The Virtual Village:
Raising a Child in the New Millennium

Report of the Inquiry into
Early Childhood Services
January 2005

Inquiry Leader: Brenton Wright
20 December 2004

The Hon Jane Lomax-Smith MP
Minister of Education and Children’s Services
31 Flinders Street
Adelaide SA 5000

Dear Minister

I am pleased to forward to you the Report of the Inquiry into Early Childhood Services: *The Virtual Village: Raising a Child in the New Millennium*. The preparation of this report has been a significant undertaking in consulting the community of South Australia to obtain their aspirations for the young children of our State.

The Report therefore has the unique quality of being extensively based on participatory consultation and on a review of international research and best practice. This has allowed the Inquiry team to assess local circumstances against international evidence and produce recommendations that are both locally relevant and at the international cutting edge.

There are many people to be thanked for their effort in contributing to the Report. Thousands of South Australian families participated in community meetings and market research surveys, responded to questionnaires and sent in submissions. Early childhood staff and community organisations spent precious time attending meetings and providing recommendations on behalf of their services and the young children and families in their community.

Special thanks must be given to the members of the Ministerial Steering Committee and the Reference Group which supported the Inquiry team. Some individuals must be singled out: Parliamentary Secretary Jennifer Rankine MP continually made the Government’s commitment to early childhood services known; Professor Philip Gammage’s wisdom and international experience was invaluable and DECS Chief Executive Steve Marshall was an enthusiastic supporter of the Inquiry. My sincere gratitude to the Inquiry team must be recorded. To them goes much of the credit for producing an outcome which leads the way for South Australian early childhood services in the new millennium.

Finally, in commending the Report to you, I wish to thank you for your support during the course of the Inquiry. Your enthusiasm for the area is well known and your willingness to make time available to me was much appreciated.

Yours sincerely

Brenton Wright
Inquiry Leader
The Inquiry into Early Childhood Services reflects a commitment by the Rann Government to develop South Australia as the nation’s leading ‘family friendly’ State. We believe that children and their families must be at the heart of high quality early childhood services.

The Inquiry was established in June 2004. There had been no similar examination into the future directions of our early childhood services for 20 years. We knew that many social, economic and policy developments had taken place over that time, at both a State and Federal Government level. Those changes have impacted on families and young children, and the quality and delivery of our early childhood services.

In line with the Rann Government’s commitment to listening to communities, it was vital the Inquiry heard the views of parents, carers, early childhood services staff, and community and government agencies across the State. This report is the result of that wide-ranging inquiry. The recommendations reflect the wisdom, experience and concerns expressed by community members during this consultation process.

I thank my colleague Jennifer Rankine MP, Parliamentary Secretary to the Premier for Volunteers, Children’s Services and Children’s Health, for her important role in that process. I also commend Inquiry leader, Mr Brenton Wright, the Inquiry team and Steering Committee members for their expertise and commitment to this task.

As a government, we want services that actively involve providers, agencies and departments working together with families to give all children, including those most vulnerable in our society, the best possible start in life.

A collaborative approach and willingness to look beyond individual organisations and services is reflected in this report. I look forward to working with all those involved in considering this report and developing the long-term directions required to make a real difference for children, their families and the future of South Australia.

Hon. Jane Lomax-Smith MP
Minister for Education and Children’s Services
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In presenting this report, I wish to thank the many members of the South Australian community who responded to the invitation to inform the Inquiry of the needs of young children and the aspirations of their parents. Your views and the many positive suggestions for ways to improve early childhood services have been greatly appreciated and are incorporated throughout the report. Particular thanks must go to the staff and service providers in early childhood services who assisted and encouraged parents and family members to express their views.

In addition, staff of the Department of Education and Children’s Services, the Department for Families and Communities and the Department of Health have provided detailed information and analysis that have contributed significantly to the development of my recommendations.

Warm thanks are extended to the team of writers and researchers who were drawn from staff of the three principal Departments of the Inquiry for varying lengths of time to share their expertise. The team was a model of cross agency collaboration: each was prepared to set aside Departmental boundaries and to explore possibilities, always with good humour and with a shared commitment to benefits for young children and their families.

The team was led by Ms Stephanie Page, Director Strategic Policy of the Department of Education and Children’s Services and supported administratively by Ms Liz Cochrane. Team members included:

- Chris Christensen
- Suzanne Clark
- Helen Leo
- Debbie Martin
- Debbie Moyle
- Jay Tolhurst
- Julie White: principal writer.

I am also indebted to Ms Jennifer Rankine MP, Parliamentary Secretary to the Premier, for Volunteers, Children’s Services and Children’s Health. Ms Rankine demonstrated her enthusiasm and commitment to the Inquiry by attending and leading all the Community Consultation meetings and in many other ways. I also acknowledge the support of the Inquiry Steering Committee and Reference Group, and in particular, the support and wise counsel of the Hon. Jane Lomax-Smith MP, Minister for Education and Children’s Services.

Brenton Wright
Inquiry Leader
January 2005
Inquiry Steering Committee Members

Chairperson: Hon Jane Lomax-Smith MP
Minister for Education and Children’s Services, Minister for Tourism

Ms Jennifer Rankine MP
Parliamentary Secretary to the Premier for Children’s Services, Volunteers and Children’s Health

Ms Judy Atkinson
Australian Federation of Child Care Associations

Mr Jim Birch
Chief Executive, Department of Health

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Preschool Directors Association

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National Association of Community Based Childcare Centres; South Australian Association of Community Based Childcare Centres

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Project Officer Aboriginal Education, Department of Education and Children’s Services

Ms Anne-Marie Shin
Principal, Pennington Junior Primary School

Ms Leonie Trimper
President, South Australian Primary Principals Association
Inquiry into Early Childhood Services

Terms of Reference

The Inquiry into Early Childhood Services will examine services for children from before birth to eight years of age and their families. The Steering Committee for the Inquiry will report to the South Australian Government on the following matters:

1. Consider and recommend on the availability, adequacy and quality of services which:
   - meet the needs of parents and children
   - are appropriate services to meet the developmental needs of young children
   - may result in integrated service delivery arrangements as may be appropriate
   - support Aboriginal children and their families.

2. Identify and recommend the most effective relationships with other family policy settings at State and Federal level.

3. Consider and make recommendations on the affordability of the range of children’s services including:
   - parent contributions/fees
   - Commonwealth and State/Commonwealth funded childcare
   - State funded kindergarten services
   - taxpayer (Commonwealth and State) contributions across the service types.

4. Consider and recommend on how best young children and their parents can be supported through seamless service delivery most convenient to families.

5. Report to Government on the future directions for Children’s Services in South Australia.
### Glossary of terms and abbreviations

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<th>Term</th>
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<tr>
<td>Baby sitting agency</td>
<td>An individual or registered business that introduces or employs individuals who will care for children in the child's own home</td>
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<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
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<tr>
<td>CPC</td>
<td>Child Parent Centre - see preschool</td>
</tr>
<tr>
<td>Children with additional needs</td>
<td>In this report the term includes children with disabilities, developmental delay, learning difficulties, medical or health issues, communication, speech or language difficulties, significant behaviour difficulties, at risk of abuse or neglect, in poverty, under the Guardianship of the Minister, of parents with additional needs, of culturally and linguistically diverse backgrounds and Aboriginal children</td>
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<tr>
<td>CCB</td>
<td>Childcare Benefit is a Commonwealth Government subsidy to parents to offset the costs of approved or registered forms of childcare</td>
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<tr>
<td>Childcare centre</td>
<td>Centre providing full or part time care primarily for children under 6 years</td>
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<tr>
<td>Commercial childcare centre</td>
<td>Centre owned and operated by private individuals or corporations for profit</td>
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<tr>
<td>Community managed childcare</td>
<td>Centre or service which is community managed by a voluntary management committee or other non-profit organisation</td>
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<tr>
<td>CDEP</td>
<td>Community Development and Employment Programs are ‘work for the dole’ programs which provide employment and skill development for unemployed Indigenous Australians in more than 250 Indigenous communities</td>
</tr>
<tr>
<td>Children's services in South Australia</td>
<td>Services include preschool, centre based childcare, Family Day Care and Outside School Hours Care and other models of care and education for children below school age such as early learning programs, rural care etc</td>
</tr>
<tr>
<td>CSO</td>
<td>The Children’s Services Office was the statutory authority established by the South Australian Government to administer children’s services until 1993/94 when it was amalgamated into the Department of Education, Employment and Training and later became part of DECS</td>
</tr>
<tr>
<td>COAG</td>
<td>Council of Australian Governments</td>
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<tr>
<td>CYFS</td>
<td>Children, Youth and Family Services - agency within the SA Department for Families and Communities which supports families, protects children from abuse and helps people in crisis</td>
</tr>
<tr>
<td>CYH</td>
<td>Child and Youth Health - agency within the SA Department of Health which focuses on child health and family support and which joined with the Women’s and Children’s Hospital in 2004 to become the Children, Youth and Women’s Health Service</td>
</tr>
<tr>
<td>DECS</td>
<td>Department of Education and Children’s Services (SA)</td>
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<tr>
<td>DFC</td>
<td>Department for Families and Communities (SA)</td>
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<td>Term</td>
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<tr>
<td>DH</td>
<td>Department of Health (SA)</td>
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<tr>
<td>ECA</td>
<td>Early Childhood Australia is the national peak non-government organisation, acting in the interests of young children aged 0–8 years of age</td>
</tr>
<tr>
<td>Early childhood services</td>
<td>In South Australia this means all services that are provided for children from before birth to 8 years and their families, including health, childcare, preschool, school, child and family support programs, and care and protection services</td>
</tr>
<tr>
<td>ECD</td>
<td>Early Childhood Development programs are an integrated set of actions for ensuring young children's rights to grow up healthy, protected from harm, with a sense of identity and self-worth and opportunities for learning. The focus is on the whole child, rather than the 'sector' or 'services'.</td>
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<tr>
<td>Early intervention</td>
<td>Doing something additional or different either early in the life of a child and family or early in a pathway likely to lead to disadvantage in order to promote better quality of life</td>
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<tr>
<td>Early learning program</td>
<td>Provides support to parents of children from birth to 4 years who have limited access to services, additional needs, are new arrivals or have cultural support needs</td>
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<tr>
<td>FDC</td>
<td>Family Day Care is a childcare service provided for children up to and including school age in the home of approved careproviders</td>
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<tr>
<td>HACC (FDC)</td>
<td>Home and Community Care provides funding for respite care for families with children with moderate to severe disabilities for up to 250 hours per child by approved Family Day Care careproviders</td>
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<tr>
<td>Inclusion</td>
<td>The effective participation of all children, including those with additional needs, in local education and care settings</td>
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<td>FTE</td>
<td>Full time equivalent is used in this report to measure child care places and jobs in relation to a defined number of hours which are considered full time care or work positions</td>
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<tr>
<td>Independent school</td>
<td>Non-government school</td>
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<tr>
<td>MCEETYA</td>
<td>Ministerial Council on Education, Employment, Training and Youth Affairs</td>
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<td>MEC</td>
<td>The Multicultural Education Committee is an advisory committee to the Minister for Education and Children's Services on policy matters relating to languages and multicultural education in South Australia</td>
</tr>
<tr>
<td>NIFTeY</td>
<td>National Investment for the Early Years is an advocacy group for the importance of early years development and family support</td>
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<tr>
<td>Occasional care</td>
<td>Hourly or sessional childcare for children under school age in childcare centres, preschools and family day care homes</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<td>Term</td>
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<td>OSHC</td>
<td>Outside School Hours Care services provide care for school-aged children before and/or after school, during school vacations or on pupil free days</td>
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<td>Preschool</td>
<td>Also known as kindergarten, stand-alone preschool, children’s services centre, or child parent centre when based on a school site. Provides learning and developmental programs for 4 year old children for 12 months prior to beginning school, usually provided as 4 half day sessions per week</td>
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<tr>
<td>Playcentre</td>
<td>Provided in small rural communities where a preschool does not operate. Children attend 1 or 2 sessions per week from the age of 3 years</td>
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<tr>
<td>Playgroup</td>
<td>Groups of parents, carers and children from birth to school age who meet regularly to enable adults and children to socialise, learn and have fun</td>
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| Principal Departments of the Inquiry | Department of Education and Children’s Services  
Department for Families and Communities  
Department of Health                                                                                      |
| QIAS                 | The Quality Improvement and Accreditation System defines quality care in long day care centres and provides a way to measure this quality and identify areas for on-going improvement                                                                                                                                                 |
| Rural care           | Full day childcare for babies, toddlers, preschool and school-aged children in the local preschool in small rural towns                                                                                                                                                                                                               |
| SACSA                | South Australia’s Curriculum Standards and Accountability Framework developed to promote key aspects of learning from birth to the end of schooling                                                                                                                                                                           |
| Transition           | Previously emphasised as the time of moving from preschool or childcare to school but now understood to apply to movement within and between all early childhood services                                                                                                                                                                   |
| Seamless services    | Services which are perceived by the child and family as a continuous service unbroken by changes of location, new paperwork requirements, new staff etc                                                                                                                                                                                   |
| SNSS                 | Special Needs Subsidy Scheme - a national scheme which enables children with severe disabilities or traumatised refugee children to participate equally in mainstream child care programs.                                                                                                                                                                                                 |
| TAFE                 | Technical and Further Education is the largest provider of post secondary education in Australia, offering vocational, technical and academic courses including English language and pre-university studies                                                                                                                                 |
| understandings       | Used in education to illustrate the many different layers or perspectives involved in real understanding                                                                                                                                                                                                                              |
| Whole of government approach | Collaboration and integration of government activities that remove bureaucratic barriers and provide flexible, responsive services to the community. It may apply within one level of government or to joint Commonwealth, State and Local government activities |
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The Virtual Village: Raising a Child in the New Millennium
The South Australian Minister for Education and Children’s Services, the Hon. Jane Lomax-Smith MP, established the Inquiry into Early Childhood Services in June 2004. The Minister set broad ‘Terms of Reference’ for the Inquiry and established a Steering Committee of experts, which she chaired. Mr Brenton Wright, an independent reviewer with experience in the field, was appointed to lead the Inquiry. Early childhood services were defined as all services that are provided to children from before birth to eight years of age and their families. These services include health, childcare, preschool, school, child and family support programs, and care and protection services.
South Australia has a proud history of innovation in early childhood services, and is still regarded as having a strong legislative and administrative foundation upon which services are built. In establishing the Inquiry, the Minister was taking steps to ensure that the South Australian system is positioned to accept the challenges that a new generation of young children and their families present. Since the architecture of the current system was devised, there have been significant changes in patterns of demand and changes in the expectations of families. There has also been considerable research into the impact of early childhood services, and new insights into how young children grow and develop.

The Inquiry commissioned some academic work and had the benefit of several excellent literature reviews, which analysed the most recent research into early childhood development and pointed to international best practice in the delivery of early childhood services.

The multi-faceted approach of the Inquiry, combining both extensive consultation and reviews of international research has proved to be a major strength. In framing recommendations for the Minister, the Inquiry has been able to consider the views of South Australian families in the context of contemporary international best practice. It is the view of the Inquiry that this dual perspective makes the recommendations significantly more robust.

Over the last decade, there has been a great deal of international interest in early childhood services. The United Kingdom, Canada, New Zealand and a number of Australian States have recently released new policies or announced inquiries similar to our own. At the same time, Western democracies around the world have been struggling to come to grips with more consumer focused government services or ‘joined up’ services as they are often described. This call for ‘cross government’ planning and management was highlighted during the course of this Inquiry and forms the basis of a number of the recommendations coming from the Inquiry.

Inquiry findings

The Inquiry was pleased to find that South Australian families are generally satisfied with the range of services that are available to support them and their young children. This general level of satisfaction did not, however, leave room for complacency. Many participants noted the uneven supply of basic services in education and health across the community, with supply problems being particularly evident in relation to childcare places and general services to rural areas. Changing community expectations suggest that greater levels of convenience and flexibility are sought by families, with greater levels of coordination and integration of services being the most highly sought improvement.

There is also an expectation that the range of services for children will be seen in the context of other choice pathways for parents. These choices relate to family-friendly working arrangements, parenting leave options and paid maternity leave arrangements. The relationships between these factors, early childhood services and other issues discussed in the report are major factors in encouraging or dissuading choices about having children.

The call for improved levels of service integration is consistent with a general community expectation that government services will be more successfully joined up. Increasingly, families expect that services across health, education and family support are seamless, delivered from one location and overseen by a consistent figure in the family’s life. Equally, families expect consistently high standards of service quality across the spectrum. As parents continue to become more aware of the importance of quality interactions for their children in the early years, we can expect the demand for high quality programs to increase.
The Inquiry found the lowest levels of satisfaction were expressed by parents of children with additional needs. It is also in this area that successfully joined up services are most important. There are shortages of some professionals delivering services, particularly intensive services, and the transitions between services are not universally well managed. A number of our recommendations address these issues.

The Inquiry formed the view that there is much to be done to improve services to Aboriginal children and their families. South Australia has an excellent track record of involving young Aboriginal children and their families in early childhood services, but there are signs that the system is not as well equipped to meet the needs of these children, as it was some years ago.

Workforce issues figured prominently in the consultations undertaken by the Inquiry. Low pay and poor conditions for childcare workers, lack of permanency and career paths, the need for a shared foundation pre-service education program and ongoing professional development opportunities were constant themes.

Finally, we encountered much discussion, both during the consultative process and in the literature, on the connection between early childhood services and the health of the economy. The contribution which high quality, well integrated early childhood services can make to economic wellbeing is undisputed. Our recommendations intend to position South Australia as a productive, ‘family friendly’ State with a commitment to investing in the future of the State.

**Recommendations**

The recommendations from the Inquiry seek to address the major themes that emerged. The Inquiry strongly believes that the focus of early childhood service reform must be on strengthening and integrating universal services in South Australia. The Inquiry is of the view that strengthening universal services is the most effective way of providing services for young children and their families. Universal services are those which every family can expect to use and benefit from in the process of raising a child from birth up to eight years of age. These health, education, childcare and family support services are for all children - whether or not they have additional or intensive needs.

Strengthening universal services will mean that all children, regardless of their circumstances, will receive the attention that they need to develop to their optimum potential. This focus ensures that the starting point for children is as advantageous as possible, and means that public health and education infrastructure, public safety provisions and community support services - including health, childcare, education, family support, and care and protection services - are all aiming at the same goal of maximising opportunities for our young children.

Consistent with the general direction of strengthening universal services, the recommendations cover:

- building an integrated early childhood service system based on the development of a new concept of Child and Family Centres. The Centres will act as one-stop shops for a range of early childhood services, and will build on the strengths of our early childhood health, preschool education and childcare systems
- building a system which improves transitions through the stages of early childhood including the five to eight year old stage in Junior Primary School
- building a workforce which can meet the challenges of the new millennium, by addressing a range of issues from recruitment through to training and career pathways
- establishing South Australia as the family-friendly State
- building a system which meets the needs of our Aboriginal children and families
- improving the provision and co-ordination of services for children with additional needs
- making the provision of high quality information services a priority
- building a whole of government planning and management system which can meet the challenges of joined up services, and
- building research and evaluation into all activity.
Introduction

Why are governments around the world focusing greater attention on the early years of childhood? Societies have always sought to care for, protect and educate their young children. What is different now?

The Organisation for Economic Cooperation and Development (OECD), of which Australia is one of 30 participating countries, is currently undertaking multi-country studies on the effectiveness of early childhood service provision. South Australia’s integration of children’s services within the education sector has been noted as a progressive strategy to be built upon.

The State Government of South Australia set out its plans for ‘Creating Opportunity’ for all its citizens in its Strategic Plan of March 2004 (Government of South Australia, 2004a). A priority of this plan is to ensure all South Australians are able to create and use opportunities that build on their talents.

We know now that the experiences of children in their early years, internationally recognised as being from before birth to eight years, have a profound impact on their future health, wellbeing and life pathways.

The intersection of: the brain research findings on the crucial pathways and patterns laid down in the brain in the first three to four years; the impact of early childhood poverty and stress on health, education and life opportunities; and the changes in family structures which have made childcare essential to family opportunities have led to the urgency to review the way early childhood services are provided in this State.

Since coming into office, the South Australian Government has reviewed health services in the Generational Health Review, (Department of Health, 2003) and child protection services in the Layton Review, (Layton, 2003). Both reviews highlighted the needs of young children and their families and the importance of early intervention and prevention to optimise the child’s opportunities for active participation in the social and economic life of their community as an adult.

The Inquiry drew on research conducted and occurring, internationally and nationally, in order to develop a vision for supporting the optimal development of young children and their families in South Australia. This vision for early childhood services places the child firmly in the centre of all service provision and increases support to the family to help their child develop into a happy, healthy and productive member of their community.

We know however, that many factors outside the family affect the outcomes for the child. The different social and economic environments around them are affected, not only by local and state trends, but also national, and increasingly, global activity. South Australia has a history of concern for all members of its community and of using international research as a basis for local action, for example in social inclusion initiatives.

The Inquiry has analysed the current provision of services against: community views, service provider and stakeholder expertise and international best practice, to develop future directions for early childhood services in South Australia for the next 10 years. In doing so, the Inquiry is promoting a framework and service delivery model which describe desirable services, and more importantly, how these services should come together in ways that are simple, supportive and seamless. Subsequent chapters will describe the framework and model in detail.

Some elements of early intervention and early childhood development programs have been described consistently in studies internationally, and those of a recent United Kingdom initiative Every Child Matters, (TSO, 2003) provide the clearest model for bringing these aspects together in a whole of government approach. The service delivery model consists of levels of service provision from universal services provided to all children and families; to targeted services, which may be aimed at particular areas or children with particular needs; to intensive services which are provided for children at risk of death or serious harm.
It is most easily described as a triangle, with universal services for all children at the base and intensive services at the apex. Research shows that there needs to be a balance between these services, and that the most effective results are produced by services that can offer a broad range of programs from within a universal service model. Major results can be achieved by building onto services at lower levels of the triangle - including services being run by other departments.

This model is consistent with the National Agenda for Early Childhood Services Framework (FaCS, 2004a) and places South Australia at the forefront of international effort in this area. Research and evaluation are to be key components of the model and provide the opportunity for interested community members, service providers, agencies and all levels of Government to work together to develop local expressions of the common vision.

Through the development of the Framework for Early Childhood Services with its collaborative planning and management mechanisms, this report also proposes a means to more effectively meet the needs of children and families with additional needs, including Aboriginal children and families, and those from culturally and linguistically diverse backgrounds.

The framework and model will be used as the basis for discussions with all levels of Government and State Departments, to enable joint planning of priorities and actions to progress the vision. New joint planning mechanisms are described in detail in later sections of this report. There is an emphasis on collaborative processes and documentation of experiences along the way, in order to benefit from each other's experience, and to contribute to the national and international debate on how best to create opportunities for all, through early childhood services.

First and foremost, the report focuses on positive outcomes for children and their families. South Australia's future demands no less than optimal outcomes for the leaders of tomorrow.

Scope of the Inquiry

Families require a wide range of services for their children from before birth to eight years and it was determined that the Inquiry would encompass health, childcare, preschool, school, child and family support, and care and protection services.

Three South Australian Government departments administer these services, either by providing them directly or by regulating their provision by non-government and private organisations. The three agencies are the Department of Education and Children’s Services, the Department for Families and Communities and the Department of Health. Throughout this report they will be referred to as the ‘principal’ agencies.

Please note that when the term ‘children’s services’ is used in this report, it refers to the services for which DECS is responsible under the Children’s Services Act 1985. These include preschool, child care centre, Family Day Care and Outside School Hours Care services and other models of care and education for children below school age, such as early learning programs. Information about DECS children’s services is available in Appendix 1.

Leadership

The Minister established and chaired a high-level Steering Committee for the Inquiry, which included the Parliamentary Secretary for Children’s Services, Ms Jennifer Rankine MP, Professor Philip Gammage, the Chief Executives of the Department of Education and Children’s Services, the Department for Families and Communities and the Department of Health, and a cross-section of industry and community representatives.

The Steering Committee met monthly from July 2004 to November 2004. Members were actively involved in consultations and in developing the key themes that emerged as the Inquiry progressed.

Mr Brenton Wright, a senior South Australian business executive with experience in Government and in children's services, was engaged to lead the Inquiry. A small secretariat to support Mr Wright was established within the Department of Education and Children’s Services, under the leadership of Ms Stephanie Page, Director Strategic Policy. Members of the secretariat included representatives from each of the principal departments.

In recognition of the need to develop a whole of government strategy, a Reference Group of senior members of the three Departments met regularly to advise Mr Wright and the secretariat. The list of members of the Steering Committee is available on page 11 and the list of members of the Reference Group is available as Appendix 2.
Introduction

The omnibus telephone survey of 1001 South Australian parents from across the State was conducted after the focus group exercise, using questions developed from information gained in the focus groups.

The McGregor Tan reports (2004a, 2004b) are available as Appendix 5 and Appendix 6.

Consultations

Community members, staff and members of early childhood service governing councils and management committees were invited to submit their views.

Written feedback

Options for providing written feedback included:

- a guided questionnaire
- a quick one-page response sheet
- invitations to address the Terms of Reference of the Inquiry.

The Inquiry generated wide interest and the written responses from interested South Australians comprised:

- 323 guided questionnaires
- 999 short responses
- 46 written submissions from individuals, groups and associations.

Community forums

Community forums for families and service providers were held in three locations in the Adelaide metropolitan area and in the country centres of Berri, Ceduna, Port Augusta, Port Pirie, Port Lincoln, Mount Gambier and Whyalla. Ms Rankine and Mr Wright addressed the forums, seeking views and suggestions.

Aboriginal community forums were held prior to the general forums in Ceduna, Port Augusta, Port Pirie, Port Lincoln and Whyalla. Additional forums for Aboriginal families and Aboriginal early childhood service providers were held in Elizabeth, Enfield/Kilburn and Noarlunga.

The views of families of culturally and linguistically diverse backgrounds were sought through the South Australian Multicultural Education Committee (MEC) and the Preschool Bilingual Program. MEC distributed the guided questionnaire to all groups associated with it, compiled the feedback and provided it in written and verbal form at a forum with Mr Wright. The Preschool Bilingual Program

Inquiry processes

Literature reviews

Two literature reviews were commissioned to identify and analyse relevant research, examine emerging trends at national and international levels and consider those trends in the South Australian context.

Professor Philip Gammage, Research Fellow, Department of Education and Children’s Services, undertook the literature review: Why is Early Childhood Important? (Gammage, 2004a).

The National Institute of Labour Studies at Flinders University undertook the review on Work and Families in South Australia (Talbot, 2004b).

The reports are available as Appendix 3 and Appendix 4.

South Australian community views

An extensive range of activity was undertaken to obtain the views of a wide cross-section of South Australian parents and family members. This activity included market research and community meetings open to all interested parties.

Market research

McGregor Tan Research was commissioned to undertake two market surveys – a focus group exercise and an omnibus telephone survey. Each survey targeted South Australian families with at least one child aged from birth to eight years.

With the aim of ensuring representation of the views of all families, the consultants were directed to establish specific focus groups for families with:

- children with disabilities or learning difficulties
- children from culturally and linguistically diverse backgrounds, and Aboriginal children
- children living in rural areas, including children from the above groups.

The focus groups were drawn from ten groups of parents – five in the Adelaide metropolitan area and five in the regional centres of Port Pirie, Renmark and Mt Gambier. The research targeted particular family situations, including parents of babies to four year olds; parents of five to eight year olds; families who regularly used early childhood services and those who infrequently or never used them.

The Virtual Village: Raising a Child in the New Millenium

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workers distributed the one page response sheet to their communities, and three bilingual/bicultural staff obtained the views of three generations of new arrivals to South Australia by interviewing Greek, Vietnamese and African families.

**Staff contributions**

Staff from the three Departments were invited to provide written information and attend a community forum or consultation meeting in their area.

Three additional forums for staff of the Department of Education and Children’s Services were held in central, northern and southern metropolitan areas in which 64 staff participated. Twenty staff members from the Department for Families and Communities attended a central staff forum.

Mr Wright met with several professional associations and early childhood services that had requested individual interviews.

**Working groups**

Early in the progress of the Inquiry, members of the Steering Committee and Reference Group identified ten major themes and issues as of major significance to the future development of early childhood services in South Australia.

As a result, members of the Steering Committee, Reference Group, other Departments, non-government organisations, associations, community groups and experts were invited to attend a working group session on a particular theme, for in-depth analysis of current issues and explorations of future service delivery. The results of their discussions have been integrated in the body of the report.

A total of 143 representatives participated in a working group on one of the following themes:

- Transitions
- Children with additional needs
- Quality programs
- Early childhood workforce
- Languages
- Aboriginal children
- Funding and affordability
- Care for school-aged children
- Early intervention and prevention
- Support for children’s services in the non-government sector.

**Findings**

A rich storehouse of information was generated by the research, literature reviews and consultations. It is considered that a process as comprehensive as this has never been previously undertaken on this subject in South Australia. This information forms the basis of the discussion and analysis of this report. Wherever possible, a direct connection has been made between the proposals developed in this report and the information obtained during the life of the Inquiry.

In preparing the report we have taken account of the fact that a number of additional themes to those mentioned above emerged as consistent areas of concern throughout the Inquiry. These additional themes were:

- Access to and availability of services
- The need for coordinated service delivery
- Information services to support families and service providers
- Rural and regional issues.

All of the above themes have either been addressed through the development of specific chapters in this report or by discussion in related chapters. The Inquiry highlighted the complexity and diversity of the many elements making up the early childhood services field and many secondary issues arose within the themes.

Perhaps the most pertinent finding is that the analysis of the information makes a strong case for change in the early childhood services field. As a community, we now understand the importance of early childhood development, and we recognise that the foundations for success and fulfilment in later life are laid down during these early years.

This report has taken up this challenge of change. It makes realistic recommendations and it emphasises the critical importance of taking action now.
The Virtual Village: Raising a Child in the New Millennium
A wealth of studies has now firmly established that early childhood services are a sound investment for the future – for both the individual and the state. At the same time, the early years are an intrinsically valuable and important life phase, making early childhood services important for children in living out their lives in the ‘here and now’, as current citizens in the community.

This chapter demonstrates how early childhood services are crucial to addressing three of the South Australian Government’s major policy drivers: The Population Policy, the Economic Development agenda and the Social Inclusion agenda. Research and experience from around the world highlight the importance of the early years of a child's life for his or her future wellbeing, health, education and employment prospects.
The importance of early childhood as a phase of life

Certain major themes consistently emerge from any review of the research literature on childhood. One: the learning that occurs in early childhood is particularly crucial during the first three or four years after birth, affecting the very architecture of the brain and our dispositions to think and act, so building life-long habits of mind. Two: attachment and consistent warm, loving behaviour provide the best prevention of dysfunctionality in adulthood. Three: the effects of poverty on early childhood development are universally noted as long lasting and may be crippling debilitat[ing, often eroding relationships, responsibility, creativity and any chance of future economic wellbeing.

Those who work with children are very aware of the importance and relevance of play and games in early learning. It is vital that parents are also given this information. The pivotal importance of language - both the language spoken at home and the language of the dominant culture – in the beginnings of literacy development; the importance of appropriately matched stimulation, coupled with an awareness that children develop at different rates; and the vital nature of relationships and emotions in all learning, have been demonstrated in many international studies (Gammage, 2004a).

Brain Development

The early years are such an important time of life because the brain is immensely ‘plastic’ and responsive during the first three years or so. In the foetal stage the brain is building billions of brain cells. After birth some trillions of connections are gradually established and these form the structures or ‘maps’ that govern the coordination and transmission of information. The constant changes in the networks and their sophistication are the direct result of contact and observation, of repetition and curiosity. Processes of ‘selective amplification’ occur in direct relationship to the frequency and intensity of stimulation by the environment.

All of this is embedded in attachment, consistency, recency and imitation, to the extent that, in reality, all learning can be termed social - a reflection of those cumulative childhood experiences. It is clear that neuron-synapse connections are produced in over-abundance during the early post-natal period.

Those concerned with the mapping of responses seem crucially linked to interactions between the child and his/her parents and carers. The characteristic way in which a close adult behaves will especially influence the child’s emotional behaviour. This seems implicated in helping to establish the individual patterns of brain development, so setting up increasingly common pathways of expectation which begin to typify responses to the environment.

We also know that if persistent stress occurs, either during foetal or post-natal development, it is likely that two particular hormones, Serotonin and Nor-adrenalin, will be produced at above-normal levels. Such over-activity can then itself become a ‘typical’ process affecting both responses and behaviour regulation. Both hormones are impulse modulators whose levels in the brain can critically affect behaviour and the body’s ‘alarm system’ (Perry, 1997; Kotulak, 1998).

However, it is dangerous to think of early learning as being irredeemable. While it is of critical importance and while numerous studies show a high level of predictability between the behaviour of the three year old and the adult, we know that brain growth continues during adolescence and that learning continues throughout life. Higher order thinking protocols can be changed, though it is usually difficult to do this over a base of strong early childhood learning. However, in normal childhood, during the first three years, it appears that the foundations of language are securely laid down, as are the major parameters of the child’s attitudes and dispositions towards the outside world. The important thing to note is that, while plasticity and process are vitally necessary to brain development, variations in outcome are very large, as are the associated variations in rates of development (Smith, 2001; Bailey, 2002).

The research tells us that the brains of all children appear to thrive best in a nurturing, consistent and reliable social environment, characterised by interventions which both secure the child yet enable him or her to explore and play safely (Shonkoff and Phillips, 2001; Smith, 2001). There are other periods of learning and re-learning during a person’s lifetime, notably that of adolescence. However, the learning that takes place in the early years, while capable of correction, is critical to people’s future life chances and the role they will play later in society (Gammage, 2004a).
South Australia's Population Policy

In March 2004, the South Australian Government produced *Prosperity through People: a Population Policy for South Australia*, (Department of the Premier and Cabinet, 2004) to arrest the decline in the state’s population, and increase it over time to two million by mid 2005. Appropriate and accessible early childhood services can contribute greatly to increasing South Australia’s population. Not only can they provide the kind of health, education and family support services that families of young children need; but, more particularly, they can provide childcare to allow parents to participate in the workforce.

South Australia’s population trends

The State Population Policy points out that, for well over a decade, South Australia’s population has grown at less than half the national rate. This has resulted from a failure to attract overseas migrants and an ongoing net loss of people moving interstate. This has been compounded by the phenomenon, widespread among Western industrialised nations, of falling birth rates. Based on current trends, the South Australian population is projected to peak at around 1.6 million and then go into decline in less than 25 years. With the inevitable shift of the ‘baby boomer’ generation into retirement, the State’s working-age population is projected to decline even sooner - within the next decade.

If population decline occurs at the same time as the population ages, it will result in a fall in overall productive capacity, reduction of demand and, ultimately, a lowering of overall living standards. It is well known that regions that achieve high and sustained periods of economic growth and generate greater demand for labour find it easier to retain local workers and attract new ones. South Australia’s economic performance over the past decade or more has not kept pace with the rest of Australia, notwithstanding a significant improvement in the last two years. As a result, the State has experienced a net loss of prime working age people, especially to the eastern States, and has not attracted its share of Australia’s overseas migrants (Department of the Premier and Cabinet, 2004).

![FIGURE 1: Population growth: South Australia and Australia 1988–2003](image)

Source: Prosperity through People: A Population Policy for South Australia March (2004, p.5)
South Australia’s share of the Australian population was 9.2% in 1961, but declined to 8.1% in 1996 and 7.7% in 2003. The Australian Bureau of Statistics (ABS) projects that South Australia’s population will peak at 1.6 million in 2027. It then projects ongoing population decline, so that in just over 40 years there could be fewer South Australians than there are today. If this transpires, the State’s share of the national population will fall to 5.6% (ABS, 2004a).

As a result of the combination of a prolonged period of low fertility, the outflow of young people and the ‘baby boomers’ moving through to retirement age, the number of South Australians of working age (15 to 64 years) is projected to start declining within the next decade - much sooner than the Australian population as a whole. For the first time, industry in South Australia faces the prospect of future labour shortages and a labour supply that is unable to meet the demands of the economy.

Despite a significant increase in female participation in paid work, South Australia’s overall labour force participation rate (61.6% in December 2003) is more than two percentage points below the national average (63.8%).

The improved female participation rate has been most marked in part time work. Many women would prefer to work more hours if work and family responsibilities could be better combined. A key challenge for improving our lifestyles and for best use of our human resources is to facilitate a work-life balance that suits both families and employers.

**Fertility rates**

Some researchers suggest that low fertility is more the product of constraint than of preference. They contend that policies that create a society that supports working mothers, and that at the same time reflects women’s diversity of choices, will give women more choice over the number of children they have. While not totally conclusive, there is evidence from some countries that policies that allow parents to better combine work and family life have a positive effect on fertility.

These policies include the provision of quality and affordable childcare, paid maternity leave, flexible working arrangements and security of employment. These policies and practices, as well as helping to promote fertility, reduce inequalities, increase workforce participation and economic productivity, and attract workers from overseas and interstate.

For individual businesses, these policies create a working environment that increases staff confidence and loyalty and reduces staff turnover, leading to lower recruitment and training costs.

Talbot (2004b), in a literature review commissioned for this Inquiry, provided the following information about South Australia:

> **Currently Australia and South Australia’s total fertility rates are well below the rate of 2.1 required for population replacement.**
> The total fertility rate currently stands at approximately 1.75 children per woman for Australia (ABS 2002a). South Australia’s total fertility rate was marginally lower at 1.72 babies per woman in 2002 (ABS, 2002b).

> **Australian couples are also having children later in life.** The average age of parenthood in the past 15 years has risen from 27.5 to 30 years for women, and 30.2 to 32.3 years for men. Moreover, the rates of women aged 35 years and over who give birth for the first time have increased considerably within the past decade. In 1992, 12.7% of first-time mothers were aged 35 years and over. This figure had almost doubled to 23.7% by of first time mothers by 2000 (ABS, 2003b).

The steady decline in Australia’s fertility rates since the early 1990s has been attributed to women’s increased education levels and full time labour force participation (Tesfaghiorghis, 2004). Researchers such as Peter McDonald (2000, 2003) have attributed declining fertility rates and delayed motherhood to the growing imbalance of work and family responsibilities experienced by men and women. McDonald argues that Australian women are choosing to delay or abandon the idea of having children altogether because it jeopardises their career opportunities. Delays in having children can also be attributed to desires to accumulate capital in anticipation of a reduction in income, following the birth of a child.

According to Vanezuela (1999), the average weekly cost of a newborn child was $214.85. Using the scales he provided, the estimated cost of raising a
child to 13 years of age would be close to $143,433 and these costs would increase with the arrival of subsequent children.

Given the estimated expense of raising a child to adolescence, children should be regarded as a valuable resource. Declining birth rates can therefore be seen as parents’ endeavours to maximise household economies and the life chances and success of their children (future investments) by providing as many opportunities as possible, so as to give children ‘the best start in life’ (Bech-Gernsheim, 2002; Talbot, 2004a).

Accessible, affordable and good quality early childhood services which include child development and care services are therefore major contributors to the maintenance and growth of South Australia’s population and its economic development.

Access to childcare

Given that the majority of women, including mothers, need to work to provide for their families and to maintain living standards, access to publicly funded childcare would enable these women to meet their employment and family responsibilities. (This would, in turn, reduce the number of children living in poverty). Indeed, international data suggests that greater access to formal childcare for children under three years of age has a positive effect on both female labour force participation and fertility rates (Castles, 2003; Sardon, 2002).

As stated by Castles (2004, p.9):

the best way of boosting fertility...is not to encourage women to desert the labour force for the home, but rather to underwrite a widespread access to childcare, which makes it possible for women to do what they want: to combine satisfying long-term careers with family life.

South Australia’s economic development

As stated in the South Australian Strategic Plan, Creating Opportunity (Government of South Australia, 2004a), our State’s economic prosperity and viability is inextricably linked to the sustainability of our population. A reduced population (taxpayer) base diminishes our society’s economic and social capacity to meet the health and welfare needs of an ageing population. From this perspective, declining fertility rates, ageing, and the potential loss of productivity all highlight the economic and societal value of children.

Work and family balance

Prior to women’s increased labour force participation, balancing work and family life was not an issue for policy makers. The average workplace was a predominantly male domain, with women for the most part assuming responsibilities for rearing and caring for children within the home. However, striking changes in society and in the composition of labour markets mean that family life today is quite different. Australian data reveals that household patterns in Australia have changed and are continuing to change. The data highlights the dramatic demise of the traditional male breadwinner household and the increase of the dual breadwinner model household where one partner is employed full time (in most cases the male), and the other partner part time (usually the female) (Thornthwaite, 2002).

In December 2001 over 57% of married women in Australia participated in the paid labour force (ABS, 2001). Concurrently, the number of married women with children participating in the paid labour force has also increased. Between 1979 and 2000 the proportion of married women with children, who were employed rose from 44% to 65% (ABS, 2000). There has also been an increase of labour force participation for female sole parents. As of June 1999, 56% of sole mothers were in paid employment (ABS, 1999).

Participation in paid employment is crucial for helping families out of poverty. Families dependent on some form of income support with no adult in paid employment were more inclined to experience poverty. For sole parents, poverty rates fell by 60% when the parent became an income earner (Cass, 2002).

There also appears to be a positive correlation between maintaining women’s attachment to the paid labour force and fertility rates. Currently, the labour force participation rate for women aged 25 to 39 years (the main childbearing years) is approximately 76%. While at first glance this figure seems quite high, it compares unfavourably with countries such as Sweden (91%), Denmark (90%), Finland (86%), Norway (85%) and France (83%) - all countries with a strong family-friendly work policy focus.
As McDonald (2003, p. 11) notes, all of these countries have ‘sustainable’ fertility rates. Conversely, countries with lower labour force participation rates within this age group have ‘unsustainably low fertility rates’. These countries include Greece (64%), Spain (65%), Italy (70%), Japan (76%) and, as already mentioned, Australia. These figures suggest that it is in a nation’s best interest to support women’s, particularly mothers’, continuous participation in the paid labour force by helping them achieve a better balance between work and family commitments (Talbot, 2004b).

**Maternal, paternal and parental leave**

The provision of maternal, paternal and parental leave entitlements has become central to both the family’s ability to balance work and family responsibilities and the employer’s ability to retain experienced and skilled workers.

In comparison with many countries, Australia has failed to deliver provisions for paid parental leave to working mothers and fathers at a national level. In examining parental leave entitlements in 158 countries, Kammerman (2000) found that 130 countries did have some form of policy provision for parental leave. Australia was one of only three countries, the others being the USA and Ethiopia that did not have a national or publicly run scheme for its workers. Instead, provisions for Australian paid parental leave entitlements are subject to bargaining at the enterprise level. Australia’s stance on paid parental leave is ironic given that this country introduced one of the world’s first maternity allowances in 1912, in a move to combat falling birth rates (Baird, Brennan and Cutcher, 2002).

The following Figure 2 (on page 33) compares the maternity, paternity and parental leave provisions of the 12 OECD countries (including Australia) that participated in the OECD’s *Thematic Review of Early Childhood Education and Care Policy*, entitled *Starting Strong*, published in 2001.

**The importance of early childhood services for social inclusion**

To become productive adults, children need to live in environments that provide some order and meet their developmental and learning requirements as well as their basic physical and emotional needs (Bronfenbrenner, 1979).

In order to provide this environment for their children, families need adequate health care, housing, public safety, effective schools and quality childcare services. Parents need employment and educational opportunities. For optimal child development, families need support from neighbours, schools, community agencies and governments, and opportunities to develop relationships and pursue their interests (Weissbourd, 2000).

Knowledge of the inter-connections between all these factors underpins the Government’s social inclusion agenda. A lack of any of these basic requirements adversely affects a child’s development, but the effect of poverty supersedes all others (Acheson et al, 1998).

**Socio-economic disadvantage**

Without an adequate income, the likelihood of having good health, housing, education or employment diminishes substantially. In societies where there are marked social and economic differences between individuals in the population, the overall level of wellbeing and health is lower than in societies where these differences are less pronounced: this is termed the ‘gradient effect’ (Keating and Hertzman, 1999).

Furthermore, this gradient effect exists for a wide range of developmental outcomes – from physical and mental health, to behavioural adjustment, literacy, and mathematical achievement. The gradient effect is evident whether one looks at differences in current socio-economic status or in that of the family of origin. These social status effects appear to persist from birth through adulthood and into old age (Power and Hertzman, 1997).

The short and long term consequences of socio-economic disadvantage for children, young people and society are well documented (McLeod and Shanahan, 1993; Turrell et al, 1999). Socio-economic disadvantage impairs physical growth, cognitive development and social and emotional functioning (Hill and Sandfort, 1995; Korenman et al, 1995). The incidence, duration and extent of childhood poverty have multiple negative effects on children and young people’s educational ability and achievement, and on later adult employment, as measured by wage rates and hours worked. These factors also increase the likelihood of adult welfare dependency (Duncan, 1994; Lichter, 1997).
### Why early childhood services are important

- In almost all countries, benefits are financed as part of social insurance or social security, that is, governments and employers bear the major costs. In some countries, direct employee contributions form part of the financing. With the exception of Finland and Sweden, the total costs of maternity and parental leave schemes do not exceed 1% of GDP (Kamerman, 2000).

- Only 17% mothers receive payment from 6 to 12 weeks at birth (depends on workplace agreement).

- Some paid maternity and parental leave is available in five states. Five states provide paid disability leave which, since 1977, is required to cover pregnancy and maternity.

- Provided by the 1993 Family and Medical Leave Act. At the time of pregnancy, childbirth or illness, employers can require that employees use their vacation and sick leave before claiming the family leave.

### Sources

Country background reports; Moss and Deven (2000).

### Table 1: Comparison of OECD nations: Maternity, paternity and parental leave policies

<table>
<thead>
<tr>
<th>Country</th>
<th>Maternity Leave Entitlement</th>
<th>Maternity Leave Percentage of Wage Replaced</th>
<th>Parental Leave Entitlement</th>
<th>Parental Leave Percentage of Wage Replaced</th>
</tr>
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<tbody>
<tr>
<td>Australia</td>
<td>up to 18 weeks</td>
<td>100% for most mothers</td>
<td>10 months</td>
<td>100%</td>
</tr>
<tr>
<td>Belgium</td>
<td>11 weeks</td>
<td>69%</td>
<td>12 months</td>
<td>100% (with upper limit)</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>18 weeks</td>
<td>100%</td>
<td>10 weeks</td>
<td>100% (with upper limit)</td>
</tr>
<tr>
<td>Denmark</td>
<td>15 weeks</td>
<td>82% for the 1st month and thereafter at 75%</td>
<td>6 months</td>
<td>100%</td>
</tr>
<tr>
<td>Finland</td>
<td>10 weeks</td>
<td>100% of earnings or 60% of unemployment benefit</td>
<td>10 weeks</td>
<td>100%</td>
</tr>
<tr>
<td>Italy</td>
<td>12 weeks</td>
<td>80%</td>
<td>10 weeks</td>
<td>100% (with upper limit)</td>
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<tr>
<td>Netherlands</td>
<td>12 weeks</td>
<td>100%</td>
<td>12 months</td>
<td>100% (with upper limit)</td>
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<td>Norway</td>
<td>11 weeks</td>
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<td>10 weeks</td>
<td>100%</td>
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<td>100%</td>
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<td>United Kingdom</td>
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<tr>
<td>United States</td>
<td>12 weeks</td>
<td>100%</td>
<td>12 months</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Duration of maternity leave entitlement

- 15 weeks for the 1st month and thereafter at 75%.
- 10 weeks for each parent generally at 100% earnings.
- 10 weeks for each parent at 60% of unemployment benefit.
- 13 weeks (or 26 weeks for each parent) at 60% of unemployment benefit.
- 18 days (3 weeks) for each parent at 100% earnings.
- 20 days for each parent at 100% of earnings.
- 6 months for each parent at 100% earnings.
- 12 weeks for each parent at 80% earnings.
- 18 weeks for each parent at 100% earnings.
- 20 days for each parent at 100% earnings.
- 22 weeks for each parent at 100% earnings.
Inequality in South Australia

South Australia has the highest poverty rate of any State in Australia with approximately 70,000 children (17% of all children) living in poverty, (Department of Health, 2003). Over the last 10 years, the proportion of low income families in South Australia has steadily increased from 19% of all families in 1991, to 23.8% in 2001. This compares with the national average of 17.1% in 1991 and 20.7% in 2001 (Hetzel et al, 2004).

When the South Australian Government commissioned the Report entitled *Inequality in South Australia – key determinants of well being* (Hetzel et al, 2004), it did so in response to concerns about inequities in the distribution of the benefits of the sustained economic growth that had occurred in recent years. The report found that substantial inequities in the distribution of key aspects of health, wellbeing and education did indeed exist in this State. It also found that the distribution patterns of the indicators for such inequities closely paralleled the indicators for a range of socio-economic disadvantages.

