



Royal Far West

Children's health, country-wide

IPART Review of Early Childhood Education and Care

20 May 2023

Acknowledgement of Country

Royal Far West acknowledges the Traditional Custodians of the country throughout Australia and the ongoing and important wisdom shared through the continued connection with the land, waters and community. We respectfully recognise the Elders of the past and present and walk with the children who will become future Elders.

Summary of recommendations

The early years are the most crucial time to establish the foundations that will influence the rest of our lives. Bridging the tyranny of distance and the unique problems that our country communities face is not an easy task.

The IPART Review of Early Childhood Education and Care is an opportunity to disrupt inequitable health and education outcomes for children living in rural and remote Australia, significantly improving entrenched disadvantage and mental health trajectories. Children who experience disadvantage in the early years need help to navigate a new path.

We recommend research, focus and investment in the following:

1. Unlocking wisdom, potential and capacity that already exists in our resilient rural and remote communities across the State
2. Embracing technology and innovation to offer flexible solutions to long standing challenges
3. Funding multidisciplinary teams which “lovingly wrap around parents,” - especially our most vulnerable, who did not receive the right support(s) in their own early years and who are struggling to give their children the best chance in life - with access to trauma-informed supports, knowledge and skills
4. Elevating the recognition, supports and pay for our early educators and reduce the barriers for them to work in rural and remote communities
5. Most importantly, reversing the growing divide between city and country children by ensuring every country child in NSW has access to the services they need to support their early development and enrich their lives.

Royal Far West is happy to provide more details and expand on this submission.



More information: <http://www.royalfarwest.org.au/>

About Royal Far West

Royal Far West (RFW), is a children's charity, supporting health and educational needs of country children aged 0-12 years. Next year, RFW will turn 100 years old, and we remain committed to our mission to ensure that every country child has access to the services they need to support their early development and enrich their lives.

Royal Far West employs more than 140 paediatric clinical staff including speech pathologists, occupational therapists, social workers, clinical psychologists, child and family and mental health nurses, paediatricians and child and adolescent psychiatrists together with special education teachers in conjunction with Royal Far West School.

Our three main services are:

1. **Child and Family Services** – we offer a benevolent multidisciplinary health and wellbeing service for children from rural and remote regions of NSW with complex needs and limited access to services.

Three key components:

- Assessment – a comprehensive multidisciplinary assessment to address concerns about a child's functioning and ability to meet expected developmental milestones.
 - Building capacity – strengthening and building the capacity of carers, schools, and local providers as part of the assessment process.
 - Connecting to care – referring and connecting families with services to support them locally, or through RFW treatment pathways for those who meet criteria.
2. **Schools and Early Years services** - We partner with schools, ECEC providers and parents/carers to support country children's behavioural, mental and developmental health in their own communities, to unlock their learning potential and support their health and wellbeing. Our specialist allied health multidisciplinary teams provide wrap-around care primarily through telehealth in a response to intervention model that concurrently builds capacity of the teachers and early educators to better respond to children with developmental challenges. Our work extends across 260 schools and early years settings in rural and remote QLD, NSW, WA and VIC.
 3. **Community Recovery Services** - in community and telehealth services supporting recovery from disaster events. Our Community Recovery Program includes the Bushfire Recovery Program (BRP), (winner of a 2021 Resilient Australia Award), which has so far supported over 3,000 children and their caregivers. The program sees us working in schools in conjunction with local health professionals and community groups, across 60 communities in NSW. We support the wellbeing, mental health and resilience of children impacted by natural disaster events, to reduce the likelihood of long-term effects. We also support those around the child (carers, parents, teachers) to build their capacity to understand and respond to children's needs. We also deliver a similar Floods Recovery Program (FRP) to 30 schools and pre-schools across the northern rivers and south-east Queensland.

Overall, in FY22 we supported 5,196 country children with complex needs and 12,706 beneficiaries in total across three states. We worked in 169 schools, 61 preschools and 212 communities. Twenty per cent of our client base are Aboriginal and we have deep partnerships with remote Aboriginal communities.

Introduction – the importance of the early years

“High-quality ECEC results in better outcomes in subsequent stages of life. Children learn more quickly during their early years than at any other time in life. Children who are already falling behind in the first few years of their childhood face greater obstacles to catch up and succeed at school and beyond. ... Disadvantaged children have the greatest benefit from attending high-quality ECEC, and interventions targeted at them will have the highest returns.” - The OECD Report ‘Starting Strong Key OECD Indicators on ECEC (2017)

Increasingly our focus at RFW is on the early years, targeting rural and remote children who are developmentally vulnerable, working with the child, their educators, and families. Given that 90% of a child’s brain is developed by the age of five, early intervention is key and high-quality support for children aged 3-5 years can make all the difference in changing the trajectory of their lives.

Every day at RFW, we witness the impact on children’s learning, relationships, health and wellbeing because of where they live and no access to early intervention services. The issues that they face as an 8- or 9-year-old, are much harder and more expensive to address.

Allied health professionals play a critical role in early childhood education and care settings. They work in partnership with educators and other professionals to provide support and services that promote the health and development of children. Allied health professionals have specialist knowledge about how to help children learn, grow, and develop their skills.

To deliver the supports country children need at the right time there are three major impediments that early year’s policy and funding need to be overcome:

1. universal access to high quality ECEC
2. growth and support for the early educator workforce
3. access to wrap around allied health supports.

As of today, 400 rural and remote communities across Australia are classified as “childcare deserts” and reaching children in this age range, in these communities is an ongoing challenge. Nevertheless, these are arguably the children that need the most support as evidenced by the growing divide between city and country in the most recent Australian Early Development Census (AEDC).

This compounds existing disadvantages. AEDC results from 2021 indicate that the proportion of children starting school with one or more developmental vulnerabilities is higher in regional areas and almost twice as high in very remote areas compared to metropolitan Australia. This gap has widened since the previous AEDC in 2018 and may continue to widen as the impacts of the COVID-19 pandemic continue to be felt. The Australian Government also reports that children living in the most socio-economically disadvantaged communities, many of which are in regional areas, are twice as likely to be

vulnerable on one or more domain compared to their peers in advantaged socioeconomic communities.

