

Submission to the Productivity Commission for the Early Childhood Development Workforce Study

The Benevolent Society
January 2011



Contact: Margot Beach

A/General Manager, Operations

T: 02 9339 8010

E: margotb@bensoc.org.au

The Benevolent Society

Level 1, 188 Oxford Street

Paddington NSW 2021

PO Box 171

Paddington NSW 2021

T 02 9339 8000

F 02 9360 2319

www.bensoc.org.au

Contents

1	Introduction	1
1.1	About The Benevolent Society.....	1
2	Early Childhood Development (ECD)	2
2.1	Scope of the ECD sector.....	2
3	The early childhood development workforce	6
3.1	Early childhood education and care workforce.....	7
3.2	Child health and family support workforces.....	8
4	Institutional arrangements and COAG reforms	10
4.1	Governments' current role in the ECD sector.....	10
4.2	COAG agreements and frameworks affecting ECD.....	10
5	Demand for ECD workers	11
5.1	Demand for early childhood education and care workers.....	11
5.2	Demand for child health workers / family support workers.....	12
5.3	Future demand for ECD workers.....	13
6	Supply of ECD workers	14
6.1	Staff retention and turnover.....	16
6.2	Pay and conditions.....	17
6.3	Qualifications and career pathways	17
6.4	Career pathways and professional development.....	18
6.5	Future supply of ECD workers	20
6.6	ECD workforce for Indigenous children.....	21
6.7	OECD workforce for children with additional needs.....	23
7	Other approaches	23

1 Introduction

Thank you for the opportunity to contribute to the study into the Early Childhood Development Workforce. The submission reflects our role as an employer and service provider within the Early Childhood Development sector as well as our experience of issues affecting the sector more broadly.

The Benevolent Society recognises the importance of early relationships for children's development. The availability of a skilled early childhood workforce is obviously critical to this.ⁱ

1.1 About The Benevolent Society

The Benevolent Society is Australia's first charity. We are a secular, not-for-profit organisation working to bring about positive social change in response to community needs. Since 1813, we have identified major social challenges and worked to meet them head on.

Our purpose is to create caring and inclusive communities and a just society. We deliver leading edge programs and services, find innovative solutions to complex social issues and advocate for a more just society. We believe that building stronger communities will lead to a more inclusive Australia. We take pride in delivering effective services and are constantly looking for new and better ways of working. We help the most vulnerable people in society, and support people from all backgrounds including Aboriginal and Torres Strait Islander Australiansⁱⁱ and people from culturally and linguistically diverse communities.

We have a long history of working with children and families in New South Wales and more recently Queensland (QLD). The majority of our programs have a strong focus on the early years, that is, on providing services to families with children under eight years.

In NSW we provide long day care, are the largest provider of the NSW Government funded Brighter Futures early intervention program, provide child protection services to children referred by Community Services NSW who have experienced abuse or neglect, and are one of the largest out-of-home care providers. In QLD we provide a range of services including two Early Years Centres.

ⁱ The Benevolent Society Position Paper (2010) [Investing in children's development: the importance of early relationships](#)

ⁱⁱ The term Aboriginal is used from here on and refers to all indigenous nations of Australia.

Snapshot of The Benevolent Society

- TBS is a company limited by guarantee with an independent Board.
- 1000 staff and 700 volunteers support more than 31,000 children and adults each year in New South Wales and Queensland.
- We deliver 135 programs in 55 locations with support from local, state and federal government departments, businesses, community partners, trusts and foundations.
- Our revenue in 2010 was \$65 million. Approximately 85% is spent directly on our services. A further 8% is spent on our leadership, social initiatives and research.
- In 2010, 76% of our income came from government sources. Private fundraising, trust and foundation grants provided another 4%, client fees generated 9% and investment income contributed 6%.

The Benevolent Society is also part of the GoodStart child care consortium that purchased 676 ABC Learning Centres in 2009 with the aim of improving early childhood education and care of Australian children. It is important to note, however, that this submission only represents the views of The Benevolent Society.

2 Early Childhood Development (ECD)

2.1 Scope of the ECD sector

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

The Benevolent Society agrees that the suggested scope of the ECD workforce for the purposes of the study is appropriate.

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

It is recommended that the study encompass early childhood services for children experiencing developmental delay, speech and language disorders, communication and social difficulties. Similarly, services for Aboriginal children and children from culturally and linguistically diverse backgrounds should be included in the study.

Examples of such services include:

- The Queensland Department of Education and Training's early childhood development programs and services for children from birth to five years with disabilities with significant educational support needs.

- The Federal Government's Department of Education, Employment and Workplace Relations' Inclusion Support Program which assists child care services to include children with additional needs such as Aboriginal children, children from culturally and linguistically diverse (CALD) backgrounds, children from a refugee or humanitarian intervention background and children with a disability.

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 2009, The Benevolent Society commissioned the Centre for Community Child Health at the Royal Children's Hospital Melbourne, to prepare a discussion paper about [An integrated approach to early childhood development.](#)ⁱⁱⁱ

The paper explains that while an integrated service system would not directly improve family functioning and children's wellbeing, it would contribute to those outcomes by improving access to services and enabling early identification of problems.

It identifies the following benefits, as arising from integrated services:

- families will be better informed about services and find them more accessible
- service providers will also be better informed and the services themselves will do more joint planning and service delivery
- children's developmental problems will be identified earlier, and referrals to specialist services will be more prompt
- problems with parenting and family functioning will be recognised earlier and appropriate help will be provided more promptly
- families will receive help that addresses all aspects of their needs in a cohesive fashion
- there will be fewer families who are socially isolated or who are not making use of appropriate child and family support services.

