

AN OVERVIEW OF EARLY CHILDHOOD HEALTH AND EDUCATION SERVICE PROVISION IN AUSTRALIA

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No. 2022-17

August 2022



NON-TECHNICAL SUMMARY

The impact of children’s experiences through their first 2,000 days of life – from conception to the start of full-time schooling – are widely acknowledged. Reflecting the importance of this period on life-long health, development and learning, numerous forms of early childhood support and services are provided across Australia for young children and their families via the health, education and community sectors. Many communities have multiple early childhood services, each providing different programs, pursuing different objectives and drawing on expertise from different disciplines. Ideally, these multiple services serve complementary functions for children and families within their community but in some places, the services duplicate (or even compete with) each other and in other places, there are significant service gaps or unmet demand.

Most reports of early childhood service provision in Australia address one discipline at a time – the child health sector or the preschool sector, etc. Such sector-specific reports rarely consider the ‘touch-points’ that unify the parallel sectors with which families and young children are simultaneously engaged. In contrast, this paper provides a high-level outline of provision for Australian children from conception to full-time schooling across two key disciplines (i.e.: health and education) in one cohesive paper. It aims to foreground current strengths and gaps across Australia and within each state and territory, and to offer a platform upon which to build a more cohesive early childhood system for all Australian children from conception to classroom.

A key observation from the data compiled in this report is that many parents and families encounter early childhood ‘health’ and ‘education’ services as disparate entities with limited integration. This lack of integration presents a barrier to engagement for parents and represents a significant opportunity for reform of the early childhood system in the service of families and young children.



ABOUT THE AUTHORS

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ABSTRACT

There is widespread recognition that early childhood experiences form the foundation for lifelong health, development and learning trajectories. Reflecting this, numerous services and supports are provided for young children and their families in Australia through the health, education and community services sectors via government agencies, non-government organisations and volunteer groups. Many communities have multiple early childhood services, each separately providing different programs, pursuing different objectives, and drawing on expertise from different disciplines – often at the same time for the same children.

This paper provides a high-level overview of the early childhood health and education support service ‘systems’ in Australia. It aims to highlight strengths and identify gaps for future evidence-based advocacy. The paper examines data from a range of government and non-government sources in each Australian jurisdiction including annual reports, budget papers, fact sheets, national and jurisdictional evaluations, and reviews.

The key observation arising from a review of the data provided in this paper is that parents and families encounter early childhood ‘health’ and ‘education’ services in a disparate manner. Further, that engagement with the service system depends on parents’ knowledge of their entitlements, capacity to navigate multiple providers and a belief among parents that the benefits of service engagement are worth the effort. Specific observations relevant to the early childhood health sector emphasise a need to develop processes (frameworks and data collection) to support the implementation of cohesive national child and family health services. In relation to the early childhood education sector, key challenges relate to the high cost of provision, particularly in remote localities where needs are greatest.

Keywords: Early childhood education and health, early years, multi-sectoral collaboration

Suggested citation: Cahill, R., Harman-Smith, Y., Harvey, E. & Ansell, D. (2022). ‘An Overview of Early Childhood Health and Education Service Provision in Australia’, Life Course Centre Working Paper Series, 2022-17. Institute for Social Science Research, The University of Queensland



1. Introduction

1.1 Purpose

The enduring impact of children’s experiences and circumstances from conception to full-time schooling – during the first 2,000 days – are widely acknowledged¹. Reflecting this, numerous forms of support and services are provided across Australia for young children and their families via the health, education and community services sectors through government agencies, non-government organisations and volunteer groups. Indeed, many communities have multiple early childhood services², each separately providing different programs, pursuing different objectives and drawing on expertise from different disciplines. In many cases, the multiple services serve complementary functions for children and families within a given community. Sometimes they duplicate each other. Sometimes there are gaps and sometimes they compete with one another for clients, funding, or recognition.

Many reports of current early childhood service provision in Australia address one discipline at a time – the health sector³ or the preschool sector⁴, etc. Each of these reports makes an important contribution to public dialogue and policy formulation by highlighting strengths and shortcomings within their particular sector, however these sector-specific reports do not ordinarily consider the complementary role of parallel sectors with which families and young children are simultaneously engaged.

In contrast, this report provides a high-level ‘here and now stock-take’ (data pending) of provision for Australian children from conception to full-time schooling across multiple disciplines in one place. It seeks to ‘spotlight’ current strengths and gaps across Australia and within each state and territory and offer an evidence-base for future advocacy.

¹ National Research Council and Institute of Medicine (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Committee on Integrating the Science of Early Childhood Development. Jack P Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

² Commonwealth Department of Education, Health, Social Services; State Departments of Education, Health and Communities/Social services.

³ Children’s Healthcare Australasia website at <https://children.wcha.asn.au/>

⁴ *Early Learning: Everyone Benefits*. (2019). State of early learning in Australia 2019. Canberra, ACT: Early Childhood Australia.



The purpose of this report is to provide a platform from which strategic opportunities to improve future provision might be identified, striving for a unified, comprehensive, and effective early childhood system for all children from conception to classroom in every place across Australia.

1.2 Scope, Terms and Structure

A threshold challenge in preparation of this report is that ‘the early childhood sector’ does not operate as a unified system and is not easy to define. This lack of unity and definition fractures messages about the importance of early childhood and efforts to elevate it among competing public policy priorities.

There are two key dimensions of ‘the early childhood sector’ which require definition: the age range and the service range.

With respect to the age range, the international definition of ‘early childhood’ extends to eight years of age⁵, however an earlier cut-off at five years has been selected for this report to focus on the period before most Australian children are required to enroll for school. This earlier cut-off usefully coincides with the age (around five years) at which the triennial Australian Early Development Census (AEDC)⁶ data are collected – in the year most children start full-time schooling. From this point forward in this report, children in this age range will be referred to as ‘young children’.

With respect to the service range, this report focuses on two the two key early childhood service ‘streams’:

- Maternal and Child Health services; and
- Early Childhood Education services comprising approved long day care, family day care and preschool.

Other specialist services that make important contributions to the health, development and learning of young children with additional needs are not captured in this report. They comprise an additional layer of service provision which is beyond the scope of the high-level ‘stock-take’ intended for this report. This includes:

- allied health services such as speech therapists, dieticians, physiotherapists and occupational therapists;
- dental services;

⁵ <https://en.unesco.org/themes/early-childhood-care-and-education>

⁶ <https://www.aedc.gov.au/>



- parenting support services; and
- child safety (protection) services such as social workers and support services for families with young children facing significant risk.

Whenever possible, information is presented both nationally and for each state and territory. The level and completeness of detail has been determined by the extent to which data are publicly available.

Data and information to complete this report has been collected from a range of sources. This includes data releases from the Australian Bureau of Statistics (ABS), Report on Government Services (RoGS) reports released each year by the Productivity Commission, Commonwealth and State Government Budget Papers, reports produced by agencies such as the Australian Institute of Health and Welfare (AIHW), the Australian Institute of Family Studies (AIFS), State and Commonwealth line-agency annual reports, and reports published by industry bodies, policy and research institutes. Wherever possible, the original source of information has been used.

2. Maternal and Child Health Services

2.1 Background

A child's health in the first five years of life from conception sets the ground-work for wellbeing throughout the life course⁷. Importantly, the health and wellbeing of mothers, fathers, or primary caregivers is also essential to children's wellbeing⁸ across this vital period of development. Many Australian parents and caregivers experience high levels of parental stress, postnatal distress and depression, as well as feelings of unpreparedness and a lack of confidence in parenting skills⁹. Maternal and child family health services offered universally are uniquely placed to support families, enhance parenting, and monitor health and developmental progress during this critical period in a child's life¹⁰.

⁷ Sawyer A, Gialamas A, Pearce A, Sawyer MG, Lynch J. Five by Five: A Supporting Systems Framework for Child Health and Development: Better Start Child Health and Development Research Group, School of Population Health, University of Adelaide; 2014.

⁸ Council of Australian Governments. Investing in the Early Years-A National Early Childhood Development Strategy: An initiative of the Council of Australian Governments. Canberra: Commonwealth of Australia; 2009.

⁹ Axford N, Barlow J. The science within: What matters for child outcomes in the early years. Darlington: Social Research Unit; 2013

¹⁰ Australian Health Ministers' Advisory Council. National Framework for Universal Child and Family Health Services: Vision, objectives and principles for universal child and family health services for all Australian children aged zero to eight years: Australian Government Department of Health and Ageing; 2011



This overview of existing community maternal child health services across Australian States and Territories focuses on universal services provided for families and children from conception to five years of age. Targeted services and legislative / policy frameworks are also considered in outlining the state of health services and support for this population group across Australia, as well as access to and the costs of these services.

2.2 Search Method

Service parameters of interest were developed by Telethon Kids Institute in consultation with the Thrive by Five team at the Minderoo Foundation. These service parameters guided the data collection process and development of a search framework.

A request to share any publicly available information was sent to key contacts across jurisdictions within state and territory administered maternal child health service sectors. Several responses were received.

To supplement information received from key contacts, an independent search of publicly available information was conducted in July and August 2020 drawing on sources that included annual reports, budget papers, government websites and fact sheets, national and jurisdictional service evaluations and reviews.

In the context of service disruptions that arose in response to the COVID-19 pandemic through 2020, it is important to note that data contained within this report preceded the pandemic.

2.3 Search Results and Data Tables

The search results below offer an overview of available community child health services (universal and targeted), frequency of child health and development checks, access to and costs of these services, and guiding frameworks across Australian states and territories.

Results are presented in five tables comprising:

- Table 1: Universal Community Child Health Services
- Table 2: Child Health and Development Checks
- Table 3: Targeted Community Child Health Services
- Table 4: Overall Access and Costs to Governments of Child Health Services
- Table 5: Legislation and Regulatory Frameworks.



Table 2.1: Universal Community Child Health Services

Jurisdiction	Service Providers	Services Delivered			Service Locations (and number)	Access Eligibility and Costs
		Universal Community Child Health Services	Delivery Location	Service Details and any Linked / Additional Services		
New South Wales	<p>Workforce: Child and Family Health Nurses</p> <p>Service Provider: NSW Health</p>	<p>Universal Health Home Visiting (UHHV) - includes the offer and provision of at least one contact in the family's home within two weeks of birth.</p>	Home	Minimum 1 home visit after birth.	Provided in families homes across NSW.	All children/families, free of charge.
		<p>Early Childhood Health Services - provided to children aged 0-5 and their families including advice and information on a range of parenting and child health matters, assessment of growth and developmental progress of children, dealing with behaviour and developmental issues and early identification of child abuse and post-natal depression.</p>	Health Centre	<p>Child health and development checks offered at: Birth (UHHV); 1 to 4 weeks; 6 to 8 weeks; 6 months; 18 months; 2 years; 3 years; and 4 years. (Blue book)</p> <p>Family Care Centres - (targeted) supports the services provided by Early Childhood Health Services and are designed to address more complex parenting problems and provide assessment and intensive short term intervention and management.</p>	<p>Provided at child and family health centres.</p> <p>(423 service locations across NSW)</p>	All children/families, free of charge.
	<p>Service Provider: NSW Health</p>	<p>Statewide Eyesight Preschooler Screening (StEPS) - a free vision screening program for all four year old children in NSW.</p>	School	n/a	Provided by local health districts in preschools and child care centres.	All children aged 4, free of charge.



New South Wales	<u>Service Provider:</u> NSW Health	Statewide Infant Screening- Hearing Program (SWISH) - offers all babies across NSW a hearing test within the first few days of birth	Hospital	Links can be provided to early treatment and prevention of hearing impairment.	Provided in hospital (often at bedside)	All newborn babies, free of charge
		Immunisation Services - offered in line with the NSW immunisation schedule	Health Centre	n/a	Provided by a GP.	All children, free of charge,
	<u>Workforce:</u> Aboriginal Health Workers and Community Midwives <u>Service Provider:</u> NSW Health	Aboriginal Maternal and Infant Health Service (AMIHS) - works to improve health outcomes for Aboriginal women and their babies during pregnancy and birth and decrease maternal and peri-natal morbidity and mortality. AMIHS midwives and Aboriginal Health Workers provide antenatal and postnatal care, from as early as possible after conception up to eight weeks postpartum.	Home and Health Centre	Building Strong Foundations (BSF) for Aboriginal Children, Families and Communities - provides early childhood health services in 15 locations, some BSF programs are co-located with an AMIHS, which allows a seamless transition of care for a family from the maternity service to the child and family health service.	Provided at community health service / centres across NSW. (34 AMIHS service providers; 11 AMIHS and BSF service providers (co-located); and 4 BSF service providers)	All Aboriginal and Torres Strait Islander families and children, free of charge.
		Aboriginal Ear Health Program - an initiative to help prevent Otitis Media (middle ear infection) in Aboriginal children aged 0-6 years.	Health Centre	The NSW Aboriginal Ear Health Program is delivered in collaboration with existing maternity and child and family health services.		