Australians living in rural and remote areas have less access to allied health services than those living in more built-up areas. This is due to both a shortage of allied health professionals in those areas, and poor distribution of the available workers. Current workforce distribution data is not readily available, including public/private practitioners and those focused on the paediatric space.

The AEDC provides a means of identifying communities where children are developmentally vulnerable or at risk. Given the number of communities within Australia without access to allied health services, there is a need to reconsider how such population-based services could be delivered, particularly in the communities with higher levels of vulnerability in development.

Not addressing these disadvantages has long term economic and social impacts:

- of children in the lowest Year 4 NAPLAN Band, only 47% are expected to complete their HSC.¹
- International cost benefit analysis shows that for every dollar spent on effective early childhood intervention, there is a \$13 return to society.
- Improving children's developmental outcomes reduces the risk of adverse long-term impacts such as chronic illness, unemployment, mental ill health, substance abuse, homelessness, and incarceration. This represents a significant downstream saving for the government.
- The lack of available quality ECEC also has ongoing implications for regional development, with many of our regional stakeholders informing us that much needed professional services (in health, education and criminal justice) are limited as professional families with young children cannot find the services they need to live in regional communities – and so take their skills elsewhere.

The NSW Government should ensure families who struggle to access compulsory screening are supported and include pathways from screening to other services once early intervention needs are identified. It should co-fund consistent, comprehensive pre-school developmental screening and school-readiness programs for children aged 3-5 years in rural and remote communities that integrate health, education and disability. This should include a priority focus on small, isolated communities.

Q: Access to and choice of services and how can they be improved?

A: Increase available childcare places available in rural and remote settings to reduce the number of childcare deserts by identifying:

- Schools with excess land or facilities in to accommodate early childhood centres
- Explore funded partnerships with local Government and community groups to establish more flexible and fit for purpose ECEC options particularly in remote areas, where culturally appropriate and safe services are critical to the wellbeing of our indigenous children

¹ Forecasting Future Outcomes, NSW Government

- Incentivise early educators to work in rural areas with improved conditions and housing support
- Support the Federal Government's commitment to ensure early educators get the professional development they need to improve their skills and avoid burnout
- Improve transportation options and affordability for children attending ECEC to better accommodate rural families that have to travel long distances to access care
- Implement Brighter Beginnings to ensure every child has a developmental health check in NSW before starting school
- Prioritise wrap around allied health supports in areas of high vulnerability or risk of vulnerability utilising local workforce or a telehealth workforce
- Ensure that allied health in early learning settings work in multidisciplinary teams to ensure the highest and most expedient outcomes to give children the best start to school.

From July 1, early childhood education and care will be made cheaper for more than 1.2 million eligible families. As part of the \$4.7 billion policy, childcare subsidy rates will lift from 85 per cent to 90 per cent for families earning less than \$80,000, while subsidised childcare will be provided to families earning up to \$530,000 a year. The policy is expected to lead to a sharp rise in demand for childcare by reducing the affordability barrier.

However, supply does not meet current demand. A report released in March this year, "In the Deserts and Oases: How accessible is childcare in Australia?" by the Mitchell Institute (2022), has revealed that when it comes to childcare – where you live matters, with more than a third of Australians (37%) living in a neighbourhood classified as a "childcare desert". The report measured the available childcare in more than 57,000 neighbourhoods across Australia and defined a 'childcare desert' as having less than one childcare place per three children in the local area.

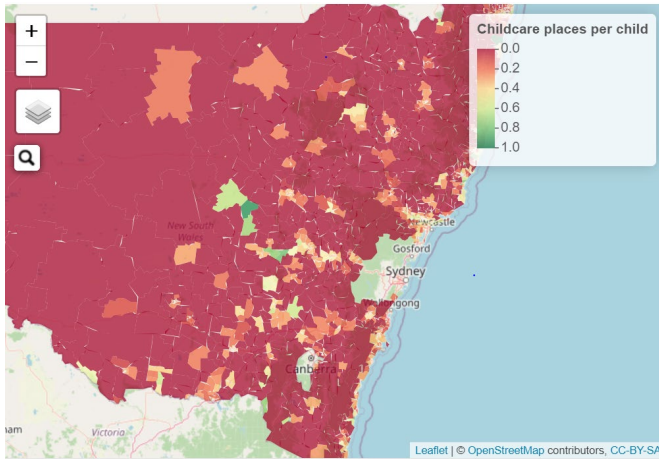
Almost 3 million people are living in a childcare desert in NSW, where three or more children under the age of four were vying for every one childcare space available. 33% of people in greater metropolitan Sydney and 42% of people in regional NSW live in areas considered 'childcare deserts'

While Sydney's wealthiest suburbs have an abundance of childcare places, much of NSW's rural areas are facing an acute shortage of childcare places. Broken Hill and the Far West is the worst affected region of NSW with eight children per childcare place. Werris Creek and Iluka were among the dozen towns nationally - with a population over 1500 people - without any childcare provision.

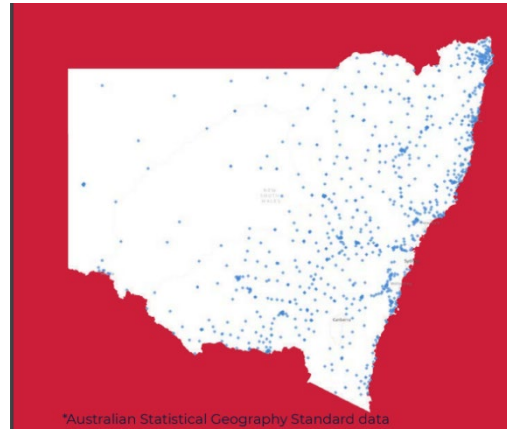
Childcare places are concentrated in the wealthiest areas and where fees were highest suggesting there is an incentive for providers to open in wealthier areas where families can afford to pay higher fees. Greater numbers of women with a child under five were in the workforce in locations where more childcare places were available.