For vulnerable families, the key features of effective integrated service systems are that they offer:

- a universal and inclusive service base with embedded specialist or targeted services
- access to a broad range of core and other services
- multiple interventions

ⁱⁱⁱ http://www.rch.org.au/emplibary/ccch/TM_BenSoc_Project_09.pdf

- active outreach
- integration of planning and governance structures.

The Benevolent Society runs several examples of successfully integrated and co-located services. Common to each, and a major benefit of integrated service delivery, is the ability to address multiple issues through seamless and holistic service provision, often from one location. It removes the need for families to deal with multiple agencies and, crucially, the need for repeated assessments.

[Early Years Centres](#)

Another is The Benevolent Society's Early Years Centres in Queensland, funded by the Queensland Government. The centres provide services to families with children from birth to eight years. Through a 'one stop shop', parents are able to access a range of support and services to improve their children's health, well-being and safety. Services offered through the centres (by different service providers) include parenting programs, playgroups, baby clinics and family support and so on. The Benevolent Society currently operates two of these centres and is in the process of developing a third.

One of the primary benefits of the centres is their ability to provide holistic support to children and families. The co-location of services encourages collaboration between service providers and promotes seamless and flexible service delivery to children and families. Families are able to access services from transdisciplinary teams with a wide range of knowledge and skills as well as access to more specialist services if needed. Another major benefit is the avoidance of stigma for families using family support or other targeted services, as they are able to get support within a centre that is open to all.

In addition to traditional service delivery, this model has enabled local initiatives aimed at strengthening community resilience, community connections and community capital to emerge. On a strategic level, senior staff participate in joint regional and state-wide planning forums that contribute to policy development and implementation. Co-location also helps to highlight partnering opportunities, maximise cooperation and collaboration and minimise resource duplication between agencies (government and non-government).

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

[Women's Health and Mother Baby Hub](#)

Another example of an integrated service is The Benevolent Society's Women's Health and Mother Baby Hub in Strathpine, Queensland, which is a social enterprise

providing primary health care services and pre and post natal services to women and their families in the critical period before and after the birth of their children. The Hub provides new mothers with access to expert assistance in infant care and social contact with other new mothers.

The Hub provides a medical centre, wellbeing services, learning and social opportunities for mothers via a café and shop. There is a multidisciplinary team including a general practitioner, midwife, child health nurse, early years teacher and psychologists.

The benefit of this model is the co-location of several services enabling ease of access for mothers. One of the limitations is its capacity to generate sufficient income to introduce additional programs that would be of value to the client group.

[Communities for Children \(C4C\)](#)

In NSW, The Benevolent Society operates the Communities for Children (C4C) program in three locations. Funded by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), Communities for Children promotes a local partnership approach to planning and delivering of services.

The program aims to improve children's health, safety and wellbeing in disadvantaged communities. A local non-government organisation (NGO), in this case The Benevolent Society, works with the community to identify needs and develop appropriate strategies. We act as a broker, engaging other local organisations to help deliver those strategies. The model aims to increase service coordination and collaboration.

Between 2005 and 2009, The Benevolent Society commissioned the Social Policy and Research Centre at the University of New South Wales to evaluate C4C. The aim was to inform The Benevolent Society, community partners and other stakeholders about the outcomes of C4C, as well as evaluate the effectiveness of the service delivery model.^{iv}

The results of the evaluation indicated that the program led to a range of positive outcomes for parents and children, including improved physical and mental health and improved child development. The social connections of young families were increased and social isolation reduced.

The availability, accessibility and quality of early learning and care services were also reported to have improved. Key to the successful engagement with families was that

^{iv} [Research Snapshot: Communities for Children Evaluation](http://www.bensoc.org.au/uploads/documents/communities-for-children-evaluation-snapshot-nov2009.pdf) (2009)
<http://www.bensoc.org.au/uploads/documents/communities-for-children-evaluation-snapshot-nov2009.pdf>

services and activities were offered on a universal basis, that is, to all families in the area with children under five years, and that transport and childcare were provided.

The strength of the model is that it is area-based and pulls together key services so that they can work together more effectively and efficiently. The success however is largely dependent on how much time (and resources) each key service can contribute. The strength and quality of local relationships between services and staff is also a major influence on the models success. It would be beneficial if there was a greater requirement by government for key services to have ongoing involvement in C4C beyond the planning stage.

[Brighter Futures](#)

Through the Brighter Futures program, funded by the NSW Government, The Benevolent Society provides services and support for children aged birth to eight years, who have identified parental vulnerabilities (mental health, domestic violence, substance abuse, learning disabilities, social isolation) as well as child behaviour problems.

The program aims to prevent the escalation of emerging child protection issues. The aim is to provide a seamless integration of evidence based services within a family focused framework including group parenting programs, early childhood education and care, child and family health services, as well as professional home visiting.

Between 2006 and 2009, the Social Policy Research Centre conducted a state-wide evaluation of the program. The results indicate positive outcomes for children and their families, with a significant reduction in reports to the statutory child protection agency and a decrease in the proportion of children being placed in out-of-home care. The longer families continued in the program (average was 1.5 years) the higher the probability of improved family functioning. Notably of the families interviewed (focus group) for the evaluation, most commented on the benefits of receiving subsidised quality child care.

