



CROSS
SECTORAL
TASK FORCE

A Report to the Minister for Community Services

Report on the implementation of a
1:4 staff–child ratio for children aged under
two years in NSW children’s services



A Report to the Minister for Community Services on the implementation of a 1:4 staff–child ratio for children aged under two years in NSW children’s services

Erratum

On page 21 of the report under the heading “Analysis of case studies the paragraph that starts “ Services allied to Community Child Care Co-operative (NSW) which volunteered to be scrutinised as a case study...” is in error.

The following paragraph should be substituted: “Services allied to Child Care NSW which volunteered to be scrutinised as a case study did not fully respond to the set questions and therefore the budget information provided was not in a format which would have enabled meaningful comparison with other services’ information.”

Peak Children’s Services Cross Sectoral Task Force

| Name | Organisation | Postal Address | Phone |
|---|---|---|----------------|
| Replaced by Ms Linda Mallett February 2005 | Department of Community Services | 4–6 Cavill Ave, Ashfield Locked Bag 28, ASHFIELD NSW 1800 | (02) 9716 2222 |
| Mr Ian Weston | Child Care New South Wales | PO Box 660 PARRAMATTA NSW 2124 | (02) 9687 9055 |
| Ms Bernadette Dunn | Community Child Care Co-operative NSW | Building 6, 142 Addison Rd MARRICKVILLE 2204 | (02) 9560 4771 |
| Ms Judy Kynaston | Country Children’s Services Association (CCSA) | PO Box 118 KATOOMBA NSW 2780 | (02) 4782 1470 |
| Ms Tonia Godhard | Early Childhood Australia | NSW Branch PO Box 24 ERSKINEVILLE NSW 2043 | (02) 9557 3113 |
| Ms Prue Warrilow | National Association of Community Based Children’s Services | PO Box 151 SUMMER HILL NSW 2130 | (02) 9261 1855 |
| Mr Vic Laurence Replaced by Mr David Wilson in 2005 | Child Care New South Wales | PO Box 660 PARRAMATTA NSW 2124 | (02) 9687 9055 |

CONTENTS

| | |
|--|-----------|
| Executive Summary | 4 |
| 1 Introduction | 7 |
| 2 Research | 9 |
| 3 Task Force Activities | 11 |
| 4 Findings | 14 |
| 5 Dissenting Report | 18 |
| 6 Discussion | 20 |
| 7 Potential Strategies to Assist Transition | 23 |
| 8 Implications under DoCS Corporate Objectives | 25 |
| 9 Recommendations in detail | 26 |
| | |
| Appendices | |
| 1 Peak Children’s Services Task Force terms of reference | 28 |
| 2 Peak Children’s Services Task Force membership and reference group membership | 29 |
| 3 Key variables as identified by the Task Force | 30 |
| 4 Excerpt: PriceWaterhouseCoopers Report, <i>Draft Children’s Services Regulation, An evaluation of potential benefits and costs</i> | 31 |
| 5 The Institute of Early Childhood’s <i>Response to the Draft Children’s Services Regulation 2002 pp.4–6, 8–9</i> | 29 |
| 6 Table 2 Number and percentage distribution of children attending by type of service, for all states and territories, <i>2004 Australian Government Census of Child Care Services</i> | 37 |
| Table 4.2.2 Private long day care services child information | 38 |
| Table 5.2.2 2004 Community-based long day care services child information, <i>2004 Australian Government Census of Child Care Services</i> | 39 |
| 7 Excerpt – <i>Rattler</i> NSW Autumn 2006 | 40 |
| 8 History and Effects of 1:4 ratio in Western Australia and Queensland | 43 |
| 9 Policy Brief No. 2 <i>Quality in Children’s Services</i> , Centre for Community Child Health, 2006 | 47 |

EXECUTIVE SUMMARY

More than 30 years of child development research and recent research in relation to child brain development indicate that key contributing components of quality in child care are the ratio of staff to children, number of children in the group in which they are cared for and the qualifications of staff. Of these components, research has consistently identified the staff–child ratio as the most important contributing factor.

Recent media coverage of the children’s services sector in NSW has raised concerns with respect to the quality of child care programs provided across the State. The issues raised relate to licensing, accreditation and staffing. All of the articles support a higher staff–child ratio, identifying staffing levels and qualifications as having a direct relationship to the quality of the programs provided to children.¹

A recent *Policy Brief* released by the Centre for Community Child Health identifies staff–child ratios as one of three critical structural components of quality in children’s services, noting that high staff–child ratios are “particularly beneficial for the quality of the program offered to infants and toddlers”.²

Purpose

A cross sectoral Task Force was established in May 2004 at the recommendation of the Minister for Community Services, Ageing, Disability Services and Youth to examine strategies to enable an increase of the staff–child ratio from the current regulated 1:5 ratio to 1:4 for children under two years in NSW children’s services. The Task Force considered how this might be achieved without adverse impact on the number (and cost) of places available for children 0–2.

The Task Force was required (working under the guidance of a broader Reference Group) to investigate and report on:

- the **current operating position** of Children’s Services organisations, clearly identifying those organisations that will face difficulties with a move to a 1:4 ratio, and the precise nature and extent of those difficulties;
- **service models** in operation in Australia where a 1:4 ratio is in place;
- **potential transition strategies**, including phase-in over time, reconfiguration of service parameters such as space, age groupings etc., differential treatment of new as opposed to existing services, and funding or other business support to assist the transition; and
- **financial implications** of different service models and transition strategies, and identification of models and strategies with least negative financial impact.

The Task Force was established to provide a more complete picture of the issues for services in implementing a 1:4 ratio, and identify possible transition strategies to support implementation to ensure minimum loss of places. DoCS Office of Child Care provided secretariat support for the Task Force, and its Research, Funding and Business Analysis Directorate assisted with data provision, analysis and economic advice on request. No cash budget was allocated to this project.

Method

The Task Force has canvassed the issues extensively over almost 24 months. In this time the Task Force has:

- examined available research and data;
- surveyed service providers and children's services staff;
- analysed case studies; and
- conducted a focus group for key personnel with experience in managing and budgeting for the provision of centre-based long day care for children 0–2 years; and
- consulted with the Reference Group on the draft report.

Findings

The Task Force found that the effect of the change in ratio would improve the quality of child care to babies and toddlers in NSW while causing little reduction in accessibility and only a small decrease in affordability of some services.

Majority view

The introduction of a 1:4 staff–child ratio will be in line with two of the Department of Community Services Headline Five Year Objectives as stated in the Corporate Plan 2004/05 – 2008/09. These objectives are:

- greater emphasis on prevention and early intervention programs; and
- policy making and service delivery based on sound research and analysis.

The Task Force is able to report that the view of its members, Bernadette Dunn, Tonia Godhard, Judy Kynaston and Prue Warrilow, is that it is possible for the 1:4 ratio to be introduced, in a staged manner, with minimal, if any, impact on the supply of places in children's services, and minor impact on the cost of places.

Dissenting View

Task Force members Ian Weston and David Wilson dispute the conclusions of the majority of the Task Force and contend that it would be counter-productive to move to a 1:4 ratio in current circumstances (being a shortage of qualified staff and anticipated costs of wage case awards for staff in children's services) and that New South Wales families would be worse off if a 1:4 ratio were to be applied. The Dissenting Report is reproduced in full in Section 5 of this report.

Majority key recommendations

The key recommendations of the Task Force majority are:

- **implementation of the new ratio in a staged manner over a 12 month period from January 2007 with smaller centres being given the longest time to comply;**
- **implementation of a range of strategies to support children's services during the introduction period, such as government funded business support for services licensed for 29 places or less;**
- **increasing the number of services operating with licenses that enable the services to vary the number of children in each age group they cater for to meet demand, while ensuring they do not exceed their total licensed places; and**
- **a minor amendment to the Children's Services Regulation 2004 to increase the maximum allowable licensed number of children aged under two years from 30 to 32.**

Any decision to change the staff-child ratios needs to be made in the context of a balance between accessibility, affordability and quality. The Task Force believes that the proposed recommendations ensure that **quality will be improved, with minimal impact on accessibility and minor impact on affordability.**

This report and its recommendations is the majority report of the Task Force. A dissenting minority report by two members of the Task Force is included in this report. Refer to Section 5.

The Task Force recommends that this report be made publicly available.

¹ Even failures marked fit for child care, Adele Horin, *Sydney Morning Herald*. Caring for Kids – the dollar beats dazzle' Lisa Pryor *SMH*: 'A lot to learn about child care', Adele Horin, *SMH*.

² Policy Brief No 2 *Quality in Children's Services*, Centre for Community Child Health, 2006. This paper argues that structural components of quality such as Regulations are foundational to the provision of high quality children's services because they directly influence the processes that take place – for example the staff-child ratio "affects the capacity of staff to engage with children in individually and developmentally responsive ways".

I. INTRODUCTION

I.1 Background

The issue of appropriate staff–child ratios arose in the context of drafting the new Children’s Services Regulation 2004. The 2002 draft Regulation recommended a 1:4 staff–child ratio for children aged under two years. The community sector supported the proposal, but there was strong opposition from the for-profit sector on the grounds of anticipated increases of costs.

The Children’s Services Regulation 2004 maintains a 1:5 ratio for the under two year old age group, in response to concerns that imposing a 1:4 ratio would result in a loss of children’s services places for this age group. It is noted however, that all available research points to a 1:3 ratio as being optimal, and that this ratio is one of the key indicators for quality care.

In 2003 PricewaterhouseCoopers³ was engaged by DoCs to research a number of issues relevant to the implementation of the draft Children’s Services Regulation including staff–child ratios, and the provision of care for children under two years. The report identified that:

- a higher staff ratio is best practice; and
- 50 per cent of services, predominantly community sector providers, already operate with a 1:4 staff–child ratio or better.

It is generally agreed in the children’s service sector that a move to a 1:4 ratio is desirable and at a meeting of peak children’s services on 19 May 2004, it was recommended that a cross-sectoral Task Force (CSTF) be established to report to the Minister for Community Services, Ageing, Disability Services and Youth, on strategies that would enable the implementation of this ratio without adverse impact on the number and cost of places. A broader Reference Group was identified as a forum for consultation on any outcomes/strategies proposed.

The Task Force was subsequently formed and has pursued the objectives requested by the Minister.

It should be noted that initiatives arising from the Review of National Standards for Early Childhood may in future impact on the issue of a higher staff–child ratio for children under two years.

I.2 Membership and Terms of Reference of the Task Force

The Terms of Reference of the Task Force are attached at **Appendix 1**.

Membership

Individual Task Force members were approved by the Minister from nominations requested from peak Children’s Services, representing community-based and private providers of children’s services. Membership is on a voluntary basis and there is no payment to CSTF members. The Membership list is attached at **Appendix 2**.

Task Force membership was specific to the individual not to an organisation. Nominations were sought based on individual expertise and the ability to contribute to the work of a high level task force.

The Minister required that the members of the Task Force will collectively have:

- Skills and experience in business and financial management, service planning and organisational analysis and early childhood development;
- Knowledge of the Children's Services Industry, well established networks in the industry and access to service providers;
- Thorough understanding of the service delivery aspects in rural and regional contexts; and
- A thorough understanding of children's services regulation.

(Minister's letter seeking nominees for the Task Force, May 2004)

As a participating member of the Task Force, the Chair held a single vote, not a casting vote. Ms Bernadette Dunn was elected Chair at the first meeting of the Task Force on 28 September 2004.

1.3 Deliverables

The Task Force was required (working under the guidance of a broader Reference Group) to investigate and report on:

- the **current operating position** of Children's Services organisations, clearly identifying those organisations that will face difficulties with a move to a 1:4 ratio, and the precise nature and extent of those difficulties;
- **service models** in operation in Australia where a 1:4 ratio is in place (particularly the Western Australian model);
- **potential transition strategies**, including phase-in over time, reconfiguration of service parameters such as space, age groupings etc., differential treatment of new as opposed to existing services, and funding or other business support to assist the transition;
- **financial implications** of different service models and transition strategies, and identification of models and strategies with least negative financial impact.

³ PriceWaterhouseCoopers Report, *Draft Children's Services Regulation*, An evaluation of potential benefits and costs

2. RESEARCH

Current research on the issues of staff–child ratios and quality care shows that:

- good quality early childhood education has positive outcomes for children in both cognitive and social domains;
- the quality of children’s services is influenced by staff–child ratios;
- staff–child ratios and group size are significant factors in quality care; and
- the research recommends a ratio of 1:3 for children under three.

