



**THRIVE
BY FIVE**



CHILDREN AT THE CENTRE

Insights for the
development of a
national Early Years
Strategy

February 2023



About Thrive by Five

Thrive by Five is an initiative of the Minderoo Foundation, campaigning to make our early learning childcare system high quality and universally accessible. We believe this to be the most significant educational, social and economic reform of our era.

This campaign is supported by a broad cross-section of the Australian community – business leaders, unions, educators, health professionals, parents, community organisations, economists and leaders from across the political spectrum.

To join the campaign visit thrivebyfive.org.au

About ARACY

Celebrating 20 years in 2022, ARACY – Australian Research Alliance for Children and Youth seeks to catalyse change by bringing people and knowledge together for the benefit of children and young people in Australia.

We believe that all children and young people should have the opportunity to thrive. We strive to achieve this by advocating for evidence-based policy and practice, focusing on prevention and early intervention. We support the creation of better systems and supportive environments, and work to grow capability across the sector, to accelerate outcomes for children and young people.

Learn more at www.aracy.org.au

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Children at the Centre

Insights for the development of a national Early Years Strategy

This report shares the knowledge and insights of over 300 Australians that represent early years workers, parents and champions, in preparation for further discussions and development of an Early Years Strategy by the Australian Government over 2023. Collected over the course of 10 Roundtables held in regional centres, capital cities, and on-line, we heard moves towards a national strategy were welcome as long as the wellbeing of children is prioritised.

Australians revealed their hopes and frustrations in looking to build an Early Years Strategy that cuts through the complexity of the current, siloed and fractured system, and enables children and families to access high-quality education, health and care services. These voices will bring experience and passion to these important discussions at the Early Years Summit on 17 February 2023, and future consultation towards an Early Years Strategy.

Participants told us that any Early Years Strategy needs to look at the wellbeing of children and families as a whole, recognising the multiple influences that may impede universal access and the opportunity for children to thrive.

Despite the substantial changes made in the past decade towards universal early childhood education and care (ECEC) and consistency via the National Quality Framework, significant change is still required to ensure universal and equitable access is in place across Australia for all children.

This includes ensuring the fundamental needs beyond the school or centre gate are being met, such as the ability to access transport, medical services, and access to online information and services in a range of languages.

Consistency across the provision of early years health services would also make it easier for parents to understand and engage with opportunities to support their children.

When children prosper, so do their communities. If, as a nation, we can ensure a good start in life for our children, the benefits will be immense. A plethora of reports and research findings all point to this—yet many of our children and communities are still not thriving.

The message we heard during these consultations is clear – any reform of the early childhood sector must centre on the needs and rights of children.

This moment our nation has, in establishing a new Early Years Strategy, is the opportunity to lay out reforms that will allow communities to strengthen their own resources, enable early childhood workers to be valued, and governments to enhance their engagement and policy outcomes.

Background

Minderoo Foundation's Thrive by Five initiative and its 80+ partners and more than 80,000 individual supporters has been campaigning for the past three years to make Australia's early learning childcare system high quality, affordable and universally accessible. Designed to bring together researchers, families, educators, and concerned citizens in a movement for systems change in early childhood development, Thrive by Five has been successful in bringing about greater recognition of the challenges hindering the early childhood sector from providing the best start for our children.

This report captures insights and ideas from a range of individuals across Australia, gathered in a series of discussions held in late 2022 focused on ECEC, and broader aspects of early childhood development (ECD). Supported by Thrive by Five and facilitated by ARACY - Australian Research Alliance for Children and Youth, Social Policy Group, Secretariat of National Aboriginal and Islander Child Care (SNAICC), Children and Young People with Disability Australia (CYDA), and The Bryan Foundation, these varied discussions brought together ECEC workers and practice-leaders, parents, allied health workers, academics, and policy and thought leaders.

The open forums resulted in discussions on the current impact and the potential of ECEC services to improve the lives and experiences of young children and their families. Targeted discussions sought to explore other areas working with children and families.

This report provides a reflection and analysis of the discussions and does not address all issues that could be considered in the Early Years Strategy.

We recognise the ongoing and significant input many have undertaken to support the enhanced provision of early years education and care across Australia, over many years. The questions prepared to help guide discussions reflects recent work undertaken including the 2020 Early Years Summitⁱ, and by the Early Years Catalystⁱⁱ in mapping the systems that influence early childhood development outcomes. We also referred to the Centre for Policy Development's *Starting Better – A guarantee for young children and families*ⁱⁱⁱ.

*"Children must be the focus of any early years strategy, and of the ECEC system overall.
Reform and programs should centre the benefits to children,
not just families or economic/workforce participation outcomes."*

We thank and acknowledge all the participants in these discussions, recognising the time, commitment, and wisdom they have shared, in the aim of bettering outcomes for children.