One of the limitations of the program is the level of resourcing. There was a recommendation by the evaluators that Brighter Futures services should be better resourced to deliver consistent and highly quality supports for families with acute needs. In particular, there is a need to ensure that families experiencing disadvantage are able to access high quality child care.

3 The early childhood development workforce

The Benevolent Society has a multidisciplinary workforce reflecting the diverse range of services we provide. In relation to the Early Childhood Development workforce, we employ over 40 child care and preschool staff and close to 200 child health and family support workers. Staff are employed in a wide range of roles including, but not

limited to, child care worker, early childhood educator, case manager, child and family worker, counsellor, psychologist, social worker and parenting coordinator.

3.1 Early childhood education and care workforce

Does this list provide comprehensive coverage of formal childcare settings? Is this an adequate representation of the broad roles and responsibilities of childcare and preschool workers?

The list of occupations does on the whole reflect the child care and preschool workforce. However where targeted initiatives are run in the child care/preschool setting, the work may be undertaken by professionals from other disciplines.

For instance, The Benevolent Society runs the Partnerships in Early Childhood (PIEC) program in child care/preschool centres operated by other service providers in NSW and Queensland. It aims to improve the quality of care by addressing how staff and parents interact with children. Our staff work with the child care centre staff and parents to build their understanding of, and sensitivity to, children's behavioural cues that might signal emotional distress (often called antisocial behaviour). Together they develop strategies for supporting the children's developmental needs. (See also section 7 below)

In this instance, the program is often run by social workers and psychologists. This is also the case with our Shaping Brains, Shaping Communities initiative which will be discussed in Section 7 later in this document. Having said this, their numbers are very small in comparison to the child care/preschool workforce as a whole.

What characteristics describe the childcare and preschool workforces — in terms of demographics, wages and salaries, working conditions, employment status, staff turnover, unfilled vacancies, and job satisfaction?

The table below provides an overview of the characteristics of The Benevolent Society's child care and preschool workforce and their working conditions.

The Benevolent Society child care and preschool workforce	
Demographics	Age: age range is 20-67 with an average of 41 years old Gender: 96% female Years of service with TBS: Average is 3.1 years
Wages and salaries	Staff are paid under the Children's Services Award 2010 or Educational Services (Teachers) Award 2010 Employees are eligible to salary package up to \$16, 050 and gain benefit of tax savings

Working Conditions ^v	In addition to the relevant award, TBS offers staff: <ul style="list-style-type: none"> - Professional development opportunities - Regular internal and external supervision - Dedicated roles within the organisation to focus on developing and supporting consistent evidence based practice - Flexibility in work practices, including a monthly accrued day off for all full time employees and flexible start and finish times. - 9 weeks paid parental leave in addition to the Government Paid Parental Leave Scheme.
Employment Status	Casual 36% Part Time 31% Full Time 33%
Staff Turnover	Using the method of removing any involuntary leavers and then dividing the number of leavers by the current total number of staff in that category, the turnover in: 2009 23% 2010 17%
Unfilled vacancies	Data is currently unavailable.

3.2 Child health and family support workforces

What characteristics describe the child health and family support workforces — in terms of demographics, wages and salaries, working conditions, employment status, staff turnover, unfilled vacancies, and job satisfaction?

The table below provides an overview of the characteristics of The Benevolent Society’s child health and family support workforce including their working conditions.

The Benevolent Society child health and family support workforces	
Demographics	Age: Age range is 22 - 73 Gender: 95% female Years of service with TBS: Average is 2.4 years
Wages and salaries	Staff are paid under the Social, Community, Home Care and Disability Services Industry Award or Health Professionals and Support Services Award 2010

^v The working conditions relate to all staff and not just these staff.

	<p>There is limited provision to pay over the award due to funding restrictions</p> <p>Employees are eligible to salary package up to \$16, 050 and gain benefit of tax savings</p>
Working Conditions ^{vi}	<p>In addition to the relevant award, TBS offers staff:</p> <ul style="list-style-type: none"> - Professional development opportunities - Regular internal and external supervision - Dedicated roles within the organisation to focus on developing and supporting consistent evidence based practice - Flexibility in work practices, including a monthly accrued day off for all full time employees and flexible start and finish times. - 9 weeks paid parental leave in addition to the Government Paid Parental Leave Scheme.
Employment Status	<p>Casual 3%</p> <p>Part Time 38%</p> <p>Full Time 59%</p>
Staff Turnover	<p>Using the method of removing any involuntary leavers and then dividing the number of leavers by the current total number of staff in that category, the turnover in:</p> <p>2009 18%</p> <p>2010 26%</p>
Unfilled vacancies	Data is currently unavailable.

Job satisfaction

In 2009, The Benevolent Society commissioned Macquarie University to survey staff about a broad range of human resources and general management practices. More than two thirds of staff responded. Of the respondents, 90% of employees reported that their work gives them a feeling of personal accomplishment and 92% indicated that they like the kind of work they do. It is important to note that the respondents were from across the organisation and not just the ECD workforce.

^{vi} The working conditions relate to all staff and not just these staff.

4 Institutional arrangements and COAG reforms

4.1 Governments' current role in the ECD sector

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

The Benevolent Society delivers 135 programs from 55 locations. In 2010, we received 76% of our funding from state and federal governments. The work of the Society is therefore heavily influenced by government roles and policies. We deliver programs on behalf of the NSW Government (e.g. Brighter Futures), the QLD Government (eg. Early Years Centres) and the Federal Government (e.g. Communities for Children). As such, each program operates within a different legislative framework with differing policies and funding cycles all of which impact on the planning and provision of the ECD workforce.

