
D Early childhood development systems and workers in other countries

Early childhood development (ECD) systems in other countries can provide a useful benchmark for assessing the capability and effectiveness of Australia's ECD workforce. The Commission has therefore considered the ECD systems of five other countries. Section D.1 discusses the lessons that can be learned from those systems, with application to areas of current interest to Australian policymakers. Sections D.2 to D.6 provide a snapshot of the ECD systems and workforces in New Zealand, Denmark, France, England and the USA, with a focus on effective service models and recent developments in those countries.

D.1 Lessons for Australia

There is considerable variation between countries in most aspects of ECD service delivery. As noted by Hasan (2007), there are even substantial differences between countries in what is meant by 'quality' early childhood services. There is therefore no 'right' mix of staff for ECD services.

Even among the small number of countries studied, few general conclusions can be made. Indeed, for almost every general conclusion that can be made about ECD systems and workers, at least one country stands as an exception. Nevertheless, it is clear that:

- none of the countries considered in this appendix require all workers in early childhood education and care (ECEC) services to hold qualifications in education or children's services
- with the exception of Denmark, staff-to-child ratios are used as a means of assuring quality in ECEC services (though with considerable variation in the chosen ratios)
- preschool education is available to all children in the year (or years) before formal schooling and is provided by a degree-qualified teacher (though the United States is an exception in both regards)

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- demand for ECEC services and workers exceeds supply in the majority of countries examined. Only Denmark can be said to provide sufficient government-funded services to meet demand
 - compared to primary schools, ECEC services generally find it harder to attract staff
 - parents, families and volunteers play a role in providing certain ECD services, particularly family support services, in every country. When delivered according to curriculums and/or program guidelines, these services can be very effective
 - except in the United States, child health services are available to all children, delivered by child health nurses in primary care settings
 - every country struggles to increase the proportion of men in the ECD workforce (Peeters 2007).

D.2 New Zealand

Early childhood education and care services

Participation in early childhood education (ECE) in New Zealand is high. In 2009, 93.9 per cent of students in their first year of school had attended ECE the previous year (Teach NZ nd). However, despite high overall attendance rates, around one fifth of Māori children and one quarter of Pacific Islander children do not attend formal ECE services (Tolley 2011).

While the New Zealand Government does not own or operate ECE services, it determines ECE policy and regulates ECE services. New Zealand was one of the first countries to move policy and regulatory responsibility for all ECE services to the education ministry (from the social affairs ministry) (Moss 2000). New Zealand was also a frontrunner in curriculum development, adopting an early childhood curriculum framework in 1996. The curriculum includes five strands — wellbeing, belonging, contribution, communication and exploration. The curriculum is known as *Te Whāriki* (the mat) because it weaves together these strands of learning (Ministry of Education 1996). Following *Te Whāriki*, New Zealand developed a ten-year strategic plan for ECE in 2002, known as *Pathways to the Future* (Ministry of Education 2002). The need for teachers who understood the theoretical complexities of *Te Whāriki*, and who had the professional skills to weave each curriculum *whāriki*, became a key policy driver for the government's 10-year strategic plan (May 2007).

Under Pathways to the Future, teachers in teacher-led ECE services were required to meet the same professional registration standards as school teachers (Ministry of Education 2002). Pathways to the Future also included the goal that, by 2012, all staff in teacher-led services would be registered teachers. This goal has since been set aside (see box D.1 below).

Parent-led services

Unlike other countries considered in this appendix, New Zealand has a strong tradition of parent- and family-led ECE services. Such services encourage or require parent attendance, and do not usually employ teachers (Ministry of Education 2010). Parent- and family-led centres include ‘language nests’ and playcentres.

- ‘Language nests’ (*kōhanga reo*) provide a community- and family-based environment where only Māori is spoken. They are typically found in church halls, schools and traditional Māori community centres (UNESCO and OUP 2010). Language nests provide education and care for around 20 per cent of the Māori children who attend formal care (Statistics New Zealand 2010).
- Playcentres are an early childhood organisation that is unique to New Zealand. ‘Playcentres are collectively supervised and managed by parents for children from birth to school age. They have a strong focus on parent education as well as children’s learning’ (Ministry of Education 2009c). Playcentres generally offer half-day sessions that include a variety of self-selected play activities for children of all ages (NZ Playcentre Federation 2010). In keeping with their aim to increase parents’ skills and confidence, most playcentres offer parenting education programs.

Teacher-led services

There are three main types of teacher-led ECE services in New Zealand.

- Kindergartens are not-for-profit, community-based services that accept children between two and five years old. Kindergarten opening hours vary, with some having set morning and afternoon sessions for different age groups and others offering all-day or flexible sessions for a wider age range of children.
- Like long day care centres in Australia, New Zealand’s education and care services run full-day sessions, or flexible-hour programs for children from birth to school age. Some services cater for specific age ranges (for instance, babies and toddlers). They may be owned and operated by private business, community groups or employers.

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- New Zealand also has a system of home-based education and care services. Similar to Australian family day care, in New Zealand home-based services provide education and care for groups of up to four children under five years of age, in either the educator's home or the child's home. Each educator must belong to a home-based service and is supported by a coordinator who is a registered ECE teacher (Ministry of Education 2009d). The number of home-based services increased by over 60 per cent between 2001 and 2009 (ECE Taskforce 2010).

In both kindergartens and education and care services 50 per cent of the workers who educate and care for children must be qualified and registered as ECE teachers (Ministry of Education 2009d). By 2012, 80 per cent of staff will need to be registered teachers (Ministry of Education 2009b) (box D.1). There are no qualification requirements for the remaining 20 per cent of staff.

In addition to requirements for registered teachers, New Zealand also has mandatory staff-to-child ratios in teacher-led ECE services. For children under two years, staff-to-child ratios are 1:5. Broadly, for children over two years, staff-to-child ratios are 1:10 in 'all day' services, and 1:15 in 'sessional' services (those attended by children for less than four hours per day).

Subsidies to ECE services depend on the proportion of registered teachers, with services that employ a larger proportion of teachers receiving higher subsidies. New Zealand's childcare subsidies are means tested, though income-testing thresholds are lower than those in Australia (James 2009).

In New Zealand, the benchmark qualification for qualified early childhood teachers is a Diploma of Teaching (Early Childhood Education) (Teach NZ and Ministry of Education 2011). Both the diploma and the Bachelor of Teaching (Early Childhood Education) require three years of full-time study. As well as being delivered by universities, early childhood teaching diplomas and degrees are delivered by other providers, such as the NZ Childcare Association (NZ Childcare Association 2011).

Box D.1 **Towards 100 per cent registered teachers in ECE?**

In 2002, the New Zealand Government considered that ‘many ECE teachers in New Zealand are not qualified, yet there is a strong correlation between quality ECE and teacher qualifications’ (Ministry of Education 2002, p. 6).

In response, it adopted a goal that all staff in teacher-led early childhood education (ECE) services would be registered teachers by 2012. Intermediate goals included that 50 per cent of staff in teacher-led ECE services would be registered teachers by 2007, and 80 per cent would be registered teachers by 2010. A range of scholarships, grants and support programs were put in place to help increase the number of registered teachers (Ministry of Education 2002). ECE providers were also encouraged to employ up to 100 per cent registered teachers with higher funding for services with higher proportions of registered teachers.

However, in late 2009, only around 60 per cent of ECE staff were registered teachers, and the timeframe for achieving the 80 per cent teacher registration target in ECE services was extended to 2012.

... the target of 80 per cent registered teachers by 2010 is not achievable and 2012 is a more realistic target. It is estimated that over 1000 teacher-led, centre-based ECE services would be at risk if the 80 per cent target had to be met by [2010]. Extending the timeframe will reduce the immediate pressure on teacher-led, centre-based ECE services and ease the demand for registered teachers in the short-term. (Ministry of Education 2009a)

The 100 per cent registered teacher target was also deferred indefinitely. Moreover, in the 2010 budget the New Zealand Government reduced the subsidy rate for registered teachers in ECE centres. It also removed the highest subsidy rate, which was previously payable to centres with more than 80 per cent registered teachers (Tolley 2010). The number of ECE centres employing 100 per cent registered teachers and the future of the 100 per cent registered teacher target remains unclear.

Remuneration of ECE teachers varies greatly between services. Kindergarten teachers have pay parity with primary teachers, but represent only 12 per cent of the ECE workforce (ECE Taskforce 2010). In the most recent Kindergarten Teacher’s Collective Agreement, a teacher with a bachelor degree would earn \$NZ44 348 in their first year of practice (Ministry of Education 2009b). Kindergarten teachers tend to be better paid than teachers in services other than kindergartens, where salaries are negotiated on an individual basis or covered by a collective agreement (Davison and Mitchell 2008; Teach NZ and Ministry of Education 2011).

There is considerable unmet demand for qualified early childhood teachers in New Zealand. The number of ECE teacher vacancies increased by nearly a third between November 2008 and November 2009, and the occupation is on Immigration New Zealand’s long-term skill shortage list (Career Services 2010b). To help address this gap, qualified and registered primary teachers can now be counted as qualified ECE teachers in teacher-led ECE services for funding purposes (Ministry of Education

2011b). However, there are also longstanding and severe shortages of primary and secondary school teachers (Lonsdale and Ingvarson 2003).

