



AASW
.....
**Australian Association
of Social Workers**

*Submission to the Productivity
Commission Inquiry into Childcare
and Early Childhood Learning*

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Background

The Australian Association of Social Workers (AASW) is the key professional body representing more than 7000 social workers throughout Australia. Social work is the profession committed to the pursuit of social justice, the enhancement of the quality of life, and the development of the full potential of each individual, group and community in society.

Concern for the wellbeing of children and young people has been a core element of social work practice internationally since the development of social work as a distinct profession. Significant numbers of social workers work in the child wellbeing and protection field in a range of roles including direct case work, management and policy. No other professional discipline is so immersed in the areas of knowledge that are essential for quality relationship-based child welfare practice. As a result, social workers are recognised throughout the world as the core professional group in child protection policy, management and practice.

We are therefore pleased to provide the following submission to the Productivity Commission on the issue of Childcare and Early Childhood Learning.

Introduction

The AASW supports the public health model of child wellbeing and protection reflected in the National Framework for Protecting Australia's Children 2008-2020 (FaHCSIA 2008). Accordingly, we believe *'a well-balanced [approach to child wellbeing] has primary interventions as the largest component of the service system, with secondary and tertiary services progressively smaller components of the service system. Investment in primary prevention programs has the greatest likelihood of preventing progression along the service continuum and sparing children and families from the harmful consequences of abuse and neglect.'* (Hunter 2011).

The public health model necessitates a broader view of child welfare; one that sees that child in the context of their family, community, culture and broader society. This paper will therefore focus on broad issues relating to the characteristics of quality childcare and early childhood learning (ECL), the impacts of quality care, and a model of care that we believe reflects a public health approach to the wellbeing of Australian children. We will conclude with specific recommendations.

Discussion

1. The importance of childcare and ECL – the evidence base

A recent summary of research on quality in early childhood education and care by the Royal Children's Hospital Melbourne, Centre for Community Child Health (Cloney et al 2013) states that:

- 1.1 neuroscience research is demonstrating that early environments have a critical impact on outcomes for children across the lifespan,
- 1.2 participation in childcare and ECL has a direct and lasting impact on a child's development,
- 1.3 participation in high quality programs deliver the greatest benefit for children and these benefits are maximised for disadvantaged or marginalised families *when parental support and involvement are incorporated*,
- 1.4 high quality childcare and ECL can ameliorate difference in abilities that emerges between children from disadvantaged and non-disadvantaged families by the time they enter school,
- 1.5 'high quality' has structural and process aspects. Structural components refer to characteristics such as child-staff ratios, group size and qualifications of staff. Process aspects concern 'the nature of adult-child interactions and the activities and learning opportunities available to children'. Overall quality is best understood as an interaction of the two.
- 1.6 recent research on quality on Australian childcare shows an association between the socio-economic characteristics of the immediate vicinity of a childcare centre and the quality of adult-child interactions in care. Higher quality interactions are more frequently found in more advantaged areas.
- 1.7 the value of investment in childcare and ECL is confirmed by economic analyses, 'which show sustained benefits beyond childhood'.
- 1.8 'improving the quality of early childhood education and care remains the most potent of all available opportunities for resisting the entrenchment of disadvantage' (UNICEF 2008 as cited in Cloney et al 2013).

2. The Sure Start model

- 2.1 Based on the brief summary above, and exploring the notion of parental support and involvement further, the AASW believes the Sure Start model of care provides a good starting point for thinking about childcare and ECL within a public health framework for the Australian context.
- 2.2 Sure Start Children's Centre's aim to provide integrated services for children under five and their families at accessible community locations. They are based on the understanding that in addition to the positive impacts quality care and ECL can have on child development, a child's 'ability to flourish is profoundly affected by their family and community environment' and that efforts to address these factors are 'important and valid ways to support the child' (House of Commons Children, Schools and Families Committee 2010, p. 9).
- 2.3 Over the past 15 years, Sure Start has evolved from a range of distinct child and family support initiatives into a universal, 'one-stop-shop' for children and families. Sure Start provides childcare and early learning opportunities, as well as child and family health services including pre and post natal care, family support and parental outreach, and formal links with employment and training services for parents. Parental involvement in the work of the centre is encouraged. Sure Start programs are adapted to the community and therefore may provide additional supports that address local needs, such as housing and income support and advice and toy libraries (National Audit Office 2006, p. 6)

2.4 In 2010, the House of Commons Children, Schools and Families Committee undertook a review of the progress of the Sure Start program in the UK. The resulting report outlines the core characteristics, operational requirements and key barriers or concerns regarding the model at that time. The following table summarises some of the key points from the report.