Projects often have a very short lead time which can negatively impact on our ability to recruit staff. This can be a particular challenge in rural and remote communities.

Also, the often short-term nature of government funding can result in job insecurity and act as a barrier to recruiting and retaining staff. In some instances, the funding models are narrowly specified which prevents service integration or effective collaboration. In some instances, state and federal governments are unwilling to work together locally in planning and allocating resources.

It is also important to note that constant changes to policy direction can lead to fatigue and disillusionment within the sector and can negatively impact on the retention of staff.

4.2 COAG agreements and frameworks affecting ECD

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

We should like to mention three initiatives here.

[A Flying Start for Queensland Children](#)

A Flying Start for Queensland Children is a Queensland government initiative to build up to 240 kindergartens across the State so that all children aged 3½ to 4½ years will have access to a quality kindergarten program by 2014.

Currently only 29 per cent of kindy-aged children attend a kindergarten program in Queensland, compared with 80 to 95 per cent in other Australian states and territories. The kindergartens will provide places for the 14,000 kindergarten aged

children who are not currently attending any centre based early education or child care service.

The kindergarten programs will be provided by qualified teachers through community-based services, on school sites and through long day care centres. This initiative represents a 60 per cent increase in the number of kindergartens and as such will significantly affect demand for the early childhood workforce in Queensland.

[Queensland kindergarten learning guidelines](#)

The Queensland Government has also introduced the Queensland kindergarten learning guidelines, which support kindergarten teachers' professional practice in a range of contexts across Queensland. The Guidelines, which are based on the Early Years Learning Framework for Australia, provide advice for planning, interacting with children, monitoring and assessing, and sharing information in kindergarten contexts.

They aim to specifically enrich children's learning in the Kindergarten Year by promoting active learning for children through play, real-life engagements, and routines and transitions. The draft guidelines were trialled in 27 kindergarten settings during 2010.

Amendments to the NSW Children's Services Regulation 2004

From 1 January 2011, the NSW Government has introduced changes to the staff to child ratio in early childhood education and care settings as part of the amendments to the Children's Services Regulation 2004. There now must be one carer for every four children under the age of two in child care centres and mobile children's services.

5 Demand for ECD workers

5.1 Demand for early childhood education and care workers

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

Child care has historically been seen as a labour force issue, enabling women to work, rather than as an educational and developmental necessity for children. However, with the increased awareness among parents and the wider community of the importance of the early years of a child's life and the benefits of being 'school ready', parents are now utilising ECEC services to positively promote their child's development.

In particular, many families believe that the opportunity for socialisation with other children at ECEC services will positively affect their child's social and emotional

development. Parents also focus on the enhanced language opportunities these services may provide.

Other families may use ECEC services to address their child's learning and behaviour problems. Our experience is that in some cases, however, perceptions of problems may reflect inappropriately high parental expectations rather than actual problems with their children's developmental achievements.

In our experience, the reasons why parents may *not* access ECEC services include being ashamed that any behavioural or learning difficulties their children are found to have, will reflect negatively on their parenting skills.

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

There are very few free public early childhood and care services. The vast majority of child care centres, preschools and kindergartens are operated by non-profit organisations or commercial businesses that charge fees. Child care fees, even with subsidies from government, remain expensive for people on low and modest incomes, particularly if a parent is not working.

The Benevolent Society works with disadvantaged children and families, many of whom cannot afford to pay ECEC fees. The implementation of the Child Care Tax Rebate has failed to improve access for the most disadvantaged families. Passing on any further costs associated with reforming the sector will make ECEC services even more unaffordable for the most disadvantaged families.

The Benevolent Society strongly recommends that pre-school education is free for all children aged three years and up in all states and territories.

5.2 Demand for child health workers / family support workers

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

The majority of families that The Benevolent Society works with are experiencing disadvantage and have multiple and complex needs. For instance, the recent evaluation of the NSW Brighter Futures program indicated that upon entering the program, 58% of families lacked social support, 57% lacked parenting skills, in 53% there was domestic violence, and in 52% there were parental mental health problems.

Given the complexity of these issues, workers require considerable skills and expertise. In particular, they need assessment and case management skills that focus on the social environment, parenting capacity and the child's development. To

do this they need a comprehensive understanding of child development, experience and confidence in working with young children and knowledge of child health. For senior staff, an additional skill set is required in the promotion of integrated service delivery including skills in relationship building, facilitation and planning.

In some communities, particularly in rural and remote locations where there is a shortage of workers, demand for these services can be great and waiting lists very long. This inevitably results in delays in children and families being able to access critically needed services.

5.3 Future demand for ECD workers

How might the proposed qualification standards, staffing levels, and the implied mix of skills and knowledge assist the delivery of the desired outcomes for children?

The Benevolent Society supports reforms to the sector to improve the quality of ECEC services. Research indicates that child outcomes associated with high quality care include better language and cognitive development and maths readiness; better cooperation and compliance and fewer behavioural problems.^{vii}

It is also hoped that the reforms will positively impact on staff turnover and stability of care which have been found to be strongly and consistently related to positive child outcomes.

It is anticipated that as a result of the proposed changes, children will be more 'school ready' which has been associated with many positive outcomes such as higher levels of completed education and subsequent employment, greater stability in relationships and lower rates of mental illness.