The Task Force felt it was unnecessary to review the research on the quality outcomes of a 1:4 ratio as it was available to Task Force members in reports:

- PricewaterhouseCoopers *Draft Children’s Services Regulation*, An evaluation of potential benefits and costs;
- Social Policy Research Centre Report: *Impact of Staff Ratios On Under 2 Year Olds In Children’s Services*;
- The Institute of Early Childhood’s *Response to the Draft Children’s Services Regulation 2002* the relevant pages of this have been attached as an Appendix to this report; and
- various other Australian and international research reports.⁴

This research shows that the aim of setting any ratios for staffing is to create conditions that maximise or enhance the quality of relationships between adults and children, between children themselves and between the adults working in the service. Positive relationships create the most favourable climate for children to thrive, to develop and to learn. The staff–child ratio in child care centres is widely regarded as one of the major indicators of quality care.

Many early childhood educators, on the basis of research on social attachment and early brain development believe anything less than a 1:3 ratio for babies under two years of age is insufficient to allow staff to interact effectively with each young child. The reasons for this are varied but include:

- lower ratios enable staff to develop effective meaningful relationships with the children in their care; and
- create a less stressful environment for child carers in which to work.

Research shows that as the number of children per staff member increases, staff spend more time in restrictive and routine communication with children but less in positive verbal interaction.

Recent research by The Australia Institute⁵ which focused on the quality aspects of care included a national survey of long day care centre staff. The survey posed a range of questions about key aspects of quality care. “Staff to child ratios are at the core of the ability to provide quality care and a number of survey questions explored this issue”. The survey confirmed that:

“Most child care workers believe that current legal minimum staff-to-child ratios are too low. That is, there should be fewer children under the care of each staff member. The majority of

⁴ These include research by Ronald Lally, a leading world expert on childcare matters, who calls a 1:5 ratio a ‘ratio for neglect’. For instance, in Lally, R., Torres, Y., and Phelps, P. (1994) *Caring for Infants and Toddlers in Groups: Necessary Considerations for Emotional, Social and Cognitive Development. Zero to Three*. NICHD Early Child Care Research Network (2002) ‘Child-care structure – Process – Outcome: Direct and indirect effects of child-care quality on young children’s development’, *Psychological Science*, 13, pp.199–206 argues that ratios of 1:3 or 1:4 for children aged under two have been linked with factors such as more positive interactions between staff and individual children; positive long-term benefits for children; better intellectual development of children and better social development of children.

⁵ *Child Care Quality in Australia*, Emma Rush, Discussion Paper 84, April 2006, The Australia Institute.

respondents identified lack of ‘one to one’ time with children as the most negative aspect of low staff-to-child ratios”.

“Child care workers are most concerned about the negative impact poor staff to child ratios have on developing relationships with individual children”.

The U.S. Department of Health and Human Services commissioned a research brief⁶ to review and to provide an analysis of the research literature focused on 13 key licensing indicators of quality in child care. These 13 indicators have been used by many states in the US in the development of their respective licensing indicator systems.

The research brief highlighted the latest pertinent research studies related to the 13 key indicators. Staff–child ratios was one of these indicators.

The research brief found that a review of all the major research in child care “clearly demonstrates the importance of maintaining appropriate child:staff ratios” and that “child:staff ratios and group sizes are two of the best indicators for determining the quality of a child care program and they significantly effect many other health and safety issues”.

Defining lower child: staff ratios as 1:3 for babies and 1:4 for toddlers, the literature review showed that in centres where there is lower child–staff ratios:

- there was a reduction in the transmission of disease because caregivers are better able to monitor and promote healthy practices and behaviours;
- there was fewer situations involving potential danger and child abuse;
- caregivers are enabled to have more positive, nurturing interactions with children and provide children with more individualised attention;
- infants displayed less apathy and distress and greater social competence;
- babies engaged in more talk and play and displayed more gestural and vocal imitation than children in classrooms with higher child–staff ratios;
- babies are more likely to have positive interactions with caregivers, be properly supervised, and be engaged in activities rated as good or very good;
- there is more developmentally appropriate caregiving and sensitivity, more contact (e.g., talking, playing, touching, and laughing) and more responsive and stimulating behaviour and less restriction of children’s behaviour;
- there are higher rates of secure attachments between toddlers and their caregivers;
- there are more verbal communication between caregivers and children, which appears to foster language development in children;
- adults and children talk to one another more and caregivers engage in more dialogues and fewer monologues;
- caregivers engage in more educational activities (e.g., teaching, promoting problem-solving) with children.

⁶ *Thirteen Indicators of Quality Child Care: Research Update*, Richard Fiene, Ph.D., 2002 Office of the Assistant Secretary for Planning and Evaluation and Health Resources and Services Administration/Maternal and Child Health Bureau, U.S. Department of Health and Human Services

3. TASK FORCE ACTIVITIES

The Task Force met on 10 occasions from September 2004 to May 2006. Members were in agreement with regard to a move in the ratio. The commitment of members of the Task Force to the process and keenness to move the matter forward was noted.⁷

In early meetings Task Force members identified key data to be collected and agreed that “the sector feels over consulted and that focus groups with key invited participants may be a better way to progress” (Task Force minutes 16 November 2004). It was then decided to convene a Focus Group of representatives from a range of service types and peak organisations who have expertise in budgeting for long day care centres that provide care for 0–2s.⁸

3.1 Data

The following data was agreed and collected.

- History and effects of 1:4 ratio in Western Australia and Queensland.
- Sample staff costings for licensed places and numbers of children 0–2 years.
- Total number and location of licensed services with places for children 0–2 years (DoCS).
- Services by licensed number, by suburb and Local Government Area and by licensed places for children 0–2 years (DoCS).
- Utilisation of places for children 0–2 years (FaCS). This data is not easily correlated with DoCS data on licensed places, because it represents findings of the 2004 Census of Child Care Services conducted by the Australian Government Department of Family and Community Services in a ‘reference week’ (March 2004) rather than actual number of places. Additionally, the data, although the most recent available, is at least two years old.
- Social Policy Research Centre Report: Impact of Staff Ratios On Under 2 Year Olds In Children’s Services.

3.2 Case Studies and “Snapshots”

Peak organisations provided information gained from their membership in terms of budgets, case studies, ‘snapshots’, and emailed responses to specific questions.

The Task Force assessed sample case studies to determine the impact of a 1:4 staff–child ratio on service types offering care for children 0–2 years, with licensed places in three categories:

- less than 30;
- 30–59;
- over 60.

These categories were chosen in line with the Children’s Services Regulation requirements for employment of Early Childhood Teachers.

⁷ Chair’s letter to Minister, November 2004.

⁸ Task Force minutes, 18 January 2005.

Child Care NSW (CCNSW) provided a sample of case studies from two service providers across six services for in-depth analysis. The majority of these case studies could not be fully used, as in analysis, total staffing information was not provided. CCNSW committed to provide further information and additional case studies, but these were not available at the time of writing this report.

Full budgets were provided for analysis by three community-based service providers. Over 20 community-based service providers provided impact statements. The majority of community-based services who responded currently meet a 1:4 ratio staff child ratio for children under two years old.

3.3 Key Factors

The Task Force examined those factors it needed to determine in reviewing the possible impact of a 1:4 ratio on services in NSW.

It found that the four key areas were:

1. **Quality:** Would the proposed ratio enhance the quality of children's services?
2. **Accessibility:** Would the proposed ratio decrease the accessibility of families to children's services in NSW by reducing place numbers?
3. **Affordability:** Would the proposed ratio make child care less affordable to families in NSW?
4. **Other Impacts:** Would the change impact on services/families in any other adverse ways?

3.4 Focus Group

The Task Force conducted a one day Focus Group with representatives from the field in February 2005. It explored the key factors identified by the Task Force as affecting services in the implementation of a 1:4 staff-child ratio.

The Task Force developed a list of key variables to be considered when assessing how the implementation of a 1:4 ratio might impact on different services throughout the State (**Appendix 3**).

The variables are:

- Size;
- Hours/weeks of opening;
- Age groupings within licensed capacity;
- Attendance patterns;
- Fees;
- Physical capacity for change in age groupings;
- Utilisation of licensed places;
- Socio-Economic Indicator For Area (ABS);
- Industrial awards applied;
- Staffing profile;
- Computerised administration;
- Free hold or leasehold on premises.

The Reference Group was asked to nominate representatives to attend the Focus Group on the basis of their expertise in budgeting for Long Day Care centres providing care for children aged under two years. The Focus Group included a total of 10 key representatives from private and community-based operators, in small, medium and large services located in metropolitan, remote and rural communities. All members of the Task Force participated.

The Focus Group found that a number of services are already successfully operating a 1:4 ratio (or lower). Good long-term planning and management appear to support implementation in these services. The Group also noted that the capacity to successfully implement a 1:4 ratio is likely to be dependent on a convergence of factors in the local context, including:

- the **size** of the service;
- **utilisation** (including community needs, location, socio-economic issues);
- the **physical capacity** of the premises to increase the number of 0–2 places.

3.5 Consultation with Reference Group

Consultation with the Reference Group was important for the relevance of the actions of the Task Force and its connection with the children's services sector.

The Task Force sought nominations from Reference Group members for the Focus Group held in February 2005 ensuring that the information and issues considered by the Task Force were current.

The Reference Group members were invited to provide comment on the draft report. These comments were addressed by the Task Force prior to the finalisation of the report.

3.6 Organisational Contributions

The contributions of the organisations represented on the Task Force and the organisations participating in the Reference Group are noted. These organisations generously spared staff for meeting attendance, shared budgets and financial information as well as undertaking research to inform the findings of the Task Force.

4. FINDINGS

4.1 Licensed places for children 0–2 years in Children’s Services in NSW

In 2005 there are approximately:

- 2,980 centre based children’s services licensed for children under six years old in NSW; and
- 1,293 (43 per cent) of these services are licensed to care for children under two years.

Of the 1,293 services that are licensed for children aged under two years:

- 278 are licensed for 29 or fewer children; 19 of these services are licensed for four or fewer children 0–2 years, thus this proposal would affect 259 of services licensed for 29 or fewer children (20 per cent of all 0–2 services);
- 211 are licensed for 30 to 39 children, five of these services are licensed for four or fewer children 0–2 years, thus this proposal would affect 206 services licensed for 30 to 39 children (16 per cent of all 0–2 services);
- are licensed for 40 to 59 children, nine of these services are licensed for four or fewer children 0–2 years, thus this proposal would affect 531 services licensed for 40 to 59 children (41 per cent of all 0–2 services); and
- 264 (20 per cent of all 0–2 services) are licensed for 60 or more children.

The total number of licensed places for children in NSW is approximately 113,513, and only 15,500 (or 13.7 per cent) of these places are for children under two years.

The Task Force concludes that the amendment to the ratio, while vitally important for the quality of care to children under two years, will affect less than 13 per cent of the total number of child care places currently provided in NSW.

4.2 Key Factors

As stated in section 4.3 the Task Force determined the key areas where a change in ratios was likely to impact in the provision of children’s services in NSW.

4.2.1 Quality

As stated earlier, the Task Force determined that there was no need to re-examine the evidence of the desirability of a 1:4 ratio. The staff–child ratio in child care centres is widely regarded as one of the major indicators of quality care and the research universally shows a **1:3 ratio is desirable** for children under three years of age.

The recent Centre for Community Child Health’s policy brief clearly notes the importance of the regulatory role in influencing quality in children’s services. The brief recommends that regulations incorporate the staff–child ratios recommended by professional organisations as these are foundational to quality.

The following table illustrates the recommended staff–child ratios for children under two years:

| AGE | STAFF–CHILD RATIO | |
|-------------------|-------------------|---------|
| | ECA | NAEYC |
| birth – 12 months | 1:3 | 1:3–1:4 |
| 13–24 months | 1:4 | 1:3–1:4 |

(adapted from Policy Brief No. 2, 2006; www.rch.org.au)

The Task Force determined that changing the ratio for children under two would improve the quality of care to babies and toddlers in NSW.

4.2.2 Accessibility

Current operating position of Children’s Services

The Task Force established that the amendment to the ratio **will affect less than approximately 13 per cent of child care places in NSW**. The PricewaterhouseCoopers report noted that 50 per cent of these services, predominantly community sector providers, **already operate with a 1:4 staff–child ratio or less**. This was **affirmed by case study and survey responses** conducted by the Task Force.

The *Australian Government Census of Child Care Services* (2004)⁹ established that:

- more babies in NSW are cared for by community-based service providers than private providers;
- of all the children cared for at Australian Government Approved Child Care Services, 37 per cent (77,839) are cared for by private long day care services, and 18 per cent (38,543) by community-based services;
- 17 per cent (6,612) of the children in community-based services are under two, while in privately owned services the figure is only 10 per cent (7,800).

(See attachment 6)

Table 2. Number and Percentage Distribution of Children Attending by Type of Service, for all States and Territories, 2004,

Table 4.2.2 2004 Private Long Day Care Services Child Information,

Table 5.2.2 2004 Community Based Long Day Care Services Child Information,

URL: http://www.facs.gov.au/internet/facsinternet.nsf/childcare/04_census.htm

Consultation with other jurisdictions (Western Australia, Queensland) indicated that the move to a 1:4 ratio did not have a major impact on service provision in these states.

