

## **Centre for Community Child Health Submission to Early Childhood Development Workforce Study February 2011**

### **Background to the Centre for Community Child Health**

The Royal Children's Hospital Melbourne Centre for Community Child Health (the Centre) provides leadership in early childhood and community child health at a state, national, and international level. In collaboration with Murdoch Childrens Research Institute, the Centre has widely recognised clinical, teaching, research and advocacy programs. It has close links with individual primary care practitioners and with their relevant professional organisations, including the Royal Australasian College of General Practitioners (RACGP), the National Child Care Accreditation Council, NIFTeY, National Community Child Health Council, Australian Early Childhood Association, Divisions of General Practice, and relevant Australian Government and State Government Departments.

The Centre's Mission is 'Supporting Communities to Improve Children's Health' with the objective 'to continually improve the health of children through high quality research, policy development, training and education, clinical services and advocacy'. This mission is implemented by each of the three functional units within the Centre including Programs, Research and Clinical Services.

The Centre is especially interested in disseminating research findings to inform public policy and community practice. It works with local and state governments to ensure services have a strong quality framework and are focussed to achieve best possible outcomes for children and their families. The Centre recognises that resources available for community based services are limited and is especially interested in developing integrated services based on best international practice and which have a strong preventative focus.

Since 2007, the Centre has worked with the Victorian Government to establish the basis for development of more integrated approaches to delivery of early childhood and family services. The Centre is currently working with staff, services, centres, local governments and the state and federal governments across jurisdictions in Victoria, NSW, NT, WA and Tasmania toward improving outcomes for children and families through more integrated approaches to early childhood education and care and child and family services.

This response to the Productivity Commission enquiry is based on our understanding of the workforce issues involved with implementing more integrated approaches.

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

In response to the major social and economic changes over the past few decades that have altered the conditions under which families are raising children, jurisdictions across developed nations have sought greater integration of services for young children and families (Moore, 2008).

This has included, but is not limited to, the development of co-located models for early years provision where organisations come together under one roof to provide services to families with children. Examples of this may include co-locating Maternal and Child Health Nurses in locations where kindergarten, long day care, occasional care, playgroups and community house activities are held, thereby making access easier for families.

It may also include models where organisations come together under one roof or in a 'precinct' arrangement to work toward seamless service delivery that blurs distinctions between service types and provides a focus on family need rather than service type. Examples of this include working in trans-disciplinary teams to provide child-centred, family focused early education and care services. Ideally these services provide a single entry point into a range of services to support the family

within an ecological framework, that also takes into account the value of social inclusion and connectedness in delivering improved outcomes for children.

There is strong evidence from the UK to suggest that high-quality pre-school provision that integrates childcare and education benefits children in terms of cognitive and behavioural outcomes up to the age of 11 (Siraj-Blatchford and Siraj-Blatchford, 2009).

The extent to which integration can be embedded is currently restricted by state and federal funding arrangements, industrial arrangements for employment of staff and historical factors relating to the perceived value of services and professions involved in ECD. The implementation of a more integrated approach to early childhood services could be supported by; development of integrated government policy and funding for early years, a redefinition of the early years workforce and development of clear training and career progression options matched with industrial arrangements that reflect the complexity and expertise of the education and care activities undertaken by the early childhood workforce.

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

Parents and the early childhood sector can have different views about what constitutes quality care in early childhood. For some, the job of parenting is seen to be more about children achieving maximum potential and less about nurturing. This notion can be reinforced with concepts such as early learning and early education. The formal language around childhood development and early childhood education and care may leave some parents feeling isolated or inadequate.

There is a perception that learning begins when children commence formal kindergarten or school. Any experiences before this time are sometimes considered as care without education. This perception has the potential to influence parents decisions around which ECEC services to use and when.

It would be valuable for policy, practice and public education to focus on the value that early care and education services have for development, nurture and play and the important relationships that early educators can have with young children and their families.

***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?***

Where teamwork and collaboration are encouraged and supported, the ECD workforce has the opportunity to share their skills and expertise with one another. Professional practice in the sector is enhanced when different professionals have the opportunity to work together and share their thoughts and ideas. Different professionals and agencies bring unique insights and each has an important role to play in advising and supporting one another to address individual children's needs (Siraj –Blatchford, Clarke and Needham, 2007). The knowledge and expertise of each professional can be harnessed to improve outcomes for children and can also complement existing knowledge and skills for individual professionals, increasing the overall skill level of the workforce.

