Royal Commission into
Victoria's Mental Health System

WITNESS STATEMENT OF KIM LITTLE

I, Kim Little, Deputy Secretary, Early Childhood Education, Victorian Department of Education and Training (the **Department**), of 2 Treasury Place, East Melbourne Victoria 3002, say as follows:

Background

1   Prior to this appointment, I was the Assistant Deputy Secretary, Early Childhood Portfolio in the Early Childhood and School Education Group in the Department. I have also worked in the Higher Education and Skills Group in the Department, with a focus on tertiary education policy matters, including market design and intervention. Before joining the Department, I worked in the Victorian Department of Premier and Cabinet (**DPC**) on education and social policy issues. I have also worked as a philosopher at Monash University and as a corporate lawyer.

2   I confirm I am giving evidence to the Royal Commission on behalf of the Department and am authorised to do so.[1]

3   Attached to this statement and marked **KL-1** is a copy of my curriculum vitae.

Early Childhood Education Group (the Group)

4   Early Childhood Education Group (the **Group**) has lead responsibility for the *Education State Early Childhood Reform Plan: ready for kinder, ready for school, ready for life* (the **Plan**) and major early childhood reform commitments, such as progressive implementation of Three-Year-Old Kindergarten, School Readiness Funding (**SRF**) and the Kindergarten Quality Improvement Program (**KQIP**). The Group is responsible for policy, funding and quality supports for kindergarten programs, the regulation of early childhood education and care services, and leads implementation of relevant legislative reforms (such as Child Link and Child Information Sharing, both described below).

5   The Group works in close collaboration and partnership with other groups in the Department, other departments, statutory authorities, local governments and service delivery partners, parents and families.

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[1] Please note that the information presented in this witness statement responds to matters requested by the Royal Commission.

Overview of the early childhood education sector in Victoria

6   The early childhood education sector (also known as early childhood, or early childhood education and care) provides education and care to children before they enter formal schooling. The Department acts as a system steward and regulates early childhood services (which include family day care services, long day care services, outside school hours care services and standalone kindergartens, also known as preschools) under the National Quality Framework (**NQF**).

7   The Department provides funding to a subset of these early childhood services to offer a kindergarten program to three and four-year-olds. This program is delivered in both stand-alone kindergartens and in most long day care centres. The Commonwealth Government funds other early childhood education services, including long day care and family day care.

8   The Department, unlike in the school system, does not directly operate early childhood or kindergarten services,[2] and does not directly employ the early childhood workforce. The sector is comprised of a mix of for-profit and not-for-profit organisations. These organisations may range in size from large and publicly-listed organisations that operate a number of services across multiple locations (and in some instances, across Australia) to small, individual services run by parent committees.

Glossary

Acronym	Definition
ACECQA	Australian Children's Education and Care Quality Authority
AEDC	Australian Early Development Census
AEL	Access to Early Learning
The Agreement	The Early Childhood Agreement for Children in Out-of-Home Care
The Board	Children's Services Coordination Board
COS-P	Circle of Security Parenting
The Cummins Inquiry	The Protecting Victoria's Vulnerable Children Inquiry
The Department	The Department of Education and Training
DHHS	Department of Health and Human Services
DPC	Department of Premier and Cabinet
ECDAG	Early Childhood Development Advisory Group
ECIB	Early Childhood Improvement Branch
EMP	Effective Mentoring Program
ESK	Early Start Kindergarten
EYEP	Early Years Education Program

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[2] Government school councils do operate a very small number of kindergartens and long day care centres, with a larger number offering an outside school hours care program.

EYLF	Early Years Learning Framework
The Group	Early Childhood Education Group
KFS	Kindergarten Fee Subsidy
KIMS	Kindergarten Information Management System
KQIP	Kindergarten Quality Improvement Program
McClennan Royal Commission	The McClellan Royal Commission into Institutional Responses to Child Sexual Abuse
MCH	Maternal and Child Health
NAPLAN	National Assessment Program – Literacy and Numeracy
NQF	National Quality Framework
NQS	National Quality Standards
OOHC	Out-of-Home Care
The Plan	Education State Early Childhood Reform Plan: ready for kinder, ready for school, ready for life
PSFO	Preschool Field Officer
The Roadmap	Roadmap for Reform: Strong families, safe children
The Scheme	The Child Information Sharing Scheme
SRF	School Readiness Funding
VCAA	Victorian Curriculum and Assessment Authority
VEYLDF	Victorian Early Years Learning and Development Framework
VIT	Institute of Teaching

Trends the Department of Education and Training (the Department) is seeing in terms of the mental health needs of children in early childhood education settings

9   Over time, the Department has not observed significant shifts in the prevalence of developmental vulnerability[3] (noting that being developmentally vulnerable is not equivalent to being at-risk of, or experiencing mental health issues) and child emotional and psychological health in our key indicators.

10   A key measure of how young children are developing in Australia is the Australian Early Development Census (**AEDC**). In 2018, the AEDC showed that 19.9 per cent of Victorian children were developmentally vulnerable on one or more domains (compared to 19.5 per

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[3] The AEDC measures five areas of early childhood development: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge. The domain descriptors for each developmental category (on track, at risk and vulnerable) are available here: https://www.aedc.gov.au/about-the-aedc/about-the-aedc-domains.

cent in 2012). The 2018 AEDC also found that 8.1 per cent of Victorian children were vulnerable on the emotional maturity domain (compared to 7.2 per cent in 2012).[4]

11   In the Department's School Entrant Health Questionnaire (see paragraph 44(a)), 12.6 per cent of parents and guardians of prep students in 2017 reported concerns about their child's emotional and psychological health (in 2013, this number was slightly higher, at 13.3 per cent).[5]

12   Of concern is the finding that only some parents (35 per cent) are confident that they could recognise the signs of a mental health problem in a child, and a third (35 per cent) believe that problems may resolve themselves over time.[6]

13   Parental mental health issues can also impact on children.[7] Fifteen per cent of children whose parents have a mental illness have emotional or behavioural problems when starting school.[8]

Identifying and supporting children at risk of, or experiencing mental illness

14   My role as a public servant at the Department (see paragraph 4) means that it is not appropriate for me to comment directly on opportunities to improve the identification of, and support for children at risk of, or experiencing mental illness.

The importance of early childhood

15   What happens in early childhood matters for life. The foundations for a child's long-term development are laid in early childhood.

16   In the first few years of life more than one million new neural connections are formed every second. Sensory pathways like those for vision and hearing are the first to develop, followed by early language skills and higher cognitive functions. The brain is most flexible early in life, meaning that, as it develops, it is less capable of organising and adapting to

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[4] Commonwealth of Australia (2019); Australian Early Development Census (2019), *Data explorer.* Retrieved from: https://www.aedc.gov.au/data/data-explorer.
[5] Health and wellbeing trends of Victorian school entrants from 2013-2017, State of Victoria, 2017.
[6] The Royal Children's Hospital Melbourne. (2017). Child Health Poll. Child mental health problems: Can parents spot the signs? Retrieved from: https://www.rchpoll.org.au/polls/child-mental-health-problemscan-parents-spot-the-signs.
[7] The Royal Children's Hospital Melbourne. (2017). Child Health Poll. Child mental health problems: Can parents spot the signs? Retrieved from: https://www.rchpoll.org.au/polls/child-mental-health-problemscan-parents-spot-the-signs.
[8] Department of Education and Training. (2017). *State of Victoria's Children Report 2017: A focus on health and wellbeing* (DET.0001.0002.0270).

new challenges. Early brain plasticity means that it is easier and more effective to positively support a child's developing brain architecture earlier rather than later.[9]

17   The prime time for the development of emotional control and language is before the age of three, and the prime time for the development of social skills with peers is before the age of six.[10] Furthermore, the majority of growth in executive function occurs between the ages of three and five (although it continues through adolescence and early adulthood),[11] and 85 to 90 per cent of brain development occurs before the age of five.[12]

18   Specifically, the ages three to five are an opportunity for dramatic growth in executive function and self-regulation: the ability to hold and work with information, focus thinking, filter distractions, control impulses, and 'switch gears'.[13]

19   Research has shown that adults who were exposed to adverse childhood experiences, such as exposure to maltreatment, witnessing violence, or living with household members with mental illness, are more likely to have poor health and chronic health conditions as adults, even after controlling for socioeconomic and demographic factors.[14]

The importance of early childhood education and parenting

20   There is good evidence that a high quality, play-based early education can help children thrive while they are children – to be happy, physically and mentally healthy, socially connected and to learn,[15] and this can have a lasting effect on outcomes later in life, including educational, health and social outcomes. Education supports children to develop skills and protective factors that help them to manage their emotions and behaviour, build resilience and persistence, form positive relationships and focus their attention.[16]

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[9] Center on the Developing Child at Harvard University. (2007). *Early Childhood Program Effectiveness (InBrief).*

[10] Nelson, C.A. (2000). The neurobiological bases of early intervention. In Shonkoff, J & Meisels, S (Eds), Handbook of Early Childhood Intervention, pages 204-227.

[11] Center on the Developing Child at Harvard University (2011). *Building the Brain's "Air Traffic Control" System: How Early Experiences Shape the Development of Executive Function: Working Paper No. 11.* Retrieved from: http://www.developingchild.harvard.edu.

[12] Perry, B. (2000). *Principles of neurodevelopment: an overview; a Child Trauma Academy Presentation* Series 1; No. 2. Retrieved from:www.ChildTrauma.org.

[13] Center on the Developing Child at Harvard University. (2007). *Early Childhood Program Effectiveness (InBrief).*

[14] Walsh M.C., Joyce S., Maloney T. & Vaithianathan R. (2019). *Adverse childhood experiences and school readiness outcomes: Results from the Growing up in New Zealand Study.* Centre for Social Data Analytics, Auckland University of Technology. Report for the Ministry of Social Development. Retrieved from: https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/research/children-and-families-research-fund/children-and-families-research-fund-report-adverse-childhood-experiences-and-school-readiness-outcomes-april-2019-final.pdf.

[15] Tayler, C. (2016). The E4Kids study: Assessing the effectiveness of Australian early childhood education and care programs.

[16] Center on the Developing Child at Harvard University. (2014). A Decade of Science Informing Policy: *The Story of the National Scientific Council on the Developing Child.*

21   Furthermore, many studies have shown that investment in quality early childhood services is one of the most effective ways to improve students' educational results.[17] Education before school improves children's achievement at school. International research links an earlier start at kindergarten with better cognitive outcomes, improved independence, concentration and sociability.[18] These investments in early childhood also produce positive outcomes across a lifetime: it generates savings for government by decreasing expenditure on services such as health, justice and social welfare.[19]

22   As well as improving educational performance across the whole system, increasing access to quality kindergarten programs also supports greater equity. Quality early childhood education and care has even greater learning and development outcomes for children experiencing vulnerability and disadvantage.[20]

23   Evidence also shows that parenting has an early and lasting effect on children's development and brain architecture, and that regardless of their other circumstances, children experiencing supportive and engaged parenting have better outcomes.[21] Growing up in a supportive and nurturing home environment can counteract the effects of persistent poverty.[22]

Early childhood education reform in Victoria

24   Underpinning the work of the Department is the Plan, which was released in May 2017.[23] Attached to this statement and marked **KL-2** is a copy of the Early Childhood Reform Plan. The Plan outlines the long-term vision for a world-class early childhood system with

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[17] Heckman, J. J. (2006). Skill formation and the economics of investing in disadvantaged children. Science, 312, 1900-1902. Retrieved from
http://jenni.uchicago.edu/papers/Heckman_Science_v312_2006.pdf.
Karoly, L. A. (2016). The economic returns to early childhood education. The Future of Children, 26(2), 37-55. Retrieved from http://files.eric.ed.gov/fulltext/EJ1118537.pdf.
Heckman, J. J., Moon, S. H., Pinto, R., Savelyev, P. A., Yavitz, A. (2010). The rate of return to the High-Scope Perry Preschool Program. Journal of Public Economics, 94, 114-128. Retrieved from
https://heckmanequation.org/assets/2017/01/HeckmanMoonPintoSavelyevYavitz_RateofReturnPerryPreschool_2010.pdf.
[18] Sammons, P., Sylva, K., Melhuish, E., Siraj, I., Taggart, B., Toth, K. & Smees, R. (2014). *Effective Pre-School, Primary and Secondary Education Project (EPPSE) Research*
Report: Influences on students' GCSE attainment and progress at age 16. London: Department for Education.
[19] PricewaterhouseCoopers Australia. (2019). *A Smart Investment for a Smarter Australia.* Melbourne, Victoria: The Front Project.
[20] National Institute of Child Health Development Early Child Care Research Network & Duncan, G.J. (2003). Modeling the impacts of child care quality on children's preschool cognitive development. *Child Development, 74*, pages 1454-75.
[21] Kiernan, KE & Mensah, FK (2011), Poverty, family resources and children's educational attainment: The mediating role of parenting. Retrieved from:
https://onlinelibrary.wiley.com/doi/abs/10.1080/01411921003596911.
[22] Tayler, C. (2016), The E4Kids study: Assessing the effectiveness of Australian early childhood education and care programs.
[23] Department of Education and Training. (2017). *Early Childhood Reform Plan: Ready for kinder, ready for school, ready for life.* Retrieved from:
https://www.education.vic.gov.au/Documents/about/educationstate/ec-reform-plan.pdf.

higher quality, more equitable and inclusive early childhood services. The Department is working with the Department of Health and Human Services (**DHHS**), local government and other early childhood stakeholders to deliver on the Plan.

25   The four key reform directions contained in the Plan are:

(a)   Supporting higher quality services and reducing disadvantage in early education

(b)   Providing more support for parenting

(c)   Making early childhood services more accessible and inclusive

(d)   Building a better system.[24]

26   Conceptually, early childhood reform in Victoria has been centred on a 'progressively universal' approach; where all families receive a core set of universal services and some families receive more targeted supports.

27   In early childhood education specifically, the universal services are Four-Year-Old Kindergarten and Three-Year-Old Kindergarten (which is being progressively rolled-out over the next 10 years to 2029). These services are underpinned by the goals and approaches set out in the Victorian Early Years Learning and Development Framework (**VEYLDF**). Attached to this statement and marked **KL-3** is a copy of the Victorian Early Years Learning and Development Framework. The universal programs are supplemented with additional, tailored support based on need, such as SRF and Access to Early Learning (**AEL**).

28   This approach is founded on evidence which shows that child vulnerability exists across all socioeconomic levels of society (see paragraph 35), and that universal models are an effective way of lifting population-level health outcomes,[25] because they provide:

(a)   Universal surveillance and screening to identify vulnerability, including risk of family violence and mental health issues[26]

(b)   A non-stigmatising service that leads to greater participation by those in need, compared to targeted services[27]

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[24] Department of Education and Training. (2017). *Early Childhood Reform Plan: Ready for kinder, ready for school, ready for life.* Retrieved from:
https://www.education.vic.gov.au/Documents/about/educationstate/ec-reform-plan.pdf.
[25] Hertzman, C. and Power, C. (2004). Child development as a determinant of health across the life course. *Current Paediatrics, 14*(5), pages 438-443.
[26] National Health and Medical Research Council. (2002). Child Health Screening and Surveillance: a critical review of the evidence.
[27] Productivity Commission. (2014). *Childcare and early childhood learning: Productivity Commission Inquiry Report Vol. 1, No. 73.* Canberra, ACT: Australian Government. Retrieved from:
https://www.pc.gov.au/inquiries/completed/childcare/report/childcare-volume1.pdf, pages 167-169.

(c)   Early support and a referral point to additional supports for young children and their families.[28]

29   Within the context of large-scale reform with the early childhood education sector to provide a higher 'dose' of high-quality early learning and development to all children, the Department offers a range of targeted programs that support early childhood education and care services and educators to:

(a)   Effectively work with children to strengthen their emotional and social wellbeing

(b)   Connect with other services, educators and early childhood professionals where children and families need more specialist help

(c)   Engage with parents and carers and support them in their critical parenting role.

30   Further information is provided below about both universal and targeted supports (see paragraphs 31 and 60).

Universal programs and frameworks

31   Universal programs and frameworks support surveillance and screening to identify children in early childhood services who are vulnerable, including those at risk of developing mental health issues, or experiencing or living with mental health issues. These provide a non-stigmatising service that leads to greater participation in early childhood education by those in need, compared to targeted early childhood services alone (see paragraph 28). Set out below is a description of the Department's universal early childhood services and frameworks:

(a)   Universal Four-Year-Old and Three-Year-Old Kindergarten

(b)   The Victorian Early Years Learning and Development Framework (VEYLDF)

(c)   Data collections that can assist in the identification of vulnerable children, which include the Department's administrative data, surveys of children as they enter school, and the AEDC

(d)   The Child Information Sharing Scheme (the **Scheme**).

Universal Three-Year-Old Kindergarten

32   Over a decade, the Department is working to roll out 15 hours a week of funded Three-Year-Old Kindergarten for all Victorian children, in addition to the 15 hours of funded Four-Year-Old Kindergarten already offered. This will mean Victorian children have universal

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[28] Commonwealth Department of Health. (2011). *National Framework for Universal Child and Family Health Services.* Retrieved from:
https://www1.health.gov.au/internet/main/publishing.nsf/content/AFF3C1C460BA5300CA257BF0001A8D86/$File/NFUCFHS.PDF.

access to two years of play-based early learning before school. Three-Year-Old Kindergarten will be implemented through a staged roll-out, commencing in 2020 in six local government areas, and progressively scaled up to the full 15 hour-per-week program by 2029.[29]

33 Currently, government-funded Three-Year-Old Kindergarten in Victoria consists of free access to 15 hours per week of kindergarten for approximately 2,600 children who have had contact with Child Protection (or who have been referred to Child FIRST) or are Aboriginal or Torres Strait Islander children. At full roll-out, Three-Year-Old Kindergarten will nearly double the size of the kindergarten program in Victoria and significantly increase the size of its workforce.

34 This reform will connect children and families to a universal service at a key stage of a child's development,[30] and provide services with the opportunity to identify at-risk children earlier through the universal nature of Three-Year-Old Kindergarten.

35 As a universal reform, the expansion of kindergarten to younger children maximises the opportunity to reach all developmentally vulnerable children, earlier in their lives. AEDC data shows that developmentally vulnerable children are spread both geographically and by socioeconomic status, including among more economically advantaged families.[31] In 2012, over 7,800 children from middle class families (those in the middle three income quintiles) entered school with a developmental vulnerability.