The shortage of childcare places is a concern for both the economy and children's early development. There is a huge body of evidence showing the positive long-term impacts produced by high-quality early learning in setting children up for success as they transition to school, with the benefits continuing throughout their life.

The map below demonstrates that most of our rural and remote communities in NSW are childcare deserts. However, 43.5% of all NSW schools are rural and remote – that is 1009 schools across NSW and this represents an opportunity around greater access.

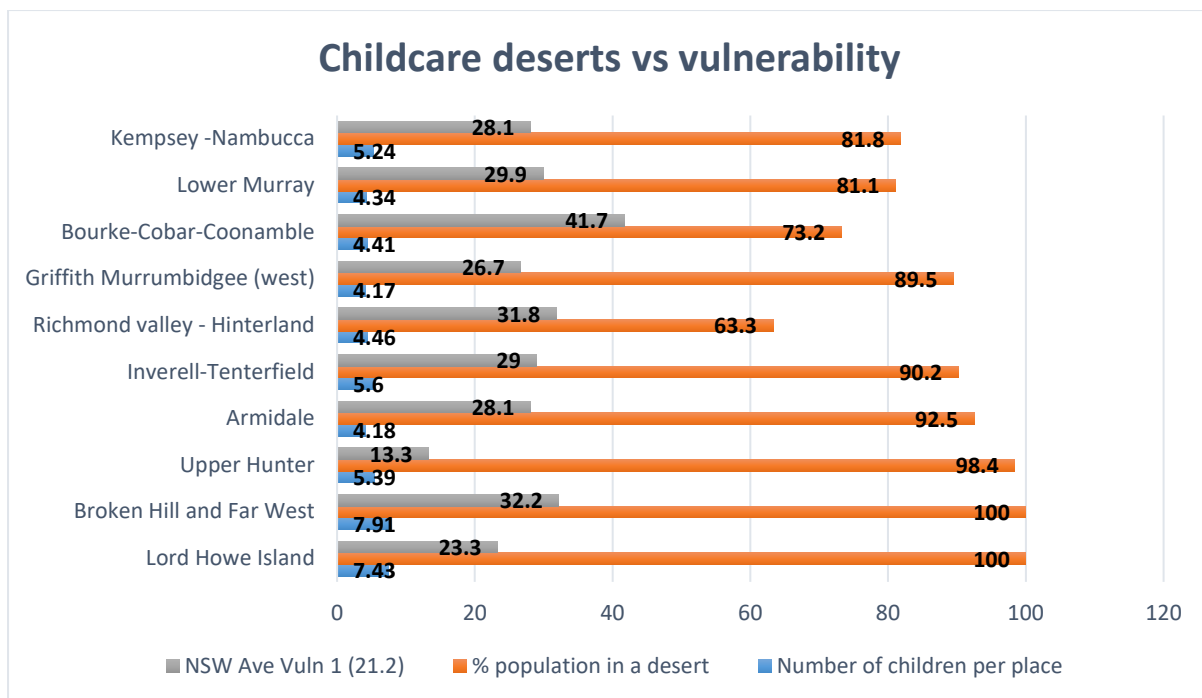


Childcare deserts



NSW rural and remote schools

Access to early childhood education and care is often the first step in identifying a child's developmental vulnerabilities. Early identification of developmental difficulties is more likely to occur in the ECEC setting where carers and educators understand the importance of setting kids up to thrive before they start school.



The latest figures from the 2021 Australian Early Development Census (AEDC) show that developmental vulnerability rates are higher in regional areas compared to metropolitan, and more than twice as high in very remote areas. Rates of developmental vulnerability increase the further a child lives from a metropolitan centre, and the gap between city and country kids has widened over the past three years.

When you overlay the lack of access to early learning with rates of developmental vulnerability themes emerge around where we are failing children that need the most support.

This disappointing trend is not surprising given the workforce shortages that have reached crisis point in many country communities, and the disaster level events that have inordinately impacted these same communities in recent years – chronic drought, bushfires, floods, mouse plague and COVID.

We applaud the former NSW's Governments announcement of its Brighter Beginnings Initiative in 2022 and its cross government approach to enacting transformational change in early childhood development. The core components of health and development checks for all children in NSW preschool settings in partnership with health professionals and expanding the number of Aboriginal Child and Family Centres across the state; will go a long way to improving outcomes for children with developmental challenges however access to early learning settings to receive the developmental checks and pathways to care are still far from resolved.

However, the situation is not without hope. Increased access to and acceptance of telehealth as a result of COVID is facilitating a level of access to services that could reduce the impact of a development challenge when combined with early identification.

Case study

Lucas* lives with his parents, Erin and Steve, and his three siblings, on their family farm in remote NSW. Lucas is an energetic, sparky kid who loves life on the farm. Despite his happy and lively nature, Erin and Steve noticed Lucas's language skills were developing much slower than those of his older siblings. Reassured by friends and family that "all kids are different", they brushed off their worries. As Lucas got older, his communication skills didn't progress significantly, and Erin's and Steve's concerns resurfaced. Lucas never attended preschool – it just wasn't possible due to the long drive into town. When Lucas started kindergarten, the extent of his challenges became apparent. He struggled to understand simple instructions, and his ability to process and retain information was well below the average for his age. As the term wore on, Lucas became progressively more withdrawn.

At home he became emotional each morning when it was time to get ready for school. Erin and Steve knew they needed to find answers quickly, otherwise Lucas would soon fall behind. But the lack of local services, combined with their limited finances, meant finding these answers was not going to be easy. Private services were simply unaffordable and there were long waitlists. In the second term of school, Lucas's teacher arranged for him to start speech pathology sessions via Royal Far West's Schools program. Lucas is making good progress, he is able to express his ideas and engage in conversation with his peers, family and teachers. He is able to retell and discuss events from his day at school and various things that have happened on the farm. This has meant that Lucas is able to engage in the classroom and develop strong relationships with peers, meaning he looks forward to each day at school. Without these services, Lucas would be in danger of falling further behind at school.