Recommendations

Children at the centre

- Ensure children are at the centre in any strategy of early year's system reform.
- Recognise ECEC, whilst supporting workforce participation, provides great benefits to children's wellbeing.
- Develop a system that will adequately support all children in the first 1,000 days of life, the time of rapid development, which acknowledges the importance of a solid foundation for improved educational success in later years.

"Nurturing our children: so much to gain from getting it right, so much to lose if we don't."

Simpler, more flexible, inclusive and supportive system

- Streamline and simplify the funding models for all those who engage with ECEC (drawing on the work of the ACCC and the Productivity Commission into costs and fee structures)^{iv}.
- Provide culturally appropriate additional support for families, such as community navigators (as proposed in *Starting Better – A guarantee for young children and families*), to access ECEC and subsidies, and health systems, including the provision of materials in a variety of languages.
- Remove the activity test for childcare subsidies, currently a significant barrier to access for families.
- Remove policy barriers that result in fragmented responses for children and their families, and prioritise connection across professions, through the implementation of multifaceted place-based approaches.
- Provide adequate time (not short-term funding programs) for service development and implementation. Invest in evaluation to allow for the gathering of valuable data to drive genuine and meaningful change – as outlined in *Starting Better – A guarantee for young children and families*.

Invest in the workforce

- To retain existing staff and attract potential new staff to the ECEC and health workforces, we need investment to boost wages and to create a system of professional development and mentoring.
- Reduce the wage gap between ECEC educators and primary school educators.
- Refine the implementation of the NQF for ECEC; shifting the relationship from one of police and enforcer to mentor and critical friend that will allow services to further develop their practices which will in turn improve their quality.
- Support continuous improvement and the recognition of cultural practices in quality frameworks in the early years development sector – including reflecting Aboriginal and Torres Strait Islander ways of 'knowing, being and doing'.

"Stop applying commercial business models to relationship based services."

Key Theme: Universal Access

It is important to make the distinction that ‘universally accessible ECEC’ is not the same as the work of the Coalition of Australian Governments in 2009 to achieve ‘universal ECEC’. Universal ECEC in that context was specifically targeting attendance of ECEC for children in the year prior to school.

Universally accessible ECEC as described by Thrive by Five, is about removing barriers to high quality ECEC for all children and families, at all stages of early childhood.

Universal access to high quality ECEC matters, because the children who stand to gain the most from attending quality ECEC programs are also the least likely to do so.^v As outlined by the Centre for Policy Development:

Improved early learning and better care means children grow up healthier and happier and lead more productive and fulfilling lives, particularly those from families experiencing disadvantage.^{vi}

Universal access should be the baseline for all children. However, to achieve equity for children who are less likely to access ECEC, targeted services and support are also necessary. It is only through a multifaceted and place-based approach that we can ensure equity of access for all children.

Participants in recent discussions have identified two significant barriers to the Thrive by Five goal of a universally accessible ECEC system: barriers to **access**, and barriers to **service delivery**.

Barriers to access

Navigating the ECD sector in the first place is also challenging, with complicated bureaucracy. Families in our consultations, in particular those from migrant and refugee backgrounds and those experiencing disadvantage, indicated the first challenge was trying to identify what types of services and supports were even available. Where they were able to identify a suitable service, the application processes for enrolment and the Child Care Subsidy presented a further challenge. Migrant and refugee community members shared the experience was overwhelming and at times this meant they disengaged. Multiple participants observed that previous negative interactions, relationships or experiences with government or authority figures increased their reluctance to connect with services and supports.

It has been well reported, and was reinforced through these engagement sessions, that the cost of ECEC is a significant barrier for families.

“Basic needs must be met before we can overlay specific and specialised programs.”

The Activity Test is a strong inhibitor of enrolment for many families, notably those who experience disadvantage (and whose children would therefore be most likely to benefit from high quality ECEC).

For some families who can meet eligibility requirements for the Child Care Subsidy, the cost is comparable to any income they may be able to generate by working. Little of their additional earnings remain after paying for childcare to contribute to overall family income, and working is therefore not seen as a viable option.

“If parents are not doing well, children will not do well. Giving families with young children more money will simply alleviate that stress.”

Barriers to service delivery

The ECEC sector is experiencing chronic workforce shortages, operates under complex funding arrangements and is governed by an administratively heavy national quality and compliance system that is sometimes seen as punitive.