36 It will also disproportionately benefit disadvantaged families. Research shows that the families most in need have access to fewer and often lower quality early childhood education and care programs, even though it benefits them the most.[32]

37 The positive effect of universal access on the participation of otherwise under-represented children experiencing disadvantage can be seen in Victoria's current system. For example, 90.5 per cent of four-year-old Aboriginal and Torres Strait Islanders participate in four-year-old kindergarten (currently a universal offering), compared to 57 per cent of three-year-old Aboriginal and Torres Strait Islanders that participate in three-year-old kindergarten (not currently a universal offering). This effect is likely driven, in large part, by how universal access normalises enrolment and attendance and broadens

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[29] Premier of Victoria. (2018). Ready For School: Kinder For Every Three-Year-Old (Media Release, 4 October 2018). Retrieved from: https://www.premier.vic.gov.au/ready-for-school-kinder-for-every-three-year-old/.
[30] Department of Education and Training. (2020). *Two Years of Quality Kinder: What Does the Evidence Say?* Retrieved from: https://www.education.vic.gov.au/Documents/childhood/professionals/profdev/two-years-of-quality-kindergarten-evidence-fact-sheet.pdf.
[31] Commonwealth of Australia (2019), *Australian Early Development Census National Report 2018.* Retrieved from: https://www.aedc.gov.au/resources/detail/2018-aedc-national-report, page 30.
[32] National Institute of Child Health Development Early Child Care Research Network & Duncan, G.J. (2003). Modeling the impacts of child care quality on children's preschool cognitive development. *Child Development, 74*, pages 1454-75.

availability. This effect can also be seen in New Zealand's introduction of universal and free kindergarten for all three to five-year-olds, which increased the proportion of low-income parents who decided to participate in kindergarten.

Victorian Early Years Learning and Development Framework (VEYLDF)

38   The VEYLDF is the overarching and approved learning framework for early childhood professionals working with children from birth to eight years. The VEYLDF recognises children's health and wellbeing from birth as both a supporting condition for and an outcome of quality learning and development. The VEYLDF supports the integration of social and emotional wellbeing into the Victorian early childhood professional's practice and pedagogy. It provides a common framework and language for professionals and establishes clear expectations for collaborative practice through the Practice Principles for all professionals working with young children.[33]

39   It may be useful to note that, in the VEYLDF, health and wellbeing is defined as 'good mental and physical health, including attachment, positive affect and self-regulation, being able to manage emotions productively and build resilience and persistence, being adaptable and confident and experiencing feelings of satisfaction and happiness'. [34]

40   The VEYLDF identifies eight Practice Principles, which are based on contemporary international evidence about the best ways to support children's holistic learning and development. They are interrelated and designed to inform each other. The Practice Principles were developed in the context of the pedagogy of the Early Years Learning Framework for Australia (**EYLF**), the Australian Professional Standards for Teachers, and the Australian Professional Standard for Principals and the Leadership Profiles.[35] The Practice Principles are:

(a)   Reflective practice

(b)   Partnerships with families

(c)   High expectations for every child

(d)   Respectful relationships and responsive engagement

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[33] Department of Education and Training. (2019). *Learning frameworks birth to eight years*. Retrieved from: https://www.education.vic.gov.au/childhood/professionals/learning/Pages/veyldf.aspx.

[34] Department of Education and Training 2016, *Victorian Early Years Learning and Development Framework,* Victorian Government, East Melbourne, page 23.

[35] Department of Education and Training. (2016). *Victorian Early Years Learning and Development Framework: For all children from birth to eight years*, Retrieved from: https://www.education.vic.gov.au/childhood/professionals/learning/Pages/veyldf.aspx.
Australian Government Department of Education and Training. (2009). *Belonging, Being and Becoming – The Early Years Learning Framework for Australia.*
Australian Institute for Teaching and School Leadership. (2013). *Australian Professional Standards for Teachers.*
Australian Institute for Teaching and School Leadership. (2014). *Australian Professional Standard for Principals and the Leadership Profiles.*

(e)   Equity and diversity

(f)   Assessment for learning and development

(g)   Integrated teaching and learning approaches

(h)   Partnerships with professionals.

41   Central to children's wellbeing are supportive relationships and active skill-building with adults in their family. The VEYLDF adopts a comprehensive approach for all early childhood professionals including, but not limited to, maternal and child health (**MCH**) nurses, all early childhood practitioners who work directly with children in early childhood education and care settings (educators and teachers), primary school teachers, family support workers, inclusion support facilitators, primary school nurses, early childhood intervention workers, play therapists, health professionals and teachers working in hospitals. In this way, the VEYLDF goes further than the EYLF and recognises the need for multidisciplinary effort with families to achieve the nationally agreed Early Years Learning Outcomes.

42   The Victorian Curriculum and Assessment Authority (**VCAA**) Wellbeing Practice Guide presents ways to place wellbeing at the forefront of professional practice and supports the implementation of the VEYLDF. Attached to this statement and marked **KL-4** is a copy of the VCAA Wellbeing Practice Guide. The Wellbeing Practice Guide provides professionals with an opportunity to critically engage with contemporary, high quality practice to affirm the work that is already taking place and facilitate discussion of how practice could be improved to better support wellbeing in the early years, including through the use of scenarios and learning activities. The Wellbeing Practice Guide is not specific to mental health but defines wellbeing as having two elements: social, emotional and spiritual wellbeing; and health and physical wellbeing.[36]

Data collections that assist in identification of risk

43   The Department collects data via the Kindergarten Information Management System (**KIMS**) on the numbers of children who are in Out-of-Home Care (**OOHC**), Aboriginal and Torres Strait Islander or eligible for Health Care Cards. This provides some indication of vulnerability and disadvantage. While this is clearly not synonymous with mental health risk, vulnerability, disadvantage and discrimination can have physical and mental health impacts.

44   The Department also conducts a number of surveys of children, including the:

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[36] Victorian Curriculum and Assessment Authority. (2018). *Wellbeing Practice Guide*. Retrieved from: https://www.vcaa.vic.edu.au/Documents/earlyyears/EYWellbeingPracticeGuide.pdf.

(a)   School Entrant Health Questionnaire, which is a parent report instrument that records parents' concerns and observations about their child's health and wellbeing as they begin primary school in Victoria. The questionnaire was developed and piloted in 1996–97 as part of the Victorian School Nursing Redevelopment Program and has been distributed to parents and guardians of Prep grade children in Victorian primary schools since mid-1997. The questionnaire aims to assist parents to identify health and wellbeing concerns; and provide nurses with a clinical tool to assess the health and wellbeing of each Prep grade child by providing detailed information on parental concerns.[37]

(b)   Victorian Child Health and Wellbeing Survey, which collects information about the health and wellbeing of children living in Victoria, and has been conducted in 2006, 2009, 2013, 2017 and 2019. The information collected in the survey is used by the Department to improve the delivery and quality of services and initiatives for children. Some findings are also published online, including in the annual State of Victoria's Children reports.[38]

45   The AEDC is a nationwide data collection of early childhood development at the time children commence their first year of full-time school, and is held every three years, with the 2018 AEDC data collection being the fourth collection.[39]

46   The AEDC is recognised as a critical measure of social and early emotional development and is representative of the whole population. As the AEDC is generalisable with almost no bias, it assists government to identify schools, neighbourhoods and communities where children are at greatest risk. The AEDC is the best data available on vulnerability as it provides information about a child's life, context and quality of their environment, as well as their learning and development at ages five or six.[40] Policy-makers and practitioners can also use the AEDC data as a tool to understand the needs of children in the community and to talk to services about this.

Child Information Sharing Scheme (the Scheme)

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[37] Department of Education and Training. (2020). *School Entrant Health Questionnaire.* Retrieved from: https://www.education.vic.gov.au/about/research/Pages/reportdatahealth.aspx.
[38] Department of Education and Training. (2019). *Victorian child health and wellbeing survey.* Retrieved from: https://www.education.vic.gov.au/about/research/Pages/newdatahealth.aspx.
[39] Australian Early Development Census. (2019). *About the AEDC.* Retrieved from: https://www.aedc.gov.au/about-the-aedc.
[40] Brinkman SA, Gialamas A, Rahman A, et al. (2012). Jurisdictional, socioeconomic and gender inequalities in child health and development: analysis of a national census of 5-year-olds in Australia. Brinkman et al. Data Resource Profile: The Australian Early Development Index (AEDI). *International Journal of Epidemiology, 2014,* 1089–1096.
Social Research Centre. (2019). *Australian Early Development Census 2018 Data Collection Technical Report.* Retrieved from: https://www.aedc.gov.au/Websilk/Handlers/ResourceDocument.ashx?id=54a02864-db9a-6d2b-9fad-ff0000a141dd. Page 70, Table 3.2.1.

47   The Scheme was established under the *Children Legislation Amendment (Information Sharing) Act 2018* (Vic), and reduces barriers to the sharing of confidential information about any person between prescribed information sharing entities (see paragraph 175). The Scheme, which is currently being rolled-out (see paragraph 52) improves early identification of issues or risks (including mental health risks) and enables early support for children and families, promotes a shared responsibility for children's wellbeing and safety across services, increases collaboration and integration between services, and supports children's participation in services.[41]

48   Under the Scheme, prescribed information sharing entities may share information to promote the wellbeing or safety of a child or group of children, without the consent of the child or parent, where sharing the information meets a threshold test.[42] Attached to this statement and marked **KL-5** is a list of prescribed information sharing entities (for both Phase One and Phase Two of the Scheme).

49   Child Link is a web-based platform that will display information about a child and key family members, including their participation in key early childhood education and care services, and whether there are any past or current child protection orders associated with the child or a sibling, including whether the order places the child in OOHC,[43] to a prescribed group of authorised key professionals who have responsibility for child wellbeing and safety.[44] Child Link is a critical enabler of the Scheme and was established by Part 7A of the *Child Wellbeing and Safety Act 2005* (Vic), which was amended by the *Children Legislation Amendment (Information Sharing) Act 2018* (Vic).[45]

50   Child Link is being designed and developed in a phased approach from 2019 and will become operational for Child Link users by end December 2021.[46]

51   The Scheme responds to the recommendations of several recent independent reviews in Victoria (including by the Victorian Auditor-General's Office, the Coroners Court of Victoria,[47] the Commission for Children and Young People, the Protecting Victoria's Vulnerable Children Inquiry (also known as the **Cummins Inquiry**), the McClellan Royal Commission into Institutional Responses to Child Sexual Abuse (**McClennan Royal Commission**), and the Royal Commission into Family Violence). These reviews have highlighted the need for better information sharing to support improved child wellbeing and safety outcomes.

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[41] Victoria, *Parliamentary Debates*, Legislative Assembly, 13 December 2017, 4378
[42] *Child Wellbeing and Safety Act 2005* (Vic), Part 6A.
[43] Explanatory Memorandum, Children Legislation Amendment (Information Sharing) Bill 2017 (Vic).
[44] Explanatory Memorandum, Children Legislation Amendment (Information Sharing) Bill 2017 (Vic).
[45] Explanatory Memorandum. Children Legislation Amendment (Information Sharing) Bill 2017 (Vic).
Victoria, *Parliamentary Debates*, Legislative Council, 8 March 2018, 868.
[47] The 2017 Coroners' Court finding into the death of Child AM, which noted the 2014 Commission for Children and Young People's Ministerial Inquiry on the same child.

52   The Scheme commenced in September 2018 and has legislated two- and five-year reviews. Baseline data collection is currently underway, and a review is due in the first half of 2021. Following on from the listing of Phase One prescribed information sharing entities, the current focus is on preparation for Phase Two implementation, where early childhood services will join the list of prescribed information sharing entities. A whole of Victorian Government culture change program is proposed to identify and address key barriers and challenges. The Scheme's governance will identify and respond to systemic challenges reported by Victorian Government departments and users of the Scheme.[48]

53   Evidence provided to the McClellan Royal Commission shows that information sharing is essential to protecting children from institutional abuse, but also identified several inhibitors to information sharing, including:

(a)   Secrecy and confidentiality provisions

(b)   Criminal and other sanctions imposed on those working in the child protection and welfare sectors, which contribute to a risk averse culture of sharing

(c)   Complexity, fragmentation and inconsistencies across legislation.[49]

54   Until 2019, there was no single law that authorised information sharing to promote child wellbeing and safety. Instead, provisions were spread across a range of acts, including the *Privacy and Data Protection Act 2014* (Vic), *Health Records Act 2001* (Vic) and *Children Youth and Families Act 2005* (Vic). Organisations providing services to children were subject to secrecy and confidentiality provisions in other legislation such as the *Mental Health Act 2014* (Vic), *Disability Act 2006* (Vic), *Corrections Act 1986* (Vic) and *Health Services Act 1988* (Vic), or subject to Commonwealth privacy legislation.[50]

55   This complexity created confusion and entrenched a culture of risk aversion in relation to information sharing. Information from a number of sources needs to be shared to provide an aggregate picture of a child's circumstances. The Scheme will contribute to the early identification of vulnerability and risk, enabling early intervention to prevent or minimise harm and to counteract negative effects on a child's development.[51]

56   The information sharing reforms are intended to facilitate information sharing and are aligned with and support the Victorian Government's *Education State* initiative: *Roadmap for Reform: strong families, safe children* (the **Roadmap**) (see paragraph 158). They do

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[48] *Child Wellbeing and Safety Act 2005*, ss. 41ZN and 41ZO.
[49] Royal Commission into Institutional Responses to Child Sexual Abuse (Final Report, December 2017) vol 8.
[50] Victorian Government. (2018). *Child Information Sharing Scheme Ministerial Guidelines: Guidance for information sharing entities.* Retrieved from: https://www.vic.gov.au/sites/default/files/2019-01/Child%20Information%20Sharing%20Scheme%20Ministerial%20Guidlines%20-%20Guidance%20for%20information%20sharing%20entities.pdf.
[51] Explanatory Memorandum, Children Legislation Amendment (Information Sharing) Bill 2017 (Vic).

this by facilitating early intervention and prevention, family support and connection to universal services. They also promote shared service responsibility and collaboration, with less reliance on tertiary services, such as child protection. Professionals working with children, especially schools, often report the challenge of having a less than adequate history of a child or a child's particular vulnerability. Readily available, accurate information on children in the care of professionals will help support early identification of risks and vulnerabilities.[52] The Scheme will address these challenges of engagement that cross the whole spectrum of early childhood to primary and secondary school.[53]

57   Where risk of mental illness is multi-factorial, this risk may become apparent earlier and/or more clearly through a whole-of-system view of a child, their family members (including siblings, parents, carers and other significant people) and other circumstances of the child and/or family. This means services involved with a child or that child's family members can access information relevant to that child's wellbeing or safety. This information could include the risk of developing mental illness, enabling early identification, early intervention and prevention responses, and collaborative system responses to the child and family members.

58   The Scheme will also support more effective service planning by providing Child Link users and their service provider with a greater understanding of the circumstances and needs of the children in their service at a cohort level, creating new opportunities to deliver targeted programs to promote wellbeing and improve engagement and participation rates in universal and targeted services.[54]

59   De-identified and longitudinal data from Child Link will also give insight and evidence into how children interact across various services and be used to improve planning and investment in future initiatives.[55]

Targeted programs

60   Targeted programs allow universal services to be supplemented with additional, tailored support based on need, and provide a referral point to additional supports (see paragraphs 27 and 28). This section describes the Department's targeted programs that help build the capability of parents, educators and teachers to support young children who are at risk of developing mental health issues, or who are currently experiencing or living with mental health issues, namely:

(a)   School Readiness Funding (SRF)

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[52] Commission for Children and Young People. (2019). *Annual Report 2018-19.* Retrieved from: https://ccyp.vic.gov.au/about-the-commission/annual-reports/
[53] Explanatory Memorandum*,* Children Legislation Amendment (Information Sharing) Bill 2017 (Vic)
[54] Explanatory Memorandum*,* Children Legislation Amendment (Information Sharing) Bill 2017 (Vic).
[55] Victoria, *Parliamentary Debates*, Legislative Council, 8 March 2018, 868.

(b)   Access to Early Learning (AEL)

(c)   Preschool Field Officer (**PSFO**) Program

(d)   Early Childhood LOOKOUT

(e)   Other targeted programs to support access to kindergarten (Early Start Kindergarten (**ESK**) and the Kindergarten Fee Subsidy (**KFS**))

(f)   Early Years Education Program (**EYEP**) model – randomised controlled trial.

School Readiness Funding (SRF)

61   SRF is a new and permanent funding stream that will provide around $160 million in extra support to funded kindergarten programs over four years from 2019. The funding is used to enhance kindergarten programs and improve outcomes for children. It is particularly intended to support better outcomes for children who are more likely to experience educational disadvantage, which may prevent them from developing the protective factors that support wellbeing (see paragraph 20). The funding is allocated to services on the basis of need, ensuring that it supports cohorts of children who need it most.[56]

62   Funding for kindergarten services ranges from $1,000 annually for those with the lowest level of need to above $200,000 annually for a small number of services with large numbers of children and very high levels of need. At the top end this is a very significant increase on usual kindergarten service budgets. Kindergarten services are able to choose from a menu of evidence-informed programs and supports to spend their funding on. The initiative focuses on three priority areas that are essential for children's learning and development, which the menu items are categorised under. These priority areas are:

(a)   *Communication (language development):* In language and cognition, children at risk or vulnerable at the time of entry to school are five times less likely to score in the top two bands in reading at Year 3 National Assessment Program – Literacy and Numeracy (**NAPLAN**).[57] The VEYLDF notes that children's wellbeing, identity, sense of agency and capacity to make friends is connected to the development of communication skills, and strongly linked to their capacity to express feelings and thoughts, and to be understood.

(b)   *Wellbeing (social and emotional):* 2018 AEDC data shows that the largest proportion of children in Victoria were developmentally vulnerable in the social competence domain (8.8 per cent of children) and emotional maturity category

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[56] Department of Education and Training. (2019). *School Readiness Funding: helping children get the most out of kindergarten.* Retrieved from
https://www.education.vic.gov.au/about/programs/Pages/Schoolreadiness.aspx.
[57] Department of Education and Training. (2016). *The State of Victoria's Children Report 2015: Tipping the Scales for Children's Positive Development.* Retrieved from:
https://www.education.vic.gov.au/about/research/Pages/reportdatachildren.aspx, page 7*.*

(8.1 per cent of children) upon entry into school. Social competence and emotional maturity were the two largest categories for children developmentally at risk (13.9 per cent and 14.2 per cent, respectively).[58] Research suggests that the prime time for the development of emotional control is before the age of three, and the prime time for the development of social skills with peers is before the age of six.