*names changed.

The case study is a great example of team-based care. The American Academy of Pediatrics (AAP) recognizes that children's unique and ever-changing needs depend on a variety of support systems. Key components of effective support systems address the needs of the child and family in the context of their home and community and are dynamic so that they reflect, monitor, and respond to changes as the needs of the child and family change. The AAP believes that team-based care involving medical providers and community partners (eg, teachers and state agencies) is a crucial and necessary component of providing high-quality care to children and their families.² AT RFW we believe that to support a child's health and wellbeing, it is vital to support the parents, carers, health professionals and educators around the child. An integrated and collaborative approach will achieve the best outcomes.

Q: How can the supply of early childhood services be enhanced to improve affordability, accessibility, and consumer choice?

A: In addition to access issues addressed affordability and consumer choice are major barriers for rural and remote families across NSW. Choice is still a distant goal for many NSW communities that are currently classified as childcare deserts however, the following opportunities will overcome some of these issues

- Explore funded partnerships with local Government and community groups to establish more flexible and fit for purpose ECEC options particularly in remote areas, where culturally appropriate and safe services are critical to the wellbeing of our indigenous children
- Fund and support mobile playgroups and home based care as the most realistic options for many country communities
- Remove affordability and access issues for vulnerable families by supporting the abolition of the activity test and by offering free early education and care for 3-5 years olds in rural areas
- By improving demand in rural areas there is an opportunity to attract private providers that don't currently service thin markets.

A shortage of childcare and preschool places is the number one issue in many rural and remote locations of NSW. Even for rural children who do have some access to early education, the number of hours available can be inadequate due to staffing pressures.

The lack of childcare and preschool places has a wider workforce flow on effect for rural towns, making them less attractive for professionals such as teachers, doctors, nurses, allied health clinicians and police who might otherwise choose to live there.

The lack of childcare places in remote and rural areas of NSW is reflected in the types of management services operating in these areas. The private, for profit providers are over-represented in the major cities and the gap left in the outer and remote regions is picked by the not for profit and government sectors. This is also reflected in the types of providers operating in lower socio-economic index areas of the state.

1. Private for profit is significantly under-represented in the low SEIFA decile band
2. Private not for profit community managed is marginally over-represented in the lowdecile band.
3. Private not for profit other organisations and State/Territory and Local

²[Guiding Principles for Team-Based Pediatric Care | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)

Governmentmanaged is marginally over-represented in the low decile band.

The distribution of services and approved places by ARIA in comparison to child population is given in the following table. (Data taken from 2017 – Confidential ECEC Market Review for RFW)

(9) ARIA	Distribution Child Popn (0-5)	Services			Places		
		Count	Distribution	Cum %	Count	Distribution	Cum %
Major Cities of Australia	72.3%	11,357	72.1%	72.1%	696,895	76.1%	76.1%
Inner Regional Australia	17.1%	2,737	17.4%	89.4%	141,376	15.4%	91.6%
Outer Regional Australia	8.2%	1,290	8.2%	97.6%	63,501	6.9%	98.5%
Remote Australia	1.4%	212	1.3%	98.9%	8,754	1.0%	99.5%
Very Remote Australia	1.0%	166	1.1%	100.0%	4,977	0.5%	100.0%
Total	100.0%	15,762	100.0%		915,503	100.0%	

There are many forms of early years care operating in rural and remote towns that are fit for purpose such as in home care and mobile playgroups that are stepping in to support children on waitlists for ECEC places and in home care, such as this [example](#)

More flexible ECEC options should be supported and funded to overcome the immediate lack of care available to rural and remote families.

ECEC is a large and complex market and there is a significant opportunity to address early childhood vulnerability (i.e. ages 3-5). for children that are accessing Long Day Care and Preschool SKP services. However, NSW Government needs to apply an urgent focus to access and affordability for children not currently enrolled in any form of early learning and care. The following tables highlight the significant opportunity to address DV via the ECEC and the Direct to Child (DTC) channels before they start school. (Data taken from 2017 – Confidential ECEC Market Review for RFW)

Child Care Services

	Ages 3-5	AUS	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Total	DV (1+)	209,598	61,394	48,667	51,026	14,696	21,972	3,850	4,168	3,824
	DV (2+)	105,520	29,177	24,211	27,370	7,630	10,831	1,962	2,588	1,750
Using	DV (1+)	106,267	34,750	22,843	28,338	6,948	7,913	1,869	1,330	2,277
	DV (2+)	53,407	16,515	11,364	15,200	3,607	3,901	952	826	1,042
Not Using	DV (1+)	103,331	26,645	25,824	22,688	7,749	14,059	1,981	2,838	1,547
	DV (2+)	52,113	12,663	12,847	12,170	4,023	6,931	1,009	1,762	708

PSK Programs

	Ages 4-5	AUS	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Total	DV (1+)	140,527	41,194	32,574	34,273	9,882	14,666	2,587	2,800	2,551
	DV (2+)	70,751	19,577	16,205	18,384	5,130	7,230	1,318	1,739	1,168
Enrolled	DV (1+)	74,019	21,062	18,835	16,914	5,217	7,436	1,624	1,342	1,590
	DV (2+)	37,215	10,009	9,370	9,073	2,708	3,666	827	833	728
Not Enrolled	DV (1+)	66,508	20,133	13,738	17,360	4,666	7,230	963	1,458	961
	DV (2+)	33,537	9,568	6,835	9,312	2,422	3,564	491	905	440

The need is urgent. Research shows that the Covid pandemic and natural disasters have exacerbated developmental and mental health challenges for country kids. For example, teachers and early educators on the ground in rural areas consistently report to our RFW teams that following COVID lockdowns there are greater numbers of children they worry about, and these children are increasingly younger and more complex in their needs.

