
8 The ECEC workforce for children with additional needs

Key points

- A range of government policies support the inclusion of children with a disability and children from culturally and linguistically diverse backgrounds in early childhood education and care (ECEC) services.
- Significant gaps exist between the ECEC opportunities for children with additional needs and those of other children. To reduce these gaps, priority needs to be given to children with additional needs in the implementation of the Council of Australian Governments' ECEC reforms.
- A substantial and increasing minority of children have additional needs, with around 4 per cent of children having chronic physical, intellectual or medical needs and 17 per cent speaking languages other than English in the home.
- Few data are available on the ECEC workforce for children with additional needs. This absence of data reduces governments' capacity to undertake effective policy development and workforce planning.
- Although diploma- and degree-qualified ECEC workers receive training in providing services to children with additional needs during their initial studies, many workers in mainstream ECEC services need better access to professional development programs to assist them to deliver high-quality services to these children.
- Extra support for children with high additional needs is generally provided by unqualified staff. Ensuring these staff can access relevant training would enhance workforce capacity and contribute to improved child development outcomes.
- Government funding for inclusion support is the main determinant of the number of inclusion staff who are employed. Funding is generally provided on a short-term basis, is received by services after a lag, and is onerous to apply for and maintain. All of these factors are barriers to recruiting and retaining additional needs staff.
- To attract sufficient numbers of workers so that children with additional needs can fully participate in ECEC programs, and to replace staff while they attend relevant training, additional government funding for inclusion support will be required.
- A variety of allied health professionals provide early intervention support for children with additional needs. Part-time hours, professional isolation and limited career paths all contribute to shortages of such professionals, with particular difficulty recruiting speech pathologists. In addition to addressing concerns about professional support and career paths, early intervention services will need sufficient funding so that they can pay market wages to these professionals.

8.1 The ECEC workforce for children with additional needs

Many children, particularly those with a disability and those from culturally and linguistically diverse (CALD) backgrounds, need additional support to access early childhood education and care (ECEC) services.¹ This places particular demands on the mainstream workforce, and creates a need for different specialist workers to cater to children's specific needs. Many Indigenous children may also need extra support and tailored services — the workforce requirements of early childhood development (ECD) services for Indigenous children are considered in chapter 14.

While governments have agreed that 'the full participation of children with additional needs and their families involves enabling their initial access as well as supporting their day-to-day participation in the program' (COAG 2009f, p. 49), study participants confirmed that this is not always occurring in practice (for instance, Robert Schneider, sub. DR104). Indeed, it appears likely that some of the ECEC goals agreed by the Council of Australian Governments (COAG) 'may prevent services from providing other early childhood services to children with a disability or with special needs' (MCEECDYA 2011b, p. 18). Meeting the COAG ECEC goals for children with additional needs will therefore require additional resources being allocated to the inclusion and support of these children — these needs are discussed in the remainder of this chapter.

Policy focus on inclusion

Over time, the focus of service provision for children with additional needs has shifted towards inclusion (Petriwskyj 2010). Indeed, a variety of laws prevent ECEC services from discriminating against children with additional needs. For instance, the *Disability Discrimination Act 1992* (Cwlth) prevents ECEC services from discriminating against a child with a disability (for instance, by refusing enrolment), unless including the child would cause unjustifiable hardship to the service.

Study participants strongly supported the inclusion of children with additional needs in mainstream ECEC services (for instance, Ethnic Communities Council of Queensland, sub. 58; Health and Community Services Workforce Council, sub. 56; KU Children's Services, sub. 26).

¹ Though the child protection workforce is outside the scope of this study, 'children in, or at risk of entering, the statutory child protection system ... are a particularly vulnerable group of children and [are also] likely to require additional supports' (Queensland Commission for Children and Young People and Child Guardian, sub. DR184, p. 3).

Gowrie SA emphasised that inclusion is generally preferred by families.

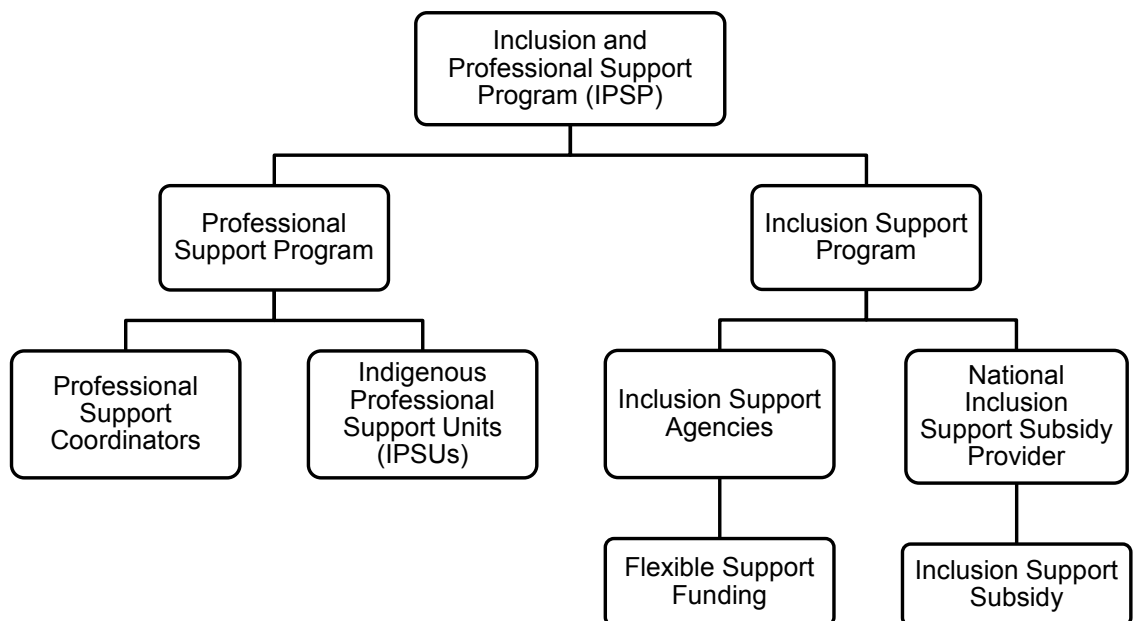
Integration into mainstream services with the appropriate specialised support from qualified health professionals should be a goal. This is often what families want as opposed to ‘targeted’ services for children who are ‘different’. (sub. 40, p. 1)

Families of children with a disability who attend mainstream childcare services report that it has a range of social and developmental benefits for their children (MAC:SWD 2009). As well as benefiting children with additional needs, inclusion also benefits typically developing children, by helping them to understand difference in others, to develop sensitivity and to become aware of their own strengths and weaknesses (Allen and Cowdery 2005; NPDCI 2009).

Governments in Australia have a number of programs to support inclusion of children with additional needs in ECEC services. The largest of these is the Inclusion and Professional Support Program, funded by the Department of Education, Employment and Workplace Relations (DEEWR) (box 8.1), which provides support to long day care, family day care and certain other ECEC services.

Box 8.1 The Inclusion and Professional Support Program

The Inclusion and Professional Support Program (IPSP) provides a range of inclusion and professional support measures to approved childcare services and to services that receive budget-based funding from the Australian Government (see appendix F for explanation of funding and approval mechanisms). The IPSP consists of a number of elements (see figure below):



(Continued next page)

Box 8.1 (continued)

The Professional Support Program funds Professional Support Coordinators and Indigenous Professional Support Units in each state and territory (see chapters 10 and 14 for more details).

The Inclusion Support Program seeks to improve access to child care for:

- children from CALD backgrounds, including children from a refugee or humanitarian intervention background
- children with ongoing high support needs, including children with a disability
- Indigenous children.

The Inclusion Support Program provides funding for Inclusion Support Agencies (ISAs), and for the National Inclusion Support Subsidy Provider to administer the Inclusion Support Subsidy (ISS). The ISS is 'paid to childcare services as a contribution towards the costs associated with including a child or children with ongoing high support needs in child care' (DEEWR 2011k, p. 1). Children with high support needs are typically those with serious disabilities, but also those from a refugee or humanitarian intervention background. Eligibility for the ISS does not mean an automatic entitlement to ISS funding (because the ISS budget is capped, some eligible children can miss out). ISS payments are limited to \$16.43 per hour for a maximum of 25 hours per week (or five hours per day) for children in long day care, and less for children in family day care and in-home care.