Recent developments in ECE in New Zealand

20 Hours ECE

Since 2007, New Zealand children from age three to school age have been able to access up to six hours per day and up to twenty hours per week of ECE. This is known as ‘20 Hours ECE’ and is provided at no cost to families (though services can levy optional charges for food, activities, excursions and staffing levels in excess of government requirements). Initially only available in teacher-led ECE services, since 1 July 2010 parent-led ECE services have also been eligible to provide ‘20 Hours ECE’ (Ministry of Education 2010).

On average, fees fell by 34 per cent immediately after the introduction of ‘20 Hours ECE’. Participation rates, however, have increased by only one per cent (ECE Taskforce 2010; 2011b). There was also a shift in demand from kindergartens (generally part-day services) towards education and care centres and home-based care organisations (which generally provide full-day care).

Large funding increases and mounting cost pressures

The New Zealand Government has made a substantial investment in ECE in recent years, with expenditure increasing by 300 per cent between 2004-05 and 2010-11, to \$NZ1.2 billion per year (Ministry of Education 2011a). This equates to around \$NZ7600 per year for every child who attends an ECE centre, compared to \$NZ6700 for an average secondary student and \$NZ5500 for primary students (Tolley 2011). Increases in ECE funding have primarily been used to fund ‘20 Hours ECE’.

Despite ‘20 Hours ECE’, costs to families appear to have increased in some areas, with reports that the costs of kindergarten rose 11.7 per cent in the year to March 2011. This has led to concerns that ECE is becoming unaffordable for low socioeconomic status families (New Zealand Kindergartens 2011). There are therefore moves towards greater targeting of ECE funding, with the New Zealand Government intending to ‘make sure [ECE] can be accessed by those families who are not currently taking part, but who will benefit the most’ (Tolley 2010).

ECE Taskforce

In late 2010, the New Zealand Government established an expert ECE Taskforce. The taskforce was, among other things, required to:

undertake a full review of the value gained from the different types of government investment in ECE in New Zealand; consider the efficiency and effectiveness of current ECE expenditure ... and consider how to achieve its recommendations without increasing current government expenditure. (ECE Taskforce 2011a, p. 14)

The taskforce reported in June 2011. In addition to emphasising the importance of ECE, the taskforce considered that ‘priority needs to be given to lifting early childhood education outcomes for Māori and Pasifika children and those from families of lower socioeconomic backgrounds [and] ensuring appropriate services are available for all children with special education needs’ (ECE Taskforce 2011a, p. 3). To better target and support these groups of children, the taskforce recommended changes to funding mechanisms, increased professional development for staff and putting ‘more squeeze’ on lower quality providers (ECE Taskforce 2011a, p. 4).

Out of School Care And Recreation

Outside school hours care in New Zealand is known as OSCAR (Out of School Care And Recreation). OSCAR programs provide care and recreation before and after school and during school holidays for children aged from five to 13. To be eligible for childcare subsidies, OSCAR programs must be approved by Child, Youth and Family (part of the Ministry of Social Development). Subsidies are paid directly to OSCAR programs rather than to families.

Approved OSCAR programs must meet certain minimum standards. While the standards do not contain staff-to-child ratios, they require that children are always supervised by a minimum of two staff at all times. Staff must be ‘qualified and competent’ (though there are no formal qualification requirements), undergo a police check and be over 16 years of age (Child, Youth and Family nd, p. 14). The standards also require OSCAR programs to provide adequate training and support for all staff, without specifying what this might involve (Families Commission nd). Training opportunities include short courses and networking sessions offered by the OSCAR Foundation, and an OSCAR certificate delivered via distance education by the Open Polytechnic (OSCAR Foundation nd).

On average, workers in OSCAR programs in 2009 reported earning \$NZ13.76 per hour, compared to the minimum wage of \$NZ12.50 per hour (Oscar Foundation 2009). Few services appear to have concerns about the quality or availability of

OSCAR staff. While parents express a preference for qualified staff, they have little knowledge of the availability of such qualifications (Families Commission 2007).

Child health services in New Zealand

Like Australia, New Zealand has a universal system of child health services or ‘well child care’, which includes a ‘screening, surveillance, education and support service offered to all New Zealand children from birth to five years and their family’ (Ministry of Health 2002, p. 1)

The largest provider of well child care in New Zealand is Plunket, a not-for-profit organisation (Plunket ndc). The New Zealand Ministry of Health provides funding for Plunket to deliver eight ‘well child checks’ to children aged between four to six weeks and five years. Health care in the weeks immediately following a baby’s birth is organised separately, with mothers receiving at least seven postnatal visits from their maternity carer (obstetrician, midwife or general practitioner) in the first four to six weeks. Of these seven visits, at least five must be home visits (Ministry of Health 2010a).

As well as government contributions, Plunket funds its work with donations and corporate support. Commercial sponsors include Huggies nappies and Watties (manufacturers of baby food). Plunket also makes use of volunteers, with around 8000 volunteers involved in its child health and family support programs.

Attendance at Plunket centres is high, with parents of more than 90 per cent of new babies accessing some aspect of Plunket’s well child health service (Plunket ndc). Plunket employs around 650 clinical staff, most of whom are child health nurses (who are known as ‘Plunket nurses’) (Plunket nda). Plunket nurses are registered nurses who have completed a Postgraduate Certificate in Primary Health Care (Specialty Nursing: Well Child/*Tamariki Ora Strand*). Plunket recruits around 100 registered nurses per year, and supports them to study for this certificate while they work (Plunket ndb).

As at 1 July 2011, qualified Plunket nurses are paid \$NZ57 715 in their first year of practice (New Zealand Nurses Organisation 2010b). This is more than a community health nurse with four years experience employed by a district health board, who earns \$NZ55 226 per year (New Zealand Nurses Organisation 2010a). Despite receiving subsidised postgraduate study and wages that are the same or higher than many other nurses, shortages of Plunket nurses have been reported in some areas (Career Services 2009).

Another type of worker involved in providing child health services in New Zealand is the community Karitane worker. These workers work alongside Plunket nurses and assist them in certain tasks, including measuring and weighing babies, monitoring child development and providing support to families, especially the caregiver and child (Career Services 2010a). After finishing high school, community Karitane workers obtain a certificate qualification in well child care. (This is the same well child certificate that Plunket nurses obtain in addition to their nursing degrees.) First-year Karitane workers employed by a district health board earn \$NZ40 908 per year (New Zealand Nurses Organisation 2010a).

Family support services in New Zealand

A wide range of family support services are available to New Zealand families, funded by several New Zealand Government ministries.

- In addition to being centres for early childhood education, playcentres run parenting programs designed to increase parents' skills and confidence. Some playcentres offer parent education programmes that are accredited by the New Zealand Qualifications Authority (Podmore and Te One 2008). Attending a parent-led ECE services can have positive effects on parenting (Ministry of Education 2009a).
- Strategies with Kids — Information for Parents provides support, information and parenting strategies for parents and caregivers of children under five years of age. It provides free parenting resources and has funded hundreds of local organisations to support local families (SKIP nd).
- As well as antenatal classes, Parents Centre New Zealand offers six parenting education courses at 50 centres around New Zealand (Parents Centre 2011).
- The Parents As First Teachers program has operated in New Zealand since 1991. It is based on the US Parents as Teachers program, and employs qualified early childhood teachers to conduct home visits and provide support and advice to families at risk (Ministry of Family Services 2010).

Because many family support programs are mainly or exclusively delivered by early childhood teachers, the current high demand for early childhood teachers has also affected family support services.

In addition to mainstream programs, there are a number of family support programs targeted at Māori families. For example, the *Whanau Toko I Te Ora* (WTITO) program provides support, advocacy and role modelling for very high need Māori families. It is delivered by local *kaiawhina* (Māori family workers), and consists of home visiting and group meetings. Despite some evidence that WTITO leads to a

range of improvements in family functioning, concerns have been expressed about ethnic targeting of family support programs. ‘Evidence does not demonstrate that programmes designed and delivered to a particular ethnic group by members of the same group are more effective than mainstream programmes, for minority ethnic groups’ (Ministry of Education 2005, p. 2).

New Zealand also has an independent statutory body charged with supporting and advocating for families. The Families Commission ‘speaks out for all families to promote a better understanding of family issues and needs among government agencies and the wider community’ (Families Commission nd).

D.3 Denmark

Denmark is renowned for universal public provision of many services, and ECD is no exception. The public sector has the predominant role in provision of ECD services, however about 30 per cent of day care facilities are provided by independent not-for-profit providers (OECD 2006). Denmark is considered to be a world leader in positive child outcomes, and is among the top-rated nations for child wellbeing (UNICEF IRC 2007). These outcomes are supported by high public expenditure — a comparatively large 2.1 per cent share of gross domestic product (GDP) is spent on ECEC services (OECD 2006).

