

## Queensland Government response to the Productivity Commission Issues Paper *Early Childhood Development Workforce*

The Queensland Government is committed to providing all Queensland children with the flying start to life and learning they deserve. This commitment is reflected through significant investment in early childhood development, such as:

- Since 2006 the Government has invested \$54 million to:
  1. help families develop their children's literacy before school
  2. support capital development for community-based early childhood education and care services to co-locate on or near school sites
  3. enhance existing Parentline telephone service offering parent education and support
  4. provide more services in four Indigenous Child and Family Hubs (offering childcare, playgroups and family support)
  5. provide additional parent support programs such as "Triple P" and Parenting Under Pressure.
- Joint Queensland and Australian Government investment of nearly \$900 million to ensure all Queensland children can participate in a high-quality education program delivered by an early childhood teacher in the year prior to Prep.
- A \$32 million investment in Early Years Centres – "one stop shops" for children from birth to eight years providing education and care, family support and health services.
- A \$7 million investment in the University of Queensland Centre for Mothers and Babies.
- \$29.7 million over four years to implement maternity reforms and the universal postnatal contact and new born and family drop in services initiative.
- \$55 million over four years for Helping out Families, a new early intervention and prevention initiative in piloted communities. The initiative includes intensive family support services, in-home care and health home visiting programs, more domestic and family violence prevention services and streamlining referrals for vulnerable families.
- \$21.25 million over four years to support the *Indigenous Early Childhood Development National Partnership Agreement*.
- \$13.6 million per annum for specialist early intervention services for children with a disability or developmental delay aged birth up to eight years and their families.

This significant investment in Queensland's young children will cause an increased demand for early childhood workers. In particular, the Government's commitment to providing universal access to kindergarten for all Queensland children will create an increased demand for skilled and qualified early childhood education and care educators, including four year qualified teachers<sup>1</sup>.

### 1. The Queensland Early Childhood Development Sector

In Queensland, the Queensland Government regulates the early childhood education and care sector. This includes services such as long day care, kindergarten, family day care,

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<sup>1</sup> The term "educator" refers to all early childhood education and care staff working in contact with children, regardless of qualification level. This term reflects the important role these workers play in children's learning and development and enhances their professional standing.

limited hours care and school age care (outside school hours care). Family support services are funded by the Queensland Government, under the Queensland *Community Service Act 2007*. These services are delivered by Government, the private sector and volunteers. In recognition of the longer term economic and social benefits of investing in prevention and early intervention programs, the Queensland Government funds services focusing on three levels of prevention and early intervention:

- Primary prevention services – universal services relevant to the whole of the community
- Secondary prevention services – programs targeted to children, young people and their families with identified risks.
- Intensive and specialist prevention services – available for children, young people and their families who are at high risk of entering the statutory system (once a child, young person or family enter the child protection system, they come under the care of the Queensland Government’s Department of Communities).

The terminology “intensive early childhood development services” used by the Productivity Commission in the Issues Paper is interpreted as both secondary prevention and support services as well as tertiary services in Queensland. Tertiary services are those services provided by statutory child protection agencies or services funded explicitly for children and families in the tertiary child protection system. While this submission has assumed “intensive early childhood development services” to not include tertiary services, clarification of this term is required.

A large number of Queensland family support sector organisations provide a significant proportion of their services exclusively to families and children in response to identified tertiary child protection concerns. Research on the profile of parents of children in the child protection system shows the most significant risk factors associated with child abuse and neglect are poor parenting skills, intergenerational abuse, parental mental health problems, alcohol and substance misuse, domestic violence and family violence. Therefore prevention and early intervention services focus on delivering services on a range of topics in a range of ways, including:

- Children’s Domestic and Family Violence Services provide counselling services and support to children affected by domestic violence. Therapeutic work is provided by trained counsellors through age appropriate strategies such as play therapy, art therapy and group work.
- Referral for Active Intervention (RAI) services provide a broad range of intensive support services to children, young people and their families, and can also make referrals to specialist targeted services. RAI can assist families in gaining access to child care, mental health services, Aboriginal and Torres Strait Islander child and family support services, parenting programs and domestic violence counselling. Originally targeting families supporting children 0-10 years of age, this service has recently been expanded to target children 0 – 17 years of age.
- Specialist Counselling Services including intensive family support for families and their dependent children identified as vulnerable to child abuse and neglect, where a statutory response is not appropriate. These services include individual and family counselling, parenting skills programs, child protection programs, assessment services and support groups.

In addition to these prevention and early intervention services, the Queensland Government fills a service gap for families and their children with a disability with prevention and early

intervention services provided to children with a disability or developmental delay, aged birth to eight years and their families. This includes therapy services, family support, access to aids and equipment, information about disabilities and services available as well as referrals to other relevant services. These services are in addition to a range of programs and initiatives such as the Early Childhood Development Program and Special Education Units in schools, and services delivered by the not-for-profit sector.