There are 67 ISAs located throughout Australia. They employ inclusion support facilitators to provide advice to approved childcare services on building an inclusive environment for children with additional needs. The ISAs also administer flexible support funding, which can assist services to employ extra staff or to fund specialist training. However, as with the ISS, eligibility for flexible support does not mean an automatic entitlement to flexible support funding. Time-limited bicultural support is also available, and may include onsite or phone language assistance and advice on cultural practices that will help services to develop a good relationship with a child's family.

Contracts for the delivery of the IPSP are in place until 30 June 2012. The structure and operation of the IPSP for the period 2012–15 are currently under consideration, although the Australian Government has ruled out making major changes.

Sources: DEEWR (2010e; 2011k; 2011j; sub. 86; sub. DR301).

Similarly, state, territory and local governments support the inclusion of children with additional needs in preschool services. For example, children in Victoria with severe disabilities can access Kindergarten Inclusion Support Packages (DEECD 2010f), those in South Australia can attend Inclusive Preschool Programs (Government of South Australia, sub. 66) and those in Queensland receive support through the Non School Organisations Program (Queensland Government, sub. DR360). In New South Wales, the Supporting Children with Additional Needs

(SCAN) program assists children with additional needs to attend state-funded preschool, vacation care and occasional care services (Community Services NSW 2010).

In some cases, local governments are also involved in providing ECD services for children with additional needs. For example, in Victoria, more than half of local councils ‘provide or support early intervention services for children with a disability or development delay’ (Municipal Association of Victoria, sub. 68, p. 8).

While children with additional needs are included in mainstream services wherever possible, there are also a number of specialist early childhood and early intervention services that cater for children with particular physical and sensory disabilities or behavioural disorders. Children may attend these services in addition to, or in place of, mainstream ECEC services.

The growing movement towards integration of ECD services also helps to support inclusion, as co-located and integrated services can ‘enhance opportunities for clinical discussion and appropriate and timely referral’, which is of particular importance for children with additional needs (Victorian Association of Maternal and Child Health Nurses, sub. 15, p. 1). Integrated services can also be of particular benefit to children with disabilities who are also from a CALD or Indigenous background (Institute of Early Childhood, Macquarie University, sub. DR158).

Workforce to support inclusion

In order to include children with additional needs, mainstream workers need skills in inclusive practice and training in appropriate ways of working with children with a range of different needs. Without such skills, they may not be able to provide programs that are beneficial to children with additional needs (Mohay and Reid 2006). The preparation and skills of the mainstream ECEC workforce are considered in section 8.4.

In addition to the mainstream workforce, two main groups of workers are involved in providing services for children with additional needs. They are:

- inclusion support staff, including
 - workers with few or no relevant qualifications, such as inclusion support workers, additional educators and aides
 - other inclusion staff, such as inclusion support facilitators and bicultural support workers

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- specialist professionals, including
 - education professionals, such as special education teachers
 - allied health and early intervention professionals, such as speech pathologists, child psychologists, physiotherapists and occupational therapists.

Very few data are available on any of these groups of workers. Although DEEWR provides a large share of the funding for inclusion programs in ECEC services, it collects few data on the number of children receiving additional support (DEEWR 2010e) or the characteristics of the workers employed using those funds. The National Early Childhood Education and Care Workforce Census recorded 8266 workers, or around six per cent of the ECEC workforce, as ‘other contact workers’. This includes disability support workers but also other workers who provide additional or supplementary services for children, such as dance teachers, music therapists, librarians or speech therapists. The number and characteristics of inclusion support workers therefore remain unclear.

There are also very few data on early intervention professionals for children with additional needs. This absence of data may partly be due to variations in the nature and understanding of early intervention (box 8.2), and the growth of early intervention services in response to many different and complex demands (Disability Services Commission, sub. 76). In addition, the absence of data on allied health professionals in ECD services may reflect that only a small proportion of such workers are employed in dedicated ECD settings. However, regardless of the type of specialist support, early intervention or allied health service delivered to children, there are few data on the number of workers involved or on their qualifications or other characteristics.

In the absence of such data, governments appear to have limited capacity to undertake effective policy development and planning for the workforce for children with additional needs. Enhancing data collections — particularly the National Early Childhood Education and Care Workforce Census — to separately identify staff whose primary role is to provide services for children with additional needs would assist in this regard.

Box 8.2 Considering the workforce for early intervention

Study participants varied considerably in their use of the terms early intervention, inclusion support, and family support, demonstrating that clear definitions of these terms have not yet been established (Dolan, Pinkerton and Canavan 2006). Indeed, the wide range of different services provided under the banner of early intervention means that ‘the early childhood intervention field is complex and bewildering for families and services alike’ (Disability Services Commission, sub. 76, p. 7). Nevertheless, early intervention programs can be broadly grouped into two types:

- programs for children with disabilities
- general early childhood programs for children deemed to be at risk (Petriwskyj 2010).

Programs for children with disabilities typically employ special education teachers and a range of other professional early intervention workers and allied health professionals, including occupational therapists, physiotherapists, speech pathologists, and psychologists (Disability Services Commission, sub. 76).

In contrast, general early childhood programs for children at risk are typically provided in mainstream settings. The workforce needs of these settings are considered in chapters 5 to 7. Similarly, many family support programs aim to promote the development of children at risk, and the workforce for family support services is discussed in chapter 13.

8.2 Demand for ECEC workers for children with additional needs

While a small number of families of children with additional needs may choose to purchase additional ECEC support services, government policies and the availability of government funding are the major determinants of demand for both inclusion support staff and specialist professionals in ECEC services.

To some extent, the number of children with additional needs also affects demand for these workers. Around 4 per cent of children have identified chronic physical, intellectual or medical needs and 17 per cent of children speak languages other than English in the home (although many of these children do not require significant additional support to access ECEC services). The prevalence of additional needs varies by geographic location, with children living in the most socio-economically disadvantaged communities and in very remote communities more likely to be developmentally vulnerable (CCCH and Telethon Institute for Child Health Research 2009).

The number of children with additional needs has been increasing over time, with particular increases in the diagnosed prevalence of childhood disability and severe disability (AIHW 2009c). For example, while reliable data about autism are scarce, the prevalence rate of autism among Victorian children in the 0–6 year age cohort has been estimated at 27 per 10 000. Since the 1990s, this rate has been steadily increasing (DHS 2009). Around 15 per cent of 4- to 5-year-old children have speech or language impairments (McLeod and Harrison 2009). Moreover, because children with disabilities may develop differently or more slowly, they may need to access more ECD services (Vision Australia, sub. 57). For instance, in some jurisdictions children with delayed cognitive or social development may attend preschool for an extra year (DEECD 2010c).

However, funding for inclusion support or early intervention services is not provided to all children with additional needs.

- As noted in box 8.1, the inclusion support subsidy (ISS) is only available when children have ‘high support needs’ (typically a serious disability).
- Similarly, state and territory funding for inclusion in preschool is not necessarily provided to all children with additional needs. For example, Victoria’s Kindergarten Inclusion Subsidy explicitly excludes ‘children who have learning difficulties or developmental delays’ (DEECD 2010f, p. 6).
- The Australian Government has funded early intervention services for children with autism for several years (FaHCSIA 2010c), and for children with a sight or hearing impairment, Down syndrome, cerebral palsy or Fragile X syndrome since 1 July 2011 (FaHCSIA 2011a). Children with other disabilities fall outside these funding criteria and thus do not have the same access to early intervention support.
- Appropriate outside school hours care for teenagers with a disability is also ‘an area of very high unmet need’ (FaHCSIA 2011c).

These limits on funding mean that demand for workers to provide inclusion support or early intervention services is primarily determined by funding levels and guidelines, rather than by the number of children who need additional support. Another implication is that children with additional needs are underrepresented in ECEC (Ellis 2010). This is despite the ‘need for strong, rich early childhood programs [being] most acute in remote Indigenous communities and other communities catering for children from low [socioeconomic status] and/or CALD communities’ (Professor Alison Elliott, sub. 70, p. 1).