Victoria	<p><u>Workforce:</u> Child and Family Health Nurses</p> <p><u>Service Provider:</u> Maternal and Child Health (MCH) Service, VIC Health</p>	<p>Universal MCH (UMCH) Service - works in partnership with Victorian families to care for babies and children until they start school. It is a free service which includes visits to a local maternal and child health nurse at 10 key ages and stages in a child's development.</p> <p>MCH Line - a 24/7 telephone service where MCH nurses provide information, advice, support and referrals to Victorian families with children from birth to school age. The MCH Line is able to link families to the UMCH service and to other community, health and support services</p>	Home and Health Centre	<p><u>Child health and development checks offered at:</u> Birth (home visit); 2 weeks; 4 weeks; 8 weeks; 4 months; 8 months; 12 months; 18 Months; 2 years; and 3-5 years. (Green book)</p> <p>Enhanced MCH service - (targeted) provided in addition to the services offered through the universal MCH service. It provides a more intensive level of support for children and families at risk of poor outcomes, in particular where there are multiple risk factors, including drug and alcohol, mental health and family violence issues.</p>	<p>Provided at Maternal and Child Health Centres in the Community</p> <p>(87 Maternal and Child Health Centres across VIC)</p>	<p>All Victorian families with children from birth to school age, free of charge.</p> <p>(Enhanced MCH service available with a referral, subject to eligibility criteria.)</p>
Victoria	<p><u>Workforce:</u> Midwives and Aboriginal health workers</p> <p><u>Service provider:</u> Victorian Government in partnership with the Victorian Aboriginal Community Controlled Health Organisation</p>	<p>Koori Maternity Services - offers flexible, inclusive, culturally appropriate services and care to Aboriginal and Torres Strait Islander women in Victoria, including antenatal and postnatal care, health promotion, and breastfeeding support.</p>	Home and Health Centre	n/a	<p>Koori Maternity Services are located in Aboriginal community-controlled health organisations and public hospitals across VIC.</p> <p>(Multiple locations across VIC)</p>	<p>All Aboriginal and Torres Strait Islander women in Victoria, free of charge.</p>
	<p><u>Service Provider:</u> VIC Health</p>	<p>Immunisation Services - offered to infants and children aged 0-4 years of age in Victoria under the National Immunisation Program.</p>	Health Centre	n/a	<p>Provided at immunisation sessions run by local councils or from a GP.</p>	<p>All Victorian children aged 0-4</p>



Queensland	<p><u>Workforce:</u> multi-disciplinary team of child health nurses and early intervention clinicians (either social workers or psychologists)</p> <p><u>Service Provider:</u> Child and Youth Community Health Service (CYCHS), Child Health Queensland (CHQ)</p>	<p>Child Health Service Key Age Child Health Checks - parents can monitor the health, wellbeing and development of their child in partnership with child health nurses following the schedule of contact visits at key ages set out in the Personal Health Record (PHR).</p>	Home and Health Centre	<p><u>Child health and development checks offered at:</u> 0-4 weeks; 2 months; 4 months; 6 months; 12 months; 18 months; 2.5-3.5 years; and 4-5 years. (Red book)</p>	<p>Services may be offered in the home, or in Child Health Centres, and some community centres.</p> <p>(34 Community Health Centre Service Locations across QLD)</p>	<p>The Child and Youth Community Health Service (CYCHS) provides prevention and early intervention services for parents / carers of children aged from 0-8 years, free of charge.</p>
		<p>Child Health Service Parenting Support and Early Feeding Drop In Clinic - available for parents of newborns in the first twelve weeks after leaving hospital. Brief consultations are available at select venues throughout the greater Brisbane area.</p>	Health Centre	<p>Infant Feeding and Parent Support Program - provides additional feeding support to parents with infants aged birth to six months.</p>		
		<p>Child Health Service Parenting Groups and Programs - designed for parents of toddlers and young children aged up to eight, parenting programs, seminars and individual counselling sessions provide support for current problems and future ones before they arise.</p>	Health Centre	n/a		
		<p>Immunisation Services - free immunisation clinics for children (birth to five years)</p>	Health Centre	n/a		
Queensland	<p><u>Workforce:</u> Child and Family Health Nurses</p> <p><u>Service Provider:</u> Child and Youth Community Health Service (CYCHS), Child Health Queensland (CHQ)</p>	<p>Healthy Hearing Program - offers free newborn hearing screening to all babies born in Queensland hospitals, including both public and private facilities.</p>	Hospital	<p>Queensland Hearing Loss Family Support Service (QLFSS) - supports families who have children with a permanent hearing loss and aims to minimise the time between a child's diagnosis of hearing loss and families receiving support and services. Strong links to the Healthy Hearing Program.</p>	<p>Provided in hospital (often at bedside)</p>	<p>Babies must be eligible / or enrolled for an Australian Medicare card. QHLFSS available to families of children (0-6) who receive a direct refer result on new born hearing screening or are diagnosed with hearing loss.</p>



		Primary School Nurse Health Readiness Program - a state-wide initiative which offers free vision screening to prep students in state, catholic and independent schools.	School	If visual abnormalities are found during a child's screening tests they will be referred to an eye health professional for further assessment, and follow-up with parents / guardians to discuss the outcome of this further assessment.	Provided in all schools across QLD	All prep students in Queensland, free of charge
	Service Provider: Children's Health Queensland Hospital and Health Service (CHQ HHS)	Centre for Children's Health and Wellbeing (CCHW) - a Statewide specialised service within the Children's Health Queensland Hospital and Health Service (CHQ HHS).	Health Centre	n/a	1 location in South Brisbane	All children/families, free of charge.
		Good Start Program - works on improving the health and wellbeing of Maori and Pacific Islander children and their families.	Health Centre	Services include: school based health promotion; good start to life; the healthy kids hub; the healthy kids, healthy families program; cultural awareness and liaison service; and good start resources.	Provided at child health centres across QLD	All Maori and Pacific Islander children and their families
South Australia	Workforce: Child and Family Health Nurses Service Provider: The Child and Family Health Service (CaFHS), Women's and Children's Health Network (WCHN)	CaFHS Universal Contact Visit - part of the Government's commitment to early intervention for a broad range of health issues of public health significance.	Home	<u>Child health and development checks offered at:</u> 1-4 weeks (at the universal contact visit); 6-9 months; 18 to 24 months; and preschool age (4 years). Medical checks at 2 and 6 weeks by a doctor are recommended - not provided by CaFHS. (Blue book)	Provided in families homes across SA or at Child and Family Health Service Centres (116 service locations across SA)	All parents of newborns in South Australia, free of charge
		CaFHS Health Checks - Child and Family Health Services provides free health checks for South Australian children at key developmental ages between birth and 6 years.	Home and Health Centre			



South Australia	<p><u>Workforce:</u> Child and Family Health Nurses</p> <p><u>Service Provider:</u> The Child and Family Health Service (CaFHS), Women's and Children's Health Network (WCHN)</p>	<p>CaFHS Early Parent Groups - for parents/caregivers of babies from 4 weeks to 4 months to of age. The groups provide a way for new parents to meet other families, share ideas and find out about other support available.</p>	Health Centre	<p>CaFHS Collaborative Care Service - a flexible, inter-professional service providing direct and intensive support for families facing additional challenges to build caregiver relationships with infants and children to build capacity for development and growth.</p>	<p>Provided at Child and Family Health Service Centres (116 service locations across SA)</p>	<p>All parents of newborns in South Australia, free of charge. (CaFHS Collaborative Care Service available with a referral, subject to eligibility criteria)</p>
		<p>CaFHS Parent Helpline - provides telephone information and support about health, behaviour and relationships for parents and people working with children and young people at any time 7 days a week.</p>	Phone		<p>Provided over the phone</p>	<p>Available to parents of children from birth to 12 years who live in South Australia, free of charge.</p>
	<p><u>Workforce:</u> midwives, medical consultants, Aboriginal Maternal Infant Care (AMIC) workers, social workers and family support workers</p> <p><u>Service Provider:</u> Women's and Children's Health</p>	<p>Universal Neonatal Hearing Screening Program (UNHS) - provides free hearing screening to all new-born babies to ensure early detection and implementation of intervention strategies for hearing loss.</p>	Hospital	n/a	<p>Provided in hospital (often at bedside)</p>	<p>All parents of newborns in South Australia, free of charge, if a child receives a refer result from two screenings they will be referred to a paediatric audiologist</p>
		<p>Aboriginal Family Birthing Program - provides antenatal and postnatal care / maternity services in a culturally appropriate environment. Offered throughout pregnancy, birth and after the baby is born.</p>	Hospital, Health Centre, and Home	n/a	<p>Provided in all major hospitals across SA</p>	<p>All Aboriginal and Torres Strait Islander women who are pregnant and plan to birth in Adelaide, free of charge</p>



	Network (WCHN), SA Health					
	<u>Service Provider:</u> SA Department for Education	Children's Centres for Early Childhood Development and Parenting - are service hubs for parents and children from birth to five years including health services, childcare, preschool, community development activities and family support.	Health Centre	n/a	Provided at children's centres (42 with 5 in development)	All children in SA, costs associated with some services
South Australia	<u>Service Provider:</u> SA Health / Australian Government Department of Health	Immunisation Services - vaccines recommended for children, adolescents and adults on the National Immunisation Program are available at no cost for those who hold or are eligible for a Medicare card.	Health Centre	Newly Arrived Refugee Immunisation Program - vaccines for newly arrived refugees are available at no cost under the Australian Government Department of Health	Provided at doctors' clinics, community health centres, local council immunisation clinics, Aboriginal health centres, and Refugee health service.	All children who hold or are eligible for a Medicare card, free of charge.
Western Australia	<u>Workforce:</u> Community Child Health Nurses, Aboriginal Health Workers, and Refugee Health Nurses <u>Service Provider:</u> Child and Adolescent Health	Purple Book Appointments - offers all families five child health appointments with their community child health nurse.	Hospital, Health Centre, and Home	Child health and development checks offered at: 0-14 days; 8 weeks; 4 months; 12 months; and 2 years. (Purple book)	Provided at child health centres (334 service locations across WA)	All families of children aged 0-5, free of charge.
		Aboriginal Health Team - these teams have Aboriginal Health Workers and Community Health Nurses who provide specialised health services for Aboriginal families.	Home and Health Centre	The Team also has a Medical Officer, Speech Pathologist, Occupational Therapist, Aboriginal Health Promotion Officers, and an Aboriginal Liaison Officer who work with local teams and Aboriginal families.	9 teams at local community health centres across Perth	All Aboriginal and Torres Strait Islander families of children aged 0-5, free of charge.



	Service (CAHS), WA Health	<p>Refugee Health Team - supports newly arrived refugees and humanitarian entrants to connect with community and specialist health care services.</p>	Home and Health Centre	Services include access to primary health care including GPs, Child Health and School Health, and immunisation follow-up	Various locations across metropolitan Perth	Children under 18 years and their primary carers who have been referred from the Humanitarian Entrant Health Service or the Perth Children's Hospital Refugee Health Clinic, free of charge.
		<p>Immunisation Services - provides immunisations in line with the Western Australian Immunisation Schedule for the birth to five years age group.</p>	Health Centre	n/a	Provided by doctors, immunisation clinics, some local government sites, and Aboriginal community health services (7 immunisation clinics across WA)	All families of children aged 0-5, free of charge.
Tasmania	<p><u>Workforce:</u> Child and Family Health Nurses</p>	<p>CHaPS Child Health Centres - provides free child health and development assessments for all children aged 0-5 years.</p>	Home and Health Centre	<p><u>Child health and development checks offered at:</u> 2 weeks; 4 weeks; 8 weeks; 6 months; 12 months; 2 years; and Healthy Kids Checks at 4 years of age. (Blue book)</p>	<p>Provided at children's centres (65 centres across TAS)</p>	All Tasmanian families of children 0-5 years of age, free of charge
	<p><u>Service Provider:</u> The Child Health and Parenting Service (CHaPS), Tasmanian Government, Department of Health</p>	<p>CHaPS Parenting Centres - provide intensive support for a range of parenting issues where parents of 0 - 5 year olds can go for help and advice with breastfeeding / feeding issues; sleep problems; post-natal depression; behaviour management; child / parent communication; self-esteem; step families; sibling rivalry; grief; toileting; and general difficulties that relate to parenting.</p>	Home and Health Centre	n/a	<p>Provided at parenting centres (3 centres across TAS)</p>	<p>All Tasmanian families of children aged 0-5, free of charge. (bookings essential and subject to an intake process)</p>