The Task Force determined that there does not need to be a reduction of accessibility to children’s services with the introduction of the new ratio. The small number of services affected (i.e. those offering 0–2 spaces and not currently meeting the ratio) should be able to meet a 1:4 staff child ratio by either the employment of additional staff or within the existing complement of staff with no loss of 0–2 year places.

⁹ The Federal Department of Family and Community Services conducts a biennial census of long day care services registered for Child Care Benefit (CCB). Most children’s services in NSW caring for under two year olds would be registered for CCB.

4.2.3 Affordability

The 2004 Australian Government Census of Child Care services shows that 51 per cent of services in NSW have fees between \$40 and \$46 per day and 15 per cent have fees above \$52 per day. Most child care services charge a higher fee for babies than for older children to reflect the increased costs of caring for this group. [It should be noted that since the time of the 2004 Census, there have been fee increases resulting from increased operating costs relating to insurance and pay increases.]

The recent increase in childcare wages in NSW may result in some increases in childcare fees over the next twelve months. The Task force believes that this is not a reason to delay the proposed ratio change, as these increases would occur regardless of any change to ratios. In addition, given the lengthy period of time leading up to the wage increase, services will most likely have pre-planned staffing budgets accordingly. *Rattler 77* (Autumn 2006, Community Child Care Co-operative, page 9) reports that the impact of wage increases on fees has been at predicted levels of \$2.00 per day per place and that many services had increased fees in anticipation. The increases had not seen a significant impact on utilisation and had seen a rise in staff morale.

The Task Force determined that for many services (ie, those already meeting the ratio or those with the capacity to adjust child and staff numbers within existing resources), there would be no increase in fees.

In the worst case scenarios where services would need to employ an additional staff member to meet the ratio, the additional cost of that worker to the service would be up to an additional \$6.88 per licensed place per day (this figure includes the full 16 per cent increase awarded to staff). This figure assumes that the centre would pass the full cost of the additional staff required on to all parents.

Budget and staffing modelling showed that many centres could implement operational practices that would minimise the impact to families. The change to the ratio would not require an increase in trained staff under the Regulation.

4.2.4 Other impacts

The Task Force determined that there would be no other important impacts on the supply and affordability of children's services in NSW.

a) Staffing

The issue of the current staffing shortage in Children's Services was raised in Task Force meetings, apparently based on the assumption that an additional staff member would need to be qualified. An additional staff member could be an unqualified person or a trainee (where appropriate) provided existing qualifications requirements for identified positions are being met. It was determined by the Task Force that any increase in the number of unqualified staff needed by services as a consequence of the **proposed ratio change would not be made difficult by the current undersupply of trained staff in NSW**. Unqualified staff are not in undersupply. In addition, this could create employment opportunities, and possibilities for traineeships.

b) Space requirements

The proposed ratio change does not affect such matters as the space requirements of services unless a service provider wishes to increase their number 0–2 places available to take full advantage of the additional staff member and is limited by existing physical constraints of the premises as a whole.

c) Costs to parents

The recent increase in child care wages in NSW may result in some increases in childcare fees over the next 12 months. The Task Force believes this is not a valid reason why the proposed ratio change should be delayed as these increases would occur regardless of any change to ratios. In addition, given the lengthy period of time leading up to the wage increase, services will most likely have pre-planned staffing budgets accordingly. Parents are receptive to fee increases that pay for changes directly related to an improvement in the quality of care their child receives (see also Affordability comment p.15).

The Task Force determined that there would be no additional significant impacts on children's services or families in changing the ratio.

5. DISSENTING MINORITY REPORT

From Task Force members, Ian Weston and David Wilson.

In her letter of 31 May, 2004, the Minister the Community Services sets out the context for this Task Force:

“...the Government remains committed to moving towards a staff–child ratio of 1:4, but more careful consideration needs to be given to how this might be achieved without adverse impact on the number (and cost) of places available for children 0–2. A more intensive staff–child ratio might be readily achievable for some services, but others would have more difficulty achieving this while avoiding an undue impact on the availability of places. Some services may need an appropriately supported transition process to achieve the desired outcome. I also recognise that there may be a small number of services for whom the broad transition options may not enable impacts to be avoided and that in these cases innovative solutions and compromises may be required.”

Child Care New South Wales contends that:

- The evidence from the Workshop and from private-sector operators overwhelmingly indicates that, for services with 29 places or less, moving to a 1:4 ratio would result in the loss of many hundreds of places for children under two at a time when such places are already massively under-supplied, and, secondly, moving to 1:4 would have serious affordability impacts for families at all centres, at a time when quality of services is not an immediate concern, but affordability is a major concern.
- Moving to 1:4 would be potentially counter-productive for another reason. Changes to staff–child ratios have implications for increased staffing. Increased staffing will be difficult to achieve in the current climate of staff shortages, particularly because the new staff will presumably need to be qualified in accordance with Regulation 52(2). The acute shortage of qualified staff is well known.

[TF note: there is no requirement for additional staff to be qualified if existing staff qualification requirements are already met].

The reduction in places, the worsening of affordability, and the worsening of staff shortages suggest that a well-intended regulatory idea would end up hurting the very children and families it was meant to help.

- For older services of 29 places or less, there is no evidence to suggest that the majority of such services will ever have the extra space needed to accommodate a 1:4 ratio without significant loss of places. Forcing smaller, older centres to meet that ratio will therefore spell the end of such centres.

Accordingly, Child Care New South Wales believes that such centres will need to be permanently quarantined from any move to a 1:4 ratio for as much time as they are unable to supply such extra space.

- For medium and larger centres, the Task Force has not yet properly considered the matters referred to it by the Minister. In her letter of 31 May, the Task Force was asked to investigate and report on “reconfiguration of service parameters such as space, age groupings etc, differential treatment of new vs. existing services, and funding or other business support to assist the transition”.

Child Care NSW believes that space and age grouping configurations need proper exploration, and that no recommendation can safely be offered until such exploration has been properly conducted. This is especially important given that forthcoming increases in award wages will have a very significant impact on childcare affordability.

- To the extent that such analysis is now available, it is clear that the loss of places and the impacts on affordability would significantly outweigh any benefit that might be achieved. Child Care New South Wales provided case studies from small, medium, and large operators. It is incorrect to say that these case studies could not be used because accurate staffing information was not provided. It is true that we had hoped to be able to provide more of such studies. Either the case studies supplied should be relied upon, or, if DoCS needs further evidence, then DoCS is the one best placed to commission or conduct such further analysis of impact. Child Care New South Wales assumed that DoCS was going to conduct a lot more analysis than has in fact been conducted. In our opinion, it is clear that the amount of analysis conducted so far would not satisfy Subordinate Legislation Act requirements for Regulatory Impact Statements. We believe it would be sensible for that degree of analysis to be conducted sooner rather than later. In particular, the economic implications of different transition strategies do need to be identified. The Minister's letter assumes that this was going to be done.
- There is no evidence to support the proposition that existing safety or quality is inadequate. Available evidence from the Quality Improvement and Accreditation System (the quality-measurement regime run by the Commonwealth), clearly indicates that quality is generally very high.

In addition, NSW meets the staffing standards for under-tuos agreed to by all States (except Victoria) in 1993.

Furthermore, there seems to be no consistent international view on appropriate staff–child ratios. Work done by the OECD in 2001 shows that staff–child ratios for children in the age range birth to three years vary between 1:3 (Finland) and 1:10 (Portugal).

- Any change to the staff child ratios will necessarily have to be done through a change to the Regulations. Any such regulatory change will need to be supported by proper impact analysis. Recommendation 1 is therefore inappropriate.

For all of the reasons outlined above, Child Care New South Wales, as the voice for its members (and bearing in mind that, though they are not all members, private operators in New South Wales supply approximately three quarters of the long day care services) recommends that it would be counter-productive to move to a 1:4 ratio in current circumstances. On the currently available evidence, New South Wales families would be worse off if New South Wales went to a 1:4 ratio in the current circumstances.

Child Care New South Wales is pleased to have participated in this Review. Our members appreciate the chance to be involved in looking for sustainable ways to expand the supply of high-quality child-development and parenting support to children and parents in New South Wales.

6. DISCUSSION

Analysis of the findings from the Focus Group, case studies and budgets supplied to the Task Force indicated that it was impossible to assess through examination of licensed places alone, the effect of changing the ratio on accessibility or affordability. The number of licensed places available does not necessarily reflect either the number of places being offered or being utilised on a service by service basis. In addition the list of variables that can affect centres (Appendix 4) such as age groupings across licensed places make it difficult to apply a general rule across all services to determine the possible impacts of a 1:4 ratio.

Because of this factor the Task Force decided to work from the premise that there should be no net loss of 0–2 places as some services will add places, some will fill previously unused places and some (though believed to be, fewer) may elect to reduce places.

The Task Force then examined the financial impact of the cost of any additional staff required to meet the new ratio while maintaining the current number of 0–2 places. Under this premise the only variable that needs to be explored is the cost of an additional staff member. This is a worst case scenario for all services offering between five and 24 under-two places.

6.1. Implications of Different Service Models and Transition Strategies

The Task Force discussed options to achieve a 1:4 ratio. Further options may become evident with the more specific focus of applied business support.

The Task Force determined that, in order to meet a 1:4 ratio, aside from employing an additional staff member to meet the ratio, a service could:

- **deploy existing centre staff** differently to meet the ratio;
- review utilisation of licensed places throughout the centre to **optimise staff resources**;
- be granted a **licence** that enables the service to vary the number of children in each age group, while ensuring the total licensed places are not exceeded to ensure that the service could better cater for the age groups within their individual centre at any one time;
- **reduce 1 to 3 places** for children 0–2 years;
- **employ additional staff** member/s to meet the ratio and increase places for children 0–2 years – i.e. those licensed for between five and 24 0–2 places may need to engage 1 additional untrained staff member, those licensed for above 25 places may need to engage 2 additional untrained staff members;
- amalgamate with other small services in a **joint venture or partnership** to offer the full range of service required by the community; or
- **focus on delivering service** to a single age group or two age groups.

6.2 Staffing options

If services are unable to implement options to more effectively use existing staff and apply different operating practices, the employment of additional staff, in the most costly scenario (a 29-place centre with 85 per cent utilisation) could mean a cost of up to an additional \$6.88 per place per day.

These staffing costs have been calculated using the following criteria:

1 full time worker (CCW4) for 52 weeks plus a casual worker for six weeks plus all statutory on-costs;

- 85 per cent utilisation;
- the full 16 per cent wage increase has been passed on to staff; and
- the additional staff cost has been amortised across all the licensed places.¹⁰

The Task Force noted that the situations in which most difficulties might be expected are where:

- the service is currently using its full licensed capacity;
- there is no capacity to adjust licensed numbers;
- there is no capacity to deploy staff differently;
- there is minimal capacity to adjust fee structures. The Task Force notes however that fee increases already occur at different times, in response to wage increases, cost of living increases, to cover the cost of refurbishment, or to improve the profitability of the service for the provider.

Under the current Regulation an unqualified staff member would be an appropriate additional staff member or a trainee staff member where services meet traineeship eligibility. Use of trainees in this way would increase employment and provide a pathway for entry to the sector.

An issue for the Task Force is the lack of accurate data on the number of services that may require business support in the implementation of the new ratio. Although the Task Force can identify the number of services that are licensed to provide care for under two year olds, actual utilisation of those places is unknown because services are not required to report this information to the Department of Community Services. Anecdotally the Task Force is aware that many licensed places for under two's are currently not being fully utilised. It is unlikely that all services licensed for under two's (and not currently operating under a 1:4 ratio) would require business support.

Analysis of case studies

Services allied to Community Child Care Co-operative (NSW) which volunteered to be scrutinised as a case study did not fully respond to the set questions and therefore the budget information provided was not in a format which would have enabled meaningful comparison with other services' information.

For example, one case study proposed that to engage an additional staff member to meet a 1:4 ratio would engender higher costs which would have to be passed on to parents, resulting in loss of patronage. Analysis showed that the provider had applied a rate of 40 per cent for staff on-costs across the board, and was not able to provide detail as to the basis and construction of this cost beyond indicating that it was on the advice of the business accountant. The Task Force notes that more usual practice is to allow around 20 per cent for direct staff on-costs i.e. superannuation, Workcover insurance and state payroll tax if applicable. Provisions for annual leave, sick leave, parental leave and long service leave are more usually identified in a 'staff provisions' budget item providing greater accountability for 'real staff' expenditure. The multiplication of on-costs across the board does not give a true indication of the cost of meeting these provisions in practice.