Demand for inclusion support staff

Demand for inclusion support workers

Because the Inclusion Support Program is the key mechanism for providing funding for inclusion support workers in many ECEC services, its structure greatly influences the number of workers employed to provide inclusion support and the characteristics of those workers.

As mentioned above, funding levels and guidelines are the main constraint on the number of workers employed to provide inclusion support. In addition, the onerous processes for obtaining inclusion support funding also limit demand for inclusion support workers.² In order to obtain the ISS (see box 8.1), ECEC services are required to prepare a service support plan (SSP). Rather than addressing the needs of a particular child or group of children, the SSP must examine all aspects of a service's operations that may affect its capacity to support inclusion. Thus 'a child with additional needs may trigger an SSP but is not the focus of the SSP' (KU Children's Services 2009, p. 8). Developing such a comprehensive SSP can mean that services can face considerable delays in obtaining ISS payments, and must regularly update SSPs, irrespective of any changes in the needs of children with additional needs. Both of these factors add to the administrative burden of the Inclusion Support Program, thereby reducing demand for inclusion support workers.

Funding levels also influence the characteristics and skills of the workers employed to provide inclusion support. In particular, while the ISS is considered by the Australian Government to be a *contribution towards* the cost of an additional worker, in practice many ECEC services consider it to be a *payment for* the additional worker. This interpretation could be supported by Australian Government documents that suggest that the Inclusion Support Program 'aims to *remove* the barriers to access for children with additional needs' (DEEWR 2011j, p. 8, emphasis added). However, in 2010 the ISS only covered '71 per cent of the indicative cost of a service engaging an additional educator' (DEEWR, sub. DR301, p. 16).

Similar concerns about the adequacy of funding levels were expressed about state preschool inclusion programs as, for instance, 'NSW SCAN funding generally does not cover the cost of an additional childcare worker to work directly with a child

² The Inclusion Support Program refers to these workers as 'additional educators'. While acknowledging that they work with all children in an ECEC service, not just those with additional needs, for reasons of clarity the Commission has chosen to refer to such workers as 'inclusion support workers'.

[with additional needs]’ (UnitingCare Children, Young People and Families, sub. 62, p. 26).

The low hourly rate of the ISS and similar state and territory government subsidies therefore has the effect of confining workforce demand to workers who are young or unqualified or both. Study participants attested to this limitation, suggesting that young, inexperienced workers are selected for inclusion support roles because of their willingness to work for the low wages offered (Childcare Association of WA, sub. 73). This led participants to express concerns about the skills of the inclusion support workforce and the quality of care they can provide (for instance, Australian Childcare Alliance, sub. 71; Gowrie Victoria, sub. 41).

Current funding for additional needs workers does not adequately cover the ‘above’ ratio staffing numbers, nor the skill set required for childcare workers providing education and care for children with additional or specialised needs. (GoodStart Childcare, sub. 34, p. 7)

The service structure and current funding models within early childhood services do not adequately support care that reflects the individual needs of children, especially those with complex support requirements. (City of Greater Geelong, sub. 20, p.14)

It is not uncommon for ... less qualified and able staff being assigned to work with [additional needs] children, leading to a situation of managing behaviour rather than the implementation of supportive programs by skilled staff. (Community Connections Solutions Australia, sub. 75, p. 15)

Though there are no regulatory barriers preventing services from offering higher wages and attracting more skilful workers, there are several reasons why most do not do so (see section 8.3 below).

Current funding levels and policy requirements therefore appear to be the primary driver of, and limit on, demand for inclusion support workers, both in terms of the number of workers employed and the skills of those workers.

Demand for other inclusion support staff

Governments also determine the number of workers employed to advise and support ECEC services to include children with additional needs (such as inclusion support facilitators and bicultural support workers), without mandating qualifications for those roles. These workers therefore have a wide range of skills, qualifications and/or experience. While a number of study participants raised concerns about the qualifications and experience of inclusion support facilitators (for instance, Community Child Care Co-operative, sub. DR183), the Australian Government used anecdotal evidence to suggest that inclusion support facilitators ‘are highly qualified and experienced’ (DEEWR 2011j, p. 17). Demand for these workers

therefore appears to vary according to the way in which inclusion program guidelines are applied in different regions.

Demand for specialist professionals

Early childhood special education teachers are typically employed in specialist early childhood services. Many of these services are attached to special schools and provide expert education and intervention for children with particular needs. For example, the Narbethong Special School in Brisbane provides early intervention and preschool services, as well as primary and secondary education to children who are blind or have severe vision impairment (Education Queensland nd). Some ECEC services for children with additional needs are being established independently of schools, such as the autism-specific early learning centre operated by KU Children's Services alongside a mainstream preschool (sub. 26). Demand for early childhood special education teachers is likely to continue to be concentrated in these specialist settings.

Early childhood special education teachers are also employed in advisory roles. For instance the Victorian government funds preschool field officers to 'facilitate the access and participation of children with additional needs ... in funded kindergarten programs, through the provision of consultative support, resourcing and advice to early childhood teachers and families. [They] are typically required to hold an early childhood teaching qualification and often have additional special education qualifications' (Victorian Government, sub. 87, p. 6).

In addition to determining demand for early childhood special education teachers, governments also control both the number and types of workers employed in early intervention programs. By setting program funding and eligibility criteria, and in some cases requiring services to be delivered by registered practitioners, governments determine the number and type of allied health and early intervention professionals employed in early childhood services.

At the individual level, recruitment decisions are largely made by the non-government organisations (NGOs) that act as early intervention providers. These organisations therefore determine the personal attributes and skills that are demanded of specialist inclusion professionals. For example, in its Macarthur Early Childhood Intervention Service, Mission Australia has chosen to employ staff from a range of allied health disciplines, including speech pathology, physiotherapy and occupational therapy (sub. 12). Similarly, other study participants recognised that access to a range of professionals is particularly important for children with additional needs and their families (Benevolent Society, sub. 49; Vision Australia,

sub. 57). Because most staff work with children with a wide range of needs, they ‘are required to be flexible and creative in service delivery, particularly when working in geographically isolated areas’ (NSW Government, sub. 79, p. 9).

Demand for allied health and early intervention professionals will continue to increase in response to the increased prevalence of childhood disability, a greater awareness of cultural barriers to inclusion, and the expansion of early intervention programs. The proposed National Disability Insurance Scheme is also likely to increase demand for such workers, particularly as it will include a range of early intervention services (PC 2011b). The growing number of integrated ECD services (chapter 15) will also increase demand for allied health professionals who are skilled in working with children and families. As a result, such professionals are likely to become an even more ‘scarce resource’ (Government of South Australia, sub. 66, p. 6).

8.3 Supply of ECEC workers for children with additional needs

Supply of inclusion support staff

As with other parts of the ECD workforce, the supply of inclusion support workers, inclusion support facilitators and bicultural support workers depends on the relative attractiveness of the role, which in turn largely depends on the remuneration and conditions offered. Pay and conditions are relatively unattractive, with study participants from many jurisdictions reporting considerable difficulty in recruiting inclusion support workers (for instance, Childcare Association of WA, sub. 73; Disability Services Commission, sub. 76; Penrith City Council, sub. 74). In contrast, C&K Association reported little difficulty in filling such positions in Queensland or the ACT (sub. 52).

Remuneration

Many study participants considered the wages of inclusion support workers to be too low (C&K Association, sub. 52; Community Connections Solutions Australia, sub. 75; Early Childhood Intervention Australia (NSW Chapter), sub. 25; Penrith City Council, sub. 74; Southern Cross University and Early Childhood Australia (NSW) North Coast Branch, sub. 16). Support workers’ wages are comparatively low, regardless of the comparator used. For instance, under the Children’s Services Award 2010, a support worker employed for 25 hours per week (the maximum number of hours funded by the Inclusion Support Program) earns around \$400 per

week, or around \$500 per week if employed on a casual basis. This is just over half of the average reported earnings for ECEC educators, although ECEC staff tend to work longer hours. However, as noted elsewhere in this report, ECEC contact workers' earnings are themselves considered to be relatively low.