The report focussed particular attention on children living in low income families – defined as families which are solely or largely dependent on Government for their income. It found that these families ‘... have the least access to income and to other resources, and are more likely to face lower achievements in education and to have poorer health outcomes.’ (Hetzel et al 2004, p.35).

In elaborating upon this, it reported that the highest incidences of such families were found in the outer northern, outer southern and north-western suburbs of Adelaide. In country South Australia, areas of Yorke Peninsula and the mid-north featured prominently, plus pockets of the west coast, and the far north.

For children who are living away from their parents because of abuse or neglect, education has been identified as the crucial factor for determining positive adult outcomes (Jackson, 2001). However, research has consistently shown that most children in care fall behind at school, seldom achieve qualifications, and are much less likely than their peers to go on to further or higher education (Martin and Jackson, 2002).

Hetzel et al (2004) also drew repeated attention to the over-representation of Indigenous families and children across the range of disadvantage indicators, and to the urgent need to address the inequities that arise from them.

There are significant longitudinal birth to adult studies that have shown the positive impact of early intervention, using appropriate early childhood services, for children of economically disadvantaged families. There is a fundamental linkage between poverty and the need for early childhood services, and more particularly between the incidence of low income families and that of families of children with additional needs in the South Australian community, referred to later in this report. The studies discussed below provide a compelling rationale for investing in early childhood services.

The case for investment: overcoming social and economic disadvantage

One particularly high yielding intervention directed at children in poverty and ethnic minorities in the United States of America (USA) has been ‘Head Start’, initiated by Lady Bird Johnson in 1964. This has been a ‘lode-star’ for many other interventions throughout the world, targeting health, welfare, education, skill training and childcare interventions with varying success in many states of the USA for the last 30 years. In 2003, it enrolled more than 800,000 children in its programs. Over the years it has demonstrated strong, positive effects on children’s general performance in schooling, and on language in particular. These effects are said to continue for at least 20 years (Karoly et al, 1998).

The widespread credence given to the McCain and Mustard study (1999) in Ontario - and the reviews of Karoly et al (1998), were preceded by the work of Ball, whose *Start Right Report* in 1994 galvanised the Labour government in England to move into ambitious plans for early intervention.
Benefit-cost analyses

The Economic Policy Institute is an American non-profit, non-partisan think tank that seeks to broaden the public debate about strategies to foster a prosperous and fair economy. In October 2004 the Institute released a report by Robert G Lynch entitled *Exceptional Returns: Economic, Fiscal, and Social Benefits of Investment in Early Childhood Development*. This study estimates the benefits of investment in high quality, large-scale Early Childhood Development (ECD) programs (referred to as early childhood services in this report) - a mixture of care, education, health, and family support programs.

The study calculates the benefit-cost ratios for four programs for which there is reliable longitudinal data: the Perry Preschool Project, the Prenatal/Early Infancy Project, the Abecedarian Early Childhood Intervention, and the Chicago Child-Parent Centre Program. This study also presents calculations on the effect a high quality large scale ECD program, for all three and four year old children living in poverty, would have on future government budgets, the economy and crime in the USA. Additionally, the study illustrates the potential benefits of the solvency of the US Social Security System, from investment in early childhood services. Summaries of these case studies can be found as Appendix 7 of this report.

Findings of these long term studies of participants in such early childhood services have included benefits such as:

- higher levels of verbal, mathematical and intellectual achievement
- greater success at school, including less grade repetition and higher graduation rates
- higher employment and earnings
- better health outcomes
- less welfare dependency
- lower rates of crime
- greater government revenues and lower government expenditure.

Parents and families of children who participate also benefit. For example, mothers were found to: have fewer additional births, have better nutrition, smoke less during pregnancy, be less likely to abuse or neglect their children, complete more years of schooling, have higher high school graduation rates, be more likely to be employed, have higher earnings, engage in fewer criminal acts, have lower drug and alcohol abuse and be less likely to use welfare.

Returns for investment

The Lynch (2004) study found that ECD programs easily pay for themselves over time by generating very high rates of return for participants, the public, and the government. Good programs produce $3 or more in benefits for every dollar of investment. While participants and their families get part of the total benefits, the benefits to the rest of the public and government are larger and, on their own, tend to far outweigh the costs of these programs. It is therefore advantageous, even for non-participating taxpayers, to help pay for these programs.

![FIGURE 3: Benefit–cost ratio for Early Childhood Development programs](image-url)
We cannot afford to postpone investing in children until they become adults, nor can we wait until they reach school age – a time it may be too late to intervene.

Nobel prize winning economist, James Heckman, of the University of Chicago. (cited in Lynch, 2004, p. 5)

... recent studies suggest that one critical form of education, early childhood development, or ECD, is grossly under-funded. However, if properly funded and managed, investment in ECD yields an extraordinary return, far exceeding the return on most investments, private or public.... In the future any proposed economic development list should have early childhood development at the top.

(Rolnick and Grunewald, 2003, cited in Lynch, 2004, p. 5)

The Committee for Economic Development (CED), a non-partisan research and policy organisation of some 250 business leaders and educators, concluded that:

Society pays in many ways for failing to take full advantage of the learning potential of all its children, from lost economic productivity and tax revenues to higher crime rates to diminished participation in the civic and cultural life of the nation...Over a decade ago, CED urged the nation to view education as an investment, not an expense, and to develop a comprehensive and coordinated strategy of human investment. Such a strategy should redefine education as a process that begins at birth and encompasses all aspects of children’s early development, including their physical, social, emotional and cognitive growth. In the intervening years the evidence has grown even stronger that investments in early childhood education can have long-term benefits for both children and society.

Budget effects of investing in early childhood services

Lynch (2004, p. 9) further states that:

‘Follow up research on children who participated in high quality ECD programs and similar non-participating children has found that ECD investment benefits taxpayers and generates government budget benefits in at least four ways. First, subsequent public education expenses are lower because participants spend less time in school (as they fail fewer grades) and require expensive special education less often. Second, criminal justice costs come down because participants - and their families - have markedly lower crime and delinquency rates. Third, both participants and their parents have higher incomes and pay more taxes than non-participants. Fourth, ECD investment reduces public welfare expenditures because participants and their families have lower rates of welfare usage. Against these four types of budget benefits, we must consider two types of budget costs: the expenses of the ECD program itself and the increased expenditure on higher public education due to greater use of higher education by ECD participants’.

Lynch concluded by stating that although substantial numbers of ECD participants did go on to do poorly in school, commit crimes, have poor health outcomes, and receive welfare payments – as a group – the participants had far lower rates of these negative outcomes than non-participants.

In recognition of the USA economy’s increasingly ageing population Lynch recommended investing in ECD programs to provide future budget relief.

### FIGURE 4: Annual budgetary benefits and outlays

![Graph illustrating annual budgetary benefits and outlays](image-url)

Source: Lynch (2004, p.10)
International comparisons

The OECD’s *Thematic Review of Early Childhood Education and Care Policy* (2001) also compared public expenditure for pre-primary education as a percentage of Gross Domestic Product, for all OECD countries.

Despite Australia’s sound economy, it languishes at the bottom of the chart with the smallest expenditure of all countries, except Turkey and Ireland.

Our national scorecard with respect to the provision of these services is, at best, acceptable only. Access to childcare service subsidies is means tested, and is not available or accessible to all who need it. Later chapters of this report will show that even with Commonwealth Government subsidies, some women are financially better off staying at home than going to work. A means tested, subsidised childcare service is a long way from the notion of a universal service, as advocated by the research findings.

In time, we must start the process of implementing policies that will result in childcare services being a free entitlement - in the same way that the compulsory years of education services are essentially free. In South Australia, the almost free preschool education service provided by the Department for Education and Children’s Services in preschools, child parent centres and some faith-based organisations goes a small way towards the early education experience that is consistent with what the research demonstrates as good practice. This preschool education service is, however, generally limited to four half-day sessions per week in the year prior to school entry. For many parents, accessing this entitlement is not possible since it does not articulate well with childcare services which are usually provided in other locations.

The research presented here demonstrates that universal early childhood services, based on sound program design and delivered at as early a stage as possible, produce tangible benefits for the individual and the community as a whole.

The recommendations of this Inquiry are that the provision of high quality early childhood services needs to be enhanced by making these services more universally available, more affordable and more integrated. The evidence has been mounting over the last decade to support this as a logical policy position.
The Virtual Village: Raising a Child in the New Millennium
The Virtual Village: Raising a Child in the New Millennium
A South Australian snapshot

Demography

In 2003, there were approximately 144 525 children aged between birth and eight years living in South Australia. Of these, approximately 3.3% were of Aboriginal and Torres Strait Islander background, 7% to 10.9% were children with a disability and 7.1% were children from non-English speaking backgrounds (ABS, 2003).
Population trends

As illustrated above, the ABS predicts that the number of children in this age cohort is expected to fall over the next 20 years to a projected 123,761 in 2023. This projected decline is not uniform for all population groups within the State. The Indigenous population is growing rapidly when compared with the non-Indigenous population. At 30 June 2001, the Indigenous population of South Australia had a median age of 20.8 years, compared to the non-Indigenous population’s median age of 37.8 years. The Indigenous population therefore has a much younger age profile than the rest of the population of South Australia. However this is the result of both a higher birth rate and an earlier age at death (Hetzel et al., 2004).

The South Australian Government’s measures for arresting this decline in population are outlined in its Population Policy (Department of the Premier and Cabinet, 2004) as discussed in Chapter 2. Modelling by the National Centre for Social Applications of Geographic Information Systems (GISCA) at the University of Adelaide underpins the Government’s assessment that implementing these measures could result in a population of 2 million by the middle of this century. This obviously would cause the projections in Figure 6 to be inaccurate, as well as leading to a greater demand for early childhood services.

Health profile

In South Australia, over the last 20 years, there have been significant improvements in many indicators of child health overall - examples include falling peri-natal and infant mortality rates, and a reduction in mortality rates for many diseases. These improvements are not shared equally, however. For example, life expectancies for Indigenous children are many years behind those of non-Indigenous children, while chronic health problems such as asthma, attention-deficit hyperactivity disorder and obesity are affecting a growing number of children. These health issues are more prevalent for particular groups of children, such as those living in low income families, Indigenous children, refugee children, those in protective care and children who experience violence in their lives (ABS, 2004b).

Child protection

Child protection notifications involving children up to eight years of age have risen 159% in the last 10 years; from 4,366 in 1994/95 to 11,301 in 2003/04. Notifications involving this age group, in relation to the total number of notifications, have remained relatively stable at 50%. (Data supplied by Department for Family and Communities, November 2004).
The number of children between birth and eight years who are under care and protection orders has increased by 50% since 1994/95. The numbers have grown from 312 (24% of the total number of orders) to 468 (32% of the total number of orders) in 2003/04.

A similar trend is evident for children between birth and eight years who are in ‘out of home’ care: 371 children (26% of the total number of children in ‘out of home’ care) in 1994/95 increased to 442 (36.8% of the total number of children in ‘out of home’ care) in 2003/04.

**Antenatal services**

A wide variety of public and private antenatal services are provided to women in South Australia. These services are funded by sources including Medicare, Commonwealth Government, State Government, and private health insurance. Services are provided by a range of health workers including General Practitioners, midwives, obstetricians, Aboriginal health workers and other primary health care service providers.

Antenatal care is provided in many locations, ranging from homes to community venues, doctors’ rooms and hospitals. Services include monitoring of foetal and maternal health, antenatal screening tests, and support throughout pregnancy as required, for example, physiotherapy, mental health, social work and nutrition. Antenatal education programs for women and their partners, include information on a variety of birthing options, breast feeding, postpartum support and fatherhood.

Public health services in the metropolitan area that provide obstetric services include Flinders Medical Centre, the Women’s and Children’s Hospital, the Lyell McEwin Health Service and Modbury Hospital. Country hospitals also offer obstetric services.

**Snapshot of services in South Australia**

In South Australia, the Department of Health, the Department for Families and Communities and the Department of Education and Children’s Services deliver and/or fund a wide range of services benefiting children from before birth to eight years of age and their families.

The non-government sectors, including not-for-profit and commercial organisations, play a significant role in delivering these services.
Children's health services

Universal, targeted and intensive services are provided for children across the state by a range of health service providers.

The Women's and Children's Hospital and Flinders Medical Centre have Level 3 intensive neonatology and paediatric emergency services, while the Lyell McEwin Health Service provides a Level 2 neonatal service. The Women's and Children's Hospital is the only hospital to provide Level 3 paediatric medical and surgical services, while Flinders Medical Centre, Lyell McEwin Health Service and Modbury provide Level 2 services. Noarlunga Health Services and Gawler Hospital provide Level 1 paediatric medical services.

Child and Youth Health (CYH) is the single largest investment in community based child and family health services. It provides a screening program for children and a health monitoring and advice service across the state. Child and Youth Health also provide the Universal Home Visiting program to all families with a newborn, within two weeks of delivery, to establish each family’s level of need and provide the appropriate support. For those families where additional support is requested, the Family, (previously called Sustained) Home Visiting Program can be offered. This program offers 34 visits to each child over a two year period.

In addition, Child and Youth Health provides free health checks for children at key developmental ages between birth and six years. These checks are offered at one to four weeks (at the first home visit), six weeks, six to nine months, 18 months, and two and a half years.

Child and Youth Health nurses visit all preschool services across the state to provide vision, hearing, growth and developmental checks, while also providing opportunities for parents to discuss parenting or health concerns. Teachers, nurses and parents work in partnership to assess children’s needs before school entry.

In addition to the recommended health checks, in 2003/04 over 57 800 parents visited a child health venue to discuss a range of health issues with a nurse; over 2 936 families with infants under one year of age received support at the Day Service for feeding and settling issues; Torrens House admitted 417 families for live-in assistance; over 1 488 children between birth and six years of age were seen at the Hearing Assessment Centre, and 1 803 parent education sessions were held.

**Child and Youth Health Early Childhood Services Framework**

The Child and Youth Health Early Childhood Services Framework (Department of Human Services, 2003) is for children between birth and four years of age. The goals are to:

- promote the health, development, safety and learning of all children in South Australia
- enhance the quality of early childhood for children who are disadvantaged as a result of their early childhood experiences
- increase the equity of outcomes between groups of South Australian children.

The Framework is based on a population health approach. This means it recognises the multiple factors and conditions that contribute to health and wellbeing and aims to improve the status of the entire population, as well as reduce health inequalities between population groups.
‘To achieve the best possible health outcomes for populations requires that programs are not only available, appropriate and effective but that they are universal. The benefits of a population health approach move beyond improved health status - a healthier population makes more productive contributions to overall societal development, requires less support in the form of health care and social benefits, and is better able to support and sustain itself over the long term.’

(Department of Human Services, 2003, p. 6)

The Early Childhood Services Framework calls for a blend of both population health strategies and clinical services – but argues strongly for a shift in investment to spend more on population health while not losing its focus on the provision of responsive services.

The four key action areas in the Framework aim to:
- provide more effective support for families through antenatal and home visiting programs
- strengthen early childhood development and learning through joint initiatives
- strengthen community capacity
- improve service coordination and integration.

The Framework recommends forming comprehensive service networks made up of health, education and family support providers in local areas, grounded in the principles and goals of the Early Childhood Services Framework. These notions are adopted and extended by this Inquiry, to form the basis of the proposed whole of government Framework for Early Childhood Services described in later chapters – particularly Chapter 12.

Community Health Services also provide a diverse range of services for children and families in both metropolitan and country areas. These programs include an extensive range of therapy and other support services. Examples include speech pathology for children from birth to four years, occupational therapy, physiotherapy, podiatry, nutrition, playgroups, domestic violence services, and community development programs.

An audit of programs and services for children provided by the Department of Health was developed in 2003 and is available at Appendix 8.

Child and family support

The South Australian Government provides support services for families in need in a number of ways. Children, Youth and Family Services (CYFS) is a division of the Department for Families and Communities (DFC). At CYFS offices across the State, families facing an immediate financial crisis can access financial support payments. In order to minimise repeats of such crises, they can also obtain financial counselling as well as advice and referral to other relevant support services. In 2003/04 over $600,000 in financial support was distributed to families with at least one child aged between birth and eight years. Victims of domestic violence are significant users of these services.

CYFS is also responsible for the administration and management of a range of concessions provided by the State Government. These include concessions for energy, council rates, water and sewerage rates, the Emergency Services Levy and public transport. Estimates, based on the incidence of low income families with young children in the community, as a proportion of low income households generally, suggest that of the estimated $113 million budgeted for concessions in 2004/05, approximately $28 million would flow to families with children aged between birth and eight years.

DFC funds are also allocated to non-government agencies, community groups and local government authorities to provide a range of community and social welfare services that are consistent with the Department’s broad mandate to promote community services to those in need, under the Family and Community Services Act 1972.

To this end, DFC administers Community Benefit SA and the Family and Community Development program. Each funds a wide range of community services including a variety of what can broadly be described as ‘family support’ services. Of these, the family support services that relate to early intervention include those delivered through neighbouring houses and community centres, where programs and activities are aimed directly at support for families. Examples include parenting courses, crèches, parent and child activities, toy libraries, Vacation Care, budgeting and cooking sessions.

In 2003/04 Community Benefit SA distributed $866,700 to targeted families and children. A total of $6.9 million was distributed through the Family and Community Development Fund.
Preschools

The State Government funded preschool education system enables children to access four sessions of preschool, one year prior to entering school, at no or minimal cost to the parent. Aboriginal children and children with additional needs can access preschool for a longer period of time. The Department of Education and Children’s Services (DECS) operates 408 preschool services and funds 20 non-government services. The cost of delivering the program is $60 million per annum.

In South Australia, contributions and fees in DECS-operated preschools are viewed as voluntary contributions under the Children’s Services Act 1985. Preschool management committees establish fee levels, which average around $55 per term, and conduct a range of fundraising activities.

Preschools with Aboriginal enrolments receive additional funding under the Commonwealth Indigenous Education Strategic Initiatives Program, with 257 sites receiving this grant in 2003. These sites implemented a range of supplementary strategies to increase the educational opportunities of Aboriginal children, including increasing the explicit literacy and numeracy content in play contexts, offering cultural programs in the preschool to staff, parents and the community, and increasing Aboriginal parent involvement in early childhood education.

The Preschool Bilingual Program assists preschool services to provide for the access and participation of children and families of non-English speaking backgrounds who have limited or no English. Bilingual workers assist preschool services to maintain and develop the child’s home language, support the child’s language and literacy development and develop links with families from non-English speaking backgrounds, communities and organisations. Over 732 children were supported by the program in 2004. The cost of this program in 2004 was $642 000.

The Preschool Support Program supports access to preschool services for children with disabilities, developmental delay or...
additional needs. The program provides additional staff to preschools based on the child’s educational needs and the level of support required. In 2004, over 1,287 children were supported by the program at a cost of $2.16 million per annum.

**Childcare services**

Childcare services for children may be home based or centre based. The home based Family Day Care service provides for up to seven children (four under school age) who may be cared for in the home of an approved care provider and, in some cases, in the child’s own home. Centre based childcare services include ‘long day care’ and ‘occasional’ or part-time care services.

These services are delivered at a cost to families that may be subsidised by the Commonwealth ‘Childcare Benefit’ (CCB). The CCB for 2003/04 was a total of $95.9 million in South Australia. This amount includes the CCB for children using Outside School Hours Care.

The majority of childcare services are provided by the non-government sector. They may be community managed (not for profit) or commercial (for profit). The Department of Education and Children’s Services and TAFE operate 89 childcare centres, the majority (72) of these being occasional care services that operate in conjunction with preschools.

Access to childcare services by children with additional needs is supported by Special Needs Subsidy Schemes (SNSS). In childcare centres and Outside School Hours Care services, this funding subsidises the cost of employing additional staff to increase the carer:child ratio, for periods when the care of the child places higher demands on staff. The level of SNSS support varies, depending on the needs of the child, the childcare service and the availability of funds. Specialised equipment, resources and training in support of the care arrangement can also be provided.

In Family Day Care the funding provides an additional level of remuneration for care providers who provide care to eligible children. In 2003/04 there were 727 children supported at a cost of $2.88 million.

**Early learning programs**

A number of programs are provided to support the needs of children within the context of the family. The Playgroup Association, which receives funding from both the Commonwealth Government and the State Government supports a network of playgroups across South Australia. It is estimated that over 10,000 children access playgroups during the course of one year. A number of programs are delivered by the Department of Education and Children’s Services and are designed to support families who are not accessing other children’s services. These programs focus on early literacy learning by home visiting as well as group activities. An example is the Learning Together Project, which aims to improve early literacy learning for children under three years in their family context.

**Care and education services for school-aged children**

**Schools**

All children can enter the public school system at five years of age and must do so by their sixth birthday. In addition to the public system of education provided by the Department of Education and Children’s Services, schools are provided by the independent sector. Parents may also seek exemption for their children from attending formal schooling to be ‘home schooled’. The cost to parents for public education is minimal; the average fee for 2004 for Reception to Year 7 students was $159.45 per annum. The cost of independent schooling varies greatly and ranges from $700 to $4,000 per annum.

**FIGURE 10: Children in Reception–Year 2 South Australia**

The Students with Disabilities ‘Targeted Support Program’ provides funding to support the inclusion of children with disabilities in schools. The program provides an additional subsidy to schools that ranges from $1,390 for a child who is deemed to require minor support up to $25,800 for a child requiring very high and sustained support. A total of $22.5 million was allocated through the program in 2004. The proportion of this fund targeting children between birth and eight years cannot be identified.

**Outside School Hours Care**

Care for school-aged children is provided through a network of school or community managed services that operate before and after the hours of the formal schooling program and during vacation periods. In addition, school-age children can attend childcare centres or Family Day Care during these periods. These services are delivered at a cost to families that may be subsidised by the Commonwealth Childcare Benefit.

**Services for children with a disability**

Families of children with a disability receive services from a number of agencies. The State Government Disability Services Office takes the lead role in this sector, funding 110 agencies, of which 100 are non-government, to provide a wide range of disability related services. In 2003/04 funding data indicated that nearly $8 million out of a total funding base of approximately $167 million was provided to support children up to eight years of age. The services provided include supported accommodation, respite, day services, recreation, and other forms of family support. Beyond a wide range of general support and therapeutic services, there are also a number of services designed and funded to meet the needs of children and families where specific types of disabilities are involved. Examples include Novita, formerly the Crippled Children’s Association, which provides services for children with primarily physical disabilities; Townsend House which provides services for children with visual disabilities; the Intellectual Disability Services Council, which provides services to children with an intellectual disability; and the Autism Association which provides services for children with autism spectrum disorders. Many of these funded services make specific provision for services targeting the needs of children under eight years of age. These can involve counselling, respite, behavioural and other support services.

Access to these services is on an individual needs basis. From a consumer or family perspective, it can be perceived as a complex mosaic of different specialist providers. It should be noted that these services are separate from those provided for children with disabilities by mainstream Departments in areas such as health, transport, recreation and education.

**Alternative care**

Families sometimes encounter situations where, for whatever reason, they are unable to care for their own children, and where their own extended family and social networks are unable to assist. It may be a short term need, for example, a brief illness of a sole parent, or it can be for a longer period if the inability of the parent to provide appropriate care is likely to be more sustained, for example, due to chronic physical or mental health
conditions and abuse or violence issues. The alternative care system is funded by the South Australian Government to address these needs.

In South Australia, the Department for Families and Communities (DFC) provides contracting and contract management of alternative care services, through a range of Government and non-government service providers, under the Children’s Protection Act 1993 and the Family and Community Services Act 1972. Recurrent expenditure for this program is estimated at over $8.5m for 2004/05. On 30 June 2004, 442 children, that is, 37% of all children in alternative care, were aged between birth and eight years of age.

There has been a steady increase across all age groups in the number of children and young people entering alternative care in recent years. Children aged between birth and eight years have also been showing sustained increases, and at a rate higher than that of some other age groups. The numbers of children in alternative care in this age group with additional needs has also increased.

A recent analysis of workload issues in Children, Youth and Family Services (Health Outcomes International, 2004) has observed that these increases in demand for alternative care places in South Australia have also been associated with a reduction in supply, associated with ongoing problems in the recruitment and retention of foster parents. The result has been an ongoing general shortage of placements and options. This South Australian dynamic is paralleled by similar trends in alternative care services internationally (Health Outcomes International, 2004, Appendix D, p 21-22).

Care and protection services are provided for children who are living in alternative care, from CYFS offices across the State. These services include case management and placement. It is estimated that these alternative care related services account for approximately 35% to 40% of the overall expenditure on CYFS District Centre operations across the State. In 2004/05 it is estimated that the cost of alternative care related services in CYFS will be in the order of $62 million and that the component of that expenditure which relates to children from birth to eight years in alternative care will be approximately $23 million.

As part of the Government’s response to the Layton Inquiry entitled ‘Keeping Them Safe’ (Government of South Australia, 2004b), a number of initiatives were outlined to improve alternative care services. These included:

- a commitment of $20.7 million over four years, plus $5 million capital in 2003/04, to provide additional emergency care options for children and young people
- $8.3 million for additional payments for children in foster care
- increased staffing for CYFS ($35.1 million over three years) to meet the care and protection needs of children, particularly those under the Guardianship of the Minister. The majority of these children reside in the alternative care system.

Child protection

Children who are at risk of abuse or neglect are recognised as having a special claim on the early childhood services system. CYFS has the lead role under the Children’s Protection Act 1993 for the South Australian statutory response to child abuse and neglect. It is estimated that approximately 30% to 35% of the cost of running CYFS District Centre operations is consumed by child protection related services, associated with the functions of initial assessment, investigation and follow-up casework.

In 2004/05 it is estimated that the cost of these child protection related services in CYFS will be in the order of $15.4 million. Services to children from birth to eight years are expected to account for $7.7 million of this amount.

The very significant increases in child protection notifications over recent years were noted earlier in this chapter and in the Layton Review (2003). The response from the Government has included 73 additional CYFS staff in 2003-04, plus a range of other initiatives amounting to $67.9 million over four years to restore the CYFS budget base (Government of South Australia, 2004b).

Allegations of abuse outside the family

It is important to note that the CYFS statutory child protection services focus on intra-familial abuse situations, that is, abuse situations where it is the care provided by the child’s guardians that is the focus of concern. Where the alleged abuser is not part of the child’s family network, the CYFS response is aimed at supporting the abused child’s family. This means that investigating extra-familial
allegations becomes a matter primarily for the police. If the alleged abuse occurred in a setting such as a school, a childcare centre, a foster home, a residential care facility or a health service, then the employer also has a range of responsibilities including dealing appropriately with the alleged perpetrator, the victim and his or her family, and ensuring that adequate systems exist to protect other children.

DECS and, more recently DFC, have each set up Special Investigations Units to undertake investigations of their own staff, in consultation with the police, when such cases arise. In addition, the Layton Review recommended an enhanced interagency case management process led by CYFS for extra-familial abuse cases ‘in order to ensure that all children, young people and their families have the support they require and access to the services for their recovery’ (Layton, 2003, Recommendation 49, p. 9.53).

Children who have been subject to protection concerns present the health and education sectors with a range of issues arising out of their abuse experiences. These are discussed in Chapter 9 - Children with Additional Needs.

Housing

South Australian Government housing assistance is provided through: the SA Housing Trust and the Aboriginal Housing Authority (public housing, rental assistance, rental subsidies); the Community Housing Authority (rental subsidy); and the joint Commonwealth-State funded Supported Accommodation Assistance Program (SAAP). The estimated assistance to families with at least one child under eight years from all of these schemes was approximately $23.9 million in 2003/04.

South Australian Government policies and plans

The South Australian Government has made it clear it intends to deliver services to the community in a different way – from a ‘whole of government’ perspective.

This approach challenges traditional ways of working within the boundaries of specific Departments and requires staff to work in a highly collaborative way that is more responsive to the community. The aim is for innovative, flexible and responsive models of service, in which barriers between service types are removed, and shared goals developed with individuals, families and the community.

South Australian Strategic Plan

In March 2004 the South Australian Government announced 79 targets to achieve its goal of ‘Creating opportunity’ for all South Australians. This plan outlined six inter-related objectives for all State Government activity - growing prosperity, improving wellbeing, attaining sustainability, fostering creativity, building communities and expanding opportunity.

Early childhood services are critical to achieving many major targets:

- **Growing prosperity** through, for example increased employment growth, increased productivity, reduced unemployment, increased population, reduced interstate migration
- **Improving wellbeing** through, for example increased healthy life expectancy, reduced psychological distress, closing the health and education gaps related to socio-economic disadvantage and increased protection of our children
- **Building communities** through, for example more women in leadership positions
- **Expanding opportunity** through, for example improved wellbeing through reduced inequities, raising the lowest incomes, ensuring training, education and career opportunities.

Social Inclusion Initiatives

In March 2002, the Premier announced the Social Inclusion Initiatives of the South Australian Government and nominated priority areas for action – increasing young people’s school retention, reducing homelessness and responding to the Drugs Summit recommendations.

Social inclusion acknowledges that some individuals and groups in our society are excluded from its economic and social life, due to factors such as low socio-economic status, race, disability, culture or language background, location or gender. It also makes the strong point that the interactions between these factors result in multiple disadvantages for some children and families and that these disadvantages require joined up solutions between individuals, communities and governments.
The following aspects of social inclusion form a basis for a whole of government framework to:

- reduce the risk factors and increase the protective factors for children and their families
- link and build onto other Government, non-government, business and community services
- involve and engage the child, family and community at all levels of decision-making
- build on the strengths of individuals, families and communities
- balance the need to support individuals and families experiencing disadvantage now, with the need to change the system.

**Economic Development Board initiatives**

The South Australian Government established the Economic Development Board in 2002. In order to progress the strategies recommended for economic progress in South Australia, there is a need to meet the demand for childcare, which is currently restricting the workforce participation and advancement of many families.

Childcare support that enables women to return to work would increase the stability and skill base of the South Australian work force, which would benefit existing business operators and those considering establishing themselves in this State.

**Current interagency initiatives**

**Implementation – Generational Health Review (2003)**

The findings of the South Australian Generational Health Review (2003) provide a blueprint for reform over the next 20 years. The review noted the particular importance of the early years of childhood for building health and wellbeing, and the importance of delivering services in accessible local facilities seen as positive by the community.

As discussed previously, the *Every Chance for Every Child – Making the Early Years Count* (Department of Human Services, 2003) outlines a planned approach to rejuvenating early childhood services within the Department of Health. The framework aims to support families, communities and service providers to provide better planned and coordinated services. It builds on the extensive range of services and programs provided by the Department of Health. These services occur across a continuum from primary prevention and early intervention programs through to specialist services.


A major theme of the Report of the Review of Child Protection in South Australia (Layton, 2003) was the need for early intervention and an interagency commitment to coordination and building relationships. Of the five major concerns to be addressed as first priority, four are directly relevant to this Inquiry:

- children under the guardianship of the Minister
- early intervention and prevention, especially for children from birth to three years
- Aboriginal health and family support services
- community education.

Since the Layton Report was tabled in Parliament on 26 March 2003, the Government has been working to progress not only the recommendations of this Child Protection Review, but also the recommendations of the Semple Review of Alternative Care (Semple, 2002) and the findings of the subsequent Family and Youth Services Workload Analysis Project (Health Outcomes International, 2004).

As discussed previously, *Keeping Them Safe* establishes system-wide priorities for reform in the areas of:

- support to children, young people and families
- effective, appropriate interventions
- reforming work practices and culture
- collaborative relationships
- improved accountability.

**Framework and strategies for the co-location of early child development and family support services**

In September 2004, the Ministers and Chief Executives of the Department of Education and Children’s Services, the Department for Families and Communities and the Department of Health requested the development of a framework and processes for identifying services that could be co-located or integrated, in order to improve the health and learning outcomes for children and to build family and community capacity.

The framework, principles and processes recommended in this report (see Recommendation 1) provide the basis for such co-located services.
National imperatives and connections

National agenda for early childhood

The Commonwealth Government has developed *The National Agenda for Early Childhood* (FaCS, 2004a) to provide a common policy framework for joint action between all levels of Government and non-government agencies, in partnership with families and the community. The aim of the Agenda is to improve outcomes for children aged from before birth to five years.

Although many states have or are developing whole of State Government strategies for a more integrated response to the needs of young children and their families, the Commonwealth Government noted that: ‘... issues for young children cannot be addressed in isolation from the family, community and broader socio-economic environments in which children live’ (FaCS, 2004a, p. 5).

Particular trends of national importance were identified, such as the employment issues of particular geographic regions and mental health issues. Particular groups of children including Aboriginal and Torres Strait Islanders, children with disabilities, children in poverty and those in foster care, exposed to violence and abuse, from isolated areas, and from diverse cultural and linguistic backgrounds were nominated as needing specific attention.

At a system level, the Commonwealth proposes building onto existing initiatives and encouraging opportunities for collaboration under the *Stronger Families and Communities Strategy*. This has recently been funded for another four years with a specific focus on early childhood, particularly:

- healthy young families – focusing on the antenatal and postnatal periods
- early learning and care – quality experiences that foster development and wellbeing
- supporting families and parents – quality information and affordable parent support

Staff of the Commonwealth Department of Families and Communities (FaCS) addressed the Steering Committee of the Inquiry into Early Childhood Services concerning South Australian activities and possible areas for future collaborative effort. Research, evaluation and monitoring progress are of particular interest.


The above draft policy document aims to develop a national public health action plan for children from birth to 12 years. It proposes four key action areas:

- strengthening the capacity of parents, families and communities
- improving the knowledge and skills of key workers
- developing partnerships and mobilising resources
- building evidence and tracking progress.

The document proposes a public health approach and analyses the evidence to identify where the most effective action can be taken to address child health inequalities. It also proposes key action areas that have the potential to assist communities to increase their capacity to respond to public health issues for children across Australia (Department of Family and Community Services, 2004a).

National goals for schooling

In April 1999, the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) endorsed a new set of National Goals for Schooling in the Twenty-First Century (MCEETYA, 2004). These national goals have established a foundation for action across State and Territory Governments, the Commonwealth Government, and non-government school authorities to improve the quality of schooling nationally.

National plans for Aboriginal and Torres Strait Islander peoples

The Australian Productivity Commission published its *Overview of Key Indicators for Overcoming Indigenous Disadvantage* in 2003 (Productivity Commission, 2003). The report focused on headline indicators – the measures of the major social and economic factors that need to improve if the Council of Australian Governments’ (COAG) vision for a better standard of living for Indigenous people is to become a reality. Among the key indicators chosen to provide an overview of the state of Indigenous disadvantage are some which are particularly relevant to children from between birth to eight years.

The key indicators include life expectancy at birth, rates of disability and substantiated child protection notifications. Given the scope of the disadvantages,
COAG acknowledged that no single agency could assume responsibility for the Government response and that, instead, a whole of government approach should be sought. Strategic areas for action which have been identified for this response include Early Childhood Development and Growth (pre-natal to age three) and Early School Engagement and Performance (preschool to Year 3).

In *Solid Foundations: Health and Education Partnerships for Indigenous Children Aged 0 to 8 years* (June 2001), the MCEETYA Taskforce on Indigenous Education examined a range of health and education issues for Indigenous children, with the view of promoting a more efficient and effective mechanism for addressing these issues across health and education portfolios. The paper summarises advice on health issues that affect Aboriginal and Torres Strait Islander children from birth to eight years of age, and identifies a number of principles relating to community development and capacity building that should underpin cross portfolio work. This report reinforces the new research findings into physical brain development and suggests that education and health interventions are more likely to be successful in the early years and less costly than interventions in later years of early childhood and adolescence.
Consultation findings

A summary report providing an analysis of each of the individual consultation processes is provided in Appendix 9 to this report. This section provides an overview of the key themes emerging from the full range of consultation processes.

The themes were:

- funding, cost and affordability
- access and availability
- models of service delivery
- quality of service provision
- Aboriginal children
- rural issues
- children with additional needs
- workforce issues
- information services.
Issues of funding, cost and affordability were highlighted in all consultation processes and related to both the cost to parents and the funding to service providers. Strong links and some tensions are evident between service funding and delivery of quality programs, as each are linked to the major expense of employing a well-trained and skilled workforce.

Funding inequities

A significant issue was the funding for early childhood services being disproportionately low in relation to other levels of funding of health, education and family support services. The findings indicate a need for both universal and targeted funding, as well as a commitment to ongoing funding, rather than the short term grants which currently create uncertainty of service provision. Funding inequities between types of early childhood services, for example, the early years of school, school based preschools and stand-alone preschools, were also noted as an issue.

There was a general view that both an increase in funding and a more equitable distribution of funding to reflect the importance of young children, families and the early childhood services they use were urgently needed, to replace the current inequitable and differential funding, based on service type. It was evident that the community consider early intervention saves money in the long term, and ensures the needs of children and families are met in the short term.

In rural areas these issues are exacerbated and impact upon the development of rural towns, due to their capacity to attract families and support women’s participation in the workforce. Additional issues in rural areas are the contract nature of staffing, cost of accessing training, bus access for children under five years, and general working conditions.

Sources of funding were also raised, with a concern that the component to be paid by families was increasing, while the input from external sources was decreasing. Concerns were raised about the growth of commercial childcare services, and the apparent movement away from a planned approach to the development of childcare services, particularly in areas of highest need. There was a clear call for additional places in ‘not for profit’ childcare services. It was also clear that an increase in subsidy for children under two years of age in care is considered to be a funding priority due to the high cost of providing this service.

Other areas identified for urgent funding included ongoing support for early intervention and children with additional needs, upgrading of early childhood facilities to increase options for care provision, and increasing the wages of childcare workers. The notion of tax deductions for families who do not receive any government benefits, and paid parenting leave for the first two years of a child’s life, were nominated as in urgent need of consideration. The Childcare Benefit is seen as a positive strategy and in the opinion of many should be strengthened.

Costs

While services were deemed to provide value for money, the comparative costs of school, childcare, preschool and other early childhood services are a significant drain on many family budgets. This was particularly so for large families, families with multiple births, and families with children with additional needs.

Preschool fees were generally considered high in comparison to school fees, as families could access a school card subsidy, which reduces fees for school children. Further discrepancies exist between approaches to staffing in preschools and schools, including the limited capacity of some preschools to plan long term, and transition issues for children starting school as they enter classes with staff to child ratios less than half the preschool staff to child ratios. The cost of specialist services, a necessity for many families and often required throughout the early childhood period, is high in the private system and many families are disadvantaged because they cannot afford the private service and yet cannot access the public services. This is a serious issue for early intervention, particularly in geographic areas of disadvantage.

The lack of consistency in fee structures, different funding models, complexity of service costs and payment options, and the cost impact to host sites of a range of services such as Outside School Hours Care are of concern to many families and service providers. Government benefits are available to some families using childcare and school, however are not available for preschool sessions. Higher staff to child ratios for younger children affect the costs of care causing a tension between the quality of care and the cost of care. Such issues were identified as impacting on the viability of services in some metropolitan, rural and remote areas.
A further concern raised was the capacity of staff and volunteers on management committees or governing councils to manage budgets, due to limited training in this area.

**Access and availability**

Access and availability were consistently identified as issues. Waiting lists, lack of transport and lack of access to services in rural areas were clearly evident, with childcare waiting lists in particular, causing stress for many women endeavouring to return to the workforce. Access issues were particularly highlighted in relation to health care, long day care, Family Day Care, Outside School Hours Care, respite and occasional care. Access issues were exacerbated for children with additional needs and children under the age of two needing care.

Access to and availability of Government support services for children was deemed by some to be an entitlement, regardless of the sector (private or public). This was raised particularly in relation to children with additional needs, and staff access to professional development.

Access to generic and specialist health services, particularly in rural areas and for children with additional needs and pregnant women was a significant issue. These issues placed a great strain on many families both financially and emotionally, as families had to travel to larger centres for treatment. Concerns focused on antenatal health care, the lack of universal health checks for children, shortage of doctors in rural and some metropolitan areas, lack of continuity of doctors, and particularly in relation to children with additional needs, immunisation availability and support for families when children were ill. Access issues were deemed to be further compounded by failure to target intervention, especially in terms of child protection. It was noted that agencies were not able to manage the breadth of issues and do not currently have a multi-disciplinary and seamless approach to service delivery.

A lack of options for placement of children with additional needs, for example in special classes or special schools, was identified as creating an ongoing tension for educators - between serving the needs of children with additional needs and those of other children. Issues concerning children with additional needs in childcare were particularly evident. Comments highlighting specific childcare issues focused on the lack of access to and ongoing support for children with additional needs in childcare centres; the lack of professional development for childcare staff, particularly in the area of behaviour management; the limited pre-service training of many childcare staff in this area; and the lack of continuity of support for children attending multiple services.

There was a consistent message that greater availability of care was needed in childcare centres, preschools and schools, and a call to extend care provision beyond the current 8.00 a.m. to 6.00 p.m. time frame. A further issue raised was the lack of flexibility of vacation care, which only enrols children of primary school age and does not cater for younger siblings. Continuous availability of childcare places was also a concern for many parents who were currently ‘patching’ together childcare placements for their children in a range of services.

Availability of Government-subsidised care for school-aged children is limited, with many vacation care users having difficulty obtaining care. Access for children with additional needs, children of culturally and linguistically diverse backgrounds and Aboriginal children is limited by availability of staff, language and cultural issues and an access bias towards working families.

Another access issue highlighted was that of children currently in childcare who were also eligible to attend a State funded preschool, but who were not able to access their sessional preschool entitlement. It was evident that although many preschools provide full day sessions and lunchtime care, it is still within a 9.00 a.m. to 3.30 p.m. time frame and not supportive of the needs of most working families. This mismatch between the early childhood services provided, the operating hours of services and the needs of families and therefore their young children, was a common theme and a particular issue in rural communities. A further mismatch occurs when changing demographics are not aligned with changing service provision.

Many families raised the issue of lack of information about early childhood services and this was exacerbated for Aboriginal families, families of culturally and linguistically diverse backgrounds, transient and stressed families. Barriers included language, knowledge of system pathways and the poor cultural understanding and sensitivity of early childhood services staff. Further barriers to access for these families were cost, service inflexibility and transport problems due to a lack of local services. It is also of note that the lack of access to childcare prevents many non-English speaking parents from accessing English classes.
Parent support services for ‘high risk’ families after the birth of their child are deemed to be an urgent need. A number of families, and mothers in particular, identified difficulties in coping with the economic pressures and social demands of bringing up children in today’s environment, with little support available from extended family. Access to early intervention services is currently limited and unevenly distributed across the State. This situation is compounded by limited funding and will potentially result in abusive family situations not being fully investigated or provided with ongoing support. Aligned with this concern, the need for more emergency housing and respite care was identified. Parents highlighted the need for supportive and timely advice and access to ‘time-out’. Some barriers to accessing such services were identified as cost, availability of services, fear of being judged a poor parent, lack of trust in the service provider and quality of service provision.

There was a strong theme throughout the consultations, advocating for significant new investment in universal early childhood services, as distinct from short term initiatives which merely re-configure and re-prioritise existing expenditure in the area.

Models of service delivery

The call for what was variously called ‘streamlined’, ‘integrated’, ‘co-located’, ‘networked’, ‘seamless’, ‘joined-up’ or ‘coordinated’ models of service delivery was very clear. However, there were some who did not favour such an approach for fear of greater bureaucratic processes than currently exist. This highlights the need for clarity about a Statewide approach to the delivery of early childhood services in South Australia.

References were consistently made to the urgent need for reconfiguration of service provision in the early childhood years. The need for a whole of government early childhood framework for the delivery of integrated services, built on a sound theoretical foundation and responsive to the changes in social and economic circumstances of families and communities was strongly promoted. It was believed that such a framework needed to be supported by senior early childhood leadership, effective structures and an early childhood culture that focused on the needs of the child and family.

Three primary elements of integrated early childhood service provision which were highlighted were effective relationships, effective structures and effective processes.

Effective relationships

Effective relationships were described as service providers working together with families and children, working across ‘silos’, working with a common focus and within an early childhood culture. Fundamental to individual health and wellbeing is a strong sense of cultural identity. For children and families from Aboriginal or culturally and linguistically diverse backgrounds, service provider sensitivity, understanding and respect of their culture were of critical importance and these elements were seen as integral to the success of early childhood service provision.

Effective structures

Effective structures were identified as: binding agreements between the State Government and Commonwealth Government; State and district level arrangements that support a holistic approach to the planning, funding and delivery of early childhood services; and the bringing together of a combination of services in a location and in a way that supports access and participation by young children and their families. Interagency work across the differing geographical boundaries of different agencies, clear criteria and continuity from the perspective of the child and their family, were seen as central to an integrated service approach.

The issue of governance of integrated services was raised by many. Suggestions for progressing governance included the development of management boards or councils that included representation of key stakeholders and managed the policy, funding and direction for the local group, with representatives from these groups forming a district and State council.

It was also indicated that the model should include an emphasis on staff and governing bodies being reflective of the community profile, particularly in relation to services for Aboriginal children, children with additional needs and children from culturally and linguistically diverse backgrounds.

Effective processes

Effective processes were described as: providing service options; continuity of service regardless of the services required; a reduction in the number of transitions; smooth flow of information and communication across government agencies; use of a case manager or family liaison worker as a key linking person across services, particularly for children with additional needs, children with risk factors
identified at birth and children in rural and remote areas; a unique identifier that supports transfer of information across services; training and development that supports ongoing learning; and human resource approaches that enable integration of early childhood services.

The process for transfer of information across services is a significant issue. Parents reported frustration at having to repeat their stories, and at the duplication of services as children are retested because service providers are reluctant to share documentation. The development of a consistent approach to data collection, analysis and use, and development of protocols about access to information, would be greatly advanced by the development of a universal knowledge management strategy across all sectors and particularly Government agencies.

Families with children with additional needs were strong advocates of an integrated service approach and it is clear that such an approach, delivered well, would support ease of access to and continuity of service provision. Families whose children access preschool and childcare were also advocates for integrated services, indicating the restrictive nature of the current preschool entitlement and hours of service operation.

Many models were promoted such as stronger sector relationships within the current service delivery arrangements; integration of cross sector services in one location; networks of cross sector services; a fully integrated service provision model where children and families received a continuous service and were unaware of which service was provided by whom.

There was general agreement that the continuum of prevention to intervention should be universal, as well as targeted, with services that are appropriate for and sensitive to the needs of all families.

Current models such as the Gilles Plains Community Campus, Learning Together, and Café Enfield were promoted as approaching a preferred model of integration. Other models cited included Pen Green in the United Kingdom and Toronto First in Canada.

All models highlighted a holistic child and family centred approach.

It was generally considered that a universal roll out that is intensified in areas of greatest need would be the most beneficial in both the short and longer term. The mapping of current service provision would provide information for planning of services, which could be based in or linked to existing locations including schools and preschools.

It was evident that the lack of a Statewide early childhood strategy was an impediment to the effective planning, resource allocation and delivery of early childhood services and to improving outcomes for South Australian children and families.

**Quality of service provision**

Those who were currently accessing early childhood services provided a range of comments on the quality of programs. For those not able to access services the issue of quality was a moot point. The findings highlighted multiple perspectives on quality, the contextual nature of quality, the lack of a contextual framework for assessing quality in early childhood services, and the importance of the child’s experience of quality as being of foremost consideration. The separate and individual histories of early childhood service types are reflected in different organisational cultures and perspectives on quality. The varied expectations of service providers, the perceptions of the status of other service providers, the protection of the ‘patch’ of the service provider, lack of common early childhood understandings and language, were themes that relate to existing early childhood culture.

It was evident however, that quality is recognised and that there is much to celebrate. The high quality of preschool programs, the play based philosophy in the early years of school, the Quality Improvement and Accreditation System (QIAS) national accreditation system for childcare, the common South Australian Curriculum Standards and Accountability (SACSA) framework from birth to age eight, universal home visiting and support services for children with additional needs, were all praised. In addition, there were a number of innovative models identified as being of high quality. In the education and care sector these included programs such as Learning Together, Café Enfield, Rural Care and access to preschool for three year old Aboriginal children.

Generally the provision of a safe, hygienic and caring environment was of high importance to parents, while service providers spoke more of the quality or level of service provision.

A number of structural issues were highlighted including, restrictive hours of operation, staff to child ratios, leadership, pre and in-service training and continuity of services within a strong Statewide framework.
Staffing

Generally, the hours of operation of services and access to services were not seen to reflect the changing needs of the population. There was a clear message about the need to increase staff to child ratios and reduce class and group size. This recommendation was particularly strong for children under two years of age and for children beginning school. Appropriate staffing levels impact upon the development and maintenance of strong relationships between staff and families. Parents commented that the demands of large class sizes made daily communication and relationships with teachers much more difficult, and that teachers had difficulty providing special programs for children with additional needs. Preschool staffing levels were also noted as an issue due to being based upon attendance, rather than enrolment.