Core characteristics, requirements and identified barriers / concerns

(Summarised from House of Commons, Children, Schools and Families Committee 2010)

Core Characteristics	Key barriers / concerns	Key requirements to address barriers / concerns
a) Is based on research evidence and a sound rationale	a) Focus too diffuse	a) Partnerships between education, childcare, health, 'for purpose' organisations and other services supporting families
b) Integrated multi-agency service delivery	b) Have struggled to engage the community / reach the most vulnerable families	b) Qualified professional staff including, in particular, early childhood educators and outreach staff
c) Breaks down silos between professions	c) Market forces make affordable, quality childcare difficult in some settings	c) Financial and policy stability
d) National network of services	d) Evaluations to date have not demonstrated the kind of outcomes hoped for in the short-term	d) Government subsidy of childcare for the most deprived areas / areas of high need
e) Universal coverage		e) Comprehensive and consistent data collection to support evaluation, improvement and further development of evidence base
f) Community development approach		f) Adoption of a long-term view when measuring 'outcomes'
g) High quality care and ECL		
h) Affordable for parents / carers on low incomes		
i) Proactive outreach to engage families		

2.5 A large scale six-year study of the Sure Start program is currently underway. Early findings have resulted in the publication of a number of research reports based on evaluation of Sure Start centre's in England (see University of Oxford 2014). These reports show high levels of satisfaction among families engaged in the program and high uptake of services such as pre and post natal support, breastfeeding support, play and learning programs and health services. An impact and cost-benefit analysis will shed more light on outcomes in the medium term. The research project is due to conclude in 2015.

3. Summary

The AASW wishes to draw attention to three key issues emerging from the data above.

3.1 Firstly, evidence regarding quality in the Australian context suggests an association between local disadvantage and lower quality childcare or ECL, particularly in the area of adult-child interaction. The AASW believes the quality of adult-child interaction is a critical issue. Evidence from neuroscience, trauma and attachment theories emphasise the importance of children having secure and emotionally safe relationships with caregivers. A lack of attunement or support in a child care setting could therefore impact a child's capacity to engage with and benefit from the

opportunities presented. Further, children who have experienced trauma, abuse or neglect may be less able to regulate their emotions, and thus present with more challenging behaviours such as withdrawal, 'aggression' or inability to be soothed. The capacity of the staff therefore to understand and respond appropriately to these children is of critical importance to child development over time.

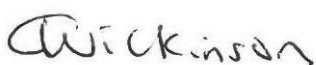
- 3.2 Secondly, that childcare and ECL that also supports and engages families maximises the benefits of care, particularly for disadvantaged children and families.
- 3.3 Thirdly, the Sure Start model provides a model for extending childcare to include additional supports to children and families. The model has clearly identified that engaging and delivering services to vulnerable families requires additional and specific policy and fiscal structures, such as government subsidy to improve accessibility and affordability; active outreach; qualified and highly skilled staff teams; and provision of a range of additional parental, health and welfare supports.

4. Recommendations

The AASW recommends the following measures to improve childcare and ECL, particularly to vulnerable and disadvantaged families and children:

- 4.1 The adoption of a 'primary caregiving' model, whereby a child in care has one or two people to whom they primarily relate. We believe this model and the consequent stability and consistency in care giving it provides, may maximise opportunities for the development of secure attachments, emotional attunement and a sense of stability and safety for children in care. As outlined above, these aspects of care are particularly important for vulnerable children.
- 4.2 Significant investment in training and retaining a highly qualified childcare and ECL workforce. We believe an important element of such training, should include:
 - a basic understanding of attachment behaviour and needs,
 - an awareness of how attachment disruptions, such as separation from caregivers through to cases of trauma and abuse, may appear in terms of behaviour,
 - how caregivers can respond to a child's attachment needs in a way that optimises development.
- 4.3 The extension of childcare and ECL to include the provision of a range of health and welfare supports to children and families. We believe the Sure Start model should be considered for the Australian context as a way of fulfilling our commitment to a public health model and increasing the focus on prevention and early intervention.
- 4.4 Targeted and specific policy and fiscal measures to ensure that disadvantaged or vulnerable children and families, particularly those in areas of socio-economic disadvantage, have access to affordable, high quality childcare. This should include government subsidy, particularly for the most disadvantaged.

Submitted for and on behalf of the Australian Association of Social Workers Ltd.



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Chief Executive Officer

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