While primary health care has a broad focus, including clinical, preventative and early intervention services, the majority of child health services are provided by general practitioners and Government service providers. These include:

- Postnatal primary health care - assessment of the health of the child and parent and providing information to guide and support them through common concerns including sleeping, settling, feeding, growth, safety and other health and development issues.
- Parent education – often delivered in group format and particularly supporting parents in caring for their new baby, caring for themselves as parents and (as their children grow) how to assist the behavioural and emotional development of their children.
- Specific programs such as immunisation and hearing and vision testing (also provided by other providers).
- Early intervention services, designed to address the needs of children with (or at risk of developing) identified behavioural and emotional problems (including the behavioural and emotional components of disabilities and developmental problems).
- Primary health care delivered in school settings, with a focus on health issues that arise for school-aged children including nutrition, physical activity, safety, behaviour, learning and other health and development issues.
- Preventative health services – population based approaches, involving development and implementation of policies and strategies that create supportive child and family environments, promotion of healthy lifestyle behaviours and targeted health risk factor modification programs.

Each of these services requires qualified staff, and increased demand for these services places an increased demand on the early childhood development workforce.

### **1.1 Services for Children with Additional Needs**

In addition to the services available to all families, the Queensland Government recognises that families may need extra support from time to time and a range of specialised services are available to support families to address issues that may be impacting on the well-being, safety and healthy development of their children. Services are targeted at children with all types of additional needs including:

- children with disabilities and developmental delays;
- Aboriginal and Torres Strait Islander children;
- vulnerable children – children at risk of entering the child protection system (children from low socio-economic areas and low income families);
- children in the child protection system;
- children living in prisons with their mothers;
- children from culturally and linguistically diverse backgrounds; and
- children living in regional, rural and remote areas.

Early childhood development services provided to children with additional needs are predominantly designed to improve access and participation in early intervention and support services for families and children, and include:

- General Allied Health Teams – both Community and Hospital based;
- Paediatric Allied Health Teams – both Community and Hospital based;
- Dedicated Children’s Developmental Services;
- Specialist Outpatients Clinics;
- Individuals in rural settings practising as sole clinicians.

Services for child development include teams with an array of the following disciplines: General or Developmental Paediatrician/s, Occupational Therapy, Physiotherapy, Psychology, Social Work, Speech Pathology, Early Intervention and Parenting Specialists, Dietetics, Podiatry, Audiology, Allied Health Assistants, Child Health Nurses, Developmental Team Leaders<sup>2</sup>.

A total of 208.8 Full Time Equivalent positions are delivering Queensland Health Child Development services across the state. Allied Health Practitioners were the largest group (80%) followed by Nursing (7%), Administrative (6%), Medical (5%), and Operational (2%).

- Community Child Health Services - child health nurses, Indigenous child health workers and early intervention parenting specialists work with families to monitor developmental health, promote primary health care and identify and respond to individual family needs.
- The Early Intervention and Parenting Support Initiative – provides free parenting programs (including the Triple P Positive Parenting Program) through community child and family health centres in urban, rural, regional and remote communities.
- The Early Intervention for Safe and Healthy Families Initiative – providing home visiting services to at-risk families with a newborn child (that is, families with exposure to family violence, maternal mood disorder and/or financial stress).
- Commonwealth Budget Based Funded Services – approximately 29 licensed services in Queensland that are Australian Government funded to provide access to education and care in communities where conventional child care services are not available or viable, and where there is a need for culturally competent services. The majority of these services have an Aboriginal and Torres Strait Islander focus.

For these services to function effectively, specialised staff are necessary. Attracting and retaining these workers in areas that are often regional, rural or remote can have significant implications on the early childhood development workforce.

### **1.2 Integrated Services**

The Queensland Government has established four Early Years Centres that provide services and support to children and their families. The Early Years Centres are “one-stop-shops” where early childhood education and care, family support and health services are available for families expecting a child or with children aged up to eight years. The Centres provide a range of services including:

- high quality early childhood education and care
- advice on child health and development
- health screening and assessments
- immunisations
- pre and post natal support
- referrals to existing programs

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<sup>2</sup> Allied Health Child Development Project, 2009/10, Environmental Scan Report

- referrals to specialist services
- personal and individual support
- parenting information
- playgroups
- toy libraries.

Similarly, 10 Children and Family Centres will be established to provide integrated early childhood education and care, parenting and family support and child and maternal health services to Aboriginal and Torres Strait Islander children and their parents and/or primary caregiver. Seven out of a total of 10 centres will be established in urban and regional locations in Queensland in 2012. These Children and Family Centres will support parents and caregivers with young children, to provide children aged 0 – 8 years with a good start to life.

The establishment of integrated services has been found to be effective. However, to sustain these services it is necessary to have a workforce with specialised skills available in regional, rural and remote communities.

## 2. The Early Childhood Development Workforce

The Queensland Early Childhood Education and Care Census (formerly the Queensland Child Care Census) is an annual data collection from the early childhood education and care sector. For details on the Census please refer to Attachment 1.