A further staffing concern identified was the use of untrained staff in some commercial childcare centres that advertise a preschool session. The need for strong early childhood leadership was a significant theme and was considered a key factor in ensuring quality services and outcomes for children, families and communities. This was seen to be necessary at all levels of operation (central, district and local) in order to guide the transformation of services to meet the needs of all children and their families.

The various qualifications required of staff working in early childhood services were considered to be in need of review. There were issues for those with teaching qualifications in different service types being paid under different awards. Shortages of childcare workers were attributed to poor wages and conditions and there was agreement that the pay of childcare workers needed serious reconsideration. Improvement in pay and conditions was linked with pre-service and in-service training for the early childhood field. Training was seen as critical to raising the quality of services, improving conditions for early childhood professionals, building capacity in communities, and ensuring the sustainability of an effective early childhood workforce. Clearly articulated pathways from school to TAFE and/or university are in urgent need for this sector.

Framework

A broader perspective of quality was also described, with criteria such as seamlessness and integration of services from the perspective of the child and family. It was noted that there was no Statewide plan or vision for early childhood, and that constant restructuring within some Departments has marginalised the early childhood years.

The development of an early childhood framework with underpinning principles based on human development theory was advocated in a number of submissions as the basis upon which quality could be built. It was felt that this would provide strategic direction for the field and assist in building cohesion and integration. The issues pertaining to planning from a child and family perspective included the complexity and maze of service provision and the alignment of services to meet the changing needs of families.

There was general support for maintaining high standards to ensure quality, despite the difficulties of compliance noted by some services. Standards were discussed as being fundamental to quality and in need of review across early childhood service types, to ensure higher minimum standards and to provide services with support to meet them. Concern was expressed about the tension between the cost to provide services and the quality of services, and also about increased administration in the form of reporting requirements. An agreed system of quality assurance and/or accountability across service types would assist in identifying core indicators of quality for early childhood services.

Criteria

Criteria for quality across a range of early childhood services were generally identified as follows:

- a safe, warm, caring environment with well maintained facilities
- adequate supervision and supportive behaviour management approaches
- a clearly articulated philosophy
- high expectations
- intellectual stimulation
- cultural sensitivity
- good relationships and open communication between service providers, children and families
- child centred, values based and creative practices
- small class or group size for all ages throughout the early childhood years
- high staff to child ratios
- reading recovery tutors in all schools
Consultation findings

- timely access to and action from support services such as speech pathologists, psychologists, counsellors, occupational therapists and special educators
- specialist teachers who focused on curriculum areas such as physical education, health and the arts
- sensitive and responsive transition processes
- universal access with no waiting lists
- university trained service providers.

Issues of quality that focused on accountability included Commonwealth Government and State Government accountability for access, affordability, monitoring of quality, evaluation of services, and adequacy of information systems to support collation and sharing of data. Further, the questions of what to measure and how to measure were highlighted, with a strong view that quantitative measures are currently more highly valued than qualitative measures, and that quality is seen as an event rather than something that is ongoing and embedded within a service.

Specific areas of concern were raised in relation to the quality of provision for children with additional needs. Concerns related to this were: poor access to continued support services, particularly in some rural areas; the differences in service provision across service types; and the need for early identification and meaningful, intensive intervention in the early years.

Respondents felt that the inclusion of curriculum based upon social and emotional development and wellbeing was important in the early years. This included values education, caring for others, and programs that address health issues such as nutrition and healthy life styles. It was also deemed important that literacy was considered beyond reading, and that support for literacy development should include all young children and their families, especially children with culturally and linguistically diverse backgrounds and Aboriginal children.

Outside School Hours Care (OSHC) was seen as providing a recreational, developmental and social program that supported families. In many cases it was felt that these programs are struggling financially, managing with limited facilities and staff, and that there are tensions between viability and the quality of programs. Training and development of staff and access for all children to the program were considered essential to ensuring a quality OSHC service.

Many respondents directly linked cost of care to quality. Appropriate resourcing and guaranteed funding over an extended time were considered to be important in the provision of high quality and viable care programs. This was particularly important for parents of children with additional needs.

There is a clear need for the establishment of a planned approach and a new culture for early childhood services in South Australia. Quality early childhood leadership at all levels will be needed to progress the early childhood agenda. Features of a planned approach should include: the centrality of the child; the importance of relationships and processes that meet the needs of children and families; provision of a range of quality, flexible, accessible and affordable services for all children and families; integrated planning and management with appropriate levels of infrastructure; and a workforce that is highly professional, appropriately remunerated and valued for their contribution.

Aboriginal children

The importance of considering the child and family as a whole was highlighted as a key issue for effective service delivery for Aboriginal children. Many Aboriginal fathers and grandparents are also primary care givers and should be a key target of promotions and information about caring for children. Many Aboriginal families do not know what services are available, what criteria are used for accessing them or where to go for support.

There are insufficient Aboriginal staff to support Aboriginal children to participate in early childhood services and it is evident that where Aboriginal staff are employed, there is an increase in the participation of Aboriginal children. Access to preschool for three year old Aboriginal children was considered to be a very positive initiative, however due to the limited numbers of Aboriginal staff, many Aboriginal children who enrol do not attend regularly due to poor relationships and the lack of available transport.

Racism and poor cultural understanding were reported in some services. This may result in professional staff failing to identify health issues of Aboriginal children, as these often present as behaviour issues. There is often a lack of understanding by early childhood staff of the underlying reasons for some behaviour of Aboriginal families, and little commitment to finding out.
For example, when children are relocated with their mother to a Women's Shelter, they must attend a new school the next day, causing much stress for the child who may already be traumatised.

The cultural appropriateness of services includes issues such as: the lack of culturally appropriate resources and assessment tools; lack of training and development for staff; and programs and quality assurance systems that are based on the mainstream dominant culture with no recognition of the funds of knowledge of Aboriginal people. Non-Aboriginal staff have difficulty understanding what is culturally appropriate and because of this do not act on things when they should, for example with attendance and behaviour. There is a need for research in this area.

Funding on child attendance rather than enrolment, duplication of State Government and Commonwealth Government input, a lack of accurate statistics, and levels of funding that do not enable communities to make a difference, were all identified as barriers to improvement in early childhood service provision for Aboriginal children.

Specific issues for Aboriginal children who have additional needs included the number of transitions and assessments required between health and education support services, and a lack of Aboriginal staff, particularly in policy making.

A major concern, particularly when Aboriginal children begin school, is the number of children misdiagnosed by teachers, who often continue to refer an Aboriginal child to Aboriginal staff rather than to a specialist. Further, there is limited understanding of the needs of children whose parents are going into prison or shelters, or who are placed under the Guardianship of the Minister and/or in foster care.

There are no Aboriginal services that receive the Childcare Benefit, and Aboriginal family access to childcare is limited due to cost and lack of transport. Family Day Care facility standards often cannot be met in Aboriginal housing, and families do not have the money to make changes to meet the standards. The paper work is too much and there is no support for women to complete it. Some families are put off by the ‘police check’ requirements as many families have family members with police records.

Standards for foster care have not yet been developed for Indigenous specific competencies and this can affect the quality of service provision. In addition, low levels of mandatory reporting may be due to lack of worker confidence in working with Indigenous communities, and it was agreed that delivery and intervention approaches need to be different to those of the general population.

It was suggested that a long term commitment by both levels of Government to investing funds in the early years and in particular to Aboriginal children in the early years, was needed as part of a Statewide framework.

**Rural issues**

The geographic isolation of many young children and their families is a challenge for the equitable delivery of early childhood services in South Australia. It is evident that within rural South Australia, all sectors of early childhood services: health, childcare, education, child and family support, are difficult to staff and resource. For many rural families, accessing services necessitated arranging short term relocation or extensive travel, which created greater expense and dislocation for the whole family.

Due to an inability to recruit and retain service professionals in rural areas, provision of support service personnel such as speech pathologists, occupational therapists, psychologists and counsellors is often difficult. This results in limited access to assessments and programs for rural families. Childcare services, especially for children with additional needs; medical support for birthing; support for mental health; assessment and ongoing support from specialist services, were specifically identified as key issues. Lack of access to all forms of childcare is a significant issue that impacts on opportunities for employment in many rural areas. An additional negative economic impact is that professionally qualified women are not attracted to working in rural areas due to lack of childcare.

Rural families embraced the thought of a fully integrated childcare facility that had within one location a range of early childhood services and provided a central focus for the learning and development of their young children. A consistent issue raised was that where transport services are being provided for school-aged children, they should also be available for preschool-aged children.

Access to health services was of greater concern among remote communities who reported poor access to doctors, dentists and nurses, medical specialists and diagnostic equipment. However, the Flying Doctor Service and its assistance with newborns was acknowledged for its quality and timely intervention.
Children with additional needs

By far the most significant range of responses was about provision of early childhood services for children with additional needs. Additional needs were broadly described and included developmental delay, disability, learning difficulties, speech and communication issues, behaviour problems, autism spectrum disorders, and children from culturally and linguistically diverse backgrounds.

While there was generally a high level of satisfaction in relation to early childhood services,

'A number of groups were more likely to have more negative responses in relation to these services and their overall satisfaction, particularly families with children with special needs' (McGregor Tan, 2004a, p.6).

Information about services was a key issue, particularly at critical transition points. Parents were specifically in need of information about what was available, where services were located, criteria for access, cost and hours of service operation. It was noted that although there was an increasing number of children of culturally and linguistically diverse backgrounds attending early childhood services, there was a general lack of information in forms that were easily accessible to their families.

Access and availability

Criteria for support was particularly confusing for parents and differed depending on the service sought. Support for children with mild to moderate learning difficulties or children who had issues that could not be labelled was severely limited and an area of significant concern for parents. Information transfer between early childhood services was also an issue, with much time wasted in children being re-assessed and parents having to tell their story many times.

Availability and access were also key issues, particularly for those in rural areas. Waiting lists were considered to be far too long for most services and it was generally expressed that early identification and intervention support should be high on a Statewide early childhood agenda.

Increased resource allocation was requested to ensure timely access to support services such as speech pathologists, psychologists, counsellors, occupational therapists and special educators.

A further frustration for parents was the changing provision of services from ongoing support and therapy to consultancy only. There was also concern at the lack of staff available to manage mandatory notification processes.

Access to support services was currently dependent upon the child's age and the service they attended. It was indicated that this needed to change in order to support children's learning and development, rather than be service specific. The cost of accessing private specialist services was not a viable option for many families.

Support for children with additional needs in childcare services was a growing concern, as while the Commonwealth required services to give priority of access to children with additional needs, there was limited associated support. Some support was provided through community health services and in some areas DECS provided support. However, it was noted that this had significantly reduced over time.

Parents of children with additional needs reported they were unable to get respite care in any form of childcare service, due to the shortage of places and their lack of priority for service. This was a particular issue in many rural areas.

For school-aged children, the reduction in class size due to the extra allocation of Junior Primary teachers in many schools had assisted in significantly reducing behavioural issues in classrooms. Parents were particularly concerned that the development of appropriate individual programs was less possible in larger class sizes. A tension between serving the needs of children with additional needs and the needs of other children in the class was identified by staff as being exacerbated by class size. This was raised as a particular issue in Reception to Year 3 classes where there was a lack of options for special classes or special schools.

School-aged children who sought access to the OSHC program and who had additional needs experienced discontinuity of service, for example double-handling of information and equipment, despite the service being co-located in the school.

It was concerning to parents that the number of children with additional needs requiring support in order to access services has increased beyond the resources available. There was also a growing concern for the number of children who have behavioural issues, particularly as these impact so
significantly on children's learning and staff time. A review of resource allocation and management of service provision across Government and non-government agencies, to achieve equitable and child focused services was recommended.

**Staff training**

It was considered that training and development for staff and parents were needed, particularly in relation to early identification of additional needs, and that programs such as Learning Together and Learning Links need to be expanded. A holistic child and family centred multi-disciplinary approach to early intervention was consistently promoted. The quality of staff working with children with additional needs was seen as crucial for high quality service provision. The current workforce supporting children with additional needs is mainly casual or on contract; limiting the ability of staff to build relationships, obtain training and provide continuity of service. It was clearly felt that there are not enough staff supporting children with additional needs.

Pre-service and ongoing training and development were needed across all early childhood service types, particularly in childcare where there was a high turnover of staff. Planning to provide career pathways for staff with skills and experience with children with additional needs, was identified as as a means of building quality in service provision.

**Integrated service framework**

Families sought seamless service provision for their child. They indicated frustration with the different languages used by different services and different criteria for support, and they could not understand why services did not transfer information about children. The notion of what was variously called a 'case manager', 'liaison officer' or 'broker', who could provide an ongoing link for children and families in negotiating access to services, was promoted. This was seen as particularly important for children and families who were at risk. The boundaries and demarcations between agencies are irrelevant to families and are seen as preventing holistic child centred approaches.

Parents did not understand why use of one service prohibits access to certain other services. By using the Autism Association for example, four year old children are excluded from accessing Child and Youth Health speech pathology and occupational therapy services. Parents reported a 'hodge podge' of services without apparent linkages and no consistent process or path to follow.

There was significant support for a clearly articulated and well resourced Statewide early childhood framework that included a focus on early intervention, was underpinned by principles that support effective service delivery, incorporated evaluation and research and genuinely made a commitment to the wellbeing of South Australia's young children and their families, particularly in areas of social disadvantage.

For children and families with Aboriginal or culturally and linguistically diverse backgrounds who have a disability, difficulties in accessing information and services were magnified. There was a concern that cultural difference is seen as a deficit and that the limited interpretation and translation services available can cause misunderstandings that hinder a child's learning and development.

**Workforce issues**

The early childhood workforce was considered a significant factor in provision of high quality outcomes for children and families throughout early childhood services.

Organisations and individuals provided specific information about workforce issues: the training, recruitment and retention of staff were frequently identified as key issues. Aligned with this were the current levels of remuneration for the mainly female workforce, particularly in childcare services, and the high levels of casual employment. A parent comment at a community forum that, 'Our children need better paid childcare workers, who are rewarded for the great work they do, and are financially encouraged to stay in the field of childcare,' reflects the general view. There was support for the development of an early childhood association that would advocate for and encompass all who work in the sector.

Workforce issues were especially prevalent in childcare services. Issues identified included the nature of pre-service training, limited career options and poor pay, which all compounded the issue of retention of childcare workers and had implications for the quality of service provision. Recruitment in rural areas was a particular issue and greater incentives for working in rural areas were advocated. There was general consensus that quality would improve when services were
employing more highly qualified staff, and when ongoing training and development were integral to service requirements. Recruitment and retention were also issues in the early childhood health, specialist and family support areas.

It was recognised that the cost of training in a profession that has low status and pay is not attractive to many, however it was felt that the way to improve recruitment, retention, conditions and service quality was through training and development. Training and career pathways for early childhood professionals were seen as a priority.

Training that reflected models of integrated service delivery was promoted. It was also noted that there was a shortage of Family Day Care providers because of the qualification requirements and the amount of paper work required to enter the service. The supply of qualified childcare staff was also influenced by some TAFE graduates not entering the workforce but continuing their training at a university. There was a view that some students had no intention of working in the industry and used TAFE training as a stepping stone for entry into university to do other training.

Minimum standards for working with children were discussed and there was agreement that a four year qualification should be required as a basic standard for trained service providers. Further training needs identified were in the areas of children with additional needs and children with culturally and linguistically diverse backgrounds.

Information services

A lack of information about early childhood services was evident and impacted upon the ability of families to understand what was available, their entitlements and the steps they had to take to access services. The type of information they were seeking centred not only on where and how these services could be accessed but also on what they could do to be a better parent and have a voice in decision making in their child’s services.

Information about early childhood services could be more readily accessible. Families currently found out about services more by word of mouth from Child and Youth Health, preschool, school or the doctor. Both the transfer of information about children and the provision of information to families about service options were identified as areas of significant need. The sharing of relevant and timely information about young children across early childhood services was viewed as an urgent matter and imperative to seamless services.

There was advocacy for: the establishment of a comprehensive database for early childhood services; a South Australian early childhood website; publications about early childhood; political advocacy; and promotion of early childhood services. The need for support in being a parent and information on raising children were also identified, particularly in relation to topics such as helping a child to manage teasing and bullying, and discipline and age appropriate expectations.

Solutions proposed included the development of a website, publications, visual media and parent information sessions on a range of topics. For families of children with additional needs, information about the range, location, availability and operation of services was of particular importance. Multiple sources for advice on early childhood matters were confusing for many parents. Most were looking for guidance from reliable, practical sources to reduce their uncertainties and anxieties.

Antenatal services and services for new mothers such as those provided by Child and Youth Health were often the initial contact with early childhood services. It was felt that there was a particular information and service gap for mothers who had children aged between two to four years. It was also clear that early childhood professionals had limited knowledge of the range of early childhood services available and also needed access to a central source of information.
The Virtual Village: Raising a Child in the New Millennium
During the course of the Inquiry – at community forums, staff meetings, in submissions and meetings – people raised a number of issues relating to the role of the Department of Education and Children’s Services (DECS) in early childhood services. A number expressed the view that DECS may have lost its focus on Children’s Services, and that many of its staff do not understand the scope of their responsibilities for children’s services or the legal imperatives which define the Department’s role.

In order for DECS to undertake its responsibilities in relation to children’s services as defined in the legislation, DECS must be focused on providing leadership to the early childhood sector and on responding to the challenges and directions outlined in this report.
This chapter includes material obtained from Departmental sources and from discussions with individuals during the consultation phase of the Inquiry. It must be pointed out that the views of individuals are sometimes impressionistic, and that this chapter contains a number of generalisations, which will not always reflect the complexity of the situation.

Background

Following the enactment of the Children's Services Act 1985 and the setting up of the Children's Services Office in 1985, South Australia enjoyed a reputation as a national and international leader in children's services. In 1993, the Children's Services Office (CSO), the Department of Employment, Training and Further Education and the Department of Education were amalgamated to form the Department of Education, Employment and Training (DEET(SA)). The alignment of children's services, education and training was unique in Australia. It was designed to develop an integrated, coordinated and responsive service system for young children and their families, and yield significant benefits as children moved through schooling and on into adulthood and life long learning.

The progress made in the 1980s and 1990s by the CSO, with its mandate to plan, develop, improve, and promote children's services, appears to have been diluted over the last decade. Some South Australians who spoke to us believe that the State has not only come to a standstill, but is moving backwards in some key areas.

The legislative mandate for DECS responsibilities

Children's Services Act 1985

The Children's Services Act 1985 was groundbreaking legislation when it was introduced by the then Labor Government. It clearly outlines the Minister’s responsibilities:

Objects

7. (1) The objects of the Minister, any committee established under this Act and any person involved in the administration of this Act, are:

(a) to ensure the provision of preschool education and such other children's services as are necessary for the proper care and development of every child; and

(b) to ensure the development of an accessible range of children's services to meet the needs of all groups in the community; and

(c) to encourage the provision of children's services that do not discriminate against or in favour of any person on the ground of his sex, marital status, mental or physical impairment, religion, race or nationality, except in so far as it is necessary to do so for the purpose of assisting a child to overcome any disadvantage arising out of his sex, mental or physical impairment, religion, race or nationality; and

(d) to ensure that the multicultural and multilingual nature of the community is reflected

- in the planning, implementation and structure of programmes and services for children and their families; and

- in the membership of any committee established under this Act and in the staffing of the various bodies, authorities and other agencies involved in the administration of this Act and in the provision of programmes and services for children and their families; and

(e) to promote the involvement of parents and other members of the community in the provision of children’s services.

(2) In dealing with children under this Act, the Minister shall regard the interests of the children as the paramount consideration.
Functions of the Minister

8. The functions of the Minister under this Act are:

(a) to provide, and co-ordinate the provision of, children’s services, having regard to the needs of the community and the need to achieve efficient use of available resources;
(b) to develop and implement, or assist in the development and implementation of, policies relating to the provision of children’s services and to keep the operation of those policies under constant review and evaluation;
(c) to monitor and evaluate the nature and quality of children’s services with a view to ensuring the highest possible standards of such services;
(d) to ensure that the expertise and qualifications of persons who provide children’s services are of the highest possible standards;
(e) to encourage, or assist in the provision of, children’s services by voluntary groups or organisations;
(f) to keep the public informed on the availability of children’s services and how they may be obtained;
(g) to keep under review the special needs of individual groups of children (including those who suffer from physical or mental disabilities and those who are economically disadvantaged) and to provide, assist in the provision of, or promote, services to meet those needs;
(h) to collaborate and consult with government departments (of the State, the Commonwealth or of other States or Territories of the Commonwealth), with public authorities, with municipal or district councils in this State and with non-government organisations that provide, or support or promote the provision to encourage public discussion of policies affecting the provision of children’s services;
(i) to encourage public discussion of policies affecting the provision of children’s services;
(j) to do such other things as may be necessary or desirable for the efficient discharge of its functions.

Education Act 1972

There are no provisions relating to children’s services in the Education Act 1972, apart from definitions of ‘preschool education’, a ‘recognised kindergarten’ and ‘teacher’, and the following:

9 (1) The Minister shall establish and maintain such Government schools as may be necessary –

(a) for the provision of primary and secondary education for children whose parents desire that they should receive education at Government schools; and

(b) for the provision of preschool education (to such an extent as the Minister considers practicable and desirable) for children whose parents desire that they should receive preschool education at Government schools.

9 (8) The Minister may, in such manner and to such an extent as he thinks fit, provide or arrange for the transport of children to and from any school and may pay the whole or any portion of the cost of transporting children to and from any school.

10 (1) The Minister may appoint such advisory committees as he considers necessary to investigate, and advise him upon, any matters affecting the administration of this Act or the provision of proper preschool, primary or secondary education in this State.

84 (3) The constitution of a governing council may include provisions under which the membership of the council is such that it may also constitute the management committee of a registered children’s services centre under the Children’s Services Act 1985.
Amalgamation

With the change of State Government in 1993, there was a decline in investment in, and focus on, children’s services for the next eight years. In 2001 a draft Bill was developed to amalgamate the Children’s Services Act 1985 and the Education Act 1972. It contained virtually nothing of the philosophical or policy commitments to children’s services to be found in the Children’s Services Act. The schooling focus in the Bill led to the splitting of regulatory functions, so that it was proposed that the regulation of childcare and preschool in private schools would be the business of the Non-Government Schools Board, but DECS would regulate all other childcare and preschool services. The Bill was not progressed.

The loss of focus on the early years following the amalgamation of children’s services and education is not unique to South Australia. A similar loss of focus can be seen in New Zealand, where similar progress made in the 1980s and early 1990s was lost with the ‘mainstreaming’ of early childhood education within the Ministry of Education. In 1986, the Labour Government in New Zealand had made early childhood education its first policy priority, and there followed a rush of new development funds; funding of integration of care and education whether provided by the private sector or government; improvements in standards and teacher education; and significant policy development. After the mainstreaming of early childhood education, senior and specialist positions in the Ministry were lost, resulting in a lack of focus in policy and funding of early childhood services. It was not until another Labour Government made this area its top priority in 2000, that this trend was reversed (Val Burns, New Zealand Teachers Council, Personal communication, 15/9/04).

South Australian Labor pre-election platform for children’s services 2002

This Inquiry Report builds on the following principles and implementation strategy of the South Australian Labor Party Platform 2002.

Principles

33. The interests of children are paramount and must be safeguarded in the provision of children’s services.

34. Quality care and education in the early years should lay the foundation for later learning, emotional well being and social adjustment.

35. The provision of quality Children’s Services is a social justice issue for children – in supporting and enhancing their development, and helping to address disadvantage and its short and long-term effects; for families – in supporting their care-giving role and enabling them to work, study and participate in society.

36. Labor believes in choice of children’s services and that these should be flexible enough to respond to the changing needs of families in the community, including work/study and family commitments.

37. While allowing for parental choice of service, there needs to be consistency when it comes to acceptable standards of care. Children must be safeguarded regardless of the setting.

38. Affordable and accessible preschool education and childcare should be provided with a full range of facilities aimed at meeting the demand for high quality, cost-efficient children’s services.

39. Where integration of children’s services provides clear advantages for children and families, and there is no reduction in the quality of care, Labor supports the co-location with other education and community facilities.
40. In recognition of the significance that preschool education and early intervention programmes have in reducing the social and cultural disadvantage many children suffer, Labor will provide assistance for preschool education and encourage family and community participation in preschool activities, with special provision for isolated and rural areas.

41. Labor will implement policies to ensure equitable access to children’s services on a needs basis by:
   - developing a needs-based model for resource allocation
   - provision of a broad range of children’s services located where they are needed
   - provision of high quality programmes by staff with appropriate qualifications
   - adherence to the principles of social justice – equality of opportunity and the overcoming of disadvantage.

Labor will provide staff-to-child ratios which are appropriate to the age and abilities of the children, to maximise their development opportunity, while at the same time ensuring that staff workloads are kept manageable enough for continued high quality care.

42. Labor places the protection of children’s wellbeing above the pressures of market forces in the provision of children’s services and will not allow the market to drive standards downward.

43. Labor supports parents’ involvement in the development and implementation of early childhood care and education policies. Parents, staff, unions, relevant organisations and other members of the community will have the opportunity to actively participate in the planning and delivery of children’s services.

44. Labor will provide adequate and appropriate professional support staff for children with disabilities and special needs.

45. Toy Library services will be particularly directed to children with disadvantages, including those arising from disability, poverty or isolation.

46. Labor is committed to affordable work-based childcare services and schemes attached to adult educational institutions.

47. Labor will monitor and assess the operations of the various childcare sectors to ensure the best interests of the users of those services are met.

48. As much of the funding responsibility for children’s services belongs to the Commonwealth, Labor will lobby the federal government to adopt the foregoing principles and to ensure that South Australia receives an adequate and equitable share of the national resources for childcare.
The role of the Department of Education and Children’s Services in early childhood services

The children’s services sector in South Australia is large and diverse. Unlike schools, these services have been through a rapid period of growth during the past two decades, and there are continuing indications that there is an acute undersupply of key types of children’s services in the State.

See Appendix 10 for an overview of numbers and governance of all children’s services in South Australia.

The role of DECS in relation to children’s services is complex, involving direct employment of staff in preschools; administration of Family Day Care - including recruitment, selection, training and ongoing support for 1400 Family Day Care providers who are independent contractors providing care in their own homes; sponsorship of over 80% of Outside School Hours Care services, all of which operate on DECS sites; the establishment and enforcement of minimum standards for all types of childcare, including over 250 childcare centres; and the responsibilities outlined previously under the Children’s Services Act 1985.

Children using services

- Approximately 63,000 children are catered for in 1134 services for children under school age in any one year.
- Approximately 29,000 school-aged children under eight years of age are catered for in the childcare services of Outside School Hours Care, Family Day Care and centre-based care, in any one year.
- The Department has the opportunity to make contact with and support many children and families through support services staff and 21 early learning programs.
- The Playgroup Association of South Australia supports 9000 families and 12,500 children each year.

It is estimated that there are over 10,000 workers in children’s services for which the Department has a responsibility. This includes approximately 6000 primary contact staff in childcare and preschool services, 1400 Family Day Care providers, 2500 classroom teachers and a range of support staff, relief staff and site leaders.

Impact of amalgamation of the Children’s Services Office and the Department of Education

During these consultations, many observers noted that DECS has tended to focus on and support only those services it actually runs. DECS staff have come to believe that DECS’ responsibilities are to support only those services whose staff it directly employs. This is most commonly expressed in relation to supporting the childcare sector, where numbers of district staff have a view that current policies of DECS prevent them from providing district support services to children or staff in childcare centres and Family Day Care. The Inquiry found that there are no such policies that would be in contradiction to the Children’s Services Act. It is Departmental practice that has changed.

State Government funding of childcare services

Support for childcare services from the Children’s Services Office was provided in many ways. In the late 1980s and early 1990s, the Commonwealth Government and State Government entered into a number of joint funding agreements. These saw a rapid expansion of childcare in South Australia, with the State Government providing the capital investment for childcare centres and some recurrent operational funding, and the Commonwealth Government providing the bulk of the recurrent expenditure required, through Childcare Benefit and some operational support. During this time, 50 new centres were built with State Government funds, mainly on school sites. Approximately 43 of these centres remain the property of the Minister for Education and Children’s Services, although a number of them closed with the withdrawal of Commonwealth Government funding for operational support.

These centres could be recommissioned for a relatively minor expenditure (capital upgrading) and could operate with the Commonwealth Childcare Benefit only. As part of the bilateral funding agreement, South Australia undertook to provide recurrent funding of $1.4 million for ongoing support to the childcare sector. The Children’s Services Office resisted pressure from the Commonwealth Government to provide this funding directly to childcare centres, believing it could be used to greater effect on specific projects to benefit the sector.
In the early years, this funding was used to develop Kidz Biz, a management and financial IT package for voluntary management committees and centre directors, to improve their office systems, budgeting, planning and staffing rosters. The acquisition of computers and standard filing systems for each ‘not for profit’ childcare centre were part subsidised by the State Government. This initiative assisted the efficiency and viability of childcare centres in this State. It had been planned that once this program was universal, the recurrent funding commitment would be used to support a number of other initiatives for the childcare sector – from training and development to specific projects which addressed the priorities of the day.

In the mid 1990s, after the amalgamation, most of this recurrent funding to the childcare sector was lost – offered up as a saving to Treasury by DECS.

**Other State Government supports to childcare services**

The Children’s Services Office provided a range of other supports to childcare services from both central office and the regional offices.

**Central office support**

Central office finance staff delivered financial management training packages, designed especially to meet the needs of management committees and centre staff. They also provided consultancy services on management, budgeting, and human resource management issues in response to requests from the sector.

Central office staff also undertook a range of data and planning functions related to the availability, accessibility and appropriateness of all children’s services across South Australia. Earlier Annual Reports of the Children’s Services Office show the types of support provided to all children’s services and the numbers of children supported in each service type. Recent Annual Reports of DECS do not provide such data, and the Inquiry has had great difficulty in obtaining data from DECS on support to any children’s service type other than preschool.

Current data is not collected and reported on by DECS in ways that enable an analysis of support to children’s services. For example, requests for information about the number of children with additional needs from birth to four years and from five to eight years, and how they have been supported, required significant additional work by data analysts. Given the overwhelming number of concerns raised by people during the course of the Inquiry about the availability, adequacy and quality of services for children with additional needs, it is surprising that such data is not routinely analysed and reported on by DECS, and used as a basis for DECS services for these children.

Central office staff also provided support to childcare services in curriculum and programming. High quality information was provided to the public about the availability and range of all children’s services. Facilities staff provided consultancy services to childcare centres and new centre operators on good design and use of space.

**Regional/district support**

Regional office staff provided support to centres in a number of ways. Examples included: visits to centres by Coordinators to assist staff with programming and other quality issues; support for behaviour management and other issues relating to children; team building for staff teams in conjunction with management committees; advice on indoor and outdoor learning environments; lending of learning resources and a range of training and development opportunities.

Of particular assistance were the Early Childhood Support Services teams which provided special education, psychology, speech pathology, behaviour management and other services to children with additional needs in childcare services. The data provided by DECS during the course of this Inquiry shows that these services are no longer provided to children in childcare by DECS. Many district support service staff stated they understood it was no longer DECS policy to provide these services to children in childcare.

A survey conducted during the course of the Inquiry revealed that most DECS District offices do not provide any service of this or any other kind to childcare centres. Around two-thirds of childcare centres stated that they had had no contact with their local District office for a number of years. Generally, childcare centre staff reported that they did not feel supported by DECS, and that their main contact from DECS was through the licensing section of the Department. A statement from one Director was typical: ‘I have not had contact with DECS for over two years. It would be good to know what is happening in the area and what the issues are, to be proactive and working together to provide good services to children. Childcare centres are not recognised by DECS but DECS is happy to tell us what to do in terms of licensing. Kindys and schools are DECS’s priorities.’
Another Director said that she had worked at the centre for five years and had not been contacted by DECS, though she knew kindergartens in the area had been. ‘There have been sessions on topics e.g. paracetamol for children, accreditation when the system changed, that were important for me and my Assistant Manager to attend. But they were during the day and it would cost me approximately $300 to back fill our positions. Centres like mine are heavily regulated and it would be good to get heavy support. If someone from the District office would visit the centre it would be very useful. I haven't found the office or Hub Groups to be useful or supportive.’

Thirty six per cent of centres had had some contact with DECS over the last six months. The following comments were representative:

‘The person from the District Office is really nice but not on the same wave length in regard to what childcare is about.’

‘I've had no contact with DECS District Office. We do receive a lot of mail from them, most of which relates to schools and is therefore not relevant’.

This confusion about the role of DECS in relation to children’s services, in particular childcare, needs to be clarified immediately. This report contains recommendations that will support DECS staff in carrying out the functions described in the Children’s Services Act 1985.

**DECS administered services**

In relation to the services which DECS directly administers - preschools and Family Day Care – concerns have also been raised throughout the course of the Inquiry. These included: loss of focus over the last decade; deficiencies in funding; and differential treatment, compared with the compulsory schooling sector, in areas such as human resources and industrial policies. There appears to have been a failure to increase program funds as numbers of children increase, despite this occurring with schooling budgets. There continue to be differences in funding policies between preschools attached to schools and those that stand alone, which do not relate to their management structures.

There also appears to have been ongoing deferral of work on restructuring preschool funding, improving business processes, investing in IT infrastructure, and addressing industrial relations issues. Successive restructures within the Department have resulted in a depletion of capacity within DECS to understand and deal with the particular needs of children’s services: this depletion is so severe that it was very difficult throughout the life of the Inquiry to obtain information and analysis from DECS.

It was the same handful of staff (specialist Children’s Services section staff) who were called on again and again by the Department to provide advice to the Inquiry. Corporate areas of the Department, which assumed responsibility for children’s services when the two organisations amalgamated, and to which specialist children’s services resources were allocated, were unable to assist the Inquiry to the extent expected.

Most District offices have also demonstrated an apparent inability to understand or provide advice to the Inquiry. Some offices seem to be unaware of the range and location of children’s services in their district, other than preschools and Family Day Care services. Many of the CSO staff were qualified childcare workers with significant expertise and credibility who worked across a range of children’s services. In the past, positions were able to be advertised, external to Government, to allow for the recruitment of people from non-government services. In successive restructures and downsizing, DECS has lost these staff.

**Children with disabilities and/or learning difficulties**

**Preschools**

The Preschool Support Program (PSP) provides targeted funding in the form of Teacher or Early Childhood Worker hours to preschools to support preschool children with a range of additional needs. These include developmental delay/intellectual impairment, communication impairment, autism spectrum disorder, behavioural (emotional/social) difficulties, physical impairment, severe/multiple difficulties, hearing impairment, and vision impairment. The targeted funding is allocated according to the child’s educational needs and contextual factors, as a Level of Support from one to five, with five being the highest level of support.
### TABLE 2: Number of children supported by the Preschool Support Program by impairment category

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<th>Physical</th>
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<th>Vision</th>
<th>Commun</th>
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<td>58</td>
<td>34</td>
<td>*</td>
<td>698</td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>No info available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>892</td>
</tr>
<tr>
<td>2001</td>
<td>118</td>
<td>724</td>
<td>24</td>
<td>7</td>
<td>12</td>
<td>*</td>
<td>71</td>
<td>38</td>
<td>*</td>
<td>992</td>
</tr>
<tr>
<td>2002</td>
<td>87</td>
<td>32</td>
<td>17</td>
<td>17</td>
<td>10</td>
<td>790</td>
<td>67</td>
<td>38</td>
<td>22</td>
<td>1,080</td>
</tr>
<tr>
<td>2003</td>
<td>141</td>
<td>44</td>
<td>17</td>
<td>22</td>
<td>9</td>
<td>804</td>
<td>73</td>
<td>66</td>
<td>9</td>
<td>1,185</td>
</tr>
<tr>
<td>2004</td>
<td>118</td>
<td>36</td>
<td>21</td>
<td>13</td>
<td>12</td>
<td>924</td>
<td>76</td>
<td>83</td>
<td>4</td>
<td>1,287</td>
</tr>
</tbody>
</table>

* Communication and other categories were only listed from 2002 onwards


### TABLE 3: Budget allocation for the Preschool Support Program: Commonwealth and State funds

<table>
<thead>
<tr>
<th>YEAR</th>
<th>MAC (Commonwealth)</th>
<th>State</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998/99</td>
<td>290 000</td>
<td>1 022 000</td>
<td>1 312 000</td>
</tr>
<tr>
<td>1999/2000</td>
<td>296 000</td>
<td>1 021 000</td>
<td>1 317 000</td>
</tr>
<tr>
<td>2000/00</td>
<td>296 000</td>
<td>1 196 500</td>
<td>1 492 500</td>
</tr>
<tr>
<td>2001/02</td>
<td>486 900</td>
<td>1 232 400</td>
<td>1 719 300</td>
</tr>
<tr>
<td>2002/03</td>
<td>537 600</td>
<td>1 422 800</td>
<td>1 960 400</td>
</tr>
<tr>
<td>2003/04</td>
<td>623 800</td>
<td>1 408 900</td>
<td>2 032 700</td>
</tr>
<tr>
<td>2004/05</td>
<td>699 700</td>
<td>1 459 600</td>
<td>2 159 300</td>
</tr>
</tbody>
</table>


These figures show that from the year 1998 to the year 2004, the number of children supported by the Preschool Support Program increased by 109%. Over the same period, the funding for the Program increased by 64%. The Commonwealth Government increased its funding by 141% over this period and the State Government increased its funding by 42%. In 1998 the average level of funding to a child in the Program was $2133 per child. In 2004 the average level of funding to a child in the Program was $1677 per child.
Schools

Students with disabilities in Reception to Year 2 (five to eight year olds) are supported in schools through allocation to the school of targeted funding, based on a verification of the student's level and type of impairment and the assistance they need to access the curriculum.

The following tables illustrate the number of students receiving support in the years 2000 to 2004 and the budget allocations made by DECS to these children over the same period, where A is the lowest level of support and V is the highest.

### TABLE 4: Students with disabilities: enrolled R–2 classes 2000–2004

<table>
<thead>
<tr>
<th>Level of support</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2000</td>
</tr>
<tr>
<td>A</td>
<td>1068.0</td>
</tr>
<tr>
<td>C</td>
<td>70.0</td>
</tr>
<tr>
<td>D</td>
<td>829.7</td>
</tr>
<tr>
<td>H*</td>
<td>0.0</td>
</tr>
<tr>
<td>I</td>
<td>36.7</td>
</tr>
<tr>
<td>N</td>
<td>82.6</td>
</tr>
<tr>
<td>R</td>
<td>26.0</td>
</tr>
<tr>
<td>V*</td>
<td>0.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2113.0</td>
</tr>
</tbody>
</table>

* 'H' and 'V' level of support codes were first introduced in 2001


### TABLE 5: Students with disabilities: enrolled R–2 classes 2000–2004 (Global budget support categories)

<table>
<thead>
<tr>
<th>Global Budget categories</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2000</td>
</tr>
<tr>
<td>Mainstream A</td>
<td>1068.0</td>
</tr>
<tr>
<td>Mainstream D</td>
<td>724.3</td>
</tr>
<tr>
<td>Mainstream I</td>
<td>33.7</td>
</tr>
<tr>
<td>Special Class *</td>
<td>118.4</td>
</tr>
<tr>
<td>Special School / Unit</td>
<td>168.6</td>
</tr>
<tr>
<td>High Sustained</td>
<td>0.0</td>
</tr>
<tr>
<td>Very High Sustained</td>
<td>0.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2113.0</td>
</tr>
</tbody>
</table>

* Enrolments of students with disabilities in Special Classes did not grow by 210.6 FTE between 2000 and 2004, but the data coding of these children has improved over time with improved validation of this data.

The role of the Department of Education and Children’s Services in early childhood services

The Virtual Village: Raising a Child in the New Millenium
Report of the Inquiry into Early Childhood Services 2005

The increase in the number of children receiving support between the years 2000 to 2004 was 69%. The increase in the funding available to students with disabilities over the same period was 166%.

Findings

The above figures show that DECS did not allocate funds to the preschool population as the numbers of children with disabilities increased over time, at the same rate and in the same manner as it allocated funds for the junior primary school population. The policy for preschool-aged children and school-aged children is not the same, even after 10 years of education services and children’s services being administered by the same Department.

A child verified as having a disability in the schooling system is ‘entitled’ to funding at a certain level (global budget allocations illustrate this). When the number of children with disabilities increases, so does the budget. In preschool, the program does not operate as one of ‘entitlement’. The budget is a set amount, irrespective of the number of children identified as having a disability, and therefore the allocation per child decreases if the budget is not increased sufficiently over time. This is in fact what has happened over the last 10 years. Given the evidence for the efficacy and importance of early intervention for children with additional needs, it is hard to understand this policy position.

Children with little or no English

Preschool – first language program

The Preschool Bilingual Program assists preschool services to provide for the access and participation of children and families of non-English speaking background who have limited or no English. These families are newly arrived immigrants to Australia, generally refugees from countries in crisis.

DECS employs bilingual workers to assist preschool services to:

- provide support in the maintenance and development of the child’s home language
- support the child’s language and literacy development
- develop links with families from non-English speaking backgrounds, communities and organisations.

There is no English as a Second Language (ESL) program for four year olds in South Australia. The Preschool Bilingual Program supports children in their own language, not in English.

TABLE 6: Students with disabilities: Global Budget funding R–2 classes

<table>
<thead>
<tr>
<th>Global Budget categories</th>
<th>YEAR 2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainstream A</td>
<td>$1 174 800</td>
<td>$1 473 120</td>
<td>$1 776 582</td>
<td>$1 973 001</td>
<td>$2 021 408</td>
</tr>
<tr>
<td>Mainstream D</td>
<td>$2 245 330</td>
<td>$2 807 633</td>
<td>$3 481 478</td>
<td>$4 341 017</td>
<td>$4 986 345</td>
</tr>
<tr>
<td>Mainstream I</td>
<td>$232 530</td>
<td>$255 604</td>
<td>$296 052</td>
<td>$255 308</td>
<td>$451 861</td>
</tr>
<tr>
<td>Special Class</td>
<td>$663 040</td>
<td>$1 509 328</td>
<td>$2 259 988</td>
<td>$2 526 498</td>
<td>$2 815 911</td>
</tr>
<tr>
<td>Special School / Unit</td>
<td>$1 365 660</td>
<td>$1 620 810</td>
<td>$1 821 762</td>
<td>$2 020 739</td>
<td>$2 279 368</td>
</tr>
<tr>
<td>High Sustained</td>
<td>-</td>
<td>$1 153 878</td>
<td>$1 373 894</td>
<td>$1 553 843</td>
<td>$1 520 404</td>
</tr>
<tr>
<td>Very High Sustained</td>
<td>-</td>
<td>$532 400</td>
<td>$828 497</td>
<td>$970 164</td>
<td>$1 070 356</td>
</tr>
<tr>
<td>TOTAL</td>
<td>5 681 360</td>
<td>9 352 772</td>
<td>11 838 251</td>
<td>13 640 570</td>
<td>15 145 653</td>
</tr>
</tbody>
</table>

Notes: 1) The above calculations are based on Global Budget Funding entitlements, not Resource Entitlements
2) This table includes only direct school funding entitlements for students with disabilities categories. There are a number of other resources schools would have received to support these students from the Department and other sources (i.e. flexible salary allocations provided by the Districts, Access Assistants etc).

The role of the Department of Education and Children’s Services in early childhood services

There has been a 40% increase (210 children) in demand for the service since 2001, as the number of refugees coming into South Australia has increased.

In 2001, funding equated to $819 per child. In 2004, funding equated to $762 per child. Funding has increased by 30% in that time.

**English as a Second Language program**

An estimated 786 preschool children need English as a Second Language (ESL) support but there is no provision for ESL support for preschool services. The Departmental commitment to early intervention requires clarification in relation to preschool children who need this support.

Reasons for providing such support include:

- Concept development and vocabulary in the first language are crucial tools for children to develop an extensive knowledge base which establishes a cognitive framework for later learning.
- Appropriate development in the child’s first language is a necessary prerequisite for English language and literacy development.
- ESL support enhances the successful development of literacy and numeracy skills for all children and in particular for this group of children.

It is considered that the Preschool Bilingual Program should be resourced to cater for the increased number of children requiring first language support and that a Preschool ESL program should be established and managed jointly with the Preschool Bilingual Program. All early years staff should have training in the Early Literacy and ESL learner (accredited) course.

The establishment of an ESL Program within the existing Preschool Bilingual Program would require the following:

- six qualified early childhood ESL teachers (one per three districts) to provide child assessment, consultative support to preschool staff and ESL training
- eighteen Preschool ESL early childhood workers to provide the child with ESL support within the preschool curriculum (one per district).

**Aboriginal children**

For discussion and analysis of issues related to DECS children’s services for Aboriginal children, see Chapter 8.

**Quality**

**Professional development**

Provision across children’s services 1993 – 2004

DECS has a responsibility to evaluate the quality of all children’s services and to ensure their staff are of the highest possible standard. As stated in the Children’s Services Act 1985 the functions of the Minister include: ‘8(c) to monitor and evaluate the nature and quality of children’s services with a view to ensuring the highest possible standards’ and ‘8(d) to ensure that the expertise and qualifications of persons who provide children’s services are of the highest possible standards’.

---

**TABLE 7: Preschool Bilingual Program 2001–2004**

<table>
<thead>
<tr>
<th>Term 3</th>
<th>Requests</th>
<th>Children supported</th>
<th>Children not supported</th>
<th>Program Budget</th>
<th>$ per child</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>522</td>
<td>357</td>
<td>165</td>
<td>428 100</td>
<td>819</td>
</tr>
<tr>
<td>2002</td>
<td>597</td>
<td>531</td>
<td>66</td>
<td>416 400</td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>634</td>
<td>516</td>
<td>118</td>
<td>518 900</td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>732</td>
<td>582</td>
<td>150</td>
<td>558 500</td>
<td>762</td>
</tr>
</tbody>
</table>

Percentage increase 40 63 30

One of the ways to ensure ‘the highest possible standards’ in the ‘expertise and qualifications of staff’ is to provide professional development and access to high quality teaching and learning resources.

When it was established, the CSO’s first significant professional development initiative was a major investment in leadership training for Kindergarten Directors and other staff. This had a significant effect on raising the competence and morale of preschool staff. It also increased outreach by preschools into their local communities and improvement in attendances of children, particularly those with additional needs.

The CSO then focused on the needs of staff in services that were not provided or managed by the CSO. It did this through an alliance with the Commonwealth Government and the non-government sector to fund an Executive position, an ASO 7, clerical support and a team of 3.5 project officers at the Children’s Services Skills Training Centre (STCCS), based at the Lady Gowrie Child Centre. This was the first Skills Training Centre established in Australia by the Commonwealth Government for children’s services. It developed courses for childcare and preschool services based on their expressed needs and the needs identified through monitoring and licensing procedures. All Government funds for training were channelled through this centre, in the first truly integrated or ‘joined up’ service for the development of staff across children’s services.

The first STCCS Inservice Directory was provided to all children’s services sites including long day care centre staff, FDC providers and Outside School Hours Care (OSHC) staff in 1994. The first Directory contained 223 programs which were available to the range of children’s services staff across the State. Contributors to the directory included The Gowrie, CSO (now DECS), Multicultural Childcare Unit (now Diversity Directions), OSHC Association and the Special Needs Network (now Inclusion SA).

CSO staff, many of whom had specific qualifications and experience in childcare, were trained as trainers and designed and presented many of the courses. Program coordination was managed through the Palmer Place Training Unit initially, and then through the Training and Development Unit in DECS.

The Palmer Place Training Unit grew, offering Government traineeships in long day care (over 120 people were placed in childcare centres) and providing hundreds of programs to all staff across children’s services. With the formation of DECS, the amalgamation of The Orphanage Teachers Centre and the Palmer Place Training Unit (PPTU) saw the PPTU move to The Orphanage and then the Education Development Centre (EDC). The PPTU became a Registered Training Organisation (RTO) in the late 1990s to deliver accredited training for FDC providers. This course continues.

The goal of becoming a Registered Training Organisation was to enable unqualified staff working in children’s services to have a pathway towards further training and higher qualifications. The Unit fluctuated between the initial staffing of 3.5 FTE up to 11 FTE, with part time writers and trainers developing and providing quality training and professional development programs to staff across the range of children’s services. A software package was purchased in 1995 to track all training provided to each sector and the locations, in order to assist in the planning and delivery of courses across the State.

Inquiry findings 2004

The consultations identified that the long day care centre and OSHC sectors feel they get limited support from DECS regarding access to training. This issue is raised regularly with Departmental officers through the Childcare Reference Group. There is some sense that FDC providers can access training through their District offices, although this has not been thoroughly verified and the quality is unknown.

There are clearly pockets of good work including ‘Futures Connect’ in the North which includes private providers and DECS staff, and individuals such as Deb Kay in DECS who provides training for Health Support Planning.

