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Australian Government
Productivity Commission
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To The Hon Dr Jim Chalmers MP,
Treasurer

Submission to the inquiry into the Early Childhood Education and Care (ECEC) sector, Productivity Commission, Commonwealth Government of Australia.

The Western Sydney Primary Health Network (PHN) acknowledges the traditional owners of Country throughout Australia on which we gather, live, work and stand. We acknowledge all traditional custodians, their Elders past and present, and we pay respect to all First Nations people.

This submission is made by **WentWest** (Western Sydney Primary Health Network) in response to The Productivity Commission's Inquiry into the early childhood education and care sector in Australia.

For 20 years, WentWest has been a part of the Western Sydney community, delivering support and education to primary healthcare professionals and working with key partners to progress the region's health system. In July 2015, WentWest became the Western Sydney Primary Health Network (PHN), expanding its work to deliver better health outcomes for the Western Sydney region. Primary Health Networks (PHNs) are funded by the Australian Government Department of Health and Aged Care to strengthen primary care, improve patient-centred service integration, and increase the efficiency and effectiveness of primary healthcare services for Australians; particularly those at risk of poor health outcomes.

This submission aims to provide The Commission with insight and evidence to aid The Government to improve the Early Childhood Education and Care (ECEC) sector. This submission will address 3 areas of The Inquiry's scope as outlined in the Terms of Reference:

1. Affordability of, and access to, quality ECEC services that meet the needs of families and children.
2. Developmental and educational outcomes for Australian children, including preparation for school.
3. Outcomes for children and families experiencing vulnerability and/or disadvantage, First Nations children and families, and children and families experiencing disability.

We note the commission has expressed a commitment to "chart the course for universal, affordable quality ECEC – in the great tradition of universal Medicare and universal superannuation...including considering a 90% childcare subsidy rate".

**WentWest supports the Commonwealth's commitment to pursue universal access to quality ECEC.
WentWest supports the suggested 90% ECEC subsidy rate.**

Foreword

ECEC plays a crucial role in the development, socialization, and education of young children, providing them with a strong foundation for future learning and wellbeing. These impacts are most evident when children grow up in lower socioeconomic (SES) environments, and quality ECEC is an impactful means of reducing the detrimental effects of vulnerability and disadvantage. This is particularly true for Aboriginal and Torres Strait Islander children who are twice as likely as other children to be developmentally vulnerable when they start school [1]. Affordable and accessible quality ECEC also enables parents and caregivers to participate more in the workforce, protecting family stability as well as contributing to Australia's economic growth [2]. However, the affordability and accessibility of quality ECEC services remain major concerns for many families, particularly Aboriginal and Torres Strait Islander Children for whom ECEC participation rate of children aged 0-5 is two-thirds the rate of non-Indigenous children due to a range of barriers [3]. Cost and other barriers to ECEC limit families' ability to access quality care and participate fully in the workforce, an impact that often disproportionately affects women.

There is strong evidence for the impact of quality ECEC in fuelling children's development, preparing them for school, and improving life outcomes. These benefits are most significant for children from lower SES backgrounds who are statistically more likely to be developmentally vulnerable and less likely to be adequately prepared for school. All three aspects of ECEC highlighted in the Terms of Reference, quality, affordability, and accessibility are key pieces of the ECEC puzzle. While quality is key when it comes to ECEC services fostering the best outcomes, if this ECEC is not accessible, this benefit is squandered, likewise, if quality ECEC is accessible but not affordable lower income families are likely to use it less or not at all. These early years are critical for lifelong learning and well-being and accessible and affordable quality ECEC is integral to setting kids up for lifelong success and reducing inequity in Australian society [4].

The Australian Government has made significant investments in ECEC, but there is a need for targeted, complementary, and cohesive policies that maximize educational and economic benefits in the most efficient way possible. The findings from the Australian Competition and Consumer Commission Child Care Price Inquiry will be valuable in informing this inquiry. Additionally, the Department of Social Services has committed to developing a whole-of-government Early Years Strategy and a long-term vision for ECEC in collaboration with Education and Early Years Ministers this inquiry should consider.