We know that today, in regional and rural Australia:

- 1 in 5 children have significant mental (emotional and behavioural) health problems
- Indigenous children are twice as likely to be developmentally vulnerable and
- 190,000 children across rural and remote Australia need developmental support.

The current activity test for the Child Care Subsidy limits access to subsidised childcare and is contributing to at least 126,000 children from the poorest households missing out on critical early childhood education and care. As a result, these children are more likely to start school behind their peers, with many never catching up.

According to Impact Economics Report (Aug 2022) "Activity Test – undermining child development and parental participation" a number of vulnerable family groups, when compared to families earning over \$200,000 per year, are more likely to be subject to the activity test that limits access to subsidised care. The report shows that single parent families are over three times more likely to be limited to one day of subsidised childcare per w/week; and Aboriginal and Torres Strait Islander families are over five times more likely to be limited to one day of subsidised child care per week.

Providing access to early learning is fundamental to help parents and carers identify developmental challenges early and seek intervention supports.

Children in regional areas and remote communities are also likely to have poorer access to services that support healthy development, such as medical and allied health services. In 2020, there were more than 386,000 FTE clinicians working in Major cities compared with 132,000 in all other remoteness areas supporting the entire population.³

Relative to the populations in these areas, Major cities had a greater number of working FTE clinicians (2,077 clinical FTE per 100,000 people in 2020) than each of the other remoteness areas. For the other remoteness areas:

- Inner regional areas had 1,890 FTE per 100,000 people.
- Outer regional areas had 1,761 FTE per 100,000 people.
- Remote areas had 1,959 FTE per 100,000 people.
- Very remote areas had 1,833 FTE per 100,000 people.

Providing a high-quality early learning sector is critical. Early learning needs to be high quality if it's going to have an impact. We know that up two years of high-quality early years education before starting school has a significant impact and is particularly positive for children from low-income families. We have good evidence about what is important for quality in early learning from international evidence bases such as Evidence for Learning's Early Childhood Education Toolkit,⁴ but that evidence needs to be put into practice across the system.

³ <https://www.aihw.gov.au/reports/workforce/health-workforce#rural>

⁴ <https://evidenceforlearning.org.au/education-evidence/early-childhood-education-toolkit>

Case study:

Judy is the grandmother of 6 year-old Peter. This Aboriginal family, lives in Tamworth, north-west NSW. *names changed
As told by Judy: "Peter is a young boy with a disability, autism. When he was 2-years-old we tried everything to get him help – nothing was available and we ended up going private. There is a waitlist in Tamworth of between 6 to 18 months for services like OT and Speech. We are still struggling to get him help – he is now six years old and has just started school. He now has NDIS funding but accessing services is impossible. He is on a waitlist for COMPASS and I ring them every second day. There are lots of kids like Peter in the area that need help – the local indigenous childcare centre has a waitlist of three years."

Q: Are there particular parts of NSW where you consider there is a shortage of early childhood education and care places? Where are they?

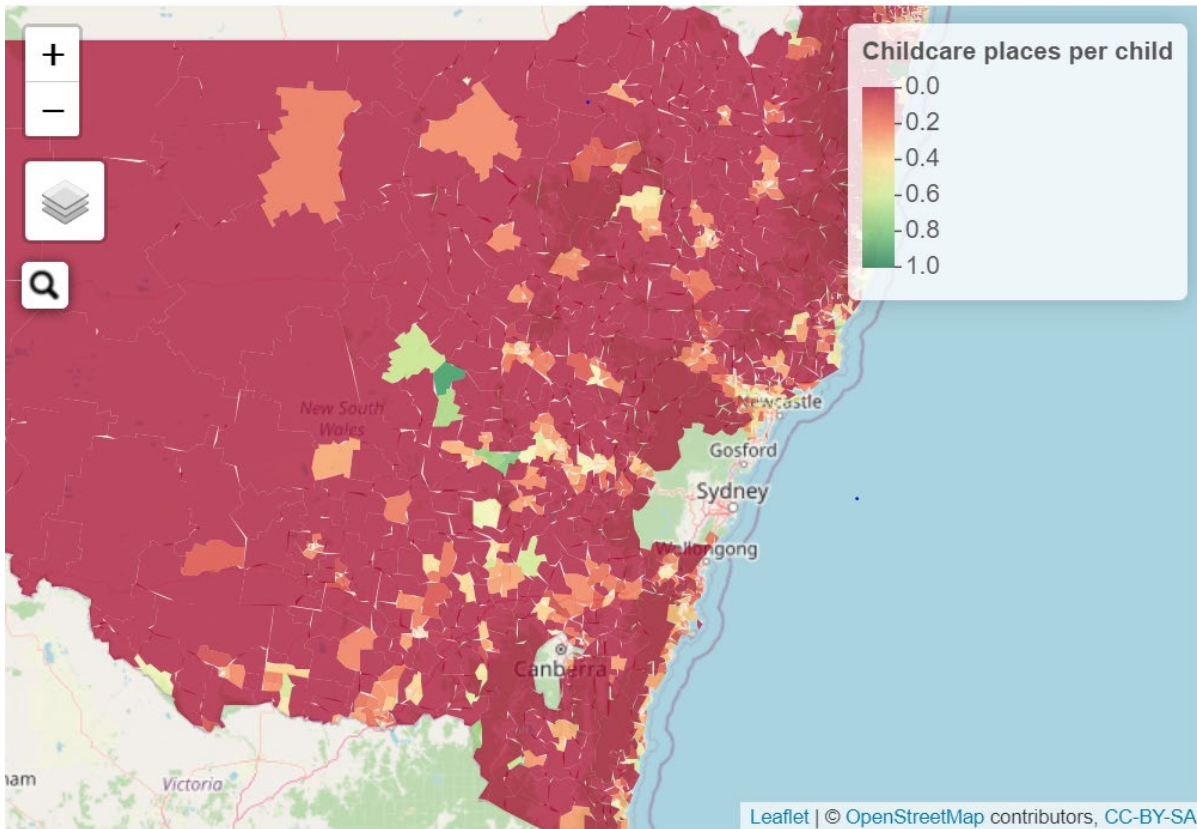
A: Yes - the Mitchell Institute's Childcare Deserts Report found that almost **3 million people are living in a childcare desert in NSW**, where three or more children under the age of four were vying for every one childcare space available.
33% of people in greater metropolitan Sydney and 42% of people in regional NSW live in areas considered 'childcare deserts'

While Sydney's wealthiest suburbs have an abundance of childcare places, Mount Druitt and much of NSW's rural areas are facing an acute shortage of childcare places.