(c)   *Access and inclusion:* The State of Victoria's Children Report (2017) suggests that children who did not attend kindergarten were 3.3 times as likely to be vulnerable in the communication domain. In the social competence domain, children who did not attend kindergarten were 2.5 times as likely to be vulnerable. Children living in the most socioeconomically disadvantaged areas are more than twice as likely to be developmentally vulnerable than those from the most advantaged areas, and this gap is widening over time.[59]

63   Each of the SRF menu items that services can access have been assessed to ensure:

(a)   Alignment to one or more of the three SRF priority areas

(b)   Alignment to the VEYLDF

(c)   Suitability for use in the Australian Early Childhood Education and Care environment.[60]

64   Menu items are also independently assessed for their level of evidence and are assigned an evidence rating. Attached to this statement and marked **KL-6** is a copy of the School Readiness Funding: Application for inclusion on the 2021 menu of evidence-informed programs and supports.

65   Examples of menu items that build the capacity of educators to support children at risk of experiencing, or currently living with mental health issues (which support the social and emotional wellbeing priority area) include:

(a)   *Australian Children's Foundation Understanding and Responding to Trauma training*: an initiative to support the development of trauma-informed practice in three stages.[61]

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[58] Commonwealth of Australia (2019), *Australian Early Development Census National Report 2018*. Retrieved from: https://www.aedc.gov.au/resources/detail/2018-aedc-national-report, pages 24 and 29.
[59] Department of Education and Training. (2017). *State of Victoria's Children Report 2017: A focus on health and wellbeing* (DET.0001.0002.0270).
[60] Department of Education and Training. (2020). School Readiness Funding. *Application for inclusion on the 2021 menu of evidence-informed programs and supports*. Retrieved from: https://www.education.vic.gov.au/Documents/childhood/providers/funding/2021-menusubmissiontemplate.docx.
[61] Department of Education and Training. (2020). *ACF Understanding and Responding to Stress and Trauma in the Early Years*. (DET.0001.0006.0140).

(b) *Connections: A Resource for ECE Educators about Children's Wellbeing*: a practical and reflective resource to guide early childhood educators and teachers in supporting children's mental health and wellbeing. It is intended for use by educators and teachers who care for young children in a range of settings, including kindergarten services.[62]

(c) *Be You:* a training resource that offers professional learning experiences to guide services in supporting and promoting the mental health and wellbeing of educators, children and their families.[63]

66 The menu also provides a range of programs to assist parents in supporting children at risk of experiencing, or currently living with mental health issues. These include:

(a) *Tuning into Kids*: a parenting program developed in Victoria to support parents to 'tune into' their child's emotions, while managing their own emotions.[64]

(b) *Triple P – Positive Parenting Program*: a flexible, practical system of programs to help parents/carers develop skills, strategies and confidence to parent children positively. It supports parents/carers to build and maintain positive and nurturing relationships with their children and develop skills for raising resilient, competent and confident children.[65]

67 SRF also provides educators and teachers with access to allied health professionals who can assist them in developing skills to identify children at risk or experiencing mental health issues, and support educators to access appropriate referral pathways for these children. To ensure state-wide access, the Department has centrally contracted allied health providers in each local area.

68 The SRF allied health model:

(a) Provides access to a multi-disciplinary team that addresses the three priority outcome areas including speech pathologists, occupational therapists, psychologists and other allied early childhood professionals with the knowledge and skills to support kindergartens within the priority areas

(b) Focuses on building the capability of educators to meet the developmental and educational needs of children in their service, with a particular focus on supporting social and emotional wellbeing in children in line with the priority areas

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[62] Department of Education and Training. (2020). *Connections: A Resource for Early Childhood Educators about Children's Wellbeing.* (DET.0001.0006.0140).
[63] Department of Education and Training. (2020). *Be You.* Retrieved from:
https://www.education.vic.gov.au/childhood/providers/funding/Pages/program.aspx?queryid=113.
[64] Department of Education and Training. (2020), *Tuning into Kids.* Retrieved from:
https://www.education.vic.gov.au/childhood/providers/funding/Pages/program.aspx?queryid=67.
[65] Department of Education and Training. (2020). *Triple P - Positive Parenting Program.* Retrieved from:
https://www.education.vic.gov.au/childhood/providers/funding/Pages/program.aspx?queryid=56.

(c)   Is a tiered-model; kindergarten services that receive more than $5,000 in total SRF are allocated a number of sessions of allied health support that reflects their overall funding allocation (and therefore the level of need in the kindergarten service).

69   Each kindergarten service works directly with the contracted allied health provider to identify appropriate support that aligns with their SRF plan and corresponding goals. Services receiving less than $5,000 have access to a free phone/online support service. Additional allied health support can be purchased from the menu and independently arranged by the service/service provider.[66]

70   Feedback from kindergarten services to date on the SRF allied health model has been positive overall, and many services have noted that the model has filled a significant gap in support.

71   Kindergarten services are also supported through the planning and implementation process by the staff of the Department's dedicated Early Childhood Improvement Branch (**ECIB**) staff. Branches are regionally based across Victoria. ECIB staff are an essential component to support services to effectively implement SRF and play a fundamental role in supporting services to plan effectively, including enabling the effective identification of children at risk or experiencing mental health issues.[67]

Access to Early Learning (AEL)

72   The Department currently delivers the AEL program, which is an effective and targeted early intervention program that enables three-year-old children from families with complex needs (including mental health needs) to fully participate in quality, universal early education and care. AEL is a small program, with funding (in combination with ESK; see paragraph 85) delivered to support 2,048 children in 2018. In 2018, 83 per cent of families engaged in AEL had a history of mental illness.[68]

73   AEL promotes health and well-being by providing tailored support for vulnerable families and children, including providing referrals to support services the family may require, such as counselling (for both the child or parent), child and family services, and mental health services.[69]

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[66] Department of Education and Training. (2020). *School Readiness Funding.* Retrieved from: https://www.education.vic.gov.au/childhood/providers/funding/Pages/srf.aspx.
[67] Department of Education and Training. (2020). *School Readiness Funding.* Retrieved from: https://www.education.vic.gov.au/childhood/providers/funding/Pages/srf.aspx.
[68] Department of Education and Training. (2020). *Access to Early Learning.* Retrieved from: https://education.vic.gov.au/childhood/professionals/health/Pages/access-to-early-learning.aspx.
[69] Department of Education and Training. (2020). *Access to Early Learning.* Retrieved from: https://education.vic.gov.au/childhood/professionals/health/Pages/access-to-early-learning.aspx.

74   AEL provides an experienced and degree-qualified facilitator to work with families, educators, teachers, and services to ensure vulnerable children participate in early learning. AEL facilitators undertake in-home visits and work with families to build their child's engagement with formal learning.[70] The visits are family and child-centred, and support the improvement of parenting confidence, confidence within the child, and healthy child development. AEL facilitators work collaboratively with both educators and teachers, and support services to help address family barriers to kindergarten access. This includes barriers which relate to the impact of mental illness on families.

75   An evaluation of AEL was completed by Murdoch Children's Research Institute in 2017 and identified that some of the biggest differences in children after participating in AEL were that they were happier, they were excited to go to kindergarten, and they had improved confidence and independence. They also had improved social skills, behaviour and emotion management and regulation, and their speech, language and communication improved, which all contributed to a child's overall health and wellbeing.[71]

76   Nearly all educators and teachers surveyed reported an increased understanding of the barriers to engaging vulnerable children and families through their involvement with AEL, and over three quarters (76 per cent) indicated that their involvement in AEL had improved their centre's ability to overcome those barriers. These educators and teachers reported learning about the benefits of taking time to build stronger relationships with families, understanding the complex dynamics of vulnerable families, and understanding particular topics of interest (for example, mental health, autism, and developmental neurobiology).[72]

77   Families interviewed throughout the evaluation period (46 families, between 2014 and 2016) reported positive relationships with their AEL facilitators and stated that AEL facilitators offered emotional support and companionship, and were understanding, responsive and non-judgmental.[73]

78   The AEL evaluation found that, among other positive outcomes:

        (a)   Parents demonstrated an improved understanding of their children's learning and development, and their confidence in their ability to respond to their children's needs increased

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[70] Department of Education and Training. (2020). *Access to Early Learning.* Retrieved from:
https://education.vic.gov.au/childhood/professionals/health/Pages/access-to-early-learning.aspx.
[71] Murdoch Children's Research Institute. (2018). *Evaluation of the Access to Early Learning Service Model: Program implementation report.* (DET.0001.0001.0630).
[72] Murdoch Children's Research Institute. (2018). *Evaluation of the Access to Early Learning Service Model: Program implementation report.* (DET.0001.0001.0630).
[73] Murdoch Children's Research Institute. (2018). *Evaluation of the Access to Early Learning Service Model: Program implementation report.* (DET.0001.0001.0630).

(b)   Educators, teachers and families identified that AEL had strengthened the links between home and the early childhood service, enabling families to connect with their communities and for educators and teachers to better respond to barriers including those relating to mental health

(c)   Stakeholders reported AEL had increased collaboration between the services in support of families, including around supporting the families' health and wellbeing

(d)   Families noted a number of other varied types of support they received from their AEL workers, including accessing parent self-care groups

(e)   Overall, families indicated that AEL workers were very responsive to their individual support needs. Of the AEL families interviewed, 75 per cent reflected that they had been well supported by the AEL facilitators to access services, and one parent commented in the evaluation that the AEL program had helped reduce their level of stress.[74]

Preschool Field Officer (PSFO) Program

79   The PSFO Program is designed to provide practical advice and support to Victorian government funded kindergarten services to build their capacity to provide for the access, learning and development, and meaningful participation of children with additional needs, but does not have a specific mental health focus or component. The PSFO Program recognises that over the past decades there has been a paradigm shift in the way disability and additional needs are conceptualised, involving a shift from a model of functional deficit to a model of disability that places it within a social context and recognises that attitudes and environments can constrain the functioning and participation of children with disabilities and additional needs as much as their impairments do.[75]

80   The Department funds nine community service organisations and twenty local councils to provide PSFO services across the state. Providers employ experienced, qualified early childhood teachers as PSFOs. All Victorian state funded kindergarten programs are eligible to receive PSFO services at no cost to the service.[76]

81   Children with additional needs attending a government funded kindergarten program are the target group for PSFO services. The PSFO Program defines children with additional needs as those presenting with developmental concerns. Developmental concerns may be associated with any area of a child's development, from language delays or

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[74] Murdoch Children's Research Institute. (2018). *Evaluation of the Access to Early Learning Service Model: Program implementation report.* (DET.0001.0001.0630).
[75] Department of Education and Training (2015). *PSFO Program Guide.* (DET.0001.0003.3534).
[76] Department of Education and Training. (2020). *Preschool Field Officer Program Fact Sheet.* Retrieved from: https://www.education.vic.gov.au/childhood/professionals/needs/Pages/psfo.aspx.

challenging behaviours, through to multiple disabilities. PSFOs work closely with early childhood educators, rather than individual children. PSFOs can enhance the capacity and confidence of the early childhood educator to provide an inclusive program that is responsive to the needs of all children.[77]

82   Successful inclusion in kindergarten programs recognises the diversity of all children and creates a context where all children are valued and experience a sense of belonging, and are encouraged to reach their full potential in all areas of development alongside their peers. Equity means providing all people with the supports they require to make the most of their rights and opportunities. In this context, this involves supporting all children to participate fully in the learning and development opportunities within the kindergarten program.[78]

83   Research indicates there are a range of strategies that address the identified barriers to successful inclusion for children with additional needs. At the core of this in the early childhood setting are the attitudes and skills of the early childhood teacher and educator.[79]

84   The PSFO capacity building approach supports kindergarten educators and teachers to:

(a)   Gain the knowledge and skills to confidently implement practices and provide programs that are responsive to the individual abilities, interests and needs of children with additional needs in an inclusive kindergarten environment

(b)   See themselves as having both the responsibility and capability to plan for all children in the kindergarten program, including supporting the learning and development of children with additional needs

(c)   Respond to parents' concerns regarding their child's development

(d)   Identify referral pathways and facilitate linkages for families to child and family supports, including more specialised assessment and services where indicated.[80]

Other targeted programs to support access to kindergarten

85   The Department currently funds Early Start Kindergarten (ESK) and the Kindergarten Fee Subsidy (KFS) which provide vulnerable children access to free or low-cost kindergarten programs. Research has found that high-quality kindergarten programs have a significant positive impact on children's literacy, academic outcomes, and social skills, which support

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[77] Department of Education and Training. (2020). *Preschool Field Officer Program Fact Sheet.* Retrieved from: https://www.education.vic.gov.au/childhood/professionals/needs/Pages/psfo.aspx.
[78] Department of Education and Training (2015). *PSFO Program Guide.* (DET.0001.0003.3534).
[79] Department of Education and Training (2015). *PSFO Program Guide.* (DET.0001.0003.3534).
[80] Department of Education and Training. (2020). *Preschool Field Officer Program.* Retrieved from: . https://www.education.vic.gov.au/childhood/professionals/needs/pages/psfo.aspx.

the child's long-term health and wellbeing.[81] Attached to this statement and marked **KL-7** is a copy of the Kindergarten Funding Guide.

86   Eligible children include those with contact with Child Protection (or who have been referred to Child FIRST), Aboriginal and Torres Strait Islander children, and families who hold a Health Care Card. Access to kindergarten through grants and subsidies like ESK and the KFS provides a community-based support for families, and reduces financial barriers to inclusion, minimises stigma, and reduces social and community isolation.[82]

Early Childhood LOOKOUT

87   The Department is currently delivering the state-wide Early Childhood LOOKOUT Pilot Program. One of the goals of Early Childhood LOOKOUT is to help ensure that all children in OOHC prior to school entry have emotional, social and learning confidence when entering school.[83]

88   The 2018-19 State Budget allocated funding over two years to support the expansion of LOOKOUT into the early childhood sector. LOOKOUT centres provide an additional support to schools, early childhood providers, child protection practitioners and case workers to meet their obligations under the OOHC education commitment and to improve educational outcomes for children and young people living in OOHC.[84]

89   The pilot program builds the capacity of the early childhood sector to identify and respond to the educational needs of children in statutory OOHC. Early Childhood LOOKOUT learning advisors facilitate engagement with MCH services, and work with local government and Child Protection to identify children that require additional support. They also help develop strategies to promote ESK enrolment (see paragraph 167).[85]

90   The *LOOKOUT Early Childhood Pilot Evaluation: Interim Report* found that Early Childhood LOOKOUT has enabled children in OOHC to better access health and support

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[81] Department of Education and Training. (2016). *Kindergarten Funding Guide.* Retrieved from: https://www.education.vic.gov.au/Documents/childhood/providers/funding/The%20Kindergarten%20Guide%202016.pdf.
[82] Department of Education and Training. (2016). *Kindergarten Funding Guide.* Retrieved from: https://www.education.vic.gov.au/Documents/childhood/providers/funding/The%20Kindergarten%20Guide%202016.pdf.
[83] Department of Education and Training. (2019). *LOOKOUT Early Childhood Pilot for Children in Out-of-Home Care.* Retrieved from: https://www.education.vic.gov.au/childhood/earlychildhoodupdate/Pages/ec_update_LOOKOUT_Pilot.aspx.
[84] Department of Education and Training. (2019). *LOOKOUT Early Childhood Pilot for Children in Out-of-Home Care.* Retrieved from: https://www.education.vic.gov.au/childhood/earlychildhoodupdate/Pages/ec_update_LOOKOUT_Pilot.aspx.
[85] Department of Education and Training. (2019). *LOOKOUT Early Childhood Pilot for Children in Out-of-Home Care.* Retrieved from: https://www.education.vic.gov.au/childhood/earlychildhoodupdate/Pages/ec_update_LOOKOUT_Pilot.aspx.

services recognising that these children often have complex developmental, therapeutic or disability needs. It has also assisted in supporting the enrolment and participation of children in OOHC in kindergarten. [86]

<u>Early Years Education Program (EYEP) model – randomised controlled trial</u>

91   As noted above, there is good evidence that – as a general rule – universal early childhood education and care services reach and include more developmentally vulnerable and disadvantaged children and families than those that seek only to target those families.

92   However, there are families with very acute needs who may not be able to be fully served by existing universal services, given the intensity of what is required to support them and the need to engage with them very early in their child's life.

93   The EYEP is an Australian model of early years education and care designed to meet the educational and developmental needs of infants and toddlers living with significant family stress and social disadvantage (which may include mental health issues).

94   The EYEP is designed for children under three years of age (i.e. prior to kindergarten age) at enrolment who are at heightened risk of, or who have experienced, abuse and neglect and are already demonstrating problems in emotional and behavioural regulation, delays in development, and whose families struggle to participate in universal early education and care services.

95   The EYEP was initiated by the Children's Protection Society (now trading as Kids First). [87] The impact of EYEP was evaluated through a randomised controlled trial that ran between 2011 and 2018, that was jointly funded by the Department and others, including DHHS. [88] Attached to this statement and marked **KL-8** is a copy of Changing the Life Trajectories of Australia's Most Vulnerable Children: 24 months in the Early Years Education Program: Assessment of the impact on children and their primary caregivers.

96   EYEP is a holistic model of care and education that complements the provision of a high-quality learning environment by drawing on the knowledge and skill base of infant mental

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[86] Department of Education and Training. (2019). *LOOKOUT Early Childhood Pilot for Children in Out-of-Home Care.* Retrieved from:
https://www.education.vic.gov.au/childhood/earlychildhoodupdate/Pages/ec_update_LOOKOUT_Pilot.aspx.
[87] University of Melbourne Department of Economics. (2019). *Changing the Life Trajectories of Australia's Most Vulnerable Children: '24 months in the Early Years Education Program: Assessment of the impact on children and their primary caregivers.* Prepared for Kids First. Retrieved from
https://fbe.unimelb.edu.au/__data/assets/pdf_file/0003/3085770/EYERP-Report-4-web.pdf, page 3.
[88] University of Melbourne Department of Economics. (2019). *Changing the Life Trajectories of Australia's Most Vulnerable Children: '24 months in the Early Years Education Program: Assessment of the impact on children and their primary caregivers.* Prepared for Kids First. Retrieved from
https://fbe.unimelb.edu.au/__data/assets/pdf_file/0003/3085770/EYERP-Report-4-web.pdf, page 3.

health – including neuroscience, developmental psychology, attachment theory and findings from studies of the impact of emotional trauma on young children.[89]

97   The EYEP model includes:

(a)   A consistent and primary educator for each child

(b)   Drawing on the knowledge of an infant mental health clinician (see paragraph 96)

(c)   A lower child to teacher ratio, with one educator for every three children.[90]

98   Findings of the trial at 24 months found that the impact of attending EYEP on children and their families was broad and powerful. Large and significant impacts on children's IQ, and protective factors related to resilience and social-emotional development were found, as well as a positive impact on children's language skills. The trial also found a marginally significant impact in reducing psychological distress of primary caregivers as a flow-on effect.[91]

99   The Kids First Wrap-around Program is one of the programs available through SRF, and allows services to access expertise developed through EYEP (although not to replicate its very early and intensive delivery model). It supports educators and teachers to intervene early in the developmental trajectories of highly vulnerable children, using a 'wrap-around' model of support.[92]

Connections between the early childhood education system and the mental health system

100   The Department recognises that early childhood education and care settings provide an opportunity for the identification of children who may require specialist mental health support, and their families. However, the Department is not a direct employer of the early childhood workforce, and it therefore must rely on early childhood services to support educators and teachers in building individual connections and relationships (see paragraph 8). It supports services to do this through:

[89] University of Melbourne Department of Economics. (2019). *Changing the Life Trajectories of Australia's Most Vulnerable Children: '24 months in the Early Years Education Program: Assessment of the impact on children and their primary caregivers*. Prepared for Kids First. Retrieved from https://fbe.unimelb.edu.au/__data/assets/pdf_file/0003/3085770/EYERP-Report-4-web.pdf, page 9.
[90] University of Melbourne Department of Economics. (2019). *Changing the Life Trajectories of Australia's Most Vulnerable Children: '24 months in the Early Years Education Program: Assessment of the impact on children and their primary caregivers*. Prepared for Kids First. Retrieved from https://fbe.unimelb.edu.au/__data/assets/pdf_file/0003/3085770/EYERP-Report-4-web.pdf, page 9.
[91] University of Melbourne Department of Economics. (2019). *Changing the Life Trajectories of Australia's Most Vulnerable Children: '24 months in the Early Years Education Program: Assessment of the impact on children and their primary caregivers*. Prepared for Kids First. Retrieved from https://fbe.unimelb.edu.au/__data/assets/pdf_file/0003/3085770/EYERP-Report-4-web.pdf, page 4-5.
[92] Department of Education and Training. (2020). *Kids First Wrap-around Program.* Retrieved from: https://www.education.vic.gov.au/childhood/providers/funding/Pages/program.aspx?queryid=38.