Staffing schedules provided indicated that services were inappropriately staffed at particular times of day. These case study providers were given the opportunity to provide further explanation but only one took that opportunity and the additional information indicated the service was already operating at 1:4 for parts of the day and that, from the information provided, full implementation of 1:4 appeared feasible with no additional cost. Other case studies indicated that staff could be allocated differently across the day and a 1:4 ratio achieved with no additional cost.

¹⁰ Based on rates applicable through Miscellaneous Workers Kindergartens and Child Care Centres (State) Award (482).

Analysis of case studies provided by community-based services generally indicated higher levels of efficiency in service planning and budgeting. Effective use of resources was seen in higher staff–child ratios, higher numbers of qualified staff and above award remuneration in certain situations. The outcome of this analysis led the Task Force to conclude that provision of business support to some services would not only assist them to accommodate the impacts of a 1:4 ratio, but would increase the efficiency and quality of service provision overall.

Other considerations

The Focus Group noted the sector’s national support for the need for a differential rate of Commonwealth Child Care Benefit (CCB) for children under two years, due to their higher care costs, and the positive impact this would have on the cost and affordability of care. The lack of implementation of a differential rate of CCB should not preclude the introduction of a 1:4 ratio in NSW.

7. POTENTIAL STRATEGIES TO ASSIST THE TRANSITION

7.1 Service models in operation in Australia where a 1:4 ratio is in place

Consultation with other jurisdictions (Western Australia, Queensland) did not elicit strong information that could be analysed to identify definitive strategies to inform NSW action. Consultation indicated that the move to a 1:4 ratio in those jurisdictions did not have a major impact on service provision. It was suggested that this was due to public acceptance of the value of the ratio in terms of quality provision. Other contributing factors may have been due to the implementation of wider changes occurring at the same time (Queensland), or because lower ratios were already in place (Western Australia).

A telephone survey of each of these jurisdictions was conducted and notes from these are attached at Appendix 9.

7.2 Business Analysis and Support

On reviewing the case study information provided by services it became apparent that some services may not be optimising their material and staffing resources. The provision of government funded business support to services licensed for fewer than 30 places would, in addition to supporting the introduction of a 1:4 ratio, assist to enhance practice overall, adding to the quality of the programs provided for children under two years old and **quite possibly providing for an increase in the number of under two year places currently offered.**

Business support to service providers would address issues identified in the case studies examined by the Task Force. For example, a key issue appeared to be inefficient staff deployment, where some services employed additional staff to cover meal breaks and peak periods. A more efficient service may have deployed existing staff differently and achieved cost savings as well as contributing to more stable staff/child relationships and cohesive service provision.

A similar support strategy was employed by the Commonwealth to support Long Day Care services in two stages through required change. The Task Force identified the implementation of business support and advice at service level as a key support strategy for the implementation of a 1:4 ratio that would have potential additional benefits in service efficiency and quality.

It is noted that this support should be offered on an optional basis and 100 per cent of services would not be expected to take up this offer.

7.3 Staged Introduction of New Ratio

The larger a service is, the more capacity it has to redeploy staff. It also has a greater client base over which to spread any possible fee increase. The Task Force believes that a staged implementation of the new ratio will enable smaller services to gradually increase fees if required over a 12 month period, thus reducing the impact for parents.

Task Force modelling in relation to cost impacts of additional staff indicate a minimal impact if fee increases are amortised over the whole service and phased in over the period allowed for staged implementation of the ratio.

7.4 Licensing

A licensing approach that allows for variations in the maximum numbers of children in each age group, while ensuring services don't exceed their total licensed places based on the physical capacity of the service may be applied within Regulatory requirements. This approach enables the centre to respond to local demand and as child ages vary from year to year. This licensing approach would assist in meeting the 1:4 ratio.

7.5 Increase in maximum number of babies allowed

As services would require one staff member for every four children under two, a minor amendment to the Children's Services Regulation is recommended to increase the maximum number of babies a service can care for from 30 to 32. This will ensure that services can have the maximum number of babies that staffing will allow, as long as space and other requirements are met, and assist affordability for providers.

7.6 Amalgamation of small services

Smaller services with limited physical capacity to expand to allow for an increase in licensed places may elect to operate in partnership to streamline administration and benefit from the efficiencies available to a larger service.

7.7 Age specialisation

A service could specialise in service to a limited or specific age range.

Alternatively, for services with limited physical capacity for expansion or to better meet demand for service from the community, services could amalgamate to deliver the full range of services required. For example, one centre could cater for younger children, while another could specialise in the older age groups.

8. IMPLICATIONS UNDER DoCS CORPORATE OBJECTIVES

The introduction of a 1:4 staff–child ratio will be in line with two of the Department of Community Services Headline Five Year Objectives, 2005/06 – 2008/09:

These are:

- greater emphasis on prevention and early intervention programs; and
- policy making and service delivery based on sound research and analysis.¹¹

The Department of Community Services' current Early Intervention Program recognises that supporting families before problems reach crisis improves family resilience and promotes healthy child development and reduces child abuse and neglect. Furthermore, the Program recognises that high quality child care offers a direct strategy for improving developmental outcomes for vulnerable children. The Department's Prevention and Early Intervention Literature Review¹² states that "Research evidence suggests that **of all single strategy interventions, high quality child care is the most effective in improving child outcomes** and providing children with a chance to start school on a more equal footing to their more advantaged peers."

Available research and analysis of what makes child care high quality shows that:

- staff child ratios and group size are significant factors in quality care;
- a 1:3 ratio for children under three year's of age is optimal; and
- a 1:4 ratio, although not optimal, leads to substantially better outcomes than a 1:5 ratio.

¹¹ *Department of Community Services Corporate Plan 2005/06 – 2008/09.*

¹² *Prevention and Early Intervention Literature Review*, Johanna Watson, Angela White, Stephanie Taplin and Leone Huntsman, NSW Centre for Parenting & Research and NSW Department of Community Services, May 2005.

9. RECOMMENDATIONS IN DETAIL

The Task Force notes that three members on the Task Force, Ian Weston, Vic Lawrence (followed by David Wilson) from Child Care NSW, have dissented from these recommendations and produced Minority Recommendations which are included in Section 5 of the report: Dissenting Minority Report.

• Recommendation 1

That Part 4, Division 1, Clause 53, (1) (a) of the Children's Services Regulation 2004 be amended to read as follows:

The licensee of a centre based or mobile children's service must ensure that the ratio of primary contact staff to children being provided with the service is: 1:4 in respect of all children who are under the age of two years.

This requirement should apply to all new services from 1 January 2007. To enable currently licensed services to smoothly transfer to the new ratio, the amendment should be made subject to the following transitional provisions:

- compliance for services currently licensed for more than 60 places from 1 January 2007;
- compliance for services currently licensed for 30–59 places from 1 July 2007; and
- compliance for services currently licensed for 29 or less places from 1 January 2008.

• Recommendation 2

That the Department of Community Services fund a 12 month assistance project to support children's services licensed for fewer than 40 places that do not currently meet the 1:4 ratio from July 2006.

This project could be auspiced by an existing children's services peak organisation and should provide time-limited business support to services via:

- group workshops;
- online training material (e.g., case studies with sample budget and staff deployment); and
- access to individual consultations where needed.

The Task Force has identified the need for business support to enable individual services to explore options such as:

- gradual increase of fees;
- differential fees for under two year olds;
- staffing of services across opening hours based on actual demand;
- effective employment of casual staff; and
- realistic budgeting such as staff on-costs.

The Task Force is willing to contribute to the development of a business support program and an application process for services wishing to access business support.

• Recommendation 3

That the Department of Community Services amend existing service's licenses, and more widely implement a licensing approach to allow for variations in the maximum number of children in each age group, while ensuring services don't exceed their total licensed places, based on the physical capacity of the service.

This licensing approach will assist services in implementing a 1:4 staff-child ratio, and is currently applied successfully in a number of licences.

• Recommendation 4

That Part 5, Clause 58, (2) (a) of the Children's Services Regulation 2004 be amended to read as follows:

**The maximum number of children that may be so specified is 90, of whom:
(a) no more than 32 may be children under the age of two years.**

This increases the number of children under two years a service may have by two children (from 30 to 32). 32 being divisible by 4, this maximises the number of children a service could care for with staffing that meets the new 1:4 ratio.

APPENDIX I

Peak Children's Services

Task Force Terms of Reference

1. Background

The Department of Community Services is committed to moving towards a staff–child ratio of 1:4, however more careful consideration needs to be given to how this might be achieved without adverse impact on the number (and cost) of places available for children 0–2.

At a meeting of peak children's services on 19 May 2004 it was recommended that a cross-sectoral Task Force (CSTF) be established to report to the Minister for Community Services, Ageing, Disability Services and Youth on the strategies that could be implemented to enable the move to occur in a sustainable fashion.

2. Responsibilities of the CSTF

The CSTF is responsible to provide:

- representation for member organisations and their constituents; and
- advice concerning the implementation of the 1:4 staff–child ratio to the Minister.

3. Tasks of the CSTF

The CSTF (working under the guidance of a broader reference group) will investigate and report on:

- the current operating position of Children's Services organisations, clearly identifying those organisations that will face difficulties with such a move and the precise nature and extent of those difficulties;
- service models in operation where a 1:4 ratio is in place (particularly the WA model);
- potential transition strategies, including phase-in over time, reconfiguration of service parameters such as space, age groupings etc., differential treatment of new vs. existing services, and funding or other business support to assist the transition; and
- the economic implications of different service models, impacts of different transition strategies, and identification of models and strategies with lesser impacts.

The initial report should provide a fuller picture of those services that might be unable to meet a 1:4 ratio, and the strategies that should be considered to ensure that the transition could be made without a significant loss of places.

4. Membership of the CSTF

- Members are approved by the Minister from nominations by peak Children's Services;
- Membership is on a voluntary basis and there is no fee for being a CSTF member.

5. Meetings of the CSTF

The Office of Child Care will:

- convene and facilitate CSTF meetings as is required to complete the work of the task force;
- keep meeting minutes and distribute to members in a timely manner.

All representatives will be given the opportunity to participate in CSTF meetings through whatever means is possible and appropriate.

APPENDIX 2

Peak Children's Services

Cross Sectoral Task Force Membership

| Name | Organisation | Postal Address | Phone |
|--|---|---|----------------|
| Dr Gul Izmir Replaced by Ms Linda Mallett February 2005 | Department of Community Services | 4-6 Cavill Ave, Ashfield Locked Bag 28, ASHFIELD NSW 1800 | (02) 9716 2222 |
| Mr Ian Weston | Child Care New South Wales | PO Box 660 PARRAMATTA NSW 2124 | (02) 9687 9055 |
| Ms Bernadette Dunn | Community Child Care Co-operative NSW | Building 6, 142 Addison Rd MARRICKVILLE 2204 | (02) 9560 4771 |
| Ms Judy Kynaston | Country Children's Services Association (CCSA) | PO Box 118 KATOOMBA NSW 2780 | (02) 4782 1470 |
| Ms Tonia Godhard | Early Childhood Australia | NSW Branch PO Box 24 ERSKINEVILLE NSW 2043 | (02) 9557 3113 |
| Ms Prue Warrilow | National Association of Community Based Children's Services | PO Box 151 SUMMER HILL NSW 2130 | (02) 9261 1855 |
| Mr Vic Laurence Replaced by Mr David Wilson in 2005 | Child Care New South Wales | PO Box 660 PARRAMATTA NSW 2124 | (02) 9687 9055 |

REFERENCE GROUP MEMBERSHIP

| Organisation | Representative |
|--|-------------------------------|
| SDN Children's Services | Ms Ginie Udy |
| Local Government NSW | Mr Noel Baum |
| NSW Family Day Care Association | Ms Anita Jovanovski |
| Mobile Resource Services Association | Mr Peter Russo |
| Aboriginal Early Childhood Children's Services Support Unit | Ms Robyn Dundas |
| NSW Local Government Children's Services Association | Ms Kerry Bradley |
| Uniting Church Children's Services Forum | Ms Elizabeth Death |
| Social Justice and Early Childhood Care Group | Mr Anthony Semann |
| Occasional Care Association | Ms Mary Cottee |
| KU Children's Services | Ms Chris Legg |
| Ethnic Child Care Family and Community Services Co-op Limited | Ms Vivi Germanos-Koutsounadis |

APPENDIX 3

Key variables identified by the Task Force

- **Size**
- **Hours/weeks of opening**
- **Age groupings within licensed capacity:**
 - beginning and end of day (variable, flexible?).
- **Attendance patterns:**
 - seasonal;
 - short-term demographics in rural areas;
 - hours/day.
- **Fees:**
 - if variable for under two's;
 - other imposts/charges, e.g., nappies, additional hours, public holidays.
- **Physical capacity for change in age groupings**
- **Utilisation of licensed places**
- **Socio-Economic Indicator For Area (ABS):** profile of families using centre
- **Industrial awards applied:** over award pay or conditions
- **Staffing profile:** qualifications
- **Computerised administration**
- **Freehold or leasehold on premises**

APPENDIX 4

Extract from PriceWaterhouseCoopers Report

Appropriate procedures and staff training could potentially provide equivalent quality levels even if the Authorised Supervisor manages more than one premise. The exact number, which an Authorised Supervisor could adequately handle, would be subject to a range of factors including the number and training levels of staff, number of children, travel distances etc.