Broken Hill and the Far West is the worst affected region of NSW with eight children per childcare place.

Werris Creek and Iluka were among the dozen towns nationally - with a population over 1500 people - without any childcare provision.

Childcare places are concentrated in the wealthiest areas and where fees were highest suggesting there is an incentive for providers to open in wealthier areas where families can afford to pay higher fees. There was also a concentration of place near major job centres.



NSW Regional

Location	Children per place	Location	Children per place
Maitland	1.8	Broken Hill and Far West	8
Newcastle	2	Lord Howe Island	7.4
Snowy Mountains	2	Hawkesbury	7
Port Macquarie	2.1	Inverell - Tenterfield	5.6
Great Lakes	2.4	Upper Hunter	5.4

Sydney - Greater metro

Location	Children per place	Location	Children per place
Sydney Inner City	1.6	Mount Druitt	3.7
Chatswood - Lane Cove	1.7	Blue Mountain	3.6
Ku-ring-gai	1.85	Fairfield	3.5
Ryde - Hunters Hill	1.9	Liverpool	3.4
Marrickville - Sydenham - Petersham	1.9	Auburn	3.3

The shortage of childcare places is a concern for both the economy and children's early development. There is a huge body of evidence showing the positive long-term impacts produced by high-quality early learning in setting children up for success as they transition to school, with the benefits continuing throughout their life.

Children from disadvantaged backgrounds benefit the most, and these children are the ones most likely to live in an area with a shortage of childcare places.

2021 AEDC data shows consistently that where you live makes a difference to rates of developmental vulnerability, especially for Australian's living in regional, rural and remote Australia.

In NSW, nearly 70% of regions with the highest rates of vulnerability in NSW are located in regional, rural and remote areas. Almost 2 out of 3 children in Brewarrina (65%) and Bourke (60%) are developmentally vulnerable on one or more domains

LGAs	Devul 1 or more domain
NSW average	21.2
1. Brewarrina	65.0
2. Bourke	60.0
3. Cobar	58.7
4. Coonamble	52.6
5. Balranald	47.1
6. Tenterfield	39.6
7. Berrigan	36.7
8. Wentworth	35.6
9. Murrumbidgee	34.3
10 Walgett	34.1

10 LGAs with the highest rates of developmental vulnerability on one or more domain

Childcare makes economic sense also by boosting workforce participation for women, helping families, employers and the economy.

Recent economic modelling from Victoria University's Centre of Policy Studies shows that investment in the early learning largely pays for itself through increased tax paid to government from greater female workforce participation.

The sector receives \$11 billion a year in Federal Government funding via the childcare subsidy with parents contributing up to [\\$6.8 billion](#) (in 2019).

Q: What types of circumstances are most challenging for providers in delivering quality early childhood services?

A: In rural and remote areas the biggest challenges are

- Workforce – attracting and retaining them due to low wages, poor recognition, lack of housing, limited wrap around supports
- Supporting children with increasingly complex developmental challenges
- Accessing inclusion supports, especially allied health
- Having enough staff and resources to support professional development
- Meeting credentialing requirements
- Huge administrative and compliance burdens

A recent online event (Feb 2023) of around 180 largely NSW-based, early educators, families and service providers, hosted by Thriveby5 and Royal Far West, discussed challenges and opportunities for the sector's reform, and found agreement around several priority outcomes. Agreement was based on the premise of delivering quality early learning services, with quality staff, family engagement and a sustainable, flexible model of delivery.

The event can be seen [here](#)

At the event it was agreed that reform outcomes should include:

- Equal, fair and reasonable access to early learning services
- A focus on mental health and wellbeing for children in their early years of life
- Availability and accessibility for early intervention services for children living in rural and remote locations
- Compulsory screening for developmental vulnerabilities in early learning settings
- Development of a sustainable early learning workforce
- The goal that no child starts school with unidentified developmental vulnerabilities

As mentioned in an earlier section referencing the Child Care Deserts Report, available childcare places remains the biggest issue facing NSW rural and remote communities. This report in The Guardian (11 May 2023) highlights the compounding pressure in NSW rural towns of restricted early learning/preschool. <https://www.theguardian.com/australia-news/2023/may/11/the-labour-shortage-in-regional-towns-forced-our-daughter-out-of-childcare>

Some specific examples of these issues include:

- Barraba – a town of 1200 people NW of Tamworth, NSW – there is no childcare or long day care in the town and no before-or-after school care. It is a 45 mins drive to access long day care.
- Bourke in western NSW – there are 50 children on the waitlist to access childcare.

The impact of developmental vulnerability in thin markets complicates issues for ECEC settings in rural and remote. For the past ten years, our recently retired Healthy Kids Bus Stop program screened over 4,200 children aged between 3-5 years, conducted bus stop clinics in 120 communities and completed over 18,000 assessments. Over 80% of those children required a referral to a local service or our own paediatric allied health services. Of these children referred for further assessment, the highest need was for speech pathology, followed by occupational therapy.