(a)   The VEYLDF, which recognises the importance of effective partnerships between professionals (including health professionals) in supporting children and families (this Practice Principle is described in more detail at paragraph 144)

(b)   SRF, which is currently being rolled-out, provides kindergarten services with access to allied health support and a wide range of other programs and supports to build their capability to support children's development. SRF can also be used to upskill educators and teachers to understand and implement appropriate referral pathways into the specialist mental health system (see paragraph 61)

(c)   AEL facilitators provide referrals to support services that families may require, including counselling (for both the child or parent), child and family services and mental health services (see paragraph 73)

(d)   PSFOs, who support educators and teachers to assess a child's learning and development needs. They identify referral pathways and link families to child and family supports, including more specialised assessment and services where necessary (see paragraph 84)

(e)   The Child Information Sharing Scheme, which is currently being implemented, will support the sharing of information about a child, including those experiencing mental illness. This enables integrated cross-system supports to the child as well as to families and carers (see paragraph 47)

(f)   Collaborative agreements and arrangements with other Departments, agencies and services (such as the Early Years Compact), which are described at paragraph 162.

Learnings from delivering early childhood programs by age-range cohorts and/or by developmental stage

101   Early childhood educators and teachers provide education and care to children based on each child's developmental needs, interests and experiences, and programs are designed to take into account their individual differences. The holistic and largely play-based curriculum allows for children to learn at their own pace. Educators and teachers are required to deliver programs that meet each child's needs. This allows for the delivery of a program suitable for the whole group of children. It also addresses the range of development within each age-cohort.

102   The VEYLDF provides early childhood professionals with evidence-based concepts to advance learning and development (see paragraph 38). From birth, children learn and demonstrate knowledge, skills and understandings in different ways and at different points in time. The rate of children's individual progress is not always the same (particularly for younger children), nor is progress always easy or straightforward. For some children and families, maintaining and improving learning and development

involves considerable dedicated effort and much perseverance. Therefore, different kinds of support and engagement are required.[93]

103   The VEYLDF 'Practice Principle' Integrated teaching and learning approaches also emphasises the importance of play-based learning as a means to fully engage children. Attached to this statement and marked **KL-9** is a copy of the VEYLDF Practice Guide: Integrated Teaching and Learning Approaches. Through play, children learn to make sense of and construct ideas about the social and natural world – the people, places, objects and experiences they encounter every day. Child-directed play and learning occurs when children lead their learning through exploring, experimenting, investigating and being creative in ways that they initiate and control. The role of educators and teachers in child-directed play and learning may be to observe what the child knows and understands based on what they make, write, draw, say and do. Educators and teachers can use that information to plan for further learning in a differentiated and integrated fashion.[94]

104   Early childhood services may choose the way they group children.[95] They are most commonly grouped by age-range cohorts (for example, 24 months to 36 months). This choice may be influenced by the educator to child ratio requirements (see paragraph 106). However, long day care services where children aged 0 to 5 are educated and cared for may have more opportunity (or need) to group their children in mixed-aged groups, unlike standalone kindergartens (predominantly three and four-year-olds). In these services, a wider range of age groups may come together in the mornings and afternoons or at particular times during the day, for instance when children use the outdoor play areas. In family day care services, children are educated and cared for in family groupings with a mixed age range of children.

105   Most early childhood education and care services are regulated under a scheme known as the NQF. In Victoria, responsibility for administering the NQF is shared between the Department and the Australian Children's Education and Care Quality Authority (**ACECQA**). An education and care service is any service providing or intending to provide education and care on a regular basis to children under the age of 13 years. Services that meet this definition are generally required to operate under the NQF.[96] These

[93] Department of Education and Training. (2016). *Victorian Early Years Learning and Development Framework: For all children from birth to eight years.* Retrieved from: https://www.education.vic.gov.au/Documents/childhood/providers/edcare/veyldframework.pdf, page 17.
[94] Department of Education and Training. (2017). VEYLDF Practice Guide: Partnerships with Families. Retrieved from: https://www.education.vic.gov.au/Documents/childhood/providers/edcare/pracguidepartnershipswfamilies2017.pdf.
[95] As the Department does not own or directly deliver early childhood services (see paragraph 8), the grouping of children is largely determined by individual services.
[96] Department of Education and Training. (2019). *National Quality Framework.*: Retrieved from: https://www.education.vic.gov.au/childhood/providers/regulation/Pages/nqf.aspx.

requirements (particularly the educator to child ratios) may influence the way services choose to group children.

106   The NQF requirements set out educator to child ratios. These ratios are supported by evidence which suggests that the ratio of staff-to-children can affect brain development and overall development and learning, particularly from birth to three years of age.[97] Grouping children in age range cohorts allows services to align to the NQF requirements, which are:

(a)   1 to 4 educator to child ratios for children under 36 months

(b)   1 to 11 educator to child ratios for children from 36 months to preschool age

(c)   A second early childhood teacher required from 2020 in larger services.[98]

107   The NQF also establishes requirements for the qualifications of educators and teachers in kindergarten services, which may also influence the way services choose to group children. These requirements are driven by the evidence which suggests that higher educator qualifications are associated with improved child outcomes.[99] The qualification requirements are:

(a)   50 per cent of educators must hold or be actively working towards at least a Diploma-level qualification

(b)   All other educators must hold or be actively working towards at least a Certificate III level qualification

(c)   For at least one early childhood teacher to be accessible, and an additional early childhood teacher in larger services in attendance (services funded for a kindergarten program must have an early childhood teacher delivering each kindergarten program).[100]

108   The requirements for minimum standards and quality set out in the NQF provide for process and structural quality in early childhood services (see paragraph 118). The requirements have been specifically set to address aspects of process and structural

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[97] Early Childhood Australia. (2013). *Evidence Brief on Staff to Child Ratios and Educator Qualification Requirements of the National Quality Framework.*
[98] ACECQA. (2020). *Educator to child ratios.* Retrieved from: https://www.acecqa.gov.au/nqf/educator-to-child-ratios.
[99] Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I., & Taggart, B. (2004). *The Effective Provision of Pre-school Education (EPPE) Project: Final Report. A longitudinal study funded by the DfES 1997-2004.* Nottingham, UK: The Institute of Education. Retrieved from:
http://webarchivenationalarchives.gov.uk/20090608233417;
http://www.dcsf.gov.uk/everychildmatters/publications/0/1160.
Tayler, C. (2016). *The E4Kids Study: Assessing the effectiveness of Australian early childhood education and care programs. Overview of findings at 2016.* Final report to the Partner Organisations of the Effective Early Educational Experiences (E4Kids Study). Retrieved from
http://education.unimelb.edu.au/__data/assets/pdf_file/0004/2310907/E4Kids-Report-3.0_WEB.pdf.
[100] ACECQA. (2020). *Qualifications for centre-based services with children preschool age or under.* Retrieved from: https://www.acecqa.gov.au/qualifications/requirements/children-preschool-age-or-under.

quality that support quality education and care for children including ensuring children's safety, health and wellbeing and better educational outcomes.

Engaging with families and carers

109   The Department supports early childhood services to engage family and carers in the delivery of early childhood services through the VEYLDF (including resources supporting VEYLDF implementation and current research, see paragraph 38), and kindergarten services through the SRF menu options that have a parenting focus, targeting educator and parent capabilities (see paragraphs 65 and 66).

110   My role as a public servant at the Department means that I am not able to comment upon what learnings could be drawn from the Department's experiences engaging with families and carers in Victoria which could be applied to the mental health system. However, the importance of effective engagement with and support for families is recognised and incorporated into a number of the Department's programs and frameworks.

Victorian Early Years Learning and Development Framework (VEYLDF) Practice Principle Partnerships with families

111   The importance of partnerships with families in early education and care is one of the eight VEYLDF Practice Principles (see paragraph 40). The VEYLDF recognises that families are the primary influence on children's learning and development. Attached to this statement and marked **KL-10** is a copy of the VEYLDF Practice Guide: Partnerships with Families.

112   Early childhood professionals play a role in facilitating learning and development by working with children and families. In order to develop effective partnerships with families, professionals must recognise and respect the central role of families in children's lives.[101]

113   Partnerships with families are most effective when early childhood professionals:

(a)   Understand why developing partnerships is important, are committed to it and know how to go about making it happen

(b)   Approach all interactions in a respectful and responsive way

(c)   Welcome and support families to develop a sense of community and belonging

(d)   Establish clarity about respective roles and responsibilities

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[101] Department of Education and Training. (2017). VEYLDF Practice Guide: Partnerships with Families. Retrieved from:
https://www.education.vic.gov.au/Documents/childhood/providers/edcare/pracguidepartnershipswfamilies2017.pdf.

(e)   Take a collaborative, partnership approach to working with families from the first interaction

(f)   Respect diversity and difference, and are culturally competent

(g)   Establish fair and equitable procedures to manage conflict

(h)   Participate in ongoing professional learning to build their skills

(i)   Are supported to work in partnerships with families

(j)   Engage families in shared decision making.[102]

114   This Practice Principle is underpinned by evidence that illustrates that a family-centred model supports the achievement of improved outcomes for children's learning and development through parental involvement. The research shows that family-centred practice also promotes continuity of care of children in early childhood settings and allows early childhood professionals to provide children with more secure attachments and to develop responsive learning programs which build on children's prior learning experiences.[103]

School Readiness Funding (SRF)

115   In addition to the SRF menu items described above (see paragraphs 65 and 66), there are several other menu items that also provide access to parenting programs and supports. These include:

(a)   *Social workers*: using an approach that builds on existing skills and knowledge, within SRF, social workers can work with kindergarten teachers and parents/carers through case consultation, provision of group training and other discipline-specific services to enhance children's wellbeing or access and inclusion.[104]

(b)   *Circle of Security Parenting* (**COS-P**)*:* provides parents with education and psychotherapy based on attachment theory. COS-P operates on the assumption that attachment theory can be understood and be useful to parents in interactions with their children if taught in a user-friendly manner. As a result, the program focuses on teaching selected core concepts of attachment theory. The program

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[102] Department of Education and Training. (2017). VEYLDF Practice Guide: Partnerships with Families. Retrieved from:
https://www.education.vic.gov.au/Documents/childhood/providers/edcare/pracguidepartnershipswfamilies2017.pdf.
[103] Cohrssen, C., Church, A. & Tayler, C. (2010). *VEYLDF Practice Principle 1: Family-Centred Practice Evidence Paper*. Authored for the Department of Education and Early Childhood Development. Retrieved from: https://www.education.vic.gov.au/Documents/childhood/providers/edcare/evifamilyc.pdf.
[104] Department of Education and Training. (2020). *Social worker/family support worker*. Retrieved from:
https://www.education.vic.gov.au/childhood/providers/funding/Pages/program.aspx?queryid=61.

aims to enhance parents' capacity for caregiving and child attachment. It can be delivered in a group context, in individual counselling, or in the home. Educators and teachers can also complete COS-P training to enable them to use the COS-P approach to educate and support caregivers in their parenting.[105]

(c)   *Tuning into Kids* (see paragraph 66(a)).

(d)   *Triple P - Positive Parenting Program* (see paragraph 66(b)).

Early childhood education and care workforce

116   Young children develop social and emotional competence and skills in a range of ways, including through early childhood educators and teachers modelling good behaviours. Teacher and educator stress can interfere with adult-child relationships and effective social emotional teaching.[106] Furthermore, the early childhood workforce may not always have the expertise or knowledge to manage complex children and families. It is therefore important that educators are provided with support and mentoring to recognise and manage their stress and workloads.

117   The Department recognises the importance of the early childhood education and care workforce in identifying child mental health issues or vulnerabilities. While the Department is not the direct employer of the early childhood workforce (see paragraph 8) and cannot directly prescribe pay and conditions for the workforce, it does have a role in ensuring the early childhood education workforce is able to deliver high quality support for all children in Victoria. As such, the Department provides a number of supports and programs that seek to develop the professional capabilities of, and to promote quality within, the early childhood education workforce, including through:

(a)   Registration requirements for early childhood teachers and educators

(b)   Effective Mentoring Program (**EMP**)

(c)   Kindergarten Quality Improvement Program (KQIP)

(d)   Victorian Early Years Learning and Development Framework (VEYLDF)

(e)   School Readiness Funding (SRF) and other programs.

Registration requirements for early childhood teachers and educators

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[105] Department of Education and Training. (2020). *Circle of Security Parenting (COS-P).* Retrieved from: https://www.education.vic.gov.au/childhood/providers/funding/Pages/program.aspx?queryid=39.
[106] Social emotional teaching uses strategies to teach children how to recognise emotions in themselves and others, validates children's emotions, allows them to talk about how they feel, and provides them with strategies to address their emotions, definition from Department of Education and Training. (2019). *Promote mental health: social and emotional learning.* Retrieved from: https://www.education.vic.gov.au/school/teachers/health/mentalhealth/Pages/socialemotion.aspx. Smith, S; Lawrence, S. M. (2019). *Early care and education teacher well-being: Associations with children's experience, outcomes, and workplace conditions: A research-to-policy brief.* Retrieved from: https://academiccommons.columbia.edu/doi/10.7916/d8-ngw9-n011.

118   The NQF sets out the minimum qualification and practice requirements for early childhood teachers and educators (see paragraph 105), and provides a baseline for the skills and capabilities of the workforce. As the Regulatory Authority in Victoria, the Department's authorised officers undertake assessment and rating visits to Victorian early childhood services, to ensure that they meet the National Quality Standards (**NQS**) and that the workforce has the appropriate skills and capabilities to support children's wellbeing. This is underpinned by the VEYLDF, which provides a consistent framework and set of resources for educators and teachers. It is further complimented by SRF, which helps to build educator capability.

119   There are also mandatory qualification requirements for early childhood educators and teachers (see paragraph 122).

120   Educators are individuals who provide education and care for children as part of an education and care service. ACECQA publish on their website the qualifications that have been approved for the purposes of the *Education and Care Services National Law Act 2010*. These lists include the qualifications that are approved for early childhood teachers, qualified educators and certificate level educators.[107]

121   ACECQA's requirements also mandate that early childhood teacher qualifications have an appropriate pedagogical focus and professional experience with children aged birth to five, and specific curriculum content covering social and emotional development, and child health, wellbeing and safety.[108]

122   Early childhood teachers in a Victorian service need to be registered with the Victorian Institute of Teaching (**VIT**) under the *Education and Training Reform Act 2006* (Vic). As part of this, early childhood teachers must complete professional learning and ongoing development of professional practice each year. Being registered as an early childhood teacher demonstrates that the individual is a teaching professional who:

(a)   Holds a qualification approved or recognised by ACECQA

(b)   Maintains professional practice at the Proficient Teacher level in the Australian Professional Standards for Teachers (which include requirements for professional knowledge, practice and engagement)

(c)   Is suitable to teach

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[107] Department of Education and Training. (2019). *Centre-based services staffing arrangements.* Retrieved from: https://www.education.vic.gov.au/childhood/providers/regulation/Pages/staffingarrangements.aspx. Full list of NQF approved qualifications: ACECQA. (2020). *NQF approved qualifications list.* Retrieved from: https://www.acecqa.gov.au/qualifications/nqf-approved.
[108] ACECQA. (2020). *ACECQA submission responding to the Productivity Commission Mental Health Draft Report.* Retrieved from: https://www.pc.gov.au/__data/assets/pdf_file/0008/250199/sub673-mental-health.pdf, page 2.

(d)   Has a satisfactory Nationally Coordinated Criminal History Check or are considered fit to teach.[109]

<u>Effective Mentoring Program (EMP)</u>

123   VIT recommends that an experienced early childhood teacher mentors a provisionally registered teacher through the full registration process.

124   The Department funds the EMP, which equips experienced early childhood teachers with the mentoring skills to support these provisionally registered teachers at the beginning of their careers, and to guide them through VIT's full registration process.[110] This program supports early childhood teachers develop the requisite skills and capabilities, through effective mentors.

125   The program is jointly delivered with VIT, and involves two days of professional learning that explores the practice of mentoring and how mentoring can support provisionally registered teachers to improve their teaching practice. These practices are explored in the context of guiding and supporting the provisionally registered teacher, via an evidence-based inquiry process.[111]

<u>Kindergarten Quality Improvement Program (KQIP)</u>

126   The Department also supports kindergarten service capability more broadly through the KQIP. The KQIP offers professional learning to a selection of early childhood services who are assessed as 'Working Towards' the NQS overall rating. The program objective is to lift the quality of funded kindergarten programs and service operations to improve outcomes for children. This helps to manage the risk that lower quality kindergarten programs are insufficient to improve outcomes for these children. The program does this by building service capability and knowledge to help identify, deliver and sustain quality improvements in their service provision.[112]

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[109] Victorian Institute of Teaching. (2020). *Registration categories.* Retrieved from:
https://www.vit.vic.edu.au/registered-teacher/registration-categories;
Victorian Institute of Teaching. (2020). *Nationally Coordinated Criminal History Check.* Retrieved from:
https://www.vit.vic.edu.au/registered-teacher/NCCHC.
[110] Department of Education and Training. (2020). *Mentor training for experienced teachers.* Retrieved
from: https://www.education.vic.gov.au/school/teachers/profdev/Pages/mentor.aspx.
[111] The evidence-inquiry process involves five steps which are: establish content and context for learning,
define question for inquiry and undertake professional learning, apply knowledge to teaching practice
through action plan, implement action plan, and evaluate effectiveness of practice – assess and reflect.
Victorian Institute of Teaching. (2020). *Inquiry approach.* Retrieved from:
https://www.vit.vic.edu.au/registered-teacher/moving-to-full-registration/inquiry-approach.
Department of Education and Training. (2020). *Mentor training for experienced teachers.* Retrieved from:
https://www.education.vic.gov.au/school/teachers/profdev/Pages/mentor.aspx.
[112] Department of Education and Training. (2018). *Kindergarten funding reform.* Retrieved from:
https://www.education.vic.gov.au/about/educationstate/Pages/eckinder.aspx.

