

A submission of

The Smith Family
to the
Queensland Government
Department of Communities

Regarding the

'Towards an Early Years Strategy'
Discussion Paper

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everyone's family



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Preface

The Smith Family welcomes the opportunity to respond to the Queensland Government Department of Communities' discussion paper, *Towards an Early Years Strategy*.

The Smith Family is a national, independent, social enterprise established in 1922. Our mission is that, together with caring Australians, The Smith Family will unlock opportunities for disadvantaged families to participate more fully in society and in the contemporary context we have a particular focus on children and education. The Smith Family is working to achieve its mission of unlocking opportunities in two ways – by increasing the participation in society of those who have previously been marginalised on the one hand, and through the engagement of those who have the capacity to give of time, talent and dollars, on the other. Pursuing our vision of a more caring and cohesive Australian community, The Smith Family researches different forms of disadvantage to propose preventive responses to them, and to promote social change.

Over the last decade, The Smith Family has undergone significant transformation from a welfare-oriented model to a social enterprise organisation focused on children and education. Every step of this transition has been informed by the latest national and international research, not only in terms of evolving individual programs within the *Learning for Life* suite, but at a higher strategic level with regard to the range of outcomes we aim to achieve. At present, our short-term outcomes are directed towards facilitating the participation of greater numbers of disadvantaged children and young people and their families in education and learning through the LfL suite of programs. This occurs predominantly through the financial scholarship component of LfL and its facilitation of transitions from school to work and/or further education.

Research by The Smith Family and others in Australia has shown that helping children access and participate in education (both formal and non-formal) is crucial to their gaining the skills and qualifications necessary to participate in the workforce and become independent, socially-responsible adults. The evidence we have collected with the Australian Council for Educational Research (The Smith Family, 2004; 2005a; 2005b) into this area has also given us an extremely valuable understanding of the factors impacting these school-to-work / further education transitions, which include an individual's intellectual ability as well as issues such as self-esteem and ambition. In other words, the outcomes we aim to achieve from this short-term perspective are both *cognitive* (intellectual) and *non-cognitive* (socio-emotional).

Our medium-term outcomes are concerned primarily with home-to-school transitions and helping children acquire the skills to participate more fully in school life through programs such as Student2Student and the Homework Clubs. Social skills and fundamental levels of literacy are critical to ongoing success in education and life, and the outcomes we aim to achieve at this level are therefore similarly intellectual and socio-emotional.

Finally, our long-term outcomes move even further along the change continuum to the prevention and early-intervention end, and focus on establishing the strongest possible foundations for the transition from ante-natal through to birth and school. In relation to ante-natal foetal health and development, the environment which a mother inhabits and her behaviours are vital. These include siblings, a mother from a disturbed background, an adolescent mother, separated parents, being from a low income family, and smoking in pregnancy. Smoking in pregnancy affects the baby's brain development and may lead to inattention and hyperactivity. The quality of food throughout pregnancy also affects brain development, possibly the control mechanism (Tremblay, 2006). Knowledge of these factors can be used by medical professionals and others to strategically target families likely to be most in need of support.

In addition, a significant body of research shows that a supportive environment for children, especially in the earliest weeks and months after they are born, greatly increases their chances for optimal cognitive and non-cognitive development as well as for better learning outcomes and more successful transitions from home to school and through other life transitions (Shonkoff & Phillips, 2000; Shonkoff & Meisels, 2000; Keating & Hertzman, 1999). This has informed The Smith Family's involvement in the *Let's Read* program, *Good Beginnings* and importantly, the *Communities for Children* initiative. Hence, our outcomes at this level are largely *non-cognitive* (socio-emotional), in the sense of seeking to facilitate supportive family environments encouraging of positive values, attitudes and motivations.

Terms of Reference

Based on the research findings of ourselves and others, our Submission reflects on the issues arising from the two key questions raised in the Discussion Paper:

Question 1: *What can we all do to support children and families?*

Question 2: *What can the Queensland Government do to contribute to the design of the most effective and flexible service system that keeps pace with the changing needs of contemporary families and promotes positive outcomes for all children and families?*

In responding to these terms of reference, we draw upon the increasing body of national and international evidence around the long-term effectiveness and advantages arising from investment and intervention in the early years. This research is strongly supportive of a shift in policy and programming along the change continuum to the prevention and early intervention end, reflecting our own organisational transition over the last seven years. Investment in early childhood education and care is manifestly the best evidence-based path to maximise the attainment of our mission that together with caring Australians, The Smith Family will unlock opportunities for disadvantaged families to participate more fully in society.

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1. Executive Summary

Early Childhood Education and Care (ECEC)¹ has been a high-profile and controversial issue for Australians throughout 2005/6, and with the impending introduction of the welfare-to-work reforms from July 1st this year,² is likely to become even more significant. This submission details our response to the two broad questions raised in The Queensland Government Department of Communities' discussion paper, *Towards an Early Years Strategy*.

The Smith Family strongly supports the efforts of The Queensland Government in seeking to provide children with the best possible start in life, and throughout this submission we refer to national and international research conducted by ourselves and others to develop a series of 'Action Points' to inform the development of Queensland's Early Years Strategy. These Action Points are summarised below and then discussed in more detail in the next section.

Question 1: *What can we all do to support children and families?*

In response to this question we draw upon national and international evidence to support the following three action points:

- **Identify existing barriers to Early Childhood Education and Care.** Despite the recent swathe of political support for early childhood interventions, there still exist numerous barriers to the attainment of quality ECEC at the family and community levels. In particular, these include problems related to poor access, affordability and quality of early childhood services.
- **Strengthen and support the family unit / environment.** Evidence suggests that strengthening the family as an essential unit of society and promoting the regeneration of communities are the most effective ways to ensure children develop into healthy and responsible adults, thereby contributing to a more caring and cohesive Australian society. A supportive family environment is a critical factor mediating positive early childhood development, as has been shown in research by James Heckman (examining skill development) and Richard Tremblay (looking at the development of aggression).
- **Promote the benefits of investing in early childhood.** Longitudinal evidence has identified significant social benefits to high quality ECEC, and economic returns of between 15-17% for each dollar invested taking into account savings related to crime, welfare and education.

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¹ The term *early childhood education and care* (ECEC) includes all arrangements providing care and education for children 0-8 years old, regardless of setting, funding, opening hours, or program content. Although references to 'childcare' also appear within this paper, it should be understood that this term is similarly inclusive of the educational aspect, in accordance with The Smith Family's focus on education and lifelong learning.

² Under the provisions of the Welfare to Work reforms, from 1 July 2006 parents on welfare will be obliged to seek part-time work if their youngest child is between the ages of 6 and 15. People with disabilities applying for welfare will also be required to seek part-time work. The availability and affordability of child care will therefore become an increasingly important issue for these groups as they seek to balance their new family / work responsibilities. For a more comprehensive review of the new Welfare-to-Work provisions, see The Australian Government Treasury web site, <http://www.budget.gov.au/2005-06/overview2/html/welfare> or The Smith Family's *Welfare to Work Statement to the Australian Senate Community Affairs Legislation Committee*, 22 November 2005.