Affordability of, and access to, quality ECEC services that meet the needs of families and children

Affordability

The international benchmark for childcare affordability outlines that childcare is considered affordable if a family is spending 7% or less of their disposable household income on childcare [5]. In Australia 40%, or 386,000 families, are spending more than 7% of their household income on childcare, highlighting childcare affordability as a major issue in Australia [6].

This is, however, a national average, and analysis of lower income communities reveals childcare is an even more pronounced cost-of-living pressure for this cohort. In Auburn in Western Sydney for example, the median annual income is \$36,080, or just under \$140 per workday, while local prices for a full day of childcare range between \$80 and \$110 per day [7] [8]. This indicates a family earning the median income for this community would have to pay between 57.1% and 78.5% of their daily household income on childcare before subsidies.

Despite attracting the greatest subsidies, childcare remains unaffordable for more than two in five low and middle-income families across Australia [6]. About 83% of families who use childcare spend more on childcare than on utilities or clothing, and over 30% spend more on childcare than on groceries [5]. With rising cost-of-living pressures, childcare is likely to be a clear big-ticket item to cut to make ends meet. When low income and vulnerable families cut childcare because it is unaffordable, the children who need it most, miss out on the high-quality early education they need to set them up for success, not only once they commence formal schooling but throughout life, and inequity is perpetuated.

To date, government responses to the issue of ECEC affordability have met with mixed success. After factoring in the recent \$1.7 billion Federal Government changes to the childcare subsidy which came into effect in July 2022 this still leaves childcare unaffordable for 34% of Australian families. Furthermore, the recent changes to the subsidy provide disproportionate benefits to high-income families who are the least impacted by the costs of childcare, underscoring equity issues in Federal Government policy responses to ECEC affordability [6].

Key Recommendations:

R1 – Restructure funding mechanisms such as the childcare subsidy to deliver more equitable cost relief to low-income and vulnerable families.

R2 – Further Government interventions to provide additional quality ECEC services at affordable costs in lower SES areas.

R3 – Further Government measures to ease cost-of-living pressures such as raising welfare payments, additional public housing and/or measures to accelerate wage growth.

Access

A recent report from Victoria University's Mitchell Institute has outlined that childcare accessibility is significantly associated with SES, in the words of the authors, "as advantage increases so does the median number of childcare places available per child... this suggests that, overall, children and families who would benefit most from high-quality childcare have the least access [4]. Further, the report states about 1 million Australians have no access to childcare and approximately 36.5% of Australian children live in what the authors call 'childcare deserts', defined as a geographic region where there are 3 or more children for every available childcare place [4].

These deserts were generally characterised by having greater levels of relative socioeconomic disadvantage and cultural and linguistic diversity [4]. For instance, the Doonside and Mt Druitt communities, which have been the focus of much of WentWest's work to improve early childhood outcomes in Western Sydney, are childcare deserts with 0.24 and 0.27 ECEC places per child respectively [9].

In contrast, the report also highlighted the presence of childcare 'oases', where the ratio of children to childcare places is closer to 1-1. Childcare oases were more likely to be found in affluent areas such as Sydney's East, Inner West and North. This trend is also evident at the local level in Western Sydney, with WSPHN's most affluent local government area, The Hills Shire, home to the majority of our region's oases.

The authors reported the national median as 0.38 childcare places per child, highlighting ECEC accessibility is a significant issue nationwide. This trend is again reflected at the local level in Western Sydney, with the approximate average for our region being 0.37 places per child [10]. Contrasting the local and national data trends highlights two key points: that childcare accessibility is low in general and that there is a significant link between a community's SES and the number of ECEC places available to it.

Childcare deserts can be explained through Government Policy and market forces analysis. For example, providers are free to choose where they establish ECEC services, thereby determining the availability for an area. Furthermore, the areas with the highest levels of childcare accessibility, affluent communities, were also the areas with the highest fees, indicating that profit-seeking by childcare providers, rather than supply and demand pressures, are shaping ECEC accessibility [4]. This phenomenon presents an imperative for the Commonwealth to address the funding structures of ECEC if it is to be successful in achieving the universal access to childcare in Australia it has aspired to for a decade [11].