127   Phase 1 of the KQIP has focused on improving quality through leadership. This is important because leadership influences a service's operations, including offering a quality service for all children who attend, including those facing vulnerability.

Victorian Early Years Learning and Development Framework (VEYLDF)

128   Teacher and educator qualification requirements and the KQIP are complemented by the VEYLDF Practice Guides (see paragraph 42), and other VEYLDF resources, which include online professional learning modules, self-assessment rubrics, evidence papers, and video examples. Together, these help to build the skills and capabilities that educators and teachers need to support families and children at risk of, experiencing or living with mental health issues by:

(a)   Enabling early childhood professionals to work more effectively with other professionals and families

(b)   Providing valuable guidance for supporting children and families in their transitions through the first eight years of a child's life

(c)   Providing a shared language and guiding principles for achieving the best outcomes for every child by supporting continuity of learning.

129   The Wellbeing Practice Guide (see paragraph 42) focuses on helping educators and teachers to:

(a)   Strengthen their understanding of the importance of wellbeing

(b)   Support practice that strengthens children's dispositions for wellbeing learning

(c)   Promote practice that strengthens children's knowledge and self-awareness of their own wellbeing and sense of identity

(d)   Guide assessment practice decisions of early childhood professionals working within and across early years services and settings and in the early years of school

(e)   Highlight the importance of the birth-to-three-years period in establishing a strong foundation for subsequent and lifelong wellbeing.

School Readiness Funding (SRF) and other programs

130   SRF provides a number of menu options that are targeted at building the capability of educators and teachers to identify and support children at risk of or experiencing mental health issues and to access appropriate referral pathways for these children (see paragraphs 65, 66, and 68).

131   AEL and the PSFO Program also provide tailored support to educators and teachers, as well as vulnerable families and children, including referrals to support services (such as counselling or mental health) that may be required (see paragraphs 72 and 79).

132   Educators and teachers are also supported by the Child Information Sharing Scheme, and other Department and Australian data collections (such as KIMS and the AEDC, described at paragraphs 43 and 45), which help the workforce and the Department understand where there is likely to be vulnerability and risk (including mental health risks).

System improvements and opportunities for collaboration

133   My role at the Department (see paragraph 4) focuses on the early childhood sector. My portfolio responsibilities in respect of community-based mental health services are limited to encouraging partnerships with those services. As such, I am unable to comment on specific types of treatment, care and support that should be included in future community-based mental health services, except in so far as they relate to these portfolio responsibilities.

134   The Department is working to support the community-based mental health system in Victoria to deliver to children, their families and carers by:

(a)   Encouraging partnerships and collaboration between the early childhood sector and the community-based mental health system, including through the roll-out of the Child Information Sharing Scheme, and collaborative agreements with other departments, agencies and services (see paragraph 155)

(b)   Building infant and child mental health expertise in the early childhood sector, including through the allied-health supports available through SRF, and programs targeted at social and emotional wellbeing that services can access through the SRF menu (see paragraphs 65 and 66)

(c)   Supporting services to engage with parents in a manner that recognises and supports their parenting role, through parenting programs available through SRF (such as Tuning into Kids and Triple P – Positive Parenting Program, see paragraph 66), and resources and guidance available as part of the Partnerships with Families VEYLDF Practice Principle (see paragraph 111). AEL also provides targeted interventions for vulnerable families and children (see paragraph 72).

135   Recent reforms in early childhood education in Victoria have been premised upon a recognition of the importance of early childhood experiences in shaping development. The programs discussed above aim to increase the reach of prevention measures in early childhood, primarily through broad-based universal platforms, in recognition of the importance of responding early to vulnerability and mental health risks.

136   As part of its progressively universal approach, the Department is currently focused on supporting the roll-out of Three-Year-Old Kindergarten and SRF.

Protective interventions

137   Protective interventions help children develop the factors that support wellbeing, including helping them learn to manage their emotions and behaviour (see paragraph 20). The Department's protective interventions include:

(a)   Three-Year-Old Kindergarten, to enable all Victorian children to access two years of funded kindergarten (see paragraph 32). This provides a universal service that can help to identify vulnerability, including risk of family violence and mental health issues. It also provides a non-stigmatising service that leads to greater participation by those in need (see paragraph 28). As described earlier, the foundations for a child's long-term development are laid in early childhood and there is good evidence that this development is supported by quality early childhood education (see paragraph 15) .

(b)   SRF, which focuses on wellbeing (social and emotional learning) and targets funding based on educational disadvantage. This is because educational disadvantage may impede children in developing the protective factors that support wellbeing (see paragraphs 20 and 61). SRF is considered a protective intervention because it is provided based on the *likelihood* of children experiencing future educational disadvantage (broadly defined, to include emotional and social skills). Within a kindergarten service, funding may be spent in both protective and responsive ways.

(c)   AEL, to support early intervention in the home and help ensure that vulnerable children are able to access kindergarten (see paragraph 72).

(d)   The KFS and ESK, which make engagement in kindergarten easier for children at higher risk (see paragraph 85).

Responsive interventions

138   Responsive interventions support children that are currently facing disadvantage, or are currently experiencing mental health issue. The Department's responsive interventions include the:

(a)   PSFO Program, including support for educators and teachers to identify referral pathways and the facilitation of linkages for families to the range of child and family supports, including more specialised assessment and services (see paragraph 79).

(b)   It is important to note that further responsive and/or early interventions become available to children at risk via referral and support services outside of early childhood services.

Key characteristics of an effective integration between mental health services and the early childhood education and care system

139   My role as a public servant at the Department (see paragraph 4) means that I am unable to comment on the opportunities available to achieve effective integration between mental health services and the early childhood education and care system. The Department recognises that effective integration (in the form of partnerships and collaboration) is vital, and is undertaking a number of programs and activities to support that objective. The Department understands the following characteristics to be key to effective integration:

(a)   Appropriate information sharing

(b)   Shared language and concepts to communicate and collaborate across disciplines

(c)   Development of appropriate professional partnerships

(d)   Shared understanding of the importance of parenting – including supporting adults with mental illness in their role as parents (if applicable).

Appropriate information sharing

140   Information sharing is important as it assists key professionals to better identify patterns of vulnerability in a child's life. Effective information sharing allows professionals to more efficiently contact services that are supporting the child and family, and have more informed conversations that enable improved cross-sector collaboration, service coordination and wrap-around support.

141   As described earlier, the Child Information Sharing Scheme and Child Link will help reduce barriers to the sharing of information to promote the wellbeing or safety of a child or group of children (see paragraph 47 to 57).

Shared language and concepts to communicate and collaborate across disciplines

142   Having a shared language and uniform concepts about children's learning and development supports effective communication and collaboration between and within persons working in mental health services and the early childhood education and care system. The VEYLDF promotes this by providing a common framework and language for professionals and establishes clear expectations for collaborative practice through the

Practice Principles for all professionals working with young children (see paragraph 144).[113]

143   The development of collaboration across disciplines is also supported by arrangements and agreements that the Department has entered into with DHHS, and other agencies and services. These include the Early Years Compact, the Early Childhood Development Advisory Group (**ECDAG**), the Early Childhood Agreement for Children in OOHC and the Child Information Sharing Scheme. These arrangements help formalise cooperation and facilitate engagement across disciplines.

Development of appropriate professional partnerships

144   The VEYLDF provides early childhood educators and teachers with a framework for engaging with families and carers to support them with challenges they face in supporting the education and care needs of their children. The 'Partnerships with Professionals' Practice Principle provides detailed guidance and tailored resources for the early childhood workforce, in recognition of the importance of partnerships between professionals as an enabler for effectively supporting children and families.[114]

145   Effective partnerships with professionals (including with other health professionals) requires collaboration and leadership, common goals and communication across disciplines and roles to build a sense of shared endeavour. Professionals may collaborate for brief or extended periods of time and for a specific purpose or for a number of purposes. For example, a speech therapist and an educator may collaborate over the course of a year to support a child's speech development. On the other hand, a MCH nurse may only collaborate for a short time with a supported playgroup facilitator to provide access to and inclusion in a supported playgroup for a recently arrived refugee family.[115]

146   Key characteristics of an effective partnership, for example between a mental health service and the early childhood education and care system, would demonstrate the following benefits for children and families:

(a)   Holistic approaches to children's learning and development

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[113] Department of Education and Training. (2019). *Learning frameworks birth to eight years.* Retrieved from: https://www.education.vic.gov.au/childhood/professionals/learning/Pages/veyldf.aspx.

[114] Department of Education and Training. (2016). *Victorian Early Years Learning and Development Framework: For all children from birth to eight years.* Retrieved from: https://www.education.vic.gov.au/Documents/childhood/providers/edcare/veyldframework.pdf.

[115] Department of Education and Training. (2017). *VEYLDF Practice Guide: Partnerships with Professionals.* Retrieved from: https://www.education.vic.gov.au/Documents/childhood/providers/edcare/pracguidepartnershipswfamilies2017.pdf.

(b)   Individual responses to children and families, for example when there is a need for an assessment or to be seen by a specialist

(c)   Efficient and timely responses to urgent needs, such as financial assistance, housing or medical treatment

(d)   Inclusive practices

(e)   Transitions for children that support continuity in their learning and development

(f)   Improved access to services

(g)   Less likelihood of conflicting or confusing advice or information

(h)   Families not having to continually re-tell their story.

147   These benefits are especially important for children with a disability, developmental delays or additional learning needs, children from at-risk families, gifted children and children who have experienced abuse and neglect. These children and families may be supported by a range of services with different focuses, strategies and expectations. Working in partnership ensures that goals and approaches are compatible and that everyone operates with a more complete picture of the child and family.

148   Without partnerships and collaboration among professionals there is a risk that some children and families will not receive the support that they need and will remain isolated or become further marginalised.[116] The 'Partnerships with Professionals' Practice Principle in the VEYLDF is underpinned by research and evidence that shows that partnerships with professionals from a range of backgrounds helps to achieve the best outcomes for all children and families. These professionals include, but are not limited to occupational therapists, physical therapists, mental health professionals, literacy specialists, social workers, and other professionals with health or educational expertise. Attached to this statement and marked **KL-11** is a copy of the VEYLDF Evidence Paper: Partnerships with Professionals.

149   Partnerships among professionals also benefits the professionals themselves in a number of ways. These benefits include:

(a)   Creating a more holistic, complete and integrated picture of the child, which makes it easier for professionals to give every child the support they need to meet their learning and development needs and build on their strengths

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[116] Department of Education and Training. (2017). *VEYLDF Practice Guide: Partnerships with Professionals.* Retrieved from:
https://www.education.vic.gov.au/Documents/childhood/providers/edcare/pracguidepartnershipswprofessionals2017.pdf.

(b)   Facilitating the identification of gaps and duplication in service delivery and identify how to best ensure that these are minimised, and all aspects of learning and development are addressed

(c)   Creating opportunities to learn from each other – to be exposed to different perspectives and new information and to critically reflect together

(d)   Enabling the best use of skills, knowledge and experience and applying their collective expertise to their work

(e)   Providing more opportunities to participate in professional development

(f)   Creating the satisfaction of sharing their particular expertise and knowledge with others

(g)   Creating opportunities for coaching, being mentored, mentoring and reducing professional isolation

(h)   Developing a more powerful voice coming from a broader and larger network and therefore a stronger base for advocacy and greater potential to influence policy, practice and general understanding within the community.[117]

150   Early childhood services are increasingly diverse, and most children attend several different education, health and other services during their early years. This diversity can result in fragmentation for children and families, who often face more than one issue or need at any given time and thus may be accessing several services at once. Inter-agency partnerships, as well as partnerships between individual professionals, can help to overcome this fragmentation.[118] These inter-agency partnerships are described at paragraph 155.

Shared and active support for parents with mental health issues (where applicable)

151   Research has shown that adults who lived with household members with mental illness as a child are more likely to have poor health and chronic health conditions as adults, even after controlling for socioeconomic and demographic factors.[119] Accordingly, it is

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[117] Department of Education and Training. (2017). *VEYLDF Practice Guide: Partnerships with Professionals.* Retrieved from: https://www.education.vic.gov.au/Documents/childhood/providers/edcare/pracguidepartnershipswprofessionals2017.pdf.

[118] Flottman, R., McKernan, A. & Tayler, C. (2011). *VEYLDF Evidence Paper: Partnerships with professionals.* Authored for the Department of Education and Early Childhood Development. Retrieved from: https://www.education.vic.gov.au/Documents/childhood/providers/edcare/pracpartner.pdf.

[119] Walsh M.C., Joyce S., Maloney T. & Vaithianathan R. (2019). *Adverse childhood experiences and school readiness outcomes: Results from the Growing up in New Zealand Study.* Centre for Social Data Analytics, Auckland University of Technology. Report for the Ministry of Social Development. Retrieved from: https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/research/children-and-families-research-fund/children-and-families-research-fund-report-adverse-childhood-experiences-and-school-readiness-outcomes-april-2019-final.pdf.
The Royal Children's Hospital Melbourne. (2017). Child Health Poll. Child mental health problems: Can parents spot the signs? Retrieved from: https://www.rchpoll.org.au/polls/child-mental-health-problemscan-parents-spot-the-signs/.

vital that parents with mental health issues are supported – for themselves and for their children. This is facilitated through the following programs:

(a) AEL provides an experienced and degree-qualified facilitator to provide targeted support for vulnerable families and children, including children whose parents have mental health issues (see paragraph 72). AEL helps to ensure that vulnerable children participate in early learning and improves parenting confidence.

(b) SRF provides a range of supports targeted at parents, to help them understand their child's emotions, while managing their own emotions, and develop skills, strategies and confidence to parent positively (see paragraphs 66 and 115).

Ways in which the Department of Education and Training (the Department) and the Department of Health and Human Services (DHHS), as well as their respective service providers, work together, both formally and informally

152 The Department is engaged with DHHS and other agencies and services, to facilitate collaborative work and relationships, in support of improving child outcomes, through a number of agreements and arrangements (see paragraph 155).

153 My role at the Department (see paragraph 4) means that it is not appropriate for me to comment on opportunities for greater collaboration and how they could be realised.

154 There are some challenges for the early childhood sector in relation to promoting good mental health and preventing mental health problems in early childhood.

(a) *Linkages between services & information sharing*: There is a lack of information sharing between services (for example MCH services, kindergartens and schools) around child behavioural issues which impacts the capacity of kindergartens to adequately support children and their families. The Child Information Sharing Scheme will assist professionals and organisations to better perform their roles and responsibilities by expanding the circumstances in which they can share information to promote the wellbeing and safety of children.[120]

(b) *Workforce*: Over half of the early childhood workforce have reported that their job is stressful.[121] Poor educator wellbeing undermines staff capacity for high quality

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[120] Victorian Government. (2018). *Child Information Sharing Scheme Ministerial Guidelines: Guidance for information sharing entities.* Retrieved from: https://www.vic.gov.au/sites/default/files/2019-01/Child%20Information%20Sharing%20Scheme%20Ministerial%20Guidlines%20-%20Guidance%20for%20information%20sharing%20entities.pdf.
[121] Social Research Centre. (2014). *2013 National Early Childhood Education and Care Workforce Census.* Prepared for the Australian Government Department of Education. Retrieved from: https://www.education.gov.au/2013-national-early-childhood-education-and-care-workforce-census, page 31.

practice.[122] The Department has limited levers to address this issue as it does not employ the early childhood workforce, and also shares funding responsibility with the Commonwealth Government.

(c)   *Universal prevention and promotion*: The VEYLDF provides a broad framework holistically addressing wellbeing and SRF offers a targeted approach to social and emotional wellbeing as a means of addressing educational disadvantage. However, there are currently no universal mental health prevention or promotion programs embedded in early years frameworks, noting that Respectful Relationships was offered to funded kindergartens following the Royal Commission into Family Violence. Further, in implementing the allied health component of SRF, the Department's partners in community health organisations have often had difficulty sourcing psychologists to work with kindergarten educators in order to promote positive mental health, prevent mental health issues, and help identify and refer children with mental health issues to specialist services. This has been particularly true in regional and rural areas.

(d)   *Community and parental understanding*: Parents report difficulty identifying mental health problems and only about 44 per cent of parents are confident they would know where to go for help.[123] The VEYLDF informs both parenting programs and supports for MCH nurses through their My Early Relational Trauma Informed Learning Programs professional learning. It also informs the Parenting Research Centre randomised controlled trial for "Making moments matter", which supports educators and teachers to have conversations with parents. As detailed above, SRF offers some opportunities for capacity-building in relation to parenting, however it is only applicable to kindergarten-aged children.

(e)   *Acute need:* SRF is equity funding designed to lift quality for a wide range of educationally disadvantaged children – it is not an intensive "package" designed to support children with very high levels of trauma and mental health issues as part of their kindergarten experience. Further, it does not apply until children reach the age that they can attend a funded kindergarten program (i.e. when they are three or four years old). Early education for infants and toddlers is a Commonwealth funding responsibility and there is no equivalent equity funding stream.

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[122] NSW Government Early Childhood Education Directorate. Literature Review: Early Childhood Education Workforce issues in Australian and international contexts. Retrieved from: https://education.nsw.gov.au/content/dam/main-education/early-childhood-education/working-in-early-childhood-education/media/documents/Workforce-Literature-Review.pdf, page 10.
[123] The Royal Children's Hospital Melbourne. (2017). *Child Health Poll. Child mental health problems: Can parents spot the signs?* Retrieved from: https://www.rchpoll.org.au/polls/child-mental-health-problemscan-parents-spot-the-signs/.

