GAP TASKFORCE ON EARLY CHILDHOOD EDUCATION

FINAL REPORT

The report represents a diverse range of views and interests of the individuals and organisations involved in the Taskforce. Given the different perspectives of Taskforce members, it should not be assumed that every member would agree with every argument or recommendation in full.

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Executive summary

Children are being left behind

More than one in five children in Australia are vulnerable to falling behind in at least one of five key developmental areas when they begin school. For Indigenous children, the number rises to two in five. And while funding for early childhood has been increasing, the gap between children in most disadvantaged and least disadvantaged areas has continued to widen since 2009.

Our current system of funding, delivering, and organising the various services needed to help children meet developmental milestones is not working for many children who need it most.

In some communities, the problem is too many overlapping efforts, rather than not enough. We need to use existing funding better and enable services to work together to help families.

Focus on local strengths

Too many services focus on fixing discrete problems in a child or family, rather than building holistically on families' strengths. And despite large differences between communities, we tend to roll out the same services everywhere. Services need to fit the local situation.

Provide flexible services

Services – and the systems funding services – need to work together to help children and families across multiple needs. This requires changes in mindset and practice through the whole system. Good progress has been made in several locations, but coordination and integration needs to become the norm rather than the exception for disadvantaged communities.

Learn and apply what works

Evidence of what works to achieve early childhood outcomes in Australia is patchy – and where it exists, it is often difficult to find or apply. We need a more systematic approach to building evidence and sharing it widely.

Apply new approaches one place at a time

System-wide changes have a mixed record in delivering better outcomes for children – particularly given gaps in the evidence. This report puts forward a range of options that can be tested locally across the country. This approach is both more sensitive to differences between communities and allows us to build stronger evidence for what works in Australia.

Findings of the Report

Local, strengths-based approach

1. Adopt a strengths-based approach

Enable local services to take a holistic, strengths-based approach to children and families, through service delivery and governance structures that support co-design.

2. Engage communities in service design

Design tools, service governance and support networks which allow communities to measure and judge their own needs.

3. Set incentives for families to use services

Provide targeted incentives to influence good parenting practices to improve children's developmental outcomes.

Flexible tailored services

4. Commission services more strategically

Trial alternative ways to fund services to achieve more flexible, person-centred service delivery, while maintaining accountability.

5. Improve information sharing

Use technology and data systems to better collect and share information to better inform the way early childhood professionals interact with children, their families and each other.

6. Improve service integration

Improve the capacity of services to integrate by focusing on leadership, resources and technology to build and maintain relationships with other service providers within existing universal service systems.

Evidence-based practice

7. Implement an early childhood data strategy

Develop an early childhood data strategy to build an enduring national dataset and evidence base (including a measurement and assessment framework) which increases our understanding of best practice and research in early childhood development.

8. Use data to improve quality of services

Develop a self-service portal for early childhood services to coordinate the physical and digital services already in existence and promote co-investment between service providers and technology companies.

Implementing the changes

Guiding principles

Begin small and local. Effective, lasting change should be grounded in robust evidence and embedded in local communities by partnering with existing services. Implementation of the findings should begin in a select group of communities and focus on practical, innovative changes to meet each community's needs.

Build evidence. Trials need to be a partnership with researchers to ensure the latest research is applied and the lessons on what works are captured and shared systematically.

Scale through networks. A broader roll-out of the successful ideas should be accomplished through networks of locations and providers. Each initial location should act as a mentor for around four further locations.

Low cost. Many of the ideas set out in this report can be achieved within existing resources. Starting small with trials would keep initial costs down and better identify what works.

Trial 1 – Service-resistant families

Trial strategic commissioning, tailored case management, personalised information sharing and IT support.

Trial 2 – CALD Community

Trial community ownership, alliance contracting, gateway for unemployed parents and welcoming centres.

Trial 3 – Regional or urban Indigenous community

Trial improved school readiness transitions, glue-funding, research-provider collaboration and service co-design.

Trial 4 – Vulnerable urban community

Trial community innovation grants, targeted research, dissemination of best practice and new technology platforms.

Children in Australia are being left behind

The early years of life set the foundation for a child's future

Research shows the importance of achieving good early childhood developmental outcomes.

Percent of children likely to be in the bottom 20% on NAPLAN Assessments in Year 7 by domain vulnerability[1]

■ % students likely to be in the bottom 20% of NAPLAN in literacy

■ % students likely to be in the bottom 20% of NAPLAN in numeracy

| Number of domains of vulnerability at age 5	Literacy	Numeracy
None	15%	15%
One	27%	23%
Two	35%	30%
Three	50%	40%
Four	52%	48%
Five	62%	62%

Number of domains of vulnerability at age 5
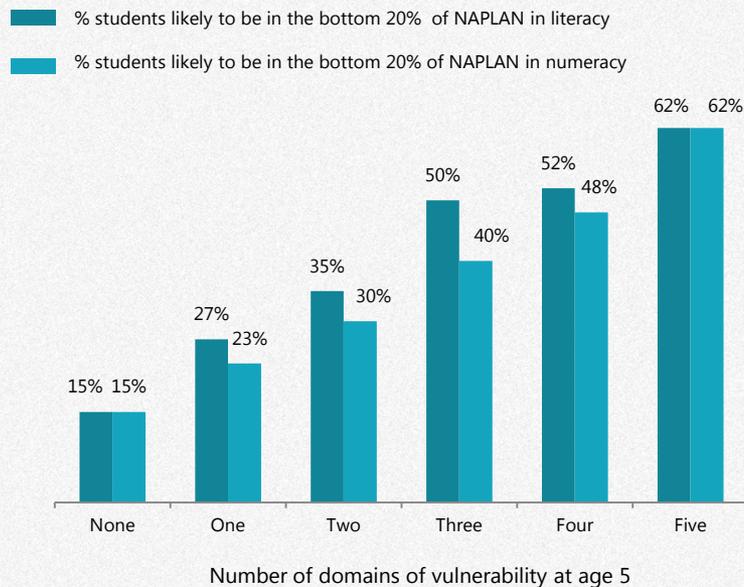
Impact of preschool attendance on life outcomes (USA)[2]

■ Preschool group
■ No-program group

	Preschool group	No-program group
Earned 20k+ USD at 40	60%	40%
Graduated high school	77%	60%
Basic achievement at 14	49%	15%
Homework at 15	61%	38%
IQ 90+ at 5	67%	28%
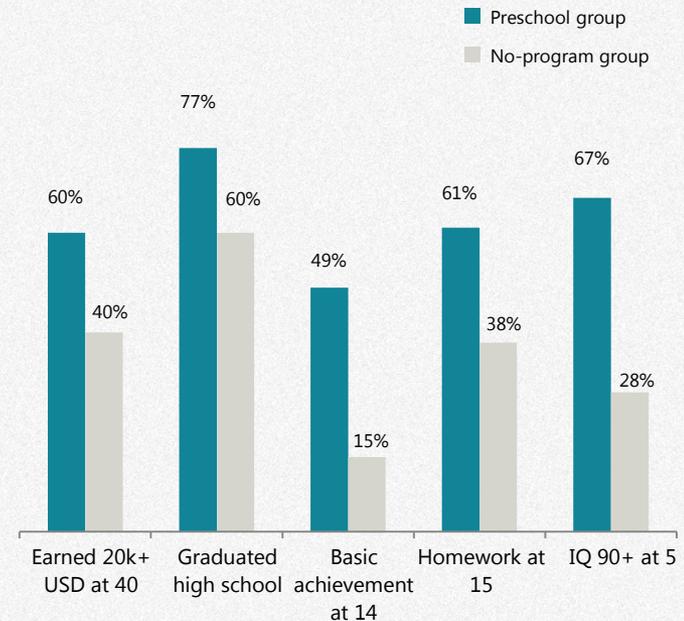
1. Brinkman, S., Gregory, T., Harris, J., Hart, B., Blackmore, S, & Janus, M (2013). Early development index (EDI) at age 5 predicts reading and numeracy skills four, six and eight years later. Child Indicators Research, 6 (4), 695-708
2. HighScope Perry Preschool Study *Lifetime Effects: The HighScope Perry Preschool Study Through Age 40* (2005)

One in five Australian children are developmentally vulnerable
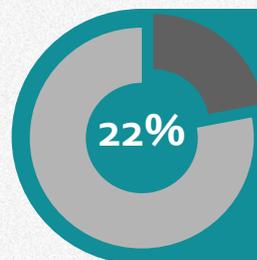
22% .... of Australian children are developmentally vulnerable on one or more domain

2015 Australian Early Development Census (AEDC)

- In 2015, the AEDC reported 22.0% of children as vulnerable on one or more domain
  - o 11.1% of children were vulnerable in two or more AEDC domains
- This is an improvement on 2009 when 23.6% of children were vulnerable, however:
  - o outcomes have worsened in the lowest SES quintile with the proportion of children vulnerable on one or more domain increasing from 32.1% to 32.6%
- Since 2009, the gap between the most disadvantaged and the least disadvantaged areas has widened across all five domains.

2015 & 2009 AEDC results in each area, Vulnerable on one or more domain[1] (see Appendix I)

Quintile	2015	2009
Quintile 5 (least disadvantaged)	15.5%	16.7%
Quintile 4	17.9%	20.1%
Quintile 3	20.9%	23.0%
Quintile 2	24.8%	26.1%
Quintile 1 (most disadvantaged)	32.6%	32.1%
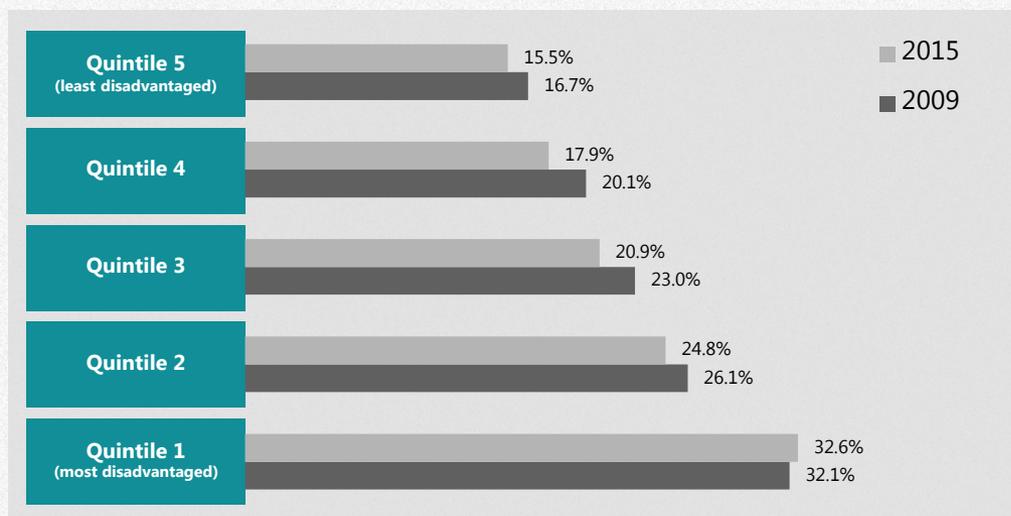
Indigenous children are twice as likely to be vulnerable
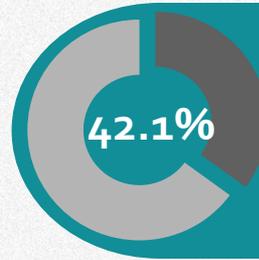
42.1% .... of Indigenous children are developmentally vulnerable in the 2015 AEDC compared with just 20.8% for non-Indigenous children. [1]

Developmental vulnerability for Indigenous children has dropped from 47% in 2009.

Still, Indigenous children are four times more likely to be vulnerable on language and cognitive skills than non-Indigenous children and are two and a half times more likely to be vulnerable on more than one domain.

Indigenous children are also less likely to use relevant services as they are 17% less likely to enrol in preschool. Indigenous attendance levels at preschool are 18.8% lower. [2]

Indigenous children are more vulnerable in all developmental areas (AEDC, 2015)

Developmental area	non-Indigenous	Indigenous
Vulnerable 2+	10.2%	26.2%
Communication skills	8.0%	19.0%
Language and cognitive	5.7%	20.2%
Emotional maturity	7.9%	16.9%
Social skills	9.3%	20.5%
Physical health	9.0%	21.0%
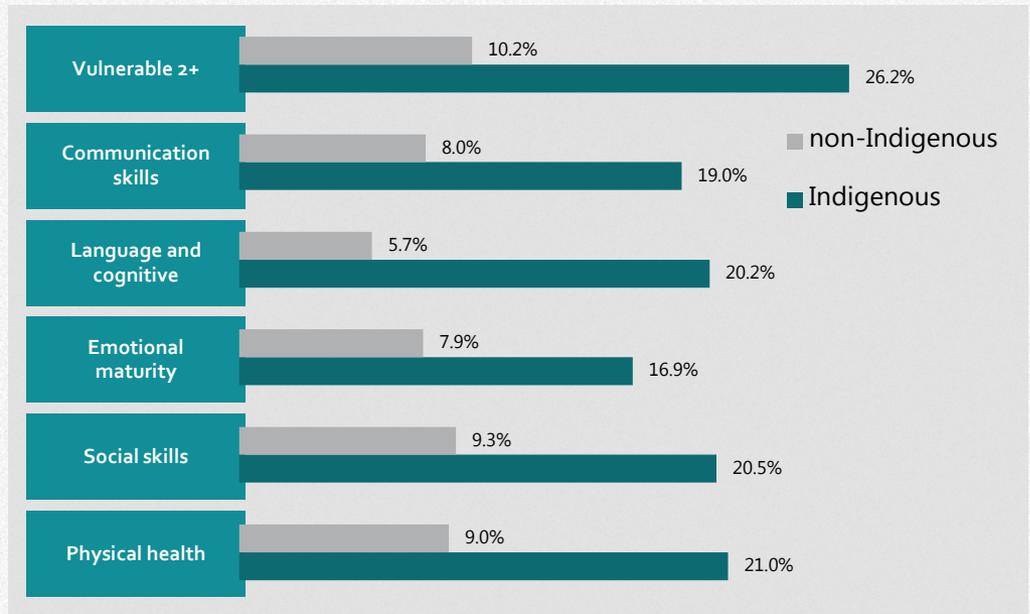
1. Australian Early Development Census National Report 2015. AEDC.
2. ABS Cat. No. 4240 - Preschool Education, Australia, 2014 Table 10. 2. Hewitt, B., & Walter, M. (2014). Preschool participation among Indigenous children in Australia. Family Matters, 95, 41-50.
3. Australian Bureau of Statistics [ABS], 2006.