In contrast to ECEC, when one examines school planning in Australia, we see there is an obligation for Governments to provide universal access and there is more central planning, as a result, accessibility is practically a non-issue. Considering the apparent market failure to ensure accessibility and the vital importance of ECEC services, substantial Government intervention is required. WentWest encourages the Commonwealth to coordinate with all levels of Government and sector stakeholders in exploring options to bring ECEC under the purview of Government in line with primary and secondary education.

Furthermore, the Commonwealth should utilise its available policy levers to incentivise providers to establish services in deserts while disincentivising providers from establishing more services in oases. Potential policy solutions may include taxes or levies on providers who establish new services in childcare oases where there is already an acceptable ratio of children to childcare places. Government revenue from this levy could then be used to fund subsidies to offset the cost of establishing high-quality ECEC centres in childcare deserts. A levy on ECEC profits based on rates charged per child could also be used to target providers in oases as these centres tend to charge more given the more affluent nature of their communities.

Key Recommendations:

R1 – Utilise available policy levers to incentivise ECEC providers to establish services in ECEC ‘deserts’ and disincentivise providers from establishing services in ‘oases’.

R2 – Coordinate with all levels of Government and sector stakeholders to bring ECEC under the purview of Government in line with other primary and secondary education.

Quality

In the recent past (between 1972 and 2009), quality has moved from a marginal feature of Australian childcare policy, subsumed by questions of cost and availability in the 1970s, to centre stage for ECEC policy in 2009, however, ‘quality’ remains a highly complex concept in ECEC [12]. In Australia, quality ECEC is measured using the National Quality Framework developed by The Australian Children’s Education & Care Quality Authority (ACECQA) [13]. The Framework encompasses 7 areas:

1. Educational and program practice,
2. Children’s health and safety,
3. Physical environment,
4. Staffing arrangements,
5. Relationships with children,
6. Collaborative partnerships with families and communities
7. Governance and leadership

As of the most recent review of ECEC quality in Australia, the June 2022 National Quality Standards (NQS) review by ACECQA, 88% of services were rated as meeting or exceeding the National Quality Standards, continuing a consistent trend of improvement since 2014 [13]. While this appears encouraging, the NQS is

not without its critics, with some ECEC academics arguing it, at best, leads to the meeting of regulatory minimum standards [14]. This appears to be supported by the long-term data from ACECQA which showed that when the standards were updated in 2018 the percentage of services rated as exceeding NQS dropped to 2014 levels or below [13].

While there are more services than ever in the most disadvantaged areas of Australia that are rated as meeting the NQS or above these areas also have the highest rates of ECEC centres rated as ‘working towards’ or failing [13]. As of 30 June 2022, 84% of services in the most disadvantaged areas are rated Meeting NQS or above, compared with 89% of services in the most advantaged areas [13]. However, the differences between ECEC quality are more pronounced when the different types of ECEC are examined by SEIFA quintile, figure 1 highlights how the most disadvantaged communities have more centres of all types working towards meeting NQS while the most advantaged areas have more centres of all types exceeding NQS [13].

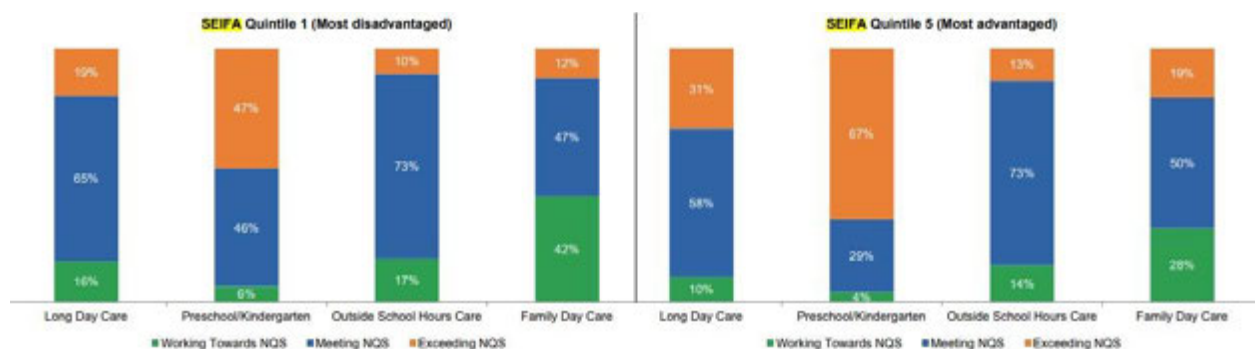


Figure 1 Comparison of overall quality ratings between the most disadvantaged and most advantaged areas by service type (ACECQA)

This evidence indicates that there is a deficit of high-quality ECEC in disadvantaged and vulnerable communities where it is needed most by children in these communities who benefit more than their peers from quality ECEC [15] [16] [17] [18].