155   The Department's collaborative arrangements with DHHS and service providers are largely focused on supporting coordination between services (and identifying barriers to cooperation. These arrangements include:

        (a)   Connections with MCH services

        (b)   *Roadmap for Reform: strong families, safe children* – Early Help Pathway of Support

        (c)   The Early Years Compact

        (d)   The Early Childhood Development Advisory Group (ECDAG)

        (e)   The Early Childhood Agreement for Children in OOHC (the **Agreement**)

        (f)   Children's Services Coordination Board (the **Board**)

        (g)   The Child Information Sharing Scheme.

Connections with maternal and child health (MCH) services

156   Children and families in Victoria have access to a range of services which DHHS are responsible for including MCH, Child and Adolescent Mental Health Services and Child and Youth Mental Health Services. MCH nurses and other health professionals work with families throughout the early years of each child's life under the VEYLDF framework. Families are encouraged by MCH nurses to access a range of early childhood services, including playgroups, early childhood education and care, outside school hours care, and kindergarten programs, as well as sporting, community education and cultural organisations. Cultural organisations include libraries, museums, botanic gardens, galleries and zoos. All these services provide a wide range of experiences that enhance children's learning and development.[124]

157   Targeted and intensive services provide additional support for children and families. These include child and family services, supported playgroups, ESK, and a range of community, primary and specialist health services.[125]

Roadmap for Reform: Strong families, safe children (the Roadmap)

158   The Roadmap was launched in 2016 as the Victorian Government's blueprint for strengthening families and communities so that children and young people are safe and thriving. The Roadmap sets out fundamental, long-term changes to the way government

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[124] Department of Health and Human Services. (2020). *Maternal and Child Health Service.* Retrieved from: https://www2.health.vic.gov.au/primary-and-community-health/maternal-child-health.
[125] Department of Health and Human Services. (2020). *Maternal and Child Health Service.* Retrieved from: https://www2.health.vic.gov.au/primary-and-community-health/maternal-child-health.

and community come together to work with and support children and families experiencing vulnerability.[126]

159   While significant progress has been made since 2016, the 2018 update, *Roadmap: progress and directions*, laid out the approach to driving system transformation through three new Pathways to Support. Pathways of Support connect and integrate services across the spectrum of client support, including mental health, universal, education, family violence and child and family services.

160   The Pathways were co-designed with people who use, deliver and engage with the child and family system. Since 2018, DHHS have continued to work with partners across research, practice, service delivery and governance to prepare for the Pathways to Support. In this time, a number of important initiatives have laid the foundations for the Pathways to Support to come to life. This includes the development of a quality and safety framework, information sharing legislative reforms, a new funding model and the progressive roll-out of the Orange Door.

161   The Early Help Pathway of Support prioritises children early in years, and early in need (through prevention, integrated early support and early intervention), and is currently in the design phase. DHHS intends to work with the Department on the Early Help Pathway of Support, including on strengthening connections to early childhood education services, with the goal of prevention and early intervention for vulnerable families.

The Early Years Compact

162   The Early Years Compact is a ten-year agreement to 2027 between the Department, DHHS and local government, represented by the Municipal Association of Victoria (**Compact Partners**), to establish a closer working relationship with the aim of lifting outcomes for young children and families. Under the Early Years Compact, the Compact Partners have committed to work together in new ways to improve joint planning, coordination and data and information sharing across the early years sector in Victoria.[127] In particular, it:

        (a)   Establishes, for the first time, a commitment between state and local government to outcomes we want to achieve for young children and their families

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[126] Department of Health and Human Services. (2018). *Roadmap for Reform: children and families. Progress and directions 2018.* Retrieved from:
https://www.dhhs.vic.gov.au/sites/default/files/documents/201905/Roadmap-for-Reform-children-and-families-May-2018.pdf.
[127] Department of Education and Training. (2019). *The Early Years Compact.* Retrieved from:
https://www.education.vic.gov.au/about/educationstate/Pages/theearlyyearscompact.aspx.

(b)   Clarifies the roles and responsibilities for each of the Compact Partners – recognising the key role local government plays in supporting and responding to the needs of children and families at the local level

(c)   Provides a common set of principles to support how the Compact Partners will work together

(d)   Improves coordination, collaboration, information sharing and accountability across the early years system

(e)   Sets strategic priorities for joint effort.[128]

163   The Early Years Compact is a key enabler for the Plan and it strengthens the Government's commitment to supporting Victoria's most vulnerable children through the Roadmap.[129]

164   By working together, the Early Years Compact aims to achieve the following long-term outcomes, which link to the Victorian Government's broader reform agenda for young children and their families:

(a)   All young children are engaged, confident and creative learners

(b)   All children are safe, cared for and experience optimal health and development

(c)   Families feel well supported by high quality, inclusive services for children and families in the early years

(d)   Vulnerability, location and disadvantage do not determine outcomes for young children

(e)   Families are connected to culture, actively participate in community life and can access help when and where they need it.[130]

Early Childhood Development Advisory Group (ECDAG)

165   The ECDAG is a forum for the Department and DHHS to work with representatives from the early childhood sector to continue to improve outcomes for children and young people and create a seamless service delivery system for children aged 0-8 years. It meets two to three times a year and is co-chaired by the Department and DHHS.

166   The role of the ECDAG is to:

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[128] Department of Education and Training. (2019). *The Early Years Compact*. Retrieved from: https://www.education.vic.gov.au/about/educationstate/Pages/theearlyyearscompact.aspx.
[129] Department of Education and Training. (2019). *The Early Years Compact*. Retrieved from: https://www.education.vic.gov.au/about/educationstate/Pages/theearlyyearscompact.aspx.
[130] Department of Education and Training. (2019). *The Early Years Compact.*

(a)   Provide advice to the Department and DHHS on the implementation of the Victorian Government's reform agenda for early childhood

(b)   Provide advice to the Department and DHHS, and input into the development of new and improved services for children and their families

(c)   Foster a partnership approach where best practice can be identified and shared

(d)   Provide advice to the Department and DHHS on specific early childhood issues as required.

The Early Childhood Agreement for Children in Out-of-Home Care (OOHC)

167   The Agreement is a forum for coordinating support for families and vulnerable children including those experiencing mental health issues. The Agreement focuses on meeting the health, learning and development, and cultural needs of children, and engaging children with universal services, particularly Victoria's funded kindergarten programs. There are eleven parties[131] to the Agreement, who meet biannually and collaborate across jurisdictions. Core partners include DHHS and Municipal Association of Victoria as they deliver critical services to children.[132]

168   The Agreement aims to meet the following requirements:

(a)   Increase the participation of three-year-old children placed in OOHC in ESK (which provides funding for 15 hours a week of kindergarten)

(b)   Increase the participation of children placed in OOHC in the year before school in funded kindergarten

(c)   Ensure children who enter OOHC are up to date with their immunisation schedule within six months of their initial assessment (except for approved exemptions)

(d)   Ensure children who have entered OOHC are referred to a health service for a comprehensive health assessment and ongoing care management for any identified physical, mental or oral health issues

(e)   Ensure children placed in OOHC transitioning from kindergarten to prep have a transition learning and development statement

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[131] These parties are: Department of Education and Training, Department of Health and Human Services, Municipal Association of Victoria, Early Learning Association Australia, Victorian Aboriginal Child Care Agency, Victorian Aboriginal Children and Young People's Alliance, Centre for Excellence in Child and Family Welfare, Community Child Care Association, Vic Tas Primary Health Network Alliance, Victorian Healthcare Association, Victorian Aboriginal Education Association Incorporated.

[132] Department of Education and Training. (2020). *The early childhood agreement for children in out-of-home care*. Retrieved from:
https://www.education.vic.gov.au/childhood/professionals/health/outofhomecare/Pages/earlychildhoodagreement.aspx.

(f)   Ensure Aboriginal and Torres Strait Islander children have a cultural plan completed

(g)   Ensure Individual Learning Plans are shared with carers and relevant professionals.[133]

169   The Agreement was refreshed in 2018 to ensure Victoria's most vulnerable children are able to thrive. The updated agreement has new priorities, targets and measures, with a continued focus on:

(a)   Aboriginal children who are significantly over-represented in OOHC

(b)   Children with specific needs including those from:

(1)   Culturally and linguistically diverse backgrounds

(2)   Those with a disability or developmental delay.

170   The Agreement has also been broadened to include Aboriginal agencies, community service organisations and specialist health services.[134]

Children's Services Coordination Board (the Board)

171   The Board brings together key decision-makers across departments to lead coordination of activities impacting on children and young people. It is established under the *Child Wellbeing and Safety Act 2005* (Vic) and meets at least three times a year.[135]

172   The Board comprises the Chief Commissioner for Police, the Department, DHHS, DPC, the Department of Treasury and Finance, and the Department of Justice and Community Safety.[136]

173   The role of the Board is to sponsor and oversee coordination of effort across different Victorian government programs and policies where this is needed to improve outcomes for children and young people, particularly those vulnerable to harm, disadvantage or social exclusion.[137]

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[133] Department of Education and Training. (2020). *The early childhood agreement for children in out-of-home care*. Retrieved from:
https://www.education.vic.gov.au/childhood/professionals/health/outofhomecare/Pages/earlychildhoodagreement.aspx.
[134] Department of Education and Training. (2020). *The early childhood agreement for children in out-of-home care*. Retrieved from:
https://www.education.vic.gov.au/childhood/professionals/health/outofhomecare/Pages/earlychildhoodagreement.aspx.
[135] Department of Education and Training. (2017). *Children's Services Coordination Board*. Retrieved from: https://www.education.vic.gov.au/about/department/structure/Pages/coordboard.aspx.
[136] Department of Education and Training. (2017). *Children's Services Coordination Board*. Retrieved from: https://www.education.vic.gov.au/about/department/structure/Pages/coordboard.aspx.
[137] Department of Education and Training. (2017). *Children's Services Coordination Board*. Retrieved from: https://www.education.vic.gov.au/about/department/structure/Pages/coordboard.aspx.

174   Consistent with its functions under the *Child Wellbeing and Safety Act 2005* (Vic), the Board:

(a)   Reviews and reports annually to ministers on how children and young people are faring—especially the most vulnerable—and identifies strategies for improvement

(b)   Leads whole-of-government effort to plan and deliver coordinated action to improve outcomes—especially the most vulnerable—and reviews and reports to ministers on the impacts of relevant government actions

(c)   Drives coordination of government actions at local and regional levels through establishing, monitoring and adapting administrative arrangements to encourage local collaboration and problem-solving

(d)   Settles action plans for agreed cross-agency and intergovernmental collaboration

(e)   Considers how to address other cross-government issues as required.[138]

Child Information Sharing Scheme (the Scheme)

175   The Scheme allows authorised organisations to share information to support child wellbeing or safety (see paragraphs 47 to 57). The Scheme has expanded legal permissions for professionals to share and request information from other professionals. This ensures that professionals working with children can gain a complete view of the children they work with, making it easier to identify wellbeing or safety needs earlier, and to act on them sooner.[139]

176   All prescribed information sharing entities are being provided with training, resources and tools. This reform, together with the Family Violence Information Sharing Scheme and Multi-Agency Risk Assessment and Management Framework reforms will enable health, human service, justice, police, courts and education and early childhood service providers to share information to promote children's wellbeing and safety, and more proactively support and protect all Victorian children and families.

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[138] Department of Education and Training. (2017). *Children's Services Coordination Board.* Retrieved from: https://www.education.vic.gov.au/about/department/structure/Pages/coordboard.aspx.
[139] Victorian Government. (2020) *Child Information Sharing Scheme.* Retrieved from: https://www.vic.gov.au/child-information-sharing-scheme.

sign here ►

print name Kim Little

date 19 May 2020

Royal Commission into
Victoria's Mental Health System

ATTACHMENT KL-1

This is the attachment marked **KL-1** referred to in the witness statement of Kim Little dated 19 May 2020.

Kim Margaret Little – Curriculum Vitae

Relevant work experience	**June 2019-present** Deputy Secretary – Early Childhood Education Department of Education and Training (DET), Victorian Government
	April – June 2019 Acting Deputy Secretary – Early Childhood Education DET, Victorian Government
	June 2015 – March 2019 Assistant Deputy Secretary – Early Childhood Education DET, Victorian Government
	March – June 2015 Executive Director – Education Renewal Projects (TAFE sector) DET, Victorian Government
	May 2013 – March 2015 Executive Director – Tertiary Education Policy and Strategic Projects DET, Victorian Government
	December 2012 – April 2013 Acting Executive Director – Tertiary Education Policy and Strategic Projects Department of Education and Early Childhood Development (DEECD), Victoria
	October 2011 – July 2012 Acting Executive Director – Strategy and Review DEECD, Victoria
	October 2010 – October 2011 Director – Strategic Projects (Tertiary Education) DEECD, Victoria
	June 2005 – September 2010 Range of VPS positions within the Department of Premier and Cabinet, Victoria, from VPS 3 to VPS 6 level. Positions included:

- Assistant Policy Officer – Human Services Team
- Policy Officer – Education Team
- Senior Policy Advisor to the Deputy Secretary – Policy and Cabinet Group
- Team Leader – Early Childhood Development, Schooling and Tertiary Education Team

March 2003 – June 2005
Solicitor and Articled Clerk – Clayton Utz (Melbourne)

January 2001 – February 2003
Lecturer Level A – Monash University Centre for Public Philosophy

Selected academic qualifications	**2003** Master of Arts in Philosophy, 1st class – Monash University **2003** Bachelor of Laws, Honours 1st class – Monash University **1996** Honours 1st class, Bachelor of Arts – Monash University

Royal Commission into
Victoria's Mental Health System

ATTACHMENT KL-2

This is the attachment marked 'KL-2' referred to in the witness statement of Kim Little dated 8 May 2020.

EARLY CHILDHOOD REFORM PLAN

Ready for kinder
Ready for school
Ready for life

THE
EDUCATION
STATE

VICTORIA
State
Government

Education
and Training

CONTENTS

MINISTER'S FOREWORD

Every Victorian child deserves the best start in life.

All parents want their children to live healthy, happy and fulfilling lives – to be equipped to handle life's challenges, to continue to grow and learn throughout their lives, and to be valued and supported by their community. This is also what we as a Government want for Victoria's children.

By the time a child starts kindergarten, the skills that will help them throughout their lives are already taking shape. At this formative stage of their development, we are taking this opportunity to help shape their life for the better.

In becoming the Education State, we are helping all Victorian children be ready for kinder, ready for school and ready for life. Currently, in Australia, we invest less than many other countries in early childhood. Victoria is addressing this, with nation-leading reforms.

We are investing **$202.1 million** to help every child thrive.

This investment means more and better support for Victoria's young children when they need it most.

- We are providing **$81.1 million** for more help for parents to handle the challenges of parenting and for more time with skilled professionals like Maternal and Child Health nurses.
- We are boosting funding to our kindergarten system by **$108.4 million** to help kindergartens deliver high-quality programs that make the most of every minute that our children are playing and learning.

- We are also helping to ensure all Koorie families provide a strong foundation for their children's learning and development with **$5.4 million** to provide culturally relevant programs for Koorie parents and children.
- And we are investing **$7.2 million** to support children with a disability to access early intervention services in preparation for their transition to the NDIS.

Our state is embarking on a ground-breaking and transformative program of reform. We will create an early childhood system that improves our already strong universal services and provides additional, tailored support for those who need it.

This means supporting kindergarten and Maternal and Child Health services to be more accessible, more inclusive and higher-quality.

It also means doing more – much more – for children and families who are struggling. We recognise that some families, for a short time or a long time, need more support.

We will provide funding to kindergartens to help them meet the needs of educationally disadvantaged children. And to better help parents, we will strengthen the crucial Maternal and Child Health Service and parenting supports, and provide more hours of support, for longer, to the families who need it most.

Our reforms include two Australian firsts: new 'school readiness' funding so that kindergartens can give additional support to the children that need it most, and an additional outreach visit where an MCH nurse is concerned that family violence may be occurring.

This will help Victorian children and their families lead better lives. And it will also build Victoria's future workforce and prosperity. We know that providing high-quality support to families and children during the early years pays off now, and in the long run. Australia needs to keep pace with our international competitors, and this plan is the next step in Victoria's leadership in pursuing this goal.

In partnership with local government and the early childhood sector, we have built the best early years supports in Australia. As we celebrate 100 years of the Maternal and Child Health Service, I am proud to reflect on Victoria's strong history of leading the nation with high-quality early childhood services.

But we aspire to be among the best in the world. Over the next 10 years, we will establish a world-class early childhood system that is responsive to children's needs, welcoming to all families, and supportive of all parents and carers.

The Plan has been guided by research and valuable feedback from people who care passionately about getting this right. I would like to thank the many parents, early childhood professionals, experts and stakeholders who have contributed to this Plan since we began consultation. I would also like to acknowledge my Early Childhood Development Expert Panel for the valuable advice they provided to support the development of this Plan.

I am excited to have this chance to work with all of our partners to build a stronger system in the months and years to come. Together, we have the opportunity to leave a legacy that will transform the lives of Victorian children for generations.

Jenny Mikakos MP
Minister for Families and Children

ACKNOWLEDGEMENTS

The Department of Education and Training acknowledges and pays respects to Elders and all Victorian Aboriginal communities. We honour and respect Traditional Owners, past and present, and value the rich culture and history of the First Peoples of this land.

Throughout this document, the term Koorie is used to refer to both Aboriginal and Torres Strait Islander people. Use of the terms Aboriginal, Aboriginal and Torres Strait Islander and Indigenous are retained in the names of programs and initiatives and unless noted otherwise are inclusive of all Aboriginal and Torres Strait Islander peoples.

In Victoria's diverse community a wide range of people provide care for children over their lives, including foster parents, grandparents and others. Throughout this document, the terms parent or parents are used to refer to anyone who is acting in a parental role.

EXECUTIVE SUMMARY

This *Education State Early Childhood Reform Plan* outlines the Victorian Government's vision for early childhood, and the reforms we will undertake to create a higher quality, more equitable and inclusive early childhood system.

We are undertaking these reforms because the evidence is overwhelming – the early years matter. They matter because the right early childhood education experience will set the course for successful lifelong learning. And they matter because every child – no matter where they live, no matter what their circumstances – will thrive in a safe and supportive home environment.

Over the last two years, we have been working closely with the sector to strengthen early childhood services, and Victoria's early childhood system is performing well. But our international competitors have the edge on us, and the gap between our most advantaged and most disadvantaged children is widening. This Plan is the next step in making Victoria the Education State – the Victorian Government's plan to deliver on its promise of providing excellence and equity, in early childhood, school, and TAFE and training.

These reforms will lift outcomes for all children, and will make an especially big difference to those children and families who need extra support. More hours of higher quality early childhood services together with more supportive home environments and better relationships with parents will support all children to learn and grow, so they are ready for kinder, ready for school and ready for happy and successful lives. They will in turn make an enormous contribution to our community, to our economy and to the future of our state.