In 2009, the annual Early Childhood Education and Care Services Census gathered information from 2,318 services of the 2,542 licensed services operating in Queensland during Census week, returning a 91.2 per cent response rate.

Participating service types are below collectively referred to as child care services and only the staff who are directly responsible for the care of children and the program are reflected in the data.

Services indicated that 18,577 child care staff worked in child care services during census week in September 2009. Of these, 2,433 (13.1%) were directors/coordinators, 6,177 (33.3%) were group leaders, assistant coordinators or teachers and 9,967 (53.7%) were child care assistants.

**Table 1: Position of contact staff by service type**

Service Type	Total number of services responding	Director, Coordinator	Group Leader, Teacher, Assistant Coordinator	Assistant	Total
	No.	No.	No.	No.	No.
Long Day Care	1,306	1,189	5,650	6,491	13,330
Kindergarten	352	459	239	792	1,490
Family Day Care	79	206	0	0	206
Limited Hours Care	52	54	10	102	166
School Age Care	528	525	278	2,582	3,385
<b>Total</b>	<b>2,318</b>	<b>2,433</b>	<b>6,177</b>	<b>9,967</b>	<b>18,577</b>

Note: Percentages may not add to exactly 100% due to rounding.

At the time of the census the vast majority of directors or coordinators of child care services (90.2%) were reported as having worked in the industry for three or more years and 58.1 per cent (1,414) had worked in the industry for more than 10 years. Overall, the proportion of staff with three or more years' experience in the industry was 63.7 per cent.

**Table 2: Experience in child care industry by staff position**

Experience in industry	Director, Coordinator		Group Leader, Teacher, Assistant Coordinator		Assistant		Total	
	No.	%	No.	%	No.	%	No.	%
Less than 1 year	50	2.1	189	3.1	2,069	20.8	2,308	12.4
1 year to 2 years	104	4.3	769	12.4	2,819	28.3	3,692	19.9
3 years to 4 years	167	6.9	1,603	26.0	2,211	22.2	3,981	21.4
5 years to 9 years	613	25.2	2,012	32.6	1,470	14.7	4,095	22.0
10 years or more	1,414	58.1	1,361	22.0	990	9.9	3,765	20.3
Missing	85	3.5	243	3.9	408	4.1	736	4.0
<b>Total</b>	<b>2,433</b>	<b>100.0</b>	<b>6,177</b>	<b>100.0</b>	<b>9,967</b>	<b>100.0</b>	<b>18,577</b>	<b>100.0</b>

Note: Percentages may not add to exactly 100 per cent due to rounding.

The introduction of the National Quality Framework (NQF) will require long day care and kindergarten services to engage an educational leader whose qualifications match the existing requirements for the person delivering a kindergarten program in Queensland. These qualifications are described as either a four year Bachelor Degree specific to early childhood education or a teacher registered with the Queensland College of Teachers (QCT) with early childhood qualifications.

A range of early childhood education and care qualifications were held by contact staff. Of the 18,577 contact staff, 13,870 (74.7%) held a Certificate III or above. There were 2,673 (14.4%) staff members with a three year Diploma or Bachelor Degree or higher in early childhood education or child care. Despite the current regulatory requirement for the Director to hold a two year Diploma or Advanced Diploma (depending on the size of the service), 847 (51.2%) Directors from the responding services held a Bachelor Degree or post-graduate qualifications relating to early childhood education.

In long day care services in Queensland, 380 (21.8%) of contact staff with three year Diploma or Bachelor Degree in Early Childhood Education or Child Care or higher are registered teachers with QCT. However, 1,366 staff members (78.2%) with those qualifications were not registered and under the current QCT requirements introduced in 1998 are not eligible for registration. The Early Childhood Teacher Scholarships offered by the Department of Education and Training are providing opportunity for these staff to upgrade their qualifications to meet the requirements for registration.

In kindergarten services 598 (90.5%) of staff with the relevant qualifications are registered teachers and 63 (9.5%) hold the early childhood bachelor degree or equivalent but are not registered.

Limited hours care services have 18 (58%) of the staff who hold a bachelor degree or equivalent in early childhood education or child care are registered teachers. There are an additional 13 (41.9%) staff members with the degree who are not registered.

In Queensland, family day care educators are not employed by family day care schemes and therefore are not included as staff. Educators have not been required to hold any formal qualifications, however, of the educators identified in the 2009 Census, 1,180 (47.8%) held an early childhood education qualification of Certificate III level or higher. Under the NQF educators will be required to hold or be studying towards at least a Certificate III.

Staff distribution across the geographic classifications of Major Cities of Australia; Inner Regional Australia; Outer Regional Australia; Remote Australia; and Very Remote Australia is consistent with the distribution of services across these regions. It should be noted that the numbers of services in the categories that are government funded (such as kindergarten and limited hours care) are more evenly distributed across the regions than user funded services (such as long day care and school age care).