Staffing challenges were reported in our consultations to be progressively getting worse, reflecting workforce reporting elsewhere. Decreasing levels have had a direct impact on the number of places available for children. Temporary waivers for staff are at an all-time high^{vii}, with nine per cent of the national population of ECEC services currently operating with a temporary staffing waiver (which gives permission to go over the required ratio of educators to children). This represents an increase of three per cent in waiver approvals since quarter one 2021, indicating a worsening picture of staff recruitment and retention.

Participants in our consultations told us that resolving these workforce issues would require investment in wages and a system of professional development and mentoring, both to retain existing staff as well as having the potential to attract new staff. Many participants noted the gap in pay between degree qualified ECEC teachers and degree qualified primary school teachers, which is over \$30,000 for the first year of work and continues to grow over time.

The current quality and compliance system, the NQF, leaves some staff feeling burdened by administrative processes and policed, rather than mentored and supported in the delivery of high quality ECEC. In some consultations, long standing members of the early childhood sector spoke of their desire for a system that helps services to achieve quality standards with supportive evaluators focused on development, rather than punitive compliance.

“Stop the policeman approach to quality – instead move to mentorship.”

ECEC has multiple funding forms with most centre-based services funded across two jurisdictions: federally for the Child Care Subsidy and from their respective State or Territory for the delivery of preschool programs. Multiple funding systems adds complexity and are more challenging both for staff to administer and families to understand.

Further criteria and application processes are required for services to access targeted funding, such as the Community Child Care Fund and Inclusion Support Program. The Additional Child Care Subsidy (ACCS) is intended to provide extra help with fees to families facing barriers to childcare but must be applied for by the family through Centrelink before being paid to providers to pass on as a fee reduction, adding an additional administrative burden to both.

For new mothers facing disadvantage, Sustained Nurse Home Visiting (SNHV) is one of the best-evidenced interventions for supporting women in the first 1,000 days of parenthood. Much research has already been conducted, demonstrating the benefits of SHNV. For example, the *right@home* SNHV program is proven to support healthy child development with more responsive parenting, consistent routines, better home safety, and improved maternal mental health and self-efficacy.^{viii} Measurable benefits are demonstrated up to three years after the program ends when the child is aged two. However, we heard concerns these tested programs are not being backed by government agencies. There is concern a new Early Years Strategy will not build on the knowledge base that already exists. It may not be that we need something new, rather that we need new funding to support tested approaches.

Key Theme: High Quality

A high quality ECD system is one that meets the needs of children and families. As with universal access, to achieve our goal of universal high quality, consideration must be given to the different levels of need across services, families and communities to achieve equity.

An ECD system that works for families is one able to wrap around the entire family and is embedded in the community. A multifaceted and place-based approach supports the delivery of (and access to) high quality ECEC.

The current siloed approach of separate services for health, housing, income support services, education etc inhibits the ability to deliver services to children and families in a holistic and meaningful way. Often those working with the family don't get to see the 'whole person', resulting in unrecognised opportunities. Enabling greater connection between services will not only support ease of access for families but can also enhance the ability of practitioners to provide more proactive and preventative supports, increasing the opportunities for families to escape disadvantage. This collaborative approach also provides opportunities to enhance the skills of all professionals, in turn supporting the ECEC staff to be better equipped to work with all children, including those with identified disabilities, and those living with or having experienced trauma.

"The problems we face at a clinical level are subservient to the issues that impact the wellbeing of children overall."

We heard from communities it was important to them that educators reflected the diversity of the community, as well as noting the benefits for children of having educators and health practitioners aware of, and familiar with, their cultural practices.

Place-based approaches build on existing resources within the community and work to develop local capabilities, recognising the community knows what it needs and how best to achieve it. A strengths-based, capacity building approach based on shared decision making between governments, their partners and the community was strongly supported.

"But how do we write that all into a strategy? There are so many silos everywhere."

The delivery of high quality ECD requires a strong foundation in evidence based best practice, in particular the science of neurobiology and a commitment to the importance of the first 1,000 days of life in determining future outcomes for children.

Participants recognised the importance of the family and community context, noting that children are better able to thrive within a family that is adequately supported by and within the community, and that supports provided to the adults in families are just as influential on child development outcomes as they are to the parent.

"Where is the time and space and resources for children to play? We are forcing children on to screens. They have a right to play and have contact with nature."

"If mothers [and parents] are responsible for making things happen, then their health is critical."

Conversations – the detail

This report includes preliminary response and analysis of feedback gathered at a range of forums between October 2022 and February 2023.