Vulnerability is clustered by location

Vulnerability on the AEDC is significantly higher in regional/remote areas and certain outer metropolitan suburbs. The pattern in NSW is typical across Australia (see Appendix I).

Areas in NSW with a high proportion of children vulnerable on two or more domains (See Appendix I for complete list of states)
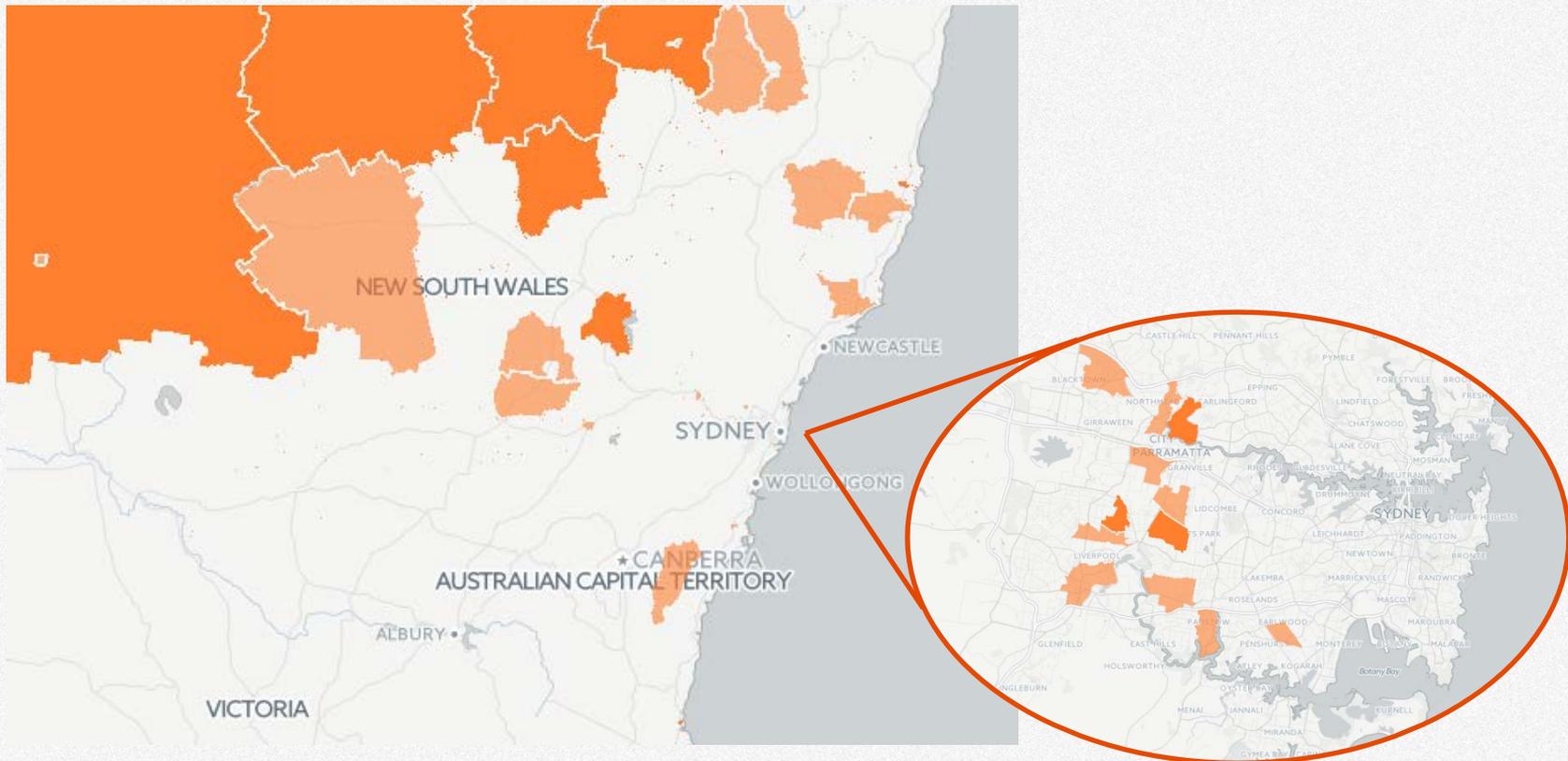
> 20% children

15%-20% children

1. Australian Early Development Census National Report 2015

… and correlates with socio-economic disadvantage

"By 2015, children in the most disadvantaged areas were 4.1 times more likely to be developmentally vulnerable, relative to children in the least disadvantaged areas." [1]

Socio-Economic Disadvantage by AEDC vulnerability for locations in NSW
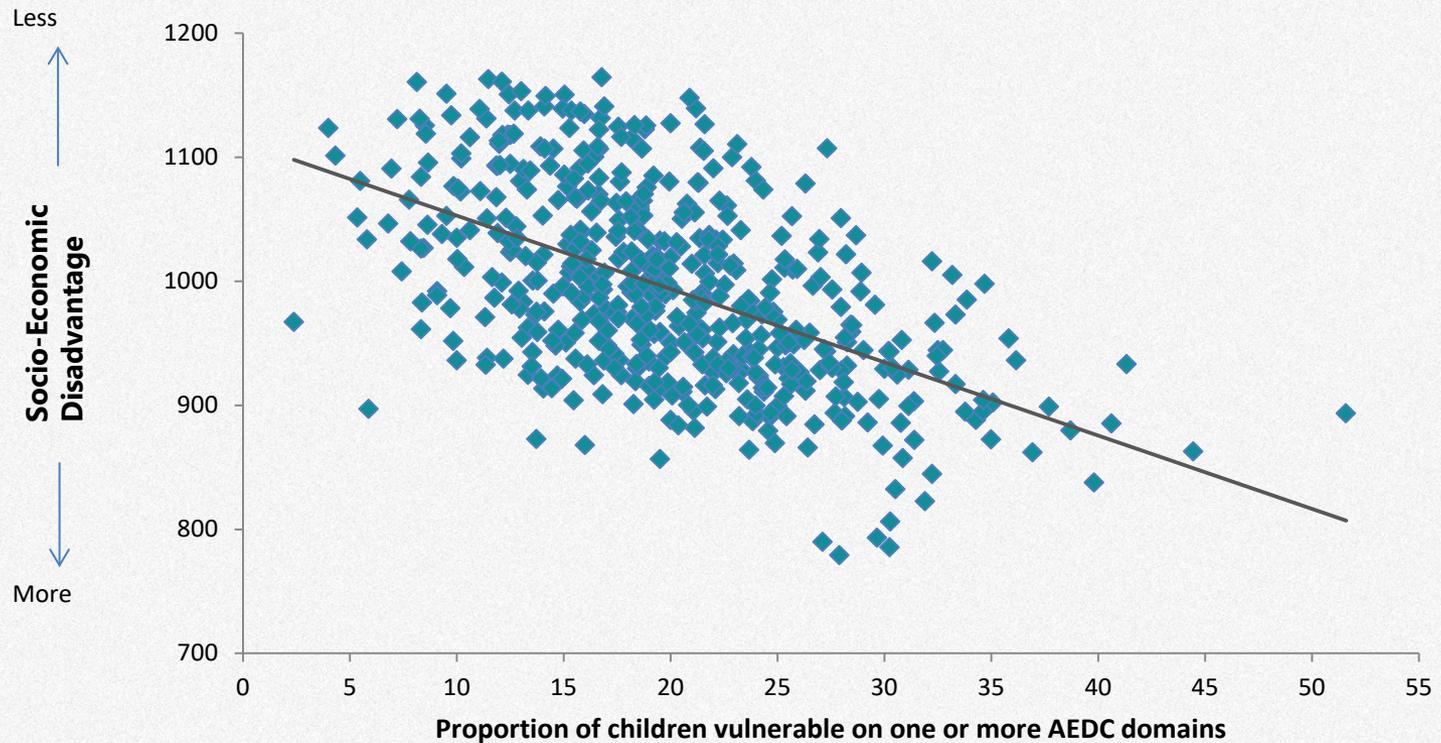
Australia invests highly in early childhood…

Australia has one of the highest per capita investments in early childhood education (US$10,146) compared with the OECD average (US$7,886).[1]

	Pregnancy	0 months	12 months	24 months	3 years	4 years	5 years

MATERNAL AND CHILD HEALTH

- Antenatal care
- Immunisations
- Maternal and child health services or visits
- Access to healthcare and dental care
- Other health services, e.g. hearing screening, nutrition services

EARLY CHILDHOOD EDUCATION AND CARE SERVICES

- Childcare
- Preschool
- Specialist intervention services for children with special needs, e.g. speech pathology

FAMILY SUPPORT

- Antenatal parenting programs
- Breastfeeding, post-natal support
- Parenting programs, e.g. parent-child and home-based sessions
- Specialist intervention services for high-risk children
- Parenting helplines and online resources
- Other family services, e.g. employment services, counselling
- Supported playgroups
- Active outreach

Australian funding

- $40m Australian Nurse Family Partnership Program
- $54m New Directions: Mothers and Babies Service
- $1.7bn Child and Adult Public Dental Scheme
- $4.23bn Child Care Benefit 2016-17
- $376m Child Care Services 2016-17
- $3.92bn Child Care Rebate 2016-17
- $418m Universal Access 2016-17
- $4.3bn Family Tax Benefit B 2016-2017
- $255m DSS Families and Children 2016-2017 includes:
- $100m Third Action Plan to Reduce violence against women and their children 2010-2022
- Home Instruction for Parents of Preschool Youngsters (HIPPY)
- $543m Inclusion Support Program 2016/17-2018/19
- Communities for Children Facilitating Partners (CfC FP)

1. Education at a Glance 2015. OECD Indicators.

We are moving in the right direction

"The threshold of 15 hours of high-quality early education per week is well-established in research." – Mitchell Institute [4]

**More children than ever are enrolled in preschool.[1]**

Universal Access has delivered a sharp increase in contact hours. [2]

We have made gains in reducing developmental vulnerability in some of the AEDC domains. [3]
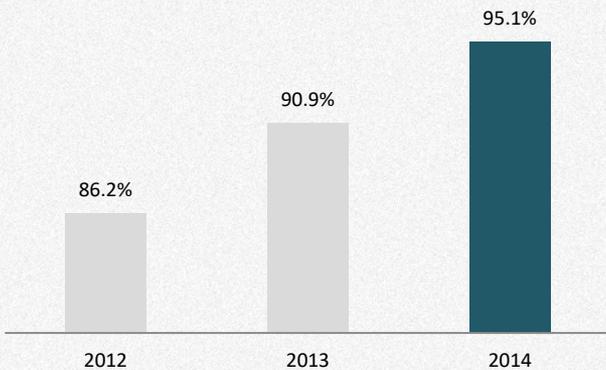
Percentage of children involved in preschool
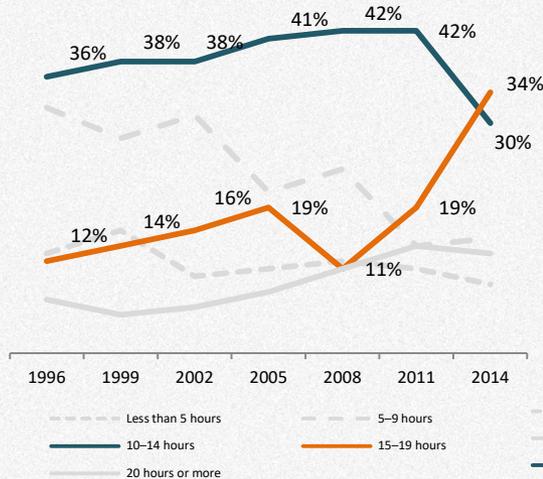
Weekly Hours Attended Preschool. Children Aged 3-6 Years
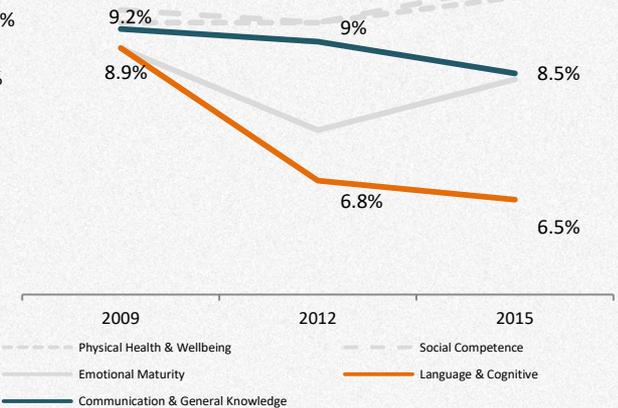
Developmental vulnerability on each of the AEDC five domains between 2009 and 2015.

1. Report on Government Services 2015. Chapter 3, Volume B. Productivity Commission
2. ABS Cat No. 4402 - Childhood Education and Care, Australia, June 2014.
3. AEDC 2015.
4. M O'Connell et al, *Quality Early Education For All: Fostering, entrepreneurial, resilient and capable leaders, Melbourne,* Mitchell Institute Policy Paper 1, 2016. NB: It should be recognised that no minimum threshold has been firmly established in research (Loeb et al 2004).

Services are not accessible for all vulnerable families

There are a range of factors that hinder the accessibility and effectiveness of existing services for vulnerable families.

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Service delivery arrangements

- Lack of community engagement
- Limited integration and coordination of services
- Shortage of workforce skills
- Frequent staff turnover which affects trust
- Inflexible operating hours
- Lack of cultural understanding
- Service provider capacity constraints – funding, governance, management and infrastructure
- Logistical constraints, e.g. transport difficulties

Factors impeding effectiveness of family and community services

Social and family circumstances

- Children with complex needs, e.g. health, developmental
- Parents with multiple vulnerabilities, e.g. disability, mental illness, substance abuse, domestic violence, or incarceration
- Lack of awareness of available services and/or their benefits
- Social norms and expectations, e.g. early childhood education not a priority
- Social and geographical isolation
- Financial stress
- Lack of trust, e.g. fear of removal of children
- Logistical hurdles, e.g. lack of reliable transport, time needed to travel to multiple locations

Sources:, *Access to Early Childhood Education in Australia* , Research Report No 24, Australian Institute of Family Studies, April 2013;, *Improving Access to Urban and Regional Early Childhood Services,* Resource Sheet No. 17, Closing the Gap Clearinghouse, August 2012; McDonald, *Are disadvantaged families 'hard to reach'?* Australian Institute of Family Studies, 2010.