Question 2: *What can the Queensland Government do to contribute to the design of the most effective and flexible service system that keeps pace with the changing needs of contemporary families and promotes positive outcomes for all children and families?*

In response to this question we reflect the discussion paper's emphasis on universal provision and service integration, drawing upon national and international evidence to support the following seven action points:

- **Build National Consistency and Continuity.** Responsibility for different types of children's services is split between levels of government as well as between departments within levels of government. The division of responsibility has meant that programs have largely been developed independently of each other, resulting in a fragmented system. By the time Australian children enter formal education, they have very different levels of preparedness for life and learning
- **Enhance data sets around early childhood.** One of the biggest challenges that Australia faces in assuming greater responsibility for child friendly communities is effective data sharing to overcome some of the significant gaps that we presently experience in relation to the collection of data on children and young people. This will facilitate a more accurate and contemporary evidence base to inform policy-making.
- **Target vulnerable and disadvantaged communities in need of support.** In Australia, these include rural and remote communities, Indigenous communities, lone parents, families for whom English is a second language and families where children or parents have disabilities. Problems in gaining access to ECEC may arise from such factors as the lack of services available, the physical or cultural inappropriateness of services, language barriers, insufficient numbers of staff to provide the level of care and education required, or a lack of specific expertise in staff.
- **Clearly define 'Service Integration'.** The term 'integration' – often interchangeable in the literature with 'coordination' and 'collaboration' – means different things to different people. While its conceptual premise is not difficult to understand in the sense of describing multiple agencies working together, its practical expression is incredibly diverse and dependent on a huge range of factors, including the level and field of expertise, the nature of the target group, geographical spread, project funding, human resource capacity, cultural and professional differences, and so on.
- **Explore optimal levels of integration and comprehensiveness.** Acknowledging the range and level of options for service delivery along the continuums of integration and comprehensiveness does not actually clarify exactly where early childhood interventions should plot themselves for optimal impact. While a model that successfully incorporates top-end integration and comprehensive program delivery may present itself as the 'ideal' from a client-centred perspective, achieving this in practice is an extremely difficult and longitudinal task, particularly given the scope of expertise and resources needed to meet the complex needs of young children and their families.
- **Address the barriers to integration.** The organisational structures of traditional service providers have meant that many agencies who have sought to operate in a more integrated and holistic manner have found their efforts frustrated by a range of issues.
- **Promote the benefits of integration.** Given the complexity of the integration process, it is important for all stakeholders to understand the advantages and improved outcomes associated with the transition. These include improved outcomes of integration in the areas of access, effectiveness and efficiency.

The submission then concludes with a brief summary of some of the key issues and a set of general recommendations designed to complement the 10 Action Points discussed above.

2. Response to Terms of Reference

Question 1: *What can we all do to support children and families?*

A. Identify existing barriers to Early Childhood Education and Care

A range of factors have contributed to the rise of early childhood education and care (ECEC) on the international policy agenda, including ageing populations, increases in lone-parent households, higher female employment rates and welfare reforms. However, the importance of investing in early childhood has yet to be adequately reflected across the Australian policy agenda, as the Council of Australian Governments (COAG) recently acknowledged:

“The economic and social change of recent decades presents new challenges for policies that seek to boost human capital. It will no longer be enough to help people deal with the effects of change. A more strategic, life-cycle perspective will be needed to prevent the emergence of problems in the first place, as opposed to merely treating them.”³

A focus on prevention and early intervention, and sustained attention, is required if people's underlying capabilities are to be maintained throughout life. The Prime Minister captured this sentiment recently, when he spoke of a "willingness to redirect the energies of government away from simply picking up the pieces of social dysfunction towards strategies of early intervention".⁴

Despite this recent swathe of political support, there still exist numerous barriers to the attainment of quality ECEC at the family and community levels. These include problems related to poor access, affordability and quality of early childhood services, as well as issues around the collection and comparability of data to inform policy development.

Accessibility

The most commonly reported reasons for not using formal ECEC relate to access. The 2005 report *Australia's Welfare* by The Australian Institute for Health and Welfare found that around 22,000 children could not access child care because there was no service in their area, and over 61,000 children had been turned away from a childcare service because there were no vacancies. In addition, over one-third of parents reported not being able to find child care when their children are sick (AIHW, 2005). This is in spite of substantial government funding being committed to expanding places in 1998 and 2000, with recent estimates now suggesting that Australia still remains around 175,000 places short of providing universal access to ECEC.⁵

Further complicating the issue is the lack of clarity that exists in all states and territories regarding actual numbers of children accessing ECEC programs. The recent *Preschool Inquiry* by The Australian Education Union (AEU, 2004) found that there are likely to be significantly higher numbers of children not accessing preschool than current data indicates, particularly for children with special needs, children from lower socioeconomic groups, children from culturally and linguistically diverse (CALD) backgrounds and Indigenous children. Lack of a national vision and commitment to ECEC

³ Communiqué from the Council of Australian Governments (COAG) meeting on 10 February 2006.

⁴ Ibid.

⁵ Statistics quoted in 'No more Band-Aids', Editorial in *The Sydney Morning Herald*, 17 January 2006, p10. <http://www.smh.com.au/news/editorial/no-more-band-aids/2006/01/16/1137259999179.html>

was viewed as a major barrier to universal equitable access in this respect, as was geographic location and transport infrastructure (in rural and remote areas of Australia).

In an effort to tackle this issue, the Australian Labour Party recently announced plans (if elected) to introduce new capital funding to establish new childcare centres on primary school grounds, thereby “giving mums and dads a chance to save valuable hours each day, by ending the dreaded ‘double drop-off’ of kids.”⁶ While childcare operators were cautiously optimistic about these plans, others warned that it would go too far and lead to ‘an oversupply of places and a drop in quality’.⁷

Suggestions for reform have also been raised in a recent report by The Australian Council of Social Service (ACOSS, 2006), which highlighted “the lack of coordination between what may loosely be called the early childhood education and care system and weaknesses in the national planning system have combined to deliver patchy provision of services in some areas and a system that is seldom easy for families to negotiate.” They suggest that a new National Demand Model for ECEC should be introduced that will use common criteria and be based on existing demographic and planning data at the Commonwealth, State and local government level.

As an evidence-based organisation, The Smith Family strongly supports efforts to collect more accurate and comparable data-sets around early childhood services. Although there are many sources of data available, the comparability of data is limited as collections have different scopes and different definitions for variables. For example, the ABS Child Care Survey is a household survey on the use of child care services (including formal, informal and preschool) for children aged 0–11 years, while the FaCSIA Census collects information from Australian government-funded service providers on children aged 0–12 years. In addition, state and territory collections have different definitions of a preschool service, which limits the comparability of the data and restricts more effective planning and decision-making at the policy level to enhance ECEC accessibility.

Affordability

The biggest barrier to access for many parents appears to be financial, particularly in NSW and VIC (AEU, 2004). 26% of all parents surveyed by the AIHW reported that the cost of child care was the most significant barrier to use, resulting in over 30,000 children not in child care because fees are too high (AIHW, 2005). Since 2000, the cost of child care as a proportion of disposable income has increased for all family types except couple families with high incomes. Sole parents who were not working, but who were receiving the Parenting Payment, spent the highest proportion of their disposable income on child care of all the family types examined (AIHW, 2005). Recent estimates suggest that the costs for child care have soared 60 per cent in the past five years, with Australia having the seventh highest fees in the developed world (OECD, 2005). Current government statistics show the average weekly fee was \$208 for private long day care centres, \$211 for community long day centres; and \$185 for family day care schemes (FaCSIA, 2005).

As a relatively wealthy country, Australia is one of the four lowest spending of 36 countries on preschool education for children aged three years and over. The Commonwealth government provides assistance to all other sectors of education, but since 1985 has provided no support to preschools. This national under-resourcing of preschool education underpins many of the barriers that currently prevent universal access to high quality preschool education. Within it, different systems are providing different levels of commitment to preschool education, leading to inequities in the cost to parents and the level of support and resources provided to services (AEU, 2004).

Furthermore, the Australian government has become increasingly dependent on the private sector for its childcare infrastructure and services, concurrent with an ideological shift by successive Commonwealth Governments from funding service providers to funding consumers. Accompanying this has been a shift from the construction of child care as a community service, to child care as a business. In Australia today, more than 70% of the childcare sector is commercially owned, whereas it

⁶ Tanya Plibersek (2006) ‘My plan for Childcare on school grounds’. Childcare Policy Release, 16 March 2006.