To address this, we would draw The Department’s attention to a 2023 study in The Australian Educational Researcher which found that meeting NQS was more likely for not-for-profit versus for-profit providers and for large multi-site provider organisations versus small [19]. Furthermore, Improvement to Exceeding NQS was also associated with not-for-profit and larger provider organisations, as well as larger versus smaller centres, and centres that had stable ownership [19]. This evidence aligns with our previous recommendation that an expanded role of Government in ECEC delivery and a move away from private-for-profit ECEC will yield improvements in ECEC quality, affordability, and accessibility, particularly for disadvantaged and vulnerable families.

In addition to quality early childhood education, many Australian children are also missing out on crucial early primary care interventions. WentWest identified that many families in the Doonside area were having trouble accessing quality, affordable ECEC and primary care interventions for their children. Doonside is an area in Western Sydney with relatively low median income and high cultural and linguistic diversity, concurrently, 34.2% of children in Doonside are developmentally vulnerable in one domain of early childhood development and 23% in two, twice the national average [20]. One of the most important domains for school readiness is the language and cognitive skills domain, for which recent data has shown a decline in the percentage of children on track [13].

Through the Tiny Tots Talking program, delivered in partnership with Blacktown City Council's Kids Early Learning (KEL), and the Western Sydney Local Health District, WentWest embedded speech pathologists in the staff of ECECs in low SES environments.

Tiny Tots Talking aims to develop and support language-rich environments in Early Childhood Education Centres in Doonside. The Tiny Tots Talking program has 4 main objectives:

- To improve the quality of practice within the participating early childhood services.
- To improve educators' ability to promote children's language, communication, and self-regulation.
- To improve the participation of families as partners in promoting children's language, communication, and self-regulation.
- To improve collaboration between educators, speech pathologists and other clinicians in the community.

In partnership with leading academics and a speech pathologist from the Doonside Community Health Centre, three Council-led Early Childhood Centres were supported with professional development opportunities and mentoring, creating a child-friendly environment that also maximises language & cognitive development in those important years prior to school.

Screening children for language delays was another element of the program, this found through the initial cohort that of 182 children screened for delays, 101 were identified as meeting criteria for formal speech pathology interventions. This evidence highlights the need for higher quality ECEC and primary care interventions, particularly in areas with large concentrations of vulnerable populations such as Western Sydney.

Evaluation of the first phase of Tiny Tots Talking conducted by Associate Professor Cathrine Neilsen-Hewett and Alison Harding of the University of Wollongong demonstrated that embedding speech pathologists in ECEC centres provided significant quality improvements in ECEC services. Interventions as part of the Tiny Tots Talking program in the period from 2017-2020 were assessed via ECERS-E, SSTEW, and Infant/Toddler Environment Rating Scales as well as participant perceptions of program effectiveness see Figures 2 and 3

[21].

Shifts in Quality Practice (Infant-Toddler rooms)