ECEC services in Denmark

ECEC policy in Denmark is administered by the Ministry of Social Affairs, reflecting the Danish philosophy that the primary purpose of ECEC is social development, rather than education.

[ECEC services in Denmark] are understood to have an educational role, but the pedagogical orientation distinguishes education from schooling. These services therefore are not so much concerned with preparation for school and school education, as with leading the good life and all round development, with a strong emphasis on social and cultural capabilities and with a particular understanding of the child. (Korintus and Moss 2004, p. 31)

This approach is embodied in the Danish ECEC workforce’s main professional group — the pedagogue, or social educator of children and youth (box D.2).

The other main professional group in ECEC services is the pedagogue assistant. No formal qualification is required for an assistant role, with much of this workforce consisting of young people spending a year or two working before going on to

further study. Pedagogues and pedagogue assistants are present in all ECEC settings.

Box D.2 Pedagogues in Danish children's services

The dominant profession in Danish children's services is the pedagogue, which can best be described as 'social educators for children and youth' (OECD 2006, p. 313).

Pedagogy [is] a holistic concept that recognises the whole child and the inseparability of care, education, health and upbringing. (Korintus and Moss 2004, p. 2)

A pedagogue's role is not limited to the education of children, also offering advice and guidance to parents on issues in upbringing and child development (Boddy et al. 2009). Pedagogues work across all early childhood and outside school hours care services and also in some family support and social services roles, such as in aged care.

Training

Pedagogue training consists of a three-and-a-half year course which leads to a degree. Trainee pedagogues study a variety of subjects, including pedagogy, psychology, environmental health and social studies, communication, organisation, management, music, drama and other creative subjects. Pedagogue training includes 15 months of work placements. The initial three-month placement is unpaid, and the student does not count as a member of staff in their placement institution. There are two other placement periods, each consisting of six months of paid work with the student counting as a member of staff. Students typically begin training after having worked as pedagogue assistants (Korintus and Moss 2004).

Unionisation

Unlike other countries, where ECEC teachers are usually part of a teachers' union, Danish pedagogues have a union of their own — the Danish Union of Early Childhood and Youth Educators (BUPL). The BUPL organises more than 95 per cent of all pedagogues in Denmark (BUPL 2009a).

Wages, conditions and career progression

Danish pedagogues typically work 37 hours per week, with six weeks annual leave. Average monthly salary is Dkr23 500 (\$4230), or Dkr31 000 for managers (\$5500). Salary and working conditions are fixed nationally by collective bargaining every third year (BUPL 2009b). The average monthly income in Denmark is approximately \$2700 (Statistics Denmark 2011).

The requirement that all managers of ECEC services be qualified pedagogues provides a clear career path for pedagogues, compared with other countries where the managers of services are generally not required to have tertiary qualifications.

Sources: Boddy et al. (2009); BUPL (2009a, 2009b); Cameron (2006); Korintus and Moss (2004); OECD (2006); Statistics Denmark (2011).

Danish ECEC services experience few of the workforce retention and recruitment difficulties that are apparent in other countries. The steady rise of female workforce participation in Denmark over the past 30 years, has contributed to an expansion of the pedagogue workforce. As in most other countries, the ECEC workforce is female dominated. However, a comparatively large proportion of the Danish ECEC workforce is male, with men comprising 8 per cent of pedagogues in crèche and family day care (FDC), and 25 per cent of staff in outside school hours care (OSHC). Also, pedagogues command a higher wage and professional status, and are ‘skilful, resourceful, autonomous and reflective’ (Boddy, Cameron and Petrie 2006, p. 103). Hence ECEC roles are attractive, and Danish ECEC services have high staff retention rates (Korintus and Moss 2004).

ECEC policy is the responsibility of the Danish Government, which has legislated a right for all children aged between six months and six years to access childcare. Provision and operation of ECEC services is the responsibility of the municipalities (Boddy et al. 2009). All ECEC services, except for FDC services, have a manager and deputy manager, and both are required to be qualified pedagogues. Beyond this, there are no legislated staff-to-child ratios or requirements for the remainder of staff in an ECEC service to be qualified. Other than FDC, where staff are typically unqualified, approximately 60 per cent of staff in ECEC services are qualified pedagogues (OECD 2006).

Most children are in parental care until they are at least six months old, with entry into ECEC services common when they are one year of age. This is supported by a generous parental leave system offering up to 52 weeks leave (maternity, paternity and parental) — depending on a worker’s employment situation and collective agreement, compensation can reach the full level of salary for the full duration of the leave (Eurochild 2010).

ECEC in Denmark differs by age group. Children from six months to three years of age attend mainly FDC or crèche services. Children from three to seven years typically attend kindergarten. Those aged six to ten attend OSHC. There are also a minority of mixed-age services that cater for children from six months to nine years. Children in Denmark begin primary school classes at age seven.

Participation rates are high in all ECEC services. This supports a workforce participation rate for mothers of children under six of 77 per cent. This is the second highest in the European Union, after Sweden (Eurochild 2010).

Family day care and crèche

Two-thirds of children aged six months to three years use FDC and crèche services, most for more than 30 hours per week (Boddy et al. 2009; Eurochild 2010). Crèches are similar to Australian long day care services, but do not provide preschool services. The average staff-to-child ratio in crèches is 1:3.3 (OECD 2006).

FDC staff are permitted to provide day care for up to five children in their own home (Broström and Hansen 2010), though the average ratio is one staff member to 3.5 children (OECD 2001). Most FDC staff are employed by the relevant municipality. FDC staff work 48 hours per week (OECD 2006).

Fees paid by parents for FDC and crèche vary according to family income: lower income families pay a reduced rate, or receive the service free of charge. In total, parents pay approximately 25 per cent of the cost of childcare, with the remainder met by municipalities (OECD 2006).

Kindergarten

Kindergarten attendance is not compulsory, however 93 per cent of Danish children aged three to six attend kindergarten services (Boddy et al. 2009), and 82 per cent attend for more than 30 hours per week (Eurochild 2010). As of July 2010, kindergarten was free for children aged between three and six for up to 15 hours per week (Eurochild 2010), and when not free, fees to parents are similar to those of FDC and crèche services.

Kindergarten services for 6-year-olds are attached to primary schools, and are intended to transition children from ECEC environments to school environments. At many schools this integration continues into the first and second years of primary schooling, with teachers from these levels and kindergarten pedagogues teaching across all three year levels.

The average staff-to-child ratio in kindergartens is 1:7.2 (OECD 2006).

Outside school hours care

All children aged six to ten are guaranteed provision of OSHC (Boddy et al. 2009). Approximately 80 per cent of children aged six to ten attend OSHC services. The average staff-to-child ratio is 1:13.7. Consistent with the rest of the ECEC sector, the majority of the ECEC workforce in OSHC services are qualified pedagogues (OECD 2006).

Child health services in Denmark

All Danish medical care is a public service, financed by the tax system and available to all, regardless of income. The child health program consists of routine check-ups until the child is six, home visits by a community nurse until the child is 18 months old, an immunisation schedule, and parent education and support. As well as conducting health checks, the community nurse has some responsibility for the early identification of parenting difficulties, including neglect and maltreatment. In this role, the nurse may provide support, counselling and intervention to parents.

The municipalities are responsible for health service provision, and these services work closely with ECEC services. School health services take over responsibility for child health provision when children begin compulsory schooling at age seven (Clearinghouse on International Developments in Child, Youth and Family Policies 2004).

Those training to be a nurse in Denmark must complete a three-and-a-half year degree, including one-and-a-half years of clinical training in hospitals and other social and health services. During teaching periods, students spend approximately 40 hours per week attending classes or clinical placements. Students may choose to complete part of their education in another country (Council of Directors in Nursing Education in Denmark 2011).

Community health nurses are paid between DKr22 800 and DKr26 000 per month (\$4100–\$4700), depending on experience (DNO 2009). This is similar to the salary of pedagogues. Nurses have recently been removed from a list of professions currently experiencing shortages in Denmark (Danish Immigration Service 2011). Nurses in Denmark are being allocated some responsibilities which previously fell to doctors, in order to combat a doctor shortage. Though there are no senior nursing positions to provide career progression, increased salaries are offered to those who demonstrate high levels of proficiency (Attree et al. 2011).

Family support services in Denmark

Several mainstream parenting programs exist in Denmark.

- The Parental Guidance Programme takes place in a group setting, inviting parents to discuss their children's behaviour, and their own response to it. The facilitator works on replacing negative perceptions with more positive ones.
- Ready for Baby is a course directed at pregnant women and their partners. It comprises four two-and-a-half hour sessions, one of which takes place postnatally. The course develops participants' knowledge and expectations about

having a child. Facilitators — usually nurses, social workers or psychologists — have four days of dedicated training for the course.

- Firm Footing is aimed at parents of children aged from 18 to 36 months. It builds knowledge of child development and of issues such as sleep, diet, exercise and daily life. The program was developed in Denmark. It has not yet been evaluated (Boddy et al. 2009).