⁷ Mitchell, S. (2006) ‘Risk of Childcare glut, ALP warned’. *The Australian*, 17 March 2006.

was 85% non-profit back in 1991 (Wannan, 2005), and the situation is such that industry analysts predict that childcare services will be taken over almost entirely by the private sector within the next decade (Kent, 2005). In late 2004, ABC Learning announced a merger with Peppercorn, formerly the largest childcare provider, with the company now controlling 900 centres across Australia (as well as 70 in New Zealand) giving it one third of the Australian market in commercial childcare. In early 2006, ABC Learning also acquired the third largest child care provider in the US, *Learning Care Group Inc*, making ABC Learning the largest childcare provider in the world (LCGI, 2006; CAAC, 2005).⁸

The international evidence suggests that this approach to ECEC investment is unwise if the expectation is such that it will deliver affordable, high quality and sustainable childcare in every part of the country, including the large numbers of disadvantaged children who do not live in the most deprived areas that are targeted for assistance (Land, 2002). It has been suggested that in a sellers' market government rebates intended for parents' pockets have been increasingly built into higher fees and skimmed off in industry profits.⁹ Moreover, the Federal Government's Child Care Rebate scheme has become mired in controversy through its exclusion of children attending preschool – approximately 15.7 per cent of the nation's 0 to 4-year-olds (or 195,200 children) in June 2002.¹⁰

This has led to widespread concern that that child care policy in Australia is now subsidizing profits for a burgeoning commercial child-care industry over meeting the needs of parents and young children. Some investors clearly feel uncomfortable with the very nature of privatized child care. The debate among ethical fund managers was summed up in the July 2004 issue of *Ethical Investor*:

“A moral argument lies at the heart of the child care debate. Who are the clients and what are the services provided to them? For the non-profit centres, the client is the child. For other types of child-care centres, the client is the parent or the employer. The ramifications of this shift are enormous” (Kirby, 2003).

Figures released by the Australian Bureau of Statistics in February 2006 further suggest that the lack of affordable child care is harming the Australian economy, with more than 250,000 women wanting to work unable to because of a lack of suitable child care. The *Barriers and Incentives to Labour Force Participation* (ABS, 2006) survey showed that:

- Child care is one of the top barriers to work;
- Problems finding suitable or affordable child care is the number one reason why women who want to work are not looking for it;
- Almost 98,000 mothers who want to work are unable to start within four weeks because child care and family factors prevent them;
- Another 160,500 women who want to work, or work more hours, and consider themselves available to start immediately, are not looking for work due to child care and family factors;
- A lack of jobs with suitable conditions was the reason another 80,200 have difficulty obtaining work, or more paid hours – a response the ABS noted “may reflect a need for more flexible working arrangements”.

⁸ For more on the consequences of private sector investment in child care provision, see Point 4 of this section, “Substantial Public Investment in services and infrastructure”.

⁹ Statistics quoted in ‘No more Band-Aids’, Editorial in *The Sydney Morning Herald*, 17 January 2006, p10. <http://www.smh.com.au/news/editorial/no-more-band-aids/2006/01/16/1137259999179.html>

¹⁰ ‘Preschoolers not eligible for rebate’, *The Australian*, 9 August 2005, p5.

Quality

At March 2004, an estimated 82,275 paid and around 2,995 unpaid staff (this includes an estimate for non-responding services), including staff working in family day care coordination units, were providing care in Australian Government approved and funded child care services (FaCSIA, 2005). During 2004, about 60% of the staff at long day care centres were appropriately qualified. This compared with 25% of family day care providers, 40% of outside school hours care and vacation care workers, and 47% of occasional care workers. In all service types, except family day care, less than 25% of staff had 3 or more years of experience in the child care sector (AIHW, 2005).

Critics have suggested this lack of qualified staff is a direct result of the dominance of private provision, which they view as being based on an unsustainably low wage structure and poor working conditions. They say the commercial sector reduces staff costs by employing people who have fewer qualifications than required by regulation, and using higher numbers of casual staff (CAAC, 2005). Experts from Canada have also suggested that private ECEC centres produce poorer outcomes for children than those run by non-profit organisations, and point to higher staff motivation and effort as an important factor behind this.¹¹ Others have suggested lack of retention of staff in the child care workforce as a direct consequence of a sector characterised by limited career paths, poor working conditions and high workloads (AIHW, 2005).

In New Zealand, long acknowledged internationally as among the leaders in early childhood education and care, the importance of the salaries and conditions of those working with young children has been recognised by the commencement of a process that will see the whole workforce having three year qualifications as a minimum standard, and parity in pay and conditions with primary school teachers (Vimpani, 2005).

Concerns have emerged even more recently regarding the accreditation system used by the Government in reviewing ECEC services, with reports that poorly performing child-care centres can be accredited though they fail 45 per cent of the principles against which they are judged in some measures of quality.¹² Frances Press, a former director of the Office of Childcare in NSW, now an academic, was quoted as saying: "A 96.5 per cent pass rate is a highly unbelievable figure in a field that is apparently full of staff shortages and high turnover."¹³

B. Strengthen and support the family unit / environment

While improving the accessibility, affordability and quality of formal ECEC provision is undeniably important, evidence suggests that strengthening the family as an essential unit of society and promoting the regeneration of communities are the most effective ways to ensure children develop into healthy and responsible adults, thereby contributing to a more caring and cohesive Australian society. A supportive family environment is a critical factor mediating positive early childhood development, as has been shown in research by James Heckman (examining skill development) and Richard Tremblay (looking at the development of aggression).

Cognitive and Non-Cognitive Skill Development

A significant body of research shows that a supportive family environment for children, especially in the earliest weeks and months after they are born, greatly increases their chances for optimal cognitive and non-cognitive development as well as for better learning outcomes and more successful transitions from home to school and through other life transitions (Shonkoff & Phillips, 2000; Shonkoff & Meisels, 2000; Keating & Hertzman, 1999). More recent research by the Nobel prize-winning economist James Heckman has introduced a new level of analysis into the importance of family in

¹¹ Horin, A (2006) 'Better childcare at non-profit centres'. *The Sydney Morning Herald*, 9 February 2006.

¹² Horin, A. (2006) 'Even failures marked fit for child care'. *The Sydney Morning Herald*, 14 March 2006.

¹³ Ibid.

mediating the cognitive (intellectual) and non-cognitive (socio-emotional) skills development of children in the early years. In particular, Heckman shows how this distinction has become increasingly important in light of interventions exploring how children can successfully overcome disadvantage in a sustainable manner.

Heckman's evidence (Heckman et al, 2006) asserts the complementarity of the two skill types, with particular emphasis on the ability of *non-cognitive* skills (e.g. motivation, self-confidence) to moderate the impact of genetic disadvantages on socioeconomic success in later life. His research convincingly shows that poor non-cognitive skills are powerfully influential in terms of a child's subsequent involvement in crime, teenage pregnancy and education among other things (Heckman et al, 2006). Other longitudinal research also demonstrably supports this complementarity. For example, the High/Scope Perry Preschool Program, which tracked the impacts of early childhood intervention on disadvantaged African-American children over 40 years conclusively illustrated this when it showed that the children within the program had become considerably more successful adults than similar children outside the program, even though their IQs were no higher (Schweinhart et al, 2004).

Heckman's research is further complemented by a growing body of longitudinal evidence on the socio-emotional benefits of early years investment. Tremblay (2006) has shown that aggression – long conceived to be a learned behaviour peaking in adolescence – actually has genetic origins in early childhood and infancy, with the family environment playing a crucial role in moderating the degree to which this aggression develops later in life. For example, research by Dionne et al (2003) into 600 twins studied since birth showed that initially physical aggression has a strong genetic base. This effect is strong at 18 months, accounting for 82 per cent of aggression. However at 60 months or 5 years, the genetic influence is down to 0 per cent, while environmental influences increase from 18 per cent to 42 per cent over the same period. The issue is not that children learn to aggress, but rather that children learn *not* to aggress, with factors including separated parents, low income and adolescent motherhood all acting as predictors of high levels of retention of physical aggression (Tremblay, 2006). This confirms similar national and international research into the importance of factors such as parental education and income on children's wellbeing (Bornstein & Bradley, 2003; GoC, 2003; Rector & Johnson, 2002), and makes it clear that a supportive family environment is absolutely critical to the development of pro-social skills in infants and children.