Date	Location	Hosted by	Targeted Participants
31 October 2022	Online with a focus on Migrant and Refugee Communities	Social Policy Group	Migrant and Refugee community members
18 November 2022	Connected Beginnings Gathering - Listening circle	SNAICC	Participants from a range of Connected Beginnings sites from across Australia representing a diverse range of remote, regional and urban communities.
25 November 2022	Adelaide, SA	ARACY	Child health professionals, ECEC professionals
29 November 2022	Online with a focus on inclusion	CYDA	Participants with lived experience of disability, and professionals.
30 November 2022	Wollongong, NSW	ARACY	ECEC professionals
6 December 2022	Launceston, TAS	ARACY	ECEC professionals and place-based service providers
7 December 2022	Port Phillip, VIC	ARACY	ECD researchers and ECEC professionals
20 December 2022	Online with a focus on integrated models of ECEC	The Bryan Foundation	ECD researchers and policy leaders
21 December 2022	Online with a focus on children living in places of disadvantage	The Bryan Foundation	ECD researchers and policy leaders
1 February 2023	Online with a focus on antenatal and maternal health	ARACY	Antenatal and Maternal Child Health professionals

At each consultation, participants were encouraged to consider, that in looking to:

a) create big societal shifts and interventions to prioritise the early childhood development system; and

b) develop interventions to build an early childhood development system where all children and families thrive:

- What things that we do now should we do more of?
- What things that we do now should we change or stop doing?
- What are things that we've never tried that we should have a go at?
- And, what one change would make the biggest difference for our youngest children?

Each consultation included provocations by thought-leaders from a range of areas that impact early childhood development. We acknowledge and thank the provocateurs for their contributions, including:

Professor Sharon Goldfeld – MCRI

Joanne Goulding – THRYVE NSW

Rodney Greene – Burnie Works

Kellie Grose – Kids Uni

Courtney Hala – Children's Health Queensland

Lin Hatfield-Dodds – Benevolent Society

Anne Hollonds – National Children's Commissioner

Dr Jon Jureidini – University of Adelaide

Professor Lynn Kemp – Western Sydney University

Jane McCracken – Hands Up Mallee

Travers McLeod – Brotherhood of St Laurence

June McLoughlin – Our Place

Professor Leonie Segal – University of SA

Dr Lindsay Smith – UTAS

Emma Sydenham – SVA

What we heard

Across all conversations, consistent themes emerged. One key message that was heard again and again.

“Children must be the focus of any early years strategy, and of the ECEC system overall. Reform and programs should centre the benefits to children, not just families or economic/workforce participation outcomes.”

Despite the substantial changes made in the past decade towards universal ECEC and consistency via the NQF, significant change is still required to ensure universal and equitable access across Australia for all children. Universal is the baseline, and we recognise some children and families need more supports.

Building positive outcomes for children starts even before they are born, and access to supportive and appropriate health services are vital for families to thrive. The current models of introductions to services following the birth, but then an opt-in model for ongoing health visits, downplays the opportunity and the benefit of universal maternal and antenatal health supports.

Themes that emerged, in looking to reform early childhood development to ensure all children and their families could thrive, converged around issues of:

- Relationships,
- Funding,
- Place-based, multi-faceted approaches,
- Professionalism, and
- Consistent and/or national collaboration.

Relationships

- Children must be central to decision making regarding their welfare and education.
- In planning services for children, look to the voices of children to ensure they are not forgotten in the broader community response.
- We all need to put emphasis on connections and relationships that support all families across broader service systems.
- Relationships are fundamental but the workload and structure don't allow for it. Days can't be filled with back-to-back clinical appointments and this misses opportunities for meaningful and genuine relationships to develop.
- Services should respond to, and respect different cultural needs, be culturally relevant and engage families where they are.
- Aboriginal Community Controlled Organisations (ACCOS) are vital to ensure that culturally appropriate services are provided in often under resourced communities.

- The split between ECEC and maternal health services/practitioners is artificial and damaging. We need funding and support to build relationships around the needs of the child.
- Colocation doesn't create collaboration; hubs can bring great benefits, but systems need to be put into place to encourage working together and breaking down silos. When planning new services and buildings, we need to consider what it looks like and what it feels like for families.
- A focus on the broader social contexts which create positive outcomes for children is needed and therefore, relationships between services to foster adequate supports for families (including from outside the ECEC sector) must be developed.

Funding

- The current CCS model for accessing ECEC is too complex.
- The current activity test to access CCS inhibits access for families most in need, and it should be scrapped altogether.
- Long term consistent funding is required to support quality ECEC delivery.
- Individual Support Programs for children with disability are not working, are too rigid, and time consuming for families and ECEC centres.
 - Consider a needs-based assessment with a greater focus on capability building in educators to support *all* children.
- Projects/programs with quantitative session based access doesn't work i.e access to six sessions, this doesn't recognise the different needs of families and individuals, some may only need six sessions, some may need more some may need less. Need to be able to be flexible in service delivery to meet needs.
- Services have been applying for additional funding through grants and philanthropy to be able to provide higher quality care without higher fees impacting on families.
- A fairer CCS framework is required, and one overarching national resource should be made accessible with information on subsidies and requirements.
- Short term funded programs are problematic, services can't expect to be able to evaluate and demonstrate outcomes after six months of implementation. Time is needed to allow for implementation, collecting evidence and creating change.
- When funding services, don't just look at what has been done before, look at what has been defunded and why.