Services for at-risk families

Where families have been identified as being in need of additional support (usually by the community nurse), they may be referred to family support services which are staffed by pedagogues, social workers and psychologists. Parents may also attend these services voluntarily. The services usually focus on developing parenting skills, delivering counselling and providing support networks, in addition to those programs mentioned above. Family support services are provided free of charge (Boddy et al. 2009).

In contrast to other countries that typically ration social workers to those with the most acute needs, each citizen of Denmark is — at least nominally — allocated a social worker. When social workers are not engaged actively with one of their allocated citizens, they work in family support services, or with community nurses and pedagogues in other settings (Boddy et al. 2009).

D.4 France

ECEC services in France

France spends approximately one per cent of GDP on education and care for young children (OECD 2006). Within this budget, there is a strong division between child care (for children under three) and preschool education (for children aged three to six) (Rayna 2010).

Integration of child care or preschools with child health and family support services is very rare. This separation is accentuated by the division of responsibility for ECD services between different levels of government. While the majority of ECD services are funded or provided by the French National Government (*République Française*), universal child health services are the responsibility of departments (*départements*).

Almost two thirds of French children under three years of age are cared for by their parents, one of whom is entitled to unpaid parental leave until a child's third

birthday. Families also receive the ‘young child care payment’ (*Prestation d’accueil du jeune enfant* — PAJE) until a child’s third birthday. The base rate of PAJE is €180.62 per month. Most families receive PAJE payments (effectively providing childcare subsidies to parents on parental leave as well as to those who continue working) (CAF nd).

Childcare services and childcare staff

Of the third of children under three who do attend formal care, most are cared for by licensed maternal assistants (*assistantes maternelles*). Maternal assistants operate in a similar manner to Australian FDC educators, providing care for up to four children in the carer’s own home. Maternal assistants must complete 120 hours of training and hold a first-aid certificate. Though there is nothing to stop men entering the occupation, maternal assistants are essentially a female workforce (Fagnani 2002). Maternal assistant networks (*relais assistantes maternelles*) provide support to maternal assistants, organise group activities for assistants and children and help parents to find childcare places with assistants (Vérité 2008).

There are many different types of long day care, occasional care and similar childcare centres in France, run by local governments, employers, parent associations and non-government organisations. In total, these various childcare centres are attended by around 10 per cent of French children under three years of age.

Childcare centres are generally run by paediatric nurses (*puéricultrices*), who are qualified nurses or midwives who also have a one-year qualification in child health. Paediatric nurses are assisted by paediatric nurse assistants (*auxiliaire de puériculture*), who have completed one year of post-school vocational training.

At least half of the staff at a childcare centre must be paediatric nurses, paediatric nurse assistants or early childhood educators (*éducateurs de jeunes enfants*). The latter hold a three-year qualification in education of children under three years of age. Early childhood educators are not considered to be teachers and do not work in preschools.

A further quarter of the staff in childcare centres must hold some type of qualification in any health or social welfare discipline. The remaining quarter of the staff are not required to hold any qualifications, as long as they are supported by their employer to perform their work (OECD 2006).

Staff-to-child ratios in childcare centres are determined not by a child’s age but by the child’s mobility, with ratios set at one carer to five children who cannot walk

and one carer to eight children who can walk (ENA 2006a). There is no curriculum in childcare services, which are primarily concerned with children's health, wellbeing and 'awakening' (*éveil*).

There are considerable shortages of childcare services and workers in many parts of France, notably in rural areas and in disadvantaged areas of major cities (where the homes of potential maternal assistants are often too small for them to be able to offer licensed care). Suggested policy responses include changes to subsidies to make maternal assistants more affordable for low-income families, and encouraging employers to contribute to the cost of child care (Tabarot 2008). Another proposed response is the creation of a legally enforceable right to child care. However, there remain considerable practical and theoretical obstacles to doing so (République Française 2008). Progress towards, and discussion of, creating a right to child care appears to have stalled in recent years.

OSHC for older children is provided in separate 'vacation and leisure centres' and 'after school centres' (box D.3).

Preschool services and preschool staff

Children in France have a legal entitlement to attend preschool (*école maternelle*). This has led to more than 99 per cent of three-year-olds being enrolled in preschool. Many two-year-olds also attend preschool, with early school attendance commonly viewed as a means of addressing social inequality. Most two-year-olds who attend preschool therefore come from disadvantaged areas, non-French-speaking backgrounds or rural areas (where other childcare options are limited).

There is an ongoing and vigorous debate in France about the benefits of preschool for two-year-olds, with recent research suggesting that the benefits of early attendance at preschool quickly dissipate (Papon and Martin 2008). Governments in France have therefore become more reluctant to fund preschool places for two-year-olds.

French preschools do not charge fees to parents and operate for 24 hours each week during school terms (36 weeks per year) under the direction of the education ministry (Ministère de l'Éducation Nationale 2010b). In contrast to the play-based curriculums that have recently been adopted in Australia and other English-speaking countries, French preschools provide little time for play (Papon and Martin 2008).

Box D.3 **Vacation and leisure centres for children**

In France, outside school hours care and vacation care are managed and staffed separately to child care for younger children. After-school care is increasingly being provided by schools, while separate vacation and leisure centres generally provide care on Wednesdays (when most primary schools are closed) and during school holidays (16 weeks per year, as opposed to 12 weeks per year in Australia).

Educational support after school

Most primary schools offer an after school care program that includes sport, leisure, cultural activities and help with homework. The focus of such programs can vary considerably between schools. In disadvantaged areas, particular emphasis is placed on educational support (*accompagnement éducatif*). Children in designated disadvantaged areas are entitled to attend two hours of free educational support after school four days per week, where they receive help with homework and participate in activities designed to extend their general knowledge. Parenting support is also provided in some cases. Two-thirds of the staff in educational support programs are teachers, who are paid overtime for their work in such programs.

Vacation and leisure care

A wide variety of vacation and leisure care are offered in France, including holiday camps, day camps and sporting and artistic centres. The regulation of vacation and leisure centres is increasing in scope — in recent years centres have been required to develop educational and pedagogical plans, though there is little scrutiny of the content or quality of such plans.

The basic qualification for vacation and leisure staff is the play-leader certificate (*Brevet d'aptitude aux fonctions d'animateur en accueils collectifs de mineurs*). The certificate is awarded after a total of 28 days of study and work experience. Government funding is available to assist high schools students, low-income university students and social security recipients to obtain a play-leader certificate. This has the dual aim of promoting increased workforce participation among disadvantaged groups, and increasing the play leader workforce.

Sources: Boddy et al. (2009); Busy (2010); Hetzel and Cahierre (2007); Lambert and Suchaut (2010); Ministère de l'Éducation Nationale (2011); Veyrinas and Pequignot (2007).

French preschools have an average staff-to-child ratio of 1:19 (Gupta and Simonsen 2007) and are mainly staffed by teachers (*professeurs des écoles*). Preschool teachers have the same salary, conditions, professional status and career opportunities as primary school teachers (and many junior high and high school teachers).

Teachers are considered to be civil servants and, like all French civil servants, are recruited on the basis of an entrance exam. Until 2009, to be eligible to sit the teacher entrance exam, candidates were generally required to have obtained an

undergraduate degree (in any subject). Successful candidates then completed a year of study at a university-based teacher training institute prior to commencing in the classroom.

In an effort to improve education standards, candidates for the teaching exam now need to hold a masters degree in any subject. Parents with at least three children and high-level athletes are exempt from this requirement (Ministère de l'Éducation Nationale 2010a). All candidates, without exception, must hold first aid and swimming certificates. Under the new system, successful candidates are immediately employed as teachers in preschools and schools, and are mentored and trained during their first year of teaching (République Française 2010). There was considerable concern about the introduction of the new training system, focusing on:

- whether the requirement to complete extra university study prior to sitting the entrance exam may discourage potential teachers from disadvantaged backgrounds, reducing the social diversity in the teaching workforce
- the difficulty in finding teachers to replace new graduates in the classroom while they undertake teacher training (République Française 2010).

There is also continuing concern about whether training preschool teachers together with primary school teachers provides the former with the skills for working with very young children (for instance, Bentolila 2007; Haut Conseil de l'Éducation 2007). This perceived lack of pedagogical skills may contribute to the relative unpopularity of preschool teaching, with 90 per cent of trainee teachers preferring to work in primary schools rather than preschools.

Child health services in France

France has a maternal and child welfare service (*protection maternelle et infantile* — *PMI*) staffed by paediatric nurses, midwives, doctors and counsellors. It provides a range of services, including:

- prenatal care, including a detailed interview with a midwife in the fourth month of pregnancy
- child health checks, notably at eight days, nine months and two years (checks at these ages are compulsory for families receiving the PAJE child care payment)
- home visits, especially for vulnerable families
- discussion groups and parenting support, which is a growing part of the work of the PMI centres
- regulation and licensing of childcare services (Jourdain-Menninger et al. 2006).

Around 20 per cent of children in France, including 50 per cent of children under one year of age, regularly attend PMI centres. PMI services are provided at no cost to families. They therefore primarily serve disadvantaged families (Jourdain-Menninger et al. 2006), with families that can afford to do so obtaining child health services from paediatricians. Around half of French paediatricians do not work in hospitals, instead providing primary care services in private clinics (ENA 2006b).