While the evidence indicates that all children benefit from high quality pre-school education, the gains are greatest for children from disadvantaged family backgrounds.^{viii}

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

The provision of universal preschool and changes to the child: staff ratios will inevitably increase demand for appropriately qualified ECEC workers. It is anticipated that demand will be more pronounced in rural and remote communities and areas around the country already experiencing recruitment issues.

^{vii} Huntsman, L (2008), *Determinants of quality child care: A review of the research evidence*.

^{viii} Centre for Community Child Health (2008), *Policy brief: Rethinking school readiness*.

Also of concern, is that some services may actively recruit newly qualified staff in preference to experienced workers in order to reduce the budgetary impact of the reforms.

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

As a not-for-profit service provider we deliver services to disadvantaged families using government funds. As such, there is no scope for us to fund increased wages and salaries and as such any costs must be funded by government. Again, in relation to ECEC services, it is imperative that any costs associated with the reforms are not passed on to disadvantaged families thereby making the cost of ECEC prohibitive.

6 Supply of ECD workers

Do providers of ECD services have difficulties finding staff? If so, are these problems more pronounced in some ECD occupations or in some areas of Australia? Why is this the case?

As mentioned, The Benevolent Society offers a range of working conditions, especially around professional development, in an effort to improve recruitment and retention of staff. Despite this, we do experience difficulties finding and retaining appropriately qualified staff.

The Benevolent Society's managers were recently surveyed about their experience recruiting staff. The majority indicated that recruitment for ECD positions was difficult and sometimes unsuccessful. They indicated that it was particularly difficult to recruit experienced staff and that often applicants were straight out of university. As our work becomes increasingly complex, staff need to have a breadth of skills and experience and it is often difficult to find and attract appropriately qualified and experienced people.

Managers also indicated that as services become more integrated, it can be difficult to recruit staff with experience working in a multidisciplinary team. Recruiting Aboriginal and CALD staff was also identified as being particularly difficult.

Many managers indicated that they were only able to recruit using agencies. Occupations that were particularly difficult to recruit for were case managers and psychologists.

Areas in NSW where recruitment is particularly difficult were South West and Western Sydney, the Upper Hunter region and rural and remote communities. In rural and remote communities there is only a small pool of appropriately qualified workers and it can be difficult to compete with other employers such as government agencies that offer greater remuneration.

It is also important to ensure that the development of a workforce strategy for the ECD sector include strategies to attract males to the profession.

How much of the shortage is caused by low wages or wage differentials? Are there other factors (such as working hours or conditions) that are important in attracting staff to the sector?

Low wages are definitely a major contributor to difficulties with recruitment and retention of staff. In 2009, The Benevolent Society commissioned Macquarie University to undertake all staff survey assessing multiple indicators of our performance across a broad range of human resources and general management practices. According to the survey, only 43% of people within The Benevolent Society were satisfied with the level of income they receive.

In relation to the ECEC workforce salaries are particularly low in comparison to other similar professions. Early childhood teachers, for instance, should have pay parity with primary and secondary teachers as well as loadings for the extended hours and shorter holidays.

Other areas of disparity include hours of employment, paid holidays, access to funded professional development, clearly defined career development pathways, access to administrative support and provision of adequate paid preparation time.

In relation to the ECD workforce more broadly, there needs to be parity between the not-for-profit and government sectors. The disparity in pay and conditions between the not-for-profit sector, government and business is a growing issue, especially as these sectors are increasingly competitive players in the delivery of human services.

The Queensland Services Union submission to the 2008 Queensland Industrial Relations Commission highlighted the significant disparities between Social and Community Services award wages and the public sector equivalents. These disparities became increasingly marked as the seniority of position increased. For instance, a worker receiving a Level 8 salary in the public sector earned over 57% more than their community service counterpart.

Across the ECD workforce, it is imperative that salaries reflect the training and skills required in order to attract and retain people in the sector. There is strong evidence within the Australian context that without pay parity there is little incentive to stay in the profession.^{ix} Examples where of pay parity exists can be drawn from New Zealand and some other OECD nations.

Another important factor is proximity to work and travel time for staff. In some geographical areas, staff in lower paid positions are unable to afford to live near their

^{ix} Fenech, M (2006), *The impact of regulatory environments on early childhood professional practice and job satisfaction: A review of conflicting discourses*. AJEC, Vol. 31 No. 2, June 2006, pp. 49-57

place of employment and spend a significant amount of time travelling each day. In the case of our ECEC service in eastern Sydney, for example, this makes attendance at staff meetings and professional development out of hours very difficult. It can also be costly, per capita, for employers to offer part-time employment and impractical for employees who have long travelling times.

6.1 Staff retention and turnover

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

In the year December 2008 to December 2009, The Benevolent Society's all staff voluntary turnover rate was 15%. Between December 2009 to December 2010, the rate was 20%. Staff indicated the following reasons for leaving TBS:

- Better job/career progression
- Family reasons
- Expectations not met
- Job fit not right

This turnover rate is substantially lower for child care workers in various countries (including Australia), which is somewhere between 30 and 50% annually and roughly three times the level of teacher turnover in primary schools.vii

The Benevolent Society has introduced a range of working conditions for staff across the organisation to encourage retention. As mentioned earlier, these include flexible work practices such as a monthly accrued day off for full time employees, flexible start and finish times (where possible), a strong commitment to training and professional development opportunities and regular internal and external supervision.