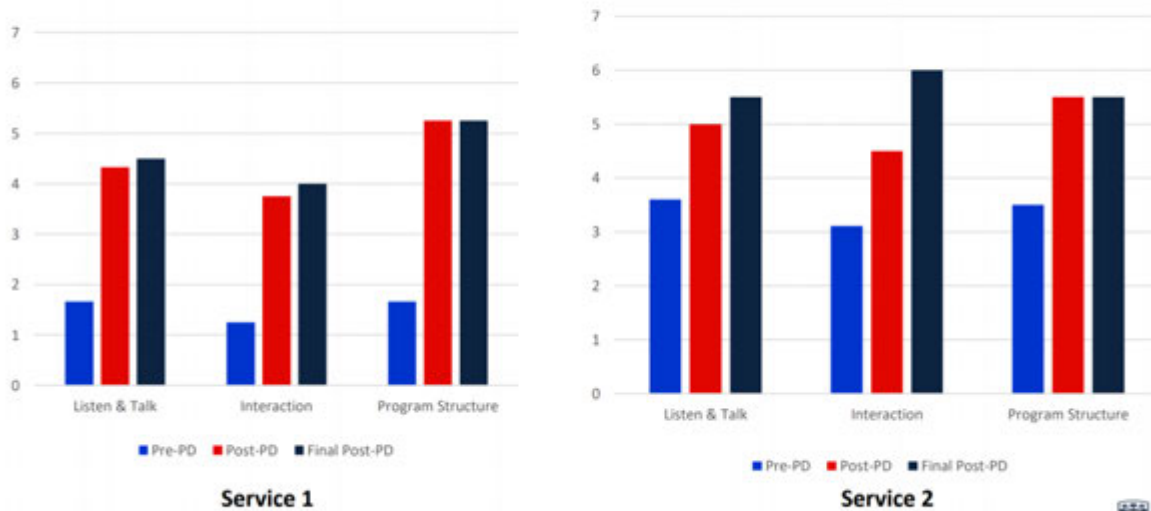


Figure 2 Impact Assessment of Tiny Tots Talking 1

Shifts in Quality Practice (Preschool rooms)

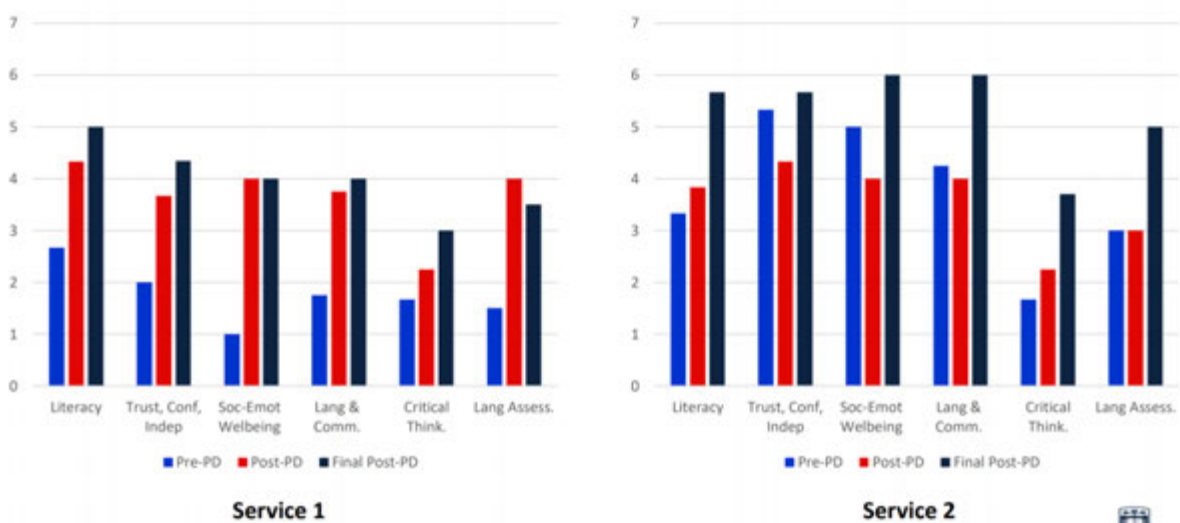


Figure 3 Impact Assessment of Tiny Tots Talking 2

Considering the Australian evidence for a correlation between a community's SES and the quality of ECEC services available, policies and programs aimed at improving the quality of ECEC services in lower SES areas, have merit from both a common sense and equity perspective. In addition to this, innovative methods of improving ECEC services in these areas, such as embedding a speech pathologist as with Tiny Tots Talking, or other allied health services, is another impactful way to improve ECEC quality while also improving outcomes for more vulnerable children and families.