Together, these complementary perspectives promoting early years investment have significant implications for how government, private and non-profit sector organisations respond to disadvantage. For the past 30 years, interventions have been strongly influenced by Piaget's theory of education, which prioritised the development of cognitive (intellectual) skills as the key to socioeconomic success in adult life (Piaget & Inhelder, 1969). As a result, policies and programs have been predicated largely on the assumption that an educational intervention is 'successful' if it improves on test scores (Clement, 2005). This neglects all of the non-cognitive, socio-emotional abilities that usually develop in children from a supportive family environment, and that the evidence shows are powerful determinants of reduced disadvantage as adults.

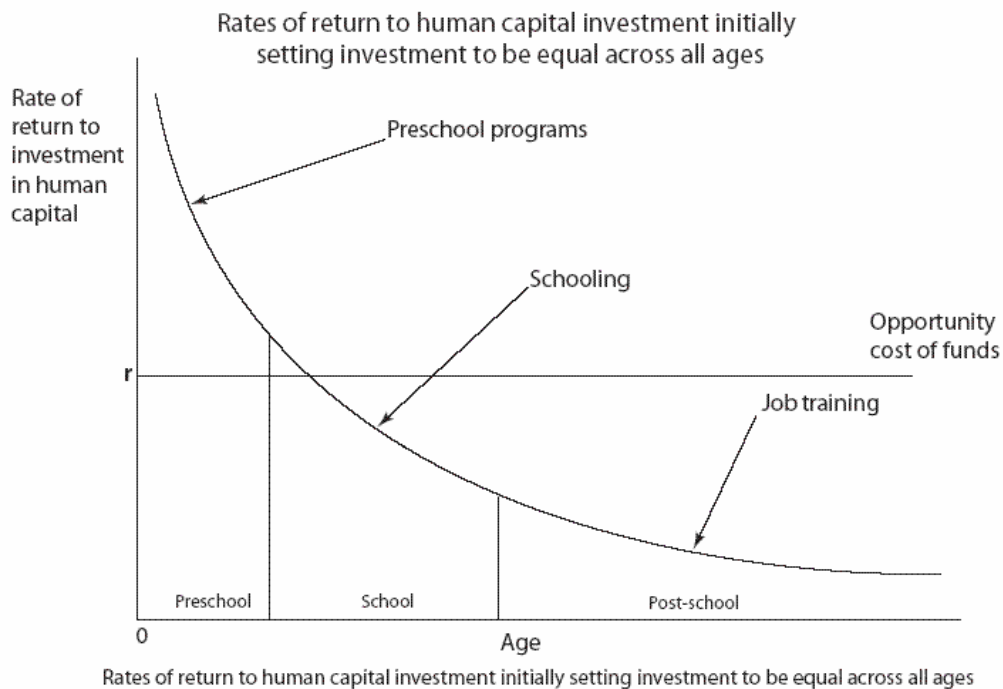
C. Promote the benefits of investing in early childhood family environments

Research into the dynamics of skill formation makes clear that non-cognitive (like cognitive) skills are most effectively cultivated in early childhood, as positive attitudes produce a multiplier impact on the successful desire for and acquisition of other skills. In other words, early childhood interventions that nourish a balance of *both* cognitive *and* non-cognitive skill development put children in a much better position for the future (Cunha et al, 2006).

However, positive benefits can begin to accumulate long before the child is even born through ensuring appropriate support for ante-natal foetal health and development. Research has highlighted factors such as siblings, a mother from a disturbed background, an adolescent mother, separated parents, being from a low income family, and smoking in pregnancy as being potentially harmful to children's skills development. Smoking in pregnancy in particular has been shown to affect the baby's brain development and may lead to inattention and hyperactivity. The quality of food throughout pregnancy also affects brain development, possibly the control mechanism (Tremblay, 2006).

Supporting the family unit even before the child is born is therefore of critical importance to healthy cognitive and non-cognitive development in early childhood.

Ensuring that supportive services for pregnant mothers and their babies are accessible, affordable and of accredited quality is likely to involve a sizeable 'up-front' investment of government funding. Yet once the public impact of this early investment has been calculated (taking into account crime savings, education savings, welfare savings and increased taxes due to higher earnings), the economic return is between 15-17% for every dollar (Heckman, 2006a). This is exceptionally high for an investment of this nature, and far more of a return than for dollars invested in school or post-school interventions (see chart below).



The 'Opportunity cost of funds' line indicates that anything *above* this line should get priority funding.
 Source: Heckman (2006b)

Question 2: *What can the Queensland Government do to contribute to the design of the most effective and flexible service system that keeps pace with the changing needs of contemporary families and positive outcomes for all children and families?*

A. Build National consistency and continuity

There remain considerable variations between and within State and Territory areas of portfolio responsibility for Early Childhood Education and Care (ECEC). Moreover, Australia remains in the minority among OECD countries in having a policy approach that is not based on the notion of statutory entitlement to ECEC, especially for younger children. State and Territory governments are primarily responsible for policy and funding in relation to preschools, schools and some occasional care centres. Some also elect to contribute financially to outside school hours care, playgroups, long day care and other children's services. Each State and Territory sets its own priorities in relation to ECEC funding and regulation, and while most are attempting to enhance the level and cooperation between their departments involved in ECEC, there is still a lack of continuity between early childhood settings, particularly long day care, preschool and the early years of schooling.

Ideally, ECEC programs should form a seamless continuum with school systems to ensure that the transitions between the various educational stages are as smooth and complementary as possible. Yet in Victoria, for example, parents and teachers have to contend with a significant fragmentation in understanding even between preschool and primary school. Due to their focus on ECEC as a 'pre-education' community service rather than an educational stage in itself, NSW and VIC currently exhibit the least integration with the broader school curricula. In contrast, preschool education in NT, QLD, SA, TAS, WA and ACT is staffed and funded under their respective Education departments, with greater curricula continuity assisting transitions across the educational stages (Kronemann, 2005).

While a degree of consistency has resulted from the development of a National Agenda for Early Childhood in 2003, there remain considerable variations between and within State and Territory areas of portfolio responsibility. From a national perspective, preschool education is characterised by fragmentation, varying degrees of quality, no equitable access, and without a national vision, commitment or consistent approach. The number of different approaches, funding formulas, terminology, child ratios, curriculum, costs, delivery hours and models promote inequity across Australia for young children in their preschool year (AEU, 2004:10).

The Council of Australian Governments recognised these issues in February 2006, when they confirmed that:

"Responsibility for different types of children's services is split between levels of government as well as between departments within levels of government. The division of responsibility has meant that programs have largely been developed independently of each other, resulting in a fragmented system. By the time Australian children enter formal education, they have very different levels of preparedness for life and learning."¹⁴

In light of these concerns, COAG agreed at the meeting to play a leadership role in facilitating policy integration and the adoption of a longer-term policy perspective across governments and portfolios. Increased coordination and continuity is also important at the service delivery level across the various organisations involved in the provision of early childhood education and care. The evidence shows that unified administrative auspices can help promote coherence for children, as can co-ordination mechanisms across departments and sectors. In particular, there is increasing trend toward co-ordination with the educational sector to facilitate children's transition from ECEC to primary school. At the local level, many OECD countries have recognised the importance of integrating services to meet the needs of children and families in a holistic manner. Services integration has taken many forms, including teamwork among staff with different professional backgrounds (OECD, 2001).