In relation to our Early Years Centre in Queensland, retention of staff has not been difficult. This is believed to be due to a number of factors including: increased opportunities arising from the integrated nature of the service for professional development, the ability to be creative and innovative in the work environment, as well as a family friendly work environment with maternity leave, flexible work hours, part time employment which are important in a predominantly female workforce. All these factors contribute to staff feeling valued.

In addition to improving remuneration and conditions, raising the profile of the ECEC sector may positively impact on the retention of staff.

Also, providing opportunities for staff to work in different roles and extend their responsibilities will help to validate and build on staff skills and interests. This could perhaps be achieved through joint workforce planning and the promotion of secondment opportunities.

6.2 Pay and conditions

Why are ECD workers paid less than those working in related sectors? Are the wages and salaries for workers in different ECD occupations appropriate, given the skills and qualifications required? If not, how might this best be addressed?

As discussed above, it is imperative that the salaries of ECD workers reflect the training and skills required, and are comparable with other professions, in order to attract and retain people in the sector.

There needs to be a concerted effort by governments to promote the importance of the early childhood development sector. This would increase its value within the community, recognising that it is our social and ethical obligation to all children, families and the broader community, to build the future of our country. By contrast, failing to maximise the potential of the future generations does not make sense if we are to increase Australia's productivity.

6.3 Qualifications and career pathways

How appropriate are the qualifications required for entry into various ECD occupations?

The Benevolent Society employs staff with a mix of educational levels to reflect the range of ECD positions within the organisation. The qualifications are generally appropriate and staff are able to perform the required service. However, where staff have a certificate level education only, opportunities to move into more senior positions are limited.

In relation to our integrated service models, a greater level of experience, skills and qualifications are needed. For instance, staff need skills to work with a broader range of clients and client needs than they would usually encounter in a less integrated services (that commonly deal with a narrower range of clients and issues). In turn, they also need an understanding of the processes and philosophy of the services provided by partner agencies. A strong commitment and ability to work collaboratively is crucial.

Do newly-qualified ECD workers have the necessary skills and attributes to be effective in the workplace?

As discussed elsewhere, the families we predominantly work with have multiple and complex needs. To effectively support these families requires high level skills and expertise. Newly-qualified workers do not always have the necessary experience for some of our roles but attracting experienced workers is also problematic. This is an ongoing challenge for the Society and other organisations providing targeted support to families with multiple and complex needs.

Our experience is that degree qualified staff are generally more employable and effective but are harder to recruit. Often such workers choose to work within the education system instead, for higher pay and better conditions. Similarly it is difficult to attract allied health professionals.

To what extent are qualification requirements a barrier to entering the ECD sector? How could any such barriers be overcome?

The Benevolent Society strongly supports the reforms to the ECEC sector given the strong links between the worker level of education and the provision of a quality service and would not support the relaxing of qualification requirements to address a shortfall.

Barriers must be overcome through government subsidy of course fees and then appropriate remuneration to reflect the additional qualifications.

Do people from Indigenous and CALD backgrounds face particular barriers to obtaining entry-level ECD qualifications?

People from Aboriginal and CALD backgrounds can face additional barriers in terms of access to training, language barriers (in the case of CALD communities), and the cultural appropriateness of the training institution and learning environment.

There needs to be greater recognition of cultural competency skills demonstrated by Aboriginal and CALD workers in formal curriculums and competency based equivalence assessments for skills learned on the job.

6.4 Career pathways and professional development

Are workers who obtain additional skills and qualifications sufficiently rewarded? Is expertise sufficiently recognised and valued? How could opportunities for career progression within the ECD sector be enhanced?

Staff employed by The Benevolent Society are classified under the relevant Industrial Award for their role. The awards outline the base level skills and qualifications required to perform the role. In general, this is all we are funded to pay and so there is little or no scope for us to financially reward staff who obtain additional skills and qualifications.

Additional qualifications do, however, mean staff are better placed to apply for more senior positions and move within the sector.

Opportunities for career progression could be enhanced by placing greater value on experience acquired in the workforce as well as providing opportunities for professional development. Again, this is easier in some roles than others in the ECD sector.

Are in-service training and professional development programs meeting workforce development needs?

The Benevolent Society invests heavily in training and professional development for employees including such things as attendance at conferences, participation in in-house training and internal and external clinical supervision. We also employ a senior manager to promote evidence-based practice in the organisation. Technologies such as video conferencing and web-based training are used to improve access to training.

Professional development is further encouraged through the provision of study leave for staff wishing to further their formal qualifications.

Are there barriers to ECD staff accessing training and development programs? If so, how could such barriers be overcome?

In addition to course costs, a big barrier to accessing training and professional development programs for the ECEC sector, in particular, is cost and availability of replacement staff. Where an ECEC centre has the minimum number of staff to operate, it is not possible to release a worker to attend training without compromising the staff: child ratio and breaching regulations. Backfilling the position using casual agency staff is expensive and may be prohibitive for a small service.

To ensure a highly skilled workforce, ECEC must have a clear professional development pathway which includes ongoing access to quality evidence based training. It is therefore imperative that the sector can access government funding for professional development, including for the provision of replacement staff.

A related concern is that given the nature of ECEC services, team meetings must be held outside of work hours and staff are often unpaid.

There is a strong need for a national professional registration body, such as an institute of early childhood standards, to assess levels of qualifications and provide recognition of professional competence. A useful starting point could be looking at similar bodies such as the NSW Institute of Teachers which has a charter to advance the status and standing of the teaching profession.