Remuneration levels for other inclusion support staff may also pose barriers to recruitment. For instance:

The Inclusion Support Agency has difficulty attracting and recruiting support staff as the positions are over prescriptive and have a low rate of remuneration when matched with the skills and knowledge required. (Penrith City Council, sub. 74, p. 7)

ECEC services could, in theory, supplement inclusion support funding with revenue from other sources to pay higher wages and employ more highly skilled staff. However, in practice most services have little capacity to do so. Many private ECEC providers already operate at a loss and non-profit providers make only a modest surplus (ABS 2010c). This suggests that services are unlikely to have the capacity to increase fees in order to employ more highly paid inclusion support staff.

Despite the low wages, inclusion support workers may remain in the sector in the short term because they want to help others or do something worthwhile (Martin and Healy 2010). As Kindergarten Parents Victoria noted in relation to ECEC workers in general:

While staff regularly report their love of working with children and families, at the end of the day this does not pay the mortgage or necessarily provide the broader professional recognition that employees in any highly valued profession would ordinarily expect. (sub. 72, p. 11)

In order to achieve an adequate supply of skilled and capable inclusion support staff over the long term, employers may, in certain cases, need to offer higher remuneration.

Moreover, because the inclusion support funding is only a contribution towards the cost of an additional worker (see box 8.1), ECEC services attended by a child with high care needs are already contributing to the cost of including that child.

The current practice of minimal funding to mainstream services to include children with a range of high support developmental and medical needs is largely inadequate. As a result, organisations or individual services that are committed to the inclusion of children with additional needs pay dearly for their beliefs and practices. The more children are included, the higher the cost and the larger the deficit that a service carries. ... Currently, KU subsidises the employment of our support staff by \$216,000 annually (\$46,000 in preschools and \$170,000 in long day care services) as both the

Commonwealth and State funding does not cover the hourly rate of pay for these staff. (KU Children's Services, sub. 26, pp. 3–5)

ECEC services have been required to fund the wages of inclusion support workers upfront, and seek reimbursement from the National Inclusion Support Subsidy Provider at the end of the quarter (though, as discussed below, this is scheduled to change from October 2011). In addition, until a service support plan has been completed (which, as discussed above, can be onerous) and payment of the subsidy has been approved, the service may be required to cover the full cost of employing an additional worker.

Relying on ECEC services to fully or partly fund the inclusion of children with additional needs can make them unwilling to enrol those children:

The subsidy amount is inadequate as it places financial burden on the service including the child. In practice, it makes services reluctant to enrol children with high and ongoing support needs. (Child Australia, sub. 78, p. 13)

In short, because of inadequate fiscal and structural support for the inclusion of children with disabilities in Australian early childhood services, the majority of centers in this study were left with four options when asked to enrol a child with a disability: (1) refuse enrolment; (2) attempt to secure limited government funding in a time-consuming, complex and inflexible process; (3) struggle to fully include him or her with little support or funding; and (4) devote a great deal of energy into fund-raising activities to fund the full-time employment of one or more specially trained staff. (Grace et al. 2008, p. 25)

Many children with high and ongoing support needs are being excluded or offered places for restricted hours as services are unable/unwilling to fund the gap between [inclusion support subsidy] funding and required wage payments. (Child Australia, sub. DR168, p. 3)

The few services that are willing to bear these costs can often be placed under even greater financial pressure, as children with additional needs become 'clustered' at those services. For instance, outside school hours care services in 'schools with special education units may have a more significant client base eligible for [inclusion] support [and] the more additional workers that a service employs, the greater the financial impact on the service' (Queensland Children's Activity Network, sub. DR357, p. 3). Such clustering can also place strain on staff (NOSHSA, sub. DR356), and lead to increased staff burnout (United Voice, sub. DR268).

With COAG having agreed to implement considerable reforms in the sector (chapter 3), the cost pressures on ECEC services are expected to increase. This is likely to further reduce their willingness and capacity to divert other funds or fundraise to subsidise inclusion. Therefore, if ECEC services are to continue to be

accessible to children with high care needs, additional funding will be required (see recommendation 8.1 below). There are likely to be considerable returns on this investment, as children who are disadvantaged or who have additional needs stand to gain the most benefit from quality ECEC services (appendix C).

Conditions

Working hours

Because the inclusion support subsidy is available for a maximum of 25 hours per week, most inclusion support workers are employed on a part-time or casual basis. Some study participants, such as the Childcare Association of WA (sub. 73) considered that the part-time or casual nature of these roles adds to the difficulty in recruiting inclusion support workers.

The level of funding is for a predetermined number of hours (5 hours), it doesn't relate to the need for a full day in the service, or a full days employment. In addition the hourly subsidised rate is lower than actual salary costs. (Gowrie Victoria, sub. 41, p. 7)

Despite these concerns, it is not clear that increasing the number of funded hours would significantly increase the supply of inclusion support workers. The positive effect of increased hours on the labour supply decision of some inclusion support workers could be partly offset by a negative effect on the decisions of others. For some workers, the requirement to work longer hours would be perceived as negative, for two main reasons.

- First, part-time work suits certain workers, as it allows them to balance work and family commitments. While few data are available on the work hour preferences of inclusion support staff, C&K Association suggested that casual, part-time work is attractive to staff currently employed in support roles (sub. 52). If workers who have chosen to work in inclusion support roles have a preference for part-time work or for the flexibility that casual employment can provide, they may be reluctant to remain in those roles if full-time work were required.
- Second, some low paid part-time workers face very high effective marginal tax rates if they move to full-time work, particularly through the loss of health care cards and other entitlements (Bodsworth 2010). In the absence of tax policy reforms, inclusion support workers would face such high effective marginal tax rates that they would be unlikely to increase their working hours, even if the number of funded hours increased.

However, increasing the number of funded hours does not imply that all workers would be required to increase their working hours. A full-time role could be shared by two part-time staff members, for example.

There may also be another rationale for increasing the number of funded hours of inclusion support. As discussed in preceding chapters, through the National Partnership Agreement on Early Childhood Education (NPA ECE), governments have committed to providing access to 15 hours per week of preschool education to all children in the year before they start school. ECEC services can set their own preschool timetables, so a preschool program could potentially be provided in two six-hour sessions and one three-hour session per week. However, because funding from the Australian Government for inclusion support is available for a maximum of five hours per day, there is scope for a mismatch between preschool programs and the availability of inclusion support in approved childcare services. To the extent that limited hours of funding for inclusion support prevent children with additional needs from participating in preschool programs in approved childcare services, they work against the objectives of the NPA ECE. Similar issues can also arise in preschools funded by state and territory governments, many of which offer full-day programs.

In light of this tension, the Commission considers that additional funding flexibility will be required in order for preschool programs to be delivered to all children with high support needs. Inclusion subsidies should be made available whenever children with high support needs are attending preschool programs, regardless of the duration of the preschool sessions (see recommendation 8.1 below). Such a change would have relatively small cost implications for governments, while increasing access to preschool for children with additional needs.

Job security

Most inclusion support workers are employed on short-term contracts or on a casual basis. This situation has arisen because of the structure of the Inclusion Support Program, which provides time-limited funding, generally for a maximum of 12 months. Funding can also be withdrawn if a child stops attending the ECEC service. While these measures help to ensure that funding is directed to children with the greatest need, they create uncertainty for ECEC services and mean that services prefer to employ inclusion support workers on short-term contracts. Similar issues arise for state and territory inclusion programs, as children typically only require support for one year of preschool.

The insecure nature of inclusion support work was raised as an issue by several study participants (for instance, Penrith City Council, sub. 74), and appears to have a negative effect on the supply of inclusion support workers.

... workers employed in ECEC services under the SCAN and ISS programs are employed on short term contracts. ... Lack of job security and uncertainty often leads

staff to look for alternative employment (often before the contract is finished) and results in lack of staffing continuity. This can impact on the outcomes of children who need additional support. (UnitingCare Children, Young People and Families, sub. 62, pp. 26–27)

However, despite employing support workers on short-term contracts, some services have retained the same support staff for many years (for instance, KU Children’s Services, sub. 26). C&K Association suggested that ‘the majority of additional needs assistants stay in the position whilst the funding is applicable’ (sub. 52, p. 6). Retaining staff in this manner is likely to be easier for larger organisations like KU Children’s Services and C&K Association than for small, stand-alone facilities. Another relatively large employer, Northcott Disability Services, considered that having a variety of full-time, part-time, casual and contract employment opportunities can benefit both individual employees and employers (sub. 18). Lack of job security does appear, however, to affect the attractiveness and stability of the inclusion support workforce in small services.