Recent incidents have occurred where children have been left locked in a service after closing for the day, sometimes for many hours. These incidents create undue trauma for the children and families involved. The draft Regulation will require that at least two staff members check beds in all areas of the premises to ensure no child remains on the premises after the service closes.

Services are required to be staffed by two persons as a minimum, at all times.

The provision would allow the two persons to undertake the inspections at different times, provided they are able to continue to adequately supervise children. In larger centres these issues may be managed by closing rooms progressively during the day. A minimal impact is therefore anticipated.

The draft Regulation will require that staff and carers give an undertaking to the licensee that they will abide by the Code of Ethics issued by the Australian Early Childhood Association.

A Code of Ethics is a set of statements about appropriate and expected behaviour of members of a professional group and, as such, reflects its values.

A Code of Ethics is most effective where it is widely recognised, applied and accepted by service providers. There are mixed views regarding the appropriateness of this specific Code. Unless a majority of service providers are members of the association then it may be unrepresentative of the values of a majority of service providers who are not members. Arguably, there may be alternative codes, which provide equivalent outcomes and better match the requirements of service providers without creating conflict between associations. The consultation process may prove helpful in this regard.

Staff: child ratios

The draft Regulation includes the following changes:

- the staff–child ratio for children under two years of age is reduced from 1:5 to 1:4;
- the ratio of staff–children must be based on the age of the youngest children in the group; and
- one adult for each child is required within the fenced area of any swimming pool on the premises of a centre or the home of a carer.

Mixed views have been expressed regarding the reduction in the staff: child ratio for children under two years of age. Current practice is for children to be arranged in groups of 1:5 or to a lesser extent in ratios of 1:4.

The rationale for the change in ratios is based on more than 30 years of child development research and is supported by the more recent research in relation to child brain development (most of the development in the intelligence of children occurs before the age of seven years and most of the growth of brain cells occurs before the age of two years). The key contributing components of quality in child care are the ratio of staff to children, the numbers of children in the group in which they are

cared for and the qualifications of staff. Of these components research has consistently identified the staff–child ratio as the most important contributing factor.

The effects of child care on outcomes for children have been the subject of extensive research over the last 50 years. The area that has received the most attention has been the effect of child care on the development of children aged from birth to two years. The research findings in this area have shown remarkable consensus with ratios below 1:5 leading to the best outcomes for young children. Reflecting a concern for outcomes for this vulnerable group both Queensland and Western Australia's regulations now require a ratio of 1:4. This ratio is also consistent with the current practice of major employing bodies in NSW.

A High/Scope Perry preschool study has indicated that children who receive high-quality, active learning child care at ages three and four have improved social development outcomes. Improved outcomes include half as many criminal arrests, higher earnings and property wealth and a greater commitment to marriage (High/Scope Educational Research Foundation, Perry Project Fact Sheet (US research), available at: www.highscope.org/Research/Perry/Project/perrymain.htm).

Another study comments:

*Adult-child ratio affects children because as the number of children per adult increases, the opportunity for sensitive or appropriate interaction between the adult and each child decreases.*⁶⁰

While a lower ratio tends to make quality care a more likely outcome, the available research also indicates that it is not a necessary or sufficient condition for quality care. For instance, some adults (particularly highly educated and well-trained teachers) can apply routines, rituals and peer cohesiveness to manage large numbers of children without compromising the quality of staff and child interaction. However for other less qualified adults, large group sizes may lead to restrictive and harsh practices.⁶¹

It should be noted that the results of this research have been interpreted in different ways by different stakeholders in the child care industry. However, common sense would suggest that the more carers available to share the care of a group of children, the better the expected outcomes for individual children – the key question becoming where the optimal trade off in benefits and costs can be achieved.

A staff child ratio of 1:5 is presently applied in the ACT, Victoria, Tasmania, the Northern Territory and South Australia. Queensland and Western Australia are the only States, which presently apply a 1:4 ratio.⁶²

Limited preliminary discussions with some peak bodies suggested that a ratio of 1:3 would be ideal but that 1:4 may be the smallest size possible to remain cost effective. Other service providers suggested that 1:5 was sufficient to achieve equivalent quality outcomes.

Reduced staff–child ratios will result in a direct increase in the cost of service provision in what is already a high cost component of children's services. A 20 per cent increase in staffing across the State for children under two years of age would result in a large increase in demand for staff.

Attracting quality staff is reportedly already difficult for the industry and a premium in excess of 10 per cent above the Award is likely to be required, implying additional annual salary costs in the order of \$30,000 plus on-costs, for each additional staff member.

Where the service provider is able to accommodate an expansion in enrolment numbers, some additional enrolments may partly offset the additional costs incurred. Service providers may respond to

⁶⁰ Howes, C., 'Child Outcomes of Child Care Programs', Chapter 3 of *Issues in Child Care*, p. 34.

⁶¹ *ibid.*

⁶² A 1:5 ratio is applied in Western Australia for family day care.

these cost impacts through a combination of a reduced number of child places, reduced expenditure on other parts of the service and increased fee for services.

The impact of the staffing ratios for children under two years of age will have flow-on implications to a related change in the draft Regulation that ratios be based on the age of the youngest child in the group. This change is likely to have a significant cost impact for service providers.

During the early and later hours of the day (before 8am and after 5.30pm) there are likely to be a small number of children on the premises engaged in principally free-play time activities. If the group included one under two year old child and eight children four years of age, then three staff members would be required (the existing Regulation would require only two staff). Every service provider is likely to have mixed groups at the beginning and end of the day.

If the proposed changes were implemented, centres may respond by not accepting children under two years of age for early drop-off or late pick-up. The resulting impact could be a reduction in access to services, rather than an increase in the quality of care.

The proposal to increase ratios for supervision of children when swimming will enable more direct attention for each child and provide an increased safeguard. An increased cost will be associated with the additional supervision requirements.

Group sizes and Child Age Mixes

The regulation proposes the following changes with respect to child age mix ratios:

- children aged between 3–6 years are to be arranged and supervised in groups of not more than 20;
- where school aged children (up to 12 years of age) are attending a service for before and after school care, and are mixed in with the younger children, 10 per cent of the licensed places of the service can be occupied by those school aged children, or, if all school aged children attending the service are attending school in kindergarten or Year 1, 20 per cent of the licensed places can be occupied by school aged children.

The current regulation cap group sizes at no more than 25 children. In practice, CSAs have tended to allow group sizes (for children over three years of age) of up to 30 children, provided that child: staff ratios of 1:10 were maintained, i.e. three staff for a group of 30 children. This approach is considered acceptable, as, in practice, children are not grouped together in full for all activities but only for “large group” experiences. For the majority of the time, the larger group operates as a number of smaller sub-groups (of usually 10 children), each of who undertake “small group” activities led by one of the three staff.

Under current practice, negative consequences have not been attributed to group sizes of 30, nor the lesser size of 25. One of the benefits of socialisation in larger groups is the preparation it provides for the first year of schooling where class sizes can be as high as 30 children. The younger age and development status of children may argue for smaller group sizes before reaching school (i.e. children of only three years of age will not reach school for a number of years).⁶³ however this may be more than compensated for under current practice by the additional number of staff and the predominance of smaller group activities.

The NSW Department of Education and Training delegates decisions on school class sizes to principals based on “need not exceed” guidelines. These guidelines indicate that kindergarten classes need not exceed 26 students, year 1 classes need not exceed 28 students and year two classes need not exceed 29 students. A snapshot on class sizes from the NSW Teachers Federation found that 95 per cent of kindergarten to year 3 classes exceeded these thresholds.⁶³

⁶³ Doherty, L, Aim low or pupils pay a high price, *Sydney Morning Herald*, 4 November 2002.

In other States and Territories restrictions on maximum group sizes in children's services vary significantly. In the ACT, Victoria, Tasmania and South Australia there is no specified maximum group size. In Queensland and Western Australia, group sizes are limited according to age: children 0–2 years are capped at eight and 12 places respectively; children 2–3 years are capped at 12 and 15 respectively; children 3–5 years are capped at 24 in Queensland; and children 3–6 years are capped at 30 in Western Australia.

The inquiry [chaired by Professor Tony Vinson] is convinced that small class size in the early years of education has a beneficial effect on learning outcomes for students.⁶⁴

The inquiry chaired by Professor Vinson cited a variety of evidence including a study in the United States which measured the impact of smaller class sizes in Kindergarten to year 3 which found that by the end of year 2 schooling, children in groups of 13 to 17 students were 5.6 months superior in academic terms to those children arranged in class sizes of 22 to 25.⁶⁵

The draft Regulation reduces group sizes from 25 to 20, for small group activities. The current practice examples of larger group experiences in excess of the 25 child threshold suggest that events such as meal times, story times etc. could still occur in groups of 30 children.

Under this interpretation, the proposed change would not be expected to have a significant cost impact for the majority of service providers.⁶⁶

The proposal in the draft Regulation for before and after school care is intended to provide a relaxation from the existing 10 per cent of places able to be filled to 20 per cent if those children are in kindergarten or year 1. Under current practice, there have not been demonstrable problems with the 10 per cent requirement and a relaxation to 20 per cent does not appear to present a compromise for the quality and safety of children in care.

A wide range of approaches is applied in other jurisdictions. In the ACT, school aged children may only attend services until the age of eight years and they must be cared for in a separate room and a staff: child ratio of 1:11 applies. In Victoria, the total number of school aged children must not exceed 30 per cent of the total number of places. In Queensland a maximum of 24 school aged children is permitted. These children must be cared for in a separate room with their own group leader and in a staff child ratio of 1:12.

⁶⁴ Doherty, L., *op cit.*

⁶⁵ *ibid.*

⁶⁶ *ibid.*

APPENDIX 5

The Institute of Early Childhood's Response to the *Draft Children's Services Regulation 2002*

Pages 4-6

Child to staff ratios

There is considerable research that child/staff ratios (the child–caregiver ratio) and group size are significant factors affecting children's development of social skills (Howes, Phillips and Whitebode, 1992). To a large degree this derives from the capacity of childcare workers to provide quality interaction with children (McCartney, *et al.*, 1997). For infants and toddlers, the number of children that a child care provider is responsible for appears to be particularly important in fostering developmentally supportive exchanges in all types of child care.

Wangmann (2001, cited in Standing Committee on Social Issues, 2002, p.25) states that “research recommends a ratio of 1:3 with [children below the age of three]...rather than 1:5, so certainly when you have more children to manage and work with and less adults to do that your ability to actually work effectively with these children is ...limited”.

Research on early childhood program practices has shown a relationship among the number of children assigned to a teacher, the degree to which children experience individual positive interactions and child development outcomes. The longitudinal research supports the view that small class sizes and low child to teacher ratios contribute to positive long term benefits for children (Frede, 1995). A recent study by the NICHD Early Child Care Research Network (2002) has used structural equation modelling to examine the paths linking child–staff ratios and child outcomes. They found empirical evidence for both caregiver training and child–staff ratios influencing quality of care giving in children's services. Quality and care giving in turn was linked to cognitive and social outcomes for children that could not be accounted for entirely by family variables. Their conclusion, based on the largest and most well-designed study of day care to date, was that their findings “provide empirical support for policies that improve state regulations for caregiver training and child–staff ratios” (p.199).

Staff turnover

Continuity of staff is one of the central components of good quality child care. If staff constantly change, the children suffer because they have to adjust to new carers. The US National Child Care Staffing Study (1989) found that children in centres with higher staff turnover rates spent less time engaged in social activities with peers and more time in aimless wandering. Other staff in the service suffer because of the disruption and management suffers because of the time and the cost involved in replacing and training staff. Parents (and governments) suffer because the cost of care increases. Current research on child care in NSW has found that parents report a high rate of change in caregivers in long day care and family day care services for children under 3 years of age (Bowes, Wise, Harrison, Sanson, Ungerer, Watson & Simpson, in press).

Research into staff turnover shows that this turnover compromises the quality of care and impacts negatively on child–staff interactions. Continuity of teaching staff is in the best interests of children and families, but also of the services themselves (Bowes, Sanson, Wise, Ungerer, Harrison, Watson & Simpson, 2002). Parents may find that staff turnover hinders the development of close ties between

parents and staff, making it harder to maintain necessary lines of communication. Staff in services can suffer from increasing stress because of the extra workload or from having to cope with fitting in with numerous relief staff. Management may have to spend a great deal of time and financial resources attempting to recruit, hire and orientate staff (Whelan, 1990).