Lessons from Toronto First Duty in Canada have found that when integrated teams of qualified staff share spaces and resources and work together to plan programs for children and families, the learning environment is strengthened and program quality is improved (Corter et al, 2009). The link between program quality and outcomes for children is now well established.

The status and recognition of the ECEC workforce has long been debated and research connects these factors to other issues that characterise early childhood, including low wages; poor working conditions; and a poorly qualified workforce. It is understood that around a third of the current workforce is without any formal qualifications. In fact, the Organisation for Economic Cooperation and Development (2006) International review of ECEC found that in Australia qualification

regulations vary across jurisdictions and nationally, the Australian Productivity Commission data (2004) reported that 51.3% of staff in approved child care services had formal qualifications.

Early childhood is a unique period influenced by neurological research; psychology; community health; and more recently, early childhood pedagogy. It is important that training content reflects this complexity and enables practitioners to become highly skilled. In order to be recognised for the unique contribution it makes to childhood learning and development, it is vital that the qualification standards of the workforce be raised.

The poor status and limited career options for the workforce leads to high turnover and difficulty in recruitment, in turn this leads to heavy workloads, excessive recruitment and casual replacement costs, and poor supervision structures; which results in instability in the workforce and poor quality 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?***

The principles that guide professional practice in integrated settings (Moore, 2008) can be summarised as follows:

**Effective leadership** Strong leadership is critical to making integrated service provision a success. Leaders need to be able to inspire and support all staff through a process of change. Effective leaders also need to be able to work across traditional divides and create new solutions to service delivery challenges.

**Relationships between team members** Effective integrated work is founded on and sustained by strong professional relationships between staff. Training and support should focus on building and maintaining such relationships.

**Positive organisational climate** In integrated settings, the centre manager and senior staff seek to build a positive organisational climate based on mutual respect and effective communication with staff, parents and other stakeholders.

**Models of teamwork** Teamwork is based on an inter-disciplinary teamwork model, with trans-disciplinary and key worker models used for selected families.

**Commitment to integrated service model** Staff selection and training is based on ensuring that staff are committed to the integrated service model.

**Pre- and post-establishment training** To ensure the successful establishment of new centres, the staff involved are provided with support and training in integrated service delivery (including teamwork).

**Cross-disciplinary training** Training in core skills and knowledge areas is conducted on a cross-disciplinary basis.

**Induction of new staff** There are induction processes designed to support new staff in becoming effective members of the integrated service team.

**Professional development for leaders** Leadership of an integrated service is a challenging role, and ongoing support and professional development for managers is needed.

**Industrial issues** Staffing conditions and responsibilities reflect the operations of the centre rather than a historical approach.

**Clarification of staff roles** Delivering programs within an integrated service model is challenging for managers, administrators and service delivery staff used to working within traditional stand-alone

service formats, and clear descriptions of their new roles within an integrated service need to be developed.

As reflected in the principles above, there is considerable scope in the long term for development of industrial arrangements that reflect a generalised ECD workforce and considerable need in the short term to develop training for a *pool of specialised integrated services managers*.

In order to develop training for a pool of specialised integrated services managers, Australia can look to the UK where a National Professional Qualification in Integrated Centre Leadership has been in place since 2007. This one year qualification seeks to provide leaders/managers and emerging leaders/managers of integrated centres, with an opportunity to create an ethos of community partnership working by co-ordinating coherent and seamless high-quality services for children and families.

Furthermore, some Australian territory education institutions (Professor Margaret Sims at the University of New England) are currently developing and implementing on-line distance learning courses that respond to the need for accredited further education opportunities in integrated early year's service delivery. In order for this to be an effective approach there will need to be recognition of post graduate qualifications across jurisdictions.

The opportunity for the early childhood workforce at all levels to benefit from enhanced opportunities for professional development, particularly in the context of integration should be supported through policy and funding. The current fee structures and recruitment difficulties – particularly in long day care environments – impact on the potential to release early education staff during normal operating hours to attend networking and development opportunities. This significantly limits the opportunity for staff to form meaningful working relationships and cross-disciplinary links with other professionals that would contribute to integrated approaches.