Regulatory burden

The ability of the workforce to include children with additional needs is also affected by changing funding criteria and by the onerous nature of the application process.

The eligibility criteria have become increasingly restrictive, which has rendered a significant number of educators (who had previously had approval to access ISS) unable to continue accessing the subsidy. This can impact on the ability of such educators to continue providing care to children with additional needs, as the subsidy is often crucial to ongoing sustainability due to educators being unable to carry the full complement of children allowed under state regulations. There can be an excessive amount of ‘red tape’ for ISS applicants, which is a barrier to those initially applying and is particularly obstructive to reapplication for funding for those children with unchanging diagnosed additional needs. (Family Day Care Australia, sub. 61, p. 12)

Programs such as [the Inclusion Support Program] have a high administrative component related to the attraction and retention of the funding. For the workforce this means employing staff at a lower rate of pay or providing less hours of employment, finding time to complete administrative tasks and learning the skills required to complete and report on funding agreements. (Gowrie Victoria, sub. 41, p. 7)

Another pertinent factor in the Australian context is the complexity of federal and state government funding schemes designed to assist in the inclusion of children with disabilities in early childhood services. These schemes have varying eligibility and accountability criteria, are poorly understood by most parents and early childhood staff, and are resource intensive. (Grace et al. 2008, p. 19)

The complex nature of inclusion funding interacts with the other factors discussed above (such as low remuneration, limited working hours and poor job security) to limit both the supply and capacity of the inclusion support workforce. Taken together, these factors suggest that the current structure, operation and funding of inclusion programs limit the effectiveness of the inclusion support workforce.

In order to successfully include all children with additional needs, early childhood inclusion programs need additional funding and administrative simplification. Funding increases have already been provided in some jurisdictions, with the Victorian Government providing an additional \$2.4 million per year for Kindergarten Inclusion Support Services from 2011-12 (DTF 2011). Administrative simplification is also underway in some programs.

Currently services eligible for ISS must wait three months before they can claim the cost of employing an additional educator. To address this administrative burden on services, DEEWR is working with FaHCSIA to develop an online application and claims system for ISS using the Child Care Management System. The system will enable services to claim ISS when they submit their CCB attendance records and so minimise their out of pocket expenses. ... The online system will commence from 3 October 2011. (DEEWR, sub. DR301, p. 17)

Similarly, the New South Wales Government ‘agrees that there is scope to streamline and simplify arrangements to access funding for children with additional needs’ (sub. DR326, p. 7).

Taken together, the short-term and administratively complex nature of inclusion programs and the low levels of remuneration for inclusion support staff will inhibit the ability of ECEC services to fully include all children with additional needs, and thus to benefit from the COAG ECEC reforms.

RECOMMENDATION 8.1

To ensure that children with additional needs benefit fully from the COAG ECEC reforms, governments should modify the structure and operation of inclusion programs and reassess funding levels so that such programs:

- ***provide sufficient funding and support to enable the inclusion of all children with additional needs***
- ***cover the full cost of employing inclusion support workers at market wages***
- ***provide funding for an inclusion support worker to enable children with high support needs to attend preschool for 15 hours per week in the year before school***
- ***have simple and streamlined application processes, which do not place an undue burden on ECEC services***

-
- *make funding available to ECEC services in a regular and timely manner*
 - *provide multiple-year funding, requiring re-application or adjustment only where there is a significant change in the level of need of a particular child or cohort of children.*

At the same time as the Commission made this recommendation in its draft report, the Australian Government published a discussion paper on the future of the Inclusion and Professional Support Program (IPSP). While the Australian Government has undertaken to take account of the feedback it receives in response to the discussion paper (DEEWR, sub. DR301), it has ruled out major changes to, or funding increases for, the program (DEEWR 2011j).

However, this does not address the Commission's concern — generally shared by stakeholders (box 8.3) — that current funding arrangements and levels will not be sufficient to ensure that all children with additional needs benefit fully from the COAG ECEC reforms. Providing adequate inclusion funding would lead to large potential benefits for these children for a relatively modest cost — a cost which could reasonably be met by allocating a small share of the substantial and increasing government investment in ECEC (see chapter 3) to this purpose.

Training and development for inclusion support staff

Training and development for inclusion support workers

As noted above, inclusion support workers are not required to have any formal training in ECEC or disability services. While a number of study participants reported employing qualified assistants (for instance, C&K Association, sub. 52), this does not appear to be widespread. The absence of training prompted concern among study participants.

Further consideration needs to be given to the education of Early Childhood Development workers in the area of additional needs beyond providing 'an additional pair of hands'. (GoodStart Childcare, sub. 34, p. 7)

In some cases, an 'additional pair of hands' may be sufficient, particularly when support workers work alongside qualified staff and possess important personal traits, such as empathy, patience and good communication skills. However, there is a case for ensuring that all workers in ECEC settings have a basic knowledge of child development and ECEC practice. The nature of inclusion support work also suggests the need for a foundation knowledge of relevant disability practice and parent partnership, as 'working closely with families is an essential element of high-quality services for children with disabilities' (Spiker, Hebbeler and Barton 2011, p. 239).

Box 8.3 Study participants' comments on the structure and funding of early childhood inclusion programs

Many study participants strongly supported the Commission's recommendations on the structure and operation of early childhood education and care inclusion programs (for instance, Australian Education Union, sub. DR167; Child Australia, sub. DR168; City of Casey, sub. DR172; Dawn Chadwick, sub. DR191; Community Child Care, sub. DR212; Disability Services Commission, sub. DR364; Hume City Council, sub. DR325; Independent Education Union of Australia, sub. DR163; KU Children's Services, sub. DR188).

ACCS supports the Commission's recommendations that children with additional needs fully benefit from the early childhood reforms. Funding to cover the full cost of inclusion support staff at market rates is imperative to achieving this important objective. Application and funding processes should be streamlined and allow for multi-year funding that provides inclusion support for all the hours a child with additional need attends a service. (Australian Community Children's Services, sub. DR153, p. 3)

We strongly support recommendation 8.1, that reforms to processes and funding are needed to ensure that children with additional needs are provided with access to ECEC and to the support needed within these settings. (Institute of Early Childhood, Macquarie University, sub. DR158, p. 2)

A number of other participants supported the Commission's recommendations in principle, but were more reticent when it came to making a financial contribution towards achieving those goals. For instance, New South Wales:

... supports the greater participation of children with additional needs in early childhood education programs. At the same time, the financial implications of the first three parts of this recommendation are potentially significant for government. (NSW Government, sub. DR326, p. 6)

One way of increasing the level of training of inclusion support workers would be to include them in the qualification requirements contained in the National Quality Standard (NQS). Requiring these workers to obtain a Certificate III in Children's Services or a similar qualification would be congruent with the objectives of the NQS, particularly because inclusion support staff work not just with the child with additional needs but with all the children in a room, and the NQS aims to improve the quality of care for all children. Indeed, ensuring that inclusion support workers are qualified is arguably more important than requiring such qualifications of the mainstream workforce as, by definition, inclusion support staff work in the most demanding settings, with children with the highest support needs.

However, there would also be considerable disadvantages in requiring inclusion support workers to obtain qualifications. Principally, such a requirement is likely to reduce the supply of inclusion support workers at a time when demand for such workers is increasing. Under current wage structures, and with most inclusion

support workers employed on a casual or part-time basis, incentives for them to obtain the newly required qualifications are likely to be inadequate.

In light of this, instead of requiring qualifications, the Commission considers in-service training to be the most effective way of providing learning and development opportunities for inclusion support workers. This could, for instance, involve ensuring that professional support coordinators provide a full range of training opportunities for inclusion support workers.

Because funding for inclusion support is limited, ECEC services have little incentive to pay for training of inclusion support workers, or to pay alternative staff to backfill positions. Enabling all inclusion support workers to access these expanded training opportunities will therefore require governments to provide funding support, both for the costs of training and backfill of staff.