Place-based multifaceted approach

- Not a one size fits all approach – we need universality with tailored, wrap around services (across ECEC and health, and other needs) to support those who need it, where they are.
- ACCOs are vital and need to be supported to continue culturally engaging work.

- Genuine investment in building a localised workforce should be prioritised – employment, training, development and, coaching – that is relevant to each community.
- Need to better gather and understand evidence of what is working, and what is not.
- Look to communities where things are already working but acknowledge that each community is different and what works in one may not work in another. Need genuine consultation and recognition that communities know what they need and what works for them.

“Community leadership, ownership and quality is really important, but we don’t have a way to measure quality at the moment.”

Professionalism

- Invest in the workforce – wages and professional development and support across all fields working with children.
- Quality vs compliance – less focus on catching out and testing, instead shift to more guiding and improving practice.
- Provide resources to enable greater professional development for educators:
 - Equip educators to understand the local “community ethics” of how business is done, to know how to navigate community and family connections to support services and connect and support children with regards to working with First Nations.
 - Develop more skills in working with culturally diverse families.
 - Inclusion across areas of disadvantage, so all children can participate and thrive.
 - Be able to support children and families experiencing trauma – making trauma informed care a core requisite for maternal health workers and ECEC educators.

Consistency and Collaboration

- All levels of government need to come together rather than shifting costs and regulations around.
- Services need to be consistent nationwide, helpful for families who move from place to place.
- Inclusive education benefits all children, educators, and the wider community.
- ECEC needs to be valued for its benefits for children, not just a driver for workforce participation.
- Move away from language such as vulnerable and disadvantage – use a strengths-based approach – i.e. being able to access supports demonstrates how valuable it is to find ways to make children and families flourish.
- Once a gap is created it’s hard to close, it generally just gets larger more rapidly. Equality in service delivery will mitigate the chances for this gap to form.

- Recognise the importance of prenatal and antenatal health. There needs to be investment in pre-conception education, pitching what they need to know to be able to have a safe healthy pregnancy and beyond.
- Australia needs to invest in greater data collection to drive decision making. A participant shared the example that there hasn't been a recent survey done on infant feeding in a long time and the most recent research was funded by a company that manufactures infant formula and therefore is unreliable due to bias.

Other Issues Raised

- Stop trying to fix a broken system by tinkering – it needs an overhaul.
- The rights of the child need to be central.
- Reclaim the space for play in childhood development.
- More investment in the ECEC sector is required to attract and retain staff:
 - Ongoing support for educators – with specific professional development and cultural support for First Nations staff.
 - Need to go back to a split approach – regulatory support and, compliance and quality assurance as separate entities.
 - Mandatory qualifications limits diversity in educators.
 - Support more training for educators to understand and respond to trauma.
- Funding for ECEC and support programs needs to be long term and consistent:
 - Quality costs money – investing in quality could potentially drive costs up for families and this inhibits access to those who need it most.
 - Applying for additional funding – challenging when resources are already stretched and is time consuming impacting the ability to gather appropriate evidence.
 - Consider the impact that the National Competition Policy and the Victorian Competitive Neutrality Policy have on service provision of Commonwealth-funded ECEC (i.e. long day ECEC centres and family day care etc) which has resulted in perverse policy outcomes.
- Inconsistent language and naming across all states and jurisdictions – preschool vs kinder vs long day care. How can we have a universal system if they are all called different things and treated and funded differently by both federal and state governments? Need national collaboration.
- Alignment across all levels of government – not just plonking a program where they think they need it. Engaging families and communities and asking 'will this help you?'
- The current CCS system is too complex and challenging to navigate.
 - Changes to the activity test have meant those experiencing disadvantage who would benefit from high quality ECEC still aren't able to access it.