		CHaPS Parent Line - offers twenty-four hours information and support for parents throughout Tasmania.	Phone	n/a	Provided over the phone	All Tasmanian families of children 0-5 years of age, free of charge
		Immunisation Services - provides immunisations in line with the National Immunisation Schedule for 0-5 year olds.	Health Centre	n/a	Provided at children's centres or medical/immunisation clinics	
Northern Territory	<u>Workforce:</u> Child and Family Health Nurse <u>Service provider:</u> NT Dept. of Health and Aboriginal Community Controlled Health Organisations	Healthy Under 5 Kids - Partnering with Families Program - Universal standardised child health program for children 0-5 years including screening and assessment checks, information support and advice encompassing lifestyle factors that affect children's growth and development, and anticipatory guidance (age appropriate health education) ² .	Health Centre	<u>Child health and development checks offered at:</u> 0-10 days (home visit); 4 weeks; 6-8 weeks; 4 months; 6 months; 9 months; 12 months; 18 months; 2 years; 2.5 years; 3 years; 3.5 years; 4 years; and 4.5 years. (Yellow book)	First visit provided in families homes and subsequent visits in community care centres / health centres (8 community care centres and 57 remote health centres across NT)	All NT families/children aged 0-5, free of charge
	<u>Service provider:</u> NT Dept. of Health and the Australian Government	Australian Nurse Family Partnership Program (ANFPP) - a nurse-led home visiting program that supports women pregnant with an Aboriginal and/or Torres Strait Islander child. ANFPP mothers are offered support and guidance during early pregnancy and on into their baby's infancy and toddlerhood.	Home	n/a	Provided in various communities across NT	All Aboriginal and Torres Strait Islander mothers, free of charge.
Northern Territory	<u>Service provider:</u> NT Dept. of Health	Hearing Health Program - universal hearing screening test.	Hospital and Health Centre	n/a	Provided in Hospital and health centres	All children/families, free of charge.
		Healthy Smiles Program - universal dental service.	Health Centre	n/a	n/a	All children/families, free of charge.



	<p><u>Service provider:</u> NT Dept. of Education, Office of Children and Families, Northern Territory Government</p>	<p>Families as First Teachers (FaFT) program - an early learning and family support program for remote Indigenous families. The aim of FaFT is to improve developmental outcomes for remote Indigenous children by working with families and children prior to school entry.</p>	Home	Adult capacity-building is also provided through family support and by linking services within local communities.	Provided in select remote Indigenous communities in the NT.	All Aboriginal and Torres Strait Islander families and children birth-school age living in communities where FaFT programs are being run, free of charge.
Australian Capital Territory	<p><u>Workforce:</u> Registered RN/RM with additional speciality qualification in maternal and child health</p> <p><u>Service Provider:</u> Maternal and Child Health (MACH) Nursing Service</p>	<p>MACH Universal First Home Visit - offered to all families living in the ACT who have had a baby.</p>	Home	<p><u>Child health and development checks offered at:</u> 1-4 weeks; 6-8 weeks; 4 months; 6 months; 12 months; 18 months; 2 years; 3 years; 4 years (Blue book)</p> <p>Maternal and Child Health (MACH) Parenting Enhancement Program (PEP) - provides additional Maternal and Child Health (MACH) nursing service for eligible families up to the child's first birthday</p>	First visit provided to families in their homes	All families with infants 3 months and under, free of charge.
		<p>MACH Child Health Clinics (appointments required) - information on baby and child health and development, nutrition and feeding, sleep issues, parenting, child safety, behavioural issues, maternal wellbeing. Developmental screening at key stages.</p>	Health Centre		<p>Provided at community Health Centres, including outreach locations e.g. schools and women residing facilities</p> <p>(11 service locations across ACT)</p>	(Maternal and Child Health (MACH) Parenting Enhancement Program (PEP) available with a referral, subject to eligibility criteria)
		<p>MACH Drop-In Clinics (no appointment required) - available for short consultations. Follow up consultations can be arranged.</p>	Health Centre			All families of children of various ages between 0-3 years, free of charge.
		<p>Parenting and Support Groups - including new parents group and early days and sleep groups.</p>	Health Centre			
Australian Capital	<p><u>Workforce:</u> Nurse educators</p>	<p>Childhood Asthma Education Service - provides asthma education for children, young people and their families with children diagnosis of asthma, living or working in the ACT as well as for health professionals</p>	Hospital and Health Centre	n/a	Provided at community Health Centres, home visiting or inpatient at Canberra hospital	All families/children, free of charge.



<u>Workforce:</u> Audiometry Registered Nurses, Audiologists	Children’s Hearing Service - provides a full hearing assessment including history, otoscopy, tympanometry, audiometry	Health Centre	n/a		
<u>Workforce:</u> Vaccination by a Registered Nurse Immuniser <u>Service Provider:</u> Maternal and Child Health (MACH)	Early Childhood Immunisation Service - Children aged 0-5 years vaccination schedule per national immunisation program	Health Centre	n/a	Provided at immunisation clinics (8 service locations across ACT)	All children aged 0-5, free of charge.

Note: data on the number of child health nurses, and number of nurse home visits offered in each jurisdiction was sought but not publicly available for most state and territories.

Table 2.2: Child Health and Development Checks

JURISDICTION	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Frequency of recommended / offered Child Health and Development Checks	Birth (hv); 1 to 4 weeks; 6 to 8 weeks; 6 months; 12 months; 18 months; 2 years; 3 years; 4 years	Birth (hv); 2 weeks; 4 weeks; 8 weeks; 4 months; 8 months; 12 months; 18 Months; 2 years; 3.5 years	0-4 weeks; 8 weeks; 4 months; 6 months; 12 months; 18 months; 2.5-3.5 years; 4-5 years	1-4 wks (hv); 2 weeks (doc); 6 weeks (doc); 6-9 months; 18-24 months; 3 years / preschool age	0-14 days; 8 weeks; 4 months; 12 months; 2 years; 4 years (School Entry Health Assessment)	2 weeks; 4 weeks; 8 weeks; 6 months; 12 months; 2 years; 4 years (Healthy Kids check)	0-10 days(hv); 4 weeks; 6-8 weeks; 4 months; 6 months; 9 months; 12 months; 18 months; 2 years; 2.5 years; 3 years; 3.5 years; 4 years; 4.5 years	1-4 weeks; 6-8 weeks; 4 months; 6 months; 12 months; 18 months; 2 years; 3 years; 4 years	Birth (hv); 1-4 weeks; 6-8 weeks; 6-9 months; 18 months; 2 years; 3 years; 4 years <i>(Recommended schedule Australian Government)</i>



No. of possible checks in first 12 months	5	7	5	4	4	5	7	5	4
Total no. of possible checks	9	10	8	6	6	7	14	9	8
Name of Health Record	Blue book	Green book	Red book	Blue book	Purple book	Blue book	Yellow book	Blue book	Child Health Record

Note: Data sourced from key contact responses and corresponding child health record books in each jurisdiction

Table 2.3: Targeted Community Child Health Services

	Targeted Community Child Health Service (and basic components)	Providers <i>Overall Description of Providers</i>	Family Access and Cost <i>Who Can Access the Service, and is it free?</i>
New South Wales	Sustaining NSW Families - provides intensive structured health home visiting to eligible families and aims to improve health, development, safety and wellbeing outcomes for children who are vulnerable to poorer outcomes. The program is based on evidence from national and international studies.	<u>Service Provider:</u> NSW Health	Available to eligible children/families with a referral, free of charge.
	Residential Family Care Services - provides intensive specialist support and care for complex parenting problems. A referral from a health professional is required for admission.	<u>Service Provider:</u> Non-government agencies - Tresillian and Karitane	



	<p>Perinatal and Infant Mental Health Services (PIMHS) and Child and Adolescent Mental Health Services (CAMHS) - provides specialist assessment and treatment services for infants, children and adolescents with mental health problems and their families. CAMHS provides specialised mental health assessment and treatment for children and young people at risk of significant harm or who have experienced abuse or neglect.</p>	<p><u>Service Provider:</u> NSW Health</p>	
Victoria	<p>Healthy Mothers, Healthy Babies Program - addresses maternal risk behaviours and provides women with support during their pregnancy. The program targets pregnant women who are unable access antenatal care services or who need extra support because they are at risk of poorer health outcomes.</p>	<p><u>Service Provider:</u> VIC Health</p>	<p>Available to eligible children/families with a referral, free of charge.</p>
	<p>Child Health Teams - works with children who have mild to moderate developmental difficulties and behavioural issues. To do so, child health teams provide coordinated, community-based, multidisciplinary services.</p>		
	<p>Child FIRST and Family Services - promote the safety, stability and development of vulnerable children, young people and their families, from birth to 17 years of age, by providing case work service and linking families with relevant support services.</p>		
	<p>Child and Adolescent Mental Health Services (CAMHS) - provides specialist mental health treatment and care to children and adolescents up to 18 years of age.</p>		
	<p>Cradle to Kinder Program (including Aboriginal Cradle to Kinder) - an intensive ante and postnatal support service to provide longer term, intensive family and early parenting support for vulnerable young mothers (under 25) and their families, commencing in pregnancy and continuing until the child reaches four years of age.</p>	<p><u>Service Provider:</u> VIC Health</p>	<p>Available to eligible children/families with a referral, free of charge.</p>



	<p>Early Parenting Centres - provide specialist support for Victorian families with children 0–4 years old. They deliver flexible, targeted services that aim to enhance parent-child relationships and support parents with strategies for achieving their parenting goals. These goals are often in areas such as sleep and settling, child behaviour, child learning and development, and parent and child health and wellbeing.</p>		
Queensland	<p>Child and Youth Mental Health Service (CYMHS) - specialises in supporting infants, children and young people up to the age of 18 years who have complex mental health needs.</p>	<p><u>Service Provider:</u> Child Health Queensland Hospital and Health Service (CHQ HHS)</p>	<p>Available to eligible children/families with a referral, free of charge.</p>
	<p>Child Development Program - works with families, communities and professionals to understand the needs of children and young people who are experiencing developmental problems. It is a specialist public health service which provides multidisciplinary, diagnostic assessment and intervention.</p>	<p><u>Workforce:</u> Multidisciplinary Health teams and Aboriginal Health Workers</p>	<p>Consultations are by appointment only. Referrals to the service are accepted from GPs and hospital and private consultants.</p>
	<p>Deadly Ears Program - delivers frontline clinical service delivery and local capacity building in 11 locations across rural and remote Queensland.</p>	<p><u>Service Provider:</u> Child and Youth Community Health Service (CYCHS), Child Health Queensland (CHQ)</p>	<p>Available through a referral from primary or community health services, free of charge.</p>
	<p>Ellen Barron Family Centre (EBFC) - provides is a multi-disciplinary, specialist child health service for families who require support with building practical skills and confidence in parenting.</p>		



	<p>Right@home Program - provides extra support to families of new babies through a series of free home visits by a child health nurse and social worker or psychologist. The program improves developmental outcomes for children. Service delivered in family's homes within the catchment areas of Logan, Beenleigh and Browns Plains.</p>	<p><u>Workforce:</u> Child Health Nurse, Social Worker, or Psychologist.</p>	<p>Available with a referral to families living in Logan, Beenleigh and Browns Plains who have accessed either Logan or Beaudesert Hospital for antenatal services, free of charge.</p>
	<p>Zero to Four Child and Youth Mental Health Service (0-4 CYMHS) - works with babies and young children, and those who care for them, to help the whole family manage stressful situations and recover from upsetting experiences. 0-4 CYMHS also works with women and their families, where the woman is pregnant and is having trouble developing a positive relationship with her unborn baby.</p>	<p><u>Service Provider:</u> QLD Health</p>	<p>Available with a referral to children aged 0-4 (not yet in school) and their families, free of charge.</p>
South Australia	<p>CaFHS Day Service - targeting new parents experiences challenges with feeding, settling, etc. the day service provides a nurse to spend several hours with the parent at one of the larger Child and Family Health centres, helping the parent to understand their baby's needs. Parents are referred to Day Service by a Child and Family Health nurse.</p>	<p><u>Workforce:</u> Child and Family Health Nurses</p>	<p>Available to eligible children/families with a referral, free of charge.</p>
	<p>CaFHS Enhanced Care Service - delivered in partnership with the Department of Child Protection providing support to children in out of home care.</p>	<p><u>Service Provider:</u> Child and Family Health Service (CaFHS) - a division of the Women's and Children's Health Network (WCHN), SA Health</p>	
	<p>Residential Service (Torrens House) - Torrens House offers intense support for all South Australian families with infants aged up to 12 months, in relation to unresolved feeding, settling and sleeping issues.</p>		
	<p>Child and Adolescent Mental Health Service (CAMHS) - provides services to mothers in the perinatal period, infants, children and young people up to the age of 16 and their families, with moderate to severe and complex emotional, behavioural or mental health difficulties, across South Australia.</p>	<p><u>Service Provider:</u> Women's and Children's Health Network, SA Health</p>	