The Assistant Director, Children’s Services funds the Organisation and Professional Development Services to implement the Upskills project to support existing OSHC staff to gain qualifications. These services also continue to provide the initial training for Family Day Care providers.

Mandatory Notification training courses offered through DECS are often available for childcare staff but are not always offered at times during the day that suit their needs, and DECS is the most expensive provider of this course.

Curriculum Officers and Early Learning Band Coordinators offer some training and support around the South Australian Curriculum Standards.
and Accountability (SACSA) Framework, but do not offer this universally to childcare, OSHC or Family Day Care, as they do to preschool services.

In summary it appears that:

- coordination of training programs and the ability to record, report and strategically plan programs for staff across children’s services have been lost
- funding is ad hoc at best and very limited
- staff of the Organisation and Professional Development Services (OPDS) within DECS have been approached about courses for the children’s services sector but have stated they have no funding for this.

It is not apparent where the resources previously provided to the early childhood services sector have gone.

**Children's Services Resource Centre**

**Services from 1985-96**

With the establishment of the Children’s Services Office, the Early Childhood Resource Centre (ECRC), which had provided support to Kindergarten Union staff, expanded its clientele to encompass the full range of childcare services. It developed close relationships with the training institutions (TAFE Childcare and UNISA Magill) and other resource agencies supporting childcare services, for example Lady Gowrie Child Centre, Multicultural Childcare Unit (now Diversity Directions), the Special Needs Network (now Inclusion SA) and Network SA.

In approximately 1992, the Resource Centre moved to Palmer Place, North Adelaide and was co-located with the Palmer Place Training Unit. The Centre further expanded its role as follows.

**A centre of excellence for early childhood information and knowledge**

The ECRC quickly developed a reputation as a provider of innovative and responsive information products and services to meet a diverse and changing range of customer needs. This was particularly the case in meeting the needs of the childcare sector. The service was highly customer focused with equity of access across the sectors a high priority. Specific services were introduced to meet the needs of remote borrowers, in addition to flexible hours of opening, for example after hours and Saturday mornings.

The Centre developed into a focal point as a ‘one stop shop’ for leading edge early childhood information from around the world. It was the most comprehensive collection of information (outside of the tertiary institutions) for early childhood education and care information. The Centre developed a knowledge base of early childhood corporate knowledge, which crossed functional and sectoral boundaries, and frequently put people in touch with other staff – not just with published information.

Staff of the Centre were experienced and knowledgeable of the early childhood sector and included an early childhood specialist librarian. All staff maintained a thorough and up to date knowledge of policies, practices and initiatives related to children’s services and had high credibility with clients.

The Centre provided significant support to the childcare sector, complementing services provided by other agencies such as the Lady Gowrie Child Centre.

Strong ties with the training institutions were established to support the notion of lifelong learning for education and care professionals. Strategies included encouraging students to use the library so they were more likely to continue using the service when employed.

**Amalgamation with the Education Department library services**

In 1996-97 the Early Childhood Resource Centre amalgamated with The Orphanage Teachers Centre Library and former Education Department district libraries to become the DECS Library and Information Service. The Review of Out of School Libraries had recommended that all Education Department libraries (approximately eight) amalgamate into a single service and the ECRC then became part of that single service.

It should be noted that the Special Education Resource Unit and the Languages and Multicultural Resource Centre vigorously resisted amalgamation as originally recommended in the Review, and remain today as separate and discrete services.

In 2000–01 the library was significantly downsized as part of a restructuring exercise. The majority of the hardcopy collection was disbanded. Early childhood resources were dispersed to the Lady Gowrie Child Centre, Languages and Multicultural Services from 1985-96
The role of the Department of Education and Children’s Services in early childhood services

Inquiry findings

Early childhood services have now lost a significant contribution to their quality.

One of the most useful ways to improve staff expertise and provide resources for children has been lost to the entire sector: the provision of a ‘one stop shop’ early childhood clearing house which ensures that leaders, managers and practitioners with responsibility for early childhood education and care are reliably and consistently informed about current research, policy and initiatives via high quality information services.

The explosion of information now published on the Internet has replaced the need for hardcopy resources to a large extent. However, the role of a clearing house of high quality early childhood information still exists. Edna Online is the major online current awareness information service targeting early childhood practitioners, however it is very broadly targeted.

Unlike schools, children’s services receive no direct funding for libraries, and library collections in children’s services tend to focus on resources for children. Early childhood services do not have librarians allocated to them on site, as do schools.

Overseas experience has pointed to the importance of bringing together information provision and professional development for staff in childcare, preschool and all early childhood services. This Inquiry makes recommendations about the need for coordinated information services for families with children from before birth to eight years of age.

Given the advances in information technology, new ways of providing support to staff in early childhood services, such as was provided in the past from one site (the Early Childhood Resource Centre) should be investigated and implemented by DECS.

A new quality system

A child who attends full time childcare for the first five years of their life will spend as much time in that environment (approximately 12 500 hours) as they will spend in school from Reception to Year 10. The potential for the childcare experience to influence a child’s attitude to learning and responses to schooling cannot be underestimated.

At August 2004 there were 254 licensed childcare centres in South Australia. Over the past four years there has been a major expansion of the childcare sector.

The South Australian Government, through DECS, establishes and monitors the standards embodied in the Children’s Services (Childcare Centre) Regulations 1998 in each of the 264 centres, and issues licences for all but the TAFE centres under the Children’s Services Act 1985.

This State’s Regulations are based on nationally agreed standards below which it is considered that the health and safety of children are at risk. The Regulations therefore embody minimum standards only and do not address any other quality aspects of childcare provision or children’s early learning.

The Commonwealth Government has instituted a Quality Improvement and Accreditation System (QIAS) (National Childcare Accreditation Council, 2001) that is binding on all centres that benefit from Federal funding. The system is based on 10 quality areas that are considered essential to the provision of high quality learning environments for young children.

When first introduced, the QIAS made a noticeable difference to the quality of centre based childcare but improvements then reached a plateau, at a level that is considered unacceptable by early childhood experts in South Australia. Quality in some services has actually declined, and a mismatch has been noted between the level of Commonwealth accreditation and the practices observed by State licensing and support staff.

Some extremely valuable work has been done by early childhood staff from the curriculum section of DECS, in implementing the South Australian Curriculum Standards and Accountability (SACSA) Framework in childcare centres. Groups of centres have worked with DECS staff on a voluntary basis and have been supported by limited ‘one-off’ funding for staff training and release time. While the improvements have been significant, the number of centres involved has been limited by the lack of resources.

The Inquiry recommends a new Quality System for Early Childhood Services, building on the SACSA Framework, Childcare Centre Regulations and QIAS (See Chapter 13).
Capacity within DECS

Reduction in strategic policy and corporate support

In 1992, the personnel statistics for the non-service delivery staff in the Children’s Services Office were:

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive Officer</td>
<td>1</td>
</tr>
<tr>
<td>Central Directors (ExB)</td>
<td>2</td>
</tr>
<tr>
<td>Regional Directors (ExA)</td>
<td>6</td>
</tr>
<tr>
<td>Regional Support Staff</td>
<td>56</td>
</tr>
<tr>
<td>Policy Planning and Programs staff</td>
<td>26</td>
</tr>
<tr>
<td>Resources staff</td>
<td>42</td>
</tr>
</tbody>
</table>

The following table illustrates the number of children’s services for which these staff provided policy and operational support in 1992, compared with the number of children’s services now existing in South Australia.

The non-service delivery staff in the CSO were transferred into the corporate areas of DECS: the human resource positions went to the Human Resources section, the finance positions to Corporate Finance and so on. Unfortunately these positions appear to have been offered up as savings or abolished in successive restructures. The only staff who remain with any real understanding and background in children’s services are the approximately 13 staff in the Children’s Services section.

Leadership for children’s services in DECS has been ‘mainstreamed’, resulting in the number of staff requiring specific expertise in children’s services being reduced from eight Executive positions, including a Chief Executive, to one or two positions depending on how the job and person specifications are understood.

In the realignment that took effect at the beginning of 2004, the following children’s services specific positions were abolished:

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Children’s Services Coordinators</td>
<td>23</td>
</tr>
<tr>
<td>Managers of Early Childhood Support Services</td>
<td>4</td>
</tr>
<tr>
<td>Children’s Services Section project officers</td>
<td>3</td>
</tr>
<tr>
<td>Learning Improvement and Support Services project officers</td>
<td>4</td>
</tr>
<tr>
<td>Licensing and Standards officers</td>
<td>1.5</td>
</tr>
<tr>
<td>Curriculum staff</td>
<td>3.5</td>
</tr>
</tbody>
</table>

The following table illustrates the number of children’s services for which these staff provided policy and operational support in 1992, compared with the number of children’s services now existing in South Australia.

<table>
<thead>
<tr>
<th>Children’s Service</th>
<th>1992</th>
<th>2004</th>
<th>Change</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childcare Centres</td>
<td>143</td>
<td>252</td>
<td>109</td>
<td>76%</td>
</tr>
<tr>
<td>Family Day Care (places*)</td>
<td>3724</td>
<td>6255</td>
<td>2531</td>
<td>68%</td>
</tr>
<tr>
<td>Outside School Hours Care</td>
<td>111</td>
<td>306</td>
<td>195</td>
<td>176%</td>
</tr>
<tr>
<td>Funded Preschools</td>
<td>430</td>
<td>416</td>
<td>-14</td>
<td>-3%</td>
</tr>
</tbody>
</table>

* Places denotes the spaces available in a program. More than one child can occupy a place.

District operations

When the new DECS district alignment took effect at the beginning of 2004, the boundaries were drawn up without taking into consideration the distribution of childcare services. This means that some District offices have very high numbers of childcare services (for example Metropolitan East has 43 childcare centres alone) and others have very few. This will make it difficult for District office staff to respond to services as recommended in this report, given that staffing allocations are not weighted. Consideration should be given to reallocating early childhood staff to reflect the support needs of children's services in districts.

For District offices to provide the support essential for implementing the Inquiry recommendations and improving children's services in South Australia, they will need to recruit people with experience and qualifications in childcare, as well as early childhood education. For those staff with schooling experience only, a professional development program covering the different types of children's services, their operations, relevant standards and regulations should be developed, and visiting programs to different services should be organised.

See Appendix 11 for DECS early childhood services by district and category.

Information Communication Technology

In its submission to the Inquiry, the DECS Technology and Knowledge Management Services area pointed out that funding for Information Communication Technology (ICT) through DECTech 2001 and e-Learning Projects has generally been directed to schools. Some provision has been made during 2004 for hardware, telecommunications and professional development related to ICT in preschools.

No provision to date has been made for ICT services in Family Day Care or licensed childcare centres. Child Parent Centres have historically remained the responsibility of schools and have also not been included in the preschool allocation of ICT equipment or services.

The South Australian Government Strategic Plan (Government of South Australia, 2004a) and the Government of South Australia ICT Directions document (January 2004) highlight the need for Government agencies to expand their provision of e-business opportunities and to increase the ease with which members of the public can access information and services on-line. This is particularly relevant in relation to the processing and issuing of licences and, given the imminence of the introduction of a regulatory regime for Outside School Hours Care, is a timely consideration.

Access to broadband and messaging infrastructure for childcare centres and Outside School Hours Care services must therefore be seen as a high priority. In the case of vacation care services provided on school sites, there is no mail delivery during the school holiday period and contact must be by telephone. This takes staff away from their interaction with children whenever this is required and is unacceptable in 2004.

In addition to the need for appropriate ICT infrastructure for administration purposes, there is also a significant need for ICT equipment for both curriculum and recreational use, the latter particularly for school-aged children in Outside School Hours Care programs.

In the first instance, the scope of the current ICT environment across the full range of early childhood services, including the ICT skills of staff, equipment, and software, should be established. An audit is required that encompasses the level of staff skill and expertise as well as existing infrastructure. The information can then be used as the basis for the design of a comprehensive early years ICT architecture that will establish a clear direction for the next decade and beyond.

DECS role in early childhood services

As part of the leadership to be provided by DECS for integrated early childhood services, District Directors will need to identify all children's services in their district and develop a plan for consulting, identifying supports required and developing support structures for these services. This should involve all Coordinators and Support Services staff, other than the Learning Band Coordinators for Middle and Senior Years.

The Children’s Services Act 1985 makes it clear that DECS must support all children’s services. Support programs such as professional development, and district support staff must be made available to childcare and other service types.
DECS will need to rebuild its capacity to provide leadership once more to children’s services - in Central office policy functions, in prioritising District office support, and in new program development. Without a re-investment in children’s services, the issues brought to the Inquiry by families, staff and organisations alike will not be addressed.

A 10 year vision for early childhood services in South Australia should relate to the establishment of ‘best practice’ curriculum and learning outcomes in all services across the State. The recommended integrated services (Child and Family Centres) will not artificially distinguish between childcare and preschool, and will include health and family support programs which may be offered by a range of providers.

This integrated early childhood service system will form a true platform for an excellent primary and secondary schooling system and serve to enhance all aspects of the South Australian community.

Under such a system, South Australia would have the potential to reclaim the national leadership in relation to high quality curriculum and learning outcomes for young children, across all early childhood settings. South Australia’s Our Children the Future Conferences could serve to showcase these achievements to an Australian and international early childhood audience. In addition, the system would enable some leverage in relation to the quality of outcomes for young children in the growing corporate childcare sector.
The inputs to the Inquiry identified the integration of services as a high priority and a major component of a more user-friendly system. It must be noted, however, that ‘integration’ means different things to different people and operates differently in different contexts.
Defining integration

Several definitions of integration are current:

Integration refers to a coordinated policy for children where sectors including care, education, family support services, employment and health services work together in integrated networks. (OECD 1998a; 1998b; 2001).

Another definition of integration highlights the ‘creation of a synergy of people and resources drawn from the range of sectors associated with early childhood’ (Evans, 1997; 2000).

One further definition expands the concept to describe how integration can occur both horizontally and vertically at national, state and local levels. Vertical integration includes governance, administration and service delivery (Slowinski, 2002). Slowinski describes how these three factors can achieve integration:

- **Governance** through a single structure partnership between governing bodies, through legislation or policy
- **Administration** through changes to organisational structure, management processes, management information technology or location
- **Service delivery** through service delivery structure, processes, client information, information technology or location.

When people discuss integrated services they are generally referring to horizontal or service integration. Service integration means a combination of strategies to simplify and facilitate client access to benefits or services. There can be a distinctive mix of strategies, processes, partner agencies, governance and accountability.

Service integration can be characterised by features such as common intake processes and seamless service delivery: the client may receive a range of services from different programs without repeated registration procedures, waiting periods or other administrative barriers. This seamlessness is enabled by a multi-disciplinary service focus where the client’s needs are assessed in totality and holistically. Accessing services, especially early intervention services, is made a part of the service contract with clients, without the discontinuities arising from referral.

Fine (cited in Slowinski, 2002) proposes a continuum ranging from autonomy to integration, with cooperation and collaboration falling in between:

The integration continuum

Autonomy Integration

Cooperation Coordination Collaboration

Leutz (cited in Slowinski, 2002) describes the different characteristics of the continuum as:

**Cooperation**: linkages that provide for improved levels of information and better referral processes

**Coordination**: explicit structures are established to coordinate care across systems, although operating within existing structures

**Integration**: new programs or units where resources from multiple systems are pooled to create a new systemic approach to the delivery of services to families and children.

Consultation findings

‘The services need to be accessible, more equitable, more affordable and they need to be services, full stop.’

‘I want a developmentally, culturally and socially appropriate community setting where the individual needs of the child and family are met, and where support services are provided, especially for children with additional needs or at risk of disability or delay.’

(McGregor Tan Research, 2004a)

Service delivery

The above comments from respondents illustrate the predominant theme from the consultations which was the call for what was variously called ‘streamlined’, ‘integrated’, ‘co-located’, ‘seamless’, ‘joined up’ or ‘better coordinated’ early childhood services. Many examples were given to establish the need for greatly improved coordination between
Integration

Families repeatedly identified the following factors as preventing them from obtaining the services they want for their child:

- **Access to preschool:** Families consistently reported difficulties in using preschool services because of the sessional nature of the services. This was particularly the case for sole parent families and working families who were also concerned about the higher fees they have to pay for the preschool service in their childcare centre.

- **Policy differences:** There is a lack of consistency in policies and practices between service types. Families reported that this was confusing and they could not understand the need for differences particularly when some services were delivered in one location. Differences in, for example behaviour management were also reported to be confusing to the children.

- **Child and family information:** Families questioned the necessity to continually enrol their child and provide information about their family and child to services that were delivered on the same site, for example school and the after school care program, or the preschool and childcare service in the same building. This was a particular issue for families with a child with additional needs who reported they have to continually relay information from one service to another as the services do not talk to each other.

- **Hours of operation:** Families noted that every early childhood service seems to operate between different hours, for example preschool hours, school hours, occasional care, Outside School Hours Care. In addition, the majority of education, health, specialist services and family support services are available only between 9.00 a.m. and 5.00 p.m., making them inaccessible for working families.

- **Consistency of standards:** The differences in standards, particularly for preschool and childcare were questioned throughout the consultation. In addition to concerns raised by parents, representatives of childcare services raised the inequities of the demands placed on them by the Childcare Centre Regulations, versus the more flexible approach taken to standards in preschools.

Families wanted services that configured themselves around the unfolding needs of families, rather than families having to ‘wade their way into the maze of services’, as one person put it. Many participants identified the need for additional funding to services that currently exist and for more services in general for families with young children. Integration of the existing services alone will not resolve the current shortage of services.

Families of children with additional needs were particularly interested in the integration or co-location of health, education and childcare services on the same site – schools were mentioned but so were other community venues. They believed it would be easier for their child as it would mean less transitions, and it would be easier for the staff to share information and provide more consistent support to their child. However, some participants were concerned integration would mean a reduction in services, a lack of choice in regard to service type, and could lead to a more ‘institutional feel’ if the service got too big.

Among early childhood professionals there was a strong view that a Statewide, cross government framework for early childhood services is required to work across the traditional silos of service provision established through the three principal Department’s structures. Services should be centred on the needs of the child and family, rather than the current structure of the system.

**Information**

Many parents reported frustration about the lack of information regarding the range of services and where to go to get information. They were often confused about the names used by services, observing that the name did not always provide an indication of the nature of the service being provided.

The McGregor Tan telephone survey (2004b) found a significant number of parents reported that the information currently provided did not meet their needs. Parents reported they wanted to know the range of services provided, where and when they were available, for all health programs and learning programs.

Many families reported being reliant on their network to find out about early childhood services and expressed concern for families who may miss out, because of the lack of information.
Integration

Suggestions made by parents about how information could best be provided to them included:

- the establishment of parent information and resource centres in communities
- web-based information services, television advertisements and fridge magnets to publicise sites
- information to parents at the time of key health checks
- a telephone line.

The Child and Youth Health Parent Helpline and website currently provide a valuable information service. In 2004, 116,691 calls were made to the Parent Helpline and 641,489 pages on parenting and child health topics were downloaded from the Child and Youth Health website. A collaborative effort across the three principal Departments could build upon this initiative to provide a more comprehensive Parent Helpline and web-based information service for families.

Research

International

Internationally, there is a strong movement which sees early childhood education and care as a necessary, institutional, public good. It is considered likely to be much more effective if childcare and education are integrated with health support, social support and opportunities for parents to attend training. This requires a genuine, systemic commitment to early childhood education and care and its client families and communities. It also requires willingness by the various professional groups and separate bureaucracies involved to avoid ‘turf disputes’ (Gammage, 2004b) (See Appendix 12 for supplementary research note on Integration).

Over the last decade or so, the academic domains of neuro-science, the sociology of childhood, and longitudinal studies of human development have meshed with the ideas of criminologists, paediatricians and social scientists to strongly emphasise the critical importance of quality early years’ service provision.

In England, recommendations have been made about both ‘universal services’ which every child uses, and more ‘targeted services’ for those with additional needs (TSO, 2003, p.5). The proposals are focused on four main areas:

- supporting parents and carers
- early intervention and effective protection
- accountability and integration – local, regional and national
- workforce reform.

These proposals have been expanded as policy in a Five Year Strategy for Children and Learners: Putting people at the heart of public services (DfES, 2004). Broadly, the proposals for all levels of education and care are:

- greater personalisation and choice such that the wishes of children, parents and the community are centre stage
- opening up services to new and different providers and delivery methods
- freedom and independence for principals and managers, with clearer, simpler guidelines, simple direct accountability, and more secure funding with less bureaucracy
- major efforts to build in better staff development and greater professionalism
- strong partnerships with parents, volunteers and voluntary organisations.

Integration of services is highlighted as a major strategy to achieve these goals. Specifically for the early years, the intention is to provide:

- integrated one-stop support services
- more opportunities for care and support from birth to two years (with supplementary finance to enable parents to stay at home if they so wish)
- a flexible system of ‘educare’, which joins education and care more successfully for three and four year olds
- the development of dawn to dusk support with breakfast clubs and Outside School Hours Care
- Children’s Trusts to bring together all those who provide services for families and children in a region
- simpler profiling of children and more teacher-oriented key stage reporting (Gammage, 2004b).

In Canada, the Early Years Report (McCain and Mustard, 1999) proposed the development of early child development and parenting centres as the core
components of an integrated framework of activities and supports for the prenatal period and for children from birth to six years and their families. These centres are both parent and child focused, providing childcare (full time, part time, respite), prenatal and postnatal support, toy library, family literacy and numeracy programs, adult learning and support to parents to enhance self-esteem. Home visiting and outreach support are also provided. Extra effort or active outreach ensures that those families with additional needs are supported and referred to specialist services.

Many countries are now establishing models of integrated service provision: from the modest co-location of pre-school and primary school, to the full provision of community healthcare; from drop-in centres, counselling and crèches, to school facilities and training opportunities for adults. Examples include:

- Early Excellence Centres (United Kingdom)
- Sure Start Children’s Centres (United Kingdom)
- Pen Green Centre (Corby, Northamptonshire)
- Head Start (United States)
- Toronto First Duty (Canada).

Pen Green Centre

The Pen Green Centre is a program for under five year olds and their families that offers a range of services. Pen Green was one of the first Early Excellence Centres and is part of the Sure Start program. Services include education and care, adult community education, family support services, community regeneration, child health, training and research. Pen Green is funded by social services, education and health and line managed by social services.

Toronto First Duty

Toronto First Duty brings the three streams of kindergarten, childcare and parenting support into a single program, designed to meet the learning needs of children at the same time as it meets the care needs of the parents. Through the Toronto First Duty sites parents are able to access the full range of child and family supports available in their community. The service has an integrated early years learning environment, staffed by an early childhood team and has an integrated governance model with a pooled budget.

Seamless access to services is facilitated by a common intake to the program and integrated client information and data collection. Parents and caregivers are encouraged to participate through a variety of strategies including participation in governance, programming and planning.

National

As described in Chapter 3, the Commonwealth Government has developed the National Agenda for Early Childhood (FaCS, 2004a) as a policy framework for joint action between all levels of Government and non-government agencies, with the aim to improve outcomes for children from before birth to the age of five years. At a system level, the Commonwealth proposes to advance these goals by building onto existing initiatives and encouraging opportunities for collaboration under the Stronger Families and Communities Strategy which has recently been funded for a specific focus on early childhood.

Nationally, health agencies have identified the need to build on whole of government approaches, through collaboration between portfolios and interagency activity.

‘Outcomes can be improved through families, communities and government, at all levels, working in partnership and building capacity through collaboration with and within communities’


Many states have developed, or are in the process of developing whole of State Government strategies for a more integrated response to the needs of young children and their families in their State. Examples of these include the ‘Families First’ program in NSW and the ‘Best Start’ program in Victoria.

Families First

Families First is an early intervention program that identifies the children and families most likely to require further assistance. Drawing primarily on existing services and resources, the program is developing a network of universal and targeted services to provide support to parents, carers and communities, well before problems become entrenched.
Families First emphasises the coordination of existing specialist service providers into an integrated network, pooling information, eliminating duplication; maximising the effectiveness of existing resources by making appropriate referrals; and establishing collaborative arrangements for follow-up support of client families over time.

Best Start

Best Start aims to improve the health, development, learning and wellbeing of all young children across Victoria. It supports communities, parents, families and service providers to improve universal local early childhood service systems. Best Start is auspiced by the Department of Human Services and the Department of Education and Training and assisted by the Community Support Fund.

South Australia

The South Australian Government is breaking new ground in the delivery of services from a whole of government perspective. The new approach challenges traditional ways of working within the boundaries of specific Departments and calls for State Government staff and services to be highly collaborative and more responsive to the community. The aim is for innovative, flexible and responsive models of service in which barriers between service types are removed and shared goals developed with individuals, families and the community.

The Layton Review (2003) recommended that an overall strategy for service provision across all Government departments and non-government agencies be developed in relation to child protection (Recommendation 6). It also recommended that the schools and children’s services within DECS work with Child Youth and Family Services and other service providers to develop schools as child and parenting centres, offering programs such as playgroups, parenting education, Outside School Hours Care and life skills programs.

The Report entitled Every Chance for Every Child – Making the Early Years Count (Department of Human Services, 2003) sets out a framework for early childhood services that identifies improved service coordination and integration as a priority.

It notes that

‘research studies indicate prevention and early intervention programs for children and families have the greatest impact when they are capable of addressing a broad range of issues and are provided as part of a coordinated network. The best preventative interventions are those that involve an integration of different services’

(DHS, 2003, p. 11).

Many examples of service integration can be found locally that respond to the needs of young children and their families. Examples of these include:

■ Children and Families Integration Service (North, West & South)
■ Café Enfield (Enfield)
■ Gilles Plains Community Campus (Gilles Plains)
■ Minya Bunhii (Ceduna)
■ Pathways for Families (Onkaparinga).

Children and Families Integration Service

This is a service of the Women’s and Children’s Hospital. It has successfully integrated four geographically based programs into one service with common intake, data collection and client information systems. While each of the programs is unique, the service has been able to integrate: early intervention parenting support; early years learning; child diversionary protection programs; community development and peer support mechanisms into a community based model that supports the role of the family in raising healthy well-nurtured children. All sites have strong links with education, and child and family support services. One of the programs is located on a Department for Education and Children’s Services site, with another in a health based community centre.

Minya Bunhii

Minya Bunhii provides an integrated service centre for early childhood services in Ceduna. Services available for children and families at Minya Bunhii include immunisation, infant and child health checks, playgroups, toy library, dental services, occasional care, preschool and transition to primary school. The Ceduna Koonibba Aboriginal Health Service also visits the site on a regular basis providing services for the whole family.
Benefits of integration

A review of the literature identifies the following benefits of service integration:

- improved program effectiveness and efficiency
- increased satisfaction by clients
- increased proportion of services provided in more appropriate setting (for example community health and GPs instead of hospital)
- more efficient use of resources
- improved access to a wide range of services ranging from prevention and treatment to support services
- increased range of services
- economic efficiencies from the elimination of duplication
- provision of more appropriate services
- better access to services
- reduced service fragmentation (Slowinski, 2002).

Evidence from Queensland suggests that an urban hub of basically integrated services is particularly effective in the eyes of the community and in measurable outcomes later (Farrell et al, 2004). It was particularly noted that responsibility for education and childcare was at its best when combined within one Ministerial portfolio, as has been the case in South Australia since 1985.

What helps integration?

Raglan (2003) identified the following elements of successful service integration:

- effective leadership
- skilful management
- community involvement
- strong political support
- simple governance structures
- a clear mission that is regularly reinforced
- adequate resources
- a willingness to experiment, take chances, and occasionally fail
- open communication processes
- plenty of team meetings, patience and time and, most importantly,
- getting the right services to children and families at the right time.

Similarly, Gammage (2003) describes a number of fundamentals for successful integration:

- Ministerial and executive integration
- good communication
- parity of status
- a willingness to avoid disputes over any putative levels of professional superiority, or notions that one part of education, care, health or family support is intrinsically more important than another.

What are the challenges?

The following challenges or inhibitors to effective service integration have been identified:

- lack of a framework defining when integration has occurred, how much integration is desirable and what the costs are
- funding barriers and obligations that prevent sharing of resources
- philosophical differences and a culture of competition between agencies
- cost and client shifting
- lack of power in those proposing integration to implement changes
- communication barriers, use of professional jargon and ‘fighting over territory’
- differing professional backgrounds of staff and lack of a ‘common language’
- different organisational priorities, goals and tasks
- high staff turnover
- restrictions related to eligibility, confidentiality and statutory or other regulatory barriers
- lack of coordination by advisory bodies
- perceived loss of program identity, prestige or role as authority, and freedom to act independently and have control over your own domain
- lack of clarity and realism about the goals and barriers associated with joint work
- political changes and uncertainty, bureaucratic inertia and risk aversion (a particular issue for agencies dealing with high-risk clients such as abused and neglected children)
- political and administrative contexts creating a barrier to reforms in general including integration reforms
- uncertainty about how to best achieve integration and what its impact will be (Slowinski, 2002).
Discussion

The Inquiry found the families' comments about disjointed services with numerous gaps, were supported by staff views and comparisons with international research. There is no service that follows children from the antenatal period to eight years of age, no service that can provide a holistic response to education, childcare, health and family support, and care and protection issues.

The sector is under-resourced and service integration occurs in a piecemeal fashion, with a lack of early childhood leadership in senior positions. When service integration does occur, it is generally done without additional resources and with an enormous amount of local goodwill. To further establish South Australia as an early childhood leader, a child and family focused, integrated early childhood system is needed.

Strong effective leadership at a State, regional and local level is the first step in this process. For strong vertical leadership to occur, an agreed framework for action is required, with ongoing dialogue between the levels of leadership within and across the current sectors. Families, too, must have ongoing input into the shape of the new service system, and a variety of strategies need to be developed to ensure this.

Central to the establishment of an integrated model of service delivery for early child development is the understanding that families will use the system as they need it. The integrated system must work with families in such a way as to build on their resources and strengths, and provide services in a timely, accessible manner.

It is acknowledged that transformation to an effective integrated culture of service provision will take time and will involve much discussion, negotiation and planning on the part of families, workers and Governments.

However, the provision of a range of integrated, universal, targeted, and intensive services will place South Australia at the leading edge of early childhood service provision. This is particularly important for the 70 000 children living in poverty in South Australia. As discussed in earlier chapters, early experiences of poverty, hunger, insecure housing and constant transitions have a profound impact on both life long health status and the more immediate physical and emotional health outcomes.

An integrated model: transforming early childhood services in South Australia

A network of Child and Family Centres is proposed for South Australia. Each will provide a range of universal and targeted services. Particular services not provided at any centre (due to cost, demand, or resource limitations) will be available elsewhere and connected to that Centre. These will be part of the service network and information will flow directly between the local, district and State levels.

Each Child and Family Centre will be developed by building on the strengths of the local area and the needs identified by families. Some Centres will be located in and developed from childcare centres, others at preschools or schools and others in local community centres. Each Centre will provide outreach services in addition to centre based services. These outreach services may take place in homes or other community locations. Local government, the non-government sector and business will be invited to participate in the development, implementation and evaluation of the Centres.

Families will be active participants in the shaping of the new service system. A range of community participation mechanisms and strategies will be used to ensure families can participate on their terms. Services will be required to account for how families have participated in planning, development and implementation.

All Child and Family Centres will have the full support of the Department of Health, Department of Education and Children’s Services and Department for Families and Communities. It is intended that all relevant service providing State Government Departments and authorities may deliver their services from the Centres. Where possible, existing local services will be rationalised so that delivery occurs from a unified location. Strong leadership at the local level will be supported at district and State levels.

Governance structures will be developed locally to include all stakeholders. These structures will be responsible for the planning and delivery of services in line with the whole of government Framework for Early Childhood Services. Local governance arrangements are discussed in more detail in a later chapter of this report.
At each Centre, a multi-disciplinary team of workers will support families and children up to eight years of age. These workers will provide the services offered by existing authorities and will link families into other services they require. All staff will be trained to work from a strengths-based approach and will work with families in ways that acknowledge their story, identify their hopes and aspirations, build on their strengths and provide additional resources as appropriate.

Where families need support to navigate the system they will be allocated a Key worker to follow them throughout the early childhood period. Families will have a copy of their case notes to take to their local General Practitioner and other service providers outside the Child and Family Centre.

Universities will be linked to the Centres and will support them with program development, research and evaluation. The Centres will support the universities with curriculum development and student placements.

**Integrated information**

All information regarding children’s services from before birth to eight years of age will be located on one website and via one free phone call. Information will include services available, eligibility criteria and hours of operation.

This information will be available in a broad range of languages and visual formats. Information about Child and Family Centres will be provided on radio, television and in popular magazines. Posters on the public transport system and advertising at the local cinema will provide people with a snapshot of information about the local services available to them.

**What would integrated services look like for a young family?**

Overall, the new integrated system will look seamless to families. That is, they will tell their story once, get the services they require and feel confident in accessing the service which best meets their needs.

Jessica and Mark are having their first child in seven months time and have just been to see their local G.P. She has explained that there is a range of universal services available to them and provided them with information about the local Child and Family Centre. Jessica and Mark attend the information session at their Centre and they decide they would like to attend antenatal classes and receive information about infant development and parenting. They also decide that they would like to have a midwife deliver their baby in the birthing unit at the local hospital. Jessica and Mark are given a support worker who will help them to organise these things and will talk with them again in three months to see how they are going and if they need any additional support. They can contact the worker at any time if they have additional questions.

The support worker is based at the local Child and Family Centre and, as the child develops, the Centre staff discuss the different needs of the child and the family and link the family into the services they require. The child is linked to immunisation, early learning programs and allied health programs as needed. The child is cared for three days per week at the Child and Family Centre, the mother brings the child to the Centre on Saturday for kinder-gym, and the father brings the child to the Centre once a week for parent/child play-based learning sessions. New learning opportunities are provided to the developing child.

As the child approaches primary school age a transition program is put in place to ensure a continuous learning environment. Over the years Jessica and Mark have access to a range of parent groups and training opportunities offered at the Centre or in other community locations.
The Virtual Village: Raising a Child in the New Millennium
Defining quality

Everyone wants a quality service, but what does this mean? There is considerable variation in understanding of the concepts of quality, which makes defining, measuring and reporting on the quality of early childhood services somewhat problematic.

The concept of effectiveness is also raised within this chapter, as this term is used for services for children provided by schools. There is no consensus in the literature on what quality or effectiveness are, but there is a sense that there are distinctions that can be made between quality and the lack of quality, and effectiveness and ineffectiveness.
The Australian Oxford Dictionary defines quality as ‘a degree or level of excellence’. Others have provided definitions. For example Henry Ford said that:

‘quality means doing it right when no one is looking’.

http://www.brainyquote.com/quotes/f/for/quality

Myron Tribus, in *When Quality Goes to School*, said that:

‘quality is what makes learning a pleasure and a joy’.

http://www.mehs.educ.state.ak.us/quality/whengqualitygoestoschool.pdf

Effectiveness can be defined as: ‘the degree to which an activity or initiative is successful in achieving a specified goal’.

http://www.balancedscorecard.org/basics/definitions.html

Peter Drucker is quoted as saying that:

‘efficiency is doing the thing right, effectiveness is doing the right thing’.

(Bernhardt, 2004, p.144)

Quality is judged from the perspective of individuals and the social and cultural lenses they bring to bear. It is influenced by particular views: about children and the nature of childhood; appropriate environments for children, what children should be taught; how they should be taught; who should be responsible for their learning and development; and who has the authority to judge quality.

There is current agreement that quality looks different in different contexts, making a precise definition or list of criteria problematic and dependent upon individual judgments, based on socially and culturally constructed assumptions.

Effectiveness is linked to a focus on results and, in school effectiveness research, most definitions focus on the value added by the school. Much current school effectiveness research is premised on the definition of an effective school as one in which students progress further than might be expected from consideration of its intake (Mortimore, 1991). Ken Rowe (2002) notes the work of the OECD in developing a multi-level notion of effectiveness:

‘... the definition of what constitutes high quality education is multi-dimensional, so there is no simple prescription of the ingredients necessary to achieve high quality education: many factors interact’.

Whatever definition of quality and effectiveness is applied, early childhood services are underpinned by values, and focus on the purpose for which the service was designed. This assists to a certain extent in establishing some parameters around the concepts of quality and effectiveness. However, values can vary and different people may view the purpose of a service in different ways.

If we are seeking to assure quality and effectiveness in early childhood services, we may initially consider the features and characteristics of the service that influence the satisfaction of those connected with the service. It is therefore necessary to understand the expectations from multiple perspectives, and to a great extent this is what the Inquiry into Early Childhood Services has achieved. Evidence from these multiple perspectives is embedded within this report.

Findings from the consultations

Many of the responses received by the Inquiry highlighted the issue of access to services. For these respondents the issue of quality was less urgent. In terms of quality however, we need to be able to assure South Australians that access to early childhood services equals access to quality services. The many parents, service providers and organisations who did provide a response which included comments on quality highlighted the following themes:

- early childhood professionals
- early childhood processes and practices
- relationships
- structures required to sustain quality in early childhood services
- beliefs and understandings about early childhood services.
Early childhood professionals

The findings of the Inquiry are in agreement with current research. Staff are the critical factor in quality and effectiveness. A sound understanding of child development, matching practices with the needs of the child, high staff to child ratios, positive staff-child relationships and continuity of staff, have all been identified as necessary components of high quality early childhood services.

The importance of professional development in supporting sustainability of quality has been highlighted in the research and was also a key theme in the findings of the Inquiry. Throughout all consultation processes, the training and professional development of those employed in the field of early childhood was seen as critical to raising the quality of services, building capacity in communities and ensuring the sustainability of high quality early childhood service provision.

Formal training occurs in the TAFE and university sectors and through registered training organisations. In all early childhood services a range of qualified, non-qualified and volunteer staff is used to support children’s care, learning and development. There is a clear message that all should be supported to participate regularly in professional development processes.

It is clear that a range of professional development occurs in various sectors, but there is no coordination or monitoring of the focus of the learning, record of who attends or of how the learning is translated into changes in practice. It is through ongoing professional development that quality grows, as staff gain knowledge, engage in research and practise their learning in an environment that supports the sharing of practice, across early childhood networks. Of particular importance is the application of the learning gained through action research or inquiry projects.

There was a concern expressed that untrained staff are being used in some services to deliver programs which in other services are required to have trained staff. It was consistently noted that the quality of a program is directly related to the training of the staff leading the program, and that children should be entitled to experience quality programs, no matter which early childhood service they were attending.

While the quality of programs was not directly linked to wages and conditions of staff, these were identified as significant factors, particularly in the childcare sector. The significant disparities in wages and conditions of teachers across different services were also noted. The tension between staff qualifications and work responsibilities, which has developed from the diverse and historical roots of early childhood education, care, health and family support services, is growing. Teachers, for example, have not been attracted to childcare positions because of the low pay and poor conditions, and this has in turn impacted upon the capacity of some childcare services to deliver comparable quality services.

To further develop the quality of early childhood services in South Australia, it will be imperative to conceptualise and engage the early childhood field as a professional learning community. All associated with the early childhood field have knowledge and experience to share. It will be important to support this sharing through processes that seek to cross-fertilise practices, with a focus on improving the quality of all services.

Processes and practices

The Inquiry consultation processes highlighted a range of processes and practices that are considered critical in assuring quality such as:

- curriculum and program planning and practice
- transition
- accountability.

Curriculum and program planning and practice

The Inquiry responses have highlighted the critical importance of rigour of planning in delivering quality programs through quality practices. Having a transparent planning process, involving relevant stakeholders in planning, ensuring a focus on inclusion, and meeting the needs of individual children were all identified as important components of program quality.

Responses also highlighted the need for alignment of planning processes with practices used by staff when delivering the service. Engagement of children and families, sensitive and responsive approaches to children and families, and open communication were all considered to be evidence of a quality program.
Provision for children with additional needs was stressed as an important and integral component of quality programs, particularly as many programs in early childhood are specifically focused on children with additional needs. The findings of the Inquiry particularly support greater consideration for meeting the needs of Aboriginal children and children with culturally and linguistically diverse backgrounds.

At the heart of a quality program in preschools and schools is the curriculum, and the South Australian Curriculum Standards and Accountability (SACSA) framework has a strong early years focus. The SACSA framework is mandated in Government preschools and schools and is for voluntary use in other early childhood services. It is reported that 74% of childcare centres with children aged from three to five years and 68% of childcare centres with children aged from birth to three years were using the SACSA framework to plan for children’s learning and development in 2003 (DECS, 2004).

The SACSA framework has assisted in generating and enhancing understanding of effective practices in early childhood – using observation and a knowledge of child development to plan for individual needs. In addition to the SACSA framework, specific philosophical influences are evident in some programs, with the Montessori philosophy being the basis of a small but significant number of early childhood services.

There is some debate on the measurement of curriculum quality. Differing emphases are placed on the experience of the learners and educators, the outcomes achieved as a result of experiencing the curriculum, the effectiveness of the implemented curriculum in meeting the stated curriculum policy, and the effectiveness of the curriculum policy in delivering the desired outcomes.

The current emphases on literacy, numeracy, attendance and wellbeing are part of a Statewide Department for Education and Children’s Services (DECS) focus which perhaps complements the view of children as an investment, currently diminishing in number and therefore more valued. The Literacy and Numeracy test (LaN), formerly the Basic Skills Test (BST) in South Australia has assisted in establishing minimum standards that define a minimum level of satisfactory performance in these areas. Aligned with this is a rising parent expectation for a focus on these areas in their child’s preschool experiences – perhaps at the expense of the inquiry, play and hands-on experiences that contribute to a holistic and developmental approach to learning.

The quality of data currently available about children’s experience of programs and the outcomes of programs for children is limited. There is much variation of opinion about what constitutes outcome data in an early childhood service, and how the data can be used to inform planning for individuals and groups of children at the local, district and Statewide levels.

Leadership highlighting quality practices in curriculum and program planning is needed to support the professional development of those working in early childhood services. This currently occurs to a certain degree within districts. It needs to expand to include the multi-disciplinary teams of professionals working in early childhood settings, in order to build an early childhood knowledge base and culture.

**Transition**

The Inquiry findings were very clear. For a quality service, the number of transitions, particularly for children with additional needs, should be minimised and continuity of service provision maximised.

Antenatal services and the universal home visiting program were considered very important for families in transition from pregnancy to after the birth of a baby.

The quality of transition from a child’s perspective is significantly reduced when he or she has to traverse multiple settings each week, contending with different children and adults within and across those settings. From the parents’ perspective, quality transition is evident when information is clear, changes are minimised, continuity of service is provided and information about their child is shared so that they are not continually repeating their story. Chapter 6 argued this finding in more detail.

From the service providers’ perspective, the number of children involved in transitions can significantly increase the complexity of their work and provide a programming dilemma, as the continuity of the program can be problematic when groups of children change in size and cohort.

Quality transition was identified as having the following components: a focus on the needs of the child and family; continuity for children; ease of access between services; the building of relationships prior to attending the service if possible; ongoing dialogue between service providers; and exchange of information between services.
Accountability

Current quality assurance processes focus on regulation and a cycle of continuous improvement. All services for children from birth to eight years are subject to regulatory and monitoring procedures that vary, depending on the type of service. The Regulations are compliance conditions which relate to the structural components of quality such as physical space, health and safety, staffing requirements and documentation.

The process of regulation also varies according to service type. School leaders, for example, have a set of administrative guidelines that guide their practice. Preschool and school leaders are required to comply with quality assurance processes that include developing, implementing and monitoring site plans, reporting annually against mandated criteria and undertaking regular performance management reviews with their line manager (the District Director).

National standards apply to long day care, Family Day Care and Outside School Hours Care services. These are minimum requirements for services and the South Australian legislation takes these standards into account. DECS approves Family Day Care providers on an annual basis. Most occasional care programs are within preschools and are subject to Departmental quality assurance processes.

Measures used for assessing quality and effectiveness currently depend upon the service type and the associated accountability and governance arrangements.

- As discussed previously, Childcare (long day care, Family Day Care and Outside School Hours Care) services use the Quality, Improvement and Accreditation System, which forms the basis for evaluation. This includes a self-study component that is completed by collaboration between management, staff and parents. This is subject to a peer review and moderation process, with accreditation being ultimately determined by the National Childcare Accreditation Council. This process has contributed to a focus on quality in childcare but is thought by some respondents to lack a consistent approach. This is due to the tension between quality focused on a model of continuous improvement versus quality as measured at a given point in time, through an accreditation process.

- Schools and preschools currently use a quality, improvement and accountability framework that mandates accountability requirements. There are annual planning, reporting and individual performance management requirements that form the basis for measuring outcomes. Reviews of individual schools and preschools are also undertaken as the need arises.

- Quality assurance entities for services that are the responsibility of the Department for Families and Communities currently include a Special Investigations Unit, a proposed Health and Community Services Ombudsman who deals with complaints and grievances, ‘police checks’ and a Guardian for Children and Young People who supports children under the Guardianship of the Minister.

- The Department of Health currently uses a service excellence framework which considers all aspects of health services provided and which is currently being considered for use by multi-purpose services. Quality standards and accreditation systems in the health sector include Hospital and Community Health Standards, Accreditation Disability Standards and quality controls on clinical practices.

The complexity of accountability requirements across and within early childhood services, the time involved and the multiplicity of accountabilities were named as issues in meeting the requirements associated with assuring quality.

It is also significant to note that the current models of monitoring and reporting on outcomes for early childhood services do not adequately address cultural diversity and knowledge. Defining and measuring quality in this area is the subject of a conversation that needs to occur between professionals and communities and there is a need for research and evaluation in this area.

The importance of early childhood as a critical period of brain development has already been noted. The Inquiry strongly supports the notion that effective early intervention is a cost effective means of preventing poor outcomes. Effective programs assist in improving the developmental and health outcomes for young children, through a reduction of risk factors and an increase in protective factors. In all early childhood services, assessment processes must contribute to addressing the needs of children identified as at risk.

Accountability for reporting on children’s learning and development was highlighted by those responding to the Inquiry. It was generally felt that a process whereby the information on children’s learning and development
was continually updated would add significantly to the quality of planning for children’s needs. At present there is a fragmented and service based approach to documentation of information on individual children. This contributes to discontinuity of learning and development for children as they make the transition from service to service.

It also contributes to multiple information systems which have no connection, so rely on the commitment and professionalism of service providers to use the information that is available to make evidence-based decisions about the needs of the child, and the best approach to take in meeting those needs. This issue is also discussed in other chapters, and recommendations relating to child and family records are made.

Understanding the quality of early childhood service provision is hampered by a lack of adequate and ongoing evaluation and research: there needs to be consistency and coherence between policy, research and practices.

Relationships

Relationships were seen as critical to quality and a key area for improvement. This included relationships between children, between children and staff, between staff and parents, between service providers and across services. It was also noted that support should be provided for the most significant relationship of all - that between the child and the parents.

There was a clear message to service providers to value more highly what parents understand about their children and to listen to the aspirations they have for them, rather than working in isolation based on their own understanding about children and their learning.

A significant gap in the quality of relationships was deemed to be the lack of information that was available to parents, so that they could make informed choices and be more involved in decision-making about addressing their child’s needs.

Structures

Key findings from the Inquiry highlight the contribution of structures in the delivery of quality services. Important structural components included workforce matters such as training, recruitment and retention of staff, pay and conditions, facilities and policy.

Access to childcare and specialist services has consistently been noted as a serious issue, particularly for children with additional needs and for children in rural areas. As one parent noted, ‘if you can’t access the service or afford the service the quality is somewhat irrelevant’ (McGregor Tan, 2004a).

There was a view that service development should be planned in a rather ad hoc fashion, with local community involvement in the decision-making processes. Current governance arrangements were a frustration for many who were endeavouring to support multiple services on management bodies. The view was expressed that simplifying governance arrangements to enable different services to work together would be a significant improvement. It was evident that a more cohesive approach to accountability, in line with a comprehensive framework across the early childhood field, would strengthen the quality and image of early childhood services.

Concern was expressed over the tension between the cost of service provision and the quality of services. This was a key issue for childcare services in particular and had the potential to impact upon viability of many services. Integral to this debate was the need to increase staff to child ratios and reduce class and group size. It was clear, however, that these changes should not be made at the expense of either children’s safety or the quality of staff.

Staff to child ratios were identified as an area of concern across many services. The childcare centre ratio for children under two years of age in particular was deemed to be in urgent need of change. In addition, for children starting school, the abrupt move from a smaller setting with greater access to adults (1:11) to a larger setting with less access to adults (1:26) was seen as inappropriate. Comments highlighted the demands of large class sizes and the issues this created for building meaningful communication and relationships with children and families. Also highlighted was the increased difficulty in providing special programs for children with additional needs. It was also noted that staffing of preschools is based on attendance rather than enrolment, and that this was not reflective of the workload required for each enrolled child.