- Inclusion Support Program in its current form isn't working, leaving parents and educators stressed and children without necessary supports.
- Too often we hear language that devalues the work taking place in ECEC settings, such as 'childcare'.
 - Stop ECEC as being seen only for school readiness – there is so much more to ECEC than that.
 - Raise the profile of ECEC – stop the divide between ECEC and education/school.
- Emphasis on connections and relationships – proposal to 'follow the child', so educators stay with the same cohort in an ECEC setting, i.e. teachers should move and transition through the centre with the children so that they have a consistent educator and support the development of rich and meaningful relationships.
- Too many silos – need collaboration between services to foster transitions:
 - Integrated service delivery.
 - Place based approaches should become the norm, with a focus on strengthening families.
 - More than one solution – not one size fits all approach.
 - Important to recognise disadvantage isn't just in pockets and 'disadvantaged communities'.
 - Work to ensure everyone gets the same benefit regardless of where they live.
 - Build upon existing community strengths.
- ECEC needs to develop to be culturally sensitive and relevant to migrant and refugee communities.
- Provide useful information on navigating the system.
- Need to stop punishing families for non-engagement. Rather than cancelling for failure to attend meetings, ask why, what can we do to ensure the family get the support.
- Evidence and data:
 - How to better use all forms of evidence – including data - to inform practice and decision making, including building workforce capability to use data and evidence.
 - Consistent definitions and data capture of vulnerable cohorts including those with disability, LGBTI+, Aboriginal and Torres Strait Islander communities etc.
 - Collection of high-quality data including child and family outcomes (potentially a core outcomes measure set?).
 - Appropriate investment in evaluation, including economic evaluation, to enable the required policy and/or practice change.
 - Ensuring there is the capacity for embedding impactful and ongoing data and research into ECEC and early years activity.

Appendix 1: Looking for common terms

It was clear from the consultations that frequently used terms within the early childhood development space are recognised differently across jurisdictions. Our national consultation identified inconsistent language and naming across all states and jurisdictions, for example the common terms preschool, kindergarten and prep, as well as in access to maternal health services.

Early childhood education and care (ECEC)

Early childhood education and care (ECEC) services provide the following broad service types:

- *Childcare services* — provide education and care services to children aged 0–12 years including the following service types: centre-based day care; family day care; outside school hours care (OSHC); and other care.
- *Preschool services* — are services that deliver a preschool program. A ‘preschool program’ is a structured, play-based learning program, delivered by a qualified teacher, aimed at children in the year or two before they commence full time schooling and intended to improve school readiness. Preschool services may be delivered by schools or through centre-based early childhood education and care service such as a long day care.

The following table^{ix} outlines the naming differences between preschool, prep and kindergarten for each of the states and territories. Universally accessible ECEC in this context is about removing barriers to high quality preschool services for all children and families.

Table 3.1 Preschool programs in Australia, 2020-21

State/Territory	Preschool program		Transition to primary school Foundation year (Year prior to year 1)	
	Program name	Age of entry — preschool program in year before full time schooling (YBFS)	School year	Age of entry
NSW	Preschool	Generally aged 4 and 5	Kindergarten	5 by 31 July
Vic	Kindergarten	4 by 30 April	Preparatory (Prep)	5 by 30 April
Qld	Kindergarten	4 by 30 June	Preparatory (Prep)	5 by 30 June
WA	Kindergarten	4 by 30 June	Pre Primary	5 by 30 June
SA	Preschool	4 by 1 May	Reception	5 by 1 May
Tas	Kindergarten	4 by 1 January	Preparatory	5 by 1 January
ACT	Preschool	4 by 30 April	Kindergarten	5 by 30 April
NT	Preschool	4 by 30 June	Transition	5 by 30 June

The evidence base demonstrates children experiencing disadvantage gain the most benefit, with ECEC participation linked to improved outcomes compared with non-ECEC attending counterparts.

In addition to the language variances above, our consultations identified discrepancies within the application of the National Quality Standards (NQS). The assessment and rating process and national laws and regulations do not apply to the Western Australian schooling sector. In Western Australia, the school sector delivers the majority of preschool services in the state but falls outside the jurisdiction of the NQS. The Western Australian education sector has used the national laws and regulations to inform their own implementation of quality standards based on the NQS.

In Tasmania, preschool services began transitioning to the NQS in 2021, meaning the collection of consistent quality data is only in the early stages.

These variances affect the intent and purpose of the NQS, which is to provide a consistent process for determining and demonstrating the quality of individual ECEC services. The nature of the discrepancies between school-provided preschool services and centre-provided childcare and preschool services risks driving a further perceived distinction between school-based ECEC and centre-based ECEC, with one seen as providing educational outcomes and the other being a care service. In practice, the evidence is clear that all high quality ECEC supports better child development outcomes, as demonstrated by the qualifications required of all ECEC staff, and should be valued equally for this reason.