Western Australia	<p>Child Development Service (CDS) - provides a range of free allied health and developmental paediatric services across metropolitan Perth for children with developmental delay or difficulties that impact on function, participation and/or parent-child relationship.</p>	<p><u>Workforce:</u> Speech Pathologists; Occupational Therapists; Physiotherapists; Social Workers; Clinical Psychologists; Paediatricians; Therapy Assistants; Audiologists; and Nurses</p>	<p>Available to eligible children/families with a referral, free of charge.</p>
	<p>Child and Adolescent Mental Health Services (CAMHS) - offers support, advice and treatment to young people and their families who are experiencing mental health issues. Children and families are referred to Mental Health by their treating therapist, specialist, GP, School or other community organisation.</p>	<p><u>Service Provider:</u> Child and Adolescent Health Service (CAHS), WA Health</p>	<p>Available to families and children aged 0 -18 with a referral, free of charge.</p>
Tasmania	<p>C U @ Home - offered to young first-time parents 15-19 years of age. If the young woman accepts the offer, nurses commence home visiting in the antenatal period with visits at regular intervals until the child's second birthday.</p>	<p><u>Workforce:</u> Multidisciplinary</p>	<p>Available to parents aged 15-19, having their first baby, 28-32 weeks pregnant, facing life challenges. Referral needed, free of charge</p>
	<p>Child Development Unit - provides a comprehensive assessment and referral service for under school age children (0 - 5 years) who are suspected of having delays in one or more areas of their development. As a team, the unit works from a family centred approach, involving parents in assessment and decision making processes.</p>	<p><u>Service Provider:</u> Child Health and Parenting Service (CHaPS)</p>	<p>Available to eligible children/families with a referral, free of charge.</p>
	<p>Wetaway Program - provides help for bedwetting children / young people when they see the wetting as a problem. The self-management program includes education; promoting healthy drinking and bladder capacity; and enuresis alarms.</p>		<p>Available to families and children 5-6 years old, free of charge.</p>



	<p>Child and Adolescent Mental Health Services (CAMHS) - provides a state-wide service for infants, children and young people up to 18 years, and perinatal mental health service for expectant mothers.</p>	<p><u>Service Provider:</u> Tasmanian Government, Department of Health</p>	<p>Available to children under 18 years of age, with a referral, free of charge.</p>
Northern Territory	<p>Maternal Early Childhood Sustained Home-visiting (MECSH) Program - a structured program of sustained nurse home visiting for families at risk of poorer maternal and child health and development outcomes. It was developed as an effective intervention for vulnerable and at-risk mothers living in areas of socio-economic disadvantage.</p>	<p><u>Service Provider:</u> Provided by Aboriginal Community Controlled Health Organisations</p>	<p>Available to families and children aged 0-3 years with a referral, free of charge.</p>
	<p>Strong Women, Strong Babies, Strong Culture (SWSBSC) Program - a bi-cultural community development program that respects and supports the Aboriginal way of promoting good health in women and babies during pregnancy and early parenting.</p>		<p>Available to eligible children/families with a referral, free of charge.</p>
	<p>Families and Schools Together (FAST) Program - a family-strengthening program working with at-risk and vulnerable families. Families partner with a local team, schools and community agencies with a focus on strengthening relationships: between parents and children; between families; with families, schools and other community agencies.</p>	<p><u>Service Provider:</u> The Smith Family, Anglicare and the Red Cross</p>	
Australian Capital Territory	<p>Community Paediatric and Child Health Service - provides investigation and/or management of children with: suspected / established developmental delay / disability and suspected biological / medical / developmental causes of behavioural / emotional disturbance.</p>	<p><u>Service Provider:</u> ACT Health</p>	<p>Available to eligible children/families with a referral, free of charge.</p>
	<p>The Child at Risk Health Unit (CARHU) - a program based at the Canberra Hospital. The unit provides medical examinations, health screens, education, consultation and therapy for all children and their families and/or carers in the ACT with concerns of child abuse and neglect.</p>		



	<p>Child and Adolescent Mental Health Services (CAMHS) - community Teams provide assessment and treatment for children and young people who are experiencing moderate to severe mental health difficulties.</p>		<p>Available to children under 18 years of age.</p>
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Note: Whilst data collection sought to identify all available community child health services, this table may not represent an exhaustive list of targeted child health services, instead representing the nature and types of common targeted services available to families. Data collection sought to identify waitlists and availability of services, but this information was not readily available.

Table 2.4: Overall Access and Costs to Governments of Child Health Services

Jurisdiction	Access and Uptake of Services		Costs to Government	
	Who can access Community Child Health Services (in general)	% of population accessing services	Total costs of Community Child Health Services	Cost per child
New South Wales	Free under Medicare	<p>Immunisation coverage: 94.5% of one year olds and 94.7% of five year olds are fully vaccinated.</p>	No publicly available source found	No publicly available source found
Victoria	Free under Medicare	<p>Immunisation coverage: 94.9% of one year olds and 95.8% of five year olds are fully vaccinated. <u>Health and development check participation rates:</u> Home visit 100.1%; 2 weeks 96.7%; 4 weeks 97.1%; 8 weeks 95.9%; 4 months 94.1%; 8 months 85.8%;</p>	No publicly available source found	No publicly available source found



		12 months 83.4% ; 18 months 74.2% ; 2 years 70.6% ; and 3.5 years 64.2% (Data sourced from MCH service annual report 2017-18)		
Queensland	Free under Medicare	<p><u>Immunisation coverage:</u> 94.4% of one year olds and 94.4% of five year olds are fully vaccinated.</p> <p><u>Community child health service coverage:</u> 296,466 children aged 0-4 live in Queensland. CHQ provided 53,221 child health well baby appointments; 4,044 specialist (medical) child development appointments; and 5,687 targeted hearing screening appointments. (Data sourced from 2017-18 report)</p>	<p><u>Service Provider:</u> Children’s Health Queensland Hospital and Health Service</p> <p><u>Total Expenses:</u> 773,160,000 (2017-18 financial year) - 16% spent on community based services</p>	No publicly available source found
South Australia	Free under Medicare	<p><u>Immunisation coverage:</u> 94.7% of one year olds and 94.6% of five year olds are fully vaccinated.</p> <p><u>Community child health service coverage:</u> 96,811 children aged 0-4 live in South Australia. CaFHS responds to 20,000 births per year, including an estimated 900 births to Aboriginal families.</p>	No publicly available source found	No publicly available source found
Western Australia	Free under Medicare	<p><u>Immunisation coverage:</u> 94.1% of one year olds and 93.5% of five year olds are fully vaccinated.</p>	<p><u>Service Provider:</u> Child and Adolescent Health Service</p> <p><u>Total Cost of Services:</u> 681,373,000 (2018-19 financial year)</p>	No publicly available source found



Tasmania	Free under Medicare	<p><u>Immunisation coverage:</u> 94.5% of one year olds and 94.9% of five year olds are fully vaccinated.</p> <p><u>Health and development check participation rates:</u> 90% of families with a newborn are engaged with Child Health and Parenting Service (CHaPS) for an eight week assessment of growth and development.</p>	No publicly available source found	No publicly available source found
Northern Territory	Free under Medicare	<p><u>Immunisation coverage:</u> 95.9% of one year olds and 94.0% of five year olds are fully vaccinated.</p> <p><u>Health and development check participation rates:</u> Coverage rate between 57% - 65% of eligible children.</p>	No publicly available source found	No publicly available source found
Australian Capital Territory	Free for Medicare and Asylum Seeker cardholders	<p><u>Immunisation coverage:</u> 94.7% of one year olds and 94.9% of five year olds are fully vaccinated.</p> <p><u>Health and development check participation rates:</u> 90% of families with a newborn received a universal home visit from a child and family health nurse.</p> <p><u>Community child health service coverage:</u> Community child health services continue to have less than 5% DNA (did not attend) rate with wait times an indication of service demand.</p>	No publicly available source found	No publicly available source found



Table 2.5: Legislation and Regulatory Frameworks

Jurisdiction	Legislation covering CCHS	Ministerial Portfolio(s)	Jurisdiction specific policy framework for children 0-5
New South Wales	Children and Young Persons (Care and Protection) Act 1998	Minister for Health, the Hon Brad Hazzard;	<p>The First 2000 Days Framework - (Health specific policy) a strategic Policy Directive which outlines the importance of the first 2000 days in a child's life (from conception to age 5) and what action people within the NSW Health System need to take to ensure that all children have the best possible start in life. <i>Implemented</i></p> <p>The SAFE START Strategic Policy - provides direction for the provision of coordinated and planned mental health responses to primary health workers involved in the identification of families at risk of, or with, mental health problems, during the critical perinatal period. <i>Implemented 02 March 2010.</i></p>
Victoria	Children's Services Act 1996; Child Wellbeing and Safety Act 2005; Children, Youth and Families Act 2005	Minister for Health, the Hon Jenny Mikakos; Minister for Child Protection, the Hon Luke Donnellan; Minister for Women, the Hon Gabrielle Williams	<p>Maternal and Child Health (MCH) Service Framework - provides an integrated service delivery architecture for the Victorian MCH Service. The framework brings together contemporary theory and best practice.</p>



Queensland	Child Protection Act 1999	Minister for Child Safety, Youth and Women, the Hon Dianna Famer; Minister for Health, the Hon Steven Miles	Children’s Health and Wellbeing Services Plan 2018–2028 - identifies the key health service directions and strategies needed to efficiently and effectively align Children’s Health Queensland’s services with the needs of the community over the next 10 years Queensland Universal Child Health Framework - aligns with the National Framework as well as both state and national clinical guidelines and standards to guide quality, safe and effective delivery of community based child and family health services.
South Australia	Children and Young People Safety Act 2017	Minister for Health and Wellbeing; Minister for Child Protection; Minister for Education	The Child Safe Environments (Child Protection) Policy Directive - fulfils SA Health’s obligations under sections 114 and 115 of the Children and Young People (Safety) Act 2017 and outlines requirements for ensuring child safe environments for children and young people.
Western Australia	Health Services Act 2016	Minister for Health, the Hon Roger Cook MLA	The Western Australian Youth Health Policy 2018-2023 - developed by the Child and Youth Health Network to demonstrate the WA health system’s commitment towards achieving the shared vision and strategic priorities of the Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health. The Policy aims to drive equitable, effective and coordinated health services that optimise the health and wellbeing of young people in WA.
Tasmania	Child Protection Act 1974; Children, Young Persons and Their Families Act 1997	Minister for Mental Health and Wellbeing, the Hon Jeremy Rockliff; Minister for Health and Minister for Women, the Hon Sarah Courtney; Minister for Human Services, the Hon Roger Jaensch	Tasmanian Child and Youth Wellbeing Framework - provides a contemporary definition of child and youth wellbeing. Its primary aim is to ensure that everyone, in all parts of Tasmania’s service system, as well as in the broader community, has a strong, common understanding of child and youth wellbeing. We need to build capacity and strengthen our families and communities across Tasmania to improve the wellbeing of children and young people.



Northern Territory	Care and Protection of Children Act (except Part 3.3) 2007	Minister for Children, the Hon Michael Gunner MLA; Minister for Health, the Hon Natasha Fyles MLA; Minister for Territory Families, the Hon Dale Wakefield MLA	<p>The Best Opportunities in Life: Northern Territory Child and Adolescent Health and Wellbeing Strategic Plan 2018-2028 - aims to improve health and wellbeing services for young people aged 0-24 years old over the next 10 years. <i>Implemented 2018</i></p> <p>Starting Early for a Better Future: Early Childhood Development in the Northern Territory 2018-2028 - a 10 year plan for early childhood development in the NT. The plan will guide the most effective delivery of services, support and investment to give every Territory child the best opportunity for a happy, healthy life. The Plan focuses on three areas for action: engaging parents, families and communities; building the early childhood development sector; and fostering leadership and advocacy. A whole of Government approach is proposed, working closely with the NGO sector and local communities. <i>Implemented 2018</i></p>
Australian Capital Territory	Children and Young People Act 2008	Minister for Children, Youth and Families and Minister for Health, Rachel Stephen-Smith MLA	<p>The ACT Children and Young People's Commitment 2015–2025 - a high-level strategic document that sets a vision for a whole-of-government and whole-of-community approach to promote the rights of children and young people (aged 0 to 25 years) in the ACT. <i>Released in December 2015</i></p> <p>Early Years Learning Framework: Belonging, Being and Becoming - describes the principles practices and outcomes that support and enhance young children's learning from birth to five years of age, as well as their transition to school.</p>



2.4 Commentary

2.4.1 Universal Community Child Health Services

A strong universal maternal/community child health service platform of information and support for all families, supplemented with additional supports for parents and carers who face barriers to effective parenting, is recognised as the optimal system to support healthy development in the early years¹¹. Another key factor is continuity of care. It is important that community child health services connect with antenatal services to ensure continuity of care and build on the relationships developed by mothers and their care providers during pregnancy¹². Together these provide the basis for the provision of support during the crucial early years.