The submission from Early Childhood Australia recommended the following child to staff ratios and maximum size of the group of children of that age.
Facilities and physical resources were other structural elements deemed to be in need of improvement. There was a strong view that many facilities are under-utilised due to the hours they are open. The necessity for outdoor learning environments for young children was also raised for those providing childcare, preschool and school services. The outdoor area is considered to be an integral part of a quality early childhood facility and the view of respondents was that it should be recognised as such in facilities development and asset maintenance procedures.

Beliefs and understandings

The expectations of parents and early childhood professionals will to a great extent determine the kinds of relationships and practices that children experience. There has been a clear message throughout the Inquiry that the safety and wellbeing of children and the quality of the staff are paramount to overall quality.

Respondents representing services and organisations presented their beliefs and understandings about quality in early childhood services. They highlighted the following criteria:

- a safe, warm, caring environment
- an environment that stimulates learning
- quality curriculum
- good relationships between service providers and families
- small class or group sizes with high staff to child ratios
- timely and active support from specialists
- universal access
- highly qualified early childhood trained staff
- indoor and outdoor learning environments with appropriate resources for children’s learning and development
- the capacity of the service to meet the needs of the child and family in a timely and appropriate manner.

Research findings

Input into our understanding about quality in early childhood comes from the fields of psychology and the social and neurological sciences. Quality is also impacted by political, economic, technological, cultural and environmental influences.

Poverty significantly affects the quality of life of children and families. As stated in previous chapters, it has been found to override all other effects as, without adequate income, the likelihood of having good health, housing, education or any other opportunities diminishes substantially (Keating and Hertzman, 1999). The relationship between disadvantage, and health and wellbeing is particularly crucial for younger children, as they are developmentally more vulnerable in harmful circumstances that are beyond their control (Ambagtsheer and Glover, 1998). There is also substantial evidence that the wellbeing and healthy development of children are the result of complex interactions of the social, biological and ecological environments of their lives (Stanley et al, 2002).

Research discussed in Chapter 2 indicates that the social and physical environments of the infant and young child assist in organising the networks and patterns within the brain. While this is not fixed, this highlights the importance of the quality of the environment and of the interactions young children experience. The quality of staff has been strongly linked with findings that children and young people who manage to thrive in spite of apparently negative circumstances, cited the critical importance of a consistent, caring adult who is able to engage them in an ongoing relationship.
McCain and Mustard (1999) reinforced that children need sound relationships with adults, freedom from discrimination, opportunities to build self-reliance and confidence, and a sense of justice in their world.

Research continues to identify what is needed for supporting a quality start in life for children. Indicators include a good birth weight and physical growth, meeting learning and developmental milestones within expected time lines, being accepted as an individual, having appropriate and acceptable social behaviour, growing up in a healthy and safe environment, and accessing services necessary to meet individual needs.

Quality preventative strategies for improving low birth weight and infant death rates for Indigenous mothers may be to tackle the disempowerment, despair, discrimination and dislocation of Indigenous communities. This may be preferable to specific health behaviour programs targeted at these women, who may feel further victimised and undermined (Stanley, 2002).

The conditions of early childhood help to set the conditions for wellbeing and health in later life. The higher the quality of the population produced by improved childhood conditions, the greater the productivity of the society concerned (Fogel, 1994).

Tennant, Hetzel and Glover (2003) in ‘A Social Health Atlas of Young South Australians’ noted significant gaps in information about young South Australians, reflecting either a lack of data or the inability to access data. They further discussed the limited available data about the extent or nature of the services for young children and their families, the wellbeing of children in these services and the number of children receiving early intervention services. This has a significant impact upon the ability of Governments to effectively plan early childhood services to meet the needs of children and families.

Early childhood historically has been nested within the field of developmental psychology. As a result of this, child development and, more recently, human development theory have become integral to defining the structural and process elements of quality.

Over time the focus of research has shown a change from the effects of care to ways to improve the services provided to young children. In institutional settings this has seen a focus on structures (regulated on the whole by governments and authorities) and processes (reliant on the capacity and capability of the professions) and the interaction between them, although agreement about the relative importance of each continues to be disputed.

**Components of quality**

There is universal agreement that the structural components of quality include:

- group size
- staff to child ratios
- qualifications of staff
- retention of staff
- physical space and resources
- pay and conditions
- funding and fee structures.

Process components of quality are more difficult to measure but include:

- interactions between children, families and service providers
- responsiveness of adults to children and families
- engagement of children
- relevance and appropriateness of learning activities
- an integrated, play-based approach to learning
- building on children’s experiences
- the inclusive nature of the program
- the management of routines
- the environment
- the planning and monitoring of the program
- the information shared
- individual care provided
- use of language
- service provider sensitivity
- a focus on wellbeing
- children’s involvement in learning.

The pursuit of quality in early childhood has a strong history and the development of what are variously called perspectives, codes of ethics, criteria, factors, premises and principles are evident.
Katz (1993) identified five perspectives to consider when determining program quality:

- the top down perspective that considers service characteristics such as staff training and group size
- the bottom up perspective that considers the service as experienced by the child
- the inside perspective that considers the service as experienced by the people delivering it and their job satisfaction levels
- the outside-inside perspective that considers the relationship between the service providers and the child's family
- the outside perspective that considers the relationship between the service and the community in which it operates.

Four key findings were identified from the Effective Provision of Preschool Education Project (EPPE Project) 1997-2003, Institute of Education, University of London, England, (http://k1.ioe.ac.uk/schools/ecpe/eppe/index.htm):

- preschool experience enhances children's development
- the duration of attendance is important – an earlier start is related to better intellectual development and improved independence, concentration and sociability
- full time attendance led to no better gains for children than part time provision
- disadvantaged children in particular can benefit significantly from good quality preschool experiences, especially if they attend centres that cater for a mixture of children from different social backgrounds.

Principles underpinning quality

Principles identified in a submission to the Inquiry from the National Investment for the Early Years (SA) stated that effective programs are built on family support principles that are based on the following premises:

- an ecological understanding of people in their social world that assumes children and families are embedded within broader aspects of the environment; including communities with cultural, ethnic and socio-economic characteristics that are affected by the values and policies of the larger society
- an empowerment model based on the understanding that the people for whom programs, systems and policies are designed must be participants in the planning and governance of the institutions that affect their lives
- a belief that the wellbeing of children is dependent on the wellbeing of their families and the communities in which they live
- respect for the strengths of diverse cultures, races and ethnic groups
- commitment to the promotion of strong families from the start, replacing a crisis orientation
- acknowledgment that all families deserve and require support in various degrees at various times, and that, therefore, community services and systems must be designed to support all families. (Weissbourd, 2000)

Early Childhood Australia, a professional association for the early childhood field, has a code of ethics developed in 1991 which seeks the commitment of early childhood educators to:

- view the wellbeing of the individual child as having fundamental importance
- acknowledge the uniqueness of each person
- consider the needs of the child in the context of the family and culture, as the family has a major influence on the young child
- take into account the critical impact of self esteem on an individual's development
- base practice on sound knowledge, research and theories, while at the same time recognizing the limitations and uncertainties of these
- work to fulfil the right of all children and their families to services of high quality.

At the 'Our Children the Future Conference 2003' (Adelaide, South Australia), the delegates endorsed a set of principles for working with young children. The principles were developed with the involvement of a broad representation of early childhood services staff and they provide a sound basis for the development of an early childhood framework in South Australia.
The principles are:

- Children have rights, entitlements to a voice of their own and have intrinsic value in themselves as well as in being members of society.
- Children's families, communities and cultural and social experiences are central to their development and learning.
- Respectful connections with families foster partnerships to promote children's health, learning and wellbeing.
- Recent research indicates that children's early social and emotional experiences critically influence early brain development and function with enduring consequences.
- Connections between thought and language are securely laid down in the early years. Children's capacities to learn are enhanced by thoughtful language-based interactions.
- Warm, responsive relationships are critical for a child's current wellbeing and ongoing harmonious development and contribute to later nurturing relationships and successful outcomes for individuals and society.
- Children's development is holistic and integrated and involves different pathways and occurs at different rates.
- Outcomes for children are maximised when persistent delays and interruptions to their learning and development are identified early and appropriate interventions are put in place.
- Children are active learners, constructing their knowledge, meanings and understandings through interactions in their physical and social worlds.
- Play is fundamental to children's learning, providing opportunities for children to express their ideas and feelings and engage in explorations, imagination, experimentation and manipulation.
- Fostering positive and robust dispositions, such as autonomy, responsibility, interdependence, optimism, resilience and the enjoyment of learning, contributes to children's success as learners.

**Regulation and accreditation**

Other principles underpinning the notion of quality in childcare are identified in both State Government Regulations and Commonwealth Government accreditation processes. The Quality Improvement and Accreditation System (QAIS) for long day care services, for example is based on the following criteria for quality. Quality services:

- have a clear vision (presented in the philosophy and goals) guiding staff in their practices
- respect and develop each child as an individual, including children who are perceived as different
- offer developmentally appropriate learning opportunities for each child
- value relationships between staff and children, and staff and parents, in order to work in partnership for the benefit of all children.

The indicators of quality in the accreditation system are grouped under four categories:

- interactions
- the program
- nutrition, health and safety practices
- centre management and staff development.

Research undertaken in childcare services by Sims (2003) highlighted the following indicators of quality:

- the way staff interact with children
- a trusting and safe (emotionally and physically) environment
- the ability of workers to perceive and recognise individual children's needs and interests, and then to offer appropriate experiences
- staff flexibility, openness and willingness to learn and try new things
- a nurturing environment for staff.

Concerns raised by Sims' research included: the efficacy of the accreditation process; high stress levels of staff; lack of support available to staff; and the low status of childcare, which impacts on the industry's ability to attract funding and highly trained staff. Longitudinal research by Vandell (1988; 2001) highlighted the impact of low quality care on the negative behaviour and poor social interactions of children. Other concerns have been raised that financial pressures have compromised quality in many childcare services struggling to remain viable (Senate Community Affairs References Committee, 1998).
School effectiveness research

Ken Rowe (2002) noted that studies in school effectiveness provided some evidence to indicate the importance of:

- leadership
- the quality of pedagogy
- curriculum
- teacher expectations
- climate and an ethos conducive to learning and teaching
- the use of measures of learner achievement as the basis for program evaluation
- strong partnerships between families and the site with shared responsibility
- student voice
- the use of resources
- a focus on equity and inclusion
- a shared vision
- the capacity for change.

School effectiveness research undertaken by Hill (2001) found that, when value-added measures accounting for the intake characteristics of students are considered, the impact a school can make is much smaller than may be expected. Learning takes place at the level of the classroom, and there can be very substantial differences in the progress made by students in different classes within the same school. The difference between class results has, in fact, been measured at anywhere between 38% and 55%.

Further findings on quality in the early years of school, and potentially relevant for the early childhood field as a whole, emphasise the importance of teacher quality. Rowe, Holmes-Smith and Hill (1993, p.15) suggested that: ‘... on the basis of our findings to date it could be argued that effective schools are only effective to the extent that they have effective teachers’.

Similarly, Professor Linda Darling-Hammond of Stanford University has summarised research on the effects of teacher quality on student outcomes as follows:

The findings of both the qualitative and quantitative analyses suggest that policy investments in the quality of teachers may be related to improvements in student performance. Quantitative analyses indicate that measures of teacher preparation and certification are by far the strongest correlates of student achievement in reading and mathematics, both before and after controlling for student poverty and language status. This analysis suggests that policies adopted by states regarding teacher education, licensing, hiring and professional development may make an important difference in the qualifications and capacities that teachers bring to their work.

(Darling-Hammond, 2000, p. 1)

Leadership

Current research has a clear focus on leadership, with leaders seen as the gate-keepers of change. Successful leaders are characterised by their ability to transform culture, share leadership, work collaboratively with communities and build the professional capacity of staff as a learning community.

Relationships are considered central to leadership and team responsibility is nested within individual accountability. In particular there is a shared sense of direction and purpose (Fullan, 2004).

The involvement and leadership of parents is also viewed as critical – the closer parents are to the educator, the greater the educational impact. The capacity of communities to support early childhood services varies and will require services to share their leadership and expertise as a partnership to benefit children, families, services and the community.
This Inquiry is of the view that it is the right of young children and their families to have a voice in and be assured of quality early childhood experiences. The lens through which the early childhood field views quality is important, as a focus on one perspective only may provide a filtered view. Each perspective will be influenced by individual beliefs and understandings about children, childhood, care, child development and learning which in turn will influence views about funding, staffing, accountability and service provision for children and families.

The quality of early childhood service provision in South Australia will be enhanced with the collaborative implementation of an overarching vision and shared plan that recognises: the interdependent nature of early childhood services; the commonalities, differences and concerns across the field; the roles that each can play; and the shared responsibility for practices and outcomes.

The beliefs and understandings of those in the field of early childhood are central to understanding quality and effectiveness. Do those working in the early childhood field believe that they can make a difference? What do they believe about children and childhood? How do they believe this should happen? In order to achieve the kind of quality and effectiveness in early childhood services to which we would aspire, we need to make transparent our beliefs and understandings about early childhood. We need also to establish standards and targets, in line with our beliefs and understandings, at a State and local level, and systematically monitor and assess our progress against these.

We need to focus on the practices of early childhood professionals to ensure that all who work with children have a range of effective methods and strategies for working with individuals and groups. To ensure this, we need to support the establishment of an early childhood professional learning community, and create opportunities for those working in the field to come together to support the building of cross sector relationships and an integrated and multi-disciplinary approach to learning.

We need to reconsider the structures established to meet the needs of children and families, to maximise the benefit to them and minimise the negative effects of multiple transitions and interactions. We further need to ensure that early intervention is timely and sustained appropriately to meet the needs of the child regardless of the settings they attend. We need to strengthen the capacity of parents to gain greater knowledge of their own children and to be informed about the services available to support families and their children.

Evaluation of quality has in the main focused on supply and demand, workforce trends, economic cost-benefit and goals set in State Government or Commonwealth Government plans. Greater quality will come with greater understanding through research and evaluation and this should be an integral component of future directions.

Knowledge management of early childhood services is urgently needed to assist in better understanding the nature of the services and the experience of these services by children and families. It is important that evaluation considers both the way individual services function, and the way they integrate to meet the needs of children and families. The transformation of early childhood services in South Australia needs to include an evaluation process that involves and is respectful of the child’s voice, as the major beneficiary of early childhood service provision.

Finally and perhaps most importantly, strong leadership and coordination are critical to the future directions of early childhood services in South Australia. This is needed at the State, district and local levels. Strong early childhood leadership will play a key role in creating a new culture and transforming the field through effective policy, planning, monitoring, evaluation and reporting.

The OECD Thematic Review of Early Childhood Education and Care Policy (2001) stated that integrated and coordinated approaches, with strong and equal partnerships are key elements that are likely to promote equitable access to quality early childhood programs. A systemic and integrated approach to policy development and implementation calls for a clear vision for children from before birth to eight years of age, and the coordination of policy frameworks in cooperation with other Departments to foster coherent and participatory policy development.

The development of a South Australian vision and agenda for the early childhood field, that encapsulates the perspectives provided through the Inquiry consultation processes is articulated in the
Central to such a vision and agenda for early childhood in South Australia should be:

- the centrality of children
- a plan that captures children as both being and becoming by highlighting short, medium and longer term results
- the critical importance of early childhood in constructing learning and development
- the child within the family
- commitment to seamless service provision from the perspective of the child and family
- the importance of children’s early experiences in shaping their lives, communities and the State
- leadership to guide the transformation.

We need to ensure that the transformation of early childhood services is based on a sense of purpose and a quality approach. Substantial gains can be made in the quality and effectiveness of provision and outcomes, if a commitment is made to resourcing Statewide and local solutions from the perspective of the child and family. Of critical importance to affecting a quality transformation are:

- ongoing training for early childhood staff
- an increase in staff to child ratios
- a reduction of class or group size in institutional settings
- the provision of information and support to parents in making decisions about services and in their parenting
- a focus on practices and programs as experienced by children
- strong early childhood leadership
- valid and reliable data to support decision making and planning
- early intervention to support the health, well being, learning and development of individual children and their families
- the development of enabling governance and accountability arrangements.

It is evident that access and participation in high quality programs in early childhood provides a significant foundation for the development of learning, literacy, numeracy, attitudes, behaviours and future life opportunities. As reported in Hertzman and Kohen (2003) children who have good early childhood experiences before age six, in stimulating, nurturing environments have better outcomes throughout their life, and the earlier they have these experiences, the better the result. They have better school grades, better self esteem, fewer social problems, and fewer health problems and are less likely to be teen parents, use drugs or be involved in crime.

The time has arrived for the field of early childhood to be strategic in developing a culture that is collaborative, transparent, future-focused, assertive and open. The Inquiry has developed recommendations which seek to achieve these objectives.
The Virtual Village: Raising a Child in the New Millennium
This chapter provides an overview of the influences that impact on Aboriginal children from before birth to eight years and identifies opportunities to maximise the potential of Aboriginal children and families using early childhood services.

There are over 25,000 Aboriginal people living in South Australia, with Aboriginal children and young people making up 57% of this population, a different age structure to the total South Australian population. The Australian Bureau of Statistics (2004a) suggests that at the very least the Indigenous population is likely to increase at an annual growth rate of 2%, which is twice the rate of growth projected for the rest of the population.
South Australia has relatively small numbers of Aboriginal people – approximately 5.8% of the total national Aboriginal population – but they have many diverse needs. These needs are further complicated by their location over a wide range of rural and remote areas across the State: only half the State’s Indigenous population live in urban areas.

The South Australian Government has a focus on improving services for Aboriginal children and their families. This commitment has been demonstrated through various processes, such as the focus given to the needs of Aboriginal children and families in the Layton (2003) review of child protection services, the Department of Health (2003) review of health services, and in the current review of early childhood services.

Consultations with Aboriginal people

The Terms of Reference of the Inquiry included a specific reference to services for Aboriginal children, namely ‘Consider and recommend on the availability, adequacy and quality of services which support Aboriginal children and their families’.

To achieve this aim several processes were established to consult with Aboriginal communities:

- Seven Aboriginal communities were identified for community consultations.
- Specific Aboriginal community consultations were held, in which representatives from Government, non-government organisations and Aboriginal community managed children’s services participated (See Appendix 13a).
- An Aboriginal Working Group was established to enable Aboriginal staff, key stakeholders and community representatives to focus on specific areas of concern and possibilities in early childhood services (See Appendix 13b).

The Aboriginal Working Group included stakeholders from State Government and Commonwealth Government agencies and Aboriginal community managed children’s services. Aboriginal stakeholders were also actively involved in other Inquiry Working Groups. Aboriginal staff working in early childhood services within the Department of Education and Children’s Services were offered opportunities to provide written feedback and participate in discussion groups, and staff of the Aboriginal Education Early Childhood Team have supported the Inquiry.

The outcomes of the consultations with Aboriginal people are noted within this chapter, and in other sections of this report, for example Chapter 9. However, it is important to note that due to the original short time frame of the Inquiry (three months), it was not possible to involve the Aboriginal staff, stakeholders and community representatives involved in service provision with the Department of Health or the Department for Families and Communities in a combined focus on all of the services that comprise those of the Inquiry. Initial discussions have been held with staff of the Aboriginal Health Division in the Department of Health and Aboriginal staff of Children, Youth and Family Services to identify the national, state and local strategies they are working on for the benefit of Aboriginal children from before birth to eight years and their families.

Aboriginal staff in these Departments are leading implementation of the Aboriginal-focused recommendations of the two reviews mentioned previously. Details of their services for Aboriginal children from before birth to eight and their families are contained in Appendix 13c and 13d. It is proposed that their activities in concert with the recommendations from this Inquiry, will form the basis for the proposed whole of government South Australian Strategic Plan for Aboriginal children from before birth to eight years and their families.

This chapter focuses on the availability, adequacy and quality of the care and education needs of children within this age range - particularly between the ages of birth to five years as this has been an area of high community demand in recent years. It is proposed that the next phase of activity should be the joint undertaking of all three principal Departments.

Research

National

The National Aboriginal Education Policy established by the MCEETYA in 1990 still forms the basis for planning and delivery of education services to Aboriginal children and community members across Australia. (See Appendix 13e)

The range of factors within Aboriginal communities that disadvantage Aboriginal children and families has been determined in many Government reports and research exercises. The consistent findings within these reports are that Aboriginal people are the most disadvantaged group in our community.
The April 2004 meeting of the Council of Australian Governments (COAG), reaffirmed commitment from all levels of Government to cross agency policy and service delivery across all Government agencies to maintain and strengthen the effort to reduce Indigenous disadvantage.

COAG also recommended a National Framework of Principles for Government Service Delivery, which includes:

- sharing responsibility
- harnessing the mainstream
- streamlining service delivery
- establishing transparency and accountability
- developing a learning framework
- focusing on priority areas.

The level of disadvantage referred to by COAG is highlighted in other national reports such as ‘Overcoming Indigenous Disadvantage’ (MCEETYA, 2003) and it is not proposed to repeat these findings here. These findings are not new – they have been identified in many reports dating back to the 1987 Report of the Royal Commission into Aboriginal Deaths in Custody.

**South Australia**

In South Australia, the report entitled ‘*Inequality in South Australia, Key Determinants of Wellbeing, Volume 1: The Evidence*’ (Hetzel et al, 2004) identified key social and economic indicators, such as poverty, employment, housing, education, imprisonment and health which demonstrate that Aboriginal people are at significantly higher risk of disadvantage than non-Aboriginal South Australians. Statistics provided by the South Australian Department for Aboriginal Affairs and Reconciliation (2004) show that:

- Aboriginal participation in education in South Australia is improving but considerable gaps still remain in levels of school attendance and literacy and numeracy skills between the Indigenous and non-Indigenous population.
- The Aboriginal unemployment rate for the Adelaide metropolitan area is 22.2%, compared with 7.4% for the non-Indigenous population (three times the rate).
- Aboriginal people experience much poorer health and their estimated life expectancy at birth is still 20 years lower than other South Australians. Aboriginal mothers are much more likely (16.8%) to give birth to babies with low birth weights (i.e. less than 2.5kg) than non-Aboriginal mothers (6.4%).

- During the past 10 years, imprisonment rates in South Australia have been at least 15 times greater for the Aboriginal population than the non-Aboriginal population and child abuse and neglect notifications have increased.

The challenge for the South Australian Aboriginal community and for South Australian Government services is to build onto this knowledge to develop a framework that will enable real action and positive steps to occur.

It is crucial to acknowledge the many positive actions that are also occurring in Aboriginal communities, such as: the increased numbers of children and families involved in early childhood services; the Aboriginal language programs being offered in 60 early childhood settings and schools by Aboriginal language speakers; and the community, academic and employment achievements of Aboriginal people in many fields, including the three principal Departments.

The Generational Health Review (Department of Health, 2003) called for a whole of government approach and the Layton Review (2003) emphasised that a concerted, whole of government effort was required. This Inquiry affirms the importance for the Department of Education and Children’s Services to join them in establishing joined up services that will be a key basis for action to address the needs of young Aboriginal children and families.

The South Australian Department of Aboriginal Affairs and Reconciliation (DAARE) has established a policy framework entitled ‘Doing it Right’ (Government of South Australia, 2003) to articulate a whole of government approach for Aboriginal people in this State. The goals are:

- that Aboriginal South Australians will have the same choices as other South Australians and the same opportunities to share in the social and economic advantages of living in our State
- that all South Australians will continue to be enriched by Indigenous culture and values, with respect by the wider community based on a new understanding and mutual esteem
- that engagement and partnership with Aboriginal communities will be the platform for sustained improvement in the wellbeing of Aboriginal families.
Consultation findings

In considering all the information from the consultations with Aboriginal people and service providers, seven major issues emerged. A number of specific themes such as the need for high quality services, integrated approaches, a skilled Aboriginal workforce and longer-term resource commitment were common across these issues.

The major issues concerned:
- the Aboriginal child within the family
- workforce
- service provision
- support for children with additional needs
- cultural awareness/anti-bias training
- childcare
- funding and resources.

Many Aboriginal family members reported they do not have the information they need about early childhood services. Therefore they do not understand or trust services or the additional help that can be provided by specialists or other agencies. This is particularly the case for many fathers and grandparents who are primary caregivers of young Aboriginal children. As well as needing to know more about what early childhood services offer and what the rules are, they need more information about how support services can help their child and how they can access them.

Aboriginal families basically called for a service model that is flexible and responsive to cultural needs. The idea of services that provide health and education in one place was discussed, with general agreement that this would be much easier for the family to use and less confusing for the child. However, concerns were also expressed that an integrated service could become too bureaucratic and current child case management that is working well could be lost.

Transport was again identified as a major barrier for many Aboriginal families wanting to use health, childcare or preschool services, in both metropolitan and rural areas.

Racism and poor cultural understanding were reported in some early childhood services as reasons for families not using them. Families and Aboriginal staff stated the health issues of Aboriginal children are often treated as if they are just behaviour problems. On the other hand, some non-Aboriginal staff, afraid of causing offence by not understanding what is culturally appropriate, do not take action when they normally would, for example to tackle poor attendance or disruptive behaviour. Aboriginal staff suggested this was an area that needs major research to improve practices.

Aboriginal services that receive the Commonwealth Childcare Benefit receive a block grant (cashed out system) but it was reported that Aboriginal families’ access to childcare is limited due to cost and lack of transport. Most Aboriginal families using childcare are using Aboriginal children’s services centres, which are funded by the Commonwealth Government, or State Government or are integrated centres funded by both.

The number of Aboriginal children using Family Day Care has remained fairly constant for several years. FDC staff and care providers have had access to regular Aboriginal cultural awareness training programs, and strategies to increase the number of Aboriginal staff in FDC have been included in planning for the program, with mixed success.

For more information on findings see Chapter 4.

Services for Aboriginal children and families

The following table highlights the diversity of Aboriginal family structures. It demonstrates that the ‘one size fits all’ approach, does not work – it must be accepted that any model of support for Aboriginal families and children needs to be flexible enough to deal with these complexities.

While the Inquiry provided the impetus to reassess the current early childhood service provision to Aboriginal children, it revealed that strong foundations already exist. The strength of these foundations is the stability of South Australia’s targeted resources for Aboriginal children and their families within the three principal Departments of the Inquiry.

Each Department has strong Aboriginal policy directions, strategic plans and resources related to employment, key improvement areas and leadership opportunities at the community and regional levels.

Preschool and childcare services

Aboriginal families may attend any of the wide range of early childhood services discussed elsewhere within the report. However, there are
particular services which have many Aboriginal families using them and that target Aboriginal young children and their families. These include:

- Multifunctional Aboriginal Childcare Services (MACS)
- Independent Aboriginal Children’s Centres
- Jobs, Education and Training Program (JET) Créches
- DECS Children’s Services with an Aboriginal focus.

**Multifunctional Aboriginal Childcare services**

There are seven Multifunctional Aboriginal Childcare Services (MACS) in South Australia. These services are managed and administered by local Aboriginal community management committees. Two centres are in the Adelaide metropolitan area and five centres are in rural locations. The Commonwealth Department of Family and Community Services (FaCS) funds the Aboriginal childcare services. FaCS provides the services with management support by funding a non-government organisation, the Aboriginal Resource Management Support Unit (ARMSU) which also provides leadership and support to State-funded Aboriginal children’s services.

Each of the MACS centres is community managed, employs a majority of Aboriginal staff, has high Aboriginal leadership and has achieved or is working towards National Childcare Accreditation as part of the Quality Improvement and Accountability Framework.

The quality of the service is seen as very important and culturally appropriate programs are a strong component of quality. Quality is maintained by a network system that has been established by staff of ARMSU and the early childhood services which are members of the network. Other members of the network include the Aboriginal community members who manage the Port Lincoln Gidga Club – Outside School Hours Care, Ceduna Weena Mooga Vacation Care Program and Murray Bridge Minya Porlie’s JET Créches.

The Department of Education and Children’s Services licenses the MACS as childcare centres and the seven centres have an approximate licensing capacity of 230, although this would be made up of many more children as most attend the centres on a part time basis.

**Independent Aboriginal Children’s Centres**

The three Independent Aboriginal Children’s Centres are also Aboriginal community managed by management committees. The Commonwealth

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**TABLE 9: Aboriginal family structures**

<table>
<thead>
<tr>
<th>Primary Carer</th>
<th>Family mix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>Aboriginal parent with Aboriginal children</td>
</tr>
<tr>
<td></td>
<td>non-Aboriginal parent with Aboriginal children</td>
</tr>
<tr>
<td>Couples</td>
<td>Aboriginal parents</td>
</tr>
<tr>
<td></td>
<td>Mixed marriage</td>
</tr>
<tr>
<td>Other carers</td>
<td>Grandparents</td>
</tr>
<tr>
<td></td>
<td>Extended Family</td>
</tr>
<tr>
<td></td>
<td>Foster care</td>
</tr>
<tr>
<td>Employment Status</td>
<td>Employed (part time, full time)</td>
</tr>
<tr>
<td></td>
<td>CDEP workers</td>
</tr>
<tr>
<td></td>
<td>Unemployed (looking for work)</td>
</tr>
<tr>
<td></td>
<td>Volunteer</td>
</tr>
<tr>
<td></td>
<td>Homemaker</td>
</tr>
<tr>
<td>Students</td>
<td>Tertiary</td>
</tr>
<tr>
<td></td>
<td>Secondary</td>
</tr>
<tr>
<td></td>
<td>Social or personal development studies</td>
</tr>
</tbody>
</table>

Departments of Family and Community Services and Education, Science and Training primarily fund these services. The Ceduna and Port Lincoln Aboriginal Children's Services provide childcare services and the Port Augusta Centre provides a pre-entry preschool program for three year old Aboriginal children. The two childcare centres have a licensed capacity of 45, again made up of many more children who attend part time.

**JET Crèches**

JET Crèches are FaCS funded programs, which are negotiated directly with Aboriginal communities to meet their needs for childcare within their communities. However, there are no standards for crèches and there are some concerns about the quality of the service being offered to children in this form of service.

**DECS Children’s Services with an Aboriginal focus**

Within DECS preschool and children’s services, there are eight centres which have significant Aboriginal enrolments of 20 or more Aboriginal children. These centres are:

- Christie Downs Kindergarten
- Flinders Children's Centre/*Tjitji Wiltja Children's Centre
- Kaurna Plains Preschool
- Kalaya Children's Centre
- *Minya Bunhii Childcare and Kindergarten
- Murray Bridge South Kindergarten
- *Port Lincoln Children's Centre Preschool
- Whyalla Stuart Early Childhood Centre Kindergarten.

*Note: Centres marked with * are also MACS or Independent services.*

The above centres combine a preschool program with childcare programs and other services which address a range of social and cultural issues for the children and their families. These services show a consistent increase in the number of Aboriginal children accessing and participating in early childhood education and care services. This is evident not only in the high preschool attendances but the fact that the participation rates show Aboriginal children and families using non-compulsory services. Some of the factors in their success may be useful in increasing attendance in the compulsory years of schooling.

There are four essential components of these services that contribute to their success:

- Aboriginal leadership and Aboriginal staff
- transport services
- nutrition and health programs
- community involvement and parent participation in strategic planning.

Some of the centres have most of these components but none are resourced adequately in all four areas. There have also been historic funding inequities relating to the staffing ratio for three year olds in preschools compared with childcare centres. There is a need to change current Departmental resource allocation and policy to address:

- significant developmental, health and care needs of Aboriginal children
- inconsistent attendance by Aboriginal children in early years of schooling
- needs for broader community interaction and involvement between centres with Aboriginal enrolments and local organisations and community
- additional demands on management and leadership in services offering supplementary health, cultural, and community support, and transport programs, in addition to the management of an effective, inclusive learning environment.

The current situation places increased stress on the Aboriginal staff working in the centre who aim to meet all these needs as well as run the preschool and childcare program. There is also a need for more support and resources for all staff who work in centres with high Aboriginal attendances, to assist them to meet the needs of the family as well as the child. The following table (on page 117) indicates the preschool centres which have over eight Aboriginal children enrolled.

A new approach is needed to address these inequities as well as position South Australia again at the leading edge of Aboriginal early childhood services which deliver improved outcomes to children and families on relevant aspects of the State Government and Commonwealth Government agendas.
Aboriginal children

Outside School Hours Care

The increasing number of Aboriginal children participating in before and after school care and vacation care programs is significant. An interesting correlation although not proven, is the increased numbers of Aboriginal children aged between 5 – 12 years of age accessing these programs, and the decrease in the number of Aboriginal children between the ages of 10 – 14 years being apprehended by the police. This may be an opportunity to strengthen partnerships between Aboriginal children, families, police, Aboriginal youth workers, and vacation programs.

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TABLE 10: DECS preschools with more than 8 Aboriginal children enrolled

<table>
<thead>
<tr>
<th>PRESCHOOL</th>
<th>Enrolment</th>
<th>Attendance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murray Bridge South Kindergarten</td>
<td>38</td>
<td>38</td>
<td>100.0</td>
</tr>
<tr>
<td>Kaurna Plains Preschool</td>
<td>69</td>
<td>57</td>
<td>82.6</td>
</tr>
<tr>
<td>Kalaya Children's Centre</td>
<td>23</td>
<td>20</td>
<td>87.0</td>
</tr>
<tr>
<td>Whyalla Stuart Early Childhood Centre Kgtn</td>
<td>28</td>
<td>21</td>
<td>75.0</td>
</tr>
<tr>
<td>Christie Downs Kindergarten</td>
<td>23</td>
<td>17</td>
<td>73.9</td>
</tr>
<tr>
<td>Flinders Children's Centre/*Tjitji Wiltja Child Centre</td>
<td>71</td>
<td>49</td>
<td>69.0</td>
</tr>
<tr>
<td>* Port Lincoln Children's Centre Preschool</td>
<td>24</td>
<td>21</td>
<td>87.5</td>
</tr>
<tr>
<td>* Minya Bunthi Childcare &amp; Kgtn</td>
<td>20</td>
<td>20</td>
<td>100.0</td>
</tr>
<tr>
<td>* MACS or Independent Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Point Pearce Child Parent Centre</td>
<td>11</td>
<td>10</td>
<td>90.9</td>
</tr>
<tr>
<td>Fram Street Kindergarten</td>
<td>9</td>
<td>7</td>
<td>77.8</td>
</tr>
<tr>
<td>Kirton Point Kindergarten</td>
<td>11</td>
<td>11</td>
<td>100.0</td>
</tr>
<tr>
<td>Koonibba Child Parent Centre</td>
<td>12</td>
<td>8</td>
<td>66.7</td>
</tr>
<tr>
<td>Ellendale Kindergarten</td>
<td>9</td>
<td>8</td>
<td>88.9</td>
</tr>
<tr>
<td>Quorn Kindergarten</td>
<td>8</td>
<td>8</td>
<td>100.0</td>
</tr>
<tr>
<td>Solomontown Kindergarten</td>
<td>9</td>
<td>5</td>
<td>55.6</td>
</tr>
<tr>
<td>Raukkan Child Parent Centre</td>
<td>10</td>
<td>10</td>
<td>100.0</td>
</tr>
<tr>
<td>Davoren Park Kindergarten</td>
<td>11</td>
<td>11</td>
<td>100.0</td>
</tr>
<tr>
<td>Elizabeth Downs Child Parent Centre</td>
<td>10</td>
<td>4</td>
<td>40.0</td>
</tr>
<tr>
<td>Smithfield Plains Kindergarten</td>
<td>11</td>
<td>11</td>
<td>100.0</td>
</tr>
<tr>
<td>Ocean View College Preschool</td>
<td>17</td>
<td>17</td>
<td>100.0</td>
</tr>
<tr>
<td>Augusta Park Childhood Services Centre</td>
<td>17</td>
<td>12</td>
<td>70.6</td>
</tr>
<tr>
<td>Coober Pedy Child Parent Centre</td>
<td>13</td>
<td>6</td>
<td>46.2</td>
</tr>
<tr>
<td>Flinders View Child Parent Centre</td>
<td>11</td>
<td>10</td>
<td>90.9</td>
</tr>
<tr>
<td>Berri Community Preschool</td>
<td>14</td>
<td>13</td>
<td>92.9</td>
</tr>
<tr>
<td>Renmark Children's Centre Inc</td>
<td>10</td>
<td>10</td>
<td>100.0</td>
</tr>
<tr>
<td>Ingle Farm Community Kindergarten</td>
<td>10</td>
<td>10</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Aboriginal children

Transport services
The South Australian Department of Aboriginal Affairs initiated transport provisions to assist Aboriginal families in 1972, with the Aboriginal Education Foundation. The transport provisions to three children’s services centres (Kalaya, Kaurna Plains and Flinders), were transferred to the Children’s Services Office when it was established in 1985.

The Aboriginal Education Unit in DECS inherited the transport program in 1996. In 2000, transport provisions were increased to include Christie Downs Kindergarten.

Approximately 180 Aboriginal children are transported each day to one of these four centres by a centre bus and it is acknowledged by everyone involved as a key feature of the ability of the child and family to use the service. There is a long history of attempts by Aboriginal staff and centre management committees to obtain ongoing funding for this service, but this has not occurred.

The State Government funding allocated does not meet the expenses, so the Aboriginal Education Unit has also provided financial support for the maintenance and ongoing upkeep of the buses to ensure safety standards. However, the Aboriginal Education Unit does not have the capacity to continue to provide transport for these four centres, nor is it part of its core business. All buses need replacement to meet safety standards within the next two years, beginning with an urgent replacement program in 2005.

The four centres are not able to access support or services from the DECS section that deals with buses, as the current Departmental guidelines for provision of transport and bus services do not include preschool or early childhood centres.

The role of DECS

Building Aboriginal children’s services in South Australia
In 1988, the Children’s Services Office (CSO) reported that 420 Aboriginal children participated in preschool and care services in South Australia. (For more information about the CSO see Chapter 5.) At that time, there were approximately 2038 Aboriginal children aged from birth to four years in South Australia and 26 Aboriginal staff worked in preschool and care programs in various Aboriginal communities.

During the same year, a target was set for 1% minimum employment of Aboriginal people in the South Australian public sector. The CSO recognised the need to have services for Aboriginal people delivered by Aboriginal people and a new policy was developed that led to an affirmative action program for the employment of Aboriginal people in children’s services.

An Aboriginal consultative structure was established to support the implementation of this policy and develop specific services to increase the access and participation for Aboriginal children. It is believed that the innovative approach developed by the CSO in 1988 is a contributing factor in the current success and range of early childhood programs available for Aboriginal families with young children in 2004.

The Commonwealth Government Indigenous Education Strategic Initiatives Program funded the employment of seven Aboriginal Assistants who were placed in preschools to support Aboriginal children’s access to preschool education programs.

The CSO Annual report of 1990/91 identified Aboriginal employment as a continuing major objective and in 1990, an Aboriginal Early Childhood team was established, with the employment of a senior project officer and four community workers.

The State Government social justice recurrent funding of $294,000 then became available for specific services to Aboriginal children and families. This enabled the CSO to offer permanent positions to the four Aboriginal community workers, and to establish several local Aboriginal early childhood initiatives.

In 1995, the CSO attempted to increase the availability of childcare to Aboriginal families, particularly in rural areas, by developing a Family Day Care Aboriginal access model for Aboriginal children and their families. This initiative resulted in an increase in Aboriginal Family Day Care fieldworkers and soon led to an increase in the number of Aboriginal children participating in the Family Day Care scheme.

However, enrolments of Aboriginal children in Family Day Care since 1997 have remained static:
- 119 children in 1997
- 117 children in 1999
This may be associated with the movement of the Aboriginal Family Day Care fieldworkers into other positions, and not being replaced by Aboriginal staff. In 1998, when the CSO was incorporated further into the Department of Education and Children’s Services, and was restructured, the Aboriginal Early Childhood team and its operational budget were transferred to the Aboriginal Education Unit.

In 2001, a more equitable funding model enabled all preschools and child parent centres with Aboriginal children attending them to access Commonwealth Government supplementary funding, to specifically support their service provision to those Aboriginal children.

Aboriginal Early Childhood team

The Department of Education and Children’s Services Aboriginal Early Childhood team has the strategic goals to:

- be a role model and a tool for social change
- strengthen the Aboriginal community by advancing innovation in early childhood education.

Services offered by the team include: professional development; cultural resources, curriculum and programming support; curriculum and resource development; staff, parent and child advocacy at local, State and national levels; support for Aboriginal staff recruitment and employment; community liaison; development of new initiatives; program and service improvement; and monitoring, reporting and data analysis.

The team now comprises:

- 1 senior project officer/manager
- 1 curriculum officer
- 1 language and cultural development officer
- 4 fieldworkers.

Preschool participation

Over the last five years, the number of Aboriginal children accessing preschool programs has gradually increased from 865 in 1999 to 1055 in 2004.

![FIGURE 12: DECS preschool enrolments Aboriginal children 1996–2004](chart)

The preschool participation rate for Aboriginal children is now close to the preschool participation rate for the state as a whole:

<table>
<thead>
<tr>
<th></th>
<th>Aboriginal</th>
<th>State average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>80.1%</td>
<td>85.8%</td>
</tr>
<tr>
<td>2002</td>
<td>84.2%</td>
<td>87.1%</td>
</tr>
<tr>
<td>2003</td>
<td>83.3%</td>
<td>87.3%</td>
</tr>
</tbody>
</table>


It comes as a surprise therefore to note a Department of Education and Children’s Services proposal to downgrade the current successful Aboriginal Early Childhood team structure, rather than build upon it. The Inquiry also believes that the Commonwealth funding currently allocated to preschools on the basis of the number of Aboriginal children attending should continue to be allocated to preschools, rather than to fund Aboriginal Education Workers in districts.

Aboriginal children with additional needs
Aboriginal community members and many staff members highlighted many issues for Aboriginal children who are experiencing additional problems such as emotional distress, disabilities, learning difficulties or language differences.

Children in trauma
Due to the high mortality rates of Aboriginal children and adults and the closeness of their extended family, many young Aboriginal children are experiencing grief and loss on a scale far greater than that of non-Aboriginal children.

Children whose families are in trauma also need support. Some situations established to support the mother are not able to also support the child, due to their limited resources. For example, children whose mother has gone to a Women’s Shelter have to go to the local school immediately, as this is Shelter policy. Often this will only be for a matter of weeks before the mother and children either move back or are settled in another area, in which case the children change school again. If the mother is moving between relatives, there may be many schools and many transitions.

The Aboriginal Family Support Service has continued to raise this as a major concern, which also applies to many Aboriginal children who are placed under the Guardianship of the Minister and/or placed in short-term foster care. Positive care and education environments have been recognised as strong protective factors for children, particularly at times of stress, and it should be possible to maintain the existing care and education arrangements for a certain time in the interests of support and continuity for children.

Aboriginal children with disabilities and/or learning difficulties
Young Aboriginal children who have disabilities, developmental delay or learning difficulties are often more difficult to identify due to the way these interact with other factors that disadvantage the child and their family, for example poverty and ill health. It is also acknowledged that if children speak an Aboriginal language or Aboriginal English at home, or if a child moves frequently between areas and schools, it is more difficult for the family and staff to work out the cause of any difficulty the child is experiencing.

Particular issues identified were the many health problems of young Aboriginal children, the number of transitions between health and education support services, the confusing content and number of assessments, strangers they are expected to talk to and the high numbers of Aboriginal children on waiting lists for speech pathology services.

Of real concern, particularly when Aboriginal children are in the early years of school, is the number of children misdiagnosed by teachers who often continue to refer an Aboriginal child to an Aboriginal support worker rather than to a specialist. This may be done with the best of intentions, to not stereotype Aboriginal children, but may become a cause of confusion for all involved.

The need for Aboriginal staff, particularly special educators, speech pathologists, and other health professionals was raised. Despite the evidence and the good work done by some special services staff, there is still a major problem with the cultural appropriateness of many assessment tools, and with the process of an unknown expert asking a young Aboriginal child lots of questions and making decisions based on that response.
Importance of Aboriginal staff

Many Aboriginal families are reluctant to approach services unless there is an Aboriginal worker.

‘Aboriginal parents are still scared to access services because of their fear they will be reported to the welfare for child protection issues.’

(Inquiry Report on Community Forums, p. 5).

Aboriginal people said that Aboriginal families need a high level of trust to feel comfortable. Numerous studies demonstrate that their use of early childhood services is directly related to Aboriginal staff being part of the service team. Early childhood services that have Aboriginal staff were highly regarded and often mentioned as good examples.

The lack of professional and specialist staff of Aboriginal background is a major gap in service delivery to Aboriginal children and families. The difficulty in identifying Aboriginal children's learning difficulties due to different cultural and language backgrounds, inappropriate assessment tools and processes, and the inability to attract staff to rural and remote areas have been raised in a litany of reports.

The employment of unqualified Aboriginal staff on a part time and temporary basis to support Aboriginal children having difficulties is not a model for an inclusive early childhood workforce. It can mean that unless that person is there, the family (and some staff) assume the child is not going to receive an appropriate service.

Current political climate

Aboriginal community members requested that it be acknowledged that the ability to strengthen the effectiveness of the three principal Departments is hindered by the multi-dimensional socio-political climate experienced today by Aboriginal people throughout Australia.

In June 2005, the Aboriginal and Torres Strait Islander Commission (ATSIC) will no longer exist. Some Aboriginal people believe that the Commonwealth Government decision to withdraw this key Indigenous advisory structure and consultative mechanism has eroded the economic and social consciousness of Aboriginal people. They perceive a mindset by the general Australian population that Aboriginal people cannot take control of their lives.

Financial resources previously administered by ATSIC are now managed by various Commonwealth Government Departments. In South Australia, the appointment of administrators for Anangu lands further contributes to the perception of failure between Government services and the Aboriginal community.

Many Aboriginal people take the view that the timing and manner in which these changes have occurred suggests a political agenda which is directed against Aboriginal people, further contributing to feelings of loss and grief and reinforcing the paternalistic approach of Government and the concept of ‘being done to’.

Strategic directions for the future

This Inquiry proposes a planned approach to early childhood service provision for Aboriginal children and families that offers Aboriginal involvement in universal, targeted and intensive services so that Aboriginal children receive the level of support they need, at the time they need it, from the most acceptable source. Six directions have been developed by the Aboriginal Early Childhood Team to form the basis for the recommendations concerning Aboriginal children and their families.

These directions are consistent with the Commonwealth Government’s National Agenda for Early Childhood (2004). The six directions are:

1. Aboriginal children are entitled to a voice of their own and their rights are valued as members of society.
2. The cultural and social experiences of Aboriginal children are central to their development and learning.
3. Aboriginal children’s development is holistic and integrated, and partnerships with families foster Aboriginal children’s health, learning and wellbeing.
4. Aboriginal languages are securely laid down in the early years. The capacity of all children to learn is enhanced by thoughtful, language-based curriculum and resource material.
5. Early and appropriate interventions are important to ensure Aboriginal children’s learning and development is maximised.
6. South Australia will continue to take the lead in Aboriginal early childhood research: action research programs identify Aboriginal children’s early social, emotional and learning experiences.

Adapted from “Guiding Principles for South Australian early childhood educators”

These directions will assist us to address the following needs identified by the Inquiry.
Aboriginal Child and family
To address the child and family focus we need to build onto existing Aboriginal early childhood services that offer some universal services such as preschool, childcare or health services, and add on other universal services that the Aboriginal families of young children identify they need. These centres should also offer targeted programs such as additional health screenings, JET creches, parenting and family support and even some specialist and intensive services to support the children and families using the centre. They should have Aboriginal leadership and promote training and leadership.

Workforce
To address the workforce issues identified in the Inquiry, targets should be set to establish clear and accessible career paths into permanent employment for Aboriginal people who are currently employed in early childhood services as temporary and part time early childhood workers, field workers, FDC field workers, bilingual assistants, CDEP workers, or other positions. Aboriginal employees should be employed in mainstream and Aboriginal targeted positions and should be paid the equivalent of other Aboriginal and non-Aboriginal staff with the same qualifications and experience. Aboriginal people need to be encouraged to undertake professional and specialist training in the early childhood field in all areas, but particularly rural and remote areas.

Service provision
To address the service needs identified by Aboriginal families, action needs to be taken to ensure that childcare services, for example JET creches in Aboriginal communities are of high quality. In addition, Aboriginal children’s services and those with significant numbers of Aboriginal children attending, should be supported with funds for: the transport they need to offer, health support and health services such as nutrition and specialist assessments, and a space that parents can use. Non-payment of fees should not disadvantage any child or centre. There would be benefits for Aboriginal children, families and staff in bringing together the different early childhood Aboriginal centres, for example MACS and the Independent centres with DECS services. This would encourage shared training and career paths and shared management training, for example through ARMSU.

Other directions should focus on training, for example school based staff including Aboriginal Education Workers should learn about early childhood development and how to offer play-based curriculum as well as structured learning. Ongoing funding should also be available for teaching Aboriginal languages.