PMI centres have little difficulty in recruiting paediatric nurses, as the number of nurses in France has been increasing. However they have considerable difficulty recruiting doctors, as doctors earn less in the PMI than they would working in a hospital or in private practice (Jourdain-Menninger et al. 2006).

Family support services in France

While the PMI provides discussion groups and some parenting support services, the national government has also instructed local authorities to establish ‘listening, support and parenting assistance networks’ (*Réseaux d’écoute, d’appui et d’accompagnement des parents — REAAP*). The REAAP networks do not have ongoing funding and cannot employ permanent staff, and so rely on partnerships and cooperation between social support services, non-government organisations, volunteers and parents themselves. Indeed, parental engagement and empowerment are among the main goals of REAAP networks:

Parents can initiate REAAP projects, or contribute to setting them up, to running them, to defining them, and to evaluating them. Professional input — for example from social workers — can be used ‘to provide certain specific competences’ such as the ‘animation’ (coordination and activation) of discussion groups, but also to offer advice or suggest directions to already-existing intervention structures in the department.’ (Boddy et al. 2009)

Because REAAP networks are led by parents at the local level, they inevitably vary in scale and quality (Bastard 2007). While the overall effectiveness of REAAP networks has not been evaluated, initial indications suggest that they have been effective in improving parenting skills in some areas, and in raising the value and profile of parenting (Roussille and Nosmas 2004).

D.5 England

Sure Start Children's Centres

The provision of ECD services in England is based around an extensive network of Sure Start Children's Centres.¹ Each children's centre is an integrated hub that offers ECEC, family support, health services, employment advice and a range of other services for parents and children. While the range of services offered by each centre differs according to the needs of the local community, the core offering includes childcare and early learning, child health services, advice on parenting and help for parents to find work or training opportunities (House of Commons Children, Schools and Families Committee 2010a). Many children's centres also offer additional services, such as parenting classes, English classes and allied health services. Outreach services are provided in disadvantaged areas. More detail on children's centres and their effectiveness is provided in chapter 15.

The mix of staff employed in children's centres depends on the range of services offered. Childcare staff are employed in most children's centres, as 45 per cent of children's centres offer sessional child care and a further 35 percent offer full-day care (Phillips et al. 2010). Other staff commonly employed at children's centres include health visitors and staff with Early Years Professional status (see box D.5 below). Until recently, children's centres in deprived areas were required to hire someone with both Early Years Professional status and qualified teacher status (Department for Education 2010a).

The number of children's centres and the range of services they provide has rapidly expanded since Sure Start was first established in 1999. In 2010, there were more than 3600 children's centres throughout England, making them more numerous than secondary schools (House of Commons Children, Schools and Families Committee 2010a). This rapid expansion has led to staffing difficulties, with reports that 'some children's centres are employing staff with low levels of skill, experiences or qualifications. They are often overwhelmed and have insufficient experience to work with the most complex families ...' (House of Commons Children, Schools and Families Committee 2010a, p. 35). To improve service quality and leadership of children's centres, several early years leadership training programs have been established.

- The National Professional Qualification in Integrated Centre Leadership is a one-year, masters-level qualification designed to be completed by those already working as a leader of a children's centre (NCLSCS nd).

¹ Independent legislatures and ministries are responsible for various ECD services in Northern Ireland, Scotland and Wales.

- The New Leaders in the Early Years Program is designed for able graduates in early years disciplines. The program takes two years and, in addition to gaining leadership and management skills and experience, graduates obtain an MA Early Years and Early Years Professional status (see below) (Canterbury Christ Church University nd).

Since late 2010, the UK Government has sought to make early childhood services more targeted towards disadvantaged children, and ‘refocus children’s centres on early intervention’ (Department for Education 2010b). While the UK Government previously provided local authorities with dedicated funding for children’s centres, this allocation has now been pooled with that for early education for disadvantaged two-year-olds, mental health in schools and support for vulnerable youth (Department for Education 2011a). This has resulted in a diminution of funding for children’s centres, with reports of reduced services and centre closures in many areas (BBC 2011). Other recent changes include abolition of the Children’s Workforce Development Council, which will close in 2012 (Gove 2010).

Early learning and care services in England

In addition to Sure Start Children’s Centres, a range of other ECEC services are available in England. In 2009, there were approximately 103 000 early learning and care providers in England offering over 2.4 million places (table D.1).

Table D.1 **Early learning and care providers in England, 2009**

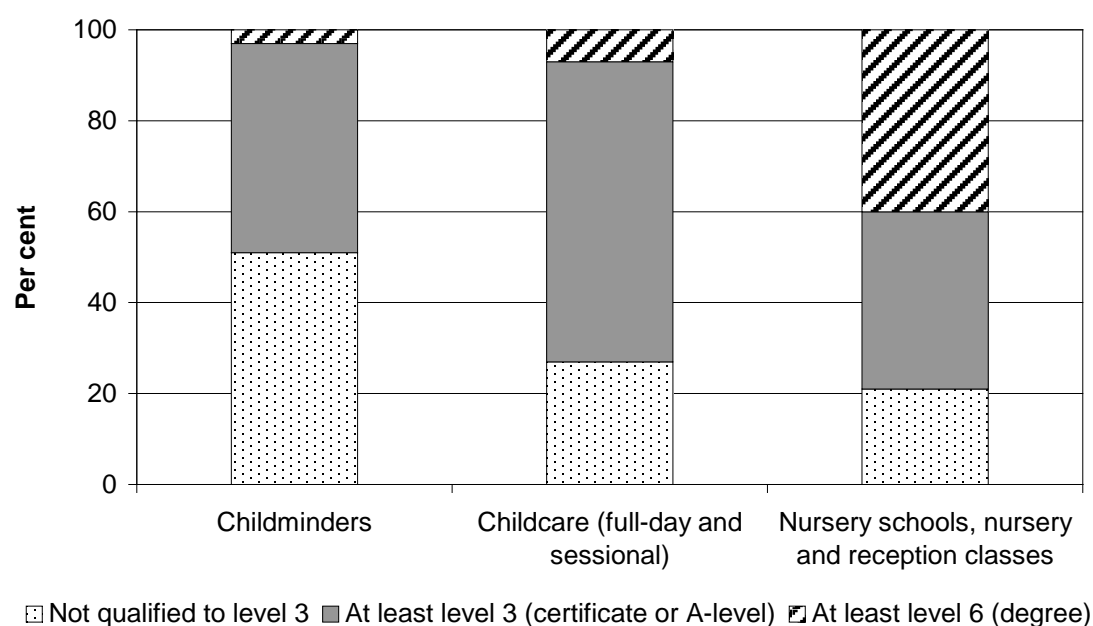
	<i>Number of providers</i>
Full day care — including children’s centres	14 100
Sessional providers — including day care for less than four hours in any day, in non-domestic premises	7 800
After school clubs	7 900
Holiday clubs	6 400
Registered childminders	51 000
Nursery schools	450
Primary schools with nursery and reception classes	6 700
Primary schools with reception but no nursery classes	8 600

Source: Tickell (2011a).

Across all early learning and care providers and all staff types, 72 per cent of the paid workforce was qualified to at least level 3 (equivalent to at least one A-level or a certificate qualification) and 13 per cent are qualified to at least level 6 (equivalent to a degree) (Tickell 2011a). Staff qualifications vary between settings, with degree-qualified staff more common in nursery schools, nursery classes and

reception classes (figure D.1). There are also a large number of unpaid volunteers in the English childcare workforce — in 2009, there were around 40 700 unpaid staff (Tickell 2011a).

Figure D.1 **Qualifications of ECEC staff in England^a**



^a Excludes outside school hours care.

Source: Tickell (2011a).

All providers of early learning and care must follow the Early Years Foundation Stage (EYFS), which is both a regulatory framework and a curriculum framework (box D.4).

All 3- and 4-year-olds in England are entitled to 15 hours a week of free early learning and care (commonly called nursery education) for 38 weeks a year. While generally delivered in nursery schools and nursery classes, the 15-hour entitlement can also be ‘delivered flexibly to suit parents’ or carers’ needs’ (Tickell 2011a, p. 10). Around 95 per cent of 3- and 4-year-olds take up the free entitlement offer.

Box D.4 Early Years Foundation Stage

Since 2008, the Early Years Foundation Stage (EYFS) is a comprehensive statutory framework for the education and care of children from birth to five years of age. All providers of early childhood education and care are required to use the EYFS. In addition to setting quality and welfare standards (like Australia's National Quality Standard), the EYFS sets learning goals (like Australia's Early Years Learning Framework):

The current EYFS has 6 areas of learning and 69 learning goals. These goals are used to monitor children's progress while they are in pre-school. At the age of 5 they are assessed against these goals, on a 117 point scale, as part of the EYFS profile. (Department for Education 2011b)

A recent independent review of the EYFS by Dame Clare Tickell found that:

While parents and early years professionals agree that the EYFS has had a positive impact on children's outcomes and helped to raise standards, in its current form there is far too much time spent filling in forms and not enough interacting with children ... the EYFS needs to be simplified and made even more accessible for parents and practitioners. ... The current EYFS is cumbersome, repetitive and unnecessarily bureaucratic. (Department for Education 2011b)

In response to the review, the UK Government announced in March 2011 that the EYFS is to be 'radically slimmed down' (Department for Education 2011b). For example, the number of early learning goals will be reduced from 69 to 17, and written risk assessments will no longer be required for excursions.