**Table 6: Services by geographic distribution**

	Long Day Care		Kindergarten		LHC		FDC		SAC		
Geographic Distribution	No.	%	No.	%	No.	%	No.	%	No.	%	Total
Major Cities of Australia	966	66.2	164	46.1	11	20.0	34	41.0	392	66.6	1,567
Inner Regional Australia	252	17.3	88	24.7	8	14.6	17	20.5	105	17.8	470
Outer Regional Australia	207	14.2	72	20.2	17	30.9	24	28.9	79	13.4	399
Remote Australia	16	1.1	20	5.6	9	16.4	4	4.8	4	0.7	53
Very Remote Australia	18	1.2	12	3.4	10	18.2	4	4.8	9	1.5	53
<b>Total</b>	<b>1,459</b>	<b>100</b>	<b>356</b>	<b>100</b>	<b>55</b>	<b>100</b>	<b>83</b>	<b>100</b>	<b>589</b>	<b>100</b>	<b>2,542</b>

Note: Percentages may not add to exactly 100 per cent due to rounding.

It is estimated that Queensland will need additional full time equivalent teachers to deliver on its early childhood education and care commitments, as outlined below in Section 3, Sector Reforms. This highlights the fact that one of the biggest challenges facing the sector is to attract and retain qualified early childhood education teachers to work in early childhood education and care settings. Pay and conditions of the ECEC sector as well as the geographic dispersion of the state of Queensland make this a significant challenge.

### **2.1 Child Health and Family Support Workforces**

There are over 400 Child Health Nurses working in Queensland's community child health centres, employed by the Queensland Government. The majority of this workforce is female, working in urban, regional, rural and remote areas. These nurses are registered nurses (with a nursing certificate or a university nursing qualification) and may have additional qualifications in midwifery, child health, lactation and/or mental health. These nurses are employed under the *Nurses and Midwives Queensland Health Certified Agreement EB7 2009*. The Queensland Government also employs over 50 Early Intervention Parenting Specialists (psychologists or social workers) who work with parents to promote positive parenting.

Indigenous Child Health Workers and Indigenous Young Parent Support workers work with child health nurses and other registered nurses to improve health outcomes for Aboriginal and Torres Strait Islander Queenslanders. This health workforce is employed in community health centres, primary health care services and the Aboriginal Community Controlled Health Sector to specialise in Aboriginal and Torres Strait Islander health. This workforce generally has Certificate III/IV in Primary Health Care and scholarships are available to gain increased competencies in child health through the Certificate IV in Aboriginal and Torres Strait Islander Child and Youth Health.

Diverse skills are required to deliver early childhood development and family support services to vulnerable children including children with disabilities, children from culturally



and linguistically diverse backgrounds, children in remote Aboriginal and Torres Strait Islander communities and children at risk of entering the child protection system. Specific knowledge and skills are required and can influence the inclusion of these children in mainstream early childhood services. There is a shortage of workers in family support services with these skills to work with these children, and as acknowledged in the Productivity Commission's Issues Paper that there are difficulties attracting and retaining workers, particularly allied health workers, in regional and remote areas of Queensland.

## **2.2 Workforce for Children with Additional Needs**

Commissioned by the Community and Disability Services Ministerial Advisory Council, the report *Who Works in Community Services – a profile of Australian workforces in child protection, juvenile justice, disability services and general community services* provides a snapshot of community services employers and employees. Through extensive research and consultation, the community service workforce has been surveyed nationally across both government and non-government sectors. Data within the final report provides information and important facts about services and people who work in the field.

The information provided in *Who Works in Community Services – a profile of Australian workforces in child protection, juvenile justice, disability services and general community services* is not limited to the early childhood development sector. While comparisons are drawn between Australian jurisdictions, the data provided is not jurisdiction specific. A snapshot of the sector can be found at Attachment 2.

### 3. Sector Reforms

A number of workforce challenges have been identified as a result of state and national reforms. Workforce issues have also been identified as a component of the *National Framework for Protecting Australia's Children*. Specifically, increased demand for attracting and retaining appropriately skilled and qualified staff are issues with each of these reform agendas.

The National Quality Framework (NQF) and Universal Access (UA) to Kindergarten is driving increased demand for qualified teachers to deliver the new Kindergarten curriculum and to take on educational leadership roles within centres. Based on an analysis of responses to the 2009 Early Childhood Education and Care Census, Queensland early childhood education and care services may be required to employ up to an additional 1,500 educators to fulfil revised staffing ratios by 2016.

New qualification requirements prescribed under the NQF from 2014 will also mean that long day care services will need to upskill approximately 3,100 educators to hold the appropriate qualifications by 2014. The Queensland Government is working with the sector to train and develop the workforce so there is an additional:

- 1,100 educators holding or actively working towards a Certificate III
- 2,000 educators holding or actively working towards a Diploma or above, of which 1000 need to hold early childhood teaching qualifications, in order to provide educational leadership.

This 1,000 may overlap with the 700 teachers required to meet universal access to kindergarten commitments.