Many positive initiatives are underway

Across government, research and private sectors, different initiatives are seeking to improve services for vulnerable children and families.

Quality Assurance

- National Quality Framework (Federal)
- National Quality Agenda (Vic)

Outreach

- 2016 Premier's Reading Challenge (Qld)
- Early Start (University of Wollongong)
- SMS4dads (University of Newcastle)
- Rumbles Quest (Realwell)
- Families as First Teachers (NT)

Access to Services

- Early Start Kindergarten (Vic)
- Challis model roll-out (WA)
- Community playgroups (SA)
- Collective Impact Project (Griffith University)

Locally Centred Programs

- Logan Together (Logan, Qld)
- Doveton College (Doveton, Vic)
- Challis Community Primary School (Challis, WA)
- The Infants' Home (Ashfield, NSW)
- Children's Ground (Alice Springs, NT)
- Enhance Children's Outcomes (Goodstart)

There is scope to better harness services to reduce vulnerability

There are three broad opportunities to maximise the impact of government funded services on early childhood development .

A local, strengths-based approach

Build on strengths in families and communities, with local engagement to determine needs.

Flexible tailored services

Ensure funders and service providers have the flexibility and incentives to collaborate and tailor services to better meet the individual needs of families and children.

Evidence-based practice

Collect, evaluate, disseminate and apply evidence about what works to deliver better services.

Local, strengths-based approach

Multiple factors influence a child's development

The London School of Economics examined gaps in school readiness across the UK and USA, and found four domains that explained the most difference between low- and middle-income children.
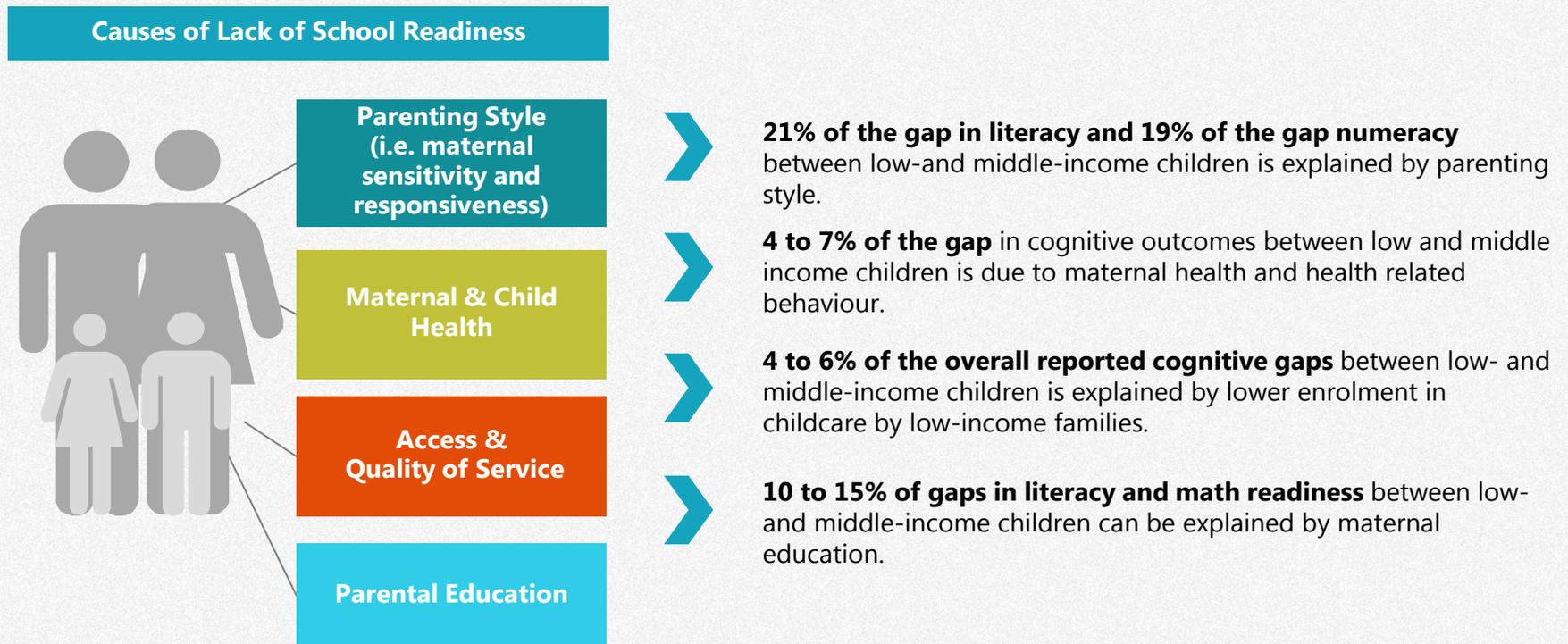
Causes of Lack of School Readiness

Parenting Style (i.e. maternal sensitivity and responsiveness)
Maternal & Child Health
Access & Quality of Service
Parental Education

21% of the gap in literacy and 19% of the gap numeracy between low-and middle-income children is explained by parenting style.

4 to 7% of the gap in cognitive outcomes between low and middle income children is due to maternal health and health related behaviour.

4 to 6% of the overall reported cognitive gaps between low- and middle-income children is explained by lower enrolment in childcare by low-income families.

10 to 15% of gaps in literacy and math readiness between low- and middle-income children can be explained by maternal education.

Building on strengths helps people engage in their own development

A strengths-based approach starts by focusing on the strengths of the family as opposed to starting with the problems of the child.

A deficits approach asks what is wrong and how can it be fixed

Where families have complex needs, this typically leads to a large group of specialist services all simultaneously seeking to fix different problems – some of which may be symptoms of other problems.

A strengths-based approach asks what is working and how can it be enhanced

A strengths-based approach assists people to see and appreciate their own strengths and resources, and to work with these strengths as the basis for change.

It recognises that all children need different kinds of support, and that the right support is one that is co-designed with the family so that it maximises the child's potential for development.

A focus on strengths does not, however, prevent practitioners acknowledging the material, financial and/or psychological difficulties that people face.

Deficit-Based Thinking	Strength-Based Thinking
Focus on what is broken	Focus on what is working
Person is defined as a case	Person is defined as unique
Intervention	Collaboration
Overcoming weakness	Emphasise possibilities
Problem solving	Co-constructing
Externally driven	Internally driven
Reliance on the expert	Reliance on personal strengths

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A strengths-based approach focuses on people, not services

A framework of strengths-based practice has been proposed by T.L. McCashen (2005) to inform interactions with clients.

Stage	Practice
1. Stories and issues	• Listen to stories to understand experiences • Use questions to elicit aspirations, preferences, goals and capacities
2. Picture the future	• Work towards a vision of the future • Set goals collaboratively • Ask questions to explore interests and goals
3. Strengths and exceptions	• Actively identify and highlight strengths • Ask people what they are doing and how they feel when not doing well
4. Other resources	• Identify the resources available or needed to complement strengths and goals • E.g. financial; connections with other people or groups; facilitating opportunities
5. Plans and steps	• Work with people to make a plan of action with achievable intermediate steps • Detail what, when, how and who will carry out the steps • Work collaboratively without taking over the planning task
6. Review and evaluation	• At a later date examine progress • Requires listening, questioning and reframing skills • Share observations about changes and celebrate effort and achievement

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Incentives to engage with services may also be needed

Low take-up of services can be a problem

Families from some disadvantaged communities are less likely to use early childhood services such as childcare. For example, Aboriginal and Torres Strait Islander children and children from non-English speaking backgrounds attend childcare less compared with their representation in the general population. [1]

A strengths-based approach may improve parental engagement

A literature review by UnitingCare Australia found that a strengths-based approach improved parent-child engagement and connections for families with children and family services.[2]
South Australia's Learning Together (Literacy) Project[5] fostered these changes through facilitated playgroups with Indigenous and non-Indigenous families.

Additional incentives for parents are also worth considering

The principle of mutual obligation has been used in Australia and overseas to try and promote positive social norms. Offering rewards and incentives for parents has been found to be effective in increasing parental engagement and workforce participation in both New Zealand and the US.[3]
Conversely, welfare conditionality has yielded mixed results, especially in complex situations or where conditions were perceived to be too harsh.[4]

1. Report on Government Services 2016.
2. Scerra, Strengths-Based Practice: The Evidence, UnitingCare Children, Young People and Families. Social Justice Unit. July 2011.
3. List, Parental incentives and early childhood achievement: A field experiment in Chicago Heights, August 2015.
4. First Wave Findings: Welfare Conditionality Research Project, May 2016.
5. https://www.sa.gov.au/topics/education-skills-and-learning/early-childhood-education-and-care/playcentres-playgroups-and-parenting/learning-together-program

Communities have unique aspirations and needs

"…many program features require tailoring to the social, economic and cultural contexts in which they are found, particularly under conditions of complexity." [1]

One of the things that does concern me … is the extent to which they are out of step with what families' capacity is … if the services aren't offering flexibility in their appointment times, then it is going to be hard for families to go in for their immunisation appointments and health checks.

Early Childhood Development: Perspectives on the system[2]

The motivation to create a support service for the school community came in 2006 when Kindergarten teachers noticed large numbers of children were not ready for school.

Challis Primary School Principal Lee Musumeci[3]

The nature of childcare training, linked as it is to a nationally endorsed training package, privileges childcare competencies designed for mainstream services and was, therefore, problematic in these remote Indigenous contexts.

Starting where the people are: Lessons on community development from a remote Aboriginal Australian setting[4]

Programming experience strongly suggests that 'what works' in ECD is highly contextual.

Closing the Gap Clearinghouse Australian Institute of Family Studies[1]

1. Australian Institute of Family Studies, Closing the Gap Clearinghouse, *Improving the early life outcomes of Indigenous children: implementing early childhood development at the local level*, Issues paper no. 6 (December 2013).
2. Early Childhood Development: Perspectives of the system, Australian Futures Project, December 2014
3. http://www.education.wa.edu.au/home/detcms/public-education/content/about-us/news/past-stories/building-our-schools/2014/september/challis-primary-school-inspires-model-for-supporting-children-and-families.en?cat-id=14695647
4. Danielle Campbell, 'Starting where the people are', Community Development Journal, Volume 42, Issue 2, Pp. 151-166. 3. BJ Newton, 'Linking Schools and Early Years Project', 2013

On-the-ground insights enable us to understand community needs

Ethnography offers a systemic approach to explaining how people in a particular community experience their local service system.

Capturing patterns of behaviour offers a nuanced local understanding in which to inform decision making and service tailoring. This involves:[1]

1   **Long-term observation:** periodic, long-term observation immersed within the community.

2   **Interviewing:** structured as a conversation where topics, not questions, are discussed to gain nuanced understanding.

3   **Collection of data:** recording and analysing findings.

4   **Participant's viewpoint:** attempts to understand what life within the community is like for those requiring services.

Ethnographic insights can be complemented by a map of key community details (i.e. indicators, funding levels and service assets). This approach provides insight into a community that can be used to inform local service providers.

Community Insights Brief

Section 1: Key Indicators

Health	Demographics	Education

Section 2: Community Asset Map

List of current resources and services within the community. Used to help identify gaps and services which are not working in addition to encouraging effective allocation of funds.

Section 3: Funding Levels

Outline how much money (Australian, State & Territory, private, etc.) the community is receiving. Designed to increase transparency and improve financial literacy.

1. Blommaert, J. Ethnographic fieldwork: A beginner's guide. Institute of Education, University of London. November 2006.

Communities should be involved in service design

The most effective implementation begins with local trials and then draws on the lessons from these directly for implementation in other places through a network approach.

Establish partnerships

Build a partnership with all stakeholders (including Australian, State & Territory governments, local councils, community leaders, university researchers and service providers and researchers, where appropriate) and gain a collective commitment to an agreed set of goals for the community.

Plan and fund

Develop an action plan aiming to improve the development environment of children and provide local families with tailored services. The plan is implemented in partnership with the families. The funding model adopted should minimise the reporting and regulatory burdens on providers. It should also provide accountability to individuals for outcomes over the long term.

Review plan

Review and modify plan based on lessons learned from the evaluation to ensure continual improvement.

Develop community profile

Understand existing services and user experience with them, local needs and challenges. Federal and State departments analyse and share their own data to support the local research.

Evaluate and share evidence

A research team works alongside the roll-out of the plan in each trial location to evaluate performance, connect the team into new ideas and research, and build evidence around what is and is not working in the Australian context. The University of Wollongong's Early Start could serve as a useful model. Lessons are shared widely.

Finding 1
Adopt a strengths-based approach

FINDING

Enable local services to take a holistic, strengths-based approach to children and families, through service delivery and governance structures that support co-design.

Possible Trials

Welcoming centres

Co-design of new or re-design of existing centres to be more welcoming and to use soft-entry points as a transition into attendance at developmental services.

Objective
To reach vulnerable children and families who have become disengaged from traditional support services.

Parental Engagement Programs

Trial pairing childcare centres with advice services to assist parents with financial counselling or child benefit forms. Whilst parents receive advice, their children are cared for and parents can be introduced to the benefits of playgroups and childcare.

Objective
To create more opportunities for soft entry to early care services.

Improved school readiness transition

Trial joint training opportunities/job sharing between childcare, preschool and school teachers to improve strategies for improving school readiness.

Objective
To ensure developmental achievements are not lost in the transition between preschool and school and build professional respect across sectors.

Finding 2
Engage communities in service design

FINDING

Design tools, service governance and support networks which allow communities to measure and judge their needs.

Possible Trials

Community Ownership

Implement a co-design governance structure that includes a local advisory council which maps community needs and direct funding within an outcome-based evaluation framework.

Objective
To ensure community involvement in services to guarantee all changes meet needs and will work in the local context.

