funding and resources to support a number of their ECD workforce to upgrade their qualifications to meet the new standards. This includes providing relief staff and cover whilst staff are away attending courses.

There is an urgent need for Commonwealth investment in the development and introduction of new, more flexible training options to meet the proposed workforce targets and to encourage existing staff across Victoria to increase their current level of training and qualifications.

These options could include:

- On-line study opportunities
- Part-time course of study delivered locally to ensure staff in regional and rural locations are not disadvantaged;
- Paid release for on-campus study.
- Flexible timelines to allow the ECD workforce to upgrade qualifications also need to be considered.

5.2 Impact of Universal Access in 2013

The COAG early childhood reforms, in particular 'universal access' to fifteen hours kindergarten per week for children in the year before they start school to be implemented by 2013 will have a significant impact on the ECD workforce. MAV has recently undertaken extensive research into the impacts of this reform in particular. It is estimated that an additional 600 – 800 full time staff is needed across Victoria for 15 hours implementation⁷. This will rise again when staff/child ratios increase to 1:11 in 2016.

5.3 Changes in Population

Demand for preschool is likely to increase in all States and Territories due to the increase in the four year old population, which is predicted to grow by almost 30 per cent in high growth areas (WA and Queensland) and up to 10 per cent in other areas: growing in total by approximately 18 per cent across Australia from 2008 to 2020.⁸ Services in growth areas of Victoria are at capacity now and a number of rural services are unviable, therefore it is difficult to develop strategies to meet the demands for the workforce in these situations. This is a prime example of the likely impact of population changes on the ECD sector.

⁷ MAV Policy Position – Universal Access – 15 hours Kindergarten :June 2010

⁸ Preschool education in Australia – ACER December 2009

5.4 Remuneration and Conditions of Employment

Remuneration and conditions of employment are critical to the local government ECD workforce. One strategy to address the workforce deficit is through negotiating productivity improvements, which can be made through industrial processes and instruments. For example in Victoria the MAV negotiated an Agreement covering all early childhood teachers, preschool field officers and advisers employed by local government called the *Local Government Early Childhood Education Employees' Agreement 2009*. Under this agreement, an increase in contact time for the teachers with children in kindergarten programs was achieved. Currently the ECD workforce in local government can be engaged under one of four different Awards. This presents an ongoing challenge for engagement of staff in the ECD workforce particularly when quality is synonymous with increasing the qualifications required to work in the sector.

The MAV suggests that consideration be given to the ECD workforce being examined from a national perspective as a more homogenous workforce and that a model for a single ECD workforce is developed using the concept of core and universal competencies. In this regard though, the workforce who deliver child health services would need to be looked at separately.

The establishment of the Australian Health Professionals Registration Authority from July 2010 has highlighted the range of educational pathways across Australia for entry into child and family health nursing. In Victoria the standard for entry to post graduate MCH studies is registered nurse plus registered midwife. Employers of MCH nurses in Victoria are compliant with the standard of professional competence as set down in the MCH Service Program Standards 2009.⁹

The sector currently suffers from a lack of clear pathways and avenues for greater flexibility and options for careers. Issues such as portable long service leave for staff and the loss of the option for salary packing when moving from the Health and Community Services sector into local government are of concern. Therefore any avenues for making the sector more attractive to work in are worth consideration by Commonwealth and State governments, particularly in an environment of an increasingly shrinking available workforce and competing demands for workers.

5.5 Change Management Strategy for the existing ECD workforce, parents and community

Harnessing the support of ECD staff is central to any of the Commonwealth and State government reforms. Local government reports that families in their municipalities often have varying levels of understanding of the types and standards of care and education that early childhood settings offer. Among the ECD workforce there is anxiety around transitional arrangements, and to some extent there is resistance to change given the age and experience levels of the ECD workforce. Local government believes that for the reform agenda for this workforce to be effective, it is critical that leaders in this sector are well-trained and supported and are able to work across traditional divides as changes to the delivery of services occur¹⁰.

⁹ Maternal and Child Health Program Standards. DEECD October 2009

¹⁰ Policy brief No 17 2009 'Integrating services for Young Children and their Families' – Centre for Community Child Health Policy Briefs

The MCH service is not directly affected by the EC reform involving child care and early education professionals. However, establishment of the Australian Health Professionals Registration Authority has highlighted the range of educational pathways across Australia for entry into child and family nursing. In Victoria the standard for entry to post graduate MCH studies is registered nurse plus registered midwife. Local government (as employer) complies with the standard set down in the MCH Service Program Standards 2009.¹¹

5.6 Attraction, recruitment and retention

Across the sector there is already evidence that attraction, recruitment and retention of staff is difficult. Most councils report some difficulty in recruiting staff into the ECD workforce, particularly into the Long Day Care and Family Day Care sector. In addition demand for early childhood services has grown rapidly as a result of higher birth rates and more women participating in the workforce. In Victoria there has been a 21 percent increase in the number of children born over the last 10 years.¹² At the same time overall the ECD workforce is ageing. It is clear that there is currently not enough trained staff. For example the number of Early Childhood Educators Teaching completions in Victoria is small representing only about 10 percent of national completions when over 25 % of four year olds nationally live in Victoria.¹³ Furthermore some councils have also experienced difficulty in recruiting appropriately and adequately trained staff due to the variable quality of the courses provided by the training sector. As a result some staff do not enter the workforce after completing their training with a good understanding of the demands and requirements of this sector. This has been the experience of both metropolitan and interface councils.

Local government, in particular rural councils find it difficult to attract and retain qualified staff particularly in Long Day Care and Early Childhood Teachers. The MAV has received representations from rural councils regarding this issue. As a measure toward combating this issue, some councils are supporting diploma qualified staff to upgrade their qualifications. This support is often financial and providing 'time off' for them to undertake their studies.

Often it is the hours and conditions associated with Long Day Care that present difficulties in finding qualified staff. In addition there is strong evidence that the differing funding arrangements in Victoria for kindergarten and childcare have traditionally made it difficult for Long Day Care Services to offer a kindergarten program and a number of councils report it will be difficult for this sector to meet demand for kindergarten programs when there is already a shortage of appropriately qualified staff.

Given the complexities of these issues, it is unclear how current planned Commonwealth and State ECD workforce strategies will be adequate to achieve what is needed to support the sector now and into the future.

Local government has been examining this issue through their MEYPs and in its response to the proposed national reforms. The MAV in its response to the COAG 'eighteen month review of the national partnership agreement on early childhood

¹¹ Maternal and Child Health Program Standards. DEECD October 2009

¹² DEECD improving Victoria's Early Childhood Workforce: November 2009

¹³ DEEWR, Higher Education Information Management System data, Preschool education in Australia: ACER December 2009

education’ provided a number of case studies, which included examining the impact of the COAG reforms on the ECD workforce at a council level.

The MCH Workforce Initiative commenced in 2004 following a workforce analysis of MCH nurses in local government from a study by the Department of Human Services

that revealed current and predicted future MCH workforce shortages. A number of strategies were developed to address the predicted deficit leading to implementation of the MCH Workforce Project to Support Recruitment and Retention.

The project is funded by DEECD and located at the MAV. Outcomes of this project include: approaches to support transition of nurses from acute to community based settings, actively raised profile of MCH nursing within local government as a career option, developed a suite of marketing materials, strengthened existing early years networks to support professional development and exchange of new ideas and to build local capacity of MCH services to share best practice and practice innovations, development of council MCH scholarship programs, developed recruitment, retention and succession planning strategies for MCH service, foster leadership in the MCH service, and strengthen communication and marketing campaigns through expos and media promotion.

6. References

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