This is the Victorian Government's most significant early childhood investment in many years. It is part of a continuing commitment to value early childhood as a key part of our Education State, and is a major investment in an area that contributes to the success of all the educational experiences that come after it.

During the Education State Early Childhood consultation that informed this Plan, participants outlined their vision for how a truly outstanding early childhood system should look. With this Plan, we are responding with the actions needed to deliver a high-quality and inclusive system for all Victorians, transform the lives of thousands of young children, and create a generational change that will shape the future of our state.

The Victorian Government will take on a greater leadership role, and work in close partnership with all of our local government, sector and community partners as we deliver the reforms under the following four key directions:

- Supporting higher quality services and reducing disadvantage in early education
- Providing more support for parenting
- Making early childhood services more accessible and inclusive
- Building a better system.

REFORM DIRECTIONS

SUPPORTING HIGHER QUALITY SERVICES AND REDUCING DISADVANTAGE IN EARLY EDUCATION

PROVIDING MORE SUPPORT FOR PARENTING

OUR VISION

A world-leading early childhood education sector that helps all children to reach school ready to learn

Parents have the support they need to build loving and nurturing relationships in their families and be effective first educators in their child's life

KEY REFORM ACTIONS

Changing the way we fund kindergartens so that children who need more support get it

$55.3 million in 'school readiness' funding will support kindergartens based on children's level of need

Helping all kindergartens deliver high-quality early education

$22.8 million will increase support provided to kindergarten services to improve their quality

Delivering more early childhood facilities

An additional $10 million will fund the development of early childhood facilities co-located at government primary schools

$1.1 million will reform kindergarten funding for non-government schools to encourage more to offer a kindergarten program

Strengthening the Maternal and Child Health Service

$4.9 million to improve parents' access to telephone support from the MCH Line

$37.7 million will expand the Enhanced MCH Service

$11 million will fund an additional MCH visit to women and children at risk of family violence

$5.2 million will attract new MCH nurses to the Service and support the development of all MCH nurses

Building parenting skills, confidence and stronger connections with community

$22.3 million will expand supported playgroups throughout the state and improve connections between First Time Parent Groups and community playgroups

REFORM DIRECTIONS

**MAKING EARLY
CHILDHOOD SERVICES
MORE ACCESSIBLE
AND INCLUSIVE**

**BUILDING
A BETTER
SYSTEM**

OUR VISION

Every child in Victoria can access and benefit from early childhood services

Victoria has a child and family focused early childhood system that is connected, flexible, accountable, and supports and shares best practice

KEY REFORM ACTIONS

Improving kindergarten participation for children who need it most

$6.3 million will meet increasing demand for Early Start Kindergarten, so more children can access two years of kindergarten

$2.3 million will keep kindergarten places open for families most in need

Supporting children with a disability

$5 million will expand the Kindergarten Inclusion Support program

$7.2 million will continue to support families of young children and the sector to prepare for the NDIS

Supporting Koorie families and children

$5.4 million will fund culturally relevant support for Koorie parents and children

Strengthening our partnership with local government

The Victorian Government will work with local government under the *Supporting Children and Families in the Early Years: A Compact between the Department of Education and Training, Department of Health and Human Services and Local Government (represented by the Municipal Association of Victoria)*

Making it easier to access services

$5.5 million will support local government to adopt and expand kindergarten central enrolment

Working with the Commonwealth Government

The Victorian Government will continue to work with the Commonwealth to establish more adequate and durable national funding arrangements for early childhood

THE CASE FOR CHANGE

For Victoria to be the Education State, significant and strategic effort to improve our early childhood system is required.

In recent years, the Victorian Government has made several long-term investments in early childhood services, resulting in Victoria having one of the lowest rates of early years developmental vulnerability in Australia, the strongest quality ratings for early learning providers, and one of the nation's highest rates of participation in early childhood services.

However, we know we need to do more and better to ensure that all children have the chance to succeed.

EARLY CHILDHOOD MATTERS FOR EVERY CHILD

What happens in early childhood matters for life.

Young children do not spend their days in a classroom, but they are still always learning – as they explore their world, as they interact with adults and other children, and as they play.

The foundations for a child's long-term development are laid in early childhood. In these years, children develop crucial cognitive and emotional skills such as reasoning, problem solving, and how to get along with others.

The prime time for the development of vision, emotional control and language is before the age of three, and the prime time for the development of social skills with peers is before the age of six.[1]

The best measure we have of how well our young children are developing, the Australian Early Development Census (AEDC), recorded little improvement between 2009 and 2015.[2] In 2015, it showed one in five Victorian children are developmentally vulnerable on one or more domains. Too many Victorian children are starting school behind.

But we know that quality early childhood services can help children. We also know that parents have an early and lasting effect on their child's development, and that regardless of their circumstances, children experiencing supportive parenting have better outcomes.[3] Growing up in a supportive and nurturing home environment can even counteract the effects of persistent poverty (Figure 1).

And high-quality, play-based learning, such as that in a high-quality kindergarten service, can have a strong positive impact on child development (for more, see the information on the E4Kids study on page 13).

Figure 1: The impact of parenting on development

A child living in poverty with positive parenting is significantly more likely to be on track than a child not in poverty but with low-skilled parenting

Positive parenting counteracts the disadvantage of persistent poverty

Source: Kiernan & Mensah (2011)

Positive parenting   Low-skilled parenting
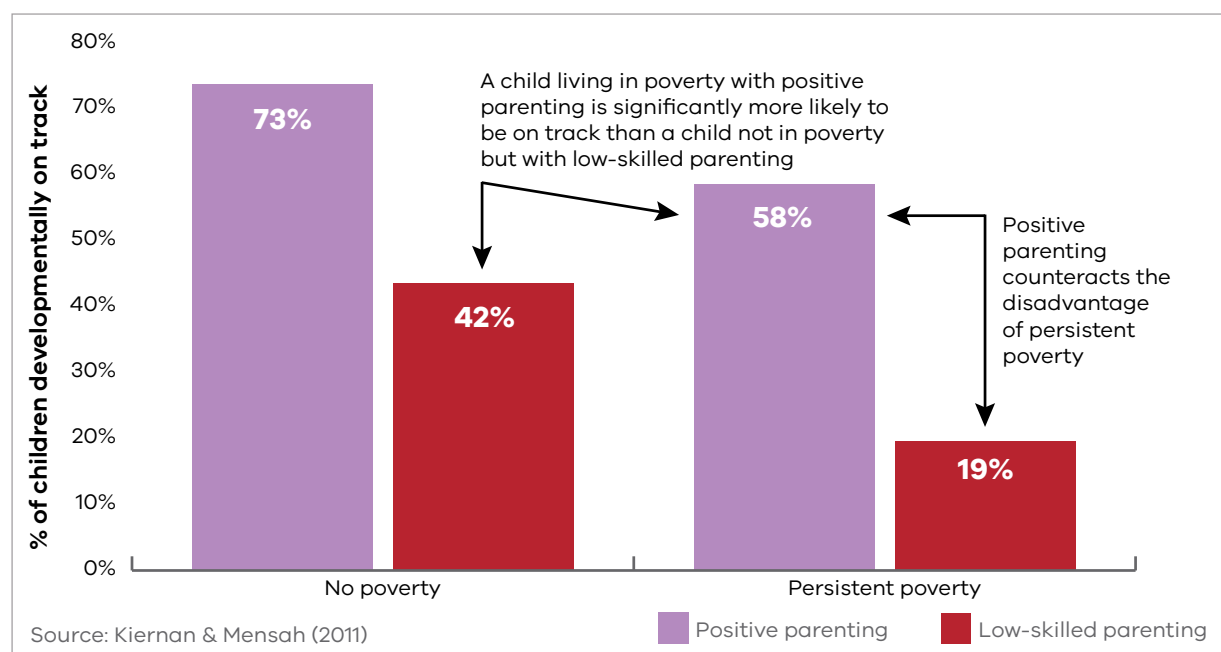
CHILDREN WHO START BEHIND OFTEN STAY BEHIND

Early childhood is particularly important for children who start from a position of disadvantage. If children start behind, they often stay behind.

Currently, children living in the most socioeconomically disadvantaged areas are more than twice as likely to be developmentally vulnerable than those from the most advantaged areas, and this gap is widening over time.[4]

And once the gap opens, it is very difficult to close. Children vulnerable on even one AEDC domain are half as likely to achieve in the top two NAPLAN reading bands in Year 3 (Figure 2),[5] and even less likely in Year 5.

Disturbingly, aspects of our current system are compounding disadvantage. There are high-quality services in disadvantaged areas, and lower-quality services in advantaged areas. But overall, quality is lower in services located in socioeconomically disadvantaged areas and higher in more advantaged areas.[6] So children needing more help are actually getting less.

But it doesn't have to be this way – we know there are things we can do to counteract disadvantage.

Figure 2: Impact of vulnerability at school entry on NAPLAN scores

	Physical health	Social competence	Emotional maturity	Language and cognition	Communication
On track	57%	58%	57%	58%	59%
Vulnerable	30%	28%	34%	12%	22%

Y-axis: % of children achieving in top 2 bands for Year 3 reading NAPLAN

Source: DET analysis combining 2009 AEDC & 2012 NAPLAN
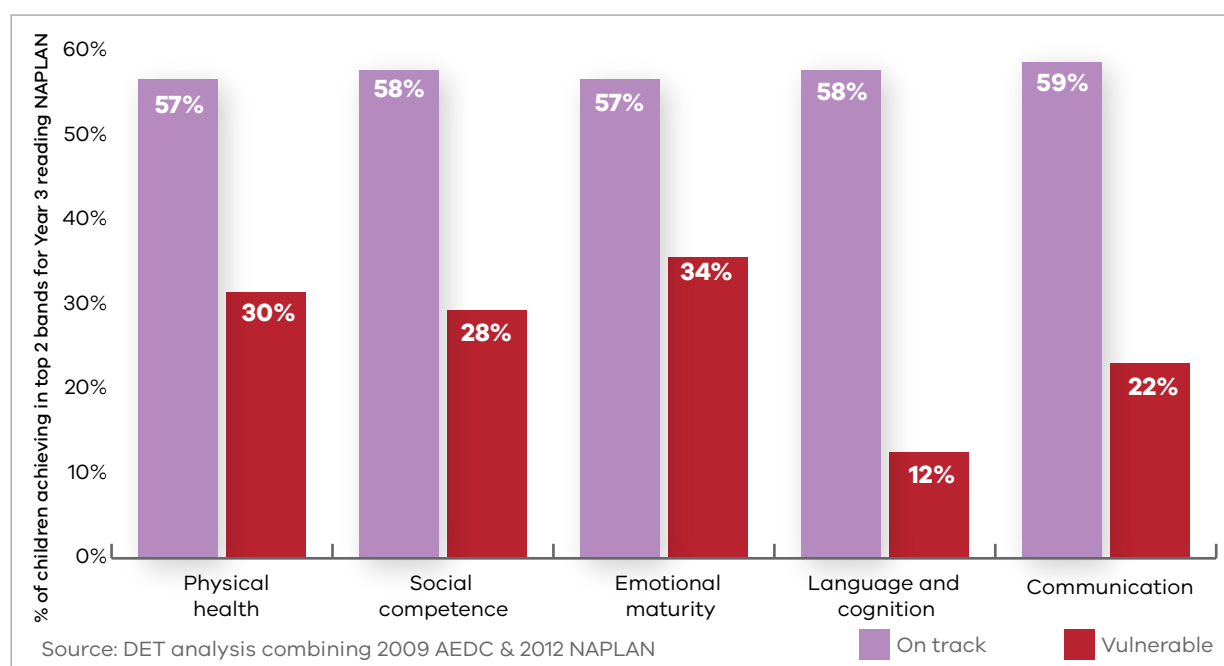
LONG-TERM BENEFITS TO SOCIETY

In addition to the benefits to individual children, early childhood investment provides benefits for everyone.

Children who have positive early childhood experiences grow up to contribute to a harmonious, healthy and prosperous society.

The number of jobs requiring a combination of both social and cognitive skills is likely to grow.[7] These and other important skills such as creativity, resilience and communication are enhanced through participation in high-quality early childhood education.

Conversely, children who have adverse early childhood experiences can struggle over their whole life. There are strong links between poor development in the early years, and poor outcomes in adult life, which increase the economic burden across a society's health care, criminal justice, and social welfare systems.[8]

Early childhood presents an opportunity to invest early and reap the long-term dividend from this investment, as well as avoiding significant long-term costs to society.

Every dollar invested in high-quality early childhood education returns between $1.50 and nearly $3, and the return grows to double digits for children from families experiencing disadvantage.[9]

Economist and Nobel Laureate James Heckman has shown that early childhood investment is generally less costly than later interventions during school or early adulthood, and more effective in improving the social and economic participation of citizens.[10]

Despite these benefits, however, Australia invests less than 0.5 per cent of Gross Domestic Product in early childhood development, significantly lower than the OECD average.[11] This is why, despite comparing favourably with Australian jurisdictions, Victoria will continue to strive for better outcomes, and why we will continue to work with the Commonwealth Government on more adequate and durable funding arrangements.

The initiatives outlined in this Plan represent Victoria's initial steps to address this challenge, and will mean that more Victorian children will be ready for kinder, ready for school and ready for life.

SUPPORTING HIGHER QUALITY SERVICES AND REDUCING DISADVANTAGE IN EARLY EDUCATION

OUR VISION

A world-leading early childhood education sector that helps all children to reach school ready to learn

A high-quality kindergarten experience is the gateway to a life full of learning. Kindergarten builds on the foundations laid at home and in other early learning services, and helps children to take the next step along their education journey. It sets children up to be ready for school, and ready for life.

While Victoria has some of the best kindergarten services in Australia, we know that not all children have the same experience. For some children who start kindergarten behind, even the best kindergarten teachers and educators may not have the resources at hand to help them catch up. So we will do more to ensure that all children receive a quality early education.

Only a high-quality early childhood system, which recognises that children need different levels and different kinds of support to learn and develop, will truly give every child the opportunity to thrive.

E4KIDS: THE IMPORTANCE OF HIGH-QUALITY PLAY-BASED LEARNING

E4Kids is Australia's largest longitudinal research project studying the impact of participation in early childhood education and care programs.[12]

It found that the quality of adult-child interactions is the most significant driver of child development. It highlighted the need to support educators to strengthen their interactions with children during play, and that this aspect of educator-child interaction is most closely associated with cognitive and academic growth.

The study also found that children who need the most support are currently getting the least. It found that the quality of educator-child interactions was consistently lower in services located in low socioeconomic areas, and that this could lead to children in these services being 3-5 months behind their peers in more advantaged neighbourhoods.

The quality of instructional support that children get from their teachers and educators makes all the difference to building the skills they need to succeed at school and in their lives ahead. Educators who interact with children during play and day to day routines, and use every activity as a teachable moment, make the biggest difference to children's learning.

Every child comes to kindergarten with a different story. They come from different home and life experiences, with different family and cultural backgrounds, and at different stages of learning and development. Our kindergartens need to be better supported to work with every child at their level, and according to their needs.

To ensure that every child starts school ready to learn means recognising that some children need additional support to reach the same level as their peers. The way we plan and fund our kindergartens needs to reflect this.

Every child needs access to a quality kindergarten, irrespective of where they live or how much their parents can afford to pay.

This is why we are changing the way we help kindergartens improve the quality of their teaching, with more funding, more support from the Department of Education and Training, and additional resourcing for children from educationally disadvantaged backgrounds.

UNDERSTANDING THE QUALITY OF VICTORIAN KINDERGARTENS

In 2009, the Commonwealth, States and Territories agreed to the National Quality Framework (NQF) – a ground-breaking reform that sets national standards for early childhood education and care (ECEC) service quality, including the importance of continued service improvement.

Victoria played a lead role in the development and introduction of the NQF, and the sector has displayed impressive commitment to its ongoing implementation and enhancing service quality.

Through the NQF, we now have a clear understanding of which services can improve, and in which quality areas. Most Victorian services meet or exceed the National Quality Standard. A significant but declining proportion of services are still working towards the standard (Figure 3).[13]

Figure 3: Quality ratings for ECEC services with a funded kindergarten program

Source: Australian Children's Education and Care Quality Authority (2017), NQF Snapshot Q4 2016.
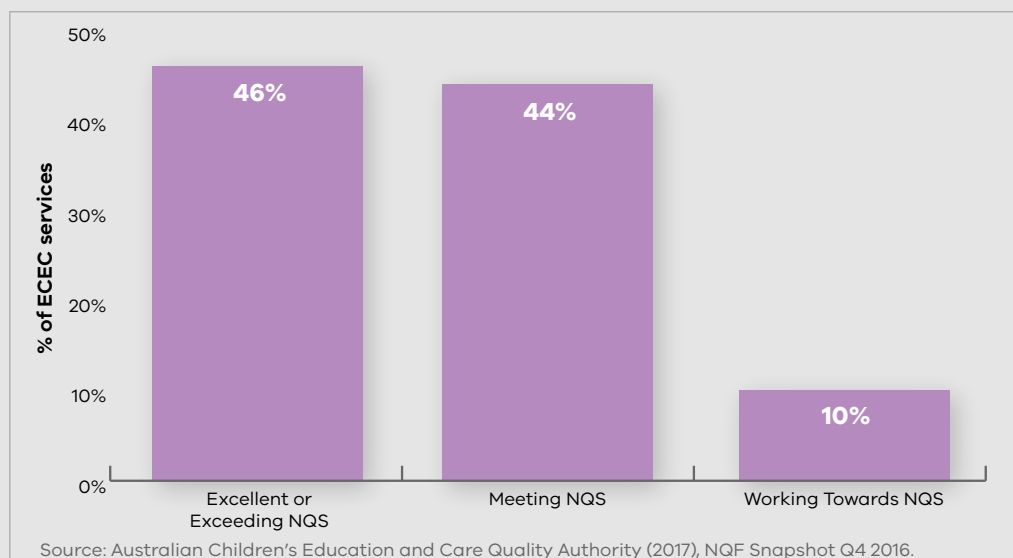
WHAT WE ARE DOING

Changing the way we fund kindergartens so that children who need more support get it

In an Australian first, we will give additional funding to kindergartens so they can provide more support to the children who need it the most.

The Victorian Government has invested significantly in schools, particularly in needs-based funding to ensure that our schools are ready to support children, regardless of their starting point, and help them to succeed. Now we are investing in the early years to make sure that every child in Victoria arrives at school ready to succeed.

This is a major change to the way kindergartens are funded, where services with a kindergarten program will receive additional 'school readiness' funding based on children's level of need, over and above the existing funding.

This is **a significant boost to kindergarten funding of $55.3 million over the next four years.** It represents an increase of around 10 per cent of total kindergarten funding.