Community innovation grants

Award renewable three-year fixed amount grants with progress checks to partnership-focused organisations to develop or enhance innovative approaches that serve at-risk children.

Objective
To enhance innovative programs, activities and strategies involving community-based efforts.

Social impact investment

Continue to facilitate greater use of place-based social impact investment in underserved communities and measure its effect on development.

Objective
To assess if social impact investment can improve the development of vulnerable children, including whether best-practice models can be scaled up.

Ethnographic tool

Outline a tool that develops a comprehensive profile of a community which is framed by government and delivered to local stakeholders.

Objective
To map key relationships & indicators of local community stakeholders in order to guide informed decision inputs and match needs to services.

Finding 3
Set incentives for families to use services

FINDING

Provide targeted incentives to influence supportive parenting practices and encourage take-up of important services.

Possible Trials

Conditional cash transfers or in-kind benefits

Offer additional cash or in-kind benefits, such a rent reductions for social housing tenants, for attending parenting classes, training for workforce skills development, or having children checked by GPs.

Objective
To introduce targeted incentives to influence supportive parenting behaviour to improve children's development.

Mutual obligation

Make attendance at parenting classes a mutual obligation for certain cohorts and/or locations as part of the social security system.

Objective
Influencing parenting style can significantly improve children's development, and research suggests that the loss of benefits is a strong motivator for action.

Behavioural economics

Commission research based on behavioral economics to work with Indigenous communities to develop practical ways of influencing positive parenting behaviour and increase take-up of early childhood services.

Objective
To gain a better understanding of what works to influences Indigenous parents to engage with early childhood services and support.

Gateway for unemployed parents

Explore ways to incorporate employment services and training with children's health and education services

Objective
To help parents with employment and life skills alongside support for their children. This will benefit both generations.

Flexible tailored services

Tailored, local delivery requires flexible services

Professional collaboration and sharing of information helps to ensure service delivery supports families with multiple needs efficiently.

Coordinated
Service Provision

Inter-Governmental
Coordination

Case Management

**Local
Strengths-Based
Approach
to Service Delivery**

Co-Design
of
Services

Integrated
Staff Development

Cultural
Appropriateness

Strengths-based, local services require:

- **Coordinated Service Provision**: Services to be coordinated at the local level to provide for 'soft entry' and 'warm handoff' referrals.

- **Case Management**: Children and families are the focus and are managed as a whole.

- **Integrated Staff Development**: Staff should have opportunities for joint training with other service delivery staff.

- **Cultural Appropriateness**: Build cultural awareness, staff capacity and/or links with Indigenous advisory services.

- **Co-Design of Services**: Communities are active participants in the design of local services.

- **Inter-Governmental Coordination:** Governments encourage local-level flexibility through improved coordination.

Current services have limited flexibility

As case studies, we had a closer look at services in eight locations in Western Sydney and rural NSW. This revealed various examples of inflexibilities and fragmentation in the current system.

Service restrictions

In Griffith, a childcare centre over the road from disadvantaged social housing prioritises working parents from elsewhere in the town above those living nearby.

Some providers will not 'cold call' families in need or work with high risk of serious harm cases – meaning they are unable to deal with many important cases.

Funding or regulation inflexibility

Government provisions restrict NGO family support services from working with high-risk clients for over three months, limiting their ability to help these families.

Similarly, the NSW FACS Early Intervention Placement Program fund in Bankstown LGA is not applicable to high-risk cases, requiring them to be referred to third parties.

Even coordination is fragmented

In Bankstown LGA, there are two service system coordination groups, one funded by the Australian and one by the NSW Government.

There are six separate coordination focused bodies in Griffith, with overlaps in responsibility and levels of duplication unclear.

Funding, policy and governance is complicated

Funding is delivered to childcare centres, families and preschools or kindergartens through a number of overlapping methods by both Australian and State and Territory governments.

Regulations

Australian Government

- Human Services
- Education
- Health
- Social Services

Parenting payment – Parental leave pay – childcare rebate – Family tax benefit – Low income health care card – Low income family supplement – Schoolkids bonus – Dad and partner pay – Energy supplement – Income support bonus

Childcare Benefit & JETCCFA

Project/organisation-specific funding

Childcare

Preschool/ Kindergarten

Parenting programs

- Early Years Learning Framework, COAG
- National Quality Framework, COAG
- National Quality Standards, COAG

Examples of State based strategies
- Results Based Accountability, QLD
- Human Services Policy and Funding Plan, VIC
- ECD Group Programs and Services Guide, VIC

Couple with one main income earner and two children under five.

NPA

State / Territory Government

- Family & Community Services
- Education
- Health
- Justice Services

Long day care – Grants to provider

NPA

Preschool/kindergarten subsidies – Direct delivery of services

Project/organisation-specific funding

i.e. Victorian Maternal and Child Health

Child and maternal health services

- Health Operations, VIC
- Families NSW Supporting Families Early

Kindergarten subsidy

Inflexible funding practices make integration challenging

While public sector accountability rules ensure transparency and value for money, they can perversely make integrated service delivery more difficult to achieve.

Vertical accountability	Competitive funding	Changes in policy and/or funding priorities

The public sector demands strong vertical accountability – providers answer to funding bodies who answer to specific ministers. However, different bodies and ministers have different responsibilities, and coordination between them is difficult.

Services on the ground must then answer to different rules seeking different outcomes. When services seek to work across multiple funding sources, there is often a lack of consistency in outcomes, reporting and policies. This creates a large administrative burden and inflexibility in delivery. For example, during the start-up phase, Doveton College drafted 130 separate policies to meet the requirements of regulatory authorities.[1]

The public sector typically runs competitive funding rounds to deliver value for money. However, this can lead to the situation where services who are competitors for the same funding are expected to work collaboratively together. Building trust and sharing information between providers who are competing for funding is hard to achieve.

The way competitive funding is structured often delivers uncertainty, especially if there are different funding cycles and outcomes for the services involved in a partnership. And services can become focused on meeting funding requirements to continue, rather than taking initiative to deliver the services needed in a community.

Policy and funding priorities are often inconsistent between levels of government and are rarely stable over time. This means that service providers must devote significant resources following and switching focus to reflect the policy differences or changes, rather than delivering the best quality services.

Ongoing changes can lead organisations to feel like they are committing more time chasing funding rather than delivering outcomes. They also limit the effectiveness of policies as social policies often need significant time to realise good outcomes.

Sources:
1. Doveton College: The Early Days 2013;
2. Early Childhood Development: Perspectives of the system, Australian Futures Project, December 2014;
3. The System Shift Initiative, Australian Futures Project, July 2015;
4. Early Childhood Services: Models of Integration and Collaboration, Australian Research Alliance for Children and Youth, November 2007.

Better use of technology to coordinate service delivery

Case management systems could be used to collect and store information at a local level and 'flag' the need for early childhood professionals to interact with children and their families.

Integrating through technology

Many service providers use case management software within their own systems. Linking case management software across systems could support:

- less duplication and improved coordination of services;
- stronger referral pathways which consider a child's collective information;
- earlier interventions; and
- better system-level information to inform policy and service delivery.

Challenges

While technically feasible, connecting systems involves a range of technical, legal and cultural challenges, including the need to protect privacy.

Referrals

Data

Family Support Services

Early Learning Centre

Specialised Health Practitioner

Case Management System

API*

API*

API*

Database

Database

Database

Detection (e.g. domestic violence)

Detection (e.g. cognitive test)

Detection (e.g. hearing test)

* An Application Programming Interface (API) is a set of standard definitions/protocols that enable the sharing of data between distinct applications/systems.

Changes must provide flexibility with accountability

There are a range of innovative options to achieve more flexible, tailored services while maintaining accountability.

New ways of commissioning

Longer funding cycles - short-term funding makes it difficult for providers to plan for the future and retain staff. Longer funding cycles would offer more certainty in service delivery, allowing service providers to work towards longer-term goals.

Alliance contracting involves a single contract between the government and an alliance of providers who are jointly responsible in delivering an integrated service.

Central commissioning across health, family and community services could be achieved by establishing a central commissioning office.

Better information exchange

Data sharing - there is scope for significant improvement in data sharing between service providers in relation to disadvantaged families.

Case management systems could be used to collect and store information on developmentally vulnerable children at a local level to inform the way in which early childhood professionals interact with these children and their families.

For example, NSW Wellnet is an information sharing system for at-risk children that helps mandatory reporters identify available local services.

Joint delivery models

There are multiple approaches to integrate service delivery, including:

- **purpose-built centres** offering a range of services from one location,
- **service hubs**, where service providers link with services in other locations, and
- **a virtual integration model** that builds and relies on strong networks between services.

Australian examples include Doveton College; Infants' Home; Challis Parenting and Early Learning Centre, Children's Ground; Connected Beginnings; Children' s Centres (SA) and Communities for Children.

Finding 4
Commission services more strategically

FINDING

Trial alternative ways to fund services to achieve more flexible, person-centred service delivery, while maintaining accountability.

Possible Trials

Central commissioning office

Create a government coordination point, at a state or local level, for different funding sources and regulatory requirements across education, training, employment, social housing, health, domestic violence and family services.

Objective
To lessen the red tape for providers and deliver holistic services to families through a single government office.

Alliance contracting

Trial 'alliance contracting' which relies on a single contract between the government and an alliance of providers who are jointly responsible in delivering the integrated service.

Objective
To streamline agreements and promote collaboration between departments and multiple providers within an integrated service.

NDIS-style single package funding

Implement an NDIS-style insurance model that provides a single, individualised funding package to families that they can self-manage to source the holistic services they require.

Objective
To overcome funding fragmentation and empower service users.

Outcomes-based funding

Trial a pooled funding approach whereby funding bodies contribute to a single fund to 'buy outcomes'.

Objective
To overcome funding fragmentation and empower service users to seek the best available programs.

Finding 5
Improve information sharing

FINDING

Use technology and data systems to collect and share data to inform the way early childhood professionals interact with children, their families and each other.

Possible Trials

Competition for technology platforms

Harness private sector innovation by running a technology competition for the best platform to deliver real-time collaboration between providers.

Objective
To foster innovation and lower-cost IT solutions for the necessary information sharing.

Real-time data collection

Use real-time data systems in select locations to better inform practitioners, improve the timeliness of research and build capacity of the workforce.

Objective
To shorten the time between analysis and effective intervention.

Integrated case management system

Make available a case management system to several early childhood relevant services so as to share case information.

Objective
To identify children at risk earlier to ensure all relevant services are brought to bear as quickly as possible.

Cross-jurisdictional data sharing

Promote the release of education-related data by State, Territory & Australian governments.

Objective
To build a National Early Education Evidence Base to permit longitudinal research (including health and social services data).

Finding 6
Improve service integration

FINDING

Improve the capacity of services to integrate by focusing on leadership, resources and technology to build and maintain relationships with other service providers, as well as incentives to collaborate, within existing universal service systems.

Possible Trials

Collaborative leadership

Providers focus on appointing leaders of local services who have strong background and skills in facilitating networks and collaboration.

Objective
To improve the collaborative nature of centre and service leadership that is a critical factor in the success of integration.

Integration as a contract condition

Provide strong incentives to providers to collaborate and integrate with other services by attaching conditions to their funding contracts.

Objective
To ensure that providers treat integration and collaboration with other providers, and take a holistic view of families they serve, as core business.

'Glue' funding for service providers

In areas where service integration is a priority, make 'glue' funding available to providers to ensure they have the resources to build and maintain relationships with other service providers.

Objective
To enable providers to build the human and, where needed, technological capability to work in real time with other providers.

Welcoming centres

Design welcoming centres that use soft-entry points as a transition into attendance at developmental services.

Objective
To reach vulnerable children and families who have become disengaged from traditional support services.

Evidence-based practice

Services are not supported by rigorous evidence

The current system of evidence and research on early childhood development is patchy.

1
Not always available

In Australia, there has been very little systematic testing of different approaches to early childhood education. We do very few randomised controlled trials in Australia.[1] Our evidence relies significantly on research done in the US and UK. There are significant questions as to how applicable these results are in Australia.

2
Available but not always easily digestible

The established research is not always conveyed in a manner easy to understand or implement.[2] The need to bridge the gap between research and practice is a recognised problem in the research literature in many fields of inquiry.[3]

3
Exists but not always shared

There are collections of useful data and commissioned research across many governments and portfolios. Many submissions to the Productivity Commissions Inquiry into the Education Evidence Base have called for a greater effort to use these datasets to form a National Early Childhood Education dataset to enable longitudinal studies.[4]

1. Bowen, Shelley, 'What evidence informs government population health policy? Lessons from early childhood intervention policy in Australia', NSW Public Health Bulletin, Vol 16 No 11-12, Page 181
2. Wallace, F., Blase, K., Fixsen, D., & Naoom, S. (2008). Implementing the findings of research: Bridging the gap between knowledge and practice. Washington, DC: Educational Research Service.
3. Bridging the Gap Between Research and Practice: Implementation Science. Lesley B. Olswang and Patricia A. Prelock Journal of Speech, Language, and Hearing Research, December 2015.
4. Submission to Productivity Commission National Education Evidence Base Inquiry: Goodstart Early Learning. 2016

Australian evidence is often not available

We rely upon the "influence of international studies, often extrapolated beyond their context when applied to Australian early childhood education".[1]

There are gaps in the Australian early childhood education evidence base. For example, according to the Australian Institute of Health and Welfare (AIHW), there is limited publicly available national data on attendance rates of children in early learning programs in the years before formal schooling.[2]

We have little (domestic) evidence on the lasting effects of early learning programs. For example, there is need to improve the quality of preschool programme data (e.g. time devoted to quality programmes) if we are to understand the long-terms effects of quality interventions.[3]

Likewise, the collection of data for children younger than four years of age has been called for in submissions to the 2016 Productivity Commission review into the National Education Evidence Base.[4]

A 2012 AIHW report found that:

There have been no rigorous trials or evaluations of early childhood programs in Australia, particularly programs for Indigenous and at-risk children.

There is no Australian research that has examined:

- the relative benefits of targeted and universal programs for early learning;

- the long-term effects of attending an early learning program through a cost-benefit analysis.

Due to the problematic definition and measurement of quality, there is little cohesive and definitive Australian or international research that has evaluated the components, characteristics and determinants of high-quality early learning programs for young children.