Support for children with additional needs
To address the additional support needs of many Aboriginal young children, there should be increased access to specialist services for Aboriginal families. This could be by providing services through, for example Aboriginal Children’s Services or by establishing an access card like the Elders card. An Aboriginal Support Services leadership position and team could focus on the developmental needs of Aboriginal children. This team could be led by an Aboriginal specialist professional and could encourage more Aboriginal people to study or take up scholarships which would need to be offered.

Cultural awareness/ Anti-bias training
To address the needs for the wider early childhood sector to be able to better meet the needs of Aboriginal children and families in culturally appropriate ways, it is necessary to clearly establish the expectation that all early childhood services’ staff will undertake cultural awareness and anti-bias training and will demonstrate these competencies in their daily work. This could best be achieved by an integrated workforce where non-Aboriginal staff learn about Aboriginal culture in their ‘universal’ environment, which would promote the role of Aboriginal people as teachers of culture.

Childcare
To address the childcare needs we need to build onto services with Aboriginal staff and/or services the families are already using. We also need to deal with the issues preventing Aboriginal women from being FDC care providers eg. housing standards, police checks for members of the family, and the limit on numbers of children in care that includes all children residing at the home. This effectively means
there is no childcare for women working in Community Development Employment Programs (CDEP) and no respite care for Aboriginal families of children with additional needs.

Consultation with Aboriginal communities indicates that a ‘community care’ model may be preferred, where FDC is provided in a community home instead of the care provider’s own home, although the small number of children able to be cared for at any one time can still be a problem with this model.

**Funding and resources**

Responses to the Inquiry identified a great concern for Aboriginal children and the need for a range of services that are funded adequately and sustainably over a period of years in order to make a difference. A collaborative effort is required to provide a positive pathway towards self-sufficient lifestyles. Aboriginal families consistently emphasised that they want successful education, care and health experiences for their children to ensure opportunities and a good life for their children and their families.

The Inquiry is particularly grateful to a group of dedicated early childhood services Aboriginal staff, led by Debbie Moyle and Eunice Bartlett, for the development of this chapter.
The current way of providing early childhood services to young children with additional needs is of major concern to South Australian families, community members and service providers.

All consultations with the community – short and long questionnaires, market research surveys, focus groups and community forums across the State raised this as a major problem that required urgent action. Their views were extremely consistent with the views expressed by staff of the principal Departments, service providers, governing and management bodies, non-government agencies and the Inquiry Working Groups.
Definitions

It must be said from the outset that there are multiple definitions of ‘additional needs’, across and within Commonwealth Government and State Government Departments and the many non-government service providers in this area. Throughout the Inquiry consultations, some families used the term ‘disabilities’ to describe a wide range of children’s difficulties, from mild to severe. However, most families did not use that term or ‘additional needs’. Some used ‘special needs’ but most described their child as having trouble with or being behind in development, learning or communicating, and went on to say how this was affecting their happiness, their behaviour and the family.

The period from before birth to eight years is a time of peak development, but also a time when difficulties can be hardest to assess, due to the child’s age and the variation in individual children’s rate of progress. Some children are diagnosed early with a significant disability that will require long term additional support. However, most young children with additional needs are not, and may go through a long process of many assessments.

‘My son’s got a learning disability, totally hates school. He’s just been diagnosed with dyslexia and he’s getting assessed now for Asperger’s. They say he’s got some symptoms of ADHD but I would be lost without his Gameboy or his play station. He comes home from school in such a bad mood...’

(McGregor Tan, 2004a, p.142)

Some children’s difficulties are not picked up during these years as they are attributed to other causes, such as cultural or language difference, transience or family circumstances such as poverty or mental illness.

The definition of ‘additional needs’ used by the Inquiry is based on recent research, which found that

‘75 percent of parents and carers say that they feel there are times in their lives or the lives of their children when they need access to additional information or support’


For most parents, this is a short term need, which can be addressed if they have information and support at the time they need it, but some parents may need long term support.

The definition of additional needs used by the Inquiry includes:

- children with disabilities
- children with developmental delay
- children with learning difficulties
- children with medical or health issues
- children with communication, speech or language difficulties
- children with significant behaviour difficulties
- children at risk of abuse or neglect
- children in poverty
- children under the Guardianship of the Minister for Families and Communities
- children of parents with additional needs
- children of culturally and linguistically diverse backgrounds
- Aboriginal children.

The additional needs of many young Aboriginal children and their families were addressed in Chapter 8. However, many of the issues raised in this chapter also apply to Aboriginal children and families.

Research

International

The international long term studies on successful early childhood development and intervention services, described in Chapter 2, highlight the most effective ways of supporting children with additional needs. However, there are some new initiatives currently targeting children with additional needs in the UK and Canada, that are particularly relevant to this Inquiry.
As described previously, the current UK Government initiative entitled ‘Every Child Matters’ (TSO, 2004) has established a framework for supporting all children and families through universal services for all children, targeted support for some children and intensive action for children and families at highest risk. The ‘Early Intervention and Effective Protection’ strategy of this initiative consists of:

- improved information sharing between agencies
- one common assessment framework across services, for all children, with core information following the child
- one lead professional in a multi-disciplinary team which includes professionals and para-professionals, working with the child and family
- on the spot service, through co-locating services in and around schools, Sure Start Children’s Centres and primary care settings
- effective child protection procedures across all organisations.

This whole of government approach to early intervention aims to prevent and reduce a very wide range of disadvantages from poverty to disabilities. Strategies include increasing some services such as childcare and specialist health services, and bringing some together into integrated centres, such as those offering early education, childcare, health services, and family and parenting support.

In Canada, a recent initiative entitled ‘The Road Ahead’ (Ontario Government, 2004) has restructured Government services, based on research that programs for human development, usually split between Ministries, are considerably more effective if they are combined in one Ministry. Strategies of interest are the stated principle that families of children with special needs will get the funds, rather than agencies, and that programs will target children with additional needs through Early Years Centres, offering universal programs and parenting classes, early literacy programs, childcare and special programs for fathers. Intensive early intervention programs for children with autism, from two to five years of age, will also be established.

National research

National initiatives involving children from before birth to eight years, all of which will impact on children with additional needs, are described in Chapter 2. However, there are several initiatives with direct implications for children with additional needs.

**National Education Standards under the Disability Discrimination Act (DDA)**

Early childhood services will be affected by the imminent introduction of the nationally agreed, education standards for children and adults with disabilities which have been developed in response to the Commonwealth Government legislation. (See the Commonwealth Government definition of disability in this chapter.) The standards will require education authorities to take measures to ensure the full access and participation of children with disabilities, in preschool and school settings.

**National child public health strategy**

The Child Health Inter-government Partnership (CHIP) report (Schultz, 2003) is part of the development of a National Child Public Health Strategy for Australia - a strategy that will be based on the child’s needs, in terms of their overall development, health and wellbeing. The approach described is particularly significant for children with additional needs who need a coordinated health and education response. It documents the shift in the thinking about health - from a medical definition of an absence of disease, to the current concept which acknowledges the interactions between individuals and their social and economic environments, as major determinants of their health.

This report emphasises the early childhood years as a vital window of opportunity to build up the necessary health base for lifelong health and well being. It stresses the need for collaborative, whole of government, national action to:

- expand community based antenatal care for women in communities of high need
- identify risk factors early in the developmental pathways and act to strengthen protective factors
- provide a platform of primary services using a range of professionals in contact with the child and family
- support parents in the early years, for example through home visiting programs
- use school communities to promote health, for example providing school based, peer based and community based health promotion programs.
Common factors

As with education outcomes, a direct link is now made between socio-economic status and health outcomes.

_The research evidence shows no doubt that poverty is the most vital issue to be addressed in the provision of equal opportunities for children’s health, development and wellbeing. Without an adequate income, the ability to access and retain good standards of health, housing, education and quality of life decreases and the likelihood of instability and stress within families increases._

(Schultz, 2003, p.11)

It is clear that research is building a holistic base from which to consider the needs of the child and family. An Australian review of the early childhood literature (Centre for Community Child Health, 2000) identified many similarities in longitudinal studies on risk and protective factors that lead to different health and life outcomes. Risk and protective factors are also described in the education research and in the care and protection research.

Some factors relate to the child, some to the parents, some to family factors and life events, and some to the community environment. Examples of common risk factors across this range are low birth weight, poor parenting skills, family violence, low income and disadvantaged community. Examples of protective factors are social skills, strong relationships with parents/adults, small family size, and involvement in positive activities, for example early education services. These factors provide a common language and could provide a basis for agreement of common priorities and targets across agencies, Departments and Governments. All research indicates that if risks are ignored, the cumulative effects that follow usually create further negative outcomes for the child. Studies also show that some risk factors are often clustered and can only be effectively tackled as a group.

Another example of converging research is the movement within health of the ‘settings approach’ as a way of packaging interventions and actions to improve child health by locating the intervention within the places in which children live, learn and play. These include homes, childcare services, health facilities, schools and other community settings.

South Australia

Although the reviews of South Australia’s health system (Department of Health, 2003) and care and protection system (Layton, 2003) are discussed in previous chapters, sections of particular relevance to children with additional needs are highlighted below.

Generational Health Review

The early childhood section of the report connected the internationally recognised risk and protective factors for young children with concerns for young children in South Australia – particularly the number of young children in poverty, the low birth weight of Aboriginal babies and the number of incidents of domestic violence in South Australia.

_‘In 1999, 17.8% of adults reported some form of domestic violence by a current or ex partner. Children witnessed 46% of all incidents and 30% of incidents were experienced by women who were pregnant’_

(Department of Health, 2003, p. 155).

Domestic violence is of great concern in terms of future health and wellbeing. It is a high predictor of the child going on to experience domestic violence or abuse as an adult.

The Review found that: although there were many services focusing on children and families, there were service gaps and significant overlaps, poor interagency cooperation and poor linkages leaving parents with ‘a major task to negotiate the maze of disjointed services to piece together the services they require’ (Department of Health, 2003, p.156).

Layton Review of Child Protection

The Layton Review (2003) recommended the development of an effective early intervention and prevention framework, across all State Government Departments. Within this framework a range of services was identified to provide a variety of responses, at particular stages or events in the life of the child and family. These services were proposed as universal services available to all, selective services for families with greater needs and indicated services for families with significant problems.
The model for early intervention and prevention as described by Layton (2003) set out the following elements of effective programs:

- early identification of the risk factors and encouragement to families to seek assistance before serious problems develop
- providing a continuum of intervention from prevention to treatment and then maintenance
- promoting strength and wellness rather than being problem-focused
- ensuring both intensive and long term programs are available
- sustainable over time and that become known to communities.

Support for children with additional needs in care and education services

Tables indicating the demand and supply of DECS support services for children with additional needs in DECS preschools and DECS schools are in Appendix 14a. Tables indicating the supply of Inclusion SA support services to children in long day care and OSHC are in Appendix 14b.

However, as the data is compiled from different data sources, using differing definitions, diagnostic categories and methods of collection, it provides only broad indications and is not comparable. There is an urgent need for an integrated information and data base on which to build an integrated response.

Support for children in preschool

The data on the demand for support for children with additional needs in DECS preschools, indicates that currently 15.4% of the total preschool population have been identified with one or more additional needs by parents, preschool staff or other professionals.

Of these children, 7.7% are assessed as having significant needs or disabilities and so are eligible for support through the Preschool Support Program, as described in Chapter 5. The numbers of children eligible for this service have increased by 17% but the funding has not.

Support for children in childcare services

Inclusion SA is a non-government organisation funded by the Commonwealth Government to assist the inclusion of children with disabilities in childcare centres and Outside School Hours Care services. It provides support, resources and training to childcare staff and families of children with disabilities, through Inclusion SA North, South and Rural.

Since 1998 there has been a 30% increase in the number of children attending childcare but funding to Inclusion SA has not increased proportionally. There have also been significant increases in the number of children with additional and complex needs in childcare. The Special Needs Subsidy Scheme (SNSS) provided through Inclusion SA shows a 45% increase in children with significant additional needs. Childcare centres reported gaps in support for children with challenging behaviour who have no associated disability or developmental delay, and for an increasing number of children with autism spectrum disorders.

Support for children in Family Day Care

Family Day Care provides care for children with disabilities through the Commonwealth funded Home and Community Care (HACC) program, the CRC program and the FDC D-Sups program. In 2002, 7% of children in Family Day Care had disabilities. Demand for childcare was reported as constantly high, particularly for children with high needs, but the places are limited by the funding and the availability of care providers.

The number of children referred to Family Day Care for care because they are at risk, fluctuates dramatically, for example 23 children were referred through one metropolitan office in April 2004. The service cannot meet this demand and staff commented that it is related to the lack of foster carers available to the Department for Families and Communities, particularly in rural areas.

There has been an overall increase in demand for this service and supports for children with additional needs. Care providers can access support through FDC fieldworkers, or through the Commonwealth-funded Diversity Directions (for children of non-English speaking background) and Inclusion SA, but these agencies stop support when the child attends preschool at the age of four.

Support for children in school

Children requiring support for significant needs and disabilities receive funding through the DECS Students with Disabilities policy and Levels of Support. The numbers requiring support have
Children with additional needs

increased by 41% since 2002, with the main
differences being in the Reception and Year 1 levels,
due to identification of additional needs as they
enter the schooling system. There have also been
significant increases in numbers of children with
autism and children with an intellectual disability.

**DECS support services**

DECS provides a wide range of services and
programs to support the access and participation of
children from birth to eight years who have
additional needs, disabilities and/or learning
difficulties (See Appendix 15).

The increasing number of children with additional
needs has resulted in increasing waiting lists for
accessing some types of services, particularly speech
pathology. Since 2002, there has been a 52%
increase in the number of preschool children
waiting for speech assessment or intervention, and
a 67% increase in the number of reception to year
2 school children, waiting for speech assessment or
intervention.

**Summary of consultation findings**

It must be emphasised that the dissatisfaction
expressed during the consultations was with the
current system and not the staff operating within it.
Any support that was offered by staff from any
section of the system, was greatly appreciated by
families, but they made the strong point that they
are no longer content to remain silent about the
faults of the system.

It is apparent from the statistics collected by service
providers and the experiences recounted by families,
that the number of children from birth to eight
years who are identified as having additional needs,
is increasing. Funding in many cases has not
increased and services cannot keep up with the
demand. There were many requests for additional
funding and more staff, but there were even more
requests for the system to be reorganised, so that it
made more sense and children received support
when they needed it.

**The maze**

This phrase has been used by many families, service
providers and even the Generational Health Review,
to describe current service provision for children
with additional needs in South Australia. Many
parents who are concerned about their child’s
development, learning, communication or any other
area of difficulty have expressed great distress at
their experience of the current system. There are
many different agencies offering some service to
some children with a disability, learning difficulty or
additional need (see Appendix 16 for South
Australian resources and agencies). However,
families reported great difficulty in finding out what
is available, where to go for information and how to
obtain some support.

**The search**

In order to receive support from an organisation,
the child must fit a definition that makes them
eligible for that service. Other than the focus
being on the child and their needs, the focus
becomes assessment of the child’s needs against
this service definition. Parents and service providers
alike, express great relief when a child fits a
definition well enough to receive a service.
However, this only occurs for a small proportion of
children.

For those who do not fit a clear service definition,
the parents approach another service and the child
is placed onto another waiting list to be assessed to
see if they may be eligible for support there. Even if
they are assessed as eligible for the service, they will
often then be placed on another waiting list to
receive the service. The list of services in Appendix
16 supports a parent comment that this is almost a
full time job. For many families, this process
continues for years, with increasing desperation to
find a definition that will provide some support for
their child and, increasingly, their family.

**The wait**

Parents and childcare workers of all services
reported they cannot get support for children with
additional needs aged from birth to four years (five
years if they attend childcare instead of a DECS
preschool). Childcare staff are told they are not
eligible for support from DECS support staff and are
referred to community health centres or Inclusion
SA. Support from local community health services
varies but many childcare staff reported they have
been told the child is not eligible for community
health support, as the parent is not with the child at
the service.

So at the time a communication or learning
difficulty is first noticed, which may be around two
years of age, no service is provided. At the time of
starting preschool at four years, the staff may
request the child be assessed and they can be placed on a waiting list for assessment and possible support. Due to the limited time of 12 months of preschool and the limited funding of the Preschool Support Program, the child may only receive a few sessions that year. At five years of age the child starts school, where the staff may request an assessment and the child goes onto another waiting list. Parents reported longer waiting lists and even less service from the schooling sector. The parents and school staff then try to work out how they can help the child within the school.

The learning or communication difficulty first noticed three years ago has not been dealt with. It will take subsequently longer to remedy and it may affect the child’s schooling and future prospects. This is the fear that families are living with on a daily basis and may be part of the reason for the increased number of referrals of children with additional needs.

The drop

Young children receiving a support service may have this support terminated when they reach a particular age, attend a different setting, or receive some support from another service. This means that at the time of transition between, for example, childcare and school, at the time when the child and family are most anxious, the support service they have been receiving stops.

Due to the funding constraints on all agencies, the new setting may not be able to commit any support service without another assessment, so the child goes onto another waiting list. The cancellation of speech pathology support from community health at the age of preschool entry was often cited as an example of this policy, but it was emphasised that this situation applied across most services.

The turf wars

Many professions are involved with children with additional needs. As well as the mainstream care and education staff, there may be additional doctors, psychologists, speech pathologists, social workers, physiotherapists and occupational therapists. These professions have, over time, developed knowledge they regard as exclusive, and the largest have developed their own ‘sectors’ – for example, the education and health sectors.

These sectors have traditionally marked out their territories – educators within schools and health professionals within clinics and hospitals – and, with the help of professional associations and unions, have jealously guarded their borders. This is not consistent with our new knowledge of the integration of the health and learning development in the young child. In addition many parents of young children with additional needs reported frustration and feelings of powerlessness and despair, in attempting to get an integrated approach to their child’s health and learning needs.

Discussion

The increase in the number of children identified as having additional needs might be explained by improved methods for identifying children with additional needs, by greater sensitivity among parents and professionals to the need to respond quickly to apparent delays, or by the increasing incidence of particular types of disability in the wider population.

However, Fiona Stanley in her address ‘Before the Bough Breaks’ (National Library of Australia, 2003) made a strong case for this situation being the result of many other factors. Although she discussed the increase in some disabilities, such as intellectual disability, as probably related to the higher age of women giving birth, she stated this does not explain the increasing numbers of children being diagnosed at much earlier ages, with autism and behaviour disorders, and with disorders such as anxiety and depression, even in four to 11 year old children.

Stanley (2003) cited as significant the increase in risk factors such as poverty, child abuse and exposure to violence; and the decrease in protective factors in the community such as children’s services and local child and family focused facilities. Her recommendations are for long term strategies, based on ‘joined up’ research, into the pathways that lead to resilience and the social, emotional and economic environments that support child rearing.

Early intervention

The term ‘early intervention’ is used in a variety of ways; but it was described well by the National Investment for the Early Years (SA) in their submission to the Inquiry as ‘doing something additional or different, either early in the life of a child and family, or early in a pathway to disadvantage, in order to promote better quality of life’.
The concept is used by staff in each of the principal Departments although it is interpreted in different ways.

The importance of early intervention on behalf of children with additional needs is well documented. Early intervention aims to minimise the impact of developmental delays, environmental factors, specific disabilities and learning difficulties on children’s development and learning and to build on the child’s strengths. Early assessment and diagnosis of children’s needs, the earliest possible provision of coordinated support and targeted resources, are critical elements of effective early intervention.

**Characteristics**

As stated in the *Early Years Report* (Mustard and McCain, 1999, p. 150)

‘Early child development activities in communities must strive to be accessible and available to all children, including those children with learning, language, behavioural, physical or developmental difficulties. Programs must incorporate early identification of problems and have the capacity to adapt the setting to meet the needs of the individual child. This will require specialised expertise and resources and good links with specialised services and the health system’.

Later in the report, they note that extra effort in the form of active outreach must be a part of the early childhood centre, in order to ensure that families whose circumstances make it difficult to be involved, are encouraged and possibly assisted with transport, in order to achieve improved opportunities for their children.

The recent review of the *Sure Start* initiative in the United Kingdom (Gammage, 2004a) which aims to improve the health and wellbeing of young children from before birth to school age, identified the characteristics of the most effective early interventions as:

- involving two generations – parents as well as children
- being part of services that were not labelled or stigmatised
- targeting a number of factors, for example education as well as health or parenting
- of sufficient duration to make a real difference
- driven by consultation with, and decision making by, parents and local community members
- culturally appropriate and sensitive to the needs of all children and families.

This is a broad concept of early intervention which is consistent with the whole of government approach of the South Australian Government. The focus is on intervening early in the child’s life, to achieve maximum positive outcomes for the child, family and community.

**Inclusion**

Inclusion means the effective participation of all children, including those with additional needs, in local education and community settings. There is no longer any debate about this: it is the principle behind the UNESCO *Education for All* (2000) policy and is enshrined in the Commonwealth *Disability Discrimination Act 1992*.

However, parents and support staff report that, as in the broader community, there is great variation in the attitudes of centre and school staff to including a child with additional needs in their service. Many services are welcoming, considering the child as any other member of their centre/school community, and work out how best to use their resources to support them. Some children will need additional resources in the form of staff or equipment, but most will not. Other services are reluctant to include a child, unless additional funds or support are provided. Parents of children with additional needs find the unpredictable nature of the service response extremely stressful. As discussed in the early intervention studies referred to in Chapter 3, this is often related to the level of qualification and training of the staff.
Education issues

An issue raised by educators was the tension between meeting the needs of children with additional needs, and the needs of the other children in the class. Concerns expressed by junior primary staff included: not enough special classes; inadequate facilities - particularly outdoor facilities; and lack of funding for support.

In recent years, there have been significant initiatives within DECS to support schools with inclusion of children with disabilities and/or learning difficulties. The recent establishment of a Statewide verification system has established a consistent framework for resource allocation, based on the learning needs of the child, as determined jointly by the family and school staff. The Negotiated Education Plan for the child sets learning goals for the child within the mainstream South Australian curriculum framework, and the Statewide Learning Difficulties team provides extensive in-service training promoting inclusive methods. Recent joint health and education initiatives have increased support to children with health care needs in hospital, education and other settings.

Childcare issues

The other main sector dealing with inclusion issues is the childcare sector. Additional staffing, through the Special Needs Subsidy Scheme, is intended to supplement the whole staff team, as the Preschool Support Program is intended to do in preschools. However, the resources in both settings are often used to provide 1:1 support and may effectively exclude (rather than include) the child.

Parents are frequently told that their child can attend only for the hours that they receive additional support. The child may also be supported by a different person at each service, even within the space of one day – disruptive for the child and less effective for the service and staff. Parents reported this support is also needed for Outside School Hours Care including vacation care programs and that there are not enough Family Day Care providers who can take children with disabilities.

Remuneration for FDC providers is not high, considering the high care needs of many of these children, and it was suggested an increase in payments would help with retaining current care providers and recruiting new care providers. Many are in high demand due to their training and skills, and so leave FDC to work within agencies which pay higher rates.

Access to and availability of services

Information

In addition to the information needs discussed in previous chapters, families of children with additional needs requested help in finding information about services and supports that might be available to help their child. The McGregor Tan Quantitative Survey (2004b) found that particular groups who requested more information were parents of children with special needs (17%), single parents (17%) and families receiving some form of income support (15%).

Service providers and staff also reported that it was extremely difficult to keep up with the many changes in services. Some services which could assist parents and staff such as the Special Education Resource Unit (SERU) and the Special Needs Education Helpline are not widely known. The Ministerial Advisory Committee: Students with Disabilities provided the South Australian Resources document (Appendix 16) in 2002, but this was provided only to Preschool Directors and School Principals.

Childcare

The need for childcare services, which was a major theme in the consultations, was particularly emphasised by families with children with additional needs. The response from one focus group was representative of the views expressed to the Inquiry.

*In summary, the group’s mutual response to the question “Childcare, tell me about childcare?” was “It’s non-existent.”* (McGregor Tan, 2004a, p. 160).

Many families of children with additional needs stated they were unable to obtain the childcare they needed, in order for them to be able to work. Some mothers stated that they have no choice but to stay at home with their child, even though their local community needs their skills, for example nursing. Some mothers who have obtained some form of childcare, including informal care, reported they have to leave work several times each day in order to feed or perform some other essential task for their child, and then rush back to work.

The statistics provided by Inclusion SA (in Appendix 14b) illustrate the increase in numbers and support to children attending childcare with additional
needs, but it appears that these are a small proportion of those whose families need or want childcare. There is a long waiting list for childcare centre places in many areas but this is particularly the case for some children with additional needs, who seem to never get to the top of the list.

The children identified by Inclusion SA as most disadvantaged by the current situation were consistent with those named by parents, community members and staff. They were:

- children with disabilities
- children with health support needs, where childcare staff do not undertake procedures such as gastrostomy feeds
- children with challenging behaviours but no associated disability or developmental delay (who may be excluded from childcare services, setting up the child to fail in subsequent services, and likely to compound the challenging behaviours)
- Aboriginal children
- children under the Guardianship of the Minister.

The reluctance to accept these children into childcare, given the ability to select from the high demand from other families, is increasing the stress on families of children with additional needs, who are agreed to be the families most in need of support. The service reluctance is also believed to be related to the lack of access to support services or advice from specialists such as speech pathologists, psychologists and therapists. They reported some DECS District offices extend a very limited service to childcare centres and there is little support from community health and disability agencies. Childcare services are not able to access DECS district support services as they could, prior to the amalgamation of education and children's services, as discussed in Chapter 5.

This situation is exacerbated by the lack of trained staff, high staff turnover and lack of training opportunities reported by some childcare staff. The submission from Inclusion SA highlighted the importance of building a more qualified and stable workforce as a major factor in improving services to children with additional needs.

Parents of children with additional needs reported that most schools do not want to know about the care needs of their child for after school or vacation care, even if the school is running the program. Again they reported there is no continuity of funding or personnel to help them in this situation.

**Respite care**

The need for respite care for families of children with additional needs between birth to eight years was a major recommendation to the Inquiry. Given the current situation, where demand for care far exceeds current supply, the priority of access to care is going predominantly to working families.

Respite care for children with disabilities or challenging behaviours was identified as particularly crucial and particularly hard to obtain in some areas, most notably, rural and remote areas. Chapter 10 addresses needs for specialist staff to assist children with additional needs and their families who live in rural or remote areas.

The high demand for the Family Day Care service for respite care was not able to be met, due to the shortage of care providers. Possible reasons given for this by care providers were: that they were unable to get support or advice about children in their care from DECS support staff, despite being approved by that Department; and that the standards now set for their homes were too hard to meet.

Respite care is particularly necessary for foster carers who are attempting to manage very challenging behaviours and/or health and disability needs of children in their care. When adequate respite care is not available, it can be demonstrated that these foster carers progress much more rapidly to the point of exhaustion and burn out. The child's placement with that family is then at high risk of breaking down. The result can be an escalating cycle of negatives for the child, plus the withdrawal of a highly necessary placement resource by exhausted carers. This has negative implications, not only for that child, but for other children, and the ongoing management of the over-stressed alternative care system.

**Definitions and assessments**

Although the definition of additional needs includes many children, such as those with learning difficulties, culturally and linguistically diverse backgrounds and Aboriginal children, the definition of ‘disability’ is particularly problematic as it opens or closes the door to most support services. There are many different definitions of disability and within each category of disability are further definitions.
In the Commonwealth Disability Discrimination Act 1992, p. 4 disability is defined very broadly as:

- ‘total or partial loss of the person’s bodily or mental functions or
- total or partial loss of a part of the body or
- the presence in the body of organisms causing disease or illness or
- the presence in the body of organisms capable of causing disease or illness or
- the malfunction, malformation or disfigurement of a part of the person’s body or
- a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction or
- a disorder, illness or disease that affects a person’s thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour and
- includes a disability that presently exists; previously existed but no longer exists; or may exist in the future; or is imputed to a person.’

However, the Commonwealth Government uses a different definition when providing funding to support a child in childcare. Priority is assigned to:

- children with a disability
- children of non-English speaking background
- Aboriginal or Torres Strait Islander children.

Disability in this case is defined as diagnosed disability or developmental delay, which does not include complex health problems or challenging behaviours.

The South Australian Government definitions are different. The South Australian Disability Services Act 1993 states that ‘disability’ in relation to a person means a disability:

- that is attributable to intellectual, psychiatric, cognitive, neurological, sensory or physical impairment, or a combination of any of those impairments; and
- that is, or is likely to be, permanent; and
- that results in the person having:
  - a reduced capacity for social interaction, communication, learning, mobility, decision-making or self care; and
  - a need for continuing support services, and
- includes such a disability notwithstanding that it is of an episodic nature.’

To be eligible for disability services provided through the South Australian Department for Families and Communities the child must meet this definition.

To obtain South Australian Government funding to support the child to attend a DECS preschool at four years of age, the child does not necessarily have to be diagnosed with a disability. Other criteria for this support are developmental delay, or significant behavioural difficulties, or severe speech or language impairment, or a need for additional support to enable participation in the preschool program.

However, to obtain South Australian Government funding to support the child to attend a DECS school at five years, the child’s impairment must be verified by a district Guidance Officer or speech pathologist, and then a Support and Disability Coordinator works with the school to determine the level of support. DECS is currently reviewing these procedures to achieve greater consistency and it appears one definition of global delay may soon apply for children from birth to eight years, as verified by a specific psychological assessment.
Specialist agency definitions

Definitions used by specialist agencies are determined by the agency and may be based on medical diagnoses and psychological assessments. However, the psychologist has to be approved to be able to diagnose the disability, for example, autism must be diagnosed by a psychologist attached to the Autism Association or the Women’s and Children’s Hospital.

Specialist services are currently provided by many different agencies, to families using many different early childhood services, for different ages of children. The age of the child is often a marker for one service to finish and another to start. Parents consistently reported a disruption when their child moved from one service to the next. However, those who were provided with ongoing agency support from birth, usually due to a medical diagnosis of disability, were extremely positive about the support they received.

Assessments

Assessment of children, in order to determine if they satisfy a service definition and are therefore eligible for support, is the focus of much service provider time and many resources. This is not to blame service providers, as they are funded to provide a limited service to a ‘defined’ target group. It is a failure of the current system. Assessment is not a service – it is an activity that is an eligibility check if it does not lead to a service.

A logical consequence of the emphasis on definition is that attention becomes focused on the service, and what the funding of that service can support, rather than on the needs of the individual child and family. Each sector and Department has its own definitions, services and eligibility criteria – many of which have evolved over time – and often as a stop-gap response to particular needs. Children with additional needs and their families are often in the situation where they must negotiate their way through these many different services, run by different Departments and different service providers.

Families report that they are the only person who is constant in this process. Given the additional demands on parents of children with additional needs, it is not surprising they find this experience extremely stressful and unsatisfactory. The need for parents to find their own way through the current system is believed to contribute to the current situation of parents continuing to seek more assessments. There is a lack of trust in the agency’s definition and an ongoing attempt to obtain a medical diagnosis or solution, such as medication, to obtain some support.

Child and Youth Health checks

As discussed in Chapter 3, Child and Youth Health (CYH) offer developmental health checks on every child at periodic intervals, up to the age of six years. The participation rates are very high at the first check as this is now part of the universal home visiting service. They are also reasonably high at the four to five year old check, as many are performed in preschools, which promote the service and usually close for the day to enable it to occur.

However, the participation rates for the checks at other ages are much lower. These services were previously offered in childcare centres but this is not the case now. Many parents seem unaware they can request this service. CYH has an accepted community role in checking young children’s development and addressing parent’s concerns in a community setting. Their staff also have specialist knowledge and expertise in social, emotional and behavioural development and can refer to specialist support.

However, there have been some reservations expressed about the benefits of the CYH service, such as: the limitations of health checks focusing only on height, weight, sight and hearing; the accuracy of the assessment measure used to reflect the child’s abilities; and the ability of some staff to relate to the child and family. These concerns mean that CYH may currently have less credibility with families and specialist staff, and may be another factor in the increased demand for professional assessments from other agencies.

Many families who informed the Inquiry they could not get support for their child were those whose child had a mild or moderate developmental delay or learning difficulty. Their children did not meet the definition for support from any service or agency so families reported going from one assessment to another, in search of some help but becoming increasingly stressed. These families could be assisted by CYH through a targeted service that could monitor the progress of the child over time, provide practical and tangible support to the family and make a referral to one of its specialist early childhood support services, if and when necessary.
Seamless service delivery

As stated by an Aboriginal mother in Pt Augusta,

“There is confusion for families when they go to school because special services staff change. Before children go to school, special services support is provided by Health. When they go to school, DECS services apply. I had to wait for my child to be supported. Why can’t the staff go with the child?”

(Inquiry Community Forums Report, p. 4)

Successful transitions between services and settings are acknowledged as important for all children. Parents and staff emphasised that for a child with additional needs, it is even more crucial to minimise the number of services involved; the different staff, including support staff, involved; and the different expectations of each service.

Parents saw integrated services as more able to help their child and family. They believe they would help staff share information about their child, provide a consistent care and learning program directed at their child’s development and provide consistent support to the family. They also saw such a service as able to act as a central point for information and staff training related to special needs.

Planning

Parents need to be reassured that they are not alone in trying to address their concerns about their child. There is an urgent need for a shared and planned approach to meeting children’s additional needs at the earliest opportunity, when there is the highest chance of a rapid improvement for the child.

Some agencies now offer only consultancy services, not a direct service to the child but advice to the existing staff. This is appropriate if the child is actually able to obtain access to the service, the staff are ongoing and have the knowledge and skills to apply the advice, and it is part of a planned approach to increasing the child’s learning or skills.

However, the planning is often short term and specific to that service. This is particularly evident when the child turns four years of age and attends preschool, thereby causing any previous health or community services to finish. It becomes even more evident when the child begins school as, depending on the assessed degree of disability, the child may then go onto a waiting list for education support services and may remain there for a lengthy period.

Child and Youth Health have established a data base to record the development of every newborn in South Australia. This is part of the universal home visiting service and will be used to monitor the progress of the children receiving additional support through the targeted home visiting service. DECS is in the process of developing a unique student identifier that will follow each student’s progress through the entire education system. There is a need for a cross government early childhood services information system that can be used by all, as a basis for planning at all levels.

Significant government investment has recently occurred in the universal and targeted home visiting initiatives in Child and Youth Health. This is an unprecedented opportunity for families to be given ongoing access to early interventions from the wider early childhood services system.

The universal Child and Youth Health contact can facilitate seamless connections for families, in the context of the normal settings of their young child. The universal and targeted home visiting program could incorporate a greater focus on early learning as babies grow. Families needing help could be linked with other programs, for example the DECS Early Learning Program or family support programs offered by other agencies.

Professions

The lack of access to specialist services, such as speech pathology, psychology, physiotherapy and social work was highlighted by families as being a major concern. Staff of the principal Departments also identified the need for more clinical psychologists, child psychiatrists, family therapists, social workers and counsellors for children – particularly for children with challenging behaviours, children who have been abused, or children with complex needs.

There are many professional staff currently employed in many different services, but the demand for therapeutic services for young children continues to be high. There is no doubt that there is a need for increased therapy services to be provided directly to children. The retreat to assessment and/or consultancy is not in the best interests of the child and is placing increasing stress on the families and staff in daily contact with the child.
A major workforce issue identified by the Inquiry was the lack of therapists employed by Government to provide a direct service to children with additional needs, rather than a consultancy service. Even if the duplication of families seeking assessments and services from many different agencies is allowed for, staff believe there will still be an unmet need for therapists, compounded in certain geographic areas.  

Although Departments have attempted to increase the number of specialist staff, they are unable to recruit sufficient to meet the demand. This is reported to be a national problem. Departments are continuing to attempt to recruit specialist staff and are also acting to increase the knowledge and skills of their general staff, and encourage innovative ways of meeting local demands.

Continuity of service

Continuity of service is agreed by all professions to be the most effective and desirable way to provide a therapeutic service for young children, and for their families. There would be universal agreement that the ideal situation is one where the specialist follows the child. When a child is assessed as needing support, they would receive it from the most appropriate service provider at that time. That person would support the child and, if necessary, then follow the child across all early childhood services up to the age of eight, unless there was a planned transition to a more appropriate worker or to a different region.

Most importantly, there would be a relationship and understanding built up over time, between the family and specialist, and the child and specialist. Recent research demonstrates the importance of building a positive supportive relationship with the mother of a child at risk, in order to achieve more positive outcomes for the child.

If there were a universal assessment process and the child was supported by a specialist agency from birth, then the specialist from that agency would be the person assisting the childcare service with information and advice, then the preschool and the school from Reception to Year 2. This would address the consultancy needs of the service for that child.

The current practice of the professional staff of each agency needing to do their own assessment, in order to offer a service, is wasting a valuable resource. Within Departments, psychologists and speech pathologists are required to assess anew any referral for service from a different section of the Department. Additional assessments are also required for education support as opposed to health support.

If the allied health professions of speech pathology, psychology, audiology, physiotherapy, and occupational therapy – from both the health and education sectors – were within one administrative unit which was responsible for providing health support services to children from birth to eight years in care, education, health and community settings, there would be significant benefits for the children and families who are most disadvantaged by the current system.

Integrated professional support for children

There were many recommendations for a professional who would be based in an early childhood service that the child normally attends, who could observe the child over time, help the staff assess and meet their needs, counsel the child and family if needed, and assist the family to build a network of support for their child and the family.

The Layton Review (2003) recommended that DECS review the role of school counsellors ‘to provide greater clarity on their child protection and pastoral roles in schools’ (Layton, 2003, p.19.19).

The anticipated benefits were cited as better support for children in need and more collaborative relationships with other agencies.

The Review also recommended an expansion in the number of social workers employed within DECS to provide ‘a social work service and liaison and support role in case management for children in need, at risk and/or with protective concerns’ (Layton, 2003, p. 19.20). Social workers employed by DECS are professionally qualified to deliver such a service but their focus is on providing advice and support to schools, on topics such as responding to critical incidents, rather than on service provision or coordination for children with additional needs and their families.

From information collected during the Inquiry, it is apparent that families have a reasonable expectation that they can obtain a professional counselling service when they approach the person called the ‘School Counsellor’. However, this is not the function that is currently available to them. It is also clear from this Inquiry’s findings, and from Layton’s (2003), that there is a great need for a broader, professionally qualified service.

The South Australian Government funds primary school counsellors in many disadvantaged schools, but teachers currently fill these positions, with no requirements for any counselling qualification. The focus and daily activities of the current position are determined by the individual school principal and
Although they vary greatly, are usually on helping the teachers teach the child.

As things currently stand, some school counsellors, in response to the complex needs of the child and family, might take it upon themselves to assume the broader role, in a well-intentioned desire to help. If they do so without the necessary training and professional supports in place, it can be argued that in certain circumstances they risk unintentionally exposing children to greater risk, and themselves and their employers to liability issues. Given the increasing complexity of the issues presenting at many schools this situation is increasingly likely.

As discussed in Chapter 7, the quality of the service that is provided has a major effect on the outcomes for the child. Quality has been clearly linked to qualified staff in all areas of human service delivery and there is no justification for continuing to promote a role that does not fit this criteria. Some school counsellors have individually chosen to obtain professional counselling qualifications, but cannot use them outside the school setting. The boundary around the school is no longer in the best interests of the child, family or the professions. We now know the vital importance of a holistic approach in dealing with the many connected factors that determine health, education and life outcomes for the child.

The argument has traditionally been that education training is a required component of existing school counsellor services. However, throughout this report repeated emphasis has been placed on needing to integrate a variety of different services within schools and other early childhood settings. It is timely to establish the required competencies and qualifications for a school based counselling service that will best meet the identified needs of children and their families.

**One contact person**

Due to the complexity of the current system for families with children with additional needs, there were many recommendations for a consistent person to help the family. This person would be trained, know the services offered by all agencies and could work across Departments to rapidly locate the most appropriate service for the child and family.

The Early Childhood Intervention Coordinator program, run by Child and Youth Health, was described by many respondents, including parent advocacy groups, as providing an excellent model of this form of service although it is only offered for a short time. This service is provided to families with children from birth to eight years of age where it is apparent that their child may need special help.

The Department of Health and the Department of Education and Children’s Services provide the funding for this Statewide service which offers information about services and support groups, helps the family obtain support and assistance from relevant specialist agencies, and promotes links between agencies ‘to ensure hassle-free transfers’ and attention.

The terms ‘case manager’ and ‘key worker’ were also used to described the role of an ongoing person, who could provide a link between the family and the various agencies and services, and who would help them negotiate the services they need for their child. This was seen as particularly crucial for children and families at risk.

### Children from culturally and linguistically diverse backgrounds

The McGregor Tan Quantitative Survey (2004b) found that a higher proportion of families from a different cultural or language background indicated that there were early childhood services available that they were unable to use. This is consistent with the information provided by the South Australian Multicultural Education Committee (MEC) to the Inquiry.

**Information and valuing cultures**

Cultural identity and heritage are fundamental to identity, self esteem and well being. The Multicultural Education Committee surveyed its members concerning their use of early childhood services, and incorporated the findings from several related research projects it has conducted since 2000. They found the main reasons for many families not using early childhood services were:

- lack of information regarding early childhood services
- feeling excluded due to the different language and cultural practices of the services.
- services vary enormously in their ability to provide culturally sensitive and inclusive practices: practices that encourage positive cross-cultural interactions for their children.

These difficulties are magnified for families with a child with disabilities and/or learning difficulties: often it is only the bilingual worker, present for a few hours, who can assist the staff and family to resolve the issues.
New arrivals – children and families with little or no English

The number of children who are new arrivals has increased. Refugee children in particular have to cope with additional anxiety, confusion and grief, depending on their circumstances and events they previously experienced.

The additional health needs of refugee children and adults were identified as significant in the Generational Health Review (DH, 2003). They included poor dental health, a high incidence of delayed growth in children, more chronic medical conditions and disease, and less knowledge about preventative health, for example through diet. Their psychological health is also vulnerable and often exacerbated by factors such as the many systems they are involved with, distrust of Government services, the high number of children in the family and economic difficulties. The Review recommended stronger coordination of health and human services to reduce the number of systems and people involved, and improved access to mainstream services.

In a recent consultation with African families who are new arrivals, MEC found that many single mothers were isolated and lacked information about early childhood services, and working parents were confused and struggling with the different arrangements needed for childcare, preschool and school for their children. An interesting finding, that should be followed up in the interests of the early childhood workforce, was that there was a lack of information and encouragement for African community members who wished to train as early childhood workers.

In November 2004, the Department for Families and Communities had responsibility for the care of 89 unaccompanied children who were refugees and who have been placed in foster care. The Department reported planning to work closely with Child and Youth Health to support a large group of young women about to arrive with very young babies.

Education services

For children of four years of age, the Preschool Bilingual Program provides bilingual support to children and families of non-English speaking background who have limited or no English. However, the current demand for the program cannot be met and the program is not funded to provide English as a Second Language (ESL) support.

For new arrivals who are children of school age, DECS provides intensive English language instruction through five centres, in small classes, with some hours of bilingual support and ESL guidance support. When they go to their local school, ESL support is allocated according to assessed need. A small number of Bilingual School Support Officer hours are allocated to the school. The children and their families have access to Community Liaison Officers from a range of communities and language groups, and to interpreting and translation services to support communication with the school.

Children of school age are also able to maintain and develop their background languages, through attendance at one of the more than 200 ethnic schools. These cater for over 8000 students in 42 languages in classes held out of school hours. Some ethnic schools are also providing childcare for children attending their school, outside of school hours, and have requested funding support to provide childcare for mothers who are attending English classes or studying.

Childcare services

There are difficulties in obtaining accurate data on the use of childcare by families of non-English speaking or culturally and linguistically diverse (CALD) backgrounds as many childcare services do not collect it. However, in 2003, 1700 children listed as attending children’s services were of non-English speaking background, with the most common languages being Vietnamese, Aboriginal languages, Greek, Italian and Chinese.

A number of early childhood services had a high proportion (40% or more) of children from CALD backgrounds. Those in the Adelaide metropolitan area were Athol Park Child and Family Care, City West Child Care Centre, Torrens Child and Family Centre, Woodville Gardens Child Care Centre, Wesley Child Care Centre, Campbelltown Children’s Centre, Hindmarsh Community Child Care Centre and the Family Day Care scheme based at North Adelaide.

Childcare centres and Outside School Hours Care programs are supported to include these children by a non-government agency, Diversity Directions. This agency is funded by the Commonwealth Government to enable families of diverse cultural backgrounds to participate fully in children’s services and to support childcare services to develop a culturally rich environment for children. Their workers provide: training to staff in programming and planning, links to services and community groups and resources.
They can also assist the child and family with information, setting into the service and linking them to disability support services, if needed.

The Family Day Care (FDC) service has many strategies in place to assist families from culturally diverse backgrounds to access care, including a specific multicultural scheme in the western metropolitan area which has a focus on recruiting care providers from CALD backgrounds. There are currently 28 care providers approved and eight trainees in that scheme. Other schemes have multicultural focus staff, who work with communities to identify childcare needs and recruit new care providers.

FDC works with Adelaide TAFE to support women from CALD backgrounds who wish to become care providers, by arranging English language training alongside Certificate III training. Care providers are involved in supporting children’s language acquisition and assisting the settlement process for newly arrived migrant families.

**Workforce issues**

Most staff employed to support children and families of CALD backgrounds are employed on short term contracts to work a small number of hours per week to support the child in one setting. The same bilingual worker may be working a small number of hours in each of the childcare, preschool and school settings but have no entry point into the permanent early childhood workforce, despite many skills, training and often an overseas qualification not recognised here.

**Children most disadvantaged by the current system**

The findings of the Inquiry are that the children most disadvantaged by the current system are:

- children with complex health care needs
- children with challenging behaviours
- children at high risk of harm
- children under the Guardianship of the Minister.

Aboriginal children are disproportionately represented in all of the above groups of children.

The findings of the Inquiry are consistent with those of the Layton (2003) and Generational Health (2003) reviews. The children with the greatest needs are those least well served by the current system. In considering the model of service delivery from universal service provision at the base to intensive services at the apex, those children at the apex of the triangle experience the greatest gap between the services they need and the services they receive.

Most of the Inquiry recommendations rightly aim at the strengthening of the universal services to provide the maximum benefits for all children, with the additional aim of targeted services intervening early enough to prevent children from experiencing disadvantage. However, we need to acknowledge there will continue to be children with additional needs at all levels of service delivery. As previously demonstrated in Chapter 2, regarding the benefits of early intervention, there is a need for priority investment in the children with greatest needs for the benefit of those individuals, their families and the wider society.

**Children with complex health care needs**

An increasing number of children need health support in order to participate in universal services. Children with complex health care needs are in the unusual situation of everyone agreeing they need support, and usually the form of the support, but not being eligible for funding from either Government. Children who require the presence of a ‘credentialed’ person who is trained and supervised by a nurse to perform essential tasks such as feeding, toileting, moving and administering medication, are ineligible for disability funding, as their needs are considered to be related to ‘health problems’ not ‘disability’.

The Access Assistant Program, administered by Child and Youth Health, supports children with high health care needs in preschools and schools. However, the same child is not supported by an Access Assistant when they attend a childcare service, even though the service may be on the same site.

While the inclusion of children with disabilities or developmental delay in childcare is cited as a priority by the Commonwealth Government, the funding is not adequate to support these children. The childcare workforce issues such as high turnover and number of unqualified staff also mean that these services repeatedly need to have staff re-credentialed and re-trained. Children’s attendance is jeopardised as some services are excluding children with complex health care needs for these reasons.
Children with challenging behaviours

The relationship between behaviour problems and learning difficulties is widely recognised. Staff of the principal Departments and Inclusion SA strongly identified the need for additional measures to assist staff and families to manage the very challenging behaviours of some children, who do not have a diagnosed disability. Due to the lack of diagnosis, the child is ineligible for funding support – a situation which reinforces the desperation of the parents’ search for an ‘official diagnosis’ and makes it very difficult for care and education staff to effectively include the child in the setting.

The new DECS ‘Learning Links – From Home to School’ program provides behavioural assessments for children with severe, challenging behaviour associated with communication impairment, in order to address this problem in preschools and schools. Although also intended to support childcare staff, they have had difficulties in accessing this service, although this is currently being negotiated.

When children have very challenging behaviours, their parents may find themselves unable to cope, either temporarily or in the longer term. It is then likely they will seek the help of Children, Youth & Family Services (CYFS) to be able to place their child in the alternative care system for a period of time. Foster carers emphasised the importance of giving them adequate information about the child and their needs, before or at the time the child is placed with them.

The South Australian Government’s recent ‘Rapid Response’ initiative (2004, p. 5) has outlined the need for improved access to therapeutic support services for foster parents caring for such children, to help them more successfully manage such behaviours while the child is in their care. As mentioned previously regarding respite care services, these children have the capacity to exhaust the limited supply of available care givers in the system, and set up an escalating negative cycle, unless early intervention can redirect them.