Nurse Home Visiting

A universal platform, provided free of charge by state and territory Health agencies and starting shortly after birth, is available in all jurisdictions. Data are not routinely collected or reported about level of reach but anecdotally and from available reports, initial engagement shortly after birth is between 90-100% across jurisdictions. Whilst all jurisdictions offered at least one universal nurse home visit after birth, some jurisdictions also indicated scope for additional visits depending on family circumstances. However, based on publicly available sources searched for this report, the criteria for receiving additional home visits are unclear.

A recent National Health and Medical Research Council (NHMRC) report on evaluation evidence of maternal and child interventions in the first year of life found that home visiting interventions for parents with particular needs for support (e.g. due to low socioeconomic status, young age or single status), are likely to improve parenting quality and interaction, uptake of immunisation, children's cognitive development and sleeping behaviour¹³. A small number of jurisdictions (NSW, QLD, NT) offer specific targeted sustained home visiting programs for families experiencing additional challenges. Eligibility

¹¹ Sawyer A, Gialamas A, Pearce A, Sawyer MG, Lynch J. Five by Five: A Supporting Systems Framework for Child Health and Development: Better Start Child Health and Development Research Group, School of Population Health, University of Adelaide; 2014.

¹² National Health and Medical Research Council. NHMRC Report on the Evidence: Promoting social and emotional development and wellbeing of infants in pregnancy and the first year of life: Australian Government; 2017

¹³ Australian Health Ministers' Advisory Council. National Framework for Universal Child and Family Health Services: Vision, objectives and principles for universal child and family health services for all Australian children aged zero to eight years: Australian Government Department of Health and Ageing; 2011



criteria and number of available visits often target children vulnerable to poorer developmental outcomes and families in lower socioeconomic areas. Although these services are targeted to families and children considered 'at risk', criteria to establish risk were not always publicly available.

Child Health and Development Checks

Ongoing developmental surveillance offers opportunities to promptly identify and act upon growth and development concerns. In all jurisdictions well-child checks offer an opportunity for health and developmental promotion as well as early identification and intervention. Despite the existence on international schedules for regular health and development checks for young children, there is no clear evidence as to a specific minimum or maximum number of checks, nor the exact timing of checks¹⁴. This is reflected in the variability across jurisdictions of prescribed schedules for child health and development checks, ranging from 14 recommended checks in the NT to only six in SA and WA. The Australian Government suggests eight health and development checks occurring at: birth; 1 to 4 weeks; 6 to 8 weeks; 6 to 9 months; 18 months; 2 years; 3 years; 4 years.

The number of health checks offered in the first 12 months also differ greatly across jurisdictions, from 4 to 7 checks. Evidence suggests offering more frequent contacts in the first 12 months can facilitate the development of a strong relationship between families and services; timely support for parents if needed; peer support and community networking; and links to formal and informal community services and supports¹⁵.

There are no consistently reported data across jurisdictions on the uptake of child health and development checks. Anecdotally and from available service review reports, uptake drops sharply in most jurisdictions after the first one or two checks, and returns to higher levels in the year before school. It is unclear how much of this reflects utilisation of this service via other provider settings such as through General Practitioners. Available data from Victoria on child health and development check participation rates show a steady decline in uptake from 100% at the first home visit shortly after birth, down to 64% by the 3.5 year-old check. Data from the Northern Territory suggests an uptake rate of only 57% - 65% of eligible children. Identifying utilisation rates is vital in understanding how well services are reaching

¹⁴ Axford N, Barlow J. The science within: What matters for child outcomes in the early years. Darlington: Social Research Unit; 2013.

¹⁵ Grant J, Mitchell C, Cuthbertson L. National Standards of Practice for Maternal, Child and Family Health Nursing Practice in Australia. Adelaide: Flinders Press; 2017



families at critical times. Such data assist in the identification of issues and potential ways to improve uptake.

The National Standards of Practice for Maternal, Child and Family Health Nurses in Australia require maternal, child and family health nurses to accurately conduct comprehensive and systematic assessments for children and families at regular intervals in the early years¹⁶. The National Framework for Universal Child and Family Health Services¹⁷ suggest core contact times be based on a series of principles including:

- critical periods of child development – recognising development is rapid during the early years, particularly the first 12 months, and therefore early interventions during this period are more economical and effective;
- alignment to immunisation schedules to encourage participation in both programs;
- opportunities to identify families at risk and offer timely family support services;
- opportunities for targeted anticipatory guidance, provision of age-specific health information and relevant health promotion activities; and
- aligning contacts with memorable events such as the child’s birthday (particularly over 18 months of age).

Given the enduring and escalating nature of developmental concerns that can arise in young children and the fact that early intervention can significantly reduce long-term impact, it is vital that a high level of quality and uptake of child health and development checks is achieved across Australia. A first important step is to improve uptake of this vital service is to improve the quality and comparability of usage data across Australia. This will clarify the status of current uptake through various provider-types and, coupled with research on which families do and do not access child health and development checks (and why), will inform strategies for reform.

Antenatal and Postnatal Education and Support Services

¹⁶ Allen and Clarke. Evaluation of the Child Health Check Initiative and the Expanding Health Service Delivery Initiative: Final report. Canberra: Department of Health and Ageing; 2011.

¹⁷ Australian Government Department of Health (2013). National Framework for Universal Child and Family Health Services via <https://www1.health.gov.au/internet/main/publishing.nsf/Content/nat-fram-ucfhs>



Universal education and support services are offered consistently across jurisdictions in the form of early childhood centres, parenting centres, feeding clinics, parenting groups for various ages, and topics (e.g. sleep, feeding, and development). A number of jurisdictions also offer enhanced or extended parenting education and support services linked to universal offerings, however in these jurisdictions, it is unclear what triggers escalation is unclear and who is responsible for escalation (i.e.: service user led vs need identified by nurse / health worker).

The recent NHMRC summary of evidence on the effectiveness of maternal and child interventions in the first year of life reported promising outcomes for education and support interventions, such as improvement of children's cognitive and social development, infant mental health, sleep, preventive care/health-promoting behaviours, parents' knowledge of infant behaviour, parenting quality, couple adjustment and reduced maltreatment⁷.

Assessment and Screening Services

Most jurisdictions offer a universal infant hearing screening assessment (NSW, QLD, SA, NT, ACT), often occurring at bedside after birth, before families leave hospital. Additional screening services available include vision screening (NSW, QLD) and screening for asthma (ACT). Some screening services are linked to additional services for referral if screening or assessment is not 'passed'. For example, the Healthy Hearing Program which offers free newborn hearing screening to all babies born in Queensland hospitals, if a 'refer' result is received, families are referred to Queensland Hearing Loss Family Support Service (QHLFSS) for follow up and provision of hearing services.

The existence of relevant services to refer to, as well as capacity to respond to referrals are vital to the success of screening and assessment services. An evaluation of child health checks and screening implemented in the Northern Territory found the implementation of health and hearing assessments created a 'bottleneck' for the service system, resulting in a high proportion (35.8%) of referrals from hearing screenings not being followed up¹⁸.

¹⁸ Barlow J, McMillan S, Kirkpatrick S, Ghate, Smith M, Barnes J. Health-Led parenting interventions in pregnancy and the early years; 2008



2.4.2 Targeted Community Child Health Services

The nature and availability of targeted child health services differs greatly across jurisdictions. There are some common elements including programs aimed at children with developmental vulnerabilities or delay, child mental health services, additional parenting services with a focus on parent-child relationships.

How families are identified and deemed eligible for targeted support is important. Screening can be a useful tool for identifying eligibility, however as seen above this must be balanced against resources and logistical restraints⁶.

Unfortunately, research evidence on the most effective way to target services in Australia's unique socio-cultural and geographic context is inconclusive. To ensure available resources are appropriately utilised, more needs to be known about what screening works best, when, and how frequently to achieve an effectiveness and efficiency 'sweet spot'. This again points to the need to improve the current evidence base, beginning with routine data collection and reporting at scale of issues identified via screening, service uptake and analysis of longer-term outcomes associated with service utilisation.

2.4.3 Access

The percentage of children immunised is readily available for all jurisdictions, however information on the uptake and usage of health and development checks, and targeted services is not. When compared to the availability of nationally comparable data on the percentage of Australian children attending or accessing early childhood education services (although data quality issues remain) and educational attainment, the data available on child health service uptake lags a long way behind. There is a pressing need to gain a better understanding of how families and children use child health services, the extent to which this improves uptake of early intervention, and how this relates to improved outcomes.

2.4.4 Costs

Limited data are available about the total expenditure on early child and maternal health services¹ at a jurisdictional or national level. The same applies for the level of costs borne privately by families. Separate costs for child health services are not readily available across most jurisdictions.

Despite the availability of cost per child information on educational or other vital services, this information with respect to child and maternal health services was not publicly available for any jurisdiction. A lack of



understanding around how much is spent per child across jurisdictions/nationally for such a vital developmental period, with enduring impact on long term development and service needs raises questions on whether existing services are sufficient (i.e.: are reach and dose limited by budgets, resources, barriers to access, etc.?) or appropriately distributed.

2.4.5 Summary

Overall, most jurisdictions offer a foundation level of child health services to support parents and the healthy development of children in early childhood. However, the frequency, nature and intensity of these services, supports and interventions are inconsistent, particularly for child health and developmental checks. The need for a nationally implemented universal framework for child and family health services is evident. However, service system and workforce constraints may pose significant challenges to such a framework, as well as the lack of available data on service uptake and costs⁹.

Minimum national data reporting guidelines and research to link outcomes with service uptake is required to provide a better picture of how child health services in Australia are being used and the extent to which they sufficiency engage parents and families who are in need of additional targeted and specialised health services.

3. Early Childhood Education and Care

3.1 Background

There is strong evidence that learning occurs from birth¹⁹ (and potentially beforehand²⁰) with ‘critical periods’ of neural development in which the brains of very young children are especially sensitive to positive ‘serve-and-return’ interactions with attentive carers. These interactions trigger the development of memory, cognition, language, vision, executive function and social-emotional capacities – all of which are important elements of learning. Rich and engaging experiences, such as those provided at high quality

¹⁹ Travaglia, A., Bisaz, R., Sweet, E.S., Blitzer, R.D. & Alberini, C.M., (2017). Infantile amnesia reflects a developmental critical period for hippocampal learning in *Nature Neuroscience* 20 , 1033–1033.

²⁰ Shonkoff, J. P. & Phillips, D.A. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: National Academy Press.



early learning services with well-qualified staff, can alleviate the deleterious impact of disadvantage²¹ and may help to address learning disabilities²².

Boundaries for the term ‘early childhood education and care’ (ECEC) are contested and vary across Australian states and territories, particularly with respect to the complementary place of playgroups and the early years of school. In this regard, it is noteworthy that:

- all jurisdictions deliver some of their preschool through the school sector, blurring the line between the ‘early childhood education and care’ sector and the ‘school’ sector; and
- the term ‘education and care’ is used interchangeably with ‘childcare’ to the extent that the Australian Children’s Education and Care Quality Authority (ACECQA) is the national body overseeing services that are approved to attract a Child Care Subsidy (CCS) from the Commonwealth Government (emphasis added to highlight the interchangeable nature of the italicised terms at the pinnacle of Australian ECEC policy infrastructure).

Contestation with respect to boundaries for the ECEC stream of the early childhood sector derives from several factors:

- The 1901 Australian Constitution identifies schools and hospitals as state responsibilities, and over time, states’ responsibility for schools has been taken to include ‘preschool’.
- The Constitution identifies the Commonwealth Government as responsible for most social services and pensions²³. It was under this authority that the Commonwealth Government introduced the

²¹ Molloy, C., Quinn, P., Harrop, C., Perini, N. and Goldfeld, S. (2019). Early childhood education and care: An evidence based review of indicators to assess quality, quantity, and participation, Murdoch Children’s Research Centre, accessed 11 September 2020 from https://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/Restacking-the-Odds_ECEC_communication-summary.pdf

²² Travaglia, A., Bisaz, R., Sweet, E.S., Blitzer, R.D. & Alberini, C.M., (2017). Infantile amnesia reflects a developmental critical period for hippocampal learning in *Nature Neuroscience* 20 , 1033–1033.