RECOMMENDATION 8.2

To provide inclusion support staff with the necessary skills to ensure children with additional needs benefit fully from the COAG ECEC reforms, governments should provide additional, priority funding to cover both the cost of relevant in-service training in child development, disability and ECEC, and the cost of replacement staff.

While study participants generally welcomed the Commission's recommendation on funding and in-service training for workers in inclusion support programs, they also emphasised the importance of specialist professionals.

... increased access to specialised and suitably qualified staff who are able to work alongside educators would be of more benefit than employing an extra casual staff member. While educators need support and assistance to build capacity and understanding on how best to work with, educate and include children with additional needs, it needs to be recognised that for some children their needs are so specific that additional knowledgeable staff are needed. (Gowrie SA, sub. DR105, p. 3)

The Commission recognises this, and has also made a recommendation designed to improve the supply of specialist professionals working in ECD services (see recommendation 8.3 below).

Training and development for other inclusion support staff

As noted above, other inclusion support staff have a wide range of skills, qualifications and/or experience. For instance:

There is no prescribed qualification for an [inclusion support facilitator] and consequently [they] come with a broad range of professional qualifications and/or

experience. These include professional child care workers, teachers, social workers, aged care workers, disability workers, therapists and social workers. (NPSCA 2009, p. 9)

Inclusion support facilitators have therefore completed a wide range of initial training courses, and have varying professional development needs. Many of these needs are being met, although scope for improvement remains (NPSCA 2009).

Community Child Care Co-operative considered that all inclusion support facilitators should be required to have a degree or diploma qualification (sub. DR183). However, to the extent that the Australian Government achieves its stated objective to ‘better define required outcomes and service level standards’ for inclusion support agencies (DEEWR 2011j, p. 17), such concerns should become less pressing.

There is also considerable diversity in the background and training of bicultural support workers. These workers bring knowledge of another culture and language that was primarily obtained without formal training. For instance, the 378 bicultural support workers in New South Wales come from 110 different cultural and linguistic backgrounds (Community Child Care Co-operative, sub. DR183). Many bicultural support workers have completed a Certificate III in Children’s Services, while others hold professional qualifications from overseas.

... [in] the bicultural support pools ... there are a significant number of women from CALD backgrounds who were teachers in their country of origin. (Ethnic Communities Council of Queensland, sub. 58, p. 11)

Thus, bicultural support workers also have varying professional development needs. As with inclusion support facilitators, many of these needs are addressed through current programs. For instance in New South Wales, bicultural support workers ‘are offered a range of professional development ... in areas such as inclusive practices, Aboriginal perspectives, occupational health and safety, the Early Years Learning Framework, child protection and behaviour management’ (Community Child Care Co-operative, sub. DR183, p. 10).

Supply of specialist professionals

A number of study participants reported particular difficulties in attracting and retaining early childhood special education teachers and allied health and early intervention professionals (Batchelor Institute, sub. 46; Early Childhood Intervention Australia, sub. DR157; Professor Alison Elliott, sub. 70; Northcott Disability Services, sub. 18; Penrith City Council, sub. 74; RRACSSU Central, sub. 42). The widespread shortage of speech pathologists provides a prominent

example (box 8.4). Relatively low remuneration, unattractive working conditions and scarce training opportunities all contribute to this situation.

There was also concern that current shortages may be exacerbated by possible future changes to qualification requirements, with consequent increases in waiting times and adverse effects on service quality.

Existing teachers and programs for early childhood students with disabilities may be at risk if teachers are required to demonstrate both early childhood and special education qualifications. (Western Australian Department of Education sub. 44, p. 11)

Box 8.4 Speech pathologists are in limited supply throughout Australia

There are currently around 3800 speech pathologists in Australia, of whom around 65 per cent work full time. Turnover is relatively low — each year around 6 per cent of speech pathologists leave the occupation, compared to the average for all occupations of 13 per cent.

Shortages of speech pathologists have been reported since 2003, although some improvement was noted in 2009.

Employers seeking to fill new graduate positions did not experience significant difficulty filling their vacancies and most reported attracting good candidate numbers from which to recruit. Employers recruiting experienced Speech Pathologists also reported that they generally filled their vacancies relatively easily compared with past years, although regional employers experienced more difficulty than metropolitan employers and shortages are apparent in regional locations. (Skills Australia 2010a, pp. 2–3)

The ageing of the population is likely to increase demand for speech pathologists (for instance, to provide rehabilitation services after a stroke), as would the introduction of the proposed National Disability Insurance Scheme. These factors suggest that workforce shortages are likely to persist in the medium term.

Sources: DEEWR (ndk); PC (2011b); Skills Australia (2010a); Speech Pathology Australia (sub. DR181).

Remuneration of professionals

Because early childhood special education programs are generally attached to special schools, teachers in these programs tend to have the same employment arrangements as their counterparts in special schools. Therefore, unlike in mainstream settings, there are few concerns about equality of pay and conditions between early childhood and primary school teachers. However, there are wider concerns about the supply of special education teachers in many jurisdictions (for example, New South Wales Parliament Legislative Council 2010).

There are widespread concerns about the remuneration and conditions for early intervention professionals (for instance, Early Childhood Intervention Australia,

sub. DR157; Early Childhood Intervention Australia (NSW Chapter), sub. 25; NIFTeY NSW, sub. 36; Playgroup Queensland, sub. 9). To a large extent, the relatively low rate of remuneration springs from the structure of early intervention programs, many of which are delivered by NGOs. In many jurisdictions, workers employed directly by government receive higher salaries than those employed by NGOs, leading workers to move from early intervention programs to government-run services, such as community health centres.

The Commission therefore recommends that funding for ECD services for children with additional needs, and the wages of allied health and early intervention professionals who work in such services, be based on relevant market wages and conditions for equivalent positions (recommendation 8.3 below).

Working hours and conditions of professionals

Several study participants expressed concern about the available working hours for allied health and early intervention professionals. In many cases, employment is only offered on a part-time basis, which can be relatively unattractive to such workers.

Many early intervention or integrated early childhood development services ... find it difficult to afford anything other than part-time positions for early intervention workers. In our experience, part-time positions are less appealing than full-time, and hence these tend to be filled by recent graduates, who then move on when they find a full-time position elsewhere, which is typically outside of the early childhood development sector, since services in this space generally experience similar funding constraints. In our view, until permanent, full-time positions become commonplace in the early childhood development sector, the development of its workforce will remain constrained. (Mission Australia, sub. 12, pp. 15–16)

Part-time working hours can also limit the ability of services to accept and supervise students and trainees, limiting future workforce capacity (KPMG 2008). To the extent that ECD services are constrained to offer working hours that do not suit the preferences of potential employees, they will be at a disadvantage in the labour market. Successful recruitment and retention will thus depend on funders and providers of early intervention and allied health services taking employee's preferences about working hours into account.

Working conditions and workloads can also affect the supply of early intervention professionals.

... case-loads are often high and the major (and increasing) demand for [early childhood intervention] services can make it a very stressful area in which to work, given need/demand far outstrips the current level of service provision available. Having children and families on long waiting lists, or being able to offer them only limited

services or supports, can be a very difficult ethical issue for staff. (Early Childhood Intervention Australia (NSW Chapter), sub. 25, p. 2)

In a similar vein, Hume City Council (sub. DR325) considered that limited funding for inclusion support facilitators and preschool field officers contributes to growing workloads, inadequate services and long waiting lists. These factors can in turn affect staff satisfaction and retention.

Training for professionals

Training education professionals

Specialised training programs and qualifications in early childhood education for children with additional needs are rare, and this rarity prompted concern on the part of study participants.

There are few if any early childhood teacher education courses that specialise in inclusion or early intervention. This is a serious omission. (Professor Alison Elliott, sub. 70, p. 3)

The shortage of formalized training in vision impairment is extremely concerning. There is just one formal qualification at the postgraduate level only, which specifically addresses vision impairment. This is run in New South Wales by the Royal Institute for Deaf and Blind Children's Renwick College through the University of Newcastle. Further, this program addresses education, but not early childhood health, family support or early intervention and development. (Vision Australia, sub. 57, p. 7)

While recognising that university courses in special education are required for the delivery of ECEC to children with additional needs, the Commission considers that broader issues relating to the number and content of special education teacher training programs are best considered as part of the Commission's forthcoming study of the schools workforce.