Other workforce challenges facing the ECEC sector include the introduction of the requirement for all family day care educators to hold a minimum qualification of (or be actively working towards a minimum qualification) Certificate III in Children's Services by 2014. The 2009 census data does not provide sufficient detail to establish an estimate of a precise number of qualified staff required in the family day care sector. However, broad estimates indicate that in Queensland, there are currently 86 licensed family day schemes, comprising 3,220 family day care educators who care for approximately 17,850 children on an annual basis. Out of these 3,220 family day care educators, approximately 45% hold a Certificate III level qualification or above, leaving approximately 1,770 educators (or 55%) who will need to be supported to gain the Certificate III qualification. This strong qualification base for Family Day Care educators is in large part a result of efforts made by Queensland's Family Day Care Association.

Queensland needs to increase the number of qualified early childhood educators to deliver on national and state reform goals and build the quality of services available and accessible to Queensland children. The Queensland Government, through the Department of Education and Training, will work closely with the ECEC sector, its employers, unions, training bodies, universities and employees to support the sector in improving its professionalism and qualifications base.

#### 3.1 Streamlined Regulation

In December of 2009, the Council of Australian Governments (COAG) endorsed the National Partnership Agreement on the National Quality Agenda (NQA NP) for Early Childhood Education and Care (ECEC). Through this Agreement, the Commonwealth and the States and Territories will work together to implement the National Quality Framework (NQF) for early childhood education and care commencing from 1 January 2012.

Enhanced regulatory arrangements are an integral component of the new NQF. It is intended that implementation of the National Quality Framework creates a more efficient and less burdensome regulatory environment for ECEC providers.

The new approach to regulating Australia's ECEC sector will see licensing and accreditation combined into a streamlined, integrated model of regulation. Application of a national standard will ensure a uniform standard and assessment and rating methodology will apply to long day care (LDC), family day care (FDC), outside school hours care (OSHC) and preschool services. Duplication which pervades the current system will be eliminated through a single, integrated national model characterised by effective sharing of information, increasing the efficiency with which the sector is regulated.

## 4. Demand for ECD Workers

The number of births is expected to grow, therefore increasing the demand for early childhood development workers. The number of children using the Queensland Government's health services is expected to grow by 21 percent from 2006 – 2021. As with many industries, the ageing population will cause workers in early childhood development services to retire and there are concerns about who will replace them.

It is likely that the future workforce will need to be drawn from a wide range of age groups and backgrounds. This is due to both the ageing population and the diversification of the workforce as larger numbers of immigrants make Queensland their home. The Office of Economic and Statistical Research indicate that overseas migration is the largest "driver" of population growth in Queensland. While the corresponding changes in settlement (by postcode) of culturally and linguistically diverse (CALD) Queenslanders will not be fully understood until the release of the 2011 census data, clearly there are a number of new and emerging communities with high numbers of CALD populations.

Given this, the specific needs of culturally and linguistically diverse populations need to be addressed through the provision of early childhood development services. Future challenges for the sector and all governments include:

- ECD workforce targets i.e. appropriate numbers of teachers and health professionals (with CALD backgrounds) delivering services to clients from their respective communities;
- Understanding of the specific (health, education, community services) needs of new and emerging communities;
- Ensuring ECD workforce dealing with CALD groups receive appropriate cultural competence training; and
- Ensuring interpreter and translator services are readily available.

Competition from other sectors of the economy may also make it difficult to attract suitable early childhood development workers. This is a particular issue in Queensland where there is strong competition from the resources sector. This makes it difficult for locations close to resources-based jobs to fill the unskilled or lower skilled jobs in the community. As the average household income in resource intense areas is relatively high, due to high wages for low skilled work, there may only be one employed adult living in each home<sup>3</sup>. Subsequently, the pressure on housing in resource communities compounds the difficulty of attracting early childhood development workers into these rural and remote locations.

### 4.1 Increase in Demand

Some Queensland early childhood services currently experience difficulty in attracting, retaining and up-skilling suitably qualified early childhood education and care staff, particularly in rural and remote locations, due to:

- distance from major regional centres and access to training facilities;
- lack of/cost of accommodation;
- distance from resources including libraries and other support infrastructure; and
- limited technological infrastructure to support online learning.

In addition to an increase in teacher demand, due to the National Quality Framework and Universal Access to Preschool (known as kindergarten in Queensland) reforms, other workforce challenges exist such as high attrition and low qualification levels for Assistants

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<sup>3</sup> Office of Economic and Statistical Research

and low numbers and qualification levels for Indigenous educators. These challenges are heightened in rural, remote and regional Queensland.

## **5. Supply of ECD Workers**

The Queensland Government has invested substantially in the ECEC workforce over the past decade, particularly through the Children's Services Skilling Plan 2006-2009. During 2009-2010 an investment of \$26 million was invested to provide vocational training and support through both the Children's Services Skilling Plan, in addition to the newly established early childhood teacher scholarship program.