¹⁴ Communiqué from the Council of Australian Governments (COAG) meeting on 10 February 2006.

B. Enhance Data Sets around Early Childhood

As an evidence-based organisation, The Smith Family has been aware of the need to enhance data collection around young children in Australia for some time and has taken a number of steps to promote greater national consistency and greater knowledge in the field of early childhood education and care. These include helping to found The Australian Research Alliance for Children and Youth, managing seven *Communities for Children* sites as part of the Australian Government's 'Stronger Families and Communities' initiative, and partnering with The Centre for Community Child Health to roll out the early childhood literacy program *Let's Read*.

One of the biggest challenges that Australia faces in assuming greater responsibility for child friendly communities is effective data sharing to overcome some of the significant gaps that we presently experience in relation to the collection of data on children and young people. To this end, The Smith Family is working with the National Centre for Education and Training Statistics at the Australian Bureau of Statistics, and has already taken part in a consultation conducted by the ABS in relation to the development of an Information Development Paper on Current data availability and gaps in relation to children and young people.¹⁵ The Smith Family is also consulting closely with the ABS in relation to its projected development of an early-years pre-school data set, and contributing to its development from our Communities for Children (C4C) sites (see below).

Another ABS project in which TSF is collaborating is the overview of the National Independent Preschool Census that looks at settings that children can learn in. The Productivity Commission has already developed a crude indicator of where children are at in preschool development, and the Learning Years Survey is looking at measures of learning for 0 -- 8 year olds in non-formal settings. At present, the ABS census data is best on 'community coherence' as one possible indicator of child friendly communities, but The Smith Family will continue to collaborate with the ABS on the development of other indicators.

The Australian Research Alliance for Children and Youth (ARACY)

The Smith Family is a founding member of The Australian Research Alliance for Children & Youth (ARACY), a national collaboration of researchers, policy makers and practitioners from a broad range of disciplines who are together seeking to build a better future for Australia's children and young people. Leaders in early childhood and adolescent development, paediatrics, epidemiology, education, youth justice, the social sciences, population statistics, and economics have joined forces with top-level policy makers, service providers and others to form ARACY. Through this collaboration the nation's considerable expertise, talent and resources is being harnessed to generate and translate knowledge to enhance the well-being and life chances of children and young people.

At present, ARACY is currently developing a research agenda in consultation with our stakeholders and planning is underway for a national clearing house and integrated data network. The network will enable data to be shared across a range of primary research bodies, and will aim to translate national and international research into an accessible form so that it can more easily be used by policy makers and service providers.

Another major ARACY endeavour connected with the *Communities for Children* (C4C) sites is to understand what determines a successful home to school transition. The Smith Family continues to play an active role in this research and will use data collected from the Australian Early Development Index (AEDI), an instrument that produces a snapshot of all 5 year olds in the participating C4C sites providing information on their learning and development stages, to map the results geographically to assist in identifying what has been working in given communities and where further program development is needed. The data will be collated by the Centre for Community Child Health (CCCH) at the Royal Melbourne Children's Hospital in conjunction with the Telethon Institute for Child Health Research (ICHR) in Perth.

¹⁵ Projected for release during the latter half of 2006.

Finally, the data collected in each C4C site will also feed into the national evaluation being undertaken by the Social Policy Research Centre (SPRC) in partnership with the Australian Institute of Family Studies (AIFS). The formative and process evaluation component will be expected to focus on how the communities are influenced to adopt best practice, how the communities are galvanised to achieve better outcomes for children 0-5 years through better parenting, and from a stronger families base, how to become more supportive communities.¹⁶

Communities for Children (C4C)

Communities for Children is funded by the Australian Government under the Stronger Families and Communities Strategy. The initiative utilises links that non-profit or community organisations like The Smith Family have within disadvantaged communities. The aim is to ensure that all young children are afforded the best possible start to life. The Smith Family facilitates the delivery of the program as agreed to by community members, and the distribution of funds locally in Mirrabooka (WA), Brimbank (VIC), Kwinana (WA), Fairfield (NSW), Raymond Terrace (NSW), Katherine (NT) and Townsville (QLD). Together, The Smith Family's role as facilitating partner in these seven sites provides early childhood opportunities for over 12,350 babies and toddlers. Examples of these services include peer-led breast-feeding programs, community-based parenting support, enhanced playgroup models, and community parks.¹⁷

In this way, C4C sites provide an excellent example of the targeted 'whole-population' interventions floated in the discussion paper, and are aligned with The Smith Family's 'place-management' approach in which the focus is shifted from inputs and traditional "silo" structures of policy and service delivery to a more integrated approach that combines skills and resources to suit particular people with particular, complex problems'.¹⁸

Let's Read

Let's Read is an evidence based program designed to promote reading aloud with young children from birth to 5 years of age. This project has been developed specifically for disadvantaged communities by The Centre for Community Child Health at the Royal Melbourne Children's Hospital in partnership with The Smith Family. The program has two interrelated components, the training and resourcing of professionals in community settings who work closely with families with young children, and a community development resource package. This package supports communities to introduce *Let's Read* and provides a range of practical resources to help promote the *Let's Read* messages in a sustainable manner.¹⁹

Support at Home for Early Language and Literacies (SHELLS)

Support at Home for Early Language and Literacies (SHELLS) is a program designed to assist families who have children under the age of 3 years. It aims to support families in their role as their children's first teacher. It is also a research initiative. Information collected from participating families provides valuable insights into the early stages of literacy and helps agencies like The Smith Family develop more effective ways of improving disadvantaged children's start in life.²⁰

¹⁶ For more information on ARACY, see www.aracy.org.au.

¹⁷ For more information on the *Communities for Children* initiative, see The Smith Family website, www.smithfamily.com.au

¹⁸ For more on the evidence underlying The Smith Family's place-management approach, see The Smith Family (2001) *Addressing Disadvantage through Place-Management: Is there a Role for Non-Profit Organisations?* Working Paper No. 3, The Smith Family: Sydney.

¹⁹ For more information on the *Let's Read* initiative, see The Smith Family website, www.smithfamily.com.au

²⁰ For more information on the SHELLS initiative, see The Smith Family website, www.smithfamily.com.au

Good Beginnings Australia

The Smith Family is also working in partnership with *Good Beginnings Australia* in Broken Hill and Townsville to facilitate 'Play and Learn' activities for children aged 0-3 years. A Play & Learn program is community based and offers a collection of support for families with children under school age. These include:

- A meeting place with an informal atmosphere where parents can get to know each other and form relationships.
- A playgroup where children and their parents/carers are encouraged to participate in experiences together
- Written and verbal information, advice and, if needed, referral relating to child rearing, parenting, child health and development issues, and other areas of family life and child rearing, including budgeting and nutrition.

In the context of a focus on early intervention and prevention, Play & Learn operates on a strengths-based approach, assisting participants to build on their own strengths while breaking down distance or barriers between themselves and services which require them to identify and present with a "need".²¹

The Smith Family and *Good Beginnings Australia* were also successful in their applications as a consortium for C4C sites in Katherine in the Northern Territory and Townsville West in Queensland. The strength of the consortia is illustrated in the combining of the facilitation and brokering skills that The Smith Family brings, as well as by the network of volunteers with home visiting skills for parents of 0 – 5 year olds brought by *Good Beginnings Australia*. Together, the learning gained in these locations is enhancing our respective understandings of the factors involved in creating healthy and nurturing environments for children in the early years and their parents.

C. Target vulnerable and disadvantaged communities in need of support

It is evident from the research cited above that improved early childhood development outcomes can lead to better academic performance, higher workforce participation and higher earnings, as well as reduced criminality, health inequalities and demands on social services. Of particular importance is the finding that 'such benefits have been found to be greatest among disadvantaged children and their families.'²² This is because families who are struggling financially or socially for whatever reason are less likely to be able to provide or have access to the supportive resources needed to promote healthy early childhood development. As Schumacher et al (2001) assert, "[a] focus on comprehensive services is particularly important for disadvantaged children who have less access to health care and nutrition and whose families may need additional social services or help accessing them".