***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?***

The involvement of multiple unions and professional associations affects the capacity for innovation and flexibility in the ECD workforce to a significant extent. In particular, the separation of education and care due to historical jurisdictional and funding arrangements means that arrangements are service stream and funding-based rather than child and family-focused. The perceived stigma associated with service types has a detrimental impact on innovation and flexibility, particularly in the nexus between the 'education' focused services and the 'care' focused services.

Given our understanding that in the early years all education is care and all care is educational, it is imperative to develop equivalent remuneration and conditions that are determined by qualification, rather than setting, in order to enhance the capacity for innovation and flexibility that meets the needs of families and children rather than the current service-type arrangements that encourage siloed and historical approaches.

An added confounding issue for the capacity for innovation and flexibility in the ECD workforce, is that the sector is seen to be characterised by an ageing workforce in Victorian Maternal and Child Health and (standalone) Kindergarten settings and a very young workforce in long day care settings. Anecdotal reports from services and practitioners in Victoria suggest that young graduates in Early Education prefer to enter the primary school system and that the cost of study involved in the high level of qualification required for Maternal and Child Health Nurses is a significant barrier.

***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?***

In a review recently conducted by the Centre for Community Child Health (unpublished), it was found that although training and development opportunities for the early years sector was vast and prominent, there was also certain overlap between early childhood sector organisations on the differing training and development opportunities offered by organisations across Australia. Uncertainty as to whether the prominent programs available were based on a clear understanding of the workforce needs was noted.

It was acknowledged through this report, that a reassessment of the professional development needs within the sector should be conducted to more accurately identify the training gaps and needs in respect to this specific workforce.

Similarly, in a report submitted by Moore and Irving (2007) it was reported that there was still not a recognition or agreement in the field of what core skills and knowledge early childhood interventionists need to be fully effective practitioners.

In an attempt to initiate the process of developing and providing more diverse and relevant professional development opportunities, it is suggested that training programs are strategically aligned with either current National Learning or Development Frameworks or Nationally Recognised Early Childhood practitioner competencies for the early year's sector.

Further exploration of the accreditation of programs or courses towards nationally acknowledged certificates and qualifications could also narrow the gap between professional development programs and current national recognised workforce needs and qualifications.

In terms of barriers for staff accessing training and development opportunities, The OECD (2006) Education Committee reviewed the provision of ECEC across twelve countries between 1998 and 2000. It was found that in most of the countries, because of under-funding, many of the private, community or voluntary bodies that are part of the mixed system are unable to provide regular in-service training and/or non-contact time for staff to improve their pedagogical practice (OECD, 2006).

The limited funding resources to provide in-service training for staff seem to also have a direct impact on the limited professional development time permitted for ECEC staff to undergo potential face to face training and development opportunities.

In an attempt to provide more accessible and flexible methods of learning for early years' practitioners, it is suggested that further exploration of online learning and web-based technologies be considered for the delivery of certain training and development programs. This recommendation is in line with Moore and Irving (2007) findings that remote community practitioners could benefit immensely from on-line technologies to meet key training needs.

The transition towards providing more online methods for accessing certain training and development opportunities has been recognised by many organisations and practitioners, but is not as readily available as traditional face-to-face training programs.

Advanced use of web-based teaching in the early childhood context in delivering teacher education programs has however become well recognised among tertiary institutions. In particular, in New Zealand, given that the government now requires that all early childhood teachers hold a minimum of a Diploma of Teaching by 2010, the growth and use of web-based teaching has generated an increase in online development (Plessis & Naughton, 2008).

Although, accessible and innovative online methods may assist in eliminating accessibility barriers to undergoing professional development, the Centre strongly acknowledges that such non-traditional

methods of training should be developed in a way that still allows for successful adult learning methodologies and facilitative learning opportunities. For example, given the critical importance of staff in this field having a very high level of communication and interpersonal skills, training and in-service development should ideally provide participants with opportunities to build and reflect on their own capacity to nurture and develop helpful relationships with children, their families and colleagues for the ultimate benefit of the child.

The delivery of this type of reflective practice and training is far more difficult to achieve through modern distance or on-line methods and therefore it is recognised that quality support in this regard may require significant face to face group training opportunities that support a trusting learning environment for the practitioner.

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