There is limited Australian research on how to address the challenge of low use of early learning programs by Indigenous and disadvantaged families.[5]

1. Early Childhood Education: Pathways to quality and equity for all children, Elliott, Alison. Australian Council for Educational Research 2006
2. "Early learning programs that promote children's development and educational outcomes". Resource sheet no. 15 produced for the Closing the Gap Clearinghouse. Linda J Harrison, Sharon Goldfeld, Eliza Metcalfe and Tim Moore. AIHW. August 2012.
3. Productivity Commission Inquiry into the National Education Evidence Base: Department of Education and Training Submission. 2016.
4. Goodstart early learning submission to the Productivity Commission into the National Education Evidence Base Inquiry. June 2016. Early Start submission to the Productivity Commission into the National Education Evidence Base Inquiry. June 2016.
5. The Australian National University Submission to the Productivity Commission review into the National Education Evidence Base says nothing has changed in the four years since these findings.

Translating evidence into practice can be difficult

A stronger cycle of research into practice could be built into a National Education Evidence Base to ensure we make the most of our investments in research and early learning.

There are a number of barriers preventing the best research from translating into 'on the ground' practice. These barriers are shared by each of the key players.

- The ability of service providers to bring academic research into practice is often limited;
- Researchers do not always fully appreciate the day-to-day activities of a service provider; and
- Policy makers do not fully appreciate the time it takes to develop an evidence base.

A more collaborative model with researchers could help prioritise research findings into practice (knowledge translation) with more practical terminology that integrates with knowledge, skills and experience of early educators.

For example, Early Start at the University of Wollongong (UoW) has partnered with 41 autonomous early learning centres to better understand the challenges for vulnerable children in mainstream services.

UoW Early Start's Responsive Research in action:

▶ **Baseline:** each centre is assessed in areas of known importance and at multiple levels (child, environment, etc.);

▶ **Consultation:** evidence on key elements (e.g. child cognitive, motor and socio-emotional development) is presented to centre staff and leadership for consultation;

▶ **Priorities and feasibility:** centre prioritises areas for change, intervention or learning;

▶ **Implementation:** a suitable intervention is chosen (evidence-based) or developed: may involve professional learning program;

▶ **Post-evaluation:** essential to measuring change/effect directly;

▶ **Re-evaluation of research strategy.**

We can make better use of what we have

The current education evidence base could be better coordinated to answer key policy questions.

The Australian, State and Territory governments and their service providers collect and hold vast amounts of data that could be used more effectively.

Approval processes to access this data can take anywhere up to two years. Delays in ethical and jurisdictional clearance can greatly reduce the currency of evidence, and hence impact to policy, evaluation and service delivery.

Through the use of statistical techniques, the AEDC can be used as a predictor of early childhood outcomes when linked with other datasets. Likewise, there is an opportunity to link AEDC and NQS data to derive new insights. For example, which attributes of a service provider have the most influence upon vulnerability.

The commitment by the Australian Government to collect the AEDC data every three years provides a unique opportunity to design longitudinal research studies.

Case study

The power of using existing data was shown by a study that linked data from NAPLAN to the Early Development Instrument, the forerunner to the Australian Early Development Index (AEDI).[1] This study demonstrated that the EDI predicts children's "literacy and numeracy outcomes throughout their primary school years".

This study was the first in Australia to show the relationship between a child's ability at school entry and their academic trajectories through school. In particular, a child developmentally vulnerable on one domain on any of the EDI domains was at 2.3 times higher odds of being in the bottom 20% of the distribution for reading skills in year 7 than a child who was not developmentally vulnerable on any domains of the EDI.

Technology can help personalise services

Smart data systems can be incorporated into the ECEC environment to better understand the variability between individual children and target interventions to the needs of the child.[1]

Individualised programs developed based on data

Collated data facilitates discussion with Parents

Children
Evaluation tools collect data that helps to understand children's development (emotional, social and cognitive) needs.

Parents
Are able to understand what progress their child is making and set goals for themselves

Providers
Use data to personalise service delivery and improve outcomes for children.

Personal Devices

Smartphone/tablet apps and wearable technology collect detailed and personalised data (i.e. emotional, social, cognitive).

API

Personal Online Portal

A participatory, visual resource-point or dashboard allows families to access, track, monitor and contribute to the data collected. Parents have control of where their data is disseminated to.

API

Coordinated and Integrated System

A larger web-based platform offers families a wider ecosystem of data and information on accessing services. These online information hubs cover areas such as health, education and welfare support.

API

Aggregated Data

A central database, with parental consent, collects the data. This research hub can then be linked to early childhood cognitive and emotional assessments and used to tailor service delivery.

1. A similar approach is being trialled in mental health services through the NSW Synergy Trial. https://www.nswsynergytrial.com/

Finding 7
Implement a national early childhood data strategy

FINDING

Develop and agree on an early childhood data strategy (incorporating the full spectrum of early childhood data) to build an enduring national dataset and evidence base that increases our understanding of best practice and research in early childhood development.

Possible elements

Research - Provider Portal

Develop a central home for accessible practical information on the latest childhood development research and results of trials. This should include an online information portal and virtual face-to-face networking and mentoring arrangements. Researchers could make expressions of interest for student placements or partnerships.

Objective
To link researchers with service providers.

Better data infrastructure

Develop a national early childhood data strategy in partnership with key stakeholders from the early childhood and research sectors. A national early childhood data strategy should also seek to inform how existing data holdings can be 'pooled'.

Objective
To establish an agenda for relevant future research.

Research - Provider collaboration

Encourage closer collaboration between research organisations and Indigenous service providers to adopt best-practice activities.

Objective
To facilitate continuous improvement across the ECEC sector and ensure promising practices are scaled up.

Early identification

Draw on existing sources such as the AEDC and tools to develop and trial child developmental assessments for children in early childhood – e.g. aged 3.

Objective
To equip services to detect problems before they grow.

Finding 8
Use data to improve quality of services

FINDING

Develop an online portal for early childhood services to coordinate the physical and digital services already in existence. The portal should provide a tool to facilitate more widespread use of programs tailored to specific child and family needs.

Possible elements

Child and Family-friendly portal

Provide a common and accessible space where information on services can be accessed, and applications to enhance and measure child development can be chosen.

Objective
To make the information available and meaningful to both parents and professionals.

Technology to support parent engagement

Trial a text messaging program or app that provides parents with practical useful ideas, e.g. building on the "Raising Children Network".

Objective
To reduce the cost to taxpayers of traditional service delivery mechanisms and increase parental engagement in children's learning outcomes.

Technology to support learning at home

Trial the use of tablet/smartphone apps that support learning outcomes and provide educators with real-time data to tailor a child's education that is responsive to their needs.

Objective
To adopt a strengths-based approach to develop flexible learning options to meet the different learning styles and preferences of children.

Evaluation of early development through games

Tracking devices and games (such as Rumble's Quest) which provide informal yet accurate assessments of child wellbeing.

Objective
To make evaluation of cognitive and linguistic development part of daily life, rather than part of an alien clinical setting where behaviour may not be as authentic.

Trials

Rolling out a better approach

This new approach can be expanded across Australia, but we need to start small and progress one community at a time. Implementation should follow a model like this. Examples of possible trial packages are on the following pages.

1. Identify communities at risk with key data

Identify at least 20 high-priority locations using all available information (i.e. AEDC and existing services).

2. Develop in-depth profiles of initial trial sites

Choose 4 sites to trial packages of findings and develop a detailed understanding of each.

4. Establish plan and funding model

Agree on a community-based plan for funding and service implementation.

3. Build partnerships

For each trial site, include all levels of government, service providers, researchers and local community groups.

5. Monitor and evaluate

Researchers work in partnership with providers at each site to enable evaluation and continual learning.

6. Modify and spread best practice

Proven programs are modified where necessary to be scaled up in new sites. Initial trial sites become mentors to ensure a continual learning loop.

x

Starting small, thinking big

Roll-out can be scaled by beginning with a few communities that trial new approaches. Key people in these communities mentor other communities, who mentor others. A similar process is underway with Doveton College in Victoria and Challis in Western Australia.

1. Choose a small group of communities for initial trials.

2. Each community in the first stage mentors three communities.

3. Second-stage communities mentor three communities for a third stage, and so on.
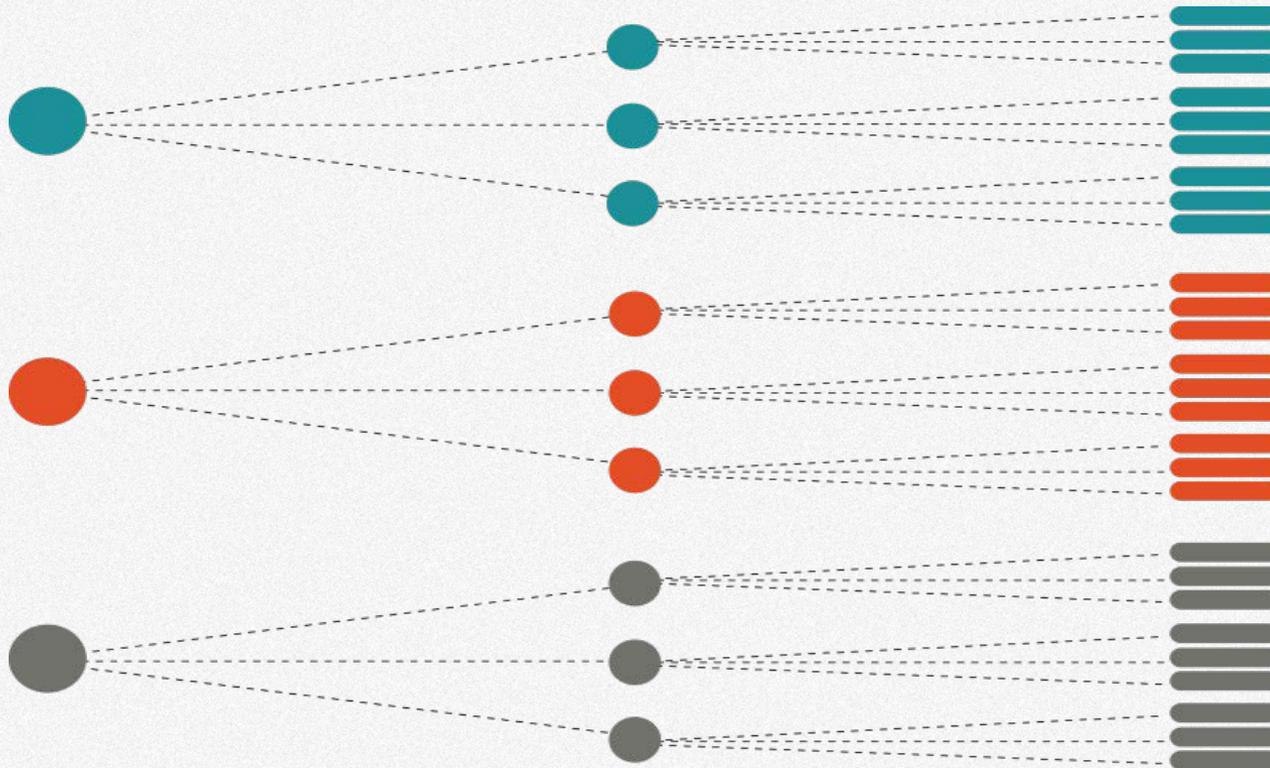
Trial package 1: Complex service-resistant families
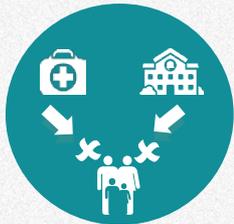
Community profile

Some communities contain a number of service-resistant families with complex problems and high levels of disadvantage. These families make little or no use of services, even if they have concerns about their children or are experiencing family difficulties. Without specialist intervention, children within these families can face impeded development across multiple domains.

Governments and service providers facing practical challenges (i.e. access barriers and program take-up and retention) should adopt a strengths-based approach to ensure that these vulnerable children and their families receive holistic support.

TRIAL: Central commissioning office	▪ Strategic commissioning is used as a planning and delivery method to bring required partners (i.e. education, health and care stakeholders) together and mobilising staff locally (i.e. nurse, social worker, early childhood education professional). ▪ The commission cycle involves: strategic planning (i.e. assessing needs and deciding priorities), procuring services (i.e. designing services, structuring supply and managing demand), and monitoring and evaluation.
TRIAL: Integrated case management systems	▪ Once service partnerships are formed, a case management system can be implemented. It would coordinate information across health, education and family care service providers to ensure that a holistic assessment and follow-up of resistant families needs can be gathered from a single point of entry, as the clients are unlikely to engage with multiple, fractured services. ▪ e.g.Wellnet in NSW
TRIAL: Early identification	▪ Personalised information sharing facilitates service providers ability to identify developmental vulnerabilities earlier. ▪ Children from resistant families may otherwise lose contact with the service sector after an initial contact (i.e. immunisation); early identification ensures continual monitoring.
TRIAL: Technology to support parent engagement	▪ Families in the community either do not have information or must seek it. A text messaging program overcomes the vulnerabilities this creates by delivering high-quality, practical ideas to parents in order to increase outcomes for their children. ▪ Best-practice content can be drawn out of the best-practice platforms and the program assessed through the research-provider network to ensure direct impact on targeted community.

1. In 2015, both Broken Hill (NSW) and Dandenong (VIC) recorded, on average, 18% of assessed children as vulnerable on two or more domains and 35% on one or more domains.

Trial package 2: CALD community

This package targets a CALD community and may be suitable for communities such as Springvale (VIC) or Lakemba/Wiley Park (NSW).[1]
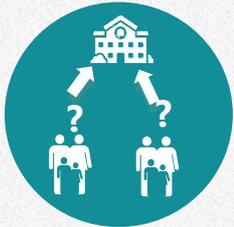
Community profile

A culturally and linguistically diverse (CALD) community faces a number of service-access barriers arising from challenges in navigating a complex, unfamiliar system.

Though migrant families may seek or be receptive to holistic services for their children, a lack of familiarity with traditional support structures available, or lack of trust that the service will meet their cultural needs, limit access and increase vulnerability. An ECEC environment with soft-entry points and integrated services with streamlined regulatory requirements can help bridge service-access barriers for receptive clients.