Key Recommendations:

- R1 – Fund the commissioning of additional ECEC based primary care interventions through PHNs.**
- R2 – Coordinate with State and Territory Governments with a view to bringing ECEC services under the purview of Government, in line with primary and secondary education.**
- R3 – Explore opportunities to enhance the learning curriculum for ECE Students in areas such as childhood language and cognition, as an effective way to replicate the Tiny Tots Talking program at scale.**

Developmental and educational outcomes for Australian children, including preparation for school

Developmental and educational outcomes

Evidence shows that there is a positive correlation between a child receiving quality ECEC and their developmental and educational outcomes in school and later life. A recent meta-analysis of over 16,000 children across 9 European countries found significant associations between ECEC quality and children's performance in language and literacy, and mathematics domains, as well as outcomes later in life [17]. Furthermore, the AIHW's own literature review in 2015 found that "Quality is key: poor quality childcare was found to produce deficits in language and cognitive function for young children" and that "Children from disadvantaged backgrounds show the greatest gains from attending high-quality childcare" [15].

Despite this evidence of the crucial role of quality ECEC for disadvantaged children, services in these areas continue to underperform. The latest ACECQA results show 16% of services in these areas were not meeting NQS, one-third (31%) of services in the most advantaged areas are rated Exceeding NQS, compared with less than one-quarter (23%) in the most disadvantaged areas, a gap largely driven by staffing arrangements and educational program and practice [13].

Educators play a key role in the delivery of high-quality ECEC resulting in improved learning and development outcomes for children. Recent evidence demonstrates that more highly qualified educators have a greater understanding of child development and health issues [22]. Supporting this, data from ACECQA and the ACU demonstrates a correlation between staff qualifications and children's pre-reading progress and social development [17] [18].

Considering this evidence, a core component of WentWest's Tiny Tots Talking program was a focus on continuous quality improvement ECEC educators with the goal of improving developmental and educational outcomes. In addition, the evidence for the importance of parental engagement and parental and service provider collaboration for a child's outcomes led WentWest to also focus on improving these areas.

Key Recommendations:

- R1 – Commit to the interventions outlined above to improve the affordability, accessibility, and quality of ECEC, as well as incorporating early primary care interventions in ECEC.**
- R2 – Additional measures to improve the education and qualifications of early childhood educators.**
- R3 – Additional measures to improve linkages between families, communities, and ECEC providers.**
- R4 – Interventions to improve parental engagement.**

Outcomes for children and families experiencing vulnerability and/or disadvantage, First Nations children and families, and children and families experiencing disability.

Vulnerability / Disadvantage

Vulnerability and disadvantage are persistent, intergenerational problems in Australian society, with children in particular suffering the consequences. Every year, about 18.5% of children from Australia's lowest socioeconomic quintile enter school developmentally vulnerable on two or more domains, almost three times the rate for children in the highest socioeconomic quintile (6.5%) [20]. In addition, the percentage of children who were developmentally vulnerable increased from 2018 to 2021 [20].

Children from vulnerable and disadvantaged backgrounds are more likely to experience developmental vulnerabilities due to a web of connected social, economic, and health factors. These can include Social and economic inequalities which have important and long-lasting effects on children's cognitive and socio-emotional development as well as the combination of multiple inequities, producing a negative impact on the ability of marginalized children to learn [23]. As outlined above, high-quality early childhood education and care benefit all children and can mitigate educational disadvantages among children from vulnerable and disadvantaged backgrounds [13].

Children from more disadvantaged backgrounds receive the greatest benefits from attending high-quality education and care [13]. Yet despite this, it is children and families from disadvantaged and vulnerable backgrounds who have the greatest difficulty accessing quality ECEC services, with both a lack of services in lower SES areas, lower quality ECEC services in these areas, and ECEC costs being less affordable for this cohort [13] [6] [4].

Compounding this, data from the University of Melbourne indicates that in 2013-14 67% of low-income families spent more than 30% of their household income on rent, putting them at risk of homelessness, more recent data from the AIHW shows this problem has only gotten worse with the percentage of all low-income households experiencing rental stress growing from 38.5% in 2007 to 47.8% in 2017 [24] [25]. This evidence underscores the importance of addressing the social determinants of health such as wealth inequality and housing insecurity when aiming to improve outcomes for vulnerable children. As outlined above, the evidence suggests improvements in accessibility and affordability of quality ECEC services for disadvantaged and vulnerable communities will lead to better outcomes for children. This will not be achieved while rental stress remains the lived experience of low-income households.