²³ Parliament of New South Wales. The Roles and Responsibilities of Federal, State and Local Governments. Accessed 11 September 2020 via <https://www.parliament.nsw.gov.au/about/Pages/The-Roles-and-Responsibilities-of-Federal-State-a.aspx#:~:text=Under%20the%20Australian%20Constitution%2C%20the,listed%20as%20a%20Federal%20responsibility.&text=Each%20state%20has%20its%20own%20constitution%20setting%20out%20its%20system%20of%20government.>

Child Care Act 1972 to enable low-income families to engage in the workforce²⁴. This initial policy ‘frame’ for childcare funding and provision – as an adjunct to workforce (rather than education) policy – has endured along with the term ‘childcare’.

The interaction between ‘preschool’ and ‘childcare’ (and responsibility for funding and regulating each) manifests in different ways across states and territories. This difference is evident below in the data tables and discussed further in the commentary that follows.

3.2 Search Method

In light of the blurred boundaries for ECEC, the scope of search criteria for the education stream within this report have been defined as ‘services for young children to which the National Quality Standard²⁵ (NQS) applies’, i.e.: long day care, family day care and preschool. Outside school hours care services are out of scope because they cater for school-aged children who do not meet the definition of ‘young children’ established for this report. Preschool delivered by schools for children in the year before full-time school is within scope. In addition, where available, data and commentary on playgroup and in-home care have been included.

Services approved to operate under the NQF are described in the Productivity Commissions’ Annual Report on Government Services²⁶ (RoGS) using two general classifications:

- Childcare services — providing care to children aged 0–12 within a range of service types, excluding preschool. This includes centre-based care (long day care and outside school hours care) and family day care²⁷; and

²⁴ McIntosh, G. (1998). Background Paper 9 1997-98: Childcare in Australia: current provision and recent developments. Parliament of Australia, 1998. Accessed 11 September 2020 via https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/Publications_Archive/Background_Papers/bp9798/98bp09#DEVELOPMENT

²⁵ Australian Children’s Education and Care Quality Authority (2012). National Quality Standard webpage accessed 11 September 2020 at <https://www.acecqa.gov.au/nqf/national-quality-standard>

²⁶ Productivity Commission (2020). Report on Government Services 2020 Early Childhood <https://www.pc.gov.au/research/ongoing/report-on-government-services/2020/child-care-education-and-training/early-childhood-education-and-care>

²⁷ Australian Children’s Education and Care Quality Authority (2012). National Partnership Agreement on the National Quality Agenda for Early Childhood Education and Care, p. 6 via https://www.acecqa.gov.au/sites/default/files/2020-01/Guide-to-the-NQF-7-Glossary_1.pdf



- Preschool – a structured, play based learning program, delivered by a degree qualified teacher, aimed primarily at children in the year or two before they commence full-time schooling²⁸.

Fortunately, despite the complex nature of how key terms are used for ECEC, there is a lot of publicly available data on this aspect of early childhood provision through ACECQA, the ABS and RoGS so it was not necessary to request additional input from jurisdictions.

3.3 Search Results and Data Tables

The search results below provide an overview of available ECEC services across sub-types and jurisdictions, data on service quality (including a break-down by remoteness), an overview of management-type across service-types, data on access and government expenditure, and an overview of governance arrangements for ECEC in each jurisdiction.

Results are presented in two figures and seven tables comprising:

Table 1: Number and quality of early learning services for children from birth to age four years

Figure 1: Proportion of services by provider management type

Figure 2: Spread of National Quality Ratings (NQS) quality ratings by provider type

Table 2: Quality ratings of approved centre-based childcare services by remoteness

Table 3: Proportion of staffing waivers at approved centre-based services by remoteness

Table 4: Uptake of early learning services by jurisdiction and service type

Table 5: Expenditure (2018-2019) by Commonwealth and State or Territory Governments on key types early learning services

Table 6: Average cost to parents per week (2018) of childcare provision by jurisdiction

Table 7: Share of source for expenditure on preschool by jurisdiction

Table 8: Legislation & regulatory frameworks

²⁸ Australian Bureau of Statistics (2018). Preschool Education, Australia, 2017 Release, Accessed 26 September 2020 via <https://www.abs.gov.au/ausstats/abs@.nsf/Previousproducts/4240.0Explanatory%20Notes12017?opendocument&tabname=Notes&prodno=4240.0&issue=2017&num=&view=>

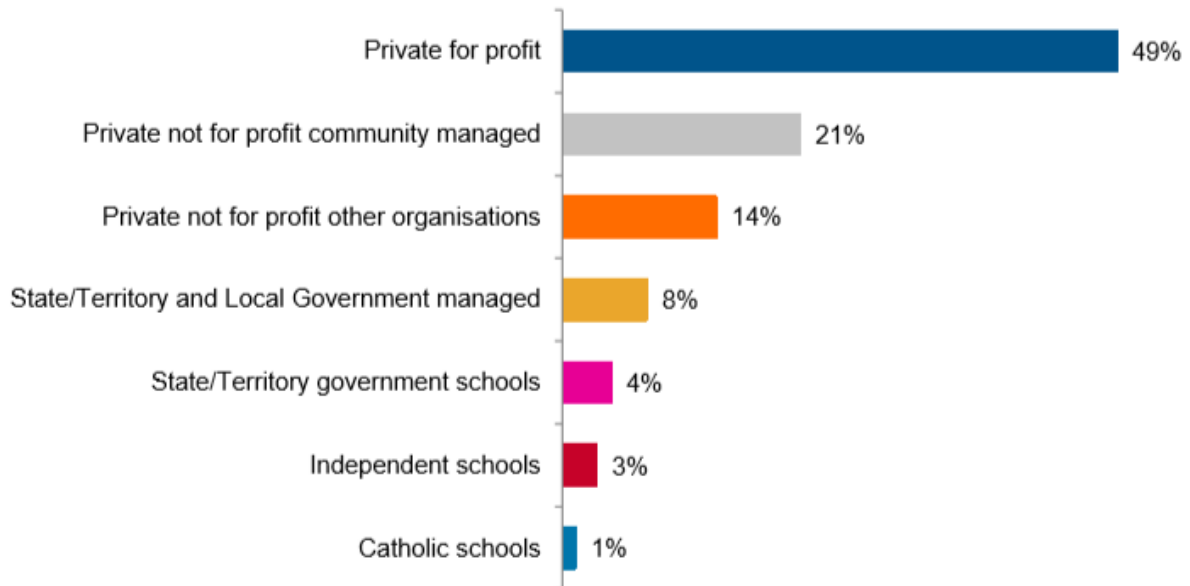
Table 3.1: Number and Quality of Early Learning Services for children from birth to four years

Service sub-type		JURISDICTION								
		NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Nation
Long day care centres	Number (from ACECQA)	3,262	1,670	1,656	423	721	126	89	165	8035
	% Meeting NQS	52.4%	59.5%	60.7%	41.8%	55.1%	32.5%	55.7%	27.8%	
	% Exceeding NQS	25.5%	25.7%	26.6%	43.4%	21.2%	43.3%	20.5%	38.9%	
	Proportion of services per 0-4 ERP	1.28%	0.81%	1.02%	0.83%	0.82%	0.84%	0.96%	1.15%	1.00%
Family day care services	Number	161	161	111	13	36	10	3	8	503
	% Meeting NQS	37.4%	36.3%	44.9%	25.0%	9.7%	20.0%	66.7%	66.7%	
	% Exceeding NQS	10.2%	10.4%	21.4%	8.3%	16.1%	20.0%	33.3%	16.7%	
	Proportion of services per 0-4 ERP	0.06%	0.08%	0.07%	0.03%	0.04%	0.07%	0.03%	0.06%	0.06%
Preschool	Number (from RoGS)	3,831	2,662	2,131	752	1,525	333	213	248	11 695
	Number (from ACECQA)	763	1,180	515	409	21	0	74	90	3058
	% Meeting NQS	43.0%	34.0%	29.3%	20.9%	40.0%		64.4%	11.2%	
	% Exceeding NQS	47.0%	60.4%	65.4%	75.4%	20.0%		20.5%	84.3%	
	Proportion of services per 0-4 ERP (using RoGS)	1.50%	1.29%	1.32%	1.48%	1.72%	2.21%	2.31%	1.73%	1.46%
Informal care and playgroups	Proportion of 0-4 children in informal care (grandparent, friend etc)	33.4%	33.8%	24.9%	35.5	35.5%	38.2%	26.1%	32.2%	31.6%
	Number of supported playgroups	Not known	Not known	Not known	Not known	Not known	Not known	Not known	Not known	Not known
	Number of community based playgroups	Not known	Not known	Not known	Not known	Not known	Not known	Not known	Not known	Not known

- Estimated Resident Population (ERP) is from Australian Bureau of Statistics National, state and territory population (June 2020) at <https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release>
- ACECQA data drawn from ACECQA 30 September 2020 Snapshot Report, at: https://www.acecqa.gov.au/sites/default/files/2020-11/NQFSnapshot_Q3Oct2020.pdf
- Number of services delivering Preschool from RoGS (Table 3.4) includes all LDCs that deliver preschool, stand-alone preschools and schools that deliver preschools. Corresponding data from ACECQA

undercounts the number of preschools because when an LDC also delivers Preschool, ACECQA records the service as a LDC only. This prevents double-counting of services in the ACECQA data set.

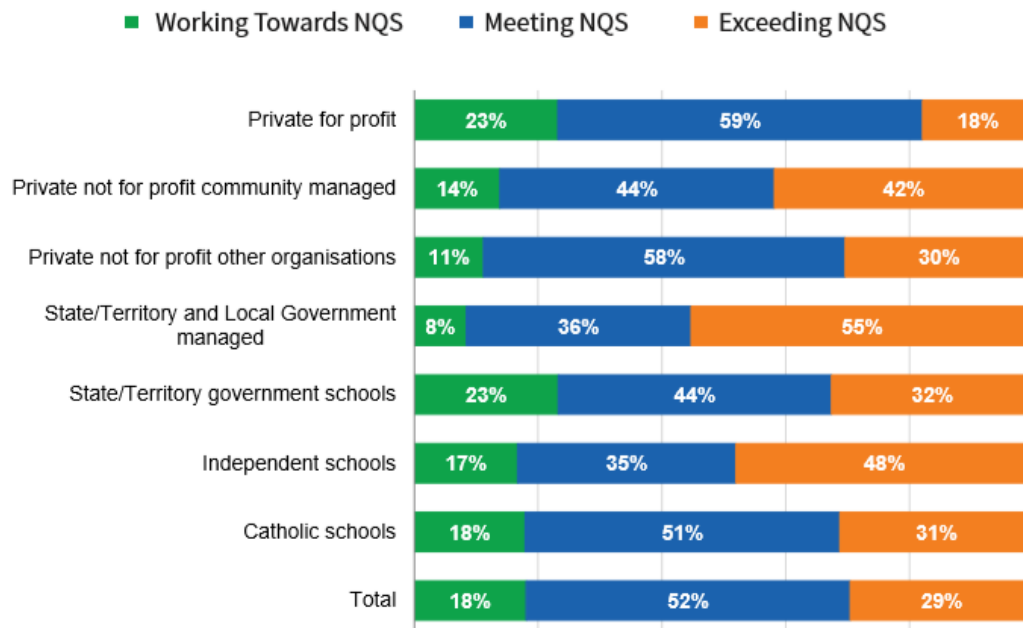
Figure 3.1: Proportion of services by provider management type



Source: Figure 6, ACECQA Snapshot Report, 30 September 2020 via:

https://www.acecqa.gov.au/sites/default/files/2020-11/NQFSnapshot_Q3Oct2020.pdf

Figure 3.2: Spread of National Quality Ratings (NQS) quality ratings by provider type



Source: Figure 7, ACECQA Snapshot Report, 30 September 2020 via:

https://www.acecqa.gov.au/sites/default/files/2020-11/NQFSnapshot_Q3Oct2020.pdf

Table 3.2: Quality ratings of approved centre-based childcare services by remoteness

		Accessibility and Remoteness Index of Australia (ARIA) Codes				
		Major city	Inner regional	Outer regional	Remote	Very remote
NQS Rating (as of 30 June 2020)	Excellent and exceeding	31%	28%	26%	24%	14%
	Meeting	52%	54%	53%	57%	55%
	Working towards and Significant improvement required	17%	17%	21%	19%	31%

Source: from ACECQA – 30th ACECQA Snapshot Report (via

<http://snapshots.acecqa.gov.au/Snapshot/stateofthesector.html>)

Table 3.3: Proportion of staffing waivers at approved centre-based services by remoteness

ARIA	Major city	Inner regional	Outer regional	Remote	Very remote
Proportion of staffing waivers at centre-based services	6.0%	5.8%	10.7%	12.0%	14.2%

Source: from ACECQA – 30th ACECQA Snapshot Report (via <http://snapshots.acecqa.gov.au/Snapshot/stateofthesector.html>)