TRIAL: Designing welcoming centres	▪ Soft-entry points overcome two traditional barriers to access and participation within CALD communities: socio-cultural issues and asymmetric power relations (i.e. misunderstanding or mistrust of professionals). ▪ Soft-entry points (i.e. playgroups, translation services, community social clubs and support groups) are used as a transition to attendance at ECEC services.
TRIAL: Alliance contracting	▪ An integrated single-service centre overcomes the difficulties families face in navigating a fractured system by providing a single point of entry to services. Alliance contracting is ideally suited to the provision of an integrated service as it encourages collaboration between parties who share a single contract and the risks and responsivities of its delivery.
TRIAL: Technology to support learning at home	▪ Using service as a point for parents to access technology to help inform them of their child's development and strategies that could improve that development.
TRIAL: Gateway for unemployed parents	▪ There is a correlation between joblessness, socio-economic status and developmental vulnerability. ▪ The single-service centre is an opportunity to provide employment services to migrant families (i.e. providing interpreter services or pathways to skills development). ▪ Such services offer intergenerational benefits to families seeking the best for their children in entering the single-service centre.

Trial package 3: Regional or urban Indigenous community

This package targets Indigenous regional and urban communities and may be suitable for communities such as Port Augusta (SA), Caboolture (QLD) or Tamworth (NSW). [1]

Community profile

Almost 80% of Indigenous families live in regional or urban locations.

In locations with limited Indigenous-specific services available, a lack of familiarity with services or trust that the service will be culturally competent and deliver positive outcomes for their family, may limit access and increase vulnerability.

Empowering services to build partnerships with families, the community, researchers and other services will help services deliver better outcomes for Indigenous children and their families.

TRIAL: Improve school readiness transition	▪ Implement strategies to build strong links between ECEC services and schools to ensure that children, schools and parents are all ready for the transition to school. ▪ This can be achieved by building professional respect across sectors through joint training and job-sharing. Engaging Indigenous support workers or Aboriginal education workers from the outset can also help build trust and understanding between families, ECEC services and school.
TRIAL: Glue funding	▪ Improve service integration by providing funding to service brokers to identify gaps and opportunities to join up services within a community. In some cases, this will involve developing both the human and/or technological capacity of the services. ▪ This trial could build on the lessons learned from Connected Beginnings.
TRIAL: Research – provider collaboration	▪ Establish closer collaboration between researchers and Indigenous service providers to offer services with examples of best practice and help build an evidence base of what works to support Indigenous children and families in regional and urban locations. ▪ Collaboration ensures promising practices can be scaled up and services accessed by Indigenous families make ongoing improvements to their service delivery approach.
TRIAL: Engage communities in service design	▪ Direct engagement with Indigenous communities will permit a better understanding of the barriers to participation in ECEC services. ▪ Leaders from Indigenous communities are invited to co-design the service model and participate in the governance structure. This ensures services offered are culturally appropriate and reflect the unique circumstances of Indigenous families and that they themselves buy into the offering. i.e. Stronger Communities for Children (SCfC), NT.

1. The Indigenous populations in all three locations are forecast to grow strongly over the next ten years. ABS 3238.0 - Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026

Trial package 4: Vulnerable urban community

The package aims to broaden the limited information and evidence available on best-practice services for vulnerable urban families, and may be suitable for communities such as Epping (VIC) or Auburn (NSW).[1]

Community profile

Disadvantaged children and their families in an urban setting engage with a fractured service sector with widespread duplication. If not dissuaded, families must access each required service separately, and individually assess the quality, suitability and effectiveness of the programs offered.

Though seeking services, these families risk increased vulnerability and limit potential development due to a lack of information and awareness that leads to use of inappropriate, duplicated or ineffective services. Governments and service providers that aim to fund, provide and tailor effective initiatives equally face the barrier of limited information, evidence and data.

TRIAL:
Implement an early childhood data strategy

- Develop an agreed plan for relevant future research to identify duplication and assist in setting priorities.
- Develop and test a measurement and assessment framework for improving outcomes.
- Build an R&D platform research model.
- Prioritise research that translates into action (knowledge translation).
- Share findings on a central information portal.

TRIAL:
Best-practice portal

- Provide a central, publicised and easily accessible home for practical information to remove the knowledge barrier faced by providers and parents.
- Steer families to best-practice services to optimise interactions with providers and enhance developmental outcomes by raising the quality of services offered.

TRIAL:
Competition for technology platforms

- Harness private sector innovation by running a technology competition for the best platform to deliver real-time collaboration between providers.

TRIAL:
Community innovation grants

- To assist communities to develop or enhance innovative community-based approaches to improve outcomes for disadvantaged children.
- The grants recognise, support and help share activities and strategies to develop the capacity of the service community.

1. Of the 489 children assessed in the 2015 AEDC in Auburn, approximately 1/3 of children were vulnerable on one domain or more. The population in Epping has increased by 96% since 2005, and 12.7% of children are vulnerable on two or more and 24.3% on one or more domains according to the AEDC.

APPENDICES

Appendix I: Statistics on vulnerability

In 2015, some 96,000 children in New South Wales and 72,000 in Victoria were assessed as part of the AEDC.

Among these were a significant number of children vulnerable on multiple domains. These children are likely to require intensive assistance. Research is required into best approaches to bringing these children 'back on track'.

In March 2016, the National Disability Insurance Scheme released its national framework for an approach to Early Childhood Early Intervention (ECEI). The ECEI not only targets children with a disability, but those children with a developmental delay.

Developmental delay is a term used when a child takes longer to reach age-appropriate developmental milestones. For some children, developmental delays may be temporary. For others, it may be a sign they have another condition, such as autism.

96,000 children assessed in **NSW** in 2015

Number of domains of vulnerability

72,000 children assessed in **VIC** in 2015

Number of domains of vulnerability

New South Wales

AEDC Domain	Australia	NSW
Physical	27,711 (9.7)	7,772 (8.5)
Social	28,351 (9.9)	8,359 (9.2)
Emotional	23,866 (8.4)	6,176 (6.8)
Language	18,533 (6.5)	4,360 (4.8)
Communication	24,475 (8.5)	7,360 (8.1)
Vulnerability on 1 or more domains	62,960 (22.0)	18,378 (20.2)
Vulnerability on 2 or more domains	31,754 (11.1)	8,733 (9.6)

Ashcroft-Busby-Miller:

- Ranked 1st in NSW for socio-economic disadvantage and 29th in Australia (SEIFA score 779).

- 11.3% of children vulnerable on two or more domains.

- 8 out of 14 early childhood centres have a rating of 'provisional-not yet assessed' under the National Quality Standard.

<9.6%   **9.6% <> 15%**   >15%
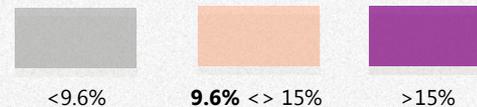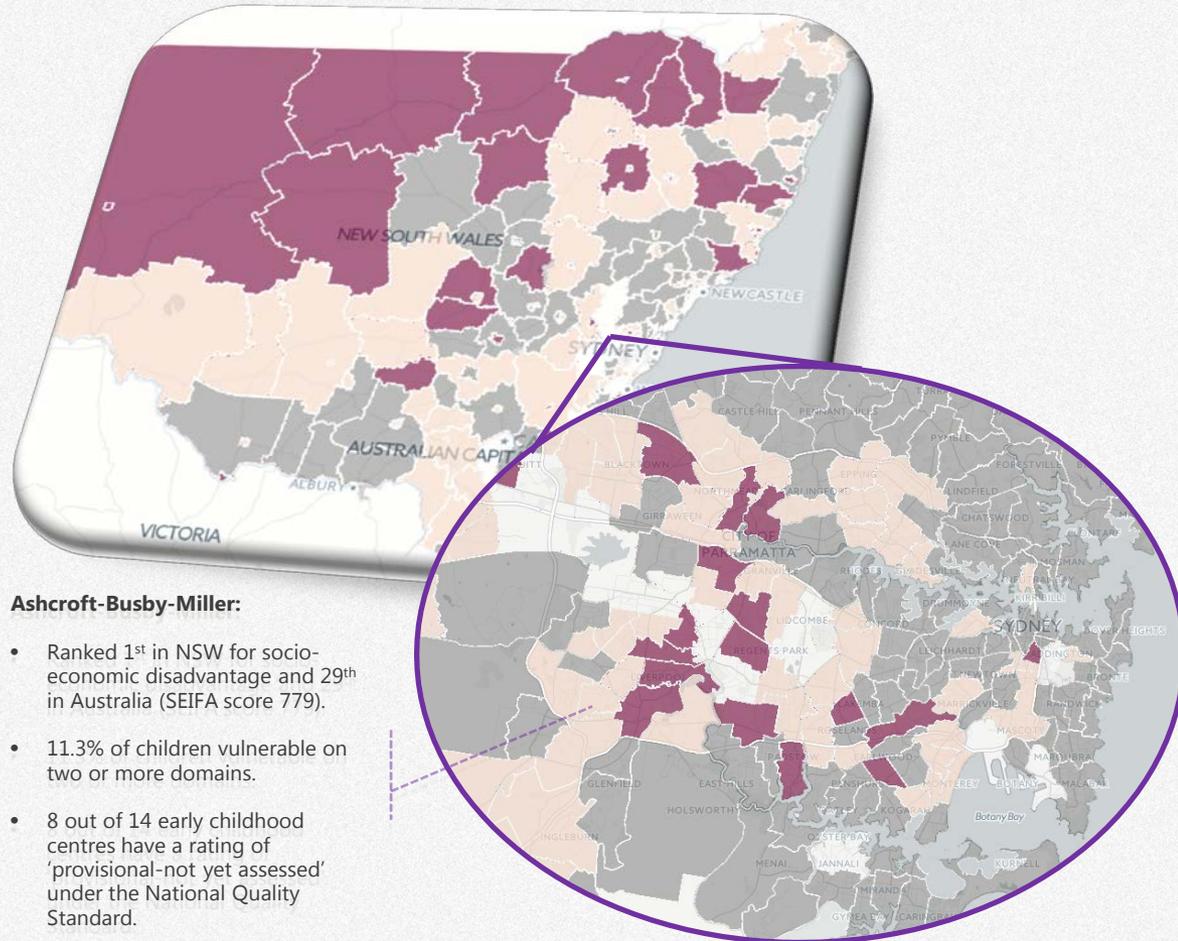
Western Australia

Since 2009, there has been a sharp decline in the proportion of children in Western Australia developmentally at risk on the language and cognitive skills domain from 20.7% to 10.6% (2015).

AEDC Domain	Australia	WA
Physical	27711 (9.7)	3,206 (9.9)
Social	28,351 (9.9)	2,721 (8.4)
Emotional	23,866 (8.4)	2,751 (8.5)
Language	18,533 (6.5)	2,153 (6.6)
Communication	24,475 (8.5)	2,612 (8)
Vulnerability on 1 or more domains	62,960 (22.0)	6,895 (21.3)
Vulnerability on 2 or more domains	31,745 (11.1)	3,402 **(10.5)**

<10.5%   **10.5%** <> 15%   >15%
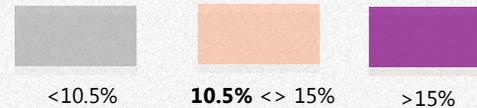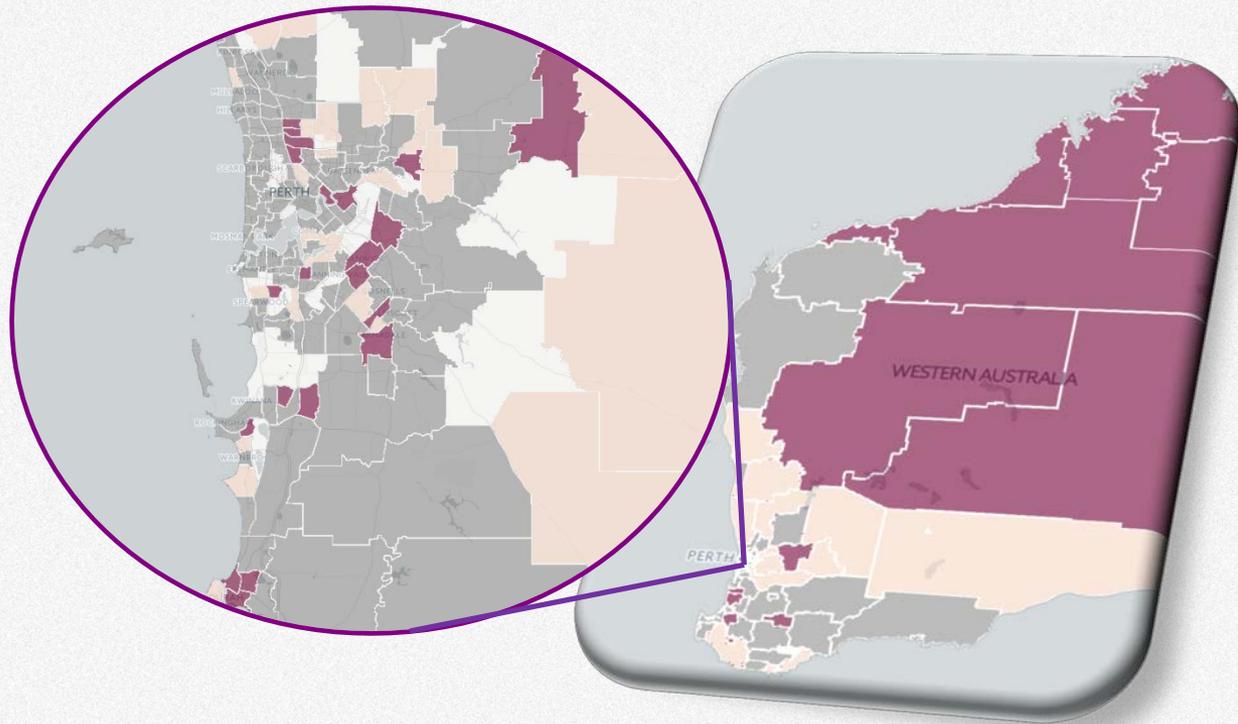
South Australia

The proportion of children in South Australia developmentally vulnerable on one domain or more and two domains or more has steadily increased since 2009.