Children at high risk of harm

Within the additional needs group, many Inquiry processes recommended that children at high risk of harm needed more effective, targeted early intervention and prevention strategies. Within the birth to eight year range, it is the youngest children who are most vulnerable when significant care and protection issues exist. Layton (2003) commended recent efforts by CYFS to focus increased attention upon this group, and recommended significant legislative reform to enable more effective statutory interventions to occur earlier – before harm occurs (Layton, 2003, p. 9.30).

At the current time however, these very young children in high-risk families are unable to be reliably supported. Similar issues arise for other children who have been subject to reports to CYFS, about concerns relating to their care and protection. The numbers of children who are Aboriginal and/or children who have disabilities are disproportionately high in these reports.

The increasing number and complexity of issues of individual and family concerns being dealt with by statutory protective services (CYFS) was noted in the Layton Report (2003, p. 9.5) which concluded that ‘the current situation is in crisis and the system is not able to cope with the statutory services required and expected ...’

The experience of these families, and of workers attempting to access services for them, is that the intensive services they need are often not available or are available only after lengthy delays. For example, the Children’s Protective Services, which are the specialised hospital based services for abused children at the Adelaide Women’s & Children’s Hospital and at Flinders Medical Centre, are both subject to extensive demand. Their services have to be prioritised, meaning other children and families must regularly be deferred or denied a service – regardless of their actual need.

Family Day Care (FDC) is often contacted by agencies seeking to place children at risk in childcare. Many of these referrals are due to the lack of foster care places, particularly in country areas. FDC is often the preferred option for short term foster care as the children may already be in FDC and have an established relationship with a care provider. Although this is undoubtedly the most preferred option from the point of view of the child and family, some agencies are against it, and staff report it can be difficult to arrange because care providers are limited in the number of children they can care for. An increase of resources into the foster care system would alleviate this problem and joint planning by DFC and DECS should explore more collaborative arrangements for carers, to ensure the focus remains on the best interests of the child.
Children under the Guardianship of the Minister

When the State Government assumes guardianship of a child, under the provisions of the Children’s Protection Act 1993, this occurs as the outcome of a carefully regulated statutory process. That process requires that all viable family support alternatives are explored and exhausted before such action can proceed in the Youth Court.

This means that when a child is placed under the Guardianship of the Minister, whatever the early childhood services system has been able to offer has not been enough to prevent the Court concluding that the natural parents and the extended family system are either unable or unwilling to provide appropriate care for the child.

Children under Guardianship are obviously not a homogenous group, and those between birth to eight years have widely varying individual circumstances and needs. However, the groups of children previously identified as needing intensive support in this chapter: children with complex health care needs, children with challenging behaviours, children at high risk of abuse/harm, are as one would expect, over-represented in the group of children who are placed under Guardianship.

Aboriginal children comprise 18% of all children on long term Guardianship orders to the age of 18, and 21% of children on short term 12 month Guardianship orders.

Rapid Response initiative

The South Australian Government is in the process of developing a whole of government service framework for children and young people under the Guardianship of the Minister. The draft document entitled ‘Rapid Response’ states that Children under Guardianship:

‘... experience significant disadvantage to their access to health, housing, education and welfare services. They often have significant medical, psychological, developmental and behavioural problems as well as other disabling conditions. Their reduced and interrupted access to services reduces the potential for intervening early and the effective delivery of services. It is likely to have an impact on their immediate needs and long-term outcomes.’

(South Australian Government, 2004, p. 3)

It also confirmed that:

‘...Indigenous children ... are over-represented in this cohort and, given their multiple disadvantages, special attention to their needs is required.’

(South Australian Government, 2004, p. 11)

The same report gave a disturbing account of inadequacies in the capacity of the existing system to respond to the complex needs of children under Guardianship which included:

- inconsistent case management
- system incapacity to provide comprehensive psychological, developmental and physical health assessments
- an absence of multi-disciplinary allied health services to respond to developmental delay
- lack of therapeutic services to assist foster carers to understand and respond to their psychological, emotional and behavioural disturbances
- discontinuity of health care and lack of interagency coordination
- disruptive and inconsistent schooling, resulting in under-achievement in literacy, numeracy and adaptive behaviours
- the need for a holistic, coordinated service response
- funding shortfalls leading to significant service gaps.

The Rapid Response initiative has identified 10 principles to provide the basis for the service response to meet the needs of children and young people under the Guardianship of the Minister. They are: priority access, being informed, the best interests of the child, equitable outcomes, choice, access, responding to diversity, cultural respect, normalisation, and for older children, smooth transition to adulthood.

Joint agency collaboration

The issue of access to childcare for carers of children under the Guardianship of the Minister has been brought to the attention of this Inquiry. As stated previously, these children can place many demands on their carers and access to childcare can be a critical support need for the carer concerned.
However, in addition to the difficulties in obtaining childcare described earlier, carers also reported having difficulty accessing the Childcare Benefit and completing the paperwork associated with it, because of their ‘in loco parentis’ status. The application processes for the various childcare services are also complex and varied, presenting major obstacles to access for the carers, especially when the period of care for the child concerned is unknown or likely to be relatively brief. But with carers in such short supply, another child will rapidly replace the one that leaves.

If the childcare service were to be available to children under Guardianship as a matter of right, then the application and payment processes could be administered by the State Government as a support service for the carers of these children. This would contribute to the likelihood of the foster placement continuing and would provide a quality care environment where the care provider or childcare worker would be an informed member of the team aiming to support the child in that setting.

The number of children under Guardianship is finite, and their eligibility for the service is clear, given their evident high risk status. DECS and DFC could collaborate on the administration of this task, given the experience of DECS in administering childcare services and the experience of DFC in statutory responsibilities for children under Guardianship.
A skilled and stable workforce is essential to the delivery of quality programs for children and families. The consequences of insufficient, inexperienced or poor quality staff are reductions in the effectiveness of programs, the health and safety of children and the capacity to deliver services that meet the needs of the child, family and community.
Cross agency workforce

All agencies that provide services to young children and their families reported difficulties in attracting and retaining staff, particularly qualified staff. A major difficulty for Government agencies is that location is a major factor in the ability to recruit and retain qualified staff. Staff shortages frequently occur in country areas of South Australia and, to a lesser extent, in the outer southern and northern metropolitan areas of Adelaide. The Inquiry also identified award parity issues, which disadvantage preschool staff in the Department of Education and Children’s Services (DECS) and social workers in Children, Youth and Family Services (CYFS). This impinges on the delivery of an integrated services system across Government.

The issues for the non-government sector workforce are also considerable. There are significant staff shortages and high staff turnover in metropolitan and country areas. The workforce is characterised by poor wages and conditions, a lack of stability and career pathways.

Early childhood care and education workforce

A number of studies have been commissioned in response to issues facing the early childhood care and education sector. The Commonwealth Childcare Advisory Council Report, *Childcare – Beyond 2001* (2001) found that childcare services in all Australian States and Territories were characterised by a workforce with limited career paths, low wages, poor working conditions and high staff turnover - resulting in a loss of skills and a critical shortage of workers in the industry. This shortage foreshadows a wider crisis in meeting the mandatory staff to child ratios established by legislation. In response to the shortage of qualified childcare staff, the State and Territory Governments and Commonwealth Government have jointly commissioned a national workforce study, with findings due to be released in April 2005.

In South Australia, the Children’s Services State Consultative Committee which has roles and functions described in the *Children’s Services Act, 1985* published a ‘*Report on the South Australian Children’s Services (Childcare) Workforce: Supply and Retention of Qualified Staff*’ (May 2004). The report identifies a range of strategies to address the shortfall of qualified staff in this State. However, the report acknowledges, as do other major reports, the link between wages and conditions and the supply and retention of staff.

The Commonwealth Review of Teaching and Teacher Education (2003) identified national data limitations that impacted on the ability to conduct accurate forecasting of supply and demand for the education workforce. The Inquiry found this is also the case in South Australia, with the current data collection system unable to accurately report on either the number or qualifications of staff employed in the early years of schooling. Notwithstanding the data limitations, the South Australian teaching workforce is known to be characterised by an ageing population and difficulties in recruiting and retaining staff in country locations.

Families and Communities Workforce

Layton (2003), analysed issues related to the child protection workforce and drew attention to:

- pressure on overburdened staff
- high turnover of social work staff
- the perceived over-use of contract positions
- the need to encourage recruitment and retention of skilled staff
- the need for wage and classification parity for social workers in the agency of Children, Youth and Family Services with other social workers in the public sector
- the need to increase the numbers of Aboriginal staff employed in the agency.

Recommendations to address these issues included a comprehensive review of the CYFS human resource management and workload management systems. A major workload analysis project was commissioned in October 2003 and was completed in 2004 (Health Outcomes International, 2004). While the focus in the Layton Report (2003) was on social work staff in CYFS, the subsequent report drew attention to the professional literature on workforce issues facing the wider care and protection community.

This report identified issues common to a number of sectors and professional groupings as:

- insufficient qualified staff in some agencies
- the perceived non-desirability of working in the area
- a lack of information on demand and supply of skilled workers which inhibits appropriate workforce planning in the sector.
The report strongly recommended that solutions be sought from across the care and protection community, as distinct from within a specific area or group.

**Health workforce**

The Generational Health Review (DH, 2003) recommended workforce reform. As a principle driver of the health system, the workforce and workforce reform were seen as significant contributors to the development of a sustainable, responsive and accountable health system in South Australia.

While issues of recruitment and retention remain central to workforce reform, the review also highlighted the need for a workforce that reflects the way in which health care will be delivered over the next decade. The review found little evidence to support the notion that increased investment in the current workforce composition would deliver better health outcomes for the South Australian population.

It is necessary to determine what services deliver the best outcomes, what services are currently provided yet do not impact discernibly on health outcomes, and how services can be delivered differently to better meet the needs of South Australian children and their families. Implicit in this analysis was the notion of staffing for desired outcomes, rather than ‘more of the same’.

**Major issues for the Government sector**

**Cross agency workforce planning**

The lack of accurate workforce data from the three principal Departments was problematic for the Inquiry. Workforce data for the Department of Health and the Department for Families and Communities is currently collected in many different ways and is held by different agencies and professional groups. Consequently, Statewide shortages could not be accurately assessed for this report.

The Department of Education and Children’s Services workforce data varied according to data collection methods. For the schooling sector, data did not provide a disaggregation of information about staff working in the early years in schools and the qualifications held by those staff members. In comparison, the workforce data provided through the Children’s Services Census collections for preschool and childcare services provided a sound basis for workforce planning and a model for future cross agency workforce data collection.

The development of a cross agency, Statewide planning system would inform Governments, service providers and training agencies of current and projected workforce needs. A cooperative effort would not only be more cost efficient, but would also ensure that finite training resources are effectively targeted.

**Recruiting and retaining professional and specialist staff in country locations**

All Departments reported difficulty in recruiting and retaining professional staff such as teachers, paediatric and midwifery nurses, speech pathologists, paediatric physiotherapists, occupational therapists, child psychologists and social workers for country and outer metropolitan locations. Families of children with additional needs living in rural and remote areas also expressed concern about their lack of access to medical services such as doctors, dentists and nurses.

A range of strategies arose from the consultations including:
- Better marketing of country communities to new graduates and overseas professionals
- Incentives such as locality and travel allowances, housing and improved access to professional development
- The creation of shared full time positions for professional staff by combining part time positions from a number of different agencies.

Despite Government attempts to address the need for more specialist staff in rural areas by using the same delivery models that suit urban areas, it may be more useful to develop more integrated models of cross agency services that build onto the resources and expertise of professional staff in the area.

Regional community members and service provider groups are in the best position to identify community and service priorities, maximise the use of available resources and develop service solutions that best meet their communities’ needs.

It was strongly recommended by Aboriginal staff that there is a need to adapt the way some specialist services are delivered to make them more...
The DECS model of providing specialist services to the Anangu Lands was suggested as a model to explore for other rural, remote communities, as it has provided a more rapid specialist response to the needs of children in those communities and also built ongoing resource networks for staff working in the Lands.

A consistent theme in rural areas was the link between the availability of childcare and workforce participation. Many women with professional qualifications who live in country communities cited the lack of childcare as the only barrier to their return to the workforce. In rural communities in which childcare was currently provided, demand sometimes exceeded supply. In small country communities with no childcare centre, the Family Day Care service was often unable to assist due to difficulties in recruiting care providers.

As stated by women in rural community forums of the Inquiry:

‘Last year I made a 200km round trip each day to use childcare. I live in H... and worked there but each morning and afternoon I used to drive to and from P... for childcare for my child. I could not keep this up though and now I have taken a position in P... even though my skills are needed in H...’

‘I am a midwifery nurse and it is costing me $400 a week to work part time. There is no childcare in our community and my children are being looked after by a woman in our home.’

‘I am a maths teacher and want to return to work next year but cannot because there is no childcare in our community. Our school finds it hard to attract maths teachers.’


Aboriginal staff

The Inquiry was informed that Aboriginal staff continue to be the most important factor to assist Aboriginal families to participate in early childhood services. In common with the findings of the Generational Health Review (2003) about health staff, Aboriginal staff in the education sector are also disproportionately represented in the lowest income streams and temporary employment conditions.

The consultations raised many issues regarding Aboriginal employment: the lack of permanent Aboriginal staff positions and clearly defined career pathways; predominantly part time and temporary work conditions; Aboriginal staff burnout; expectations placed on Aboriginal staff regarding attendance of Aboriginal children; and the pressure of the system focus on numbers of Aboriginal children in a service as the basis for Aboriginal staffing. Aboriginal support workers reported they often feel marginalised: their limited hours restrict their ability to build relationships with other staff, help plan the program and provide continuity to children and families.

Aboriginal early childhood staff pointed out that if Aboriginal people were in mainstream permanent jobs, instead of short term contract positions, it would benefit all children and the whole community. All children would be provided with cultural awareness of Australia’s first peoples, which would reduce the racism still evident in many interactions they have on a daily basis.

The consultation identified a major gap in the availability of qualified Aboriginal staff in all early childhood professions and specialist professions. This gap could be addressed by targeting existing Aboriginal staff on temporary contracts within the principal Departments and assisting them to study one of the sector professions or one of the specialist professions – particularly staff living in rural and remote areas.

Social workers

The report by Health Outcomes International (2004) identified the major issues relating to social workers as low morale, high staff turnover and lack of experienced practitioners. It noted unmanageable workloads, over-reliance on the use of contract positions and the failure to institute essential reforms as contributing factors to the reluctance by social workers to work in the care and protection area.

A significant issue for social workers in the Department for Families and Communities is classification parity with other social workers in the South Australian public sector. These workers enter the public service at the PSO1 classification, while their counterparts in the Department of Health and the Department of Education and Children’s Services enter at the PSO2 level, which provides a higher salary.
The Layton Review (2003, p. 9.5) identified this issue and observed that:

‘the nature of the work addressed by DFC social workers requires skilled workers who have an understanding of a diverse range of issues (legal, child development, child and adolescent mental health, drug and alcohol, psychological and behavioural) in order to intervene with families in a variety of situations many of which are difficult, complex, stressful and potentially volatile. In addition, most of the work is done with non-voluntary clients, which differs significantly from services provided by other organisations.’

In elaborating on this issue, Layton noted the point made in submissions to that Inquiry, that the agency of Children, Youth and Family Services is an agency of last resort when others withdraw their services (submission to Layton, quoted on p. 9.7). In the current situation, when PSO2 workers in the Department of Health or the Department of Education and Children’s Services refer their hardest, most intractable cases to Children, Youth and Family Services and then withdraw; it is the latter workers at the lower PSO1 level who must then undertake the complex and challenging statutory care and protection tasks, in addition to the family support tasks previously undertaken by the more highly remunerated social workers of the referring agency.

**Award differences for DECS school and preschool staff**

Two different awards apply to teachers employed by the Department of Education and Children’s Services workforce – one award for schools and another for preschools. The differing conditions under these awards provide significant advantages to some staff, for example teachers employed in schools in designated remote and isolated areas are entitled to one year of paid study leave after 10 years of service. They also receive locality and vehicle allowances. Preschool teachers in the same areas are not eligible for the same entitlement.

The award differences also impact negatively on staff who work part time in both a school and a preschool, as one position is treated as a second job by the Australian Taxation Office and tax deductions are made at a higher rate.

This arrangement particularly disadvantages staff in country locations who are often dependent upon employment in both the school and preschool to make up a full time position. This disadvantage is exacerbated for support staff who are usually part time and on the lowest incomes, and applies to many Aboriginal workers in remote areas.

**Family Day Care field workers**

The Department of Education and Children’s Services employs 116 staff to administer the Statewide Family Day Care (FDC) program. Since the mid 1990s, all positions in FDC have been filled on a contract not permanent basis. Only 26 Family Day Care staff (22% of positions) are employed in permanent positions. While the Department addressed the issue of permanency for teachers and early childhood workers in 2003 by increasing the number of permanent positions, the same consideration was not given to the Family Day Care staff of the same Department.

The rationale given for this was that the program is funded by the Commonwealth Government, and as such, the funding base cannot be guaranteed. This rationale is not defensible: the program has operated since the early 1970s and, regardless of any adjustments that may occur with Commonwealth Government funding (the most recent being changes to operational subsidy), the program is an ongoing form of childcare across Australia and will continue, regardless of changes in Commonwealth Government policy. The current employment position taken by DECS disadvantages a workforce that is primarily made up of women, and it threatens the stability of the program as staff leave to obtain permanent positions elsewhere.

**Support workers**

A group of workers who are significantly disadvantaged are those employed to support a child with additional needs. Support for children with additional needs can be supplied by a number of agencies, including the State Government and agencies in the non-government sector. The support is mostly provided as a supplementary program to another service, which results in workers being employed on a part time or casual basis for a small number of hours and often by more than one employer.
For example, a child with a disability attending school may be supported by a DECS funded support program that may provide for a worker to come into the classroom for several hours per day or week. That same child when attending Outside School Hours Care may be supported by a worker funded by the Commonwealth through Inclusion SA for several hours per day or week. In an attempt to provide continuity for a child, one worker may be employed by the two different agencies in the course of one day. This significantly disadvantages the worker because the second position and subsequent positions are taxed at a higher rate. This situation can be further demonstrated through the DECS Preschool Bilingual workers: most of whom are seeking permanent employment. Some are working for small numbers of hours across childcare, preschool and school settings, for example as Bilingual School Support Officers, and have to deal with three different employers with different expectations.

This situation is replicated across many different situations, including support workers for Aboriginal children and children at risk. Added to this, support workers are generally poorly paid and have limited opportunities to enter the permanent workforce. This, together with the piecemeal nature of the work and the fact that many have to continually travel to build up a sustainable number of paid hours, results in a high level of staff turnover and lack of continuity for children and families.

This is not in the interests of the child, family or staff and certainly not in the interest of producing a highly skilled and diverse early childhood workforce. A rationalisation of the number of agencies involved in the delivery of support services would be a logical first step in addressing this situation.

Non-government childcare sector workforce

Numerous services to young children and their families are already provided by the non-government sector and reliance on that sector is increasing. While accurate workforce statistics for all services provided by the non-government sector are not available, the Child Care Census (FaCS, 2002) has produced a detailed profile of the childcare workforce. The features of the childcare workforce as described below, are considered to be representative of the non-government, early childhood services workforce generally, for example those employed in the community health and community family support sector.

Approximately 5174 primary contact staff are employed in the childcare sector. The sector is growing and the workforce increased by 30% during the period 2000 to 2003.

<table>
<thead>
<tr>
<th>TABLE 12: Childcare services by type of service, staff and qualified staff</th>
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</thead>
<tbody>
<tr>
<td><strong>2000</strong></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Childcare Centres</strong></td>
</tr>
<tr>
<td><strong>Family Day Care care providers</strong></td>
</tr>
<tr>
<td><strong>Outside School Hours Care</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

* Number of FDC care providers is equivalent to the number of family day care homes.

Features of the workforce:

- The workforce consists mainly of women: only 5% of staff in the childcare sector are men. The Outside School Hours Care sector has the greatest proportion of male staff at 15%.

- The childcare sector has a relatively young workforce. Forty one per cent of childcare centre staff and 44% of Outside School Hours Care staff are between 20 and 29 years of age. In comparison, the preschool and school sectors have an older workforce with only 8% of staff between 20 and 29 years. Twenty eight percent of staff working in preschools are 50 years of age or older. Thirty nine percent of staff working in schools are 50 years of age or older.

![FIGURE 13: Age of care and education staff by service type](image)

- The childcare sector has a high proportion of workers with limited experience. In 2003, 21% of staff in childcare centres and 29% of staff in Outside School Hours Care had experience of one year or less, compared with 10% in the preschool workforce.

- There is a high rate of casual employment. Fifty five per cent of staff in the commercial childcare sector, 45% of staff in the community managed sector and 81% of staff in Outside School Hours Care are casual employees.

- Forty nine per cent of childcare workers and 35% of Outside School Hours Care staff have a relevant qualification. In comparison, schools and preschools have the highest proportion of qualified staff with 72% and 66% respectively being qualified teachers.

- The qualification requirements of workers in the early childhood care sector are less than that required by the early childhood education sector. The minimum qualification required for childcare services is a Diploma of Community Services (Children’s Services), a two year post secondary qualification or its equivalent. Preschool teachers are required to hold a four year teaching degree.
effects, not only on communities and families, but also on staff recruitment, retention and professional development.

While the Government cannot intervene in award negotiations to which it is not a party, there is a wide range of strategies that would improve recruitment and retention. These could include the establishment of a system that would enable accrued entitlements such as long service leave to be transferred with the worker from one position to another.

An integrated services workforce

The delivery of an integrated or joined up system of early childhood services will require a new culture in the workplace. Current experience indicates that formal collaboration and partnership in service delivery between agencies and sectors is often difficult to establish, and even more difficult to maintain over the long term, with arrangements failing when key staff leave.

The current failure of agencies to deliver coordinated services has been attributed to the different models of service delivery, high staff turnover and client confidentiality considerations. While strong organisational support and long term commitment to agency partnerships is required to resolve these challenges, a renewed professional culture that focuses on the needs of young children and their families needs to be supported by an integrated pre-service and in-service training system for staff working in early childhood services.

In recent years the University of South Australia has worked towards the delivery of a four year degree which prepares graduates to work in both childcare and early years education. This provides a base for further exploring the development of a foundation degree or part-degree upon which most, if not all, early childhood professionals could be trained.

Professional differences around language, values and priorities would be mitigated to a considerable degree by common foundation studies in early childhood.

The poor wages and conditions of the South Australian childcare industry are likely to be remedied over time if higher levels of qualification are required of workers in the sector. In conjunction with other issues which have a bearing on quality (staff to child ratios, for example) the question of qualification levels should be considered in the proposed review of Childcare Centre Regulations.
The Virtual Village: Raising a Child in the New Millennium
Affordable childcare services are necessary for workforce participation and to provide support for families. The consequences of a lack of childcare services and the high cost of childcare can result in families being unable to take up employment or training opportunities. Families who are in part time or casual employment or studying are at the greatest risk of being unable to secure a childcare place. The lack of childcare also impacts on families who have limited support structures, families with children with additional needs and others who wish to access respite care.
Background

The Commonwealth Government provides means tested subsidies to families to assist in meeting the cost of childcare. This subsidy is available to all users of any of the childcare services approved by the Commonwealth.

Three basic forms of childcare are approved: childcare centres which cater primarily for children from birth to five years; Outside School Hours Care services which cater for school aged children; and Family Day Care services which cater for children from birth to 12 years of age.

While the Commonwealth Government controls the number of places available in Outside School Hours Care and Family Day Care, the supply of centre based childcare places is driven by market forces.

Supply

Childcare services for children under five years

A recent survey conducted by the Inquiry of 30% of childcare centres in South Australia identified that the majority of those centres (86%) had waiting lists and were unable to place a child who required full time care (See Appendix 17a for details and costs). Family Day Care services were contacted and it was reported that they also had waiting lists and particular difficulties in finding care for families with two or more children.

In comparison with other Australian States and Territories, South Australia has the second lowest supply of centre based childcare, with 12 places available for every 100 children under five years. This contrasts with Queensland, which has 26 places for every 100 children, and the ACT and NSW which have 22 and 17 places respectively. The national average is 18 places for every 100 children.

Source: Commonwealth Planning Data – Comparative supply data March (2004)
The comparative supply ratio for South Australia improves marginally when all places (long day or centre based care and Family Day Care) for children under five years are considered. South Australia has a relatively high proportion of Family Day Care places with 6.9 places for every 100 children compared to the national average of 5.7 places for every 100 children. However, South Australia still has the second to lowest overall supply ratio at 19 places for every 100 children. This compares with 35 places for 100 children in the ACT and 33 places for every 100 children in Queensland.

**Outside School Hours Care services**

A recent survey conducted by the Inquiry of 30% of Outside School Hours Care services found that approximately 55% of those surveyed had some vacancies. (See appendix 17b for details and costs). However, most of the services with vacancies indicated that these existed as a result of new places being made available recently by the Commonwealth Government. It was anticipated that the demand early in 2005 would again exceed the supply of places.

In comparison with other States and Territories, South Australia is relatively well supplied with Outside School Hours Care places, with 7 places for every 100 children aged five to 12 years. The ACT and the Northern Territory have marginally better ratios at 9.3 and 7.4 places for every 100 children respectively. The national average is five places for every 100 children aged from five to 12 years.

While South Australia has 662 Government school sites catering for children from five to 12 years in South Australia, only 285 (43%) have Outside School Hours Care services. Some Outside School Hours Care services support a number of schools by arranging for children to walk to the service where schools are in close proximity, or be transported by bus or in some cases, by taxi.

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**FIGURE 15:** Out of School Hours Care places/100 children (5–12 years)

![Bar chart showing the distribution of Out of School Hours Care places per 100 children in South Australia, Victoria, Queensland, South Australia, Western Australia, Tasmania, Northern Territory, the ACT, and Australia. The chart indicates the number of places available for After School Care and Vacation Care.](http://www.facs.gov.au/internet/facsinternet.nsf/vIA/ldcis/$file/table.pdf)

Source: Commonwealth Planning Data – Comparative supply data March (2004)


In South Australia, the cost after subsidy, for families with a gross annual income of $27,000 and one child in care was 8.8% (13.8% for two children) of their weekly disposable income. The national average was 10% for one child in care (16% for two children). The cost as a proportion of the family income, increases marginally for families with a gross annual income of $65,000: those with one child in care paid 11.2% of their weekly disposable income (17.7% for two children). The national average for families on this income was 11.9% of weekly disposable income for one child and 19.1% for two children in care.

While it is the case that those on a higher income have an increasing proportion of their salary committed to payment of childcare fees, it is also the case that the amount of funds left over after paying childcare fees also increases with increasing income. A family with a gross annual income of $27,000 can ill-afford up to 13.8% of that income going towards payment for the cost of childcare.

The cost to families using Family Day Care was marginally less than the cost of using a childcare centre. For families with a gross annual income of $27,000 and one child in care, the cost was 7.2% of their weekly disposable income (11.1% for two children). The national average for families on this income was 6.7% for one child (9.9% for two children). For families on gross annual incomes of $65,000, the cost of care as a proportion of weekly disposable income for one child was 10.3% (16.1% for two children). The national average for families on this income was 10% for one child and 15.3% for two children in care.

The fee levels used for the calculations of the Report on Government Services 2004, vol 2, (SCRGSP, 2004) were not available to the Inquiry. However, the recent survey of services established that the cost of care in South Australia is as follows (See Appendix 17 for details):

- **Childcare centre** fees range from $180 to $259 per week for full time, centre based care. 50% of services charge between $200 and $229 per week.
- **Outside School Hours Care** fees range from $7.50 to $12.50 for each after school care session. 84% of services charge between $8.50 and $11.00 per session
- **Family Day Care** fees range from $3.60 to $5.70 per hour. 83% of care providers charge between $3.80 and $4.30 per hour for children under school age. Care for school-aged children is marginally cheaper, with 72% of care providers charging between $3.60 and $4.00 per hour.

The cost to the family for preschool for 15 hours per week is low in comparison to childcare centre costs. Preschool fees range from $0 to $10.00 per week. The majority of preschools (68%) charge fees less than $5.00 per week with 159 preschools (40%) charging between $4.00 and $5.00 per week.

### Consultation findings

During the consultation, families reported the following range of factors as barriers to obtaining the childcare services they needed.

#### Eligibility criteria

Families reported that they often had to contact numerous services to obtain care for their children and are faced with a maze of services with different eligibility criteria based on age, geographic area and income.

#### Availability of services

Many childcare services are full and cannot keep up with demand. Families reported they have little option but to put their name on multiple waiting lists and wait for weeks or months to receive a call from the service. They do not usually have a choice of centre as they have to take the first one which offers them a place, even if it is not their first choice.

### Hours of operation

The vast majority of health, specialist services and family support services are available only between the hours of 9.00 a.m. and 5.00 p.m., making them inaccessible for working families. Most childcare centres operate five days a week for ten to 12 hours per day. Access to childcare centres for shift workers is practically impossible.

### Distance

For many families in country regions, distance to services is an issue:

> ‘Childcare available in the next town may as well not be available at all if it takes you three hours each day in travel to access it’

(McGregor Tan, 2004a).

### Cultural appropriateness

The lack of Aboriginal staff and lack of bilingual staff of culturally and linguistically diverse backgrounds employed in all early childhood services was identified as a barrier by Aboriginal families and families of non-English speaking backgrounds. Due to this factor and a lack of information they reported they do not feel confident to approach and use services.

### Affordability

The cost of childcare services is prohibitive to some families. The cost can be equivalent to one half or three quarters of the second parent’s income, which is a major disincentive for them to remain in the workforce.

### Coordination of services

The delivery of services to young children in many different locations prohibits access to the full range of services that a family may wish to use, with some resorting to extraordinary measures such as transporting children during their lunch break to access services. This is particularly the case for families needing to access preschool and childcare services.
Transport
Transport services for families with young children were identified as a major barrier across the State. Few services provide transport for their client group and if families do not have access to their own vehicle, they must rely on public transport. This is a particular issue for Aboriginal families. Catching two buses to reach an appointment with two or more children under eight years of age is a difficult task, especially in the rain or heat. Transferring children between different childcare, preschool, school and after school care services is also problematic for many families.

Discussion
Childcare centres
The provision of new childcare centre places is dependent on market forces. Since the mid 1990s the Commonwealth Government has essentially depended on growth in the commercial childcare sector to meet the demand for childcare. The exception to this practice is the joint Commonwealth-State agreement to develop small centres known as ‘Rural Care Centres’ in previously unserviced rural locations with small populations.

The current Commonwealth Government policy is a significant departure from the previous policy which stimulated a steady growth in the community managed ‘not for profit’ childcare sector through Commonwealth-State agreements that provided the necessary capital funding.

The dependence on market forces and the commercial sector to meet the current and projected demand for childcare will have long term consequences. It poses a risk to the adequate supply of services in areas of market vulnerability – such as areas with high populations of families on low incomes.

The growth in services is dominated by the commercial sector and this growth is expected to continue. Between June 2002 and June 2004, corporate providers have purchased or established 24 childcare services in South Australia. In the corresponding period only one small rural community managed centre opened. Approximately 50% of all commercial childcare centres in this State are now controlled by the corporate sector.

The growth in the community managed childcare sector is limited by the inability of that sector to obtain the necessary capital to expand.

The incorporated volunteer management committees which manage the community based centres do not usually own the facility in which they operate. This precludes those centres from establishing the necessary securities required by financial lending institutions for a loan. Small independent operators are also at a disadvantage in not being able to achieve the economies of scale that larger operators can achieve.

Family Day Care
The supply of Family Day Care places is dependent on the number of places released by the Commonwealth Government and the ability of the community to supply care providers. In rural and some metropolitan areas of South Australia the Family Day Care service is experiencing difficulties in recruiting care providers. The system is also experiencing high levels of attrition, with approximately 259 (20%) of care providers leaving the program in 2003. This has resulted in approximately 800 Family Day Care places which were allocated by the Commonwealth Government to South Australia in 2003, not being currently available to families.

Care providers reported several reasons for the attrition rate and the failure to attract new care providers: the costs associated with upgrading family homes to meet the national Family Day Care standards, the entry requirements (qualifications and paperwork) and the administrative requirements of the Family Day Care Quality Assurance System.

It appears that the high level of attrition and the difficulties in recruitment are the cumulative effects of the increasing demands associated with improved national standards that commenced in 1998. Since that time the new qualification requirements of the TAFE Certificate 111 (Home Based Care) and the Commonwealth accreditation system have been introduced. As an example, the standards now specify the need for safety glass in the home.

While care providers acknowledge the benefits of the standards, the costs of meeting them can be prohibitive. Some care providers reported costs of $6000 – $10 000 for items such as fencing and safety glass. Some potential care providers also expressed concerns about meeting the qualifications and the administrative effort required to enter the system.
Of particular concern are reports from Aboriginal communities about the impact of these requirements on their communities. Communities reported an increasing reluctance of Aboriginal women to become Family Day Care providers, which in turn affects the willingness of Aboriginal families to use the service. In 1995 Aboriginal field workers were employed as staff members and they encouraged Aboriginal women to become care providers.

Since these staff have left, the numbers of Aboriginal children in Family Day Care has remained static. Statistical evidence supports this assertion. In 1999 the Commonwealth Child Care Census identified 117 Aboriginal children using Family Day Care (1.5% of the total enrolment). The 2002 Census identified 114 Aboriginal children (1.1% of the total enrolment). Of the 80 current Family Day Care field workers, none identify as being Aboriginal or Torres Strait Islander.

Preschool services

The sessional nature of State Government funded preschool services makes access difficult for children of parents who participate in the workforce. In some cases, working parents are able to make special arrangements with their childcare service provider to take their child to and from preschool. This increases costs to the parents as both childcare and preschool fees are charged. It is important to note that some parents report an unwillingness to disrupt their child’s day and a satisfaction with the quality of the ‘preschool’ program being offered at the childcare centre. However, many parents want their child to participate in their local preschool in order to assist them to make the transition to their local primary school.

The extent to which four year old children in childcare services participate in preschool services is difficult to establish. The Commonwealth Child Care Care Census 2002 reported there were 4040 four year old children in childcare centres. It may be assumed that children who attend childcare services on a part time basis also access preschool services. However, the 970 (24%) children who attend a childcare service for more than 30 hours per week would clearly find it difficult to access preschool.

Twenty one integrated services, where there is one Director/Coordinator and merged governance arrangements, deliver a State Government funded preschool and a Commonwealth Government subsidised childcare service in South Australia. It was reported that these services cater well for the needs of parents who require both childcare and preschool services and they provide an excellent model for future service delivery.

It was evident throughout the inquiry that many parents are confused about the use of the term ‘preschool’. Increasingly, childcare operators, particularly those in the commercial sector, are using the term ‘preschool’ or ‘kindergarten’ when referring to their childcare programs for four year old children. Some parents assume that these programs are identical to the preschool education programs that are traditionally operated by the Department for Education and Children’s Services, which are staffed by qualified early childhood educators and deliver an approved curriculum. It should be noted that there is no restriction on the use of the terms ‘preschool’ or ‘kindergarten’. Childcare operators may use them to market their services, even though they do not employ a qualified early childhood educator or deliver an approved curriculum.

An integrated system

The integrated system of preschool and childcare services proposed by this Inquiry will provide an ideal platform for the delivery of a range of services for young children and their families. The expanded delivery of the Department for Education and Children’s Services preschool services in childcare centres will ensure that more children of working parents have access to preschool services. The use of preschools to deliver complementary full day care programs will increase the supply of childcare places.

This will provide continuity across programs for young children, maximise South Australia Government investment in existing infrastructure and increase the Commonwealth Government’s investment in childcare services in South Australia, through the automatic flow of Commonwealth Childcare Benefit to families using the services.
During the course of this Inquiry, it has become apparent that high quality, accessible and affordable early childhood services are highly valued by our community – particularly by the families of young children. It is also clear that there is a high degree of satisfaction with the range of services provided for young children and their families in South Australia, due in large part to the commitment and vision of an earlier generation of legislators and community members.

The high levels of interest in early childhood services are also evident in other countries. At a time when many countries are coming to grips with a declining birth rate and an ageing population, it seems that clichés like ‘investing in our future’ and ‘our children are our most valuable asset’ have taken on new meaning. The last decade has seen a significant increase in the level of understanding of the critical nature of the early years, and how the experiences and opportunities taken up in these years can have a long term effect on the capacity of the individual.
We have also become aware that many people now view access to early childhood services as being an entitlement, in the same way that access to a school education is seen as an entitlement. However, our levels of service provision cannot yet meet these expectations and this report confronts this issue.

Coinciding with the increased levels of interest in early childhood services, is a parallel phenomenon in the economies similar to our own: ‘joined up’ services. This movement recognises that citizens do not necessarily have an interest in the nature of the organisation which delivers government and other services to them. The citizen’s interest is in the relevance, quality, timeliness and affordability of these services - not who is running them.

Increasingly, modern democracies are confronting the traditional ‘silos’ of bureaucratic organisations in an attempt to make cross agency, cross government services more citizen focused, and more ‘natural’ in the way they come together in the citizen’s best interests. The need to ensure that the State’s services for young children and their families are better integrated was one of the major findings of this Inquiry, and is discussed in detail in Chapter 6 of this report.

**Targets – a 10 year effort**

Notwithstanding the strong base upon which our early childhood services are built, the Inquiry found there is much to be done to ensure our youngest citizens receive the services and support they need. This chapter brings the findings of the Inquiry together to chart the way forward. Such is the scale of the task that we envisage a progressive implementation of the recommendations of this report, stretching over 10 years, to the year 2015.

By the year 2015, early childhood services will:
- be universally available for all children from birth to the age of eight years
- reflect contemporary knowledge about child development
- be joined up and focused on the child and family, not the agency or auspice
- be an entitlement in the same way that compulsory school education is an entitlement
- be affordable and available in much the same manner as compulsory school education
- allow parents the choice to access early childhood services or stay at home with their child, but will disadvantage neither
- be culturally diverse and sensitive to the cultural expectations of parents
- cater effectively for children with additional and early intervention needs
- ensure that the most vulnerable children and families are well served.

**The framework for early childhood services**

The proposed Framework for Early Childhood Services is a whole of government framework that comprises five inter-related elements:

**FIGURE 17: Components of Framework for Early Childhood Services**

The Framework is built upon the following principles:

1. The interests of the child are paramount: early childhood services promote the optimal development of children's learning, health and wellbeing.

2. The focus of early childhood services is on the child in the context of their family and community, as the wellbeing of the child is dependent upon the wellbeing of their family and the community in which they live.

3. All children and families are able to access, participate and receive the full benefits of the services to which they are entitled by virtue of legislation and/or Government policy.

4. Early childhood services are universal: services are made available to all children as all children and families require and deserve support in various degrees at various times.

5. Early childhood services are of high quality, based on the developmental needs of children, as informed by research and best practice.

6. A range of joined up, targeted and intensive strategies provide an integrated approach to supporting children with additional needs and their families, including needs related to culture and language background.

7. As early intervention provides the most effective response for the child, family, community and economy, intervention services will be provided to the child as early as possible.

8. Early childhood services involve family and local community members in decision making, respond to local circumstances and operate on the basis of building local social capital.

9. Services and other provisions for families such as parenting leave arrangements enable parents to make choices about the care of their young child.

10. Early childhood service sponsors and providers are accountable to the family and to the community for the effectiveness of the services they provide.

Governance

A major feature of the Inquiry has been the amount of interest shown in reform directed at achieving better joined up outcomes. The prospect of achieving better outcomes for children and families, providing more relevant services, bringing more focus and cost effectiveness into the service network, and so achieving more with less has driven this interest.

A focus on cross government possibilities is not limited to the early childhood services field, nor is it unique to South Australia. There is now international interest in joined up government, and a number of initiatives of the South Australian Government, including the creation of the Social Inclusion Board, are testimony to the fact that the idea has local relevance.

During the course of the Inquiry, a number of respondents indicated that the interest in the total context of early childhood services – the education, as well as the health and the welfare components – in part defines the manner in which thinking about the field has changed in a very few years. Whereas attempts at creating ‘one stop shops’ for a variety of human services have a 30 year history, it seems that notions of system wide horizontal and vertical integration in service delivery, planning and management are relatively new. As discussed previously in Chapter 6, for integration to be sustainable there is a need for vertical integration throughout all levels of the system.

The challenge for this Inquiry has been to acknowledge the interest in joined up government and to propose a workable series of governance measures which:

- result in the delivery of integrated services at the community level
- allow agencies to set priorities in relation to the allocation of resources, both in their own right and in collaboration with their colleague agencies
- provide for the delegation of decision making to the lowest level possible
- allow agencies to retain ownership of core professional expertise in accordance with their general charters
- respect the legislative imperatives which agencies must meet
- ensure that Ministers retain control of their respective portfolios and allow agency managers to manage in a responsible manner.
A new governance system in early childhood services must focus on four requirements:

1. Tracking and accounting for all taxpayer funds which are expended on the early childhood services system, across the Department of Education and Children’s Services, Department for Families and Communities and the Department of Health.
2. Holding agencies accountable for the outcomes of the spending of public money in the field.
3. Promoting multi-lateral budget bids that are aimed at improving outcomes for young children and their families.
4. Achieving real improvements in services for children and families as a result of collaborative, joined up approaches.

Taking notions of joined up planning and management one stage further than State Government, it is clear that other stakeholders have a significant influence in outcomes for children and families.

South Australian Children’s Council

This Inquiry therefore proposes the establishment of a South Australian Children’s Council, to have responsibility for the integrated planning, coordination and evaluation of all early childhood services in South Australia ranging, to the extent possible, over the Commonwealth, State and Local Government arenas as well as the community managed and the commercial sectors.

The membership of the Council is proposed to be: the Chief Executive Officers of the Department of Education and Children’s Services, Department for Families and Communities, Department of Health and Department of Aboriginal Affairs and Reconciliation; the Executive Director of Early Childhood Services (DECS); Commonwealth Government representation; Local Government representation; non-government representation and commercial sector representation.

FIGURE 18: Structure of South Australian Children’s Council
It is expected that the Chair of the Council will be the Chief Executive of the Department of Education and Children's Services; however an alternative may be to allow the Chair to rotate between the South Australian Government Chief Executives of the three principal departments of the Inquiry.

The South Australian Children's Council will be responsible for coordinating the whole of government effort in early childhood services, including implementation of the recommendations of the Inquiry, and further development of cross government early childhood services policy, directions and initiatives.

It is also expected that the Council will form a Resources and Integration Committee, comprising State Government Chief Executives and the Executive Director of Early Childhood Services (DECS). The purpose of this Committee will be to mount multi-lateral budget bids and establish cross agency accountability measures for program coordination and service outcomes in the field. The Council (or this sub-committee) will receive Development Plans from DECS District Directors, acting in concert with, and on behalf of, the early childhood service providers in the respective DECS districts. In order to achieve this, each DECS District Director will be expected to establish a District Early Childhood Integration Committee, comprising representatives from service delivery stakeholders in the district.

It is also anticipated that a new Inter-Ministerial Committee (IMC) will be formed to provide Cabinet level support to the Children's Council. This IMC will comprise the Minister for Education and Children's Services, the Minister for Families and Communities, the Minister for Health and other Ministers as appropriate.

**Leadership by the Department of Education and Children's Services**

Another commonly expressed view during the Inquiry was that State Government leadership in the early childhood services field was expected from the Department of Education and Children's Services. As the education authority for the state, DECS was seen to be the natural source of leadership and coordination in this field.

This view is not confined to South Australia. Our international research has shown that communities in similar economies are looking to the education authority to ‘step up to the mark’ and provide leadership in this field. Since 1994 when the South Australian Children’s Services Office was merged into the (then) Department of Education, DECS has been in a position where leadership in this field can reasonably have been expected.

It is a matter of regret that throughout the Inquiry, we were told that during the decade since amalgamation, DECS has appeared to lose sight of the fundamental importance of early childhood services - even as a preparation for the compulsory years of schooling. DECS appears to have focused almost exclusively on those services which it actually provides. Support for, and interest in, the broader field of early childhood services has retreated into a residual role in relation to statutory regulation.

Notwithstanding some distressing accounts of DECS resource stripping from early childhood services, South Australia continues to be well placed to undertake the necessary reforms around joined up Government, under the leadership of DECS. Our existing administrative arrangements are still, despite a decade of neglect, superior to those found in most Australian states. Equally, as indicated above, most interested parties acknowledge that the universal nature of services provided by DECS, combined with its district level management system, make this Department the natural home of early childhood service leadership.

It is for these reasons – and taking into account the enthusiasm of the Minister for Education and Children's Services and the current Chief Executive of the Department of Education and Children's Services – that this Inquiry is proposing that responsibility for leadership of the cross government initiatives outlined in this report is directed to the Department of Education and Children’s Services.

In order for this leadership to succeed, the Inquiry is of the view that a number of actions must be taken by DECS at the earliest possible opportunity. These actions include:

- creation of an Implementation Team, and in the medium term some minor structural adjustments to take into account new cross government leadership in this field
- explicit clarification of new expectations of DECS District Directors in order to allow them to meet the requirements of their roles in the whole reform agenda
- cultural and structural change across the Department to reflect the appropriate status of the new early childhood services agenda
- urgent action to redress resource imbalances which have been allowed to occur over the last decade.
The last of these issues has been extensively canvassed in Chapter 5 of the report, and this discussion will not be repeated here. The other DECS imperatives are discussed below.

Implementation Team and structural adjustment

An Implementation Team will be required to commence the process of setting priorities, identifying and allocating resources and managing cross agency communications with respect to all recommendations made in this report.

A new position of Executive Director, Early Childhood Services should be created immediately, to report directly to the Chief Executive of DECS. The creation of this position will acknowledge the importance of early childhood services in DECS, and will send a strong message to all DECS employees who will be called upon to respond to the reform challenge. The Executive Director would be responsible for early childhood services in DECS, to ensure that early childhood services have the appropriate status in the Department.

The Executive Director would also be responsible for providing Secretariat services to the South Australian Children’s Council.

District level implementation

During the course of the Inquiry, we were informed that the prevailing culture at the district level of DECS is based upon competition rather than collaboration. The Inquiry does not necessarily subscribe to this assessment, but, to the extent that it may be correct, the culture must be changed to one of cooperation, resource sharing and active partnership with other services and areas.

We have also been told that some District offices have not paid much attention to the non-DECS components of the early childhood services networks. If District Directors have been rewarded in the past for their management of DECS owned resources and programs, they must equally be rewarded in the future for their active relationships with services which are outside the direct control of the Department.

Elsewhere in this report there is discussion about rationalising the employment of specialist resources between the three principal Departments. Should this occur, District Directors and their staff will of necessity become familiar with accessing resources and working collaboratively across Departments.

Without wishing to be seen to be dwelling excessively on this matter, it must be stated that experience in other places (and with other reforms in South Australia such as initiatives of the Social Inclusion Board) suggests that cross government reform projects generally fail at the middle management level. It is clear that Ministers and Chief Executives frequently cooperate, share resources and information, and plan collaboratively. Equally, the evidence of the Inquiry supports the view that there are good examples of integration at the practitioner level. The problems appear to occur at middle management level.

If DECS District Directors and their staff are to be asked to manage a major joined up reform of fundamental early childhood services, then their Performance Agreements must reflect the importance of the task. Their ability to manage in a cooperative, cross professional, cross agency environment becomes a critical success factor for this undertaking.

Service delivery model

Earlier chapters of this report highlighted the need for integrated, seamless services. The Framework for Early Childhood Services is based upon meeting this need. As was stated by one parent during a community forum, “If services were combined - life would be so much easier and Brad would be a lot happier than having to go all over the shop”.

Some consistent elements of an overall service delivery model for a whole of government approach to human service delivery appear in the international literature. These are well illustrated in the following diagram which was developed for the recent Every Child Matters in the United Kingdom (TSO, 2004). The diagram has been adapted for the South Australian context.
Levels of service

Universal services
Universal services are those services aimed at the general population, which are accessible to all and are delivered in a non-stigmatising manner, for example to all new mothers. They may have a number of objectives such as improving outcomes for children, improving parenting knowledge and skills, and ensuring access to appropriate support for those who need it, but their main goal is human development and prevention of risk.

Evidence is emerging from many sources that societies need to establish the most effective balance between universal services and those targeting vulnerable and high needs groups. The evidence also demonstrates that the most successful outcomes come from services that can offer a broad range of programs, depending on individual needs, from within a universal service.

Some services are intended to be universal, for example childcare and sustained home visiting, but are not at this point. Other South Australian Government Departments also provide universal services which, while not directed specifically at the early childhood services arena, impact upon families with young children – for example the Police and Emergency Services.

Targeted services
Targeted or selective services target either areas, individuals, groups or communities at higher risk than the general population – with the joint aims of preventing or minimising risk factors and building protective factors and resilience. Targeted services are only made available to children and families who have a higher need or are at higher risk of disadvantage.