High child/staff ratios can result in staff who are less satisfied in their work and this can then result in high staff turnover. Staff turnover rates are high in children's services and this turnover has a clear connection to quality of programs (Helburn, 1995; Whitebrook, Howes & Phillips, 1989). More qualified staff and staff working in more satisfactory conditions with smaller groups of children are less likely to leave children's services. The costs of staff turnover are borne by the community and will manifest in both reduced quality of services to children and their families and in direct costs to the early childhood sector (if staff leave permanently). The turnover rate represents a substantial financial cost to services, funding bodies and the community in general.

- For early childhood services less staff turnover means reduced costs. For this reason alone it is a false economy to argue that reducing ratios (lowering the number of staff to children) or reducing the requirement for qualified staff will lead to cost savings for services.

Summary

As a signatory to the UN Convention on the Rights of the Child, Australia has an obligation to ensure in its legislation that the best interests of the child are the paramount consideration. A compelling corpus of research has shown that the best outcomes for children result from quality children's services in the early years. Quality results from warm, responsive and informed interactions with caregivers who are educated in child development and education. The key factors in ensuring these quality interactions with children have been shown to be well-educated staff, lower staff-child ratios and lower staff turnover in services. The recommendations the IEC make for the Regulations are based on these research-based considerations.

Extract Pages 8–9 Part 4, Division 4 Clause 44 (1)

Staff to child ratios

While the IEC supports staff-child ratios of one adult to three children aged birth–12 months and one adult to five children aged 1–2 years, we applaud the move to 1:4 staff-child ratios for all children who are under the age of two years old. An improvement in the staff-child ratios (that is, fewer children per adult) offers more time for staff to spend in positive interactions with children. This can have the ability to reduce stress for both the child and the staff member and bring about increased job satisfaction and lower staff turnover.

This change to staff-child ratio as a requirement for licence purposes demonstrates forward thinking and understanding of the short and long-term impact of class sizes for children's learning. It is a reflection of the implementation and intent of the progressive NSW Government *Early Childhood Services Policy*. NSW is leading the other Australian states and territories with respect to regulation of children's services and should not relinquish the role of being a leader and advocate for children. Their demonstration of responsibility will impact on society's view of children if children are seen as important enough to make policy changes of this kind, it indicates that we value children as members of our society.

In subsequent reviews of the Regulations it would be seen as a positive step if the ratios for 2–3 year olds were also decreased as they are proposed for birth to two in the 2002 document.

APPENDIX 6

Table 2. Number and Percentage Distribution of Children Attending by Type of Service, for all States and Territories, 2004

| CHILDREN | STATE/TERRITORY | | | | | | | | | | | | | | | | | |
|--|-----------------|------------|---------------|------------|---------------|------------|--------------|------------|--------------|------------|--------------|------------|-------------|------------|--------------|------------|---------------|------------|
| | NSW | | Vic | | QLD | | SA | | WA | | Tas | | NT | | ACT | | AUSTRALIA | |
| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| Private Long Day Care Services + | 77839 | 37 | 41536 | 29 | 76850 | 46 | 9076 | 16 | 19274 | 41 | 1529 | 9 | 917 | 12 | 2242 | 15 | 229263 | 34 |
| Community Based Long Day Care Services + | 38543 | 18 | 25244 | 17 | 14884 | 9 | 11479 | 20 | 8266 | 17 | 4911 | 27 | 1679 | 23 | 4396 | 29 | 109404 | 16 |
| Family Day Care Schemes | 28933 | 14 | 20624 | 14 | 17886 | 11 | 7983 | 14 | 5838 | 12 | 4582 | 26 | 884 | 12 | 1678 | 11 | 88408 | 13 |
| In-home Care Schemes | 820 | 0 | 403 | 0 | 943 | 1 | 118 | 0 | 350 | 1 | 417 | 2 | 0 | 0 | 54 | 0 | 3105 | 0 |
| Outside School Hours Care | 37317 | 18 | 39177 | 27 | 33026 | 20 | 16614 | 29 | 5983 | 13 | 3456 | 19 | 1798 | 24 | 5142 | 34 | 142513 | 21 |
| Vacation Care | 24183 | 11 | 14915 | 10 | 22008 | 13 | 11653 | 20 | 6091 | 13 | 2738 | 15 | 1344 | 18 | 1611 | 11 | 84543 | 13 |
| Occasional Care | 2733 | 1 | 2074 | 1 | 1121 | 1 | 86 | 0 | 919 | 2 | 220 | 1 | 5 | 0 | 201 | 1 | 7359 | 1 |
| Multifunctional Services | 83 | 0 | 268 | 0 | 209 | 0 | 227 | 0 | 155 | 0 | 0 | 0 | 123 | 2 | 0 | 0 | 1065 | 0 |
| MACS | 556 | 0 | 241 | 0 | 97 | 0 | 163 | 0 | 216 | 0 | 65 | 0 | 114 | 2 | 0 | 0 | 1454 | 0 |
| Mobiles and Toy Libraries | 859 | 0 | 612 | 0 | 695 | 0 | 121 | 0 | 136 | 0 | 0 | 0 | 388 | 5 | 0 | 0 | 2811 | 0 |
| Aboriginal Playgroups | 197 | 0 | 56 | 0 | 517 | 0 | 176 | 0 | 124 | 0 | 0 | 0 | 141 | 2 | 0 | 0 | 1211 | 0 |
| TOTAL CHILDREN * | 212063 | 100 | 145150 | 100 | 168236 | 100 | 57696 | 100 | 47356 | 100 | 17918 | 100 | 7393 | 100 | 15324 | 100 | 671136 | 100 |

+ Note: Private and Community Based Long Day Care counts are not directly comparable to those reported in censuses prior to 2002 due to definitional changes.

* Note: This data measures occurrences of care and will include some double counting where children attend more than one service.

**2004 Private Long Day Care Services
Child Information**

Table 4.2.2

| AGES OF CHILDREN | STATE/TERRITORY | | | | | | | | | | | | | | | | | |
|------------------|-----------------|-----|-------|-----|-------|-----|------|-----|-------|-----|------|-----|-----|-----|------|-----|-----------|-----|
| | NSW | | Vic | | QLD | | SA | | WA | | Tas | | NT | | ACT | | AUSTRALIA | |
| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| < 1 yr | 1667 | 2 | 2061 | 5 | 2590 | 3 | 517 | 6 | 757 | 4 | 57 | 4 | 58 | 6 | 145 | 6 | 7852 | 3 |
| 1 yr | 6133 | 8 | 7049 | 17 | 9650 | 13 | 1538 | 17 | 2691 | 14 | 226 | 15 | 166 | 18 | 440 | 20 | 27893 | 12 |
| 2 yrs | 15754 | 20 | 10467 | 25 | 16898 | 22 | 2206 | 24 | 4571 | 24 | 330 | 22 | 245 | 27 | 586 | 26 | 51059 | 22 |
| 3 yrs | 24306 | 31 | 11087 | 27 | 20486 | 27 | 2511 | 28 | 5178 | 27 | 468 | 31 | 226 | 25 | 564 | 25 | 64826 | 28 |
| 4 yrs | 24084 | 31 | 8489 | 20 | 15177 | 20 | 1823 | 20 | 3070 | 16 | 368 | 24 | 184 | 20 | 421 | 19 | 53616 | 23 |
| 5 yrs | 3345 | 4 | 1193 | 3 | 5311 | 7 | 237 | 3 | 1122 | 6 | 75 | 5 | 26 | 3 | 39 | 2 | 11348 | 5 |
| 6 yrs | 715 | 1 | 366 | 1 | 2079 | 3 | 60 | 1 | 670 | 3 | 5 | 0 | 8 | 1 | 19 | 1 | 3922 | 2 |
| 7 yrs | 596 | 1 | 280 | 1 | 1564 | 2 | 64 | 1 | 460 | 2 | 0 | 0 | 3 | 0 | 19 | 1 | 2986 | 1 |
| 8 yrs | 472 | 1 | 237 | 1 | 1209 | 2 | 51 | 1 | 321 | 2 | 0 | 0 | 1 | 0 | 8 | 0 | 2299 | 1 |
| 9 yrs | 338 | 0 | 143 | 0 | 909 | 1 | 31 | 0 | 232 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 1654 | 1 |
| 10 yrs | 244 | 0 | 91 | 0 | 541 | 1 | 23 | 0 | 121 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1020 | 0 |
| 11 yrs | 147 | 0 | 55 | 0 | 327 | 0 | 9 | 0 | 55 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 593 | 0 |
| 12 + yrs | 38 | 0 | 18 | 0 | 109 | 0 | 4 | 0 | 26 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 195 | 0 |
| Total specified | 77839 | 100 | 41536 | 100 | 76850 | 100 | 9076 | 100 | 19274 | 100 | 1529 | 100 | 917 | 100 | 2242 | 100 | 229263 | 100 |
| Not specified | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| TOTAL CHILDREN | 77839 | | 41536 | | 76850 | | 9076 | | 19274 | | 1529 | | 917 | | 2242 | | 229263 | |

**2004 Community Based Long Day Care Services
Child Information**

Table 5.2.2

| AGES OF CHILDREN | STATE/TERRITORY | | | | | | | | | | | | | | AUSTRALIA | | | |
|-----------------------|-----------------|-----|--------------|-----|--------------|-----|--------------|-----|-------------|-----|-------------|-----|-------------|-----|-------------|-----|---------------|-----|
| | NSW | | Vic | | QLD | | SA | | WA | | Tas | | NT | | ACT | | AUSTRALIA | |
| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| < 1 yr | 1320 | 3 | 1208 | 5 | 841 | 6 | 597 | 5 | 444 | 5 | 261 | 5 | 101 | 6 | 284 | 6 | 5056 | 5 |
| 1 yr | 5292 | 14 | 4494 | 18 | 2183 | 15 | 2047 | 18 | 1607 | 19 | 820 | 17 | 277 | 16 | 801 | 18 | 17521 | 16 |
| 2 yrs | 9286 | 24 | 6330 | 25 | 3679 | 25 | 2811 | 24 | 2312 | 28 | 1158 | 24 | 444 | 26 | 1159 | 26 | 27179 | 25 |
| 3 yrs | 11634 | 30 | 6954 | 28 | 4268 | 29 | 3136 | 27 | 2372 | 29 | 1402 | 29 | 507 | 30 | 1202 | 27 | 31475 | 29 |
| 4 yrs | 10201 | 26 | 5570 | 22 | 2882 | 19 | 2509 | 22 | 1237 | 15 | 933 | 19 | 336 | 20 | 893 | 20 | 24561 | 22 |
| 5 yrs | 673 | 2 | 573 | 2 | 727 | 5 | 294 | 3 | 144 | 2 | 196 | 4 | 14 | 1 | 45 | 1 | 2666 | 2 |
| 6 yrs | 44 | 0 | 34 | 0 | 110 | 1 | 31 | 0 | 61 | 1 | 41 | 1 | 0 | 0 | 5 | 0 | 326 | 0 |
| 7 yrs | 26 | 0 | 25 | 0 | 74 | 0 | 25 | 0 | 44 | 1 | 29 | 1 | 0 | 0 | 6 | 0 | 229 | 0 |
| 8 yrs | 27 | 0 | 26 | 0 | 54 | 0 | 11 | 0 | 18 | 0 | 29 | 1 | 0 | 0 | 1 | 0 | 166 | 0 |
| 9 yrs | 21 | 0 | 13 | 0 | 40 | 0 | 7 | 0 | 10 | 0 | 17 | 0 | 0 | 0 | 0 | 0 | 108 | 0 |
| 10 yrs | 10 | 0 | 7 | 0 | 14 | 0 | 8 | 0 | 11 | 0 | 12 | 0 | 0 | 0 | 0 | 0 | 62 | 0 |
| 11 yrs | 8 | 0 | 9 | 0 | 12 | 0 | 2 | 0 | 6 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 47 | 0 |
| 12 + yrs | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 8 | 0 |
| Total specified | 38543 | 100 | 25244 | 100 | 14884 | 100 | 11479 | 100 | 8268 | 100 | 4911 | 100 | 1679 | 100 | 4396 | 100 | 109404 | 100 |
| Not specified | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| TOTAL CHILDREN | 38543 | | 25244 | | 14884 | | 11479 | | 8268 | | 4911 | | 1679 | | 4396 | | 109404 | |

APPENDIX 7

Rattler Issue 77, Autumn 2006, Community Child Care Co-operative, NSW

Article reproduced in full.