Sources: Department for Education (2011b); Tickell (2011b).

In late 2010, the UK Government announced that the free entitlement to 15 hours of nursery education will be gradually extended to every disadvantaged two-year-old — an increase of around 90 000 places over four years (Department for Education 2010a).

Registered childminders

Like Australian family day care educators, registered childminders in England care for children in their own home. In order to be registered with the Office for Standards in Education, Children's Services and Skills (Ofsted), childminders must hold a first-aid certificate and undergo a criminal records check. They must also complete an introductory childcare course, with many choosing to undertake a unit called 'understand how to set up a home-based childcare service'. While this unit forms part of the Diploma for the Children and Young People's Workforce, there is no requirement for childminders to go on to complete the diploma qualification (NCMA 2011).

Ofsted sets the number of children which a childminder can care for. They may care for up to a maximum of six children under eight years of age, of which usually no more than three may be under the age of five years (including the childminder's own children) (NCMA 2010). The number of childminders fell by 12 per cent between 2005 and 2010 (Tickell 2011a), and shortages have been reported, particularly in rural areas (CRC 2009).

Childminders can choose to join a local childminding network. To do so, they must undergo an initial assessment process, participate in on-going monitoring and hold (or be working towards) a relevant level 3 qualification. They also receive support from a network coordinator and, in some cases, from a qualified early years teacher. The latter enables childminders to be considered as providers of early education for the purposes of 3- and 4- year-old early childhood education funding (NCMA 2009).

Day nurseries and other full-day care

Like Australian long day care centres, day nurseries in England generally care for children from 3 months to school age, and offer care from 8am to 6pm for most weeks of the year. They are run by private individuals, community groups, commercial businesses and employers, and most offer a choice of morning, afternoon or full-day sessions. Some nurseries also provide OSHC for school-age children.

The number of full-day care providers has increased by 81 per cent since 2001 (Tickell 2011a). Staff in nurseries and other full-day care settings (such as Sure Start Children's Centres) generally earn around half the national average hourly wage, or £7.60 per hour on average (Tickell 2011a). Despite the rapid increase in nursery provision and the relatively low wages received by nursery staff, there are few reports of staff shortages.

The UK Government has set a target of ensuring that at least one member of staff in every full-day care setting has a relevant university qualification, while full-day providers in the most deprived areas are to have at least two graduates. 'To support that aim, the Government has introduced Early Years Professional status to help supply a suitable cohort of graduates' (Phillips et al. 2010, p. 15) (box D.5).

Box D.5 Early Years Professional status

Early Years Professional (EYP) status is awarded to university graduates (from any discipline) who can demonstrate that they meet a set of 39 professional standards when working with children from birth to five years of age. Practitioners with EYP status generally lead the delivery of the Early Years Foundation Stage (EYFS) in full-day care settings.

Five different training pathways for EYP status have been established to accommodate the different training needs of early years graduates, primary and secondary teachers, and graduates from other disciplines. (Qualified teachers comprise around 40 per cent of those completing EYP training.) The training pathways range in duration from 4 to 24 months. The UK Government covers the cost of training and, for EYP candidates already working in the early years sector, also covers the cost of employing replacement staff while candidates attend training. Training is delivered by a panel of training providers under contract for the Children's Workforce Development Council.

Nearly 7000 practitioners have achieved EYP status since it was introduced in 2007, and a further 3600 are in training (Tickell 2011a). Around 22 per cent of private and not-for-profit full-day care providers have at least one graduate with EYP status, and four per cent have at least two (data are not available on full-day centres run by local authorities) (Phillips et al. 2010).

Some aspects of the EYP role are not yet fully resolved. In particular, though the government describes EYP status as being equivalent to Qualified Teacher Status:

Others are less convinced that there is real equivalence between the two statuses. For example, Professor Iram Siraj-Blatchford, Institute of Education, University of London, suggests that Early Years Professionals are unlikely to lead learning as effectively as qualified teachers on the basis that the Early Years Professional Status standards relating to children's learning are only loosely specified and that the related training is not underpinned by the same level of supervision and assessment of practice as for teacher training. (House of Commons Children, Schools and Families Committee 2010b, p. 57)

In response to such concerns, a recent independent review of the EYFS recommended that 'clear career progression routes in the early years through a progression structure for qualifications' be established (Tickell 2011b, p. 45). The mechanisms by which such a structure would be established have not yet been determined.

Sources: Children's Workforce Development Council (2008;2010); House of Commons Children, Schools and Families Committee (2010b); Tickell (2011a; 2011b).

Playgroups, nursery schools, nursery classes and reception classes

Early education for English 3- and 4-year-olds is provided in a wide range of settings.

- Nursery schools — many nursery schools are operated by local authorities. They are generally attended by 3- and 4-year-olds on a part-day basis during school

terms. Attendance at a local authority nursery school is free, though places are limited in many areas.

- Nursery classes — nursery classes are attached to primary schools, but are the same as local authority nursery schools in all other respects.
- Playgroups — playgroups (sometimes also called preschools or private nursery schools) offer sessional care or extended sessions, usually to children from 3 years to school age, though some may accept 2-year-olds. Most are only open during school terms. They are operated by private or not-for-profit providers and charge fees to parents (though 3- and 4-year-olds can generally access their entitlement to 15 hours per week of free early education in these services).
- Reception classes are full-day preschools located on school grounds. Children normally start reception class in a state school in the September after their fourth birthday (University of Cambridge 2011).

Children in government-funded nursery schools and reception classes must be in the care of a qualified teacher. Because of this requirement, staff in nursery schools, and nursery and reception classes have the highest qualification levels of all early learning and care staff (see figure D.1 above). However, the requirement for a qualified teacher to be present is not met on a daily basis in every school and class (OECD 2006).

Staff in nursery schools, and nursery and reception classes earn £14.10 per hour on average. This is slightly less than the national average hourly wage for UK employees in 2009 of £14.43 (Tickell 2011a), but less than the hourly wage of a newly qualified teacher, who starts on a minimum of £16.80 an hour (House of Commons Children, Schools and Families Committee 2010b).

Nursery teachers undertake the same training as primary teachers. There are multiple undergraduate and postgraduate pathways for gaining teaching qualifications, generally involving three to five years of university study. However, there are concerns that teacher training does not place sufficient emphasis on the needs of younger children, with the House of Commons Children, Schools and Families Committee considering that ‘current arrangements for initial teacher training mean that early years/primary teachers are not being as well prepared as they could be to support younger children’ (2010b, p. 59).

Outside school hours care

OSHC in England generally includes breakfast clubs, after-school clubs and holiday schemes that operate on school grounds. They generally offer care from 8am to 6pm (University of Cambridge 2011). Some schools, known as extended schools,

provide additional services (box D.6). In addition to school-based provision, registered childminders provide OSHC for children under the age of eight.

Regulation of OSHC services depends on the age of the children who attend the service. Though there are some minor exemptions, in general:

- any service that cares for children from school age to their eighth birthday must be registered on Ofsted’s childcare register
- any service attended by children younger than school age must deliver the EYFS (even if only providing wrap-around care for children who also attend nursery). These services must also be registered with Ofsted (Ofsted 2011).

Box D.6 Extended Schools

At an extended school, the school works in partnership with local government, local children’s health providers and partners from the voluntary, community and private sectors ‘to offer access to a range of services and activities which support and motivate children and young people to achieve their full potential’ (Department for Children, Schools and Families 2008a, p. 2). These services and activities include:

- outside school hours care and activities, such as homework clubs, study support, music tuition, sport and special interest clubs
- parenting support
- community access to school facilities
- access to targeted and specialist services.

Not every service and activity is provided on-site at every school — access can be through other local schools or through other providers. While early evaluations suggested that extended schools are beneficial, especially in the most disadvantaged communities (Ofsted 2009; Marmot 2010), there have been challenges in implementation.

The development of extended services in and around schools is important, but more is needed to develop the skills of teaching and non-teaching staff to work across home–school boundaries ... (Marmot 2010, p. 25)

In particular, ‘integrating social care professionals into extended schools represents a significant shift in working practices’ and has not been easy to achieve (Wilkin et al. 2008, p. 35).

While the stated goal was for extended services to be accessible in all schools by 2010, it remains unclear whether this has been attained.

Sources: Department for Children, Schools and Families (2008a); Families Commission (2007).

In both cases, services must meet a staff-to-child ratio of 1:8, and half of the staff must have successfully completed a level 2 qualification (such as the General Certificate of Secondary Education or an equivalent vocational qualification). In addition, the manager must have at least a level 3 (certificate) qualification in a relevant area of work (Ofsted 2010), and at least one staff member in a registered service must have completed other relevant training, such as courses in first aid, food handling and child protection.