Training allied health and early intervention professionals for ECD services

Allied health and early intervention professionals who work in ECD services acquire their professional skills through university study, at either the undergraduate or postgraduate level. For instance, speech pathologists may complete either a bachelor degree or masters degree in speech pathology (Speech Pathology Australia 2011). Although approved by the relevant professional body, courses vary in duration and content. Moreover, because health services are the major employer of these professionals, universities tend to focus their curriculums on equipping graduates for health service roles. Graduates of different courses and disciplines

therefore differ considerably in their knowledge of child development and their readiness to provide ECD services (DEECD 2010b).

Several study participants (including the Benevolent Society, sub. 49) expressed concern that newly trained professionals in many allied health and early intervention disciplines may not be equipped to work effectively with children with additional needs, particularly those with multiple or complex needs.

New graduates, or workers without disability backgrounds often have high training needs, which can have a large practical and financial impact within both smaller organisations and/or those in geographically remote locations. (Early Childhood Intervention Australia (NSW Chapter), sub. 25, p. 2)

Some graduates are very much work ready – others not so and this is often due to the amount of practicum/work placement they have undertaken in their course. Recent graduates do not always have the skill of including children with a disability. (SDN Children’s Services, sub. 31, p. 6)

[There is a] major lack of an early childhood/paediatric focus within many professional training courses. For example, although varying depending on the course, there is generally very limited course content and placement requirements for undergraduate therapists relating to children and families. (Early Childhood Intervention Australia, sub. DR157, p. 4)

... it is clear that no specialist discipline trains practitioners in all the skills they need to work effectively in early childhood intervention services. (DEECD 2010b, p. 85)

To the extent that gaps in graduates’ knowledge affect the quality of ECD services, addressing these gaps may improve service quality. This could be achieved by encouraging university students who may later work in early intervention services to study relevant paediatric subjects. In some cases, universities could be more active in facilitating and promoting opportunities for students to take courses in different faculties and departments (for instance, health science students studying child development subjects delivered by the education faculty). Even with such measures in place, however, access to ongoing professional development will remain essential for allied health and early intervention professionals in ECD services.

Professional development and career paths

Study participants considered that allied health and early intervention professionals should have access to professional development programs. For example, Gowrie SA noted that ‘all early intervention workers require ongoing professional learning’ (sub. 40, p. 15). Some concern was also expressed about the cost of attending professional development (for instance, Mission Australia, sub. 12).

However, the major concern expressed by study participants and commentators is the ‘very limited’ career paths for professionals in the ECD sector (Early Childhood Intervention Australia, sub. DR157, p. 1), with difficulty in accessing professional development and support considered to be a symptom of this broader problem.

Funding difficulties impact on the professional development opportunities for all workers in the early childhood development space. However, professional development and career opportunities are plentiful and more appealing in other sectors (such as the hospital system) for specialists such as occupational therapists, speech pathologists, and so on. (Mission Australia, sub. 12, p. 4)

There are no identified career pathways within the early childhood intervention sector (in contrast to other ‘competing’ sectors, such as the health sector), and this is a deterrent to many professionals who wish to pursue a career path that recognises their increasing expertise. (KPMG 2008, p. 24)

Therefore, for the ECD sector to retain professional staff in the long term, career paths and professional development opportunities in the sector will need to be enhanced so that they are as attractive as those in other sectors. Basing program funding on relevant market wages for equivalent positions will also assist in this regard.

Another potential method of improving career paths is to foster cooperation between the health, education and disability sectors. For instance, professional development programs and mentoring networks linking ECD and health services could be established at a regional level. Such an approach may have wider benefits, as greater cooperation and integration can also help to improve service delivery for all children, including those with additional needs (chapter 15).

RECOMMENDATION 8.3

Children with additional needs require the services of allied health and early intervention professionals to benefit fully from the COAG ECEC reforms. To enable early childhood development services for children with additional needs to sustain an appropriately skilled workforce of allied health and early intervention professionals, governments should ensure that funding for such services:

- ***is based on relevant market wages and conditions for equivalent positions***
- ***takes into account the skill sets required to perform the purchased services***
- ***includes provision for professional development and support.***

8.4 Equipping the mainstream workforce to provide ECEC for children with additional needs

While some ECEC staff do not work with children with additional needs on a regular basis, almost all will do so over the course of their careers. For example, one third of family day care providers report caring for at least one child with a disability or developmental delay (Family Day Care Australia, sub. 61). Indeed, ‘any and all members of the ECD workforce have a role to play in the inclusion of all children’ (Health and Community Services Workforce Council, sub. 56, p. 16). Workers in the ECEC sector therefore require both a sound background in how best to support children with a broad range of additional needs, and detailed knowledge and skills about the specific needs of the children they currently work with. For instance, staff require knowledge of particular behaviour management strategies when working with children with autism, or the ability to use signing and visual tools for communication with children with sensory disabilities (UnitingCare Children, Young People and Families, sub. 62).

However, many ECEC workers do not currently have the skills to provide effective services to children with additional needs, with commentators suggesting that ‘limited staff knowledge, negative attitudes and inadequate support provisions have continued to hamper inclusion’ (Petriwskyj 2010, p. 348). Similarly, Mohay and Reid (2006) found that workers’ lack of confidence about having the skills to provide an appropriate program for children with additional needs can hamper inclusion.

Early Childhood Intervention Australia considered that the COAG ECEC reforms may make it easier for the ECEC workforce to acquire inclusion skills.

An increase in the qualifications required for staff in ECEC [services] clearly has much to offer all children. One of the potential positives for children with disabilities and developmental delays is that the additional specialised training required for staff to support them effectively would generally be able to be delivered more efficiently by those who are more highly qualified, given the sounder knowledge base on which it would be building e.g. greater ability to plan, implement and evaluate programmes for young children generally. (Early Childhood Intervention Australia, sub. DR157, p. 3)

However, many other study participants remained concerned about the ability of ECEC workers to provide effective services to children with additional needs (for instance, AUSPELD, sub. 19; Northcott Disability Services, sub. 18; Tasmanian Minister’s Child Care Advisory Council, sub. 83). SDN Children’s Services considered that ‘it can be difficult to find staff with the skill to include children with a disability into mainstream services’ (sub. 31, p. 5). Governments have agreed that the capacity of the ECD workforce to include children with a disability could be

improved, and have recently promised to ‘strengthen the capability of all education providers to deliver inclusive high quality educational programs for people with all abilities from early childhood through adulthood’ (COAG 2011, p. 54).

The limited leadership capacity in the sector (chapter 5) can also act as a barrier to inclusion, with Child Australia considering that ‘the lack of experienced leaders in the ECEC sector impacts significantly on the successful inclusion of children with additional needs’ (sub. 78, p. 13). These factors point to gaps in both the initial training and professional development of the mainstream workforce.

Initial training

While early childhood teachers and diploma-qualified workers receive some grounding in education and care for children with additional needs, it is typically of a general nature. Gaps in such training make it hard for ‘early childhood staff across a range of professions ... to respond to the increasingly complex needs of children and families’ (City of Greater Geelong, sub. 20, p. 12).

Most early childhood teacher education courses provide limited exposure to children with disabilities (Kilgallon and Maloney 2003). Similarly, ‘cultural diversity training in early childhood training both in university and TAFE is extremely limited’ (Ethnic Communities Council of Queensland, sub. 58, p. 12).

Some initiatives are underway to improve the additional needs content of VET and higher education courses. For instance, the Queensland Government noted that it ‘is working with universities and providers of tertiary courses to explore ways to include disability studies as a core component of early childhood certificate, diploma and bachelor degree courses’ (Queensland Government, sub. DR88, p. 16).

However, courses typically include only one or two subjects on additional needs, with only students who choose to specialise in special education or English as an additional language undertaking more in-depth study. At best, these courses provide an introduction to dealing with children with disabilities and children from Indigenous or CALD backgrounds. Many early childhood teaching graduates are therefore not equipped to effectively teach all the children in their classroom.