Maternal and child health services (MaCH)

The Australian College of Nursing defines Maternal, Child and Family Health Nurses as RNs with a qualification in the specialty of child and family health nursing, and possess knowledge and skills regarding child development, family functioning, infant mental health, perinatal mental health and health promotion.^x

It is important to note the difference in qualifications between a registered nurse and a registered midwife. In addition to maternity care to women, midwives are authorised to provide care during the postnatal period of six weeks post birth, this doesn't enable them to work as MCFH nurses without further qualifications.^{xi} Maternal, child and family health nursing is a primary health care service, with nurses practising across primary, secondary, and tertiary level health services with clinical practice occurring in a variety of settings such as the home, community, public and private facilities and can be face-to-face, via telephone support services, or through a wide range of virtual communication platforms.^{xii}

It has been identified each jurisdiction uses different naming conventions for Maternal, Child and Family Health Nurses as well as the frequency and number of recommended checks. As reported by the Centre for Policy Development the number of free maternal and child health checks can vary from 6 to 15 depending on location.^{xiii}

The following table provides an overview of services operating in each jurisdiction.

Jurisdiction	Position title	Description and Support Offered	Infant health record
New South Wales	Child Family Health Nurse (CFHN)	<p>Managed by NSW Health via 15 local health districts delivered through Child and Family Health Centres.</p> <p>First visit offered as a home visit subsequent visits at Child and Family Health Centre, with the following ages recommended for visits/checks; 1 to 4 weeks, 6 to 8 weeks, 6 months, 18 months, 2 years, 3 years and 4 years.</p> <p><i>“Child and Family Health Services provide a free service for parents and carers of new babies in NSW. They offer health, development and wellbeing checks for your child as well as support, education and information on all aspects of parenting.</i></p> <p>https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Pages/health-services-map.aspx</p>	Blue book
Victoria	Maternal and Child Health Nurse	<p>Managed by Maternal and Child Health and Parenting Unit delivered through local council Maternal Child Health Services.</p> <p>First visit is a home visit with a maternal and child health nurse – subsequent visits at Maternal Child Health Centres there are 10 visits in total from the birth of baby to when the child is three and a half years.</p> <p><i>“The MCH Service is a free universal primary health service for all Victorian families with children from birth to school age. The service is provided in partnership with local government (represented by MAV), health services and the department with the aim to promote and optimise health, wellbeing, safety, development and learning outcomes for children and their families.”</i></p> <p>Maternal Child Health Guidelines, State of Victoria, Department of Health, November 2021. https://www.health.vic.gov.au/maternal-child-health/maternal-and-child-health-service-framework</p>	Green Book
Queensland	Child Health Nurse	<p>Managed by Queensland Health via 16 hospital and health services. Parents of newborns have access to drop-in services in Queensland, with subsequent visits recommended for child’s developmental checks at six months, 12 months, 18 months, 2.5 years to 3.5 years, and four to five years.</p> <p><i>“We provide health services for babies and children to give them the best possible start in life. Child health services provide parenting information and support for families in Queensland. These free services may include nutrition, child growth and development assessments.”</i></p> <p>https://www.qld.gov.au/health/children/babies/clinics</p>	Red book

Western Australia	Community Child Health Nurse	<p>Delivered by Child and Adolescent Health Services and WA Country Health Service.</p> <p>Every child in WA gets 5 free child health appointments with a child health nurse at the ages: 0 to 14 days, 8 weeks old, 4 months old, 12 months old (until 18 months) and 2 years old (until they turn 3).</p> <p><i>“Community Child Health provides free healthcare services from birth to school age for your child and family to help raise healthy kids, healthy communities in Western Australia. We offer:</i></p> <ul style="list-style-type: none"> <i>• five Child Health or ‘Purple Book’ appointments (and extra appointments if you need them)</i> <i>• a School Entry Health Assessment when your child starts school</i> <i>• a variety of parenting groups</i> <i>• referrals to other child health services if needed.</i> <p>https://cahs.health.wa.gov.au/our-services/community-health/child-health</p>	Purple book
South Australia	Child Family Health Nurse (CFHN)	<p>Delivered by the Women and Children’s Health network through Child and Family Health Services.</p> <p>Within the first two to four weeks of being home CaFHS will make contact to arrange the first consultation – available in home or at Child and Family Health Service.</p> <p><i>“The Child and Family Health Service (CaFHS) is a statewide primary health service of the Women's and Children's Health Network providing a range of health and development services to children aged 0 - 5 years. The Child and Family Health Service provides free support for all children 0-5 years living in South Australia.”</i></p> <p>https://www.cafhs.sa.gov.au/about</p>	Blue book
Tasmania	Child Family Health Nurse (CFHN)	<p>Managed by Department of Health (Tas) delivered through Child Health and Parenting Service (CHaPS).</p> <p>Child Health Assessments or medical checks are recommended at the following ages: 2 weeks, 4 weeks, 6 weeks (medical check recommended), 8 weeks, 6 months, 12 months, 2 years and 4 years (Healthy Kids check).</p> <p><i>“The Child Health and Parenting Service (CHaPS) provides free child health and development assessments for all children aged 0-5 years.”</i></p> <p>https://www.health.tas.gov.au/health-topics/child-and-youth-health/child-health-and-parenting-service-chaps</p>	Blue book
Australian Capital Territory	Maternal and Child Health Nurse	<p>Managed by Canberra Health Services delivered through Child Health Clinics across the territory.</p> <p>Health checks recommended at the following ages/milestones: 0 to 4 weeks, 6 to 8 weeks, 4 months, 6 months, 12 months, 18 months, 2 years, 3 years and 4 years or before starting school.</p> <p><i>“Our Maternal and Child Health nurses and midwives support parents with information and health advice.</i></p>	Blue book