In Australia, these include rural and remote communities, Indigenous communities, lone parents, families for whom English is a second language and families where children or parents have disabilities. Problems in gaining access may arise from such factors as the lack of services available, the physical or cultural inappropriateness of services, language barriers, insufficient numbers of staff to provide the level of care and education required, or a lack of specific expertise in staff (Press & Hayes, 2000).

Despite inclusionary policy efforts, access to services for families with special needs is not always successful. Existing services may not have sufficient resources to meet demand, some regions may

²¹ For more information on The Smith Family's *Play and Learn* program with Good Beginnings, see our website, www.smithfamily.com.au

²² Communiqué from the Council of Australian Governments (COAG) meeting on 10 February 2006.

not be able to offer the specialist services required for a particular need, the needs of a particular group or individual may not fit the categories for specialist assistance, or individual settings may fail to adequately incorporate the principles of inclusion. In particular, the OECD (2001) highlighted the following barriers that prevent equitable access and utilisation of ECEC in many countries:

- Lower enrolment may be linked to lower rates of maternal employment among disadvantaged socio-economic groups. In addition, there may be different childrearing traditions.
- Many new immigrants do not share the idea that very young children spend most of their day away from home. Research shows that refugees value education and care for their children, but often have limited knowledge of available services and are reluctant to seek information from national and local government sources
- Limited proficiency in the country language and lack of interpretation services may also be barriers to children accessing ECEC.
- Curricular approaches that do not acknowledge cultural, ethnic, and linguistic diversity may prevent diverse groups of children from fully benefiting from ECEC.

Low-SES families are particularly hard hit by the costs of ECEC. Once childcare costs are taken into account as work-related expenditures, low-wage second earners in about half of all OECD countries see more than 70% of their earnings consumed by childcare fees, taxes and reduced benefits. For lone parents, the payoff from employment can be lower still (OECD, 2005). Research has also suggested a worrying tendency for children from low-SES families to receive inferior ECEC services compared to their higher income counterparts – with quality becoming more even across income boundaries only when access becomes closer to universal, and has strong public investment (OECD, 2001).

The educational disadvantage of Australia's Indigenous people provides an illustration of some of the difficulties additional needs groups may face in terms of access. The Indigenous population is recognised as being the most educationally disadvantaged group in the country. A number of factors have been identified as contributing to this. These include inadequate inclusion of Indigenous cultural needs, values and backgrounds in the educational setting; limited access to educational services in remote locations; the fact that for many Indigenous children English is not their first language; and additional factors such as poverty and ill health (Press & Hayes, 2000).

With regard to ECEC in particular, Indigenous children remain significantly under represented in all forms of Commonwealth funded child care. In 2003, fewer than 5,000 Aboriginal and Torres Strait Islander children aged 6 weeks to 5 years old were participating in centre based child care throughout Australia. While Indigenous children comprise 4.2% of all children aged 0-12 they make up only 1.5% of the children aged 0-12 in Commonwealth funded child care. Of those Aboriginal and Torres Strait Islander children who do participate in Commonwealth funded child care, almost half access child care in a service or program that is funded directly by the Australian Government for their local area and therefore do not use the Child Care Benefit.²³

In addition, children with a disability under the age of 12 comprise 8.2% of the total population of children under 12, but only 2.1% of children in Australian Government approved child care.²⁴ The Australian Government currently provides extra payment to family day carers and in-home carers who care for children with ongoing high support needs. It also provides funding to child care services for additional staffing, advice, resources, training and equipment to assist access and participation of children who have a disability in child care. However, both of these programs are capped programs and eligibility does not mean automatic entitlement to the subsidies.²⁵

²³ SNAICC (Secretariat of National Aboriginal and Torres Strait Islander Child Care), 2003, Senate Community Affairs Legislation Committee, Answers to Estimates Questions on Notice, Family and Community Services Portfolio, 2003-04 Budget Estimates, 4-5 June 2003, Question No: 163

²⁴ Department of Family and Community Services and Indigenous Affairs (2005) *Child Care Service Handbook 2005*. Canberra.

²⁵ Ibid.

D. Clearly define ‘Service Integration’

The term ‘integration’ – often interchangeable in the literature with ‘coordination’ and ‘collaboration’ – means different things to different people. While its conceptual premise is not difficult to understand in the sense of describing multiple agencies working together, its practical expression is incredibly diverse and dependent on a huge range of factors, including the level and field of expertise, the nature of the target group, geographical spread, project funding, human resource capacity, cultural and professional differences, and so on. This kind of flexibility in translation is a key strength of agency integration in being able to encompass a wide variety of service delivery models; yet at the same time it detracts from the possibility of formulating generic ‘best practices’ of integration.

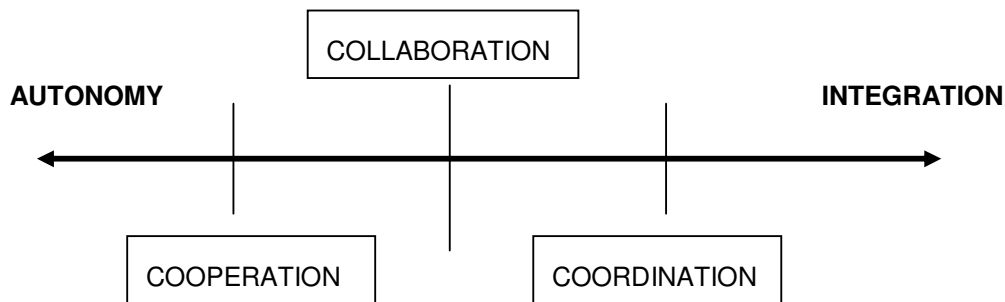


Figure 1: The Continuum of Service Integration

Within the field of early childhood, the concept of ‘integration’ and its related synonyms of ‘coordination’, ‘cooperation’ and ‘collaboration’ have been practically translated in a variety of ways. Most of these can be plotted on a continuum depicting various gradients of service delivery integration, with autonomy at one extreme (signifying agencies acting without reference of each other) and stretching to ‘integration’ at the other extreme (referring to the dissolution of agency boundaries as they merge to form a single system). ‘Collaboration’ is generally viewed to occupy a median position on this continuum, generally perceived as depicting a planned harmonisation of activities between agencies. A simplified version of this continuum can be viewed in Figure 1 above, with the key terms explained in Box 1 below.

Box 1. Key Gradients along the Continuum of Service Integration

Autonomy	=	<i>Parties / agencies act without reference to each other, although the actions of one may affect the other(s)</i>
Cooperation	=	<i>Parties establish ongoing ties, but formal surrender of independence is not required. There is a willingness to work together for some common goals. Communication emphasised. Requires some good will and some mutual understanding</i>
Collaboration	=	<i>Parties / agencies commit to jointly making decisions as to manner in which their common goals are to be achieved. It incorporates joint decision making and ownership. Ideally all parties would face the same amount of risk from collaboration.</i>
Coordination	=	<i>Planned harmonisation of activities between the separate parties. Duplication of activities and resources is minimised. Requires agreed plans and protocols or appointment of an external coordinator or case manager.</i>
Integration	=	<i>Links between the separate parties draw them into a single system. Boundaries between parties begin to dissolve as they become effectively work units or sub-groups within a single, larger organisation. The characteristics of integration include joint planning, training, decision making, information systems, purchasing, screening and referral, care planning, service delivery, monitoring and feedback. A fully integrated service or system has a single authority, is comprehensive in scope, operates collectively, and addresses client needs in an individualised fashion.</i>

Adapted from SPRC (2000) and Rogers & Moore (2003)

In addition to the gradients of integration, the literature also identifies a continuum of 'comprehensiveness', referring to the ability of a system to provide a wide array of services to meet the varied educational, developmental, mental health, health, and other support needs of children and families (Rogers and Moore, 2003; Smith and Fox, 2003). This relates directly to the multi-tiered service continuum model envisaged in the discussion paper. At one extreme of this scale, stand-alone programs may cater only for children with disabilities and provide a relatively narrow range of services, while the opposing extreme, a *comprehensive* system, caters for all needs of children and provides a wide range of specialised and natural community programs and resources. According to studies in the literature, the more comprehensive early childhood interventions are, the better the results for children and families, particularly if they are implemented prenatally (Love et al, 2002; Harbin and West, 1998), and to a large extent, comprehensiveness requires a high degree of integration in order to work.