Equity win

'UNDERVALUED' NSW
WORKERS AWARDED PAY INCREASE



An emotional moment as LHMU Branch Secretary Annie Owens (left) and childcare delegates celebrate their historic pay equity win.

Photographs: courtesy of LHMU

NSW childcare workers finally received their pay increase on the eve of International Women's Day.

Liz Willis reports.

With pay increases already achieved for childcare workers in the Australian Capital Territory, South Australia, Victoria, the Northern Territory and Western Australia, the New South Wales childcare workforce has finally had its day in court.

The judgement in the case, run by the LHMU on behalf of the approximately 15,000-strong childcare workforce, recognised the historical undervaluation of their work in awarding the increase of between \$62–\$170 per week.

The full bench of the Industrial Relations Commission of NSW said the evidence overwhelmingly showed that rates of pay for the childcare workers to whom the Award applies, are too low and that the work of childcare workers is undervalued. The judgement also highlighted the significant and ongoing changes in work requirements, the increased scrutiny of governments and increased regulation, the levels of responsibility borne by workers for the care and education of the largely under-school-aged children, and the increased skill and complexity of the work undertaken.

The 18-month long NSW case is historic in that it is the first private sector pay equity application to be heard in this state in any industry and, due to the impending changes to federal industrial relations legislation, it is likely to be the last ever pay equity case for women workers.

During the hearings, a number of childcare workers addressed the Industrial Relations Commission on increased workloads, responsibilities and expectations in their workplaces. Noel Quinn, an LHMU Industrial Officer, said this evidence was crucial to the case.

‘Thirteen childcare members stepped out of their childcare centres to come before the full bench of the Commission. It was a daunting task and they did a wonderful job,’ he said.

‘The full bench also visited three childcare centres, one nominated by each of the two major parties in the proceedings and one centre nominated by the Union.’

‘We accessed both pay equity and work value principles in this case and there was also a mountain of evidence from academics and experts which went to the gender under-valuation of the industry.’

‘The two principles are very closely aligned as a lack of value being placed on work often self-perpetuates the gender under-valuation.’

Both employers and the Federal Government roundly condemned the NSW decision. The Minister for Families, Community Services and Indigenous Affairs, Mal Brough, described the increase as unsustainable and the Chief Executive of Employers First, Gary Brack, warned about fee rises and employment restructuring.

Will the sky fall in?

Rather than listening to the scare mongering of very well paid men, it is much more instructive to assess the evidence from other states and territories where pay increases have already been awarded to childcare workers.

The first round of pay increases was implemented in Victoria in July 2005.

The two-year long case for childcare workers in Victorian and the ACT resulted in weekly pay increases of \$82.20 for Diploma-qualified workers and \$64.50 for Certificate III workers. Employers have an option to deliver the wage rises in one go or phase them in.

One of the fears raised by employers about the possible impacts of wage increases was a blow out in fees.

In Victoria, the impact on fees has been at the levels predicted by Community Child Care Victoria; on average \$2 per day per place where the service is phasing in the wage increase, with an expected increase of \$2 per day in the next phase of wage rises. However, a number of serv-

Rather than listening to the scare mongering of very well paid men, it is much more instructive to assess the evidence.

ices had already increased fees in anticipation of the wage rise so families using these services have not seen any further increases.

THE PAY EQUITY RESULTS

The rates of the Advanced Child Care Worker and the Child Care Worker classifications have been increased by 12 per cent for those employed in preschools, and 16 per cent in long day care. The pay increases are between \$62 and \$170 per week.

Which workers will receive the increase?

Child Care Workers (that is, untrained workers) will get between \$62 and \$93 per week, with qualified workers getting up to \$170 more per week.

When will the increases occur?

The increases are being phased in over two years. By the time you read this, most workers will have already received their first increase of 4 per cent. Every September and March until March 2008, workers will receive another 4 per cent, or the balance of the remaining increase, until the full increase for their classification is reached.

Are there any other changes?

Sick leave will go up to 15 days in the first year and 12 in every year after (to a maximum of 120 days). Other changes are still being clarified as this issue of *Rattler* went to press.

Why was the increase granted?

The Industrial Relations Commission basically awarded the increases because they accepted that the work of childcare workers has been traditionally undervalued and that the nature of childcare work has changed in recent years.

In their judgement, the Commission stated that ‘a case of undervaluation on a gender basis was made out on the evidence... the work of childcare workers is undervalued ... Childcare workers are generally perceived to have low pay and low status, with the result that few males are employed in the industry.’

The evidence highly demonstrated the effect of changes in work requirements upon childcare workers, with the impact of innovations such as the way in which children attending these centres are taught, having regard to developments in research about how the brain develops and how children learn.

The Industrial Relations Commission also stated that ‘there can be no doubt of the importance to our society of the work which the predominantly female childcare workers employed in this State perform’.

The Commission expressed concern that the underpayment of childcare workers persisted ‘despite the now longstanding concern repeatedly expressed in a variety of forums, including by government, that childcare workers are underpaid’.

'Lots of parents said they did not know how poorly paid childcare workers were, how we deserved the increase and that the amount and quality of work we do is really appreciated.'

Sue Jennings, Director, Gordon Early Childhood Centre, ACT

'The fee increases have not had a significant impact on utilisation; families continue to use services and not-for-profit services, in particular, continue to experience high levels of demand and, often, very long waiting lists,' said Barbara Romeril, Executive Director of Community Child Care Victoria. 'Contrary to the dire warnings of the commercial sector representatives, no services have gone into crisis as a result of the wage rises.

'However, there has not yet been any measurable improvement in recruitment or retention of qualified staff or in enrolments in childcare training courses. A large number of childcare vacancies continue to be advertised every week.'

Rosemary Waite of the Victorian Children's Services Association said staff morale has definitely improved, especially in services which gave the full wage rise in one go, rather than phasing it in.

Sue Jennings, Director of the Gordon Early Childhood Centre in the ACT, which implemented the rise in one go in September 2005, also noticed the increase in staff morale, 'especially when the lump sum came through!'. Gordon's fees went up the full \$4 per day in one go but Sue Jennings said the feedback from parents has been positive.

'There was lots of media coverage about the wage rise case so parents had a chance to read about it themselves—it wasn't just us telling them,' she said.

'Lots of parents said they did not know how poorly paid childcare workers were, how we deserved the increase and that the amount and quality of work we do is really appreciated.

'We have to keep advocating the value and worth of childcare workers.'

In September 2005, the South Australian workers won pay increases of \$60–190 per week

and the LHMU won two awards for their campaign; one being a State Encouragement Award from NIFTeY (National Investment for the Early Years).

John Spreckley from the LHMU SA said the process was cooperative, with extensive conciliation chaired by the Industrial Relations Commission and most items being agreed to by consent.

Next were childcare workers in the Northern Territory, who were awarded their increase in mid-December 2005.

In WA, the increase was only recently delivered to long day care workers in February 2006, with one employer group successfully removing themselves from the decision, saying they needed more time to put their objections case.

Carewest president, Doreen Blythe, says there was much excitement among staff and management about the outcome of the case

'It was really so much work. But it was worth it because everyone just wants the best for childcare,' she said

'The wage increase further highlights the benefits of choosing a community-owned childcare centre as an employer.'

Community Child Care Co-operative (NSW) CEO, Carol Lymbery, says clear communication with parents and carers about fee changes is essential.

'We recommend all centres do this sooner rather than later to allay any fears parents may have about the nature of fee rises.'

'We also hope that the very first increase people receive in their pay packets is used to join the union if they are not already members. Childcare workers can no longer claim they cannot afford to join the union. It is clear after this judgement that they cannot afford not to.' ■

APPENDIX 8

History and Effects of 1:4 ratio in Western Australia and Queensland

This report illustrates a brief history and outlines effects from the implementation of a 1:4 ratio for children aged birth to two years in long day centres in Queensland and Western Australia. Email contact and informal phone interviews were the methods by which this information was gathered. All interviews were voluntary and participants were able to cease participation at any time. The use of guiding questions provided by the Task Force enabled a certain amount of consistency throughout interviews. Responses are both consistent concerning issues pertaining to quality, yet historically diverse. In what follows are the responses of four main sources of information:

- **Western Australia Department of Community Development**
- **Queensland Department of Communities: Child Care (Queensland Office of Child Care)**
- **Practitioners from each state**

Participants from the two departments were happy to be identified whilst interviewees from child care services and universities requested that they remain anonymous. All requests have been honoured.

Following this is an overview of staff child ratios from the 2002 OECD report and general findings of child care usage from the 2002 Child Care Census.

Current Ratios across Australia:

| State | Age | Ratio | Regulatory acts and legislation | Target ratios |
|-------|------------|------------|--|---|
| NSW | 0–2 | 1:5 | | 1:4 |
| QLD | 0–2 | 1:4 | The <i>Child Care Act 2002</i> and the subordinate <i>Child Care Regulation 2003</i> commenced operation on 1 September 2003 | |
| TAS | 0–3 | 1:5 | | |
| NT | 0–3 | 1:5 | | |
| ACT | 0–3 | 1:5 | | |
| VIC | 0–3 | 1:5 | | |
| WA | 0–2 | 1:4 | 1988 Community Services Regulations (currently under review, to be implemented in January 2006) | 1:3 for children birth–12 months |
| SA | 0–2 | | 1:5 | |

Western Australia Department of Community Development

Influential contextual issues:

- Currently there are no regulations for group sizes;
- Once children turn four (by 30 June) they are eligible for free preschool or kindergarten provided by the education department. As a result, most of the utilisation in LDC caters for the birth to 3 age group.

How long has the 1:4 ratio been in operation?

- 1:3 since 1972;
- 1:3 prior to 1988 regulation;
- 1:4 from 1988 to present date.

Currently the Department are in the process of reviewing the regulations and are seeking to move toward a 1:3 ratio for children aged birth–12 months and 1:4 ratio for children aged one year to two years.

Factors that are contributing to this move include:

- Group sizes as some nurseries can hold up to 20 babies.
- Staff qualifications as the department believe that nurses and mothercraft qualifications are better suited to children of this age group – additionally, the increasing number of children with special rights warrant specific care for which nurses and mother craft are better suited.

New regulations will be implemented on 1 January 2006

Why did you move to a 1:4?

Economic and affordability reasons;
Many centres still operate at 1:3.

What issues arose?

Issues did not really arise until the introduction of CCB as the commercial sector was slight until the loss of operational subsidy and the introduction of CCB in 1990. As a result the cost was passed onto families.

Impact on quality?

The ratios are inextricably linked with issues arising from group sizes and staff qualifications. As a result, the new regulations will consider attainment of qualifications of staff as the quality of some institutions offering child care courses is undesirable.

Regulations can be retrieved from:
www.slp.wa.gov.au

Queensland Department of Communities: Child Care

Queensland Office of Child Care

Influential contextual issues:

- Group sizes in child care are currently a maximum of 8 (see Schedule 1 of the regulations);
- Department of education preschool initiative means that increasingly long day care caters mainly for children aged birth to three or four years.

How long has the 1:4 ratio been in operation?

- 1:4 for birth–two year old children since 1991;
- Ratios changed from 1:5 to 1:4, although 1:3 was the desirable outcome of negotiation at the time.

Why did you go to a 1:4?

- Consultation with staff in long day care as a means of reviewing regulations.

All services were invited to participate in consultation. Generally, the private sector wanted the ratios to remain at 1:5 and community-based organisations argued for a 1:3 ratio. The minister made a compromise by sanctioning a 1:4 ratio. Interviewees requested that it be specified that this information is generalised and anecdotal.

What issues arose?

Mixed age group ratios are currently one adult to seven children with a specification that not more than two children under two years will be counted in every seven children in multi-aged grouped services. Owing to this, new regulations are aiming to match centre-based care with family day care – which means sometimes splitting up families in the case of triplets.

Impact on quality?

Financially demanding but rewarding for staff as workplace stresses of both children and staff decreased. 1:4 is still too many – if we are to attain real quality we would be looking at 1:1 or 1:2 at least.

The sector has seen a significant growth in the past 10 years since the move to the 1:4 ratio which indicates that the impact on the sector is not negative either financially or in the capacity to cater for under two's. The shortage of places for under two's has been continuous both before the implementation of the 1:4 ratio and following it.

Anecdotal observations suggest that the 1:4 ratio is generally accepted by the sector and no specific or detrimental issues have arisen since its implementation.

Regulations can be retrieved from:
www.communities.qld.gov.au/childcare

Practitioners' perspectives

Two practitioners from each state were briefly interviewed

How long has the 1:4 ratio been in operation?

Since 1992 (Qld);
Since 1988 (WA).

Why did the regulation change to a 1:4 ratio?

- Debates about quality care (Qld);
- Issues arising from accreditation (Qld);
- The growth of the private sector (WA);
- Economically driven ideas about child care (WA);
- The growing divide between 3–5's using preschool and birth–3's using long day care (WA).