Services that are only attended by children aged eight years and older can seek registration on a voluntary basis (Ofsted 2011). At least one staff member in these services must have a relevant level 2 qualification (Ofsted 2010).

Child health services and staff in England

Child health services in England are structured around the Healthy Child Programme (HCP). The HCP provides antenatal care, regular health and development reviews, screening tests, immunisations, health promotion and parenting support.

While HCP aims to deliver a universal preventive service at the same time as focusing on vulnerable babies, children and families, it has struggled to meet both objectives (Department of Health 2009). In addition, there are multiple other policies designed to improve child health — ‘since 1999, there have been 27 national policies (approximately one every six months) aimed at improving the health of under-fives’ (Audit Commission 2010, p. 15).

The HCP is primarily provided by health visitors, who are trained nurses or midwives with specialist training in family and community health (generally a one-year postgraduate degree in specialist community public health nursing/health visiting) (NHS Careers 2008). There are around 8000 health visitors in England (Department of Health 2011).

The professional role of health visitors includes:

- delivering universal child and family health services (the HCP)
- leading health improvement, on subjects such as healthy eating, accident prevention and emotional wellbeing
- helping families stay in touch with wider sources of support through children’s centres, including from the community and other parents.

As discussed above, most health visitors work in Sure Start Children’s Centres. However, the integrated approach offered by Sure Start ‘has not yet resulted in

significant improvement in health outcomes for the under-fives' (Audit Commission 2010, p. 9). In part, this may be due to current shortages of health visitors.

There are serious concerns about the number of staff available to provide essential early years support. For example, there has been a nearly 13 per cent drop in whole-time equivalent health visitors since 1998 while the number of live births has increased by 8.5 per cent in the same period. (Marmot 2010, p. 102)

To address the shortages of health visitors, the UK Government has recently announced a plan to employ an additional 4200 health visitors by 2015. This represents an increase of over 50 per cent and, to allow for retirement and other losses from the workforce, will require an additional 6000 health visitors to be trained (Department of Health 2011). Health visitors will continue to be paid on the same pay band as other nurse specialists and nurse team leaders (NHS Careers 2011).

Family support

A significant proportion of family support programs in England operate as part of integrated early childhood and school services. Many Sure Start Children's Centres (see above) and Extended Schools (box D.6 above) offer parenting education and family support services.

There are also a variety of other family support programs.

- Home-Start is a charity that is funded by the Department of Education to offer volunteer support to families within their own home (Home-Start UK 2010).
- Family Nurse Partnership (FNP) programme is a preventive program for young first-time mothers. Based on the US Nurse-Family Partnership, it offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until the child is two (Department of Health nd).

As is the case in Australia, a wide variety of workers provide family support services, and each profession brings certain skills and aptitudes to the role. For instance, health visitors provide 'a ready-made home-visiting service generally accepted by disadvantaged families' (Melhuish, Belsky and Barnes 2010a, p. 160). In contrast, family support workers are more likely to provide informal support, and are 'crucial in ensuring lone parents have access to health information and service provision for their children' (Audit Commission 2010, p. 34).

D.6 United States

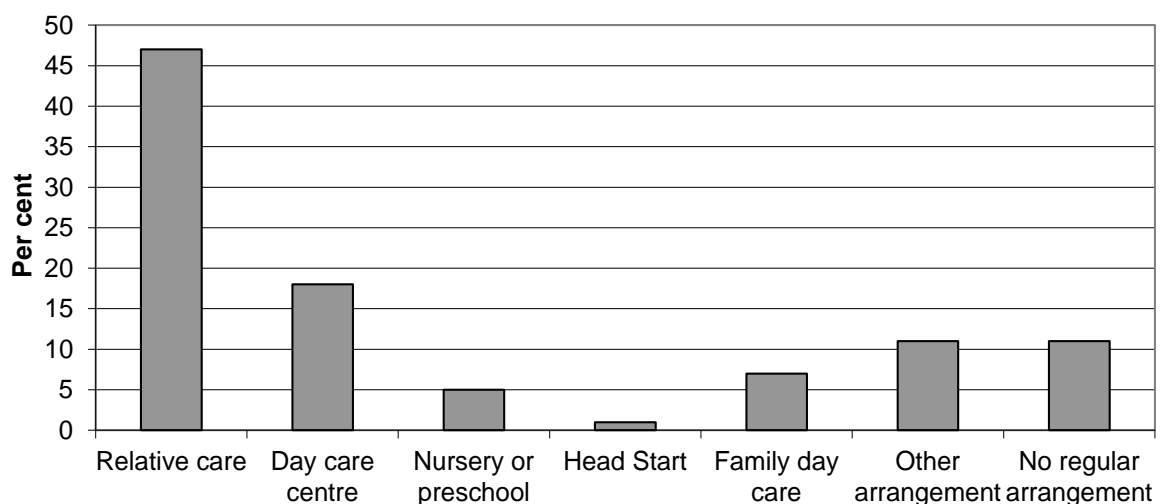
Early childhood education and care

Though it serves almost half the population of children under 14, the ECEC system in the United States operates within a fragmented policy context. The types of services available, the regulatory framework and the level of funding all vary substantially across states. Further, the Organisation for Economic Co-operation and Development has identified a number of pressing concerns in regards to system quality and equity (OECD 2006).

ECEC services

Over 11 million children under 6 years of age whose mothers are employed access some form of child care. Of these, 47 per cent are cared for by relatives, mostly grandparents, and 53 per cent use ECEC services (NCCIC 2010b) (figure D.2). Many of these services are provided by over 690 000 individual operators, caring for children in their own homes (US Census Bureau nd). These ‘family child care homes’ are often unregulated (NACCRRA 2011).

Figure D.2 **Primary ECEC arrangement for children under 5 years of age with employed mothers, USA^a**



^a The ‘other arrangement’ category includes children cared for in their own home, and a small number of children attending kindergarten or a school-based arrangement.

Source: Productivity Commission calculations based on US Census Bureau (nd).

Services are also offered through over 120 000 day care or child care centres, preschools and Head Start centres (see below for a definition of Head Start) (NACCRRA 2010). For-profit provision of ECEC services is common — the largest provider in the country, Knowledge Universe, operates more than 1700 centres across the country and has a total revenue of over \$US1.6 billion. There are also a number of franchised organisations (Neugebauer 2010).

Most centres need to be licensed by state regulators, though many exemptions exist. The regulation and enforcement framework varies substantially across states; in some areas, the licensing system addresses many aspects of quality, and inspections are carried out regularly, while other states do not enforce any staff requirements.

In an effort to improve system quality, 25 states have been implementing quality rating and improvement systems, which offer financial incentives to improve service quality. Some regulators have been publishing quality information on ECEC services online (NACCRRA 2011). There are also a number of optional quality accreditation systems operating in the United States (OECD 2006), but their coverage is limited. In 2010, less than 10 per cent of centres and 1 per cent of family child care homes achieved quality accreditation (NACCRRA 2010).

Funding and subsidies

The type of services and funding available to families varies based on income. Families who are close to, or above, the median income in their state are not eligible for childcare subsidies, or for enrolment in ECEC services that are provided by government. These families can access for-profit services, including day care centres and family child care homes, at an annual cost that ranges between \$US3500 and \$US18 500 per child (NACCRRA 2010). They may be eligible for a tax credit of up to \$US3000 per child to offset their ECEC costs (IRS 2010). More than 6 million taxpayers claimed over \$US3.4 billion under this policy (NCCIC nda).

Federal and state governments in the United States spend over \$US10 billion on child care services and subsidies for low-income families (NACCRRA 2011). Federal funding comes in the form of grants to states and funding to public and private entities that provide ECEC services to eligible families. States offer subsidies to families and child care providers, as well as funding some preschool and early intervention programs (NCCIC nda).

The main federal funding programs include the:

- Child Care and Development Fund (CCDF). This provides a total of \$US5 billion in annual grants to states to subsidise child care costs of

low-income families. Eligibility conditions for these programs vary substantially between states but in all cases, subsidies are offered for up to 6 or 12 months (NCCIC 2010a). A minimum of 4 per cent of the funds must be used to improve child care quality, via measures such as the provision of training and professional development for staff (OCC 2010)

- Temporary Assistance for Needy Families (TANF). The TANF program offers grants to states to assist low-income families to care for their children. The program's other aims are 'reducing the dependency of needy parents by promoting job preparation, work and marriage, preventing out-of-wedlock pregnancies, encouraging the formation and maintenance of two-parent families' (ACF nd). Over \$US20 billion is allocated to this program, and some funds are transferred to the CCDF. Funds are also used by the states to fund ECEC services (US DHHS 2009)
- Individuals with Disabilities Education Act (IDEA). This includes funding provisions of \$US800 for early intervention and preschool programs for young children with disabilities (NCCIC nda)
- Military Child Development Program. This is the largest employer-sponsored ECEC program in the United States. The Department of Defense spends over \$US500 million each year on the provision of ECEC to the children of its staff (NCCIC nda) and providers need to comply with stringent quality requirements (NACCRRA 2011).