New service teachers often do not feel capable of appropriately supporting the specific needs of children with additional needs and are frustrated by the insufficient funding available to provide on-site assistance for children with more substantial, sustained needs. (Community Connections Solutions Australia, sub. 75, p. 15)

Similarly, while the Diploma of Children’s Services includes one compulsory unit on the inclusion of children with additional needs, it does not equip graduates with

the range of skills necessary to work with all children with additional needs. The Certificate III in Children's Services does not include any compulsory units on children with additional needs. This means that:

... staff in childcare do not have the skills or strategies to successfully include and provide for the developmental needs of children with disabilities and [inclusion support agency] support does not provide this. (Dawn Chadwick, sub. DR191, p. 1)

Several study participants suggested that future ECEC workers should be required to complete more study on the inclusion of children with additional needs. For instance, the Australian Education Union considered that 'all pre-service teacher education courses must include significant units on teaching students with special needs and those from CALD backgrounds and those from lower [socioeconomic status] backgrounds' (sub. 69, p. 13). If early childhood teachers were required to obtain professional registration (see chapter 10), such subjects may also be required as a condition of that registration.

However, changing the content of certificate, diploma or degree courses to include additional study of service provision for children with disabilities and from CALD backgrounds is unlikely to be worthwhile, for several reasons.

- First, it would require students to spend less time studying other topics, and so is likely to have a negative impact on workers' skills in other areas.
- Second, initial training will only ever be able to provide a limited introduction to the wide range of additional needs.
- Third, obtaining agreement on the content of introductory subjects is likely to be difficult and time-consuming, and therefore costly. For instance, 'there is no real agreement in the field about how much and what type of coursework should be required for effective preparation' of preschool teachers to work with children from CALD backgrounds' (Shivers and Sanders 2011, p. 201).
- Fourth, many workers have already completed their initial training, and thus would not be reached by changes to curriculums.

The Commission therefore considers that the targeted use of professional development programs would be the most effective way of increasing ECEC workers' knowledge and skills in providing services to children with additional needs (though early childhood teaching degrees may in some cases need to include extra study of additional needs in order for graduates to be eligible for teacher registration).

Professional development

In light of the limited coverage of additional needs in the initial training of ECEC workers, further professional development opportunities on inclusion are required. While professional support coordinators (see box 8.1 above) and state and territory governments (for instance, Therapy ACT 2011) provide some such training, many study participants agreed that there are gaps in this area (for example, Gowrie Tasmania, sub. 82; Tasmanian Minister's Child Care Advisory Council, sub. 83).

ECEC staff need access to information and professional learning opportunities to improve their knowledge and skill in relation to quality inclusive practices and the broad scope of additional needs, including those emotionally and socially based. (Community Connections Solutions Australia, sub. 75, p. 15)

... building capacity for inclusion across the whole ECD workforce is a high priority. (Health and Community Services Workforce Council, sub. 56, p. 18)

When including a child with additional needs, educators may require information/advice/resources/training to build their knowledge and confidence; they may need to learn a new technique, or use specialist communication tools, language or culturally specific tools/aids. This growth in skills, knowledge and confidence should build on the educator's base training/qualification ... (Child Australia, sub. DR168, p. 7)

Others emphasised the importance of involving a range of other professionals in ECEC workforce development. For instance, speech pathologists could provide professional development about communication disorders and language stimulation (Speech Pathology Australia, sub. DR181).

Study participants also highlighted the importance of ensuring that all members of the ECEC workforce can work effectively with children who speak languages other than English as their first language (Institute of Early Childhood, Macquarie University, sub. DR158) and provide services in a culturally sensitive manner (for instance, Community Child Care Co-operative, sub. 53; Mission Australia, sub. 12; SNAICC, sub. 29).

Cultural competence training for childcare workers and early education practitioners [should be] funded by the State or Commonwealth government. (Townsville Multicultural Support Group, sub. 28, p. 8)

We need to have practical hands on [professional development] programs to assist educators with working with children with additional needs, including CALD and Indigenous children. (City of Monash, sub. 10, p. 8)

In addition to bicultural and bilingual workers, the workforce generally needs access to good quality cultural competency training given the importance of culture to parenting. New standards and improved curricula are needed to ensure that cultural competency training is effective and of a high quality. (Ethnic Communities Council of Queensland, sub. 58, p. 7)

Family Day Care Australia (sub. 61) and the Tasmanian Ministerial Child Care Advisory Council (sub. DR173) expressed concern that many family day care providers are not aware of inclusion support agencies, inclusion support facilitators and other services that can assist them to effectively include children with additional needs.

Even participants who considered that all ECEC workers have skills for working with children with additional needs (and therefore regard special skills as unnecessary) considered that more professional development would be beneficial (Child Australia, sub. 78).

The changes currently underway in the sector increase the need for ECEC workers to be able to respond effectively to children and families with different needs and backgrounds. For instance, with the introduction of the Early Years Learning Framework (EYLF), ECEC workers will be required to promote children's independence. However, some families from CALD backgrounds do not seek to increase the independence of young children (Farrar 2007). ECEC workers will therefore need the cultural competence and skills to enable them to communicate the goals and philosophy of the EYLF to families from other backgrounds — many do not currently possess such skills. Recruiting more bilingual staff and staff with cultural knowledge may assist in this regard, as 'staff with linguistic and cultural skills are particularly effective in working with new and emerging communities' (NSW Government, sub. 79, p. 13).

The NQS will also encourage ECEC services to improve their cultural competency. Under the proposed new rating instrument, ECEC services can only receive a rating of National Quality Standard (or higher) if they meet (or exceed) all the elements in the NQS. Included among other elements is the requirement that children's cultures provide the foundation of the education program, and that staff acknowledge, value and respect diversity and difference (COAG 2010).

Chapter 10 contains recommendations for enhancing professional support and development opportunities for ECEC workers. Delivery of services for children with additional needs would form an important part of these enhanced professional development and support programs (see recommendation 10.8).

In recommending the enhancement of professional development options relating to ECEC for children with additional needs, the Commission seeks to emphasise that any such training or professional development should be optional. Because the effectiveness of training is enhanced when it is relevant and linked to workplace needs and goals, the focus of enhanced professional development should be on

providing ECEC workers with skills that are applicable in their current workplace, and that address the additional needs of the children they currently work with.

In providing increased opportunities for in-service training and professional development, existing programs should not be compromised. Enhanced professional development should be offered in addition to services currently provided by bicultural support staff and inclusion support facilitators, and should not be structured in such a way as to increase the workloads of these support staff. Models of good practice are already being established in some areas. For instance, several children's centres in South Australia 'were involved in an Occupational Therapy program that gave staff theoretical and practical knowledge and skills with the [occupational therapist] working alongside staff to model intervention strategies with identified children' (Government of South Australia, sub. 66, p. 18).

Appropriate timing of professional development programs is also important to their usefulness and success. Ideally, a wide range of programs would be offered at the beginning of the year.

There needs to be specific workshops for the various diagnosed children as well as a broader behavioural guidance session set up during two weeks of February so that educators can go to a workshop early in the year which would enable them to plan appropriately for all children in their care ... Many problems occur because there is no available training for teachers when they need it most. (City of Monash, sub. 10, p. 8)

As mentioned above, the support and commitment of directors, teachers and other ECEC leaders is also essential for the successful inclusion of children with additional needs. For instance, Gowrie SA considered that:

Many services are working effectively with children with additional needs, CALD and low [socioeconomic status] backgrounds — [but] many struggle. This work is complex and depends on overall service quality, leadership and the opportunities for professional dialogue and learning within the staff team. (sub. 40, p. 15)

Similarly, a study of inclusion of children with disabilities in Australian ECEC services found that:

Only three centers [out of 17 centers included] in this study ... could be described as successfully providing an inclusive environment ... Although the ways in which these three centers made inclusion work differed, they all shared one thing in common — a director personally committed to making the center inclusive. (Grace et al. 2008, p. 26)

This suggests that enhanced opportunities for professional development on the inclusion of children with additional needs should be targeted to centre directors, teachers and other leaders in the first instance. The STaR inclusive early childhood project — which involved designating a teacher to be the 'special needs manager' at an ECEC service, and supporting them to undertake a postgraduate certificate in

special education — provides a possible model (AIFS 2011c). Other models and issues affecting professional support and development for ECEC workers are discussed in chapter 10.