What issues arose?

Moving from 1:5 to 1:4 in Queensland

- In the beginning placing birth to two's was an issue however, this occurred in conjunction with an increase of long day care services so didn't really make a huge difference. When children turned two. Where possible we would move them up and bring in new babies so it all balanced out (Qld);
- We didn't really notice it much at all.

Moving from 1:3 to 1:4 in Western Australia

- You can't really look at the ratios without looking at the way we group children. We could have up to 20 babies (children aged birth to two) in one room at a time so in that way it didn't really make a big difference. Mostly our services still operated at a 1:3 anyway.

Impact on quality?

- Our 1:4 ratio has been going for about 10 years now. I remember when we made the shift and it made things much easier. 1:4 is still a lot of work, but better than 1:5. I think we do the best we can with accreditation and that (Qld);
- In the times we adhered to the increased ratio the demand on each staff member was very noticeable. Because our centre is private, we operated at the required ratio most of the time. If we really wanted to provide quality for babies we would have a 1:2 ratio or even a 1:1 (WA);
- Working with babies is hard work and it's not just a number, 1:4 meant a whole nother [sic] human being to care for and worry about when you were already worried about the three you had to provide high quality care for. If we really want to raise issues of quality then lower ratios as far as possible. The problem is that the cost is passed onto our families – and that's the price of quality care. That's the price you pay for putting your baby in care (WA).



POLICY BRIEF

Translating early childhood research evidence to inform policy and practice

Quality in children's services

The quality of children's services has a profound influence on children's development throughout the life course. This policy brief will highlight the powerful influence that the interaction between regulation, accreditation and curricula has on the quality of children's services. For the purposes of this Policy Brief, the term *children's services* refers to services provided to children who are below school age in the form of child care and preschool/kindergarten (early learning centres).

Why is this issue important?

A high quality early childhood service:

- provides children with caring and nurturing learning programs, and where appropriate, specialist intervention
- creates and enhances family and community networks
- becomes a trusted source of information and support (OECD, 2001).

All children are influenced by the quality of the education and care they experience (Sylva et al, 2003). While high quality environments are related to positive developmental outcomes (Clarke-Stewart & Allhusen, 2005), poor quality environments are related to adverse outcomes and pose a risk to children's development (Love et al, 2002; NICHD, 2002, CCCH, 2006). High quality early childhood programs therefore have positive benefits both in the short and the long term (Howes, 1997; Peisner-Feinberg & Burchinal, 1997; NICHD, 2002; Sylva et al, 2003). Children from less advantaged backgrounds particularly benefit from high quality services, but they are also particularly adversely affected by poor quality services (Melhuish, 2003; Peisner-Feinberg et al, 1999). Thus the quality of services can serve to either mitigate or exacerbate the impact of disadvantage.

"All children are influenced by the quality of the education and care they experience..."

What does the research tell us?

The interaction between structure and process

The quality of children's services is the product of the interaction between structure and process:

- *The structural components of quality* (regulations) are measurable features of the children's services environment, including staff training and qualifications, staff-child ratios and group size. These are covered by regulatory standards.
- *The process components of quality* (accreditation) concern the dynamics of the early childhood environment and what is experienced within it, including curricula and child-carer relationships, communication between carer and parents, staff stability, continuity and working conditions (Love et al, 2002; OECD, 2001; Wangmann, 1995).

Structural components are foundational to the provision of high quality children's services because they directly influence the processes that take place. For instance, the number of children each staff member is responsible for (the staff-child ratio) affects the capacity of staff to engage with children in individually and developmentally responsive ways (Lally et al, 1994; Fiene, 2002). The Starting Strong report of the OECD (2001) highlights the need for supplementing quantitative (structural) measures of quality with qualitative (process) mechanisms.

Initiative of:



Supported by:



Structural components of quality

Staff training and qualifications give staff the skills and knowledge base they need to work with children and families positively and effectively. Specialised training results in higher quality care and less detached caregiving in both centre based and home based services (Whitebrook et al, 1989; Clarke-Stewart et al, 2002). For example, specialised teacher training has been shown to produce better social and cognitive (particularly pre-reading) outcomes for children (EPPE, 2001).

Despite the link between training and quality, many children's services staff are not required to have any entry level training. Although research clearly points to the positive impact of early childhood training on quality, most States and Territories do not require the employment of early childhood teachers or other similarly trained early childhood staff.

Staff-child ratios that meet professionally recommended standards support more sensitive, less harsh and less detached caregiving (Howes, 1997, Howes et al, 1992). Furthermore, higher staff-child ratios are associated with fewer situations involving potential danger and abuse. Adults with responsibility for too many children spend a higher percentage of time in simply controlling them (Doherty, 1996). High staff-child ratios are particularly beneficial for the quality of program offered to infants and toddlers (NICHD, 1999). Refer to Table 1 for professional recommendations for staff-child ratios taken from the US based National Association for the Education of Young Children (NAEYC) and from Early Childhood Australia (ECA).

Table 1: Recommended staff-child ratios and group sizes

| age | staff-child ratio | | group size | |
|-------------------|-------------------|---------|------------|-------|
| | ECA | NAEYC | ECA | NAEYC |
| birth - 12 months | 1: 3 | 1:3-1:4 | 6 | 6 |
| 13 - 24 months | 1: 4 | 1:3-1:4 | 9 | 6 |
| 25 - 35 months | 1: 5 | 1:4-1:6 | 10 | 8-10 |
| 3 years | 1: 8 | 1:8 | 16 | 16 |
| 4 years | 1:10 | 1:9 | 20 | 16-20 |
| 5 years | 1:10 | 1:9 | 20 | 16-20 |

Group size affects factors such as noise level, the amount of stimulation and level of confusion. Smaller groups enable children to form caring relationships with one another, engage in meaningful shared experiences and discovery through play. Large groups lead to a loss of intimacy (Lally et al, 1994) and overly restrictive, controlling or detached and uninvolved caregiving (Doherty, 1996). Small groups are particularly important for infants (NICHD, 1996); the American Public Health Association and the American Academy of Pediatrics recommends a group size of 6 for children under two years (cited in NICHD, 1996). Smaller group sizes are also associated with a lower risk of infection and appear to improve the safety of children (Fiene, 2002). Despite these findings, few jurisdictions in Australia mandate any limits on group size, and those that do, fall short of those recommended for good practice. Professional recommendations for group size taken from the US based National Association for the Education of Young Children (NAEYC) and from Early Childhood Australia (ECA) are shown in Table 1.

“Despite the link between training and quality, many children's services staff are not required to have any entry level training...”

Process components of quality

Staff stability and continuity are necessary for children and families to build secure, trusting and responsive relationships with staff. Staff turnover is disruptive and damaging to children (Whitebrook et al, 1989). Given the importance of child-carer relationships, lack of continuity of carer can compromise the quality of the care received by the child. However Australian early childhood services are experiencing serious shortages of appropriately qualified staff and turnover is high (CCCH, 2003; Sumsion, 2005).

Working conditions such as access to training and appropriate remuneration and conditions have been identified as having an impact on quality. Such factors appear to impact upon staff commitment and professionalism as well as staff turnover (Helburn & Howes, 1996; OECD, 2001; Phillips et al, 2000).

Curricula and child-carer relationships in high quality programs adopt a holistic view of children's development and well-being, and enable staff and services to be flexible in pedagogical approaches rather than focus on narrow academic objectives (OECD, 2001; New Zealand Early Childhood Curriculum Framework).

High quality curricula are based on positive child-carer relationships; in a sense these relationships are the curriculum (Lloyd-Jones, 2002). 'Learning in the early years must be based on quality, developmentally-attuned interactions with primary caregivers and opportunities for play-based problem-solving with other children that stimulate brain development' (McCain & Mustard, 1999). Program design must enable infants and children to:

- develop strong relationships with staff and with each other
- experience frequent and positive interactions with staff
- receive timely and thoughtful responses to questions or bids for attention
- extend their understanding about the world (Love et al, 2002; *NSW Curriculum Framework*: Stonehouse, 2001).

The quality of infant care is of particular importance because of the sensitivity of this developmental period. Adult responsiveness, including the capacity to soothe and reassure infants when they are stressed, is crucial in enabling infants to achieve emotional equilibrium. Secure attachments to caregivers, characterised by responsive, nurturing care, touching and holding, results in less extreme reactions to stress. In contrast, children who have alienating and unresponsive caregivers show higher biological stress levels (Sims et al, 2005). Sustained exposure to such environments is known to compromise children's neurobiological development (NSCDC, 2005; Siegel, 1999).

"Given the importance of child-carer relationships, lack of continuity of carer can compromise the quality of the care received by the child..."

Regulations and accreditation

In Australia, the States and Territories are responsible for two key aspects of early childhood services – curricula and regulations (structure) – while the Federal Government is responsible for – accreditation (process).

This division of responsibility between State and Federal governments results in wide variations in the conditions under which children's services operate. With regard to curricula, the States vary in relation to specifying curricula use and form. The States also vary as to which early childhood services are subject to regulation, and what those regulations require. These do not always match what research indicates or professional bodies recommend as best practice.

A stringent and enforced regulatory environment (encompassing structural components) has a positive impact on quality (Phillipsen et al, 1997; Clarke-Stewart et al, 2002) and reduces the disparity between the quality of for-profit and non-profit child care. Less stringent regulation is associated with significantly poorer quality for-profit child care (Phillipsen et al, 1997).

The accreditation process plays an important role in ensuring the delivery of high quality services (process components). Successful accreditation involves both self evaluation and external validation. Self evaluation facilitates reflective practice and enhances the service's capacity for change, growth and development. External validation by professional peers ensures the validity of the accreditation findings (OECD, 2001).

The Federal Government has a potentially unifying role through its responsibility for accreditation. However, applying uniform accreditation standards to services that differ widely in curricula and regulations is problematic, and the effectiveness of the accreditation system may be reduced because of local variations. This problem is illustrated by a Western Australian study (Sims et al, 2005) which found that children attending child care centres that had satisfactory accreditation ratings across a number of existing principles still showed elevated cortisol levels indicating abnormal stress.

What are the implications of the research?

- The long term benefits of participation in early childhood programs only accrue from high quality services. Mediocre and poor quality services are at best custodial, and at worst damaging.
- Quality can be improved through four key mechanisms:
 - A strong and enforced regulatory framework which addresses key structural components of quality;
 - An accreditation system which accurately assesses the quality of children's experiences within the setting;
 - A pedagogical framework that focuses on children's holistic development and well-being; and
 - Strategies to attract and retain an appropriately qualified professional workforce.

Considerations for policy and programs

- The nexus between regulation, accreditation and curricula can powerfully influence the quality of children's services. The key is to align content with research and effectively monitor and enforce their application.
- Ensure that regulations are applied to all children's services. As regulations exert an upward influence on quality regardless of service type, all children's services should come within a regulatory framework.
- Ensure that regulations incorporate the staff-child ratios and group sizes recommended by professional organisations as these are foundational to quality.
- Regularly monitor children's services to ensure that the regulations are being applied.
- Recognise that, for young children, education and care are inseparable, and ensure that all forms of early childhood services (including long day care and preschool) include staff with a mix of child care and teacher training.
- Raise training and qualifications requirements for all staff in children's services, ie. a minimum of Certificate III for child care staff who currently come under the "unqualified category" and a minimum of 3 years tertiary specialist early childhood studies for those who currently come under the "qualified category".
- Develop a national workforce development strategy to address the shortage of appropriately qualified staff.
- Examine the current accreditation system to ensure that it accurately measures the quality of care and education that children receive.
- Develop and implement at a national level a pedagogical framework that focuses on children's holistic development and well-being.

Policy Briefs aim to stimulate informed debate about issues that affect children's health and wellbeing. Each issue draws on current research and international best practice.

A multi-disciplinary team from the Centre for Community Child Health have developed these policy briefs.

An advisory group of national and international experts in children's policy and service delivery provides advice and peer review.

References

A full list of references and further reading used in the development of this policy brief is available from www.rch.org.au/ccch/pub

Further Reading

In May 2006, a critique on children's services, entitled "Always there for me? Policy directions for improving the experiences of infants and young children in a changing world" will be released by the National Investment for the Early Years (NIFTeY) in partnership with the NSW and QLD Commission for Children and Young People. For more information visit: www.niftey.cyh.com

Next Policy Brief

Policy Brief No 3 "Work-Life Balance" will be released in June 2006.

The Centre for Community Child Health is at the forefront of research into early childhood development and behaviour. The Centre is committed to translating research to inform public policy, service delivery and practice.

Tel: +61 3 9345 5137
Email: email.policy@rch.org.au
Web: www.rch.org.au/ccch

Centre for Community Child Health
Royal Children's Hospital
Flemington Road
PARKVILLE VIC 3052