Sometimes it is geographic areas of high socio-economic disadvantage that are targeted, sometimes children and families with particular needs, and
sometimes families with complex and multiple needs. As the needs of the child and/or family become more complex, it is less likely the local services will be able to meet them, and the family is more likely to need a service closer to the very high need intensive service, which is often only able to be provided by one central service with outreach provisions.

Children and families may be targeted to receive an additional service due to particular needs that are being experienced by the child such as a disability or developmental delay, communication difficulties, learning difficulties or behaviour problems. Equally, they may be targeted to receive support related to language or cultural background, or assistance to support a family under severe stress to care for their child.

In addition, research has found that many families will be concerned about their child at some stage between birth and eight years and will have a need to use one or more of these targeted services. The Inquiry has identified that this is a major gap in service delivery for children and families in South Australia. The current situation of families going from one agency waiting list and assessment to another, then another, in order to find a service that will help their child has been highlighted as a major concern.

All of these situations indicate the benefit of locating targeted programs within the universal local care and education settings, for the majority of children with additional needs. Examples of targeted health services include the Family (previously called Sustained) Home Visiting program for children under two years of age provided by Child and Youth Health (CYH). The 30% of South Australian families currently receiving this service live in the outer northern or outer southern metropolitan area or the regional centre of Port Augusta.

Examples of targeted education services include the support programs which fund additional staffing hours to assist children with disabilities to fully participate in the universal program, and other strategies such as resources and advice from special educators and support staff.

Some children and some families have many issues that combine to create a complex situation of increasing disadvantage. The children may experience a range of problems and the family are often involved with many different agencies for different reasons. The model of having a Key worker, who will provide a service as well as facilitate other services, is recommended as the most effective way to assist these families to regain control of their lives and provide for the needs of their children.

Intensive services

Intensive services are individually tailored responses to a particular child and family situation that is highly stressful and may be ongoing. The aim of these services is to prevent or reduce the risk of death or serious harm – which may be due to medical causes or family problems. An immediate response is required: an intensive response from a highly trained specialised service which may have outreach services.

The new model of service delivery

The child and family are at the centre of all services in recognition of the crucial nature of family relationships for children of this age.

- **Parent information** is available to support all parents of all children from before birth to eight years of age, in a range of media, including telephone and web site. Parents know who to go to for advice about their child.
- **Child and Family Centres** are established, initially in targeted areas, to provide universal joined up early childhood services and assist families concerned about any additional needs of their child.
- **Screening** for child health and family support needs occurs within universal services, conducted locally either in the home or in a range of early childhood settings.
- **Early intervention** occurs early in a child's life, when communication or developmental difficulties are first noticed by a parent or early childhood service worker.
- **One professional assessment** is developed to apply across all early childhood agencies. Assessment is not a service – unless it provides some tangible benefit that assists the child and supports the family.
- **The service follows the child** if a child needs a specialist or support service, from the first service delivered, to the age of eight years. The service supports the child and family through all transitions across different childcare, preschool and school settings, with one person taking on the role of Key worker.
- **Local and regional partnerships** between the range of universal, targeted and intensive Government and non-government service providers in that area are funded to best meet the needs of the young children and their families in that area.
**What would an integrated service look like to a young child?**

- Mum stays with me to play when I am little, but then drops me at the Centre so I can play while she does stuff or goes to work.
- I get to stick with Cindy all the time instead of having to go to stay with three different ladies.
- Mum likes going to the Centre to talk to the staff and the other mothers. Dad goes there too and takes me to the Yellow room while he does some course.
- They help me make things and we sing and I get to climb all over the pirate ship.
- We all go to lots of fun things at the Centre that are for little kids and parents.
- When I couldn’t do the letters Mum got worried about school next year, so Sally came to the Centre and says she’ll keep helping me right up till I turn eight if we need her.

**A child with additional needs may add:**

- I know Bill now, I like him, feel OK trying out what he tells me and he’s going to help me at school too.
- He talks to Mum (and Dad if he can come) and helps them work out things we can do at home together.
- He talked to Liz my care provider and Deb my teacher so Mum didn’t have to talk about my problems all over again and get upset.
- Before I go to a new place he helps me understand what it might mean for how I can do things, and who to talk to if I am worried about something.
- Mum rings him sometimes when she gets worried about me.
- I know my teacher rings him because sometimes she does the same things we do at home.
- They’ve got pictures of kids who look like me at the Centre.

**What would an integrated service look like to a young family?**

- I’ve been going to the Centre with him since he was a baby so we both know lots of people there and I know he’s happy and they really look after him when I’m not there.
- Just knowing I’ve got regular child care there means I can plan ahead and stop worrying.
- They’ve got great toys and things we can borrow. Elsie the Aboriginal worker told me which ones would be good to help him learn about our culture.
- When I knew I had a part time job they helped me with childcare that fits with the kindy program and the paperwork was easy.
- The health people come and do a regular check up on him so I know he’s going okay for his age.
- The place is like a second home to him.
- He’s really taken to school but loves being able to keep seeing his childcare workers after school.

**A parent of a child with additional needs might add:**

- The Parent Helpline told me who would be best to see in our area.
- There are special sessions at the local Child and Family Centre if you’re worried about how your child is going with her speech or some other developmental thing.
- Child and Youth Health picked it up in one of their check ups at the Centre so they arranged for an assessment and said that assessment would stand for every agency. They arranged for us to see Kate from ...
- Kate is not sure exactly what is wrong but will help the staff and us work it out and track what is happening.
- The Centre helped us work out what early childhood services we need and offered to arrange respite care and talk to the carer about what she needs. The staff can ring them to ask questions. I don’t have to always be explaining and apologising.
- They have one record system and I agreed they can pass on the information they need to help her most.
- They offered to have a bilingual worker come and help explain things.
- I know when I’m feeling desperate I can ring or visit and someone will talk to me.
New models of universal service delivery

Throughout the course of the Inquiry, it has become evident that the needs of children and families will be better supported through a reframed early childhood sector that provides early childhood services that are integrated and family focused.

In the context of universal service provision, the Inquiry has been urged to consider the following outcomes.

**Outcome** Increased access to preschool and childcare services through an integration of existing services

Families have consistently reported frustration in not being able to access care and education services for preschool-aged children. Of particular concern for working parents is their inability to use preschools. Of concern to families in most metropolitan and rural areas is the lack of childcare services.

The provision of a fully integrated system of care and education services in one location will both improve access to preschool and increase the supply of childcare places, through maximising the use of preschool facilities.

This can be achieved through the following strategies:

■ **Provision of preschool programs in childcare centres**

The delivery of a preschool program in childcare can be achieved by DECS early childhood teachers delivering sessional preschool in childcare centres. A Director of a neighbouring preschool would supervise the teacher placed in the childcare centre.

This strategy could be implemented over a four year period in order to minimise budget impact. Implementation should be staged with priority given to communities of high socio-economic disadvantage.

■ **The conversion of preschool services to full day integrated childcare and education programs**

The conversion of preschool programs to full day care and education programs will increase the supply of childcare places and ensure that families have access to preschool and childcare at one location. This strategy will result in the capital infrastructure of preschools being used to its full potential.

The cost to the South Australian Government to maximise the use of preschool resources is limited to a capital investment to upgrade the facilities to long day care standards. The Commonwealth Childcare Benefit funding and parent fees will meet the ongoing operating cost of the expanded service.

Over a 10 year period the number of preschool sites could be rationalised as greater use of existing facilities is achieved. It is proposed that a detailed analysis of the future infrastructure requirements to support these needs is undertaken during 2005-06.

For the next four years preschool sites located in areas of high need for childcare could be converted to these integrated services. An appropriate capital fund will provide for the progressive upgrading of preschool sites each year and will provide additional long day care places each year.

**Outcome** Improved coordination of services for children with additional needs

Families who have children with additional needs reported difficulties in accessing childcare services because of the lack of support services. During the course of the Inquiry, families and service providers have questioned the change in DECS policy over the last 10 years that has resulted in DECS support services being unavailable to children with additional needs using childcare services. This has resulted in some children with significant additional needs not accessing specialist services, such as speech pathology, before they enter preschool or school.

The strategy likely to produce the highest benefit to the greatest number of children and families is to develop an integrated approach to early intervention across the three principal Departments, through changes to administrative arrangements for staff employed according to particular roles. However, as illustrated throughout the report, there is particular need for increased resources to be targeted to particular areas such as increased support services to childcare centres, funding for behaviour and disability support programs for preschool and Family Day Care services, and further development of bilingual assistance to childcare and preschool services.

The new service delivery model must also be capable of meeting a wide variety of additional needs, and must support Aboriginal children and families in their communities. These matters have been discussed in detail in earlier chapters of this report and are addressed further in Chapter 13.
Information services

Throughout the course of the Inquiry we have been conscious of the fact that early childhood information services are at best patchy, and at worst, completely unacceptable. Information services in this context refer to three quite separate data types.

1. Information for parents about the whole experience of raising a child.

While this need appears largely serviced by books and magazines, the quality and local relevance of these sources are sometimes questionable. Child and Youth Health (CYH) currently provides an excellent range of information on health and child management issues, but there is not a consolidated local web site which provides parents with information and advice about their child from birth to eight years, and which includes a range of education and community service information. The CYH web service and Parent Helpline provide an excellent foundation upon which to build an integrated information source.

2. Information about local early childhood services available for children and their families.

Once again, there is no single dedicated web site which enables parents to locate services for their child from birth to eight years of age, or for their family to assist them to raise the child. Not only does such a site need to list services available, but there is a need for the site to help parents understand what kind of service they are actually seeking and the choices available.

3. Information about individual children and their progress through the early years.

At present CYH assigns a unique identifying number to each child on their first universal home visit. This number could easily be used by all agencies to record the child’s interaction with the complete early childhood services network. While privacy concerns are sometimes cited as a reason for not pursuing a unique cross agency identification system, we believe that the problems are more apparent than real. Any major electronic identification system would need to have convenient ‘opt-out’ capacities so that parents concerned about electronic progress tracking could choose not to be part of the system. The experience of the Inquiry was that most parents, particularly those with a child with additional needs, would welcome the long term benefits of a consistent longitudinal record that the parent could also access.

Cross agency research and evaluation

The reform of our early childhood services presents an opportunity to embed, from the beginning, a commitment to ongoing research and evaluation. South Australia already has a reputation for national leadership in early childhood services – this leadership should extend to the conduct of appropriate research.

The unique identifier supplied for each child by CYH provides an excellent opportunity to conduct solid longitudinal research aimed at identifying the elements of the early childhood service system that have most impact on future capability. All members of the early childhood field should encourage research in their own organisations and set aside funds for these purposes.

Cultural change across the public sector

Similarly, DECS and the other principal Departments will need to make conscious efforts to change the ‘silo’ mentalities which currently prevail. Cooperation, collaboration and the seamless delivery of services do not happen without a commitment to cultural change within the organisations. While there has been much discussion about the merits of joined up Government in South Australia, there are only a few instances of successful projects which demonstrate vertical integration as well as local horizontal integration.

Not only does effective collaboration require cultural change, it calls for new management and planning tools. Agencies must be prepared to have their programs and approaches analysed and constructively criticised by other agencies. All must allow their services to be evaluated according to criteria, including ‘value for money’ tests. At the heart of any cross government program is accountability for outcomes – these issues must be transparent to all participants in the program.

This is a difficult area, which is generally given a wide berth, but if joined up early childhood services are to become a reality, then new measurement...
and management tools must be developed. The Inquiry is of the view that the development of these tools and approaches is a challenge which must be taken up by the Premier’s Public Sector Reform Unit.

A new approach to integrated service delivery must also provide new ways for the professions involved in early childhood services to communicate and cooperate with each other. During the course of the Inquiry, we were reminded that professions develop unique perspectives on problems, and often use unique forms of language to describe them. Developing a cross professional language and client service culture will be crucial. It will also be essential in order to develop: universal health care knowledge which is accessible to non-health professionals; universal parent and child focused education information which is accessible to non-education professionals; and universal child and family support, including care and protection information which is accessible to all.
There is now international agreement that investing in high quality, universal early childhood services pays dividends for the whole community. No economy can expect to prosper without a strong focus – and significant expenditure – on this area of the education, health, care and protection services framework. The Inquiry into Early Childhood Services provides South Australia with the opportunity to undertake the reforms necessary to produce world class early childhood services.

The Inquiry has shown that whereas the State has a strong base upon which to build, more effort is required. The following recommendations highlight only the most urgent of the actions required. However, their implementation will build a system that will be capable of ongoing reform, beyond the recommendations proposed in this report.
All inputs to the Inquiry called for a more rational way to plan, manage and coordinate the range of early childhood services. This was a call from the parents at community meetings and in submissions, and from professionals in the field from all disciplines. It is clear that a joined up service is an idea whose time has come, not only in this area of government activity, but very broadly.

A fundamental recommendation of this Inquiry is that a joint system of planning and accountability is developed to oversee the future of early childhood services. This call for collaborative planning and accountability builds upon work which has been completed in the health and family support arenas in recent years. The health system now has a coherent plan for reform as a consequence of the adoption of the Generational Health Review (2003) and has already established a strategic focus on early childhood health services through the ‘Every Chance for Every Child’ initiative.

Equally, in the area of child protection and family support, the Families and Communities portfolio has had the advantage of the ‘Keeping Them Safe’ initiative, built upon the Layton Review (2003).

The recommendations which follow build upon the strengths of the ‘Every Chance for Every Child’ and ‘Keeping Them Safe’ initiatives, and seek to respond to the consistent calls for a more integrated, child and family focused system of health, care and education.

The Framework for Early Childhood Services described in Chapter 12 of the report establishes a new system of cross government planning, management and accountability arrangements. To the greatest extent possible, this new joined up approach should include all State Government agencies as well as appropriate Commonwealth and Local Government authorities.

The five inter-related components of the Framework consist of:
- Principles
- Governance
- Models of service delivery
- Information
- Research and evaluation.

Recommendation 1

It is recommended that a joined up approach to the planning and delivery of early childhood services is pursued through the creation of a new whole of government Framework for Early Childhood Services.
Subsidiary Recommendation 1a

It is recommended that the following principles of the Framework form the basis for planning and delivery of all early childhood services in South Australia.

Principles

These principles provide a common language for all early childhood service providers and will be incorporated into all service provision for children from before birth to eight years of age and their families.

The principles are:

1. The interests of the child are paramount: early childhood services promote the optimal development of children’s learning, health and wellbeing.
2. The focus of early childhood services is on the child in the context of their family and community, as the wellbeing of the child is dependent upon the wellbeing of their family and the community in which they live.
3. All children and families are able to access, participate and receive the full benefits of the services to which they are entitled by virtue of legislation and/or Government policy.
4. Early childhood services are universal: services are made available to all children as all children and families require and deserve support in various degrees at various times.
5. Early childhood services are of high quality, based on the developmental needs of children, as informed by research and best practice.
6. A range of joined up, targeted and intensive strategies provide an integrated approach to supporting children with additional needs and their families, including needs related to culture and language background.
7. As early intervention provides the most effective response for the child, family, community and economy, intervention services will be provided to the child as early as possible.
8. Early childhood services involve family and local community members in decision making, respond to local circumstances and operate on the basis of building local social capital.
9. Services and other provisions for families such as parenting leave arrangements enable parents to make choices about the care of their young child.
10. Early childhood service sponsors and providers are accountable to the family and to the community for the effectiveness of the services they provide.
Recommendation 2

It is recommended that the governance arrangements for the whole of government Framework for Early Childhood Services include the establishment of a South Australian Children’s Council with responsibility for integrated planning and oversight of all early childhood services.

Subsidiary Recommendation 2a

It is recommended that the South Australian Children’s Council is established as a matter of priority, with a scope ranging over the functions of the Commonwealth, State and Local Government authorities as well as the non-government sectors.

The membership of the Council is proposed to be: the Chief Executive Officers of the Department of Education and Children’s Services, Department for Families and Communities, Department of Health and Department of Aboriginal Affairs and Reconciliation; the Executive Director of Early Childhood Services (DECS); Commonwealth Government representation; Local Government representation; non-government representation and commercial sector representation.

The functions of the Children’s Council will be to plan, coordinate and evaluate the delivery of early childhood services in South Australia. The Council will be responsible for coordinating the whole of government effort in early childhood services including implementation of the recommendations of the Inquiry, planning Statewide service developments, approving local Annual Management Plans and preparing multi-lateral budget bids to implement the proposed Framework for Early Childhood Services. The Council will approve applications from communities and centres for the development of Child and Family Centres, based on the capital upgrading of preschool centres, school sites or childcare centres.

Subsidiary Recommendation 2b

It is recommended that the South Australian Children’s Council consider the findings of the recent Work and Family Review commissioned by the Inquiry, and commission further work directed at identifying specific measures which may be taken to make South Australia the ‘child friendly’ State.

Any measures which increase the attractiveness of South Australia as a place to begin and raise a family must be considered in this exercise. Given the State’s population objectives and targets, and taking into account the need to address the consequences of an ageing population, a number of measures should be undertaken. These include sustaining fertility so as to at least match the national average fertility level, achieving a balanced and sustainable age structure through population growth, and improving workforce participation.

It is recommended therefore, that consideration is given to advancing policies which remove the obstacles to increasing family size. These policies include the provision of quality and affordable childcare, paid maternity leave, flexible working arrangements and security of work status for mothers. The creation of South Australia as a child and family-friendly State is the business of many Government agencies, Government Advisory Boards and private employers. There is a need to pursue these issues in a coordinated manner.
Subsidiary Recommendation 2c

It is recommended that a lead Minister of the South Australian Government is identified with Government-wide responsibilities for coordination of early childhood services.

A single Minister should represent the interests of young children from before birth to eight years in Cabinet. It is further proposed that the Minister for Education and Children's Services is allocated this role.

Subsidiary Recommendation 2d

It is recommended that an Inter-Ministerial Committee on Early Childhood Services is established.

It is further proposed that an Inter-Ministerial Committee comprising the Minister for Education and Children's Services (Chair), the Minister for Health and the Minister for Families and Communities and other appropriate Ministers should be established.

Subsidiary Recommendation 2e

It is recommended that a new position of Executive Director, Early Childhood Services is created in the Department of Education and Children's Services.

The Inquiry is clear that, taking into account international developments and feedback from South Australians, responsibility for leadership of the new integrated Framework for Early Childhood Services should reside with the Department of Education and Children's Services. To give effect to this position of leadership, a position of Executive Director, Early Childhood Services should be created in the Department of Education and Children's Services, reporting directly to the Chief Executive. This position will be responsible for early childhood programs in DECS, as well as having a key role in leading the integration of services across Government for children from before birth to eight years of age and their families, and will provide executive support to the South Australian Children's Council.

Subsidiary Recommendation 2f

It is recommended that the Council is supported by a Secretariat, led by the Executive Director, Early Childhood Services and comprising staff out-posted from the three principal State Government Departments.
Our discussions with South Australians and international research have clearly pointed us in the direction of strengthening universal services as the most effective way of providing services for young children and their families. Universal services are those that every family can expect to use and benefit from in the process of raising a child from before birth up to eight years of age. These health, education, childcare, family support, and care and protection services are for all children – whether or not they have additional or intensive needs.

A focus on universal services seeks to ensure that all children, regardless of their circumstances, will receive the attention that they need, to develop to their optimal potential. This focus ensures that the starting point for children is as advantageous as possible. It means that public health and education infrastructure, public safety provisions and community support services – including health, education and family support services – are all aiming at the same goal of maximising opportunities for our young children.

Strengthening universal provision is the values base that unifies the many agencies and professionals serving young children and their families in South Australia. It is the shared concept that promotes the recent innovative partnerships between the Child and Youth Health Service and early childhood services provided by the Department of Education and Children’s Services.

At a national level, there is increasing recognition of the need to conceive of the future in this way. In recent months a number of initiatives have been announced which seek to set the fundamentals right across the country. These initiatives include the National Public Health Action Plan for Children (National Public Health Partnership, 2004) that will build on existing State/Territory strategies and will support related national agendas. It will articulate with other national programs that are relevant to child health, such as physical activity (Strategic Intergovernmental Forum of Physical Activity) and nutrition (Strategic Intergovernmental Nutrition Alliance).

The National Public Health Action Plan complements the National Agenda for Early Childhood that is being developed by the Australian Government Taskforce on Child Development, Health and Wellbeing. This National Agenda aims to provide a framework for coordinating a wide range of activity related to the health and development of children from birth to five years and their families.

These national initiatives are built upon the same calls for action which have emerged during this Inquiry, and which form the basis for our proposals for strengthening and unifying universal services to young children. Their action areas include:

- strengthening the capacity of parents, families and communities; improving the knowledge and skills of key workers; developing partnerships and mobilising resources; building evidence and tracking progress.

It is only when the various agencies of the State, Commonwealth and non-government sectors come together in an expressly joined up mode that the expectation of improved community services to our young children can be realised. The recommendations that follow provide some mechanisms to advance this outcome.

Recommendation 3

It is recommended that the focus of early childhood service development is on strengthening and integrating universal services in South Australia.
Recommendation 4

It is recommended that integrated Child and Family Centres are developed, commencing in 2005.

Throughout the Inquiry, we were made aware of a strong community desire for more effectively coordinated services. The concept of a ‘one stop shop’ for early childhood services held much appeal – although it was recognised that placing services in a single location did not automatically ensure effective collaboration and integration.

Utilising the physical assets which in many cases already exist in the community, the Inquiry recommends that a new community facility is developed and progressively implemented across the State over the next decade. These facilities will be known as Child and Family Centres, and they will bring together the range of services for children and their families from before birth to eight years of age.

These Centres will be configured to meet the needs of their local communities, and will provide childcare and education, family support and health services for children aged from before birth to eight years.

The focus will be not only on the integration of services around shared facilities, but also around shared goals. This will be achieved by developing common definitions and goals, clear service standards, shared career pathways and shared information management across services. More effective outcomes for children and families can be expected as a result of strengthening links between these services.

This initiative will be achieved by bringing together childcare and education services, adding other universal services, and adding targeted and intensive services as needed by the community. Staff in the Centres may be employed by any of the principal State Government agencies or by the non-government sector.

It must be acknowledged that the development of shared facilities is not a new idea, but rather is one that has never been pursued systemically. The most recent initiative involving co-location of services is a joint program established between the Commonwealth Department of Family and Community Services (FaCS), the Department of Education and Children’s Services and the Department of Health (Child and Youth Health). The project is called the Enfield Child Development and Family Project (Café Enfield) and has involved the co-location and integration of particular components of early childhood, health and family programs, to increase opportunities for the young children and their families in the area to maximise their potential. While not yet formally evaluated, it is providing some valuable lessons on the development, co-location and integration of services associated with children’s early years.

We are aware that the Aboriginal Education Early Childhood team has built onto Café Enfield by adding an Aboriginal worker for a year who is successfully involving Aboriginal families in the service. This Centre may well be one of the models upon which the new Child and Family Centres will be based.

Subsidiary Recommendation 4a

It is recommended that as an early priority the South Australian Children’s Council establish a program to develop a defined number of Child and Family Centres in 2005 and beyond.

It is recognised that the configuration of Child and Family Centres will vary according to the needs of the community, the capacity of the physical assets to accommodate multiple services and the capacity of the three principal Departments to provide staffing resources. Some Child and Family Centres will be limited, at least initially, to the provision of childcare and preschool education services; others will have the capacity to deliver a wide range of education, childcare, child health and family support services.
Recommendation 4  continued

Subsidiary Recommendation 4b

It is recommended that preschool care and education services are progressively brought together by the provision of State-funded preschool education resources in childcare centres, and by the delivery of long day care services in State-owned preschools.

As described in the body of this Report, there is considerable confusion about the connection between childcare services and preschool education services. Whereas the Commonwealth Government provides financial support for childcare, through means-tested subsidies, the State Government has traditionally been responsible for the provision of affordable sessional preschool education services to the State’s four year old children. Current arrangements mean that some children do not receive their State-funded preschool entitlement at all, others do so by virtue of complicated and resource consuming travel arrangements between childcare centres and State preschools. Universal provision of the State-funded preschool education program for all children is a desired outcome from this Inquiry. The Inquiry proposes that this will be achieved by the progressive bringing together of childcare and preschool education services – taking into account and managing the complexities created by dual Government responsibility. In essence, this means providing preschool education services in both community managed and commercial childcare centres, and where possible, providing childcare services in existing State-owned preschools. Providing a State-funded preschool education program in all childcare centres can be achieved by DECS employing early childhood teachers to deliver sessional preschool for four year olds in childcare centres.

It is proposed that the strategy is implemented over a four year period, and is staged, with priority given to communities in low socio-economic areas.

In addition, childcare places should be included in all suitable preschools, thus fully utilising the expensive real estate assets that may not be used for a full day. The upgrading of preschool centres to enable programs to operate all day will increase the supply of childcare places and ensure that families have access to preschool and childcare in one location.

The cost to the State to maximise the use of preschool is limited to a capital investment to upgrade the facilities to long day care standards. Commonwealth Childcare Benefit funding and parent fees will meet the ongoing operating cost of the expanded service.

An appropriate capital fund will provide for the progressive upgrading of preschool sites each year and will provide additional long day care places each year. Many will also provide a base for services provided by other Departments and agencies. Where an existing site is not suitable for conversion, priority should be given to relocating services on school sites.

Subsidiary Recommendation 4c

It is recommended that DECS undertake a detailed analysis during 2005–06 of the infrastructure required to support the integration of services and to meet future care and education needs of children from birth to five years.

Over a 10 year period, the number of sites currently used to deliver early childhood care and education services will be rationalised, as greater use of facilities is achieved.
Subsidiary Recommendation 4d

*It is recommended that the South Australian Government establish a low interest loan to allow community managed childcare centres to upgrade their physical assets so that they can provide sessional preschool services on site.*

Establishment of low interest loans/capital assistance for community managed childcare centres will provide the means for that sector to respond to the growing demand for child care.

Subsidiary Recommendation 4e

*It is recommended that a consortium of State Government agencies should sponsor the delivery of childcare services in country locations where there are shortages of childcare.*

Many young mothers in rural areas reported difficulties in finding the childcare services that would allow them to work for State Government employers. The sponsorship could include centre based care options and Family Day Care options, particularly in small communities where a centre based care option is not viable. The arrangement could include: contributions to capital costs by State agencies, expanding the availability of childcare places in existing preschool and childcare centres; and additional subsidies to Family Day Care providers, to increase the incentive to become care providers.
Recommendation 5

It is recommended that a South Australian Quality System for Early Childhood Services is established.

It is recommended that a new Quality System for Early Childhood Services in South Australia is established under the guidance of the proposed Children’s Council. It is proposed that this system is based on the South Australian Curriculum Standards and Accountability (SACSA) Framework, while still recognising the positive benefits of the National Child Care Accreditation system. The result would be a State scheme of endorsement for quality childcare provision that would be widely promoted.

The Quality System would be sufficiently flexible to allow it to be applied to a variety of settings - the new Child and Family Centres, commercial and community managed childcare centres and some health services.

Selection of a quality endorsed service would be the preferred option for families and would enable ‘endorsed’ centres to gain some advantage in the market. Centres and other services would be able to include their State endorsement rating in their advertising and promotional material, which would encourage the commercial childcare centre chains to participate.

The system would involve the establishment of quality inputs and measures that reflect the international research and trends in early childhood care and education. State endorsement would require services to develop and demonstrate a new depth of understanding of children’s learning and a very high level of professionalism in the planning and delivery of the curriculum.

The proposed model would provide a team of highly qualified and experienced early childhood educators to work intensively with groups of childcare centres, Child and Family Centres and other services until they reached a level of quality that could be endorsed by the State. The team would maintain input to ensure the maintenance of standards and ongoing development in these centres and expand their focus progressively to encompass other service types. At the same time, the Quality System will need to articulate with junior primary schools and the quality assurance mechanisms which apply to schools.

With respect to childcare centres, the proposed South Australian Quality System for Early Childhood Services would build on the proposed amendments to the Children’s Services (Child Care Centre) Regulations 1998 to improve staff:child ratios and to provide more highly qualified staff.
Recommendation 6

It is recommended that the three principal Departments establish a working group to develop a strategic plan with costings for a whole of government approach to early childhood services for Aboriginal children and families.

An early task of the South Australian Children’s Council must be to consider and develop a strategic plan for the development of improved services for Aboriginal children from before birth to eight years. The Inquiry has received comprehensive recommendations from the consultation processes with Aboriginal community members and staff, and these recommendations must be assessed by the three principal Departments and implemented in a coordinated way.

Subsidiary recommendation 6a

It is recommended that financial resources for a new whole of government strategy are identified within the planning processes and submitted as a whole of government implementation plan and budget for the three principal Departments.

Subsidiary recommendation 6b

It is recommended that Aboriginal Child and Family Centres offering universal and integrated early childhood services are established within selected communities as a matter of priority.

These Centres can build onto existing Aboriginal early childhood services and add on other universal and targeted services that the families and staff consider will benefit the children, such as increased health screenings for hearing and vision, and family support services. Parent workshops, parent leadership programs and other training opportunities will be also offered.

Subsidiary recommendation 6c

It is recommended that Aboriginal children are assisted to obtain the benefits of high quality childcare programs, and their families are assisted to obtain the support these programs offer, by targeted strategies which build onto the increased universal childcare provisions recommended by the Inquiry.

Strategies would include funding for innovative models of providing culturally appropriate and quality childcare such as increasing Aboriginal care providers in Family Day Care and meeting the childcare needs of Community Development and Employment Program (CDEP) workers. High quality information must continue to be developed by Aboriginal staff working with Aboriginal families, particularly about the range of early childhood services and specialist services, and how they can build onto what the family offers their child.
Recommendation 6 continued

Subsidiary recommendation 6d

It is recommended that targets are set for increased employment of Aboriginal staff in permanent early childhood services positions, within the public sector.

Strategies would include:

- retaining the position of Manager, Aboriginal Early Childhood Team, at the AS08 level, and the Aboriginal early childhood field worker positions within the Department of Education and Children's Services
- employment of Aboriginal staff in services and areas with a high proportion of Aboriginal children and families
- increased levels of employment of Aboriginal Early Childhood Workers, and the standardisation of conditions of employment (including permanent employment) for these and similar staff
- increased employment of Aboriginal specialist staff, including cultural instructors, Aboriginal language teachers, bilingual assistants and Aboriginal language interpreters.

Subsidiary recommendation 6e

It is recommended that the major lack of qualified Aboriginal staff to work in the early childhood professions in education, health, childcare, family support, and care and protection services, is addressed by a planned strategic approach that includes a plan for increasing the number of Aboriginal staff who are qualified in the allied health and counselling professions.

Strategies would include:

- offering existing unqualified Aboriginal staff of the three principal Departments who are on temporary contracts, career counselling, support, scholarships and mentoring to encourage them to study one of the sector professions – particularly those living in rural and remote areas
- offering existing qualified Aboriginal staff of the three principal Departments, scholarships and support to encourage them to study one of the specialist professions.

Subsidiary recommendation 6f

It is recommended that all early childhood services staff are supported to increase their ability to meet the cultural needs of Aboriginal children and families, by ongoing professional development and training in anti-bias programs, curriculum and Aboriginal cultural awareness.

This training should be cross Departmental and could be provided by a cross Department team.
Recommendation 6 continued

Subsidiary recommendation 6g

It is recommended that the additional support needs of Aboriginal children are addressed by a cross Department focus on Aboriginal child and family support services.

The aim is to provide as many of these support services as possible from within a universal service, such as the Child and Youth Health (CYH) home visiting program or a professional school based counselling service.

Strategies would include increased staff training, funding for innovative culturally appropriate research and assessment activities, and changes in preschool funding formulae. For example, to assist universal services to meet additional needs of Aboriginal children, all preschools with Aboriginal children enrolled should be funded on the basis of that enrolment, not attendance, and should be funded for three and five year old Aboriginal children. DECS children's centres with high Aboriginal enrolments should be funded by the same formula as Integrated Services because of the range and complexity of the programs offered.

Subsidiary recommendation 6h

It is recommended that a cross Government working group, which includes the Department of Transport, plan and resource an integrated transport strategy that will assist Aboriginal families with young children to transport their children to early childhood services.

In addition, DECS needs to address the current anomalies between bus transport for Aboriginal children attending DECS preschools and those attending DECS schools. Targeted transport funding should be provided to early childhood services with high Aboriginal enrolments. This funding could be used to purchase or hire bus services to improve attendance and access to other services, for example health. Funds are also needed for transport arrangements that can support the Aboriginal children of a family in trauma who are highly mobile, by maintaining as much continuity as possible in their existing education and care settings, until the family is resettled.
Recommendation 7

It is recommended that a range of measures are undertaken to integrate and improve coordination of services for children with additional needs.

Families who have children with additional needs reported: major difficulties in locating services; finding support for defining their child’s difficulties and getting assistance for the child and the family; long waiting lists for assessment, with no service provided at the end of it; support services, once obtained, ceasing at particular ages; being caught in between health and education services; and major problems in accessing childcare services, because of the lack of support services.

During the course of the Inquiry, families and service providers have questioned the change in DECS policy over the last 10 years, that has resulted in DECS support services not being available to children with additional needs using childcare services. This has resulted in some children, with significant additional needs, not receiving specialist services, such as speech pathology, before they enter preschool or school, despite the efforts of Inclusion SA.

Subsidiary Recommendation 7a

It is recommended that the South Australian Children’s Council oversee the development of an integrated approach to early intervention by providing support services from across the three Departments.

This will include:

- establishing a Statewide system whereby the specialist who commences treatment of the child continues to provide that service, if needed until the child is 8 years
- reviewing the content of the universal health checks offered by Child and Youth Health (CYH) to ensure relevance across the three principal Departments, and promoting them by conducting them in every childcare service, preschool, school and community setting used by young children and their families
- establishing and promoting targeted additional developmental checks for families concerned about the development of their child.

Subsidiary Recommendation 7b

It is recommended that funding is provided for research and for building onto local innovative models of providing therapeutic interventions for young children and their families in child-focused, community settings.

Subsidiary Recommendation 7c

It is recommended that one key person is nominated as the main contact person for the family and other service providers. This worker coordinates and maintains the information for the family, and where several agencies are involved, ensures a case management approach is used to minimise duplication.
Subsidiary Recommendation 7d

It is recommended that the model of the Early Intervention Coordinator service administered by Child and Youth Health is extended to target more families, over a longer period and link them to ongoing support in early childhood services.

Subsidiary Recommendation 7e

It is recommended the South Australian Children’s Council consider the following in order to meet the needs identified by families of children with additional needs who live in rural and remote areas:

- Explore models of providing specialist support, such as to the Lands, with other Aboriginal communities and document results for some years.
- Establish and fund regional service groups, with local council, early childhood service provider and parent representation, to identify local early childhood service needs and develop creative service solutions.
- Target existing rural staff and young people with scholarships for medical, counselling and allied health professions, particularly Aboriginal staff.
- Fund innovative models of Family Day Care to increase prospective care providers in rural and remote areas, including Aboriginal care providers, with an emphasis on culturally appropriate requirements.

Subsidiary Recommendation 7f

It is recommended that the State Government and Commonwealth Government establish a joint funding agreement that supports staff and care providers in all childcare and early childhood services to include children with additional needs.

There is a need for the State Government and Commonwealth Government to develop a common inclusive approach to children with additional needs from birth to eight years, which focuses on inclusion in the way additional supports and resources are used across settings. This should be accompanied by cross sector professional development that includes values around inclusion and what an inclusive program looks like in different settings.

The different funding sources for support to children in childcare centres, Family Day Care, Outside School Hours Care, preschool and school should be combined and administered by one agency. The funding should follow the child to support their inclusion in the service required at that time, and should be based on a planned care and education pathway for the child, with the aim of maximum continuity for the child and support for the family.
Recommendation 7 continued

Subsidiary Recommendation 7g

It is recommended that the State Government and Commonwealth Government jointly fund additional support and childcare places for South Australia, based on a plan to meet the ongoing projected childcare needs of families with children with additional needs.

The respite care needs of families with children with additional needs were highlighted as a major form of family support that is currently unavailable to most of these families.

Strategies would include:

- designating places in Family Day Care and childcare centres to meet planned and urgent respite care needs of families of children with additional needs
- providing continuity of information, support and advice to childcare providers to improve their ability to meet the needs of children with additional needs, when the child commences care and as needed
- developing flexible models of providing respite care in other community settings in rural areas, including other models for Aboriginal families.

Subsidiary Recommendation 7i

It is recommended that childcare options for families of culturally and linguistically diverse (CALD) backgrounds are increased, by increasing Family Day Care recruitment of additional bilingual staff and care providers, and by allocating full day ethnic schools Outside School Hours Care places.

Subsidiary Recommendation 7j

It is recommended that the South Australian Children’s Council direct an integrated human resource effort to improve the conditions of support workers and provide them with career pathways into the early childhood workforce.

Support workers are employed to support the child with additional needs to access, participate in and receive the full benefit from childcare, preschool, school or Outside School Hours Care services. However, they are employed by that one service type for a minimal number of hours to support the child in their setting only. This is the same situation for Disability support workers, Bilingual support workers and Aboriginal support workers. This is not in the interests of the child, family, service or individual worker. Furthermore, it works against the goal of a highly skilled, culturally and linguistically diverse, stable early childhood workforce.

Subsidiary Recommendation 7i

It is recommended that increased funding is allocated to the Access Assistant program, administered by Child and Youth Health, to support children with complex health care needs to participate in all early childhood services needed by the child from birth to eight years - including childcare services.

South Australia’s leadership in this area should be progressed. A project officer should be jointly funded by the State Government and Commonwealth Government to develop national models of best practice for inclusion of children with complex health care needs, resources for services and information for families.
Recommendation 7 continued

Subsidiary Recommendation 7k

*It is recommended that the State Government and Commonwealth Government jointly fund a range of behaviour support services for otherwise typically developing children, to support their inclusion in all early childhood services, including childcare services and to support their families.*

The increasing numbers of young children with extremely challenging behaviours has been reported as a major concern in all early childhood service types. A concerted plan of early intervention and ongoing support will provide the most effective way to address this concern.

Subsidiary Recommendation 7l

*It is recommended that increased capacity is developed in the early childhood services system to increase the availability and scope of intensive protective services to high-risk infants and other children at high risk of harm, and to their families.*

For example, increased therapeutic supports should be developed and made available to foster carers who have children with very challenging behaviours in their care.

Subsidiary Recommendation 7m

*It is recommended that the State Government, through DECS, fund ‘planned access’ to respite care and Outside School Hours Care for carers of children who have been placed under the Guardianship of the Minister and for foster families, to prevent placement breakdown.*

This would provide tangible, practical support for carers from universal services accessed by all children, and may have the added benefit of providing an early intervention service to the child.

It should also be noted that the Inquiry endorses the principles and directions set out in the whole of government ‘Rapid Response’ Initiative, taking into account the multiple, complex and intensive needs of children under the Guardianship of the Minister who are under eight years of age.
The effectiveness of any human service system is dependent upon the availability and suitability of the staff employed to provide the services. During the course of the Inquiry, parents consistently praised the efforts of the staff working in all service areas, but at the same time gaps and weaknesses became apparent. The following recommendations address these weaknesses.

Subsidiary Recommendation 8a

It is recommended that the Children's Services (Child Care Centre) Regulations 1998 are amended to mandate the upgrading of staffing ratios in child care centres.

The Children's Services (Child Care Centre) Regulations 1998 prescribe the staffing requirements for childcare centres. The standards for staffing have not changed since the Regulations were first established in 1972, despite the agreement of all States and Territories to National Standards in 1992. It is proposed that the Regulations are amended to reflect an improved staff to child ratio for children under three years of age, to be consistent with the national standard.

In order to ensure that acceptable standards of quality are achieved, it is essential that the Regulations are amended as a matter of priority. Changes to the Regulations should be preceded by a short review of previous proposals to upgrade the Regulations.

Subsidiary Recommendation 8b

It is recommended that the Children's Services (Child Care Centre) Regulations 1998 are amended to require a four year degree qualification in childcare for key leadership positions in centres, and that a scholarship incentive scheme is established to assist all existing staff to obtain the qualification.

Over time, the accepted basic qualification in childcare should be equivalent in academic standing to the qualifications required of other professionals in the early childhood field, for example teaching and social work. The introduction of a four year degree qualification requirement for the childcare sector will require a long term implementation period and support for the existing workers in the industry to upgrade their qualifications.

It is proposed that a scholarship incentive scheme is introduced to support existing workers to gain that qualification. Financial assistance for workers is necessary because without assistance, most childcare workers, who are poorly remunerated, will be unable to afford the training costs.

In addition, the current provision to assist unqualified childcare workers to gain a qualification should be extended. The current initiative will produce 114 newly qualified staff by the end of 2004, in response to the critical shortage of qualified childcare workers in the sector. There has been strong support for this initiative from the early childhood sector and funds should be committed to provide a further 200 qualified workers over two years.
Subsidiary Recommendation 8c

It is recommended that the three principal Departments establish cross agency workforce planning and recruitment strategies for rural areas.

The three Departments should work together to attract staff to country locations, using strategies such as: combining individual agency jobs to make full time positions; joint recruitment strategies in consultation with Regional Development Boards aimed at new graduates and overseas qualified staff; and incentive schemes such as locality, travel, and training allowances for staff in rural locations.

Consideration should also be given to the provision of South Australian Rural Undergraduate and Post-Graduate Scholarships, to be awarded to rural South Australian students studying full time in an area of skill shortage. Recipients would be required to work in rural South Australia for the equivalent time of their scholarship.

Subsidiary Recommendation 8d

It is recommended that DECS investigate and establish a scheme to provide for the portability of childcare worker rights and entitlements.

There is general agreement that while the poor level of remuneration of childcare workers is the primary cause of the low levels of recruitment and retention of workers in the industry, a contributing factor is the limited opportunity for mobility and career advancement for workers.

It is proposed that DECS, under the direction of the proposed Children’s Council, explore and implement a mechanism that will enable childcare staff to accrue and retain entitlements, particularly long service leave, when they transfer from one centre to another.

Subsidiary Recommendation 8e

It is recommended that a comprehensive, coordinated professional development service for the early childhood sector is established.

Over the last decade, it appears that professional development opportunities for a broad range of early childhood, but particularly childcare, staff have reduced. It is recommended that DECS, in collaboration with the Commonwealth Government and the non-government sector, establish programs for professional development and support for research for all early childhood services in South Australia.

Priority areas for training and development for staff in all early childhood services include:

- the importance of the family in the child’s learning and development
- ‘inclusion’ and its application in a range of settings for children with additional needs
- supporting children with disabilities and/or learning difficulties
- cultural awareness and culturally inclusive service delivery
- how additional language learning takes place and can be enhanced by the child’s participation within the setting
- behaviour management
- the use of research and evidence to inform quality practices.
Subsidiary Recommendation 8f

*It is recommended that the proposed Children’s Council consider and determine the most appropriate agency for the employment of professional staff providing support for children with additional needs.*

During the course of the Inquiry, there was a considerable degree of interest in rationalising employment arrangements for all professional support personnel. For example, it was frequently proposed that all Speech Pathologists should be employed by the Department of Health. Under the auspice of the Children’s Council, the three Departments should develop a plan for health and family support services to be offered from within one administrative unit, to enable the professional staff member to provide ongoing support to the child and family. The plan is to be based on the needs of children from birth to eight years and their families, rather than the needs of services.

Subsidiary Recommendation 8g

*It is recommended that a campaign to recruit bilingual staff of culturally and linguistically diverse backgrounds into permanent early childhood service positions is undertaken immediately.*

The State Government and Commonwealth Government need to support bilingual staff and community members to enter the early childhood services workforce in a range of positions, including leadership positions.

The Governments should develop a joint strategy to provide one employment base for the many bilingual staff who support children from birth to eight years in different care and education settings. This would enable the bilingual worker to follow the child and family across the different settings.

Subsidiary Recommendation 8h

*It is recommended that DECS investigate and establish employment arrangements in Outside School Hours Care (OSHC) to enable the creation of full time and permanent positions.*

The Outside School Hours Care service currently provides only part time employment opportunities, with programs operating on average 15 hours per week for after school care and 5 - 10 hours per week for before school care. Eighty one per cent of the OSHC workforce is employed on a casual basis.

Employment of OSHC staff by DECS would provide the opportunity for full time positions to be created by combining teaching, School Services Officer and Outside School Hours Care positions. This initiative would also provide continuity for children and overcome transition difficulties for children from one program to another.

Subsidiary Recommendation 8i

*It is recommended that DECS, as the State sponsor of the service, establish a low interest Capital Assistance Fund in Family Day Care.*

Throughout the Inquiry, we were asked to consider recommending the establishment of a Capital Assistance Fund for Family Day Care providers. The fund would provide a low cost loan to care providers for capital upgrades to enable them to meet the minimum standards. Currently, many potential care providers are discouraged from entering the service because the standards require expensive physical upgrading of their homes.
Recommendation 8 continued

Subsidiary Recommendation 8j

*It is recommended that DECS teaching staff working in schools and preschools are employed under the provisions of a single award, and are treated by the DECS payroll and human resource systems as ‘one employee’.*

As described in Chapter 5, there is currently an anomaly in relation to the employment of teachers in DECS. All teachers employed by DECS should be working under the same award, and where appropriate, this matter should be addressed in the context of Enterprise Agreements. The Department’s internal human resource recording systems should ensure that staff working within the Department across the school and early childhood sectors have a single identity - rather than the dual identity which currently exists.

The Inquiry identified an anomaly in the employment of social workers in the Public Service - those employed in Children, Youth and Family Services within the South Australian Department for Families and Communities commence on a lower rung of the range than do social workers employed in the other Government Departments of the Inquiry. This situation should also be rectified.

Subsidiary Recommendation 8k

*It is recommended that the roles and training of school based counsellors are reviewed in detail by a cross Departmental working group or the Children’s Council.*

Staff across the early childhood services sector need to be appropriately qualified for the service being offered. Support to children needing targeted services such as counselling, can be most appropriately provided in universal early childhood settings. Clinical services for students should be based in schools, as both an early intervention service and support for students, parents and teachers.

The roles of DECS School Counsellors and social workers should be reviewed as part of a process of determining how best to source the expertise for such a service, and which agency or agencies are the most appropriate providers for counselling services and parent support services of this type. The Quality System would be sufficiently flexible to allow it to be applied to a variety of settings - the new Child and Family Centres, commercial and community managed childcare centres and some health services.
Recommendation 9

It is recommended that information services for parents and families with young children are improved as a matter of priority.

The provision of accurate and timely information was identified as a major requirement during the Inquiry. The multi-faceted information service required to meet the needs of parents will include:

- Information Centres in the community - located in Child and Family Centres and in other locations
- Web based information
- Telephone based information.

Recommendation 9a

It is recommended that funding is provided to extend the Child and Youth Health information services to meet the educational and family support information needs of parents – as well as their health information needs.

The parent information services provided by Child and Youth Health provide an excellent foundation upon which to build a comprehensive information service. There is a particular need for information that will assist parents to identify the service they need for their child and that will enable them to locate it in their local or preferred area.

Information also needs to be developed and promoted to support families who are concerned about their child’s development, across the full range of additional needs.

When developing information about early childhood services, funding must be allocated for additional ways of getting the information to particular target groups, for example Aboriginal families, families of culturally and linguistically diverse backgrounds, and new arrivals. A variety of methods will be required to target groups they have identified as needing information, for example Aboriginal grandparents providing care.

The information service should also assist families to locate additional resources (which may need to be developed) to accommodate the needs of Aboriginal children and other children who have multiple additional needs, such as disabilities and/or learning difficulties.
Recommendation 10

It is recommended that the South Australian Children’s Council sponsor and fund appropriate research activities that are directed at improving South Australia’s early childhood services system.

The implementation of the recommendations in this report should be accompanied by a research program, carried out through an alliance of universities (research and teaching sections), Government Departments, the non-government sector, policy makers and practitioners. The program is to be based on research priorities identified by the alliance and the South Australian Children’s Council.

Subsidiary Recommendation 10a

It is recommended that as a matter of priority, the South Australian Children’s Council establish data standards that apply across the whole early childhood services sector in South Australia.

These data standards will in turn form the basis of an integrated data management system for the whole State. This integrated data management system will not only be directed at research and evaluation, but will form the basis of parent accessible, cross agency longitudinal records for individual children. It is simply unacceptable that a small, well managed State such as South Australia has not produced universal, cross sectoral records for children - records which have great potential to improve outcomes for individuals as well as the systems of care, education, health, family support, and care and protection.

Subsidiary Recommendation 10b

It is recommended that the ‘unique identifier’ used by Child and Youth Health is used as the base for longitudinal studies, and protocols are developed to allow for the exchange of information about children, with the informed consent of the parents.

This will be of particular benefit for children with additional needs and children who are using services delivered by different Government Departments and other service providers.
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References


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Department of Family and Community Services (FaCS) (2004b) *National Plan of Action for Children and Young People*. Canberra.


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