6.5 Future supply of ECD workers

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

Given the issues discussed elsewhere in this submission it is unlikely that the supply will meet COAG's objectives without sufficient incentives.

To help address the workforce shortages, consideration should be given to developing common curricula for health, welfare and education students. It can be argued that these professions share the same core knowledge and skills and by developing core competencies there would be greater flexibility for workers to move within the sector thereby opening up the workforce. Of course, pay parity would need to be addressed in order to make this strategy viable.

Are training providers and courses of sufficient quality to meet the needs of the ECD sector?

Our experience is that the quality of trainers and courses is quite variable. There needs to be a stronger focus on the latest research evidence about issues pertaining to ECD and how this translates into practice. One off 'information' courses also tend not to translate into practice change and ongoing training is needed with practice and implementation components.

There may be scope for greater interdisciplinary and cross-sectoral training. This would have the dual advantage of being more economical, as well as helping ensure more of a shared knowledge base and philosophy among all those working with young children and their families.

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

It is important that every effort is made by government to facilitate workers upgrading their qualifications. This will entail government heavily subsidising training as the cost of upgrading may be prohibitive for many workers. In addition, staff should be provided with study leave and their positions backfilled. Staff who are upgrading their qualifications should then be appropriately remunerated as a further incentive and acknowledgement of the value of the profession.

Consideration should also be given to acknowledging prior learning in other relevant professions as well as skills acquired on the job. This may enable the qualification to be completed in a shorter period of time without compromising the quality.

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?

There are specific set of core skills that are needed to successfully operate in an integrated or co-located service. Consideration should be given to developing a qualification specifically designed to develop the skills needed to work in a management role in and integrated centre such as the UK's [National Professional Qualification in Integrated Centre Leadership](#) (NPQICL).

The National Professional Qualification in Integrated Centre Leadership has been developed to address the needs of leaders within multi-agency, early years settings.

The qualification is for leaders of children's centres delivering integrated services. It gives them the opportunity to collaborate across the community and provide seamless, high-quality services for babies, children and families.

6.6 ECD workforce for Indigenous children

What skills must ECD workers have in order to provide effective services to Indigenous children? Do all ECD workers who work with Indigenous children have these skills?

It is essential that ECD workers providing services to Aboriginal children have participated in cultural competency training. It is also important the Aboriginal communities are active partners in the ongoing development of ECD training and program development.

The current model of formal training and recognition of ECD workers may be too prescriptive and 'monocultural' to respond to the needs of Aboriginal and CALD populations.

The Benevolent Society employs an Aboriginal Cultural Development Manager to provide cultural consultancy in the implementation of services and ongoing support in connecting with local Aboriginal communities. She is also commencing a program of intensive consultations with Aboriginal communities in order to develop a Reconciliation Action Plan for the Society.

The Early Years Centres also has an Indigenous ECEC staff member who helps to ensure cultural competency and inclusion and provide support for staff within the centre.

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

We know from experience that programs for Aboriginal families are delivered most effectively by Aboriginal workers.

In 2007, The Benevolent Society developed an Aboriginal Recruitment and Retention Strategy as a basis for enhancing our cultural competence both as an employer and a service provider. We currently have 30 Aboriginal specific positions^x across the organisation and actively encourage Aboriginal applicants to apply for mainstream positions (for example, through attendance at Jobs Markets).

We also have an active Aboriginal Staff Network, through which Aboriginal staff meet regularly to learn from each other and share their experiences.

The Benevolent Society has in place a Recruitment and Learning and Development model to facilitate:

- culturally relevant and appropriate recruitment and selection processes
- identification of staffing positions, position descriptions and qualifications and work with the Aboriginal Employment Service (AES) within the initial months of project implementation in recruitment.
- transparent recognition of prior learning and professional development planning to meet identified skill gaps
- mentoring of staff with suitably qualified and trained workers from the Society
- ensuring a critical mass of Aboriginal staff in order to build networks, self sustaining supports and cultural identity
- onsite training and development
- recruitment through Aboriginal community networks, including signs on notice boards in Aboriginal meeting places and organisations. This is particularly important as the best candidates may not be actively job seeking
- Informal information sessions about upcoming jobs, with the session introduced by a local Aboriginal person
- liaison with Aboriginal Support/Program Units in tertiary institutions, such as TAFE and UNE and asking them to make their students aware of the positions available
- advertising in Aboriginal media, to clearly signal that the jobs are open to all.
- support of Aboriginal placements through the identification of traineeship positions in collaboration with TAFE and AES.

^x Including but not limited to the ECD workforce

The Benevolent Society strongly recommends that scholarships be made available to train Aboriginal ECEC teachers on a scale large enough to address the shortage of qualified teachers.

6.7 ECD workforce for children with additional needs

Do ECD workers have the skills to provide effective services to all the children who they regularly work with, including those with disabilities and other special needs and from CALD or low SES backgrounds? What additional skills or support might they require in order to do so?

The majority of The Benevolent Society's work is delivering services to disadvantaged children and families with multiple and complex needs. As discussed earlier in this document, staff need high level skills and expertise to effectively work with these families. One of the challenges for us is to recruit people with sufficient experience and expertise.

To work in this area, staff need to be fully cognizant of the issues faced by these families, undertake comprehensive assessments, develop programs to meet these needs and facilitate further support as required.