The Federal Government also funds the Head Start and Early Head Start programs. Beginning in 1965 as a summer enrichment program for children from low-income families, Head Start centres now offer ECEC and support services for eligible children from birth to 6 years of age. Since the program's inception, more than \$US120 billion was spent to offer services to over 27 million children (OHS nd). At least 10 per cent of children enrolled in Head Start are required to be children with disabilities (Spiker, Hebbeler and Barton 2011). (See appendix C for more on the Head Start program and its effects.)

Preschool programs

State governments in the United States spend over \$US5 billion each year on the provision of preschool (known in the United States as pre-kindergarten) programs. In recent years, funding per child has been declining. Across the United States, 27 per cent of 4-year-olds and 4 per cent of 3-year-olds attend public pre-kindergarten. This includes children attending pre-kindergarten through programs such as Head Start and IDEA.

Of the 40 states that fund public pre-kindergarten, only five states require school districts to offer programs. In other states, programs operate based on demand. In 17 states, enrolment is open for all children where programs are available; in other states, children must come from low-income families or be considered at-risk.

The specific requirements for pre-kindergarten and preschool programs also differ by state. While most states require staff-to-child ratios of 1:10 or better, only 27 states require the teacher delivering the program to hold a university degree. Preschool programs include requirements for home visits or family support or, at a minimum, regular parent–teacher conferences (Barnett et al. 2010).

Over the years, a number of highly targeted, intensive preschool programs were delivered in the United States. Prominent examples include the High/Scope Perry Preschool and the Carolina Abecedarian Study, which were conducted in the 1960s. Much of the research on the effectiveness of preschool and early intervention has relied on these programs (appendix C).

After-school programs

After-school programs have been attracting an increasing amount of interest from US policymakers. Over 13 million children (representing 40 per cent of the school-age population) attend some form of after-school activity, including enrichment programs and after-school care (Carver and Iruka 2006). However, a significant proportion of children are in ‘self care’ (that is, are not cared for by an adult) and demand for after-school services is greater than supply (NACCRRA nd).

After-school programs are delivered by a wide variety of providers, including schools, faith-based organisations, community organisations and private, for-profit providers. Similarly to other ECEC services, government funding for after-school programs is available primarily to low-income families, through CCDF, TANF and the Department of Education. CCDF funds are used to provide subsidies for families, while TANF grants can support the program providers. The Department of Education supports the 21st Century Community Learning Centers, a program that distributes grants to schools and other community organisations that operate after-school programs.

The regulatory framework for after-school care is similar to that of other ECEC services — standards vary considerably across states, and 38 states allow programs to operate without licences (OCC nd).

Workforce issues

Estimates of the size of the ECEC workforce in the United States vary considerably. According to the Bureau of Labor Statistics, the sector employs 796 000 workers, including mostly preschool teachers, childcare workers and teacher assistants. Annual salaries range from \$US19 330 for childcare workers to \$US25 530 for preschool teachers² (BLS 2010). The level of qualifications across the sector varies — 16 states do not require ‘lead teachers’ to hold high school diplomas, and 14 states do not have any specific training requirements (NACCRRA 2011).

ECEC services are affected by high turnover of staff: ‘dissatisfaction with benefits, pay, and stressful working conditions causes many to leave the industry’ (BLS nd). To assist with recruitment and retention, 12 states offer wage subsidies for employees, and many others support professional development and registration programs (NCCIC 2008). These programs were found to improve retention and workforce skills (NCCIC ndb).

Child health

As with early childhood education and care in the United States, the provision of child health services is fragmented across states and socioeconomic strata. In the absence of ‘universal’ public provision of health services, access to health services is determined either by public or private (employer-based or directly purchased) health insurance coverage, with services often provided either by private enterprise or not-for-profit organisations. In 2008, around 9 per cent of children under the age of 12 were without any form of health insurance (DeNavas-Walt, Proctor and Smith 2009), and around 20 per cent of those under 5 years had inadequate coverage (MCHB 2010).

Targeted public health insurance is available to low-income families, who can obtain assistance to access medical care under a joint federal-state program known as Medicaid.³

² Kindergarten teachers and primary school teachers have substantially higher salaries, at \$US31 980 and \$US41 760, respectively. Similarly, preschool teachers working for schools or other organisations receive higher wages (BLS 2010).

³ Eligibility for Medicaid does not ensure entitlement — enrolment is necessary to gain access to Medicaid in most states.

All states provide Medicaid to children under the age of 6 years with family incomes below a specified income threshold.⁴ The federal Vaccines for Children Program provides vaccinations for children who are eligible for Medicaid, thereby reducing poverty-induced deficiencies in immunisation coverage (How et al. 2011). Children in families with higher incomes may be eligible for a program providing health insurance to uninsured families with children, known as the State Children's Health Insurance Program (CHIP).

There is considerable variation in the implementation of child health policies across states, and as a result child health outcomes are also varied. For example, while around one in five children across the United States were screened for developmental problems in 2007, screening rates across the states ranged between 10.7 per cent in Pennsylvania and 47.1 per cent in North Carolina (How et al. 2011) (box D.7).⁵ The national average is considerably lower than that of most other developed countries.

Box D.7 Well-child care in the United States

Preventive medicine for children in the United States is based around a 'well-child' program of care that combines health supervision, monitoring of growth and development, health guidance and advice, and immunisation programs. A well-child program seeks to ensure that children are on an optimal trajectory for growth and development by identifying and addressing influences that may have an adverse effect on health outcomes.

Well-child visits are generally conducted by general practitioners or paediatricians, and are timed according to the expected development of the child, with eight visits recommended in the child's first year of life (American Academy of Pediatrics 2000). Paediatricians have reported a number of barriers to addressing psychosocial issues and achieving developmental assessments during the well-child visits. These include the inability to be reimbursed separately for assessments and well-child care, unfamiliarity with screening instruments, lack of available specialists for diagnosis and and lack of referral options for children with possible developmental problems.

Source: Kuo et al. (2006).

⁴ The income threshold for receipt of Medicaid is set at 133 per cent of the 'federal poverty level', the income required to purchase the US Agriculture Department's 'economy food plan', calculated in the early 1960s. The initial poverty level has subsequently been indexed, but has otherwise remained unchanged (Fisher 1992). In some states, children are still eligible for Medicaid if their family income is higher than this threshold.

⁵ The American Academy of Pediatrics (2006) recommends that primary care providers conduct developmental surveillance at all well-child visits for children from birth to three years, and perform structured developmental screening using a standardised instrument at nine, 18 and 30 months of age.

While the US Department of Health and Human Services manages most of the funding of public child health policy, implementation is generally a consideration of state governments or individual service providers. This is exemplified by the Healthy Start Initiative, which seeks to reduce infant mortality and improve infant and maternal health among at-risk communities through the provision of:

- prenatal care
- community outreach education programs targeted at populations at-risk for poor pregnancy outcomes
- home visits and case management — such as Nurse–Family Partnership, Healthy Families America, or Parents as Teachers (box D.8)
- perinatal and parental health education programs across a range of topics decided upon by individual Healthy Start grant recipients (there is no common Healthy Start curriculum).

While programs such as Healthy Start are funded federally, they are operated in partnership with state governments, and are designed and implemented by individual grant recipients. As a result, staff requirements vary considerably across the United States. Healthy Start provides descriptions of staff roles and responsibilities, but does not prescribe titles or qualifications. This means that individual case managers providing health education or substance abuse counselling may be filled by social workers, public health nurses or staff without professional training (who may have received training from Healthy Start).

Family support programs

Family support in the United States is provided through a range of home visiting programs, including the Parents as Teachers (box D.8), Nurse–Family Partnership and Home Instruction for Parents of Preschool Youngsters (HIPPY) (Wasserman 2006). The latter two programs are discussed in more detail in chapters 12 and 13.

Box D.8 Parents as Teachers

Parents As Teachers (PAT) is a not-for-profit organisation that arranges for 'parent educators' to visit parents (of children typically under five years) in their home to act as mentors. Parent educators test child development, address questions from parents, and provide instructional literature for parents. Events are also scheduled where parenting skills are taught in a group setting.

Parent educators typically have qualifications in teaching, nursing or social work. Additional training is required for those undertaking home visits. Training lasts between two and five days and costs US\$900 on average.

PAT is funded by both the federal and state governments across America, with funding for some local PAT programs provided by school districts and charitable donations. Missouri has recently reduced state funding for the organisation from US\$31 million to US\$13 million.

School districts are responsible for implementing and operating PAT programs. Some school districts offer the service free of charge, while others charge fees that vary with household income. The recent reduction in funding has led some programs to begin targeting services at disadvantaged families or those who have children with additional needs. The programs cost between US\$2000 and US\$2500 per family per year.

Evaluations of the PAT programs have identified positive effects on child development, particularly in children with additional needs and disadvantaged children.

Sources: FRIENDS (2009); Parents as Teachers (nd); Shelton (2011); STLtoday (2011).