E. Explore optimal levels of integration and comprehensiveness

Acknowledging the range and level of options for service delivery along the continuums of integration and comprehensiveness does not actually clarify exactly where early childhood interventions should plot themselves for optimal impact. While a model that successfully incorporates top-end integration and comprehensive program delivery may present itself as the 'ideal' from a client-centred perspective, achieving this in practice is an extremely difficult and longitudinal task, particularly given the scope of expertise and resources needed to meet the complex needs of young children and their families. Drawing upon experience within the field, some studies have suggested that the level of integration should be determined by the degree of need amongst clients – for those with the least severe needs, linkage and perhaps coordination should be the preferred options, while for more

serious cases, a model closer to full integration is likely to be more appropriate (Leutz, 1999). This argument, inspired by a review of attempts to integrate medical and social services in the United States and the United Kingdom, is more difficult to apply to a preventive framework such as that suggested in the discussion paper, where the severity of client need may not be easily identifiable. A more appropriate, realistic goal would therefore be to begin the process of interagency collaboration at a basic level (e.g. cooperation) and progress through stages of coordination from there with integration held out as an ideal (if not absolutely necessary) model. The importance of adopting this gradual approach is further emphasised by Leutz (1999), who elaborates five warnings or 'laws' relating to integration that governments and agencies eager to integrate would do well to heed (see Box 2 below).

Box 2. Five 'Laws of Integration'

1. **'You can integrate all of the services for some of the people, some of the services for all people, but you can't integrate all of the services for all of the people'**. Determining who needs what level of integration is important. It can be done with the aid of empirical indicators, including the relative costs of providing some services in integrated settings and delivering the same services externally.
2. **'Integration costs before it pays'**. This cost is both financial, relating to the transaction costs involved (eg the costs of case management, the costs of meetings, legal agreements, and so forth) and human. Leutz identifies three areas in which costs are likely to be sustained by agencies that tread the integrated path. These relate to costs to staff and support systems; ongoing costs to services; and start up costs, which are high to staff with, but decrease with time.
3. **'Your integration is my fragmentation'**. An agency's commitment to the integrated approach will result in staff experiencing greater pressure, and undertaking tasks of greater complexity requiring more training and expertise, time and effort, if their resources do not expand. Front-line staff, for example, may find their work more fragmented as a result of a need to attend more meetings, fill in more paperwork and referral documentation, undergo special training, and so forth.
4. **Certain non-complementary services are better left not integrated**. Sometimes, one-off services need to have such a different approach that attempting to integrate them could lose their value.
5. **'The one that integrates will call the tune'**. This warns of the potential for conflict to arise in moves towards integration. Conflict is particularly likely to be evident in any arrangement involving proposals for budget-holding and/or transfer of authority.

Taken from Leutz (1999), quoted in SPRC (2000)

With respect to comprehensiveness, the evidence cited earlier (Love et al, 2002) suggests that collaborative early childhood interventions should similarly aim as far as possible to provide a holistic range of services to maximise their ability to meet the multiple and complex needs of parents and young children. However, it would seem appropriate to set a cautious balance here, given that true integration becomes increasingly more challenging the more service providers are involved. That the traditional program delivery split between education on the one hand and welfare or health sectors on the other still persists in most countries around the world (including Australia) is testament to the difficulty of realizing this goal (OECD, 2001).

As this section has shown, the process of integration is largely dependent on the characteristics of the local community, the size, scope and experience of the agencies wishing to integrate and the aims and objectives of the program. Integration is something that may take years to cultivate, and will probably never even be achieved in some contexts. As Haddad (2002) reminds us, the field of early childhood intervention 'is still relatively new' and 'despite clear advances in the field, integration has scarcely begun.'

F. Address the barriers to integration

The organisational structures of traditional service providers have meant that many agencies who have sought to operate in a more integrated and holistic manner have found their efforts frustrated by, among other things,

- Differing models of service (e.g. traditional medical vs. family-centred early intervention approach)
- Linguistic barriers (professional and cultural)
- Lack of leadership and involvement of high-level decision-makers
- Agency inflexibility
- Competition for financial resources / profile
- Bureaucratic rules and hierarchical regulations hindering collaboration
- Fear of hegemony by one sector
- Feelings of jealousy, resentment and lack of trust and respect between agencies.
- A lack of documented / comprehensive evidence with which to support the increased efficiency of collaborative initiatives in terms of child outcomes
- Lack of incentives / rewards for people who work outside traditional department boundaries²⁶

Most of these problems remain today, although the importance of working more collaboratively has risen in line with the expanding evidence base linking experimental service delivery models to improved early childhood development outcomes.

G. Promote the benefits of integration

Given the complexity of the integration process, it is important for all stakeholders to understand the advantages and improved outcomes associated with the transition. In the context of the discussion paper, this would, for example, relate to expounding the benefits of the Child and Family 'Hubs'.

According to SPRC (2000), there are essentially three main benefits of multi-agency collaboration and integration: (1) improved access for consumers; (2) increased efficiency, achieving more from the use of limited resources; and (3) enhanced effectiveness, resulting in enhanced outcomes for community and funder stakeholders.

1. Improved access includes

- A unified and more easily identifiable service provider in the community (as opposed to a multitude of providers who may be indistinguishable and duplicative of each other) (SPRC, 2000)
- A single interface for parent / provider interaction, reducing the stress of working parents having to attend multiple appointments in diverse locations (Sloper, 2004)
- Parents / community members can more quickly and easily access expert advice and support on a range of early childhood development issues from a single 'one-stop shop' (Tisdall et al, 2005)

Figure 2 below shows how the integration of multiple service providers through a single channel (while admittedly difficult to achieve in practice) offers the child and family a clearer path through which to access advice and support. Often, families don't understand the roles and responsibilities of different agencies and professionals; they don't know who to go to for what; they may get conflicting information; they may be passed from one agency to another. This can produce rather than alleviate

²⁶ Compiled from Rogers and Moore (2003) and Vimpani (1996).

stress for parents and carers, which in turn impacts on relationships with their children (UK DfES, 2004).

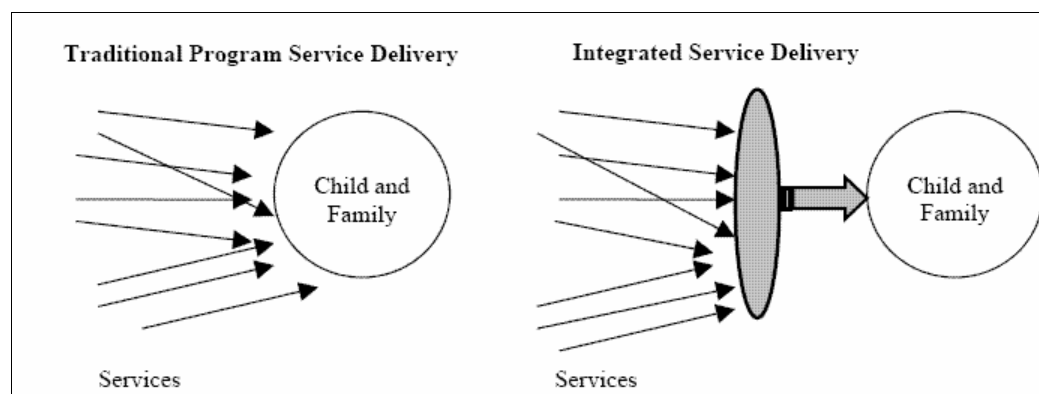


Figure 2. Traditional Program Service Delivery vs. Integrated Service Delivery

(Taken from CYSNB, 2004)

The child and family resource centre (or 'hub') presented in the discussion paper is an excellent example of how a range of core services can be provided through a 'one-stop shop' model, and The Smith Family strongly supports any efforts of this nature to strengthen links and referral pathways between these providers. At present, families with children with special needs remain particularly disadvantaged. For example, under traditional service delivery models, families with disabled children see on average ten different professionals and have more than 20 clinic visits a year (Sloper, 2004). It is no surprise that these groups are therefore the most prominent in the consultative research advocating a single point of contact with services and a trusted, named person to coordinate assessments, information sharing and care pathways to help ensure quicker access to the right kind of support (Mukherjee et al, 1999).