There needs to be opportunities for ECD from all disciplines to undertake ongoing professional development and reflective practice in areas such as brain research, attachment theory and practice, and strengths-based practice.

It is important to acknowledge that no one profession can adequately address all the needs of a child and their family nor can one ECD worker provide a full suite of services to the child's family. A comprehensive program requires a diverse and experienced team of professionals including psychologists, social worker, early educators, child and family health nurse, infant mental health specialist, speech and occupational therapists.

7 Other approaches

We should also like to highlight some other approaches or models of relevance to the Commission's study.

[Partnerships in Early Childhood \(PIEC\)](#)

As mentioned earlier, the Partnerships in Early Childhood is a program run by The Benevolent Society in conjunction with child care and preschool organisations in NSW and Queensland.

Through staff development and support for parents, PIEC aims to improve the quality of early education and care and, in so doing, enhance children's social and emotional development. The focus is on building nurturing and supportive relationships

between children and adults. It is based on research on attachment and early brain development that tells us how important it is for children's futures that they experience secure, nurturing relationships in their first few years.

PIEC aims to improve the quality of care – not through potentially costly structural changes or regulatory standards – but by addressing how staff and parents interact with children and by supporting staff and parents to develop a supportive view of children's outward behaviours based upon exploring the internal emotions experienced by children...

PIEC staff work with child care centre staff and with parents to build their understanding of, and sensitivity to, children's behavioural cues that might signal emotional distress (often called antisocial behaviour). Together they develop strategies for supporting the children's developmental needs.

The Benevolent Society commissioned the Social Policy Research Centre at the University of New South Wales to evaluate PIEC between March 2006 and November 2007. The evaluation found that there were improvements in the quality of care at participating centres, as shown by children's improved behaviours and interactions while at the centre, and lower levels of distress when separating from parents in the morning. Overall, the evaluation shows the PIEC program was highly valued by partner organisations, staff and families, with the majority rating it as useful or very useful.^{xi}

PIEC operates in 18 child care/preschool centres in NSW (funded by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs) and 2 centres in Queensland (funded by the Queensland Department of Education and Training, Office for Early Childhood Education and Care).

[Shaping Brains, Shaping Communities](#)

In 2010, The Benevolent Society conducted the Shaping Brains, Shaping Communities study tour to gain an understanding of the latest research on brain plasticity (neuroplasticity) during childhood and to identify interventions that can help children overcome learning difficulties, trauma or negative early life experiences. The study involved visiting 45 academics and practitioners in Australia, Europe, USA and Canada.

Neuroplasticity refers to the brain's ability to change itself in response to the environment and to learn from experience. It is widely acknowledged that the early years are a crucial time for brain development. The foundations for most brain functions appear to be laid down early in life. Then, as the brain matures, these

^{xi} [Research Snapshot: Partnerships in Early Childhood Evaluation](http://www.bensoc.org.au/uploads/documents/PIEC-evaluation-snapshot-Aug2010.pdf)
<http://www.bensoc.org.au/uploads/documents/PIEC-evaluation-snapshot-Aug2010.pdf>

foundational pathways act as scaffolding on which stronger and more sophisticated pathways are built.

Failure to develop strong foundational skills and to have a smooth transition to school, are risk factors for poor academic achievement in the long term, particularly among vulnerable and disadvantaged children.

Based on the findings of this research, The Benevolent Society is now starting to integrate the principles of neuroplasticity into some of our early childhood programs in South East Queensland and South West Sydney. Staff will work with disadvantaged and vulnerable children as part of a two year pilot project to promote development of foundational skills and overcome bottlenecks to learning, enhancing child development and strengthening positive family and community networks so that children's new learning is supported and maintained.^{xii}

The Changing Brains DVD^{xiii} is one of the tools being piloted. Our staff member using the DVD in an ECEC setting to teach about the different domains of development early in life, what to expect as these domains develop, and how to promote healthy development across each.

Sure Start

Sure Start is a UK Government initiative that aims to give children the "best possible start in life" through improvement in child care, early education, health and family support, with an emphasis on outreach and community development.

Integrated Children's Centres provide a range of services to children and families through a single intake point. A common suite of services include but is not limited to:

- Free early years provision (integrated early education and care) for 12.5 hours a week, 38 weeks a year for three and four year olds. This early years provision will increase to 15 hours per week by 2010;
- Information and access to child care in the local area;
- Information on parenting, drop-in groups and opportunities to access parenting support and education;
- Antenatal and postnatal services, child health services and provision of information on health;
- Information about employment, education and training; and
- Information at points of transition, including information sessions around the time of the birth of their child (by linking to and building on existing antenatal and post-natal services) and on entry to primary school which, as part of the extended schools program will be offering sessions for parents as their child starts school.

^{xii} <http://www.bensoc.org.au/director/policyandresearch/research/shapingbrainsshapingcommunities.cfm>

^{xiii} <http://changingbrains.org/>

The National Evaluation of Sure Start has so far found modest benefits for children in areas where a Sure Start Local Program (SSLP) (usually involving an integrated child and family service hub) operated when compared with children living in similar areas without a service hub. The children showed better social development, more positive social behaviour and greater independence/self-regulation than their non-SSLP counterparts.^{xiv}

Sure Start is beginning to show promising results and may provide valuable insights for establishing similar integrated service delivery models in Australia.

^{xiv} Centre for Community Child Health (2009), *Policy Brief: Integrating Services for Young Children and their Families*.