The Queensland Government continues to deliver the following strategies to support the supply of ECD workers including:

- partnering with universities and the QCT to develop teacher registration articulation pathways;
- building the vocational qualification levels of existing workers across Queensland through the strategic focus of a \$22 million investment through VET Revenue General;
- scholarship programs for existing staff to gain relevant teacher qualifications;
- stronger partnerships between the early childhood industry and the government enabling a joint participation in identifying and resolving workforce strategies; and
- strategies to improve information and communication dissemination across the sector.

### **5.1 Qualifications and Career Pathways**

The NQF will gradually introduce nationally consistent qualification requirements for Long Day Care, kindergarten and Family Day Care services. This should mitigate the difficulty experienced by ECEC workers in having their qualifications recognised across jurisdictions.

In Queensland, a range of opportunities exist to support existing experienced educators and people new to early childhood to gain the formal qualifications required under the NQF. These include both Queensland and Australian government initiatives such as:

- Early Childhood Teacher Scholarships - early childhood staff with a minimum three year university degree currently employed in a licensed centre-based long day care or kindergarten service can upgrade their qualifications to teach an approved kindergarten program and gain registration with the QCT.
- Early Childhood Bridging Program - all staff working in centre based child care services, including persons with primary teacher qualifications, must have an early childhood qualification to meet the requirements of the Queensland Child Care Act 2002. Degree qualified primary teachers who hold full registration with the QCT can cross-skill to work as early childhood teachers.
- HECS-HELP Benefit - a reduction in Higher Education Contribution Scheme (HECS) debt for early childhood teachers who work in regional and remote areas, Indigenous communities and areas of high disadvantage.
- TAFE Fee Waiver - tuition fees for the Diploma in Children's Services have been waived until 30 June 2012. The Certificate III in Children's Services is included in the diploma program. Tuition fees for the Advanced Diploma in Children's Services have also been waived, and while not formally required under the NQF, this provides further training in leadership and management in early childhood and valuable skills for managerial positions in services.

- Productivity Places Program - provides a funding contribution for children's services traineeships and apprenticeships. This program is organised through employers and selected training providers including TAFE Queensland.
- Child Health and Wellbeing core competencies – a review of the 2006 Child Health and Wellbeing Sub Committee's work to examine national child health and wellbeing core competencies. Ten knowledge and eight skill competencies are the core competencies required of all staff working early childhood settings, including skills in culturally appropriate service delivery.

The current NQF focus aligns with the growing literature<sup>4</sup> outlining the importance of the early years for subsequent health, well-being and social outcomes throughout the life cycle. Early development of young children significantly impacts on current and later social functioning, educational and employment success. It is imperative that those working with children are appropriately trained to do so as not to jeopardise early childhood development.

Early childhood development qualifications (for both ECEC educators and child health and family support workers) need to reflect worker skills that will be required to achieve the new standards, regulations and learning frameworks. Training should incorporate learning across a broad range of education, health, hygiene, social relationship building, play and inclusive practices including population based approaches which promote health and wellbeing for workers, children and their families.

## **5.2 Skills to Work with Children with Additional Needs**

The Issues Paper identifies that there may be shortages of workers with the skills to work with children with additional needs. This workforce comes from a variety of professional backgrounds and many have career paths outside of the early childhood development sector.

Two key priority areas of the Queensland Government's *Building bright futures: an action plan for children with a disability – birth to eight years* is to develop a skilled and knowledgeable workforce, and provide services in rural and regional areas. To provide specialist disability services to children and their families the workforce needs to have diverse knowledge and skills and operate in a culturally sensitive manner. Innovative approaches are required to ensure that a readily available, skilled and culturally competent workforce is available to support children and their families.

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4 Centre for Community Child Health (2006) Early childhood and the lifecourse, Policy Briefs Issue 01 [http://www.rch.org.au/ccch/resources.cfm?doc\\_id=10886](http://www.rch.org.au/ccch/resources.cfm?doc_id=10886)

Lynch R G (2004) Exceptional Returns Economic, Fiscal, and Social Benefits of Investment in Early Childhood Development, Economic Policy Institute, Washington [http://www.ourfuture.org/docUploads/epi\\_kids\\_report.pdf](http://www.ourfuture.org/docUploads/epi_kids_report.pdf)

Shonkoff, J.P. and Phillips, D.A. (Eds.) (2000). From Neurons to Neighborhoods: The Science of Early Childhood Development. Committee on Integrating the Science of Early Childhood Development, National Research Council and Institute of Medicine. Washington, DC: National Academy Press.

Tsiantis J, Smith M, Dragonis T & Cox A 2000, Early mental health promotion in children through primary health care services: A multi-centre implementation. *International Journal of Mental Health Promotion*, 2(3), pp. 5-17.

The Queensland Government is working with universities and providers of tertiary courses to explore ways to include disability studies as a core component of early childhood certificate, diploma and bachelor degree courses. This aims to facilitate the inclusion of children with a disability into mainstream early childhood services.