WentWest partners with service providers and stakeholders in our region to deliver several programs which aim to improve outcomes for children and families experiencing vulnerability in the Western Sydney area. These programs are included here in the hope they may serve as case studies of place-based interventions which yielded positive developmental and educational outcomes for vulnerable children.

As outlined above, **Tiny Tots Talking** lead to improvements in ECEC quality and outcomes. Providing this service free of charge to families and embedding it into ECEC centres helped to overcome both the accessibility and affordability barriers many vulnerable families experience when trying to access services for their children.

The KEYS Network was created in recognition that no single system or entity in Western Sydney could deliver holistic and cross-sector wrap-around support required by vulnerable families. One in four children under five in Western Sydney is vulnerable in one or more domains and 8% are vulnerable in two or more domains and on a life trajectory for poorer health outcomes. Many families are connected to one or more trusted provider, but strict eligibility criteria and short intervention timeframes impact the providers' ability to address holistic needs – KEYS was designed to be the glue between services, to reach behind the blockage and support providers and agencies to deliver solutions that work for families.

As of March 2023, 447 families have been supported through KEYS in improving the physical, cognitive, and social-emotional development of their children, working with their existing trusted service providers to find

solutions to housing and food instability, domestic violence support, school attendance, neurological and school readiness assessments. Evidence from our KEYS Network has shown us time and again that addressing disadvantage and developmental vulnerabilities in early childhood requires holistic, wrap-around child- and family-centred care which is well coordinated and integrated across service providers.

Tasking PHNs to commission primary care health professionals, embedded in ECEC services, and backing them up with a coordinated network like KEYS, would improve the quality of ECEC services, upskill educators, and allow for early intervention and identification of vulnerable children. This would furthermore ensure a structure is in place to provide the holistic, wrap-around support vulnerable children and families need. A program like this would likely also contribute significantly to relieving pressure on vulnerable mothers, allowing them to return to the workforce, a key aim of The Productivity Commission here. Looking further ahead, taking the learnings from these programs and embedding them into ECE Student curriculum would allow access at scale.

First Nations children and families

The vulnerabilities and disadvantages faced by Aboriginal and Torres Strait Islander people are complex, interconnected, and chronic and to begin addressing these, culturally safe, person-centred, wrap-around care for children and their families is required. WentWest's Little Possums program exemplifies this approach and has produced very encouraging results for Aboriginal and Torres Strait Islander children and families in Western Sydney.

Little Possums is a trauma-informed play therapy and mentoring service for school children that have experienced trauma and provides culturally sensitive support through mentoring, advocacy and play therapy. This program has successfully engaged with vulnerable Aboriginal families in Doonside and outcome assessment of the program has shown that families develop improved connectedness to the community and services. Anecdotally, this connectedness is a stepping stone to developing trust and willingness to further engage with services, including for younger at-risk siblings.

Expanding primary care interventions in ECEC centres, for example by commissioning psychologists, speech pathologists, and occupational therapists through PHNs, would allow for early identification of vulnerable children in need of primary care interventions. This would then enable ECECs and PHNs to coordinate with ECEC services, families, and communities to provide the person-centred, wrap-around support these children need. Early intervention is well supported by the evidence to be one of the most effective means of improving long-term outcomes. So much so that the NSW Department of Communities and Justice describes this as "the approach that offers the best long-term outcomes for children and families, and academics argue early intervention is "is widely accepted as being much more effective in promoting children's health and welfare than responding later" [26] [27].

Key Recommendations:

R1 – Task PHNs with embedding primary care professionals in ECEC centres, allowing for staff upskilling and early intervention.

R2 – Task PHNs with backing these professions up with an integrated and coordinated network like the KEYS Network, ready to provide the wrap-around support vulnerable families may need.

R3 – Better coordination and integration of services by Governments to provide wrap-around, person-centred care for children and families experiencing vulnerability, disadvantage, and/or disability.

R4 – Culturally safe and targeted interventions for children in ECEC and their families, particularly for Aboriginal and Torres Strait Islander groups.

Yours Sincerely,

WentWest Limited
Western Sydney Primary Health Network





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