		<p><i>We offer booked appointments at a range of locations around Canberra. You can book an appointment for</i></p> <ul style="list-style-type: none"> <i>• Child health checks</i> <i>• Other parenting issues or concerns you have for yourself or your baby."</i> <p>https://www.canberrahealthservices.act.gov.au/services-and-clinics/services/maternal-and-child-health-mach-booked-appointments-and-child-health-checks</p>	
Northern Territory	Child Health Nurse	<p>Managed by NT Health and delivered through community care centres or remote health centres.</p> <p>Unable to locate information about when checks are to be completed with information stating <i>"Talk to your child health nurse about when screening and assessment is done.</i></p> <p><i>"The Child Health Service provides you with information, advice and support about your baby's first 5 years.</i></p> <p><i>You and your child should have regular health checks throughout this time."</i></p> <p>https://nt.gov.au/wellbeing/pregnancy-birthing-and-child-health/baby-child-assessments-clinics</p>	Yellow book

Appendix 2: Additional reports

Additional reports, providing further analysis of discussions hosted by campaign partners can be found on the ARACY website at <https://www.aracy.org.au/the-nest-in-action/early-years-strategy-2023>

The Social Policy Group

The Social Policy Group (SPG) is a national, non-government, not-for-profit body with specialist expertise in social policy and program design with a focus on population diversity, social and community cohesion, gender equality, community participation and inclusion, systems' responsiveness, and community outreach and engagement. SPG hosted a forum on 31 October 2022 via Zoom. Qualitative data was obtained through focus groups: the 59 participants were split into five groups which were moderated by SPG staff.

The Bryan Foundation

The Bryan Foundation's vision is to support and empower young Queenslanders to change their lives through meaningful education. The Foundation supports organisations whose education and training programs creatively address the challenges of vulnerable young Queenslanders, with a particular focus on early childhood education. The Bryan Foundation supported two cross-sector roundtables in late 2022, discussing building a strong ECD system for children living in places of disadvantage, and integrated models of service delivery.

REFERENCES

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- ⁱ Information about the 2020 National Early Years Summit <https://www.aracy.org.au/publications-resources/area?command=record&id=320&cid=10>
- ⁱⁱ Early Years Catalyst <https://www.earlyyears Catalyst.org.au/>
- ⁱⁱⁱ Centre for Policy Development *Starting Better – A Guarantee for young children and families* 2021 <https://cpd.org.au/wp-content/uploads/2021/11/CPD-Starting-Better-Report.pdf>
- ^{iv} <https://www.education.gov.au/early-childhood/cheaper-child-care>
- ^v Melhuish et al *A review of research on the effects of early childhood education and care upon child development* 2015
- ^{vi} Centre for Policy Development *Starting Better – A Guarantee for young children and families* 2021 <https://cpd.org.au/wp-content/uploads/2021/11/CPD-Starting-Better-Report.pdf>
- ^{vii} ACECQA <https://snapshots.acecqa.gov.au/Snapshot/waivers.html>
- ^{viii} ARACY, the Centre for Community Child Health, and the Translational Research and Social Innovation Group (TRESI) at Western Sydney University <https://www.aracy.org.au/the-nest-in-action/righthome/righthome>
- ^{ix} Productivity Commission *Report on Government Services* 2022 <https://www.pc.gov.au/ongoing/report-on-government-services/2022/archive/early-childhood-education-and-care>
- ^x Australia College of Nursing *Maternal, Child and Family Health Nursing (position statement)* 2021 <https://www.acn.edu.au/wp-content/uploads/position-statement-maternal-child-and-family-health-nursing.pdf>
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- ^{xii} NSW Child and Family Health Nursing Clinical Nurse Consultant Network and Child and Family Health Nurses Association *Child and Family Health Nursing Professional Practice Network* 2022 <https://www.mcafhna.org.au/public/138/files/Resources/CFHN%20Professional%20Practice%20Framework%20-%20Edited.pdf>
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