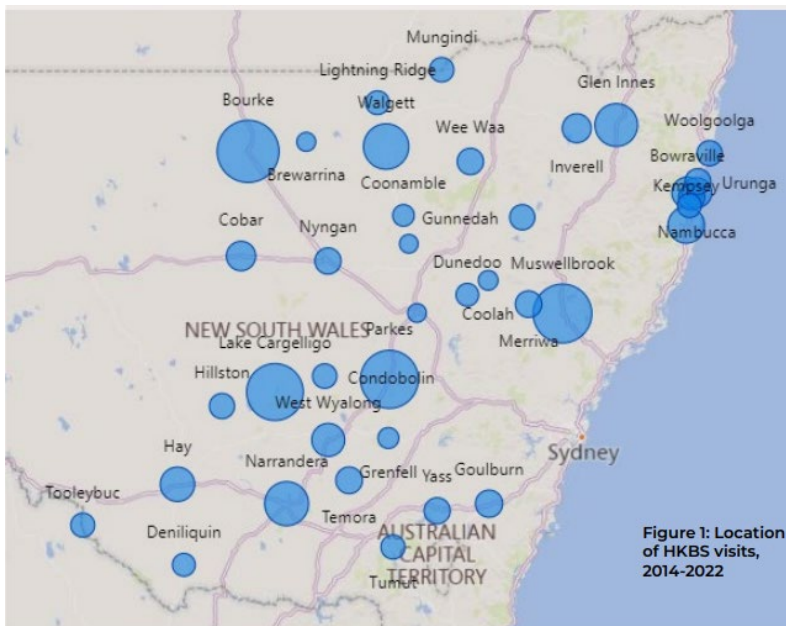


Table 1: % of children receiving a referral – by LHD

Local Health District	% Of children referred
HNE	85.23%
Western	83.83%
Murrumbidgee	79.19%
Southern	75.76%
MNC	63.69%

This highlights the importance of screening and follow-up services for kids in the bush. We need to see more allied health professionals connected to rural communities, either in-person or via telehealth. That is why the NSW Government's Brighter Beginnings initiative is so important. It has promised development checks for all 4-5 year olds, prior to starting school, and also universal preschool for the same age group.

It is during the early years that children learn essential social-emotional, and cognitive skills. By the age of five, about 90 per cent of the size of a child's brain is developed. Children who are already falling behind in the first few years of their childhood face greater obstacles to catching up and succeeding at school and beyond. As early experiences shape the architecture of the developing brain, they also lay the foundations of sound mental health. Disruptions to this developmental process can impair a child's capacities for learning and relating to others — with lifelong implications.⁵

Addressing and preventing poor mental health, developmental vulnerability, and lack of access to healthcare services for children aged 5 and under, living in rural and remote areas

⁵ <https://developingchild.harvard.edu/science/deep-dives/mental-health/>

of Australia, is a health problem, but it's one that is best addressed in early years settings such as a preschool, and early learning centres, where children and families are easy to reach.

Providers report that attracting and retaining staff in rural and remote areas is incredibly difficult with low comparative salaries and many country towns have no casual pool of staff to cover professional development and illness. The latest employment data (Labour Market Insights) show vacancies in childcare occupations are at a record high. A 2021 survey⁶ of almost 4,000 early childhood educators showed 37% do not intend to stay in the sector long-term. Of this group, 74% intend to leave within the next three years and 26% within the year.

Providers also report that the requirement for tertiary (degree) trained staff limits flexibility. And also the lack of access to appropriate allied health services to support children in their care contributes to the burnout of educators.

Continued professional development needs to be funded for educators, including orientation to child development, training in partnering with Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, and the causes of and strategies for, remedying child dysregulation/behaviour. This would increase levels of workplace satisfaction and assist with reducing turnover.

The recent Federal Budget allocation of \$72.4 million funding over five years for professional development to support skills and training in the sector is a welcome initiative. The investment aims to enhance professional development and supports to attract and retain early childhood educators to the ECEC workforce and uplift capacity and qualifications. It will also be important to include wage parity and address other issues impacting workforce specific to rural and remote communities.

Housing shortages in rural and remote areas also have a compounding effect on rural and remote workforce challenges; reports from pre-schools RFW supports point to early educators couch surfing or having to live away from home during the week in order to work. These conditions are commonly reported and not sustainable.

In addition to pay and conditions, professional recognition and professional learning opportunities all influence the attraction and retention of early educators. Regional, remote and Aboriginal and Torres Strait Islander workforces are the worst affected by these issues. Burn out of staff/educator well-being is also a concern—teachers must be teacher and health professional.

Therefore, with this complex set of challenges it is essential that early educators are supported to:

- (a) have the skills and knowledge to identify when children need support and
- (b) the confidence and practical tools required to share their concern with parents/carers in a supportive and empowering manner and
- (c) have connections with allied health services to refer the child and their family for further assessment and support.
- (d) have the skills and knowledge to understand and respond to children with developmental challenges in an early education setting.¹

⁶ Big Steps - Value Our Future - The Crisis in Early Education - United Workers Union 2021

Case study:

Melissa, educator, child-care centre, Griffith – south west NSW

“There is a lack of quality educators available in the country and the sector is underestimated for the value it provides, so attracting staff is challenging. For existing educators, burn-out is an issue as well as a lack of opportunities to upskill. We need professional development opportunities. We need support for families and carers with children with special needs – educators are not qualified to provide this support.” Flexible solutions need to be considered to address these needs including better use of technology especially given the increased take up telehealth through the pandemic. RFW’s almost 10 years of experience with Telehealth and over 1000 telehealth sessions per week, shows this model is a viable solution to limited access to allied health services in rural and remote communities and has many proven benefits, such as:

- Children readily engage in this modality and regularly meet their goals
- Parents do not need to take time off work or travel hundreds of kilometres to access the service
- Early educators supporting individual children in this modality increase their own skills and capacity to support other children
- Weekly frequency fast tracks progress in this very crucial period of brain development

“I cannot thank you enough for offering the screening day service. Nor can I highly enough praise all the service providers we encountered on the day. I found every visit beneficial beyond what I had anticipated. All providers were helpful (kind, friendly and professional) and offered lots of suggestions for us moving forward beyond our appointment. I wish I had encountered this service 12 months earlier with my son. If you are back I will definitely visit you again with my daughter, before she is five though. Many, many thanks.”