AEDC Domain	Australia	SA
Physical	27,711 (9.7)	1,993 (10.8)
Social	28,351 (9.9)	2,004 (10.8)
Emotional	23,866 (8.4)	1,793 (9.7)
Language	18,533 (6.5)	1,263 (6.8)
Communication	24,475 (8.5)	1,518 (8.2)
Vulnerability on 1 or more domains	62,960 (22.0)	4,338 (23.5)
Vulnerability on 2 or more domains	31,754 (11.1)	2,259 (**12.2**)

APY Lands: 73.7% of children assessed were developmentally vulnerable on two or more domains

<12.2%   **12.2%** <> 15%   >15%
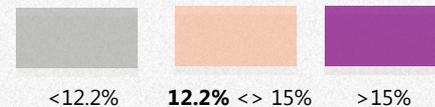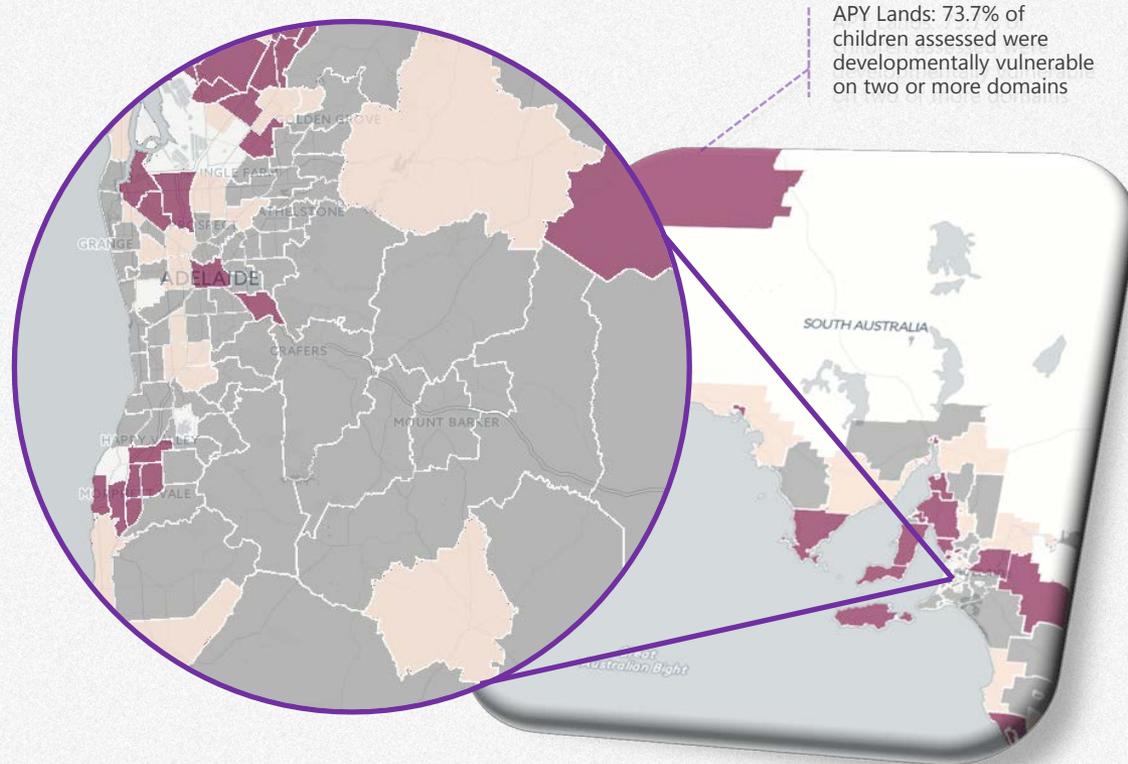
Queensland

Queensland has the highest proportion of children developmentally vulnerable on two or more domains of any state. Like Western Australia, there has been a sharp improvement in children developmentally at risk on the language and cognitive skills domain from 23.5% in 2009 to 9.7% in 2015.

AEDC Domain	Australia	QLD
Physical	27,711 (9.7)	7,705 (12.4)
Social	28,351 (9.9)	7,719 (12.4)
Emotional	23,866 (8.4)	6,266 (10.1)
Language	18,533 (6.5)	5,000 (8.0)
Communication	24,475 (8.5)	6,533 (10.5)
Vulnerability on 1 or more domains	62,960 (22.0)	16,220 (26.1)
Vulnerability on 2 or more domains	31,754 (11.1)	8,713 (**14.0**)

Northern Peninsula: While the number of children has increased, the proportion vulnerable children on two or more domains has improved from 55.9% (2009) to 23.6% (2015)

<14%   **14%** <> 15%   >15%
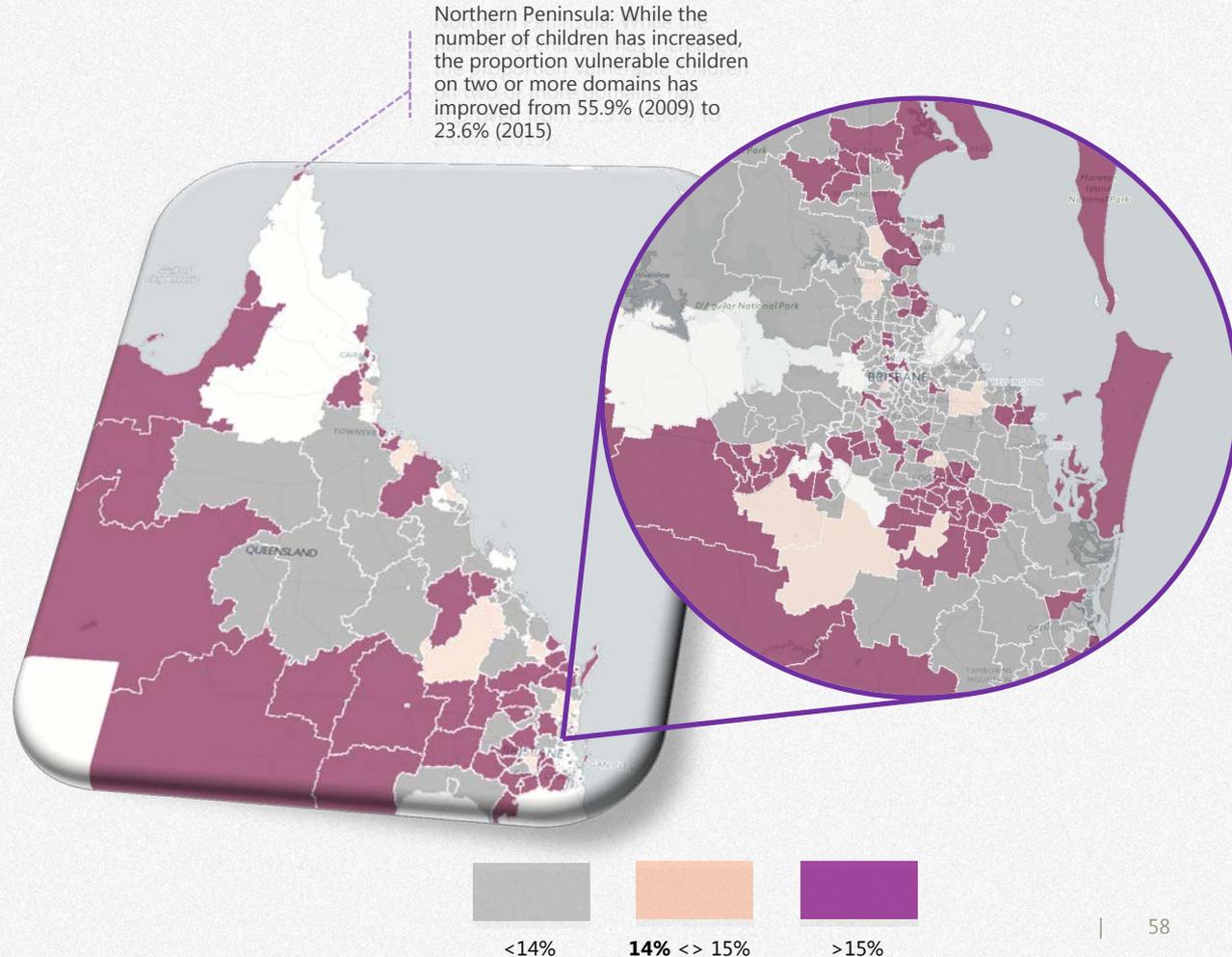
Victoria

The proportion of children developmentally vulnerable on one or more domains in Victoria has remained relatively stable at 20% since 2009.

AEDC Domain	Australia	VIC
Physical	27,711 (9.7)	5,335 (7.9)
Social	28,351 (9.9)	5,934 (8.7)
Emotional	23,866 (8.4)	5,408 (8.0)
Language	18,533 (6.5)	4,292 (6.3)
Communication	24,475 (8.5)	5,131 (7.6)
Vulnerability on 1 or more domains	62,960 (22.0)	13,465 (19.9)
Vulnerability on 2 or more domains	31,754 (11.1)	6,707 (**9.9**)
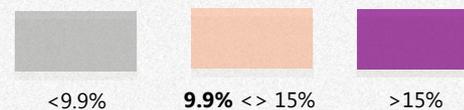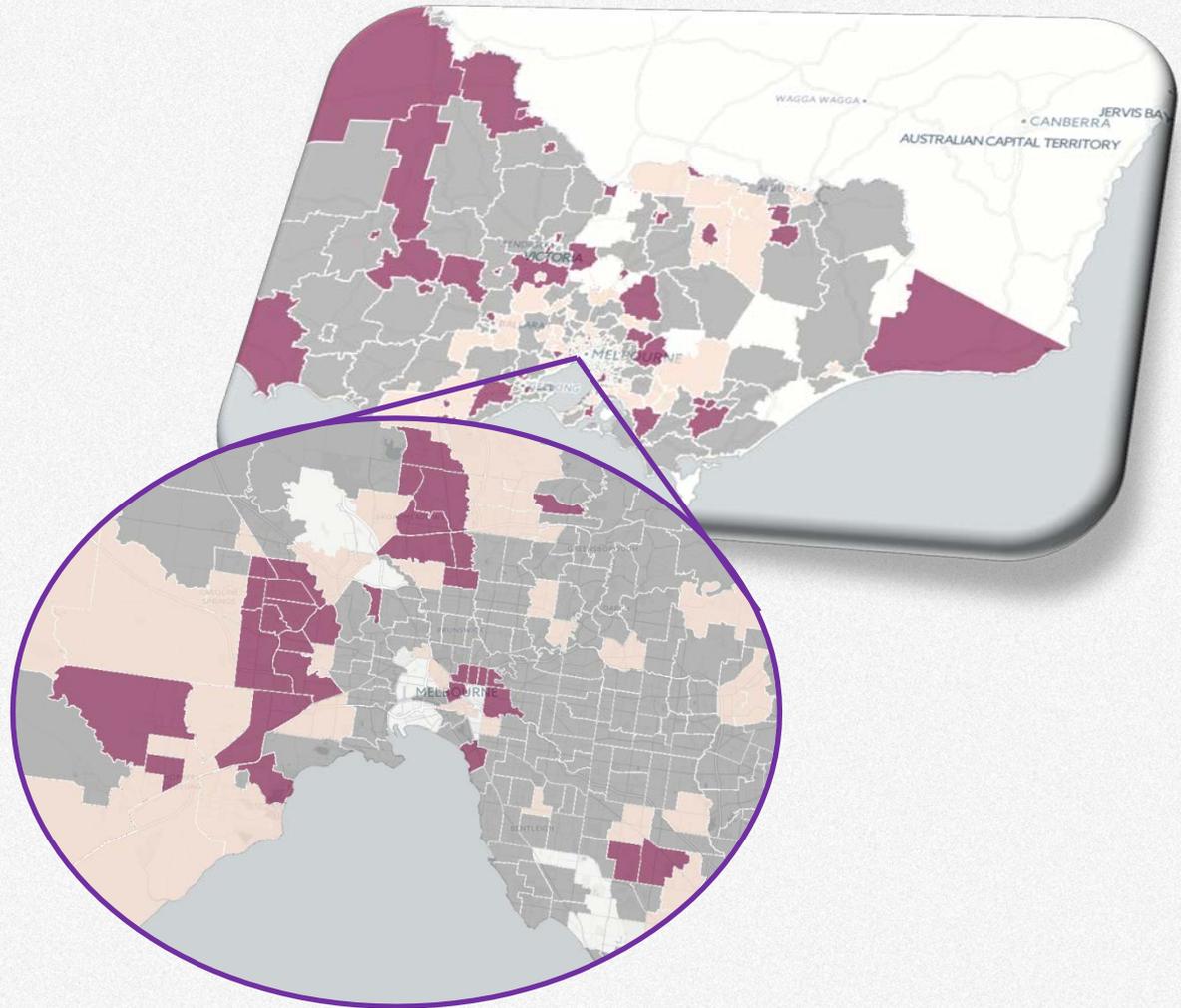
<9.9%	**9.9%** <> 15%	>15%