Table 3.4: Uptake of Early Learning Services by jurisdiction and service type

Jurisdiction	Access and Uptake of Services for children aged 0-12 years of age			
	*Centre-based care (%)	*Family day care (%)	**Preschool 600 hours per year (%)	Playgroup
New South Wales	58.9	10.6	93	unknown
Victoria	59.5	11.3	97	unknown
Queensland	59.9	7.8	95	unknown
South Australia	52.0	4.7	97	unknown
Western Australia	60.6	9.3	97	unknown
Tasmania	55.0	15.8	98	unknown
Northern Territory	59.7	2.5	98	unknown
Australian Capital Territory	55.0	4.0	96	unknown

* Productivity Commission (2020). Report on Government Services, Table 3A.16 via <https://www.pc.gov.au/research/ongoing/report-on-government-services/2020/child-care-education-and-training/early-childhood-education-and-care> State

** Nour Group (2019). Report of the 2019 Review of the Universal Access National Partnership, 2019, accessed via <http://www.educationcouncil.edu.au/site/DefaultSite/filesystem/documents/Reports%20and%20publications/Publications/Early%20childhood%20education/UANP%20Review%20Final%20Review%20Report%20-%20October%202020.pdf>

Table 3.5: Expenditure (2018-2019) by Commonwealth and State or Territory Governments on key types early learning services

Jurisdiction	Childcare (excluding Preschool)				Services				Preschool			
	State/Territory		Commonwealth		State/Territory		Commonwealth		State/Territory		Commonwealth	
	2018-2019 (\$000)	Estimate spend per 0-3yo child	2018-2019 (\$000)	Estimate spend per 0-3yo child	2018-2019 (\$000)	Estimate spend per 4yo child	2018-2019 (\$000)	Estimate spend per 4yo child	2018-2019 (\$000)	Estimate spend per 4yo child	2018-2019 (\$000)	Estimate spend per 4yo child
New South Wales	86 972	214	2 653 176	6 522	288 061	2 681	124 932	85.1				
Victoria	16 657	51	2 009 480	6 200	398 873	4 747	120 888	64.1				
Queensland	81 223	324	1 823 612	7 266	181 893	2 807	88 024	89.5				
South Australia	30 223	382	415 283	5 243	177 653	8 741	28 204	24.8				
Western Australia	14 272	104	586 321	4 263	345 665	10 097	46 328	33.2				
Tasmania	3 595	154	113 367	4 847	49 364	8 001	9 267	43.2				
Northern Territory	23 331	1 593	63 854	4 361	47 672	13 279	4 795	14.6				
Australian Capital Territory	8 226	361	196 046	8 610	36 876	10 272	9 106	43.6				

Source: Productivity Commission (2020). Report on Government Services 2020 Tables 3A.7 and 3A.8 available at <https://www.pc.gov.au/research/ongoing/report-on-government-services/2020/child-care-education-and-training/early-childhood-education-and-care> State

Table 3.6: Average cost to parents per week (2018) of childcare provision by jurisdiction

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
Average cost per week (2018)	\$490	\$490	\$417	\$458	\$475	\$429	\$450	\$560

Source: <https://www.sbs.com.au/news/childcare-fees-outpace-cost-of-living>

Table 3.7: Share of source for expenditure on Preschool by jurisdiction

Funding source	JURISDICTION								
	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Nation
Australian Government contribution under the Universal Access National Partnership	15%	16%	19%	13%	12%	16%	12%	16%	15%
Australian Government contribution through child care subsidies (for 600 hours)	25%	17%	31%	8%	1%	1%	3%	10%	18%
Estimated parental contributions (out of pocket costs) (for 600 hours)	35%	27%	29%	9%	7%	7%	4%	21%	25%

Source: *Nous Report:*

<http://www.educationcouncil.edu.au/site/DefaultSite/filesystem/documents/Reports%20and%20publications/Publications/Early%20childhood%20education/UANP%20Review%20Final%20Review%20Report%20-%20October%202020.pdf>

Table 3.8: Legislation & Regulatory Frameworks

Jurisdiction	Legislation covering Early Childhood Education	Ministerial Portfolio(s)	Jurisdiction specific policy framework relating to Early Childhood Education
NSW	Education Act 1990 No 8 Referred powers to Education and Care Services National Law (2012) in Victoria	The Minister for Education and Early Childhood Learning- the Hon Sarah Mitchell MLC	NSW Education Strategic Plan 2018-2022 'Start Strong' NSW Government commitment to ensuring all children in NSW can participate in 100 hours of quality preschool education in the year before school
Vic	Education and Care Services National Law (2012) Education and Training Reform Act 2006 Education and Training Reform Regulations 2017	Deputy Premier and Minister for education- the Hon. James Merlino	Early Years Management (EYM) Policy Framework - outlines the partnership approach between EYM organisations, families and the Department of Education and Training The Education State Early Childhood Reform Plan – ready for kinder, ready for school, ready for life 2019-2023



<p>Qld</p>	<p>Education and Care Services Act 2013</p>	<p>Minister for Education (including early childhood education) – the Hon Grace Grace</p>	<p>Department of Education Strategic Plan 2020- 2024 - Includes 'A great start for all children' – early childhood- specific strategies</p> <p>The Early Childhood Education and Care Workforce Action Plan 2016-2019- to develop the capacity of Queensland's early childhood education and care workforce</p> <p>Connect 4 Children Strategy - communities in Queensland are developing unique plans to help improve the wellbeing of children prior to school (from birth to 5 years old).</p>
<p>SA</p>	<p>Education and Early Childhood Services (Registration and Standards) Act 2011 Education and Children's Services Act 2019</p>	<p>Minister for Education- the Hon John Gardner</p>	<p>Department for Education Strategic Pan- World-Class Education by 2028</p> <p>Aboriginal Education Strategy 2019-2029</p> <p>The Reconciliation Action Plan</p>
<p>WA</p>	<p>Education and Care Services National Law (WA) (2012) School Education Act 1999, Public Sector Management Act 1994;</p>	<p>Minister for Child Protection; Women's Interests; Prevention of Family and Domestic Violence; Community Services – the Hon Simone McGurk (Childcare)</p> <p>Minister for Education and Training- Hon Sue Ellery BA MLC (Preschool and school)</p>	<p>Every student, every classroom, every day Strategic directions for public schools 2020–2024</p> <p>Early Childhood identified as one of three educational priorities for Service Priority Review under the State Government's <i>Our Priorities</i></p>
<p>Tas</p>	<p>Education Act 2016 Referred powers to Education and Care Services National Law (2012) in Victoria</p>	<p>Minister for Education and Training is Hon Jeremy Rockliff MP</p>	<p><u>2018-2021 Department of Education Strategic Plan Learners First: Every Learner, Every Day</u></p> <p>Tasmania's Strategy for Children – Pregnancy to Eight Years 2018-2021</p>
<p>Northern Territory</p>	<p>Education Act 2015 Referred powers to Education and Care Services National Law (2012) in Victoria</p>	<p>Minister for Education - Hon Selena Uiobo</p>	<p>The Department of Education's Strategic Framework 2018 -2022</p> <p>Education NT Strategy 2018-22</p>



<p>Australian Capital Territory</p>	<p>Education and Care Services National Law (ACT) Act 2011 Children and Young People Act 2008</p>	<p>Minister for Education and Early Childhood Development- Yvette Berry, MLA</p>	<p>Set up for Success: An Early Childhood Strategy for the ACT policy framework to guide the delivery of early childhood services and coordinate education, health and community service provision for young children.</p>
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3.4 Commentary

3.4.1 Universal Early Childhood Education Services

The ECEC stream of early childhood provision in Australia is large and complex. It comprises a range of service-types offered by a mix of government, non-profit and for-profit providers. This complexity is further amplified by different funding arrangements and levels across jurisdictions from local, state/territory and Commonwealth government sources.

In 2018, 43% of all Australian children aged 0-5 years were enrolled in ECEC services, and 96% of children were enrolled in a preschool program in the year before full-time school²⁹. In addition, numerous young children experience ‘in-home care’ (provided by nannies who are not regulated under the National Quality Framework)³⁰ and / or participate in a playgroup however no publicly available data are available on these informal dimensions of ECEC. This gap in the data is problematic because quantitative analysis shows that, after adjusting for socio-economic factors, children who do not attend playgroup are 1.78 times more likely to be developmentally vulnerable on the AEDC at school entry³¹.

²⁹ Productivity Commission (2020). Report on Government Services 2020 Tables 3A.7 and 3A.8 available at <https://www.pc.gov.au/research/ongoing/report-on-government-services/2020/child-care-education-and-training/early-childhood-education-and-care> State

³⁰ Department of Education Website, Victoria. <https://www.education.vic.gov.au/parents/child-care-kindergarten/Pages/types-of-child-care.aspx>

³¹ Gregory, T., Harman-Smith, Y., Sincovich, A., Wilson, A., & Brinkman, S. (2016). It takes a village to raise a child: The influence and impact of playgroups across Australia. Telethon Kids Institute, South Australia. ISBN 978-0-9876002-4-0. Accessible via: <https://www.playgroupnsw.org.au/site/DefaultSite/filesystem/documents/Research/Community%20Playgroup%20Quantitative%20Evaluation%20REPORT%202016.pdf>



The Preschool enrolment rate among Australian 3 - 5-year-olds in 2018 was approximately 97%. This is higher than the Organisation for Economic Co-operation and Development (OECD) average of 87.2%³² 3 - 5 year olds enrolled in Preschool, however this encouraging result may mask lower rates of enrolment among specific subgroups who face additional challenges such as children from low socioeconomic backgrounds, remote communities, Indigenous families, non-English speaking backgrounds, and those with a disability or special health care needs³³. Further, there is limited confidence in the quality of data on how frequently children actually attend Preschool and early learning centres³⁴. It follows that the ‘dosage’ of early learning that enrolled children receive through approved ECEC services is uncertain.

Despite the complexities noted above, significant early childhood education policy reforms have been achieved nationally and by individual states and territories in the last decade. These reforms were spearheaded by the Council of Australian Governments (COAG) from 2008 and focused on early childhood education service access and quality through two key initiatives: the National Partnership on Universal Access to Early Childhood Education (the NP) and the National Quality Agenda (NQA). These initiatives are discussed below in the Access and Quality sections respectively.

Through implementation and monitoring of the NP and NQA, significant improvements have been made nationally to the scope, quality and comparability of early childhood education data. Importantly, this includes implementation of the Australian Early Development Census which has been collected triennially since 2009 and provides an unprecedented national measure of progress – at community, jurisdiction and national levels – with respect to early developmental outcomes for young children across Australia.

Whilst further data quality and coverage improvements are warranted – especially with respect to children’s hours of attendance at childcare and preschool services and rates of participation in informal

³² Organisation of Economic (2019). OECD Family Database - Social Policy Division - Directorate of Employment, Labour and Social Affairs accessed 14 September 2020 at https://www.oecd.org/els/soc/PF3_2_Enrolment_childcare_preschool.pdf

³³ Molloy, C., Quinn, P., Harrop, C., Perini, N. & Goldfeld, S (2019). Restacking the Odds: Early childhood education and care: An evidence-based review of indicators to assess quality, quantity and participation. https://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/Restacking-the-Odds_ECEC_communication-summary.pdf

³⁴ Nous Group (2019). Report of the 2019 Review of the Universal Access National Partnership, 2019, accessed via <http://www.educationcouncil.edu.au/site/DefaultSite/filesystem/documents/Reports%20and%20publications/Publications/Early%20childhood%20education/UANP%20Review%20Final%20Review%20Report%20-%20October%202020.pdf>



early learning services such as playgroups – the availability of nationally comparable data on many aspects of early childhood education supports the identification of system strengths and shortcomings.

One matter that warrants attention is the different levels of funding that states and territories direct towards Preschool (see Table 3.3) ranging from less than \$3 000 per child per year in New South Wales and Queensland to over \$13 000 per child per year in the Northern Territory. Several factors contribute to this marked difference. One is the additional cost of delivery in the Northern Territory’s very remote communities, for which no dispensation applies in the level of NP funding provided to states and territories with numerous remote communities. Another factor is that New South Wales and Queensland (and Victoria) mainly deliver Preschool through services that attract the Commonwealth’s Child Care Subsidy (CCS) and for which fees (paid by parents) apply. The CCS and parent fees fund a significant portion of Preschool costs in those states (and in Victoria), whereas these two sources of funding are not available to states and territories that mainly deliver preschool through public schools (as is the case in the NT, WA, Tas, ACT and SA): under Commonwealth legislation, the CCS is not payable to schools; and public school attendance is more-or-less free in all states and territories.