### ***5.3 Skills of Child Health Nurses and Indigenous Child Health Workers***

Similarly, there are similar reasons for child health workers to upgrade their skills, namely:

- with the introduction and benefits of integrated service provision, there is a need to develop skills to enable interdisciplinary practice in collaboration with non-government organisations;
- the increasingly complex nature of issues impacting on families and their ability to be able to safely parent their children, for example domestic violence, mental health, housing, alcohol and drug issues, child abuse and neglect; and
- a need to be culturally appropriate when dealing with Aboriginal and Torres Strait Islander Queenslanders and culturally and linguistically diverse populations.

To do this, Queensland Government employed child health workers are encouraged to participate in Family Partnerships training. This evidence-based model provides a practical and theoretical framework for working with families. Through a focus on skill enhancement the Family Partnerships Model assists professionals to engage with and relate to “at risk families”, facilitate parental self-esteem and self efficacy, and explore and manage problems in a genuine and respectful way.

These skills are in addition to the training that Queensland Government child health workers receive in the Family CARE home visiting program and the Triple P: Positive Parenting Program.



## **6. Working with Aboriginal and Torres Strait Islander Children**

The Australian Health Ministers' Advisory Council has identified skills in cultural capabilities as one of the core competencies necessary for working in early childhood health settings. The Queensland Government has developed a Certificate IV course in Aboriginal and Torres Strait Islander Child and Youth Health to increase the skill and competencies of the workforce that is working with children and families in Queensland.

The Queensland Government has also developed *Foundations for Success: Guidelines for an early learning program in Aboriginal and Torres Strait communities*, a pioneering framework that has evolved in collaboration with Indigenous education experts, academics and the teaching teams that work alongside the children and families in Aboriginal and Torres Strait Islander communities. The Framework provides educators with tools to plan, implement, document and reflect on an effective educational program for Aboriginal and Torres Strait Islander children. The Framework values home languages in creating play-based learning environments to support children's developing awareness of Standard Australian English as a second or additional language.

Quality programs for Aboriginal and Torres Strait Islander children in the years before Prep must value and build on the cultures and languages that children bring with them. *Foundations for Success* enhances Aboriginal and Torres Strait Islander children's continuity of learning, laying the foundations for their success in learning as they make the transition to prep and Year 1.

The guidelines recognise the importance of strong family and community links and enhance the continuity of learning by involving teacher aides and community members in the child's early learning.

*Foundations for Success* was a finalist in an international award for innovation in government services and programmes, through the Commonwealth Association for Public Administration and Management (CAPAM) International Innovation Awards being held in Malta.

*Foundations for Success* was selected as a finalist from 150 submissions by a nine-member international jury which recognised for the program's innovation, appropriateness to context, effectiveness, long-term significance and transferable lessons learned.

This follows success in a number of other forums, including recognition as the Smart category award winner in the 2009 Premier's Awards.

The CAPAM International Innovation Awards were held as part of the 2010 CAPAM Biennial Conference. *Foundations for Success* will also be presented at a conference plenary session to all delegates.

CAPAM is a non-profit association, representing an international network of senior public servants, heads of government, leading academics and researchers located in over 50 different countries across the Commonwealth. CAPAM's mission is to promote the practical requirements of good governance.

## **7. Conclusion**

The ECD workforce faces significant challenges in meeting the various reform agendas impacting on ECEC, child health and children with additional needs. The Queensland Government has invested significantly to prepare the ECD workforce for such changes.

## **8. More Information**

For further information please visit the Department of Education and Training's website at: <http://education.qld.gov.au/earlychildhood/office.html>. Alternatively, you may send an email enquiry to: [ECEC@deta.qld.gov.au](mailto:ECEC@deta.qld.gov.au)

## *Attachment 1*

### **Data Collection**

#### **The Early Childhood Education and Care Census (State)**

Data collected from the census provides an overview of the size and diversity of Queensland's early childhood education and care sector as well as the children attending and staff working in the services. Given the Queensland early childhood education and care sector is largely run by private organisations, it is not compulsory for services to complete the Census. However, the Queensland Government values services' input to the annual census, which when there are high participation rates, enables compilation of an accurate picture of early childhood education and care in Queensland. Similarly, a report on the results of the census is published to ensure services have access to valuable data on a range of issues to assist with planning and program development within the sector.

Aggregate data from the Census is used to:

- Inform implementation of universal access to kindergarten in Queensland for children in the year prior to Prep
- Monitor trends within the early childhood education and care sector
- Inform future investment and program development
- Compare performance with other states and territories
- Inform policy and strategic planning

Improvements to data collections could be made through the development of consistent terminology, definitions and reporting methods across the country. This would enable more appropriate comparisons to be made between jurisdictions.

#### **National Data Collection**

In addition to this, the Australian Government Department of Education, Employment and Workplace Relations also collect data from early childhood education and care services. If all jurisdictions were able to access this data, it would reduce by the burden on services by enabling services to provide one set of data, rather than Governments seeking multiple data sets throughout the year.