Issues of access to service provision are also related to the fact that in many low SES communities, there is a clear cultural gap between the backgrounds, strengths and sometimes aspirations of professionals who work in human service agencies and the people they serve. The former are frequently staffed by middle class, middle aged, employed and tertiary educated Caucasians. Local communities often comprise individuals, families and neighbourhoods that are poor and long term unemployed. They may come from Indigenous communities and a wide range of non-English speaking backgrounds. The opportunity to focus multi-service provision through a single channel is therefore likely to facilitate better understanding, trust and respect between these two parties which in turn should improve both the take up of services and sustainability (DET, 2004).

2. Increased efficiency includes

- Reduced duplication between service providers (CYSNB, 2004)
- There will be a better fit between consumers and community needs and the array of services made available because of more coordinated planning, information sharing, and pooling of agency funds (SPRC, 2000)
- The synergies from an integrated approach are argued to lead to innovation and a streamlining of service delivery through information and skill sharing (SPRC, 2000)

In the UK, practitioners with backgrounds in single, traditional agencies have reported high levels of satisfaction with interagency collaboration. In particular, they feel liberated from the narrow

bureaucratic and cultural constraints of their parent organisation. Where the initial bedding down phase is well-managed, they find the potential for cross-fertilisation between the different agencies stimulating; and many value the opportunity to take a more holistic approach to the needs of children (Fitzgerald, 2004).

3. Enhanced effectiveness includes

- Stronger staff-parent partnerships based on dialogue and trust (Haddad, 2002)
- Active and systematic participation of the family in the processes of planning, implementation and evaluation leads to individualised and more sustainable outcomes (Haddad, 2002)

School staff working with child and adolescent mental health services in the UK identified that collaborative work had led to an increase in children's happiness and well-being. They identified a measurable improvement in children's behaviour in two of the services reviewed, and better peer relationships were identified by workers (Pettit, 2003). However, instances of tying these perceived outcome improvements to hard evidence are still rare. It remains difficult to measure the actual extent to which the outcomes sought are actually achieved as a result of the integration initiatives taken – efficiency gains take longer to materialise than effectiveness enhancement (CYSNB, 2004).

3. Conclusion & Recommendations

The Smith Family is ultimately concerned with societal change through children and education. At a program implementation level, The Smith Family aims to increase the personal and collective resources of individuals, families and communities to help them develop skills and capacities they need to respond to challenges and more fully participate in society. Given that developmental success or failure within the first five years of a child's life directly influences the acquisition of basic skills, particularly those required for "optimal functioning in formal education", the further expansion and extension of effective programs in early childhood education is extremely important (Leseman, 2002).

As an evidence-based organisation, The Smith Family's Guiding Principles²⁷ have informed our strategic transformation from a welfare-orientation to a social enterprise model over the last seven years. Today, we are increasingly focusing our efforts on the prevention and early intervention end of the change continuum, and on achieving our long-term outcomes of establishing the strongest possible foundations for the transition from ante-natal through to birth and school. Our decisions to refocus on disadvantaged children within the family context, and to adopt a 'place-management' approach in facilitating child-friendly communities as a response, were not only initially informed and guided by evidence, but continue to be reaffirmed and validated by subsequent waves of research as discussed in this submission. In this way, The Smith Family has been able to maintain its leadership role as a social enterprise in developing an effective population based response to maximise the socioeconomic participation of disadvantaged children and their families.

For some time now, universal access to public school education has been a feature of our society. Yet, while the research discussed in this submission has revealed the critical role of ECEC in helping children to reach their full potential, universal access to preschool care is still absent in Australia. Although the idea of compulsory preschool education for all four-year olds is now finally being discussed, the research suggests that this in isolation is not enough. The years 0-3 and the internal and external environmental factors for pregnant mothers are also, if not more, influential in determining healthy child development, and should also be addressed.

Heckman and Tremblay's research has shown that families, not schools, are the major source of inequality in the performance of students. Gaps in scholastic ability emerge early in children's lives and widen slightly in the early years of schooling, but they stay constant after the age of eight. In fact, school environments play only a small role in accounting for these gaps, or in widening or narrowing them (Heckman, 2006b; Tremblay, 2006).

The Queensland Government therefore has an important opportunity through the *Early Years Strategy* discussion paper to demonstrate a level of integrated service delivery that is both effective and sustainable. Equitable access and participation need to be driving factors in goals and targets established through policy discussion and design, so that ECEC can be brought closer to its democratic potential in creating a society where disadvantaged groups may participate more fully.

The Smith Family also recognises that government initiatives such as this must be complemented and supported by the efforts of a larger society that involves individuals, families, communities, businesses, organisations and institutions. To this end, the following recommendations are for consideration in this context, recognising the desirability of all working usefully together towards mutually agreed outcomes.

²⁷ The Smith Family's eight Guiding Principles were drawn up in 1999 to shape the evolution of the organisation into the 21st century. They are that we will (1) Be about societal change; (2) refocus on disadvantaged children within the family context; (3) work with and through other organisations; (4) be evidence-based and community focused; (5) move steadily along the change continuum to the prevention and early intervention end; (6) diversify our sources of funding; (7) be national in presence as well as spirit; and (8) enhance our internal capacity particularly using technology.

The Smith Family recommends:

- That all divisions and levels of Government honour, support and reflect the commitment to prioritizing strategies of early intervention recorded at the most recent meeting of the Council of Australian Governments in February 2006.
- That renewed efforts are made to assess the accessibility of ECEC services within communities, paying particular attention to barriers that may hinder groups that are disadvantaged for reasons such as geographical isolation, disability, culture and awareness.
- That the adequacy and impact of financial support schemes set aside for disadvantaged groups to assist in accessing ECEC services is regularly reviewed in relation to changing demographic patterns of work and family. This includes monitoring the balance of public / private provision to ensure that this avoids contributing to existing inequalities of access and affordability hindering groups such as lone parents and Indigenous communities.
- That all divisions and levels of Government recognise the importance of promoting and safeguarding positive employment conditions for those working with young children, including issues of salary and training to agreed standards.
- That the centrality of the family unit in mediating genetic and environmental predictors of disadvantage is recognised, and that more resources are consequently directed to helping parents provide supportive environments for their children from ante-natal stage through to age 8.
- That policymakers recognize and reflect the magnitude of benefits quality ECEC services can bring to disadvantaged communities, including Indigenous groups, low-SES communities, CALD population groups, lone parents and families with disability.
- That all policy departments with responsibility for issues pertaining to early childhood liaise with Employment and Welfare sectors to ensure that benefits for disadvantaged groups complement and strengthen policy initiatives and incentives encouraging workforce participation (e.g. the Welfare to Work Bill).
- That government and non-government bodies / organizations work together to develop greater policy coherence, continuity and consistency across early childhood service provision, with a view to developing a unifying national framework.

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