3.4.2 Access to Early Childhood Education Services

The rate of participation in approved childcare services has steadily increased over the past decade, from 33.9% of children from birth to five years in 2009 to 43.6% in 2018³⁵. While these percentages include four and five year olds attending Preschool, the peak age for childcare participation is at three years (62.2% in 2018³¹) compared with 9.5% for children younger than 12 months, 41.4% as a one-year-old; and 55.1% as a two year old. Corresponding childcare participation rates for four- and five-year olds are 55.2% and 36.7%, however these children are likely to be also attending preschool or full-time school.

The mix of uptake of various service types (centre-based care, family day care, preschool, playgroup) for children in the birth to five years age-group across jurisdictions is provided at Table 3.4. The difference with respect to centre-based care and preschool is minor, however the uptake of family day care ranges from only 2.5% in the Northern Territory to 15% in Tasmania. The reason for this variability is unknown and may warrant further investigation. There is potential for an interaction to exist between the usage

³⁵ Australian Government, Productivity Commission (2020). Report on Government Services 2019, Chapter 3 via <https://www.pc.gov.au/research/ongoing/report-on-government-services/2019/child-care-education-and-training/early-childhood-education-and-care>



of family day care and informal care (see below) and playgroup participation because (anecdotally) it is understood that providers of family day care and informal carer often attend playgroup with the children in their care, however data on playgroup usage are not publicly available.

The Australian Bureau of Statistics reports data on the usage of informal care (e.g.: provided by grandparents or friends), formal care (i.e.: approved under the NQF) and a combination of both care forms. They report that the overall usage of care dropped slightly between 2011 and 2017 (from 52.2% to 49.3% of children in the birth to 12 years age-range). Data on the birth to four years age-group are not available. From 2011 to 2017, the usage of formal care increased from 13.6% in 2011 to 17.4% in 2017; informal care usage dropped (from 24.2% in 2011 to 22.2% in 2017); whilst the proportion of children participating in both forms of care was fairly stable (10.1% in 2011 compared with 9.7% in 2017)³⁶.

Research evidence on an optimal ‘dosage’ of formal early learning services for children in the birth to three years age-range is inconclusive. For children who are not disadvantaged, there are no strong effects on cognitive or language outcomes (provided the care is of high quality). For children who are disadvantaged, some studies report better intellectual, interpersonal and concentration capacities while other studies report increased risk of antisocial behaviour and reduced learning abilities³⁷. The key determinant with respect to outcomes for disadvantaged children appears to be the quality of the learning program and of the relationships children have with educators and peers at the service³⁸.

Under the Universal Access NP which was agreed by COAG in 2008, Commonwealth funding was provided to states and territories so they could ensure all children in the year before full-time school (YBFS) had access to affordable Preschool, delivered by a degree-qualified early childhood teacher (the proxy for quality) for 15 hours per week, 40 weeks (600 hours) per year. Through the NP, the rate of Preschool

³⁶ Australian Bureau of Statistics (2018). Childhood Education and Care, Australia Information on children aged 0-12 years and their families, including use of formal and informal care, accessed 13 September 2020 from <https://www.abs.gov.au/statistics/people/education/childhood-education-and-care-australia/latest-release>

³⁷ Australian Institute of Health and Welfare, Australian Government (2015). Literature review of the impact of early childhood education and care on learning and development accessed 13 September via <https://www.aihw.gov.au/reports/children-youth/learning-development-impact-of-early-childhood-education/contents/summary>

³⁸ Tayler, C. (2016). The E4Kids study: Assessing the effectiveness of Australian early childhood education and care programs: Overview of findings at 2016, accessed 16 September via https://education.unimelb.edu.au/_data/assets/pdf_file/0006/2929452/E4Kids-Report-3.0-WEBSITE.pdf



enrolment in 600 hours per year across Australia grew from 12% in 2008 to over 95% in 2018³⁹. This improvement is remarkable and serves as a model for what can be achieved when all jurisdictions work collaboratively towards ambitious yet achievable goals and establish data collection protocols to properly track progress towards agreed performance targets.

Whilst the evidence base for setting the minimum ‘dosage’ of preschool at 15 hours per week for the NP has not been made explicit, the landmark Effective Pre-school and Primary Education (EPPE) study in the United Kingdom found that 15 hours was the threshold level from which benefits for disadvantaged children start to accrue – as long as the program is of high quality. It also found that the benefits for children from advantaged backgrounds were negligible because these children typically experience rich and engaging home learning environments, and their primary caregiver is often well-educated – a strong predictor of positive long-term outcomes. It is noteworthy that the range of ‘preschool’ programs analysed in the EPPE study included multi-generational playgroups (jointly attended by children and parents) that were facilitated by early childhood teachers.

3.4.3 Quality

Whilst access to early childhood education services is important, quality is equally important³³.

There is strong evidence that attending a high quality early learning service can have a positive impact on children’s immediate and long-term outcomes⁴⁰ (especially for disadvantaged children), and equally strong evidence that poor quality services produce deficits in the language, cognitive and behavioural capacities for young children⁴¹. In light of this evidence, COAG agreed in 2009 to pursue the National Quality Agenda (NQA) whereby all jurisdictions would collaborate to establish a unified, evidence-based

³⁹ COAG Education Council, (2020) UANP Review: Final Review Report, October 2020 (updated from March 2020) prepared by Nous Group accessed 15 November 2020 at <http://www.educationcouncil.edu.au/site/DefaultSite/filesystem/documents/Reports%20and%20publications/Publications/Early%20childhood%20education/UANP%20Review%20Final%20Review%20Report%20-%20October%202020.pdf>

⁴⁰ University College London (2017). The Effective Pre-School, Primary and Secondary Education project (EPPSE), accessed 13 September 2020 via <https://www.ucl.ac.uk/ioe/research-projects/2020/sep/effective-pre-school-primary-and-secondary-education-project-eppse>

⁴¹ Productivity Commission 2014. Childcare and early learning, draft report. Canberra: Australian Government Productivity Commission.



regulatory system to ensure all children attending approved ECEC services across Australia would receive a high quality program.

Research evidence indicated the key to high quality ECEC was three-fold. In addition to the clear need for services to provide a safe and well-maintained physical environment, high quality services:

- provide a well-planned, age-appropriate, play-based learning experiences in accordance with the national Early Years Learning Framework;
- focus on the quality of relationships experienced by children and families that use the service, including ensuring cultural competence among all staff and warm, caring experiences for all children; and
- employ well-qualified staff with deep knowledge of factors that support (and impede) children's development and learning.

Nationally agreed legislation arising from the NQA sets minimum qualification requirements for all services, but also permits services to apply for qualifications 'waivers' if they are unable to attract staff with the required qualifications. The incidence of waivers is recorded and the incidence of waivers at services in remote and very remote localities (where rates of childhood vulnerability are highest) is more than twice the incidence in major cities and inner regional locations (see Table 3.3). A similar city-country-remote divide is evident in the proportion of services in various localities that are excellent and exceeding the NQS (31% in major cities compared with 14% in very remote localities) or working towards the NQS (17% in major cities compared with 31% in very remote localities (see Table 3.2). These statistics indicate an urgent need for a policy response to target support for ECEC services operating in rural and remote localities where childhood disadvantage is most concentrated.

The quality of a service is associated with its management-type. Figure 3.2 shows that the proportion of 'private for profit' services that exceed the NQS is relatively low (18%), whereas 55% of services managed by State/Territory Government exceed the NQS. When this is set against the fact that nearly half of all services operate as 'private for profit' businesses (see Figure 3.1), there appears to be a fundamental flaw in the service system.

3.4.4 Cost

In contrast to the Child Health sector, significant data are available about parents' and governments' (Commonwealth and State/Territory) expenditure on 'childcare' and 'preschool' through annual RoGS

reports from the Productivity Commission³⁰ and successive independent reviews of the NP, most recently by the Nous Group³⁴.

Summary 2018-2019 government expenditure are provided in Table 3.5 and a per-child calculation has been generated for each source of expenditure in each jurisdiction using the Estimated Resident Population³¹ of the relevant cohort of children. While these calculations require verification, they indicate significant variability. Broadly, the states delivering preschool mainly through the childcare sector spend significantly less on preschool than those delivering it through the school sector, indicating that CCS payments from the Commonwealth off-set the level of preschool expenditure required of those three states (NSW, Vic and Qld). Correspondingly, with the exception of the Australian Capital Territory, these three states make the biggest per-capita contribution to childcare provision.

With respect to the cost to parents, there is a higher level of consistency across jurisdictions (see Table 3.6) ranging from \$429 in Tasmania to \$560 in the Australian Capital Territory. The high cost and expenditure for the Australian Capital Territory is not explained, noting that the large additional costs associated with provision in remote localities (which is prevalent for the NT, WA and Qld in particular) is not a factor for the Australian Capital Territory.

The main driver of service cost in the ECEC sector is personnel; ECEC service provision is very staff-intensive, especially for children below the age of three years. The staff to child ratio for children below 12 months is 1:4 and for children from 12 to 36 months it is 1:5. When this is set against the research evidence which shows that the strongest determinant of quality is staff qualifications, then there is a clear need to find a way for services to attract and retain well qualified staff. However, the capacity (or appetite) for governments or parents to pay more in fees to enable the ECEC workforce to receive remuneration that compares favourably with educators in the school sector is uncertain.

3.4.5 Summary

Significant reforms have been achieved over the past decade in the education stream of early childhood services and supports. A nationally unified quality assurance and regulatory system has been established for childcare services, and the proportion of children participating in preschool prior to full-time schooling has leapt from 12% in 2008 to over 95% in 2018. Further, significant improvements have been made to the scope and quality of data collected about the early childhood education stream. The scope of these data improvements does not include informal early learning services such as playgroups, despite strong



quantitative evidence that, like preschool, playgroups are associated with reduced developmental vulnerability at the age of five, especially for disadvantaged children. Playgroups offer a relatively low-cost option for early childhood education provision which could complement and operate in parallel with formal childcare and preschool services, providing parents with a suite of high quality services from which to choose according to their (and their child's) unique needs and preferences.

Key challenges for early education service provision are the high cost of provision coupled with a widespread perception that their primary function is to keep children safe and happy while their parents are at work or study. In this climate, there is limited appetite to increase staff remuneration to a level that compares with their education colleagues within the school sector, and thereby facilitate better staff attraction and retention, especially in remote localities where needs are greatest. However, the platform for further reform in this regard continues to grow. Notably, early childhood has been explicitly recognized in the 2019 Alice Springs (Mparntwe) Education Declaration⁴² and the Australian Education Research Organisation⁴³, recently established as a national 'evidence institute' by Education Ministers, specifically includes an early childhood workstream.

4. Final observations

Key observations from compiling the data and commentary provided in this report are listed below. A unifying theme across these observations is that parents' and families' encounter the early childhood 'health' and 'education' service streams as separate entities. Despite serving the same families and children at the same time, there is limited integration of the two. This means that opportunities to build-on the strengths and expertise of health professionals within the education stream – and vice versa – are significantly underutilized.

- Universal Child and Family Health Services

Data for Universal Child and Family Health services has been difficult to access, particularly costs, and most often is not comparable across jurisdictions. These services are delivered by agencies in the Health Portfolio and in some the costs for Universal Child and Family Health Services are not reported separately

⁴² Education Services Australia (2019). Alice Springs (Mparntwe) Education Declaration accessed 17 December 2020 via [https://uploadstorage.blob.core.windows.net/public-assets/education-au/melbdec/ED19-0230%20-%20SCH%20-%20Alice%20Springs%20\(Mparntwe\)%20Education%20Declaration_ACC.pdf](https://uploadstorage.blob.core.windows.net/public-assets/education-au/melbdec/ED19-0230%20-%20SCH%20-%20Alice%20Springs%20(Mparntwe)%20Education%20Declaration_ACC.pdf)

⁴³ <https://edresearch.edu.au/>



from clinical services (e.g. hospitals) for children and young people. There is publicly available data in some jurisdictions (e.g. Auditor General Report – WA), but reporting is not consistent and contained in the Report on Government Services (RoGS).

- Early Childhood Education and Care

Data most often record if children are enrolled at approved ECEC or schools, however records of actual attendance are unreliable and not comparable across jurisdictions. This limits the capacity to monitor each child's 'dosage' of service experiences across time.

- Playgroups

Data that accurately scopes the number, rate of participation and cost of delivery for playgroups are not available. This is despite strong evidence that playgroup participation is associated with reduced developmental vulnerability when children commence school. There is likely to be merit in improving the scope, quality and transparency of playgroup participation data and 'talking-up' the legitimacy of playgroups as a valid dimension of the early education 'stream' (when facilitated by early childhood teachers). This relatively low-cost addition to the suite of early education services available to parents/caregivers would broaden the options available to families, complementing existing formal service provision. Playgroups are also a useful 'collection point' of families with young children with which the health stream could engage.