**Key Findings on the Disability Services Workforce from the Report: “Who Works in Community Services? - A profile of Australian workforces in child protection, juvenile justice, disability services and general community services”**

Disability services in Australia are provided by a wide range of organisations. The bulk of services are provided by non-profit organisations, largely funded by government. Governments also directly provide services, and a small proportion of services come from profit-making providers.

**Profile of the Early Childhood Development Workforce**

Best estimates indicate that about 68,700 people were employed across Australia in directly providing disability services or managing those who provide these services at the time of the Survey of Community Services Offices or Outlets 2009. The survey outcomes also found that disability services employment was closely aligned with the population of jurisdictions, particularly when focussing on equivalent full-time (EFT) workers. On an EFT basis, Queensland had slightly more disability workers than we might expect.

Nearly three quarters of employees providing disability services worked in non-profit outlets, whether measured by the number of people employed or EFT employees. Most of the remainder were employed directly by government, with only about 5 per cent working for profit-making enterprises.

For simplicity, the report collapses the occupations into three broad categories, defined below.

*Non-professionals* are “Personal carers, home care workers and community care workers”, and “Disability or residential support workers”.

*Professionals* are “Allied health workers” and “Social workers and disability case managers”.

*Managers and Administrators* are “Service and program administrators, managers and coordinators.”

The vast majority of disability service workers were non-professional carers and support workers. Together, these non-professionals made up three quarters of all disability workers, and just over 60 per cent of EFT workers. Managers and administrators were the next largest group, composing about one quarter of EFT employees, though fewer total disability workers. Professionals were just over one tenth of EFT workers and a slightly smaller proportion of all workers.

**Demographics**

The disability services sector was dominated by women in all occupations. Thus, we estimated that about 80 per cent of disability workers were women.

The disability services workforce contained considerable numbers of workers in each age group, though they tended to be concentrated in more mature ages. Compared to the Australian female workforce, the disability workforce had a somewhat older age profile. Thus, for example, while 37 per cent of non-professional and 43 per cent of professional

disability workers were under 40, half of all Australian female employees were in this age group.

About three quarters of disability services workers were Australian born, and almost all of these were non-Indigenous Australians.

### **Job Security**

The arrangements through which disability services workers are employed are important for a range of reasons. Less secure employment contracts may predispose workers to leave jobs if they can find equally attractive employment that gives more employment security, while more secure arrangements are likely to increase the likelihood that they will stay.

### **Workers' Earnings**

The earnings of workers are important for many reasons. Earnings are a basic incentive for workers to take jobs and stay in them. Amongst non-professional workers, the bulk of the disability workforce, about one quarter had very low gross earnings of less than \$400 per week. Moreover, three quarters earned less than a modest \$800 per week.

### **Skills and Training**

An appropriately skilled workforce is recognised as a crucial element in a comprehensive and effective disability services system. Formal training and qualifications are central to the skill level of this workforce, as are a range of other learned competencies that allow workers to handle the complex issues and problems they encounter at work.

The disability services workforce was comprised primarily of non-professionals, who made up close to two thirds of all equivalent full-time (EFT) workers in the sector.

These non-professionals were employed as disability support workers, residential support workers, personal carers, and home and community care workers. Most non-professionals working in disability services had post-school qualifications. The most common type of qualification for these workers was a Certificate 3 or 4, which 54 per cent have obtained. Another 11 per cent of non-professionals had a Diploma, and 14 per cent of them had degrees. The main fields in which these workers had earned qualifications were disability (38 per cent) and community work (26 per cent), both of which are highly compatible with the skills needed in disability services.

Professionals, who made up approximately the remaining 10 per cent of EFT employment in the sector, were the most highly-educated group of disability service workers. About 70 per cent of these professionals had degrees, including 22 per cent with postgraduate qualifications. Their qualifications had principally been earned in fields relevant to disability service work, such as community work, social work and disability.

One way of increasing the overall and average levels of skill in a workforce is to hire new workers whose average skill levels are higher than those of existing workers. Another very important route to improved skills in a workforce is for existing workers to upgrade their qualifications.

### **Recruitment and Retention**

People's motivations in entering their jobs both predict their commitment to them, and colour their response to their work experiences. When asked why they were first attracted to work in disability services intrinsic factors such as a desire to help others was a common selection amongst most workers. In fact, this option was chosen by three quarters of

workers. A desire to do something worthwhile was chosen by nearly 70 per cent. Rewards which are extrinsic to employees' jobs – job security and career prospects – were each selected by around one quarter of respondents. Less than one in five respondents indicated that pay was a factor that attracted them to disability services.

However, the flexibility in hours and shifts appears to be important, especially for non-professional workers, of whom over 40 per cent said that this mattered. Overall, these patterns show that disability workers were very likely to select intrinsic rewards – those arising directly out of the experience of doing their jobs – as the reasons they chose to work in the sector. Extrinsic rewards such as job security, pay and flexible hours or shifts were selected by a much smaller proportion of workers, though they were clearly important to a significant group.