Parent of pre-schooler

Investment in early intervention services will:

- encourage participation of children in rural and remote areas to attend early learning or pre-school settings.
- disrupt disadvantage by helping to restore children to their optimal developmental trajectories
- ensure improved access to allied health and mental health services for children living in rural and remote areas
- address elevated levels of disadvantage in the early education years for children aged 3-5 years living in rural and remote areas, who are currently locked out of easily accessible extra support services to address developmental challenges.

From an economic perspective, early intervention also ensures governments maximise their spending. A recent report “How Australia can invest in children and return more” by Co-Lab, shows the cost of late intervention is \$15.2 billion - \$607 billion for every Australian.

Late intervention costs – out of home care, police, court and health costs, social security payments – can be greatly reduced if we act early enough.

More broadly, early years reform which tackles the complexity and equity issues currently facing most country communities is crucial to achieving a healthy and vibrant regional Australia that will ultimately benefit all Australians.

Q: Service supply and how it can be improved?

A: The NSW Government needs to provide an appropriate response to this review tackling the inequity of childcare across the state and the system level constraints access, affordability, quality and workforce shortages that are exacerbated by unfair pay and chronic housing shortages.

Key opportunities to address supply are:

1. Support of the abolition to the activity test or replacement with a fairer system
2. Fund and support flexible childcare options like home-based care and mobile playgroups
3. Utilise Department of Education School infrastructure and resources to increase pre-school places
4. Build demand by reducing barriers of access like affordability, transport and the activity test creating an enhanced market opportunity for private providers in current thin markets.

In the absence of these options in the immediate future we propose the NSW Government fund research to review regional ECEC to better understand:

- Is the provision of for profit and not-for profit ECEC viable in regional locations, and what are the barriers;
- What are the solutions where the barriers currently make services non-viable, including understanding where government support or provision is needed;
- What are the regulatory barriers to more innovative solutions in regional areas facing workforce shortages, and what are the possible options;
- What is the role for telehealth in supplementing locally qualified staff in a way that preserves quality service delivery in regional areas?

The case for investment is compelling. Evidence shows that children who attend high-quality early learning are better prepared to enter school and have better outcomes later in life.

The OECD Report 'Starting Strong Key OECD Indicators on ECEC (2017)' found that:

Research in neurosciences has shown that the brain sensitivity of highly important developmental areas, such as emotional control, social skills, language and numeracy, peak in the first three years of a child's life.

High-quality ECEC results in better outcomes in subsequent stages of life. Children learn more quickly during their early years than at any other

time in life. Children who are already falling behind in the first few years of their childhood face greater obstacles to catch up and succeed at school and beyond.

Research shows that disadvantaged children can benefit the most from attending high-quality early childhood education. Later interventions are less efficient because they take place after children's "development window". Disadvantaged children have the greatest benefit from attending high-quality ECEC, and interventions targeted at them will have the highest returns.

Q: What is your experience of inclusivity at early childhood services?

A: There are many great examples of inclusive services across the state, however in most parts of rural and remote NSW, overburdened early educators, allied health shortages and a lack of professional development in the context of very high demand for places for children with developmental vulnerabilities and disabilities means that their needs are not always met.

According to Early Childhood Australia, inclusion means that every child has access to, participates meaningfully in, and experiences positive outcomes from early childhood education and care programs.

The issues already raised need further research into effective inclusive practices and how they can be applied in different settings, particularly remote settings and further investment and policy change is required to achieve inclusivity.

There should also be a strong focus and commitment to co-design and engage with First Nations leaders in the sector to design and adapt programs and policies given there are many great examples of services already doing this well. There also is a need for increased flexibility and longer term funding commitments for services. Training models should also support local people on country to work in developing services.

Around 20% of the children seen by RFW clinicians are indigenous. Often issues are multi-generational and developmental challenges are often impacted by intergenerational trauma. Specific policies addressing the widening gap in outcomes and significant increasing need for indigenous children and their families should be included as part of the Inquiry.

Q: What types of costs or circumstances are most challenging for providers in delivering quality early childhood services?

A: The main costs are overheads, administration and compliance, and the greatest challenges are workforce issues, the level of disadvantage and developmental vulnerability and increasingly the lack of parental capacity due to rising mental health issues and child protection concerns

Support for the following outcomes will help increase the effectiveness and efficiency of the sector, but requires collaboration with the sector and a unified approach across Federal, State and Local Government

Short-term outcomes:

- Introduce flexibility around funding and staffing, and professional learning
- Less paperwork and red tape for early learning centres
- Simplified access to inclusion support - eg: allied health services
- Better wages for staff
- Simplify complex funding requirements for additional supports in early learning centres

Medium-term outcomes:

- Recognise the value of telehealth and a hybrid model for service provision to early learning centres in rural and remote locations in a range of areas including professional development and special needs support. Using a hybrid model helps workforce issues, cost structure and increases efficiency.
- Establish pathways for early learning centres to integrated support in the developmental domains of speech, language and mental health, so that educators and families are better able to recognise issues and seek support early
- Increase and improve workforce and professional development as well as pay parity

Long-term outcomes:

- Through Early Learning Centres and by other means, promote awareness of and increase access to evidence-based parenting programs focusing on relational and emotional health (such as Tuning into Kids, Circle of Security), for parents in rural and remote areas. If parents understand what falls within the general range of behaviours and what requires intervention at each developmental stage, better outcomes will be achieved.
- Clearly define high-quality early learning – what does it mean and what should it include, nationally
- Needs to be whole of government approach – reduce silos with health and education working together
- Better integration and coordination between Commonwealth, States and Territories and local Government to deliver better outcomes
- Commit to clear targets and strengths so we are closing the gap on divide between city and country and between indigenous and non-indigenous children