Northern Territory

AEDC Domain	Australia	NT
Physical	27,711 (9.7)	518 (15.9)
Social	28,351 (9.9)	603 (18.5)
Emotional	23,866 (8.4)	504 (15.5)
Language	18,533 (6.5)	697 (21.5)
Communication	24,475 (8.5)	530 (16.2)
Vulnerability on 1 or more domains	62,960 (22.0)	1,207 (37.2)
Vulnerability on 2 or more domains	31,754 (11.1)	751 (**23.1**)
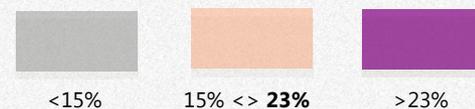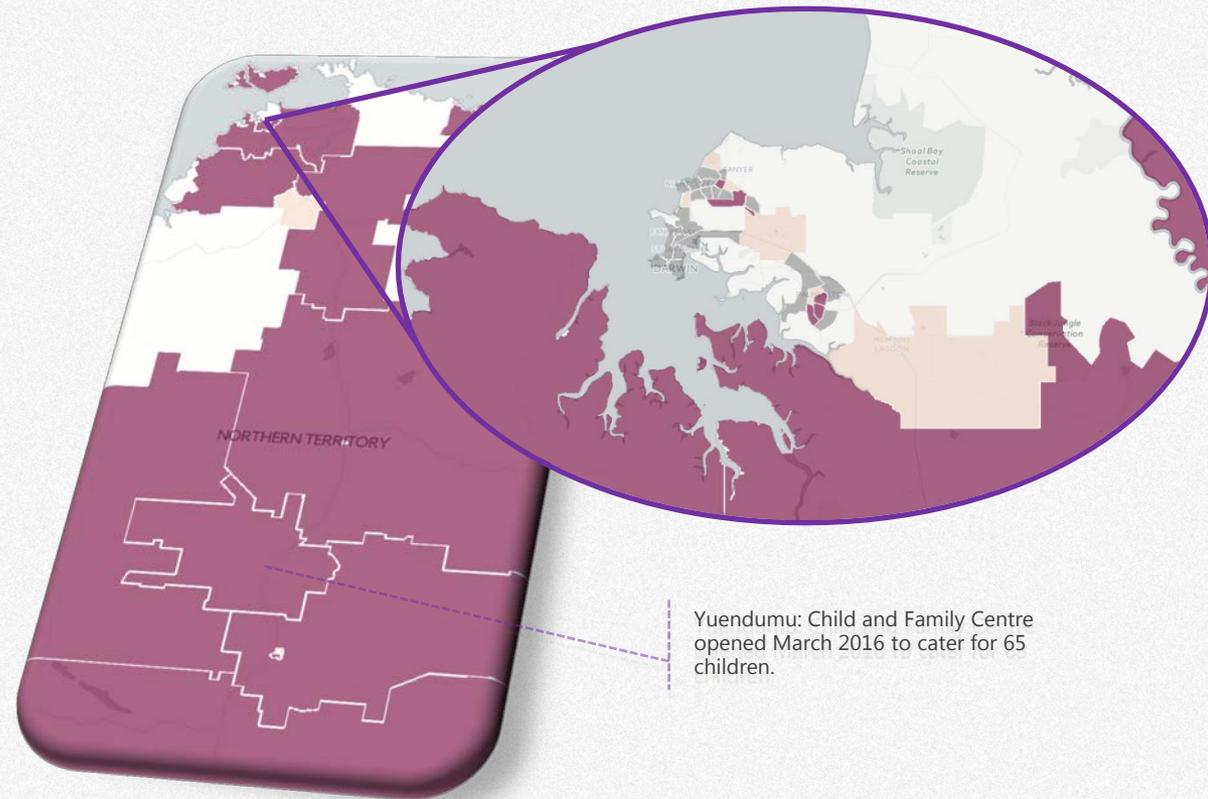
Yuendumu: Child and Family Centre opened March 2016 to cater for 65 children.

<15%   15% <> **23%**   >23%

Tasmania

AEDC Domain	Australia	TAS
Physical	27,711 (9.7)	618 (10.0)
Social	28,351 (9.9)	528 (8.6)
Emotional	23,866 (8.4)	545 (8.9)
Language	18,533 (6.5)	465 (7.5)
Communication	24,475 (8.5)	394 (6.4)
Vulnerability on 1 or more domains	62,960 (22.0)	1,296 (21.0)
Vulnerability on 2 or more domains	31,754 (11.1)	657 (**10.7**)

<10.7%   **10.7% <> 15%**   >15%
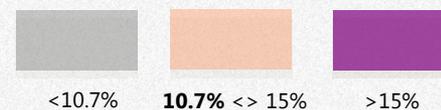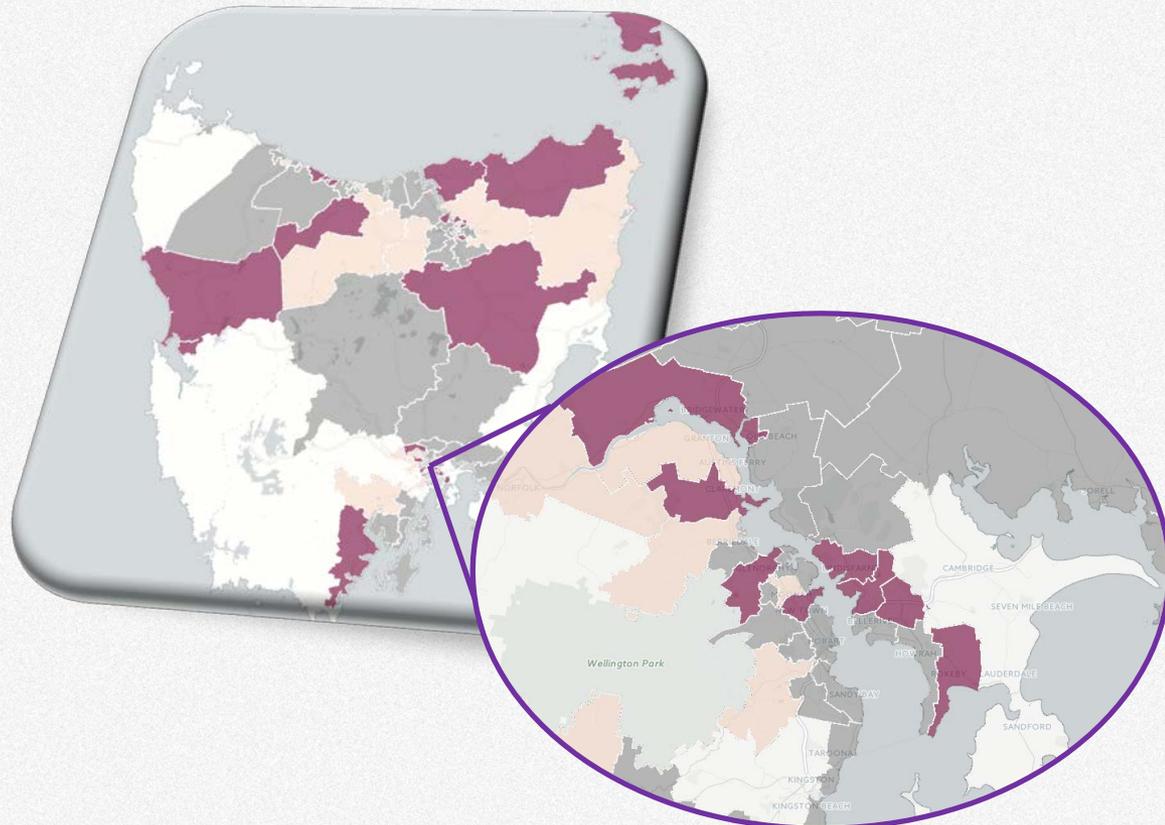
Australian Capital Territory

Developmental vulnerability has gotten worse in 3 out of the 5 domains in the ACT since 2009.

AEDC Domain	Australia	ACT
Physical	27,711 (9.7)	564 (10.9)
Social	28,351 (9.9)	483 (9.4)
Emotional	23,866 (8.4)	423 (8.2)
Language	18,533 (6.5)	303 (5.9)
Communication	24,475 (8.5)	397 (7.7)
Vulnerability on 1 or more domains	62,960 (22.0)	1,161 (22.5)
Vulnerability on 2 or more domains	31,754 (11.1)	531 (**10.3**)

<10.3%   **10.3% <> 15%**   >15%
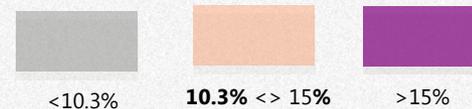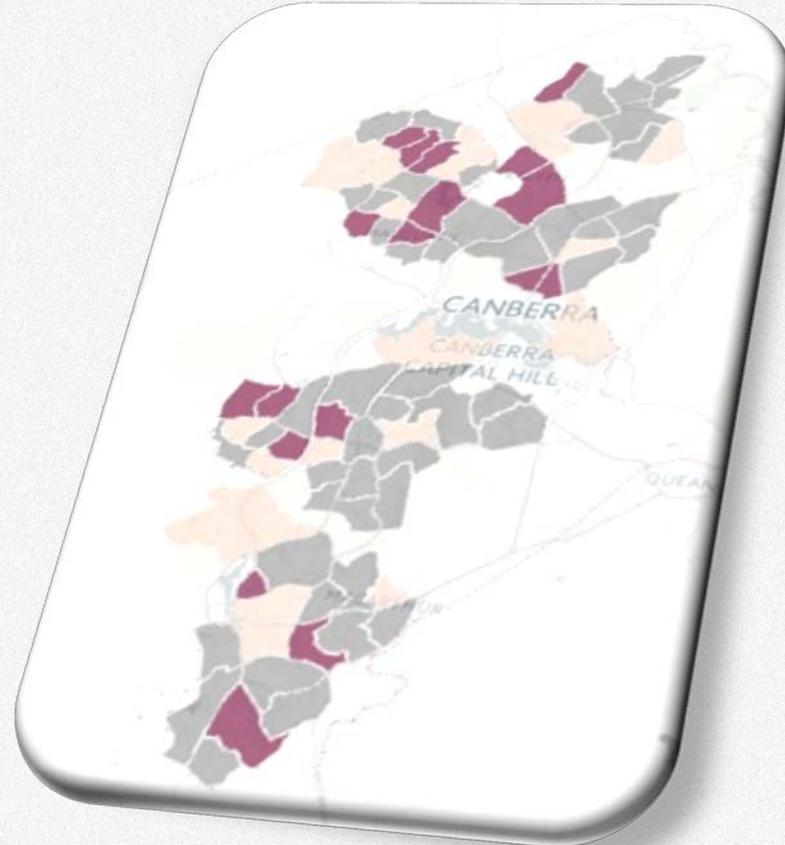
Appendix II: Taskforce Participants

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Ms Rosalyn Bell, Assistant Commissioner, Productivity Commission

Ms Olga Bodrova, COO & Director of Research, Global Access Partners

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Ms Louise Clarke, Assistant Secretary, Health & Education Branch**,** Department of the Prime Minister & Cabinet, Australian Government

Ms Karen Curtis, Chief Executive Officer, Australian Children's Education & Care Quality Authority

Ms Penny Dakin, Program Director, Australian Research Alliance for Children and Youth

Ms Julia Davison, Chief Executive Officer, Goodstart Early Learning

Mr David de Carvalho

Prof Marc de Rosnay, Academic Director, Early Start and Professor of Child Development, University of Wollongong

Ms Teya Dusseldorp, Executive Director, Dusseldorp Forum

Ms Rebecca Falkingham, Deputy Secretary, Social Policy & Service Delivery Reform, Department of Premier & Cabinet, Victorian Government

Mr Peter Fritz AM, Chairman, Global Access Partners, Group Managing Director, TCG Group **(Acting Chair)**

Mrs Catherine Fritz-Kalish, Co-Founder & Managing Director, Global Access Partners

Dr Jenny Gordon, Principal Advisor Research Canberra, Productivity Commission

Sue Haddrick, A/g Branch Manager, Migration, Gender & Social Policy Branch, Department of Employment

Ms Liz Hefren-Webb, First Assistant Secretary, Schools, Information & Evaluation Division, Department of the Prime Minister & Cabinet

Mrs Elaine Henry OAM, Chair, Australian Research Alliance for Children & Youth **(Chair)**

Prof Ian Hickie, Co-director, Health and Policy, Brain and Mind Centre, The University of Sydney

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Ms Helen Innes, Branch Manager – Social Policy Branch, Department of Employment**,** Australian Government

Ms Leila Jordon, Director, Health Systems Strategic Policy**,** Department of Health**,** Australian Government

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Ms Anita Kumar, Chief Executive Officer, The Infants' Home

Ms Alison Larkins, Acting Deputy Secretary, Social Policy, Domestic Policy Group, Department of the Prime Minister& Cabinet, Australian Government

Ms Leslie Loble, Deputy Secretary, External Affairs & Regulation, NSW Education & Communities

Ms June McLoughlin, Director, Family & Children's Services, Doveton College

Prof Edward Melhuish, Academic Research Leader, Families, Effective Learning and Literacy (FELL), Rees Centre for Research in Fostering and Education, Department of Education, Oxford University

Mr Nick Morgan, Project Director, Project Office, Department of the Prime Minister & Cabinet, Australian Government

Prof Frank Oberklaid OAM, Foundation Director of the Centre for Community Child Health, The Royal Children's Hospital

Prof Tony Okely, Director, Early Start Research Institute, University of Wollongong

Ms Mary Ann O'Loughlin AM, Deputy Secretary, Social Policy, NSW Premier and Cabinet

Ms Samantha Page, Chief Executive Officer, Early Childhood Australia

Ms Lara Purdy, Branch Manager, Family Policy and Programmes Branch, Department of Social Services, Australian Government

Ms Rosemary Sinclair AO, Co-founder, First Steps Count Inc.

Mr Troy Sloan, A/g First Assistant Secretary, Social Policy Division, Department of the Prime Minister & Cabinet, Australian Government

Ms Janet Stodulka, Branch Manager, Family Policy & Programs, Department of Social Services, Australian Government

Dr Ryan Young, Project Manager, Project Office, Department of the Prime Minister & Cabinet, Australian Government

Appendix III: Glossary

AEDC: Australian Early Development Census

AEDI: Australian Early Development Index

AIHW: Australian Institute of Health and Welfare

API: Application Programming Interface

APY: Anangu Pitjantjatjara Yankunytjatjara

ARACY: Australian Research Alliance for Children and Youth

CALD: Culturally and Linguistically Diverse

COAG: Council of Australian Governments

DSS: Department of Social Services

ECD: Early Childhood Development

ECEC: Early Childhood Education and Care

ECEI: Early Childhood Early Intervention

EDI: Early Development Index

ELAA: Early Learning Association Australia

FACS: NSW Department of Family and Community Services

GPs: General practitioners

IQ: An intelligence quotient

JETFCCA: Jobs, Education, and Training Child Care Fee Assistance

LGA: Local Government Area

NAPLAN: National Assessment Program Literacy and Numeracy

NGO: Non-Government Organisation

NDIS: National Disability Insurance Scheme

NPA: National Partnership Agreement

NQS: National Quality Standard

OECD: Organisation for Economic Cooperation and Development

SEIFA: Socio-Economic Indexes for Areas

SES: Socioeconomic status

UoW: University of Wollongong

VET: Vocational Education and Training

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