This funding will enable practical and evidence-based interventions that lift the quality of the education provided, and allow the kindergarten to bring in additional help that will ensure that all children get the most from their kindergarten experience. This could include language and literacy assistance, speech therapy, or more one-on-one learning time for children. It will also allow services to reach out to isolated and disadvantaged families who may need help to support their child's learning.

Kindergarten providers will be able to tailor the additional resourcing specifically to the needs of the children attending. They will be supported by new staff of the Department of Education and Training, to be located across the state, with specialist expertise in early childhood to guide the best teaching and learning improvements.

The Department will work with the sector, Early Years Managers and experts to gather the best approaches, to share good practices, and to develop evidence-based tools and resources for this additional support.

School readiness funding will be introduced into the system in 2019 and will be progressively rolled out over several years to allow time for the sector to prepare for such significant change. We will work with the sector to develop the implementation approach, including how we guide services to build the funding into their planning.

Helping all kindergartens deliver high-quality early education

The Victorian Government will provide **$22.8 million to significantly increase the support that is provided to kindergarten services to improve their quality.**

The Department will significantly increase the support it gives to the early childhood sector through new staff with specialist expertise to be based across the state. Similar to the way the Department works with government schools, this additional staff will work with kindergarten providers to understand their needs, respond to their quality improvement priorities and identify appropriate supports.

The Department will work with the sector to develop tools and resources to help services identify evidence-based interventions and improve service quality. These could include professional development programs, activities, and demonstrations of best practice teaching strategies that improve outcomes for children.

Included in this investment is **$4.6 million for quality improvement grants** that will ensure that the kindergarten services that need the most support (for example, as assessed against the National Quality Standard) will be able to access intensive coaching, training and advice to improve their professional practice and outcomes for children.

Delivering more early childhood facilities

The Victorian Government will invest **$10 million to fund the development of early childhood facilities to be co-located at government primary schools**. This is in addition to the $60 million already allocated for early childhood infrastructure between 2015 and 2018.

Starting school is a major transition for children and their families. Having early childhood facilities on school sites makes it easier for families to access early childhood facilities and provides children with a more stable transition from kindergarten to school.

We will work with local government to identify the best sites for this investment, and explore options to create integrated children's centres, which bring together a range of education, care, health and support services.

We are also allocating an additional **$1.1 million to reform funding for non-government schools to encourage more to offer a kindergarten program, particularly in low socioeconomic areas**.

Kindergarten services run by non-government schools (including Catholic schools) are currently funded at a lower rate than other services, regardless of their socioeconomic status. This funding will help meet high demand for kindergarten programs in some areas.

These changes will start in 2019, following consultation with the sector.

THE IMPORTANCE OF EARLY LANGUAGE DEVELOPMENT

Early language development has important implications for later achievement. Children who have low cognitive and language skills early in life tend to remain below the average for their age, with the gap between them and their peers widening over time.[14] Children who are exposed to fewer words in the first four years of life have a smaller and slower-growing vocabulary.[15] However, the quality of the language a child is exposed to is even more important than the quantity of language.

Children need warm, responsive and stimulating interactions with caring adults to give them a strong foundation in language that underpins their later learning. We are working on ways to better support early language development. *Every Toddler Talking* is a research trial taking place in early childhood education and care services, in which educators and speech pathologists are working together to find out more about how we can best support early language development.

EXISTING REFORM INITIATIVES

The Victorian Government is already investing in supporting higher quality services and improving outcomes for children:

- The Victorian Early Years Learning and Development Framework (VEYLDF) provides guidance for early childhood professionals to work more effectively with children, families and other professionals. It underpins educational guidelines and resources for all early childhood professionals. The VEYLDF was updated in 2016 to focus on better responding to children and families experiencing vulnerability.

- Beginning in 2016, the Victorian Government has committed to an investment of up to $83.7 million to improve educator-to-child ratios. Lowering the ratio from 1:15 to 1:11 supports higher quality kindergarten programs and enables more individualised care and attention for children.

- *The Transition: A Positive Start to School* initiative is designed to help make the move to school a positive experience for every child and family. Successful transitions occur when children, families and early childhood professionals develop positive and supportive relationships to help those involved to feel valued, included and respected.

- The *Excellence in Teacher Education Reforms* announced in November 2016 will improve the quality of early childhood teaching through higher standards for selection into dual early childhood and primary teaching courses, improvements to course quality, and strengthened induction and mentoring for beginning teachers.

- The Victorian Government has committed $60 million in early years infrastructure between 2015 and 2018, including $10 million to address demand in high growth areas. In the first two years of this investment alone, an estimated 2500 additional kindergarten places have been created.

- The Victorian Government is providing Respectful Relationships Professional Learning to 4,000 early childhood educators in funded kindergarten programs. Building the foundations for respectful relationships starts in early childhood and can play a role in preventing family violence in future generations.

PROVIDING MORE SUPPORT FOR PARENTING

OUR VISION

Parents have the support they need to build loving and nurturing relationships in their families and be effective first educators in their child's life

Parents are their child's first teacher, and their actions and behaviours have an early, strong and lasting impact on their child's learning and development.

Just as every child is unique, so too is every parent. And every parent finds their role challenging at times. All parents encounter difficulties at one time or another – with breastfeeding or fussy eating, sleeping and settling or with managing toddler behaviours. This is a normal part of raising children, and effective parenting skills don't always come naturally – but they can be learned. Parents can be supported to develop their parenting skills and grow their confidence.

We want parents to know that they are not alone, there is help available, and that wanting help is normal. By helping parents to tap into knowledge and supports available to them, we can help them to grow more confident in their role as their child's first teacher.

In these critical formative years, supporting parents helps their children succeed. When children feel safe, they feel confident to explore and learn. Children build that confidence from strong and caring relationships with parents and carers who are responsive to their needs.

Warm, responsive parenting can also close the disadvantage gap. A child living in poverty has better developmental outcomes with supportive parenting than a child who does not live in poverty but experiences low-skilled parenting.[16]

WHAT WE ARE DOING

For these reasons, we are improving the support available for parents when their children are very young.

Strengthening the Maternal and Child Health Service

The Maternal and Child Health (MCH) Service has contact with all Victorian children from birth through ten Key Ages and Stages parent and child consultations. At each consultation, an MCH nurse assesses the mother's wellbeing and child's development, and provides support – such as parenting advice, breastfeeding advice, help to manage post-natal depression, counselling, or referral to more specialist services. The final visit is at three and a half years, with the ten visits serving as important checks that a child's physical, social, emotional, cognitive and language development is on track. The MCH Service is therefore uniquely positioned to provide early support to all families, and identify those who need extra assistance.

It is important that all parents have easy access to reliable, evidence-based information whenever they need it. The MCH Line is a very popular telephone service for Victorian families with children up to school age. Through the MCH Line, parents can seek information, support and guidance from MCH nurses regarding issues including child health, nutrition, breastfeeding, maternal and family health and parenting.

The Victorian Government is investing **$4.9 million to answer an additional 20,000 calls to the MCH Line each year, to improve parents' access to reliable, evidence-based information and advice** from MCH nurses, 24 hours a day, every day of the year.

Sometimes, families will need more support in person. This may only be for a short period, as families deal with particular parenting challenges. And sometimes families will experience periods of greater stress as a result of issues such as social isolation, family violence, mental illness or family breakdown. Together with the approach outlined in the *Roadmap for Reform: Strong Families, Safe Children (2016)*, these reforms are part of an integrated plan to intervene early and effectively to help families overcome these serious issues, and build a connected system of support across the Victorian service system.

Enhanced MCH is a targeted service for families who need some additional help, and may be at risk of poor outcomes due to factors like parent-infant attachment concerns, premature or low birth weight babies, children with a disability, parental mental health issues or family violence. Currently, the Enhanced MCH Service provides additional support for families who need it until their child turns one, particularly those who are experiencing multiple challenges. As issues can affect children and their families at any time after birth, we are investing **$37.7 million to expand the Enhanced MCH Service**. Enhanced MCH will be expanded to support 15 per cent of Victorian families with children from birth to three years of age. When fully implemented, this will provide about 37,000 families who are struggling with 20 hours of support across their child's first three years, in addition to the Universal MCH Service's ten Key Ages and Stages consultations.

This expansion will commence in 2018, and be progressively rolled out to ensure that sufficient MCH nurses are in place to support families. The expansion will be guided by the work currently underway to revise and strengthen the Enhanced MCH Service Guidelines, as well as develop new guidelines for the Universal MCH Service and for the MCH Line.

THE ROLE OF EARLY CHILDHOOD SERVICES IN THE VICTORIAN GOVERNMENT'S RESPONSE TO FAMILY VIOLENCE

The Royal Commission into Family Violence highlighted the impact of family violence on children and families, and that early childhood services have a crucial role to play in identifying, responding to and preventing family violence. Early childhood services are uniquely placed to build parental capacity, foster respectful relationships, undertake population screening to identify family violence risk, and link families into more specialist services.

The Royal Commission also noted that pregnancy and the early post-natal period are times of adjustment and change, when the risk of violence is elevated. Other evidence shows that one in five women experience family violence in the 12 months after giving birth.[17] MCH services are uniquely placed to identify women and children experiencing family violence during this period, to support them and refer them to specialist support services.

Too often, women and children need extra support from MCH services because family violence is occurring, or at risk of occurring, in their home. Pregnancy and the early post-natal period is a time of heightened family violence risk, with many new mothers experiencing harm. In an Australian first, **the Victorian Government will invest $11 million in an additional MCH visit for those women and children who are at risk of, or are experiencing, family violence.** This funding will support an additional visit to around 12,000 families.

MCH nurses will have the flexibility to undertake the additional visit in an appropriate location, such as the woman's home, or another convenient and safe place such as an early learning centre. MCH nurses will also be able to choose to extend an existing visit, and will use their clinical judgement in assessing family violence risk and referring women to specialist supports. To build on their existing skills, MCH nurses will also receive tailored training to support them in working with women and children at risk of, or experiencing, family violence. Workforce training and additional visits will commence later in 2017.

To enable these reforms and improve the overall MCH Service, the Victorian Government will invest **$5.2 million to attract new MCH nurses into the Service, including through scholarships, and support the ongoing professional development of all MCH nurses.** This will address anticipated workforce attrition, ensure enough MCH nurses are available to deliver the service expansion, and increase the diversity of the MCH workforce. In addition, targeted professional development will be provided to help MCH nurses to deal with changing family types, increased complexity of need, and issues such as families who have experienced trauma.

Building parenting skills, confidence and stronger connections with community

Playgroups provide an early opportunity for children to learn through play, and for parents to spend time with their children in a fun environment and build connections and support each other. Supported playgroups provide additional support for parents who need it, and help children with their speech and cognitive development, social skills, emotional resilience and general behaviour.

The Victorian Government is investing **$22.3 million to roll out supported playgroups across Victoria**, giving parents who need extra support access to evidence-based playgroups run by trained facilitators. Expanding supported playgroups across the state will mean that more than 6,000 additional families will be able to benefit from approximately 750 additional supported playgroups.

First Time Parents Groups support new parents to learn skills and develop confidence to take on their role, and decrease the isolation that new parents can experience. We will provide funding to help improve the connections between these Groups and community playgroups, so parents continue to experience this support and connection.

EXISTING REFORM INITIATIVES

The Victorian Government is already investing in supporting parents:

- In the 2016/17 Budget, the Victorian Government invested more than $133 million to continue to provide a world-class MCH Service to a growing population, in partnership with local government.

- Also in the 2016/17 Budget, the Victorian Government invested in creating a new intensive, early support service for families. MCH nurses, social workers, and other professionals will help parents to create a supportive home environment and develop confidence in their parenting skills. This service will be available in locations across Victoria and will support early years services to work more closely together. It builds on successful existing initiatives such as Cradle to Kinder, Healthy Mothers Healthy Babies and right@home. As a first step, the Victorian Government has invested in the expansion of these programs, with Cradle to Kinder now expanded to provide services state-wide.

- The Victorian Government is supporting Playgroups Victoria, including $100,000 to support the Great Start Community Playgroup Grant Fund to support community playgroups to grow, particularly in areas lacking vital services.

MAKING EARLY CHILDHOOD SERVICES MORE ACCESSIBLE AND INCLUSIVE

OUR VISION

Every child in Victoria can access and benefit from early childhood services

An accessible, inclusive early childhood system will help all children to reach their full potential.

For Victoria to build the best early childhood system we need to recognise that some families need different kinds of support.

Not all families are able to easily enjoy the benefits of our early childhood services. Some families find the system difficult to navigate, or unable to meet their needs. Others find services unwelcoming or lacking in cultural awareness and sensitivity. Some children have additional challenges, which mean they cannot meaningfully participate in services without assistance and support.

Whatever their needs, all children should be able to benefit fully from early childhood services available to them.

The Victorian Government will make early childhood services accessible to all children and families, especially those who will benefit from them the most.

We will support early childhood services to reach out to families and provide inclusive supports to all children, whatever their background or circumstances. Services will work in partnership with parents and the community, involving them in decision-making to best meet the needs of their child.

WHAT WE ARE DOING

To make Victoria the Education State, we will provide services that are inclusive and welcoming for all children and families, and capable of addressing each child and family's needs.

Improving kindergarten participation for children who need it most

While all children benefit from access to high-quality kindergarten, some children have more to gain than others. This is why the Victorian Government is working to make kindergarten services more accessible.

Starting kindergarten at three years of age can have profound benefits for children. There is compelling evidence of the benefit of two years of kindergarten compared to one year, especially for children most likely to be developmentally vulnerable.[18]

This is why we are investing an additional **$6.3 million over the next two years to meet increasing demand for the Early Start Kindergarten program**, to offer two years of free kindergarten to more Koorie children and more children known to child protection.

This program gives children an extended period of structured, intentional teaching that helps them start school on track. Uptake of the program has continued to grow, increasing by 127 per cent over the past four years.

This increased participation is a direct result of the hard work of our partners in the community, local government and the early childhood sector, and their efforts to get more children participating in kindergarten.

Following on from the successful pilot in 2016, the Victorian Government is spending **$2.3 million to make Pre-Purchased Places a permanent part of the kindergarten system.**

Children risk missing out on the benefits of kindergarten if their families miss enrolment deadlines. To address this, the Pre-Purchased Places program sets aside kindergarten spots for children most in need, so they can enrol even after deadlines have passed, at no cost to the parent or carer. This includes Koorie children, children known to child protection and refugees.

This initiative will benefit around 600 children each year, all of whom may have otherwise missed out on a kindergarten place.

Supporting children with a disability

The Victorian Government is committed to ensuring children with a disability have access to, and can fully participate in, high-quality early years services and supports. Our reforms will allow more children with disabilities to access kindergarten, and support children with a disability and their families in the transition to the National Disability Insurance Scheme (NDIS).

Some children simply cannot attend kindergarten without additional support. The Kindergarten Inclusion Support program allows children with a range of disabilities, including severe disabilities, to experience and benefit from kindergarten the same as other children their own age.

The Victorian Government is providing an additional **$5 million to expand the Kindergarten Inclusion Support program to ensure more children with disabilities can enjoy a quality kindergarten experience.**

KINDERGARTEN INCLUSION SUPPORT

Kindergarten Inclusion Support allows children with disabilities, high support needs and/or complex medical needs to be engaged and participate in all aspects of kindergarten life on the same basis as their peers.

The program provides support to kindergarten services to build their capacity and ensure that children who might otherwise miss out on the social, emotional and educational benefits of kindergarten can attend and participate in a meaningful way. Support may include staff training, additional staffing, minor building modifications or access to specialist expertise.

It supports the attendance of children who would not be able to attend kindergarten without additional support, and also ensures that when children do attend, they are able to fully benefit from the kindergarten program.

Victoria's Early Childhood Intervention Services have begun to transition to the NDIS. Throughout the transition, the Victorian Government is providing funding of **$7.2 million to continue to support the families of young children and the sector to be NDIS-ready**.

To help families during the transition period, the Victorian Government will invest in reducing the number of children waiting for supports as we transition from the state system to the NDIS. We will support the introduction of the National Disability Insurance Agency's Early Childhood Early Intervention model and will share expertise and knowledge with Early Childhood Partners as they are appointed.

Supporting Koorie families and children

Koorie culture is a protective factor that supports Koorie learners to be confident. Koorie families are also more likely to access services, including playgroups, when they feel culturally supported and have an existing relationship with the provider.

In recognition of this, the Victorian Government is working with Koorie communities to provide a strong foundation for children's learning and development by providing funding of **$5.4 million to support Koorie parents and children**.

The *Koorie Families as First Educators* program will be delivered across five sites by Aboriginal Community Controlled Organisations and will provide Koorie families with access to high-quality, culturally relevant parenting support programs in communities with high rates of children in out-of-home care and limited access to parenting support.

Supported playgroups help parents to build their confidence and skills, support networks, and the home learning environment, and help children with their speech and cognitive development, social skills, emotional resilience and general behaviour. In recognition of the benefits of this evidence-based program, the Victorian Government will fund new Koorie supported playgroups across four sites in areas of high need.

These initiatives support *Marrung: Aboriginal Education Plan 2016-2026*. Marrung is a plan to ensure that all Koorie Victorians achieve their learning aspirations and realise the full benefits of the Education State reforms across early childhood, schools and further education. In particular, these initiatives support Marrung actions relating to excellence in teaching, learning and development in early childhood. All Marrung initiatives have been developed, and are being implemented, in partnership with the Aboriginal community, consistent with the Victorian Government commitment to Aboriginal self-determination.

EXISTING REFORM INITIATIVES

The Victorian Government is already investing to create accessible early childhood services:

- In 2016, the Victorian Government piloted Pre-Purchased Places to help eligible children enrol in kindergarten at any time of the year.

To reflect the importance of services being respectful of culture, the Victorian Government is investing in initiatives to support the Koorie community:

- As part of *Roadmap for Reform: Strong Families, Safe Children* and *Marrung: Aboriginal Education Plan 2016-2026*, the Victorian Government has invested $1.6 million over two years to work with Koorie communities to co-design an MCH service delivery model to deliver more culturally responsive and high-quality services, through both Aboriginal Community Controlled Organisations and current service providers.
- Launched in 2015, the Koorie Kids Shine at Kindergarten campaign aims to support Koorie children's engagement in learning both in three- and four-year-old kindergarten by raising awareness about the importance of early education for Koorie children.

The Victorian Government is also investing in supporting culturally and linguistically diverse communities:

- A suite of MCH resources translated into the top ten Victorian languages other than English was launched in March 2017. The resources include information on child restraints, water safety, outdoor safety, safe sleeping, sun safety, and communicating with young children, and are available in hard copy for parents at MCH visits and online through the Department of Education and Training's website.
- The Victorian Government funds FKA Children's Services, a community organisation, to provide advice and resources to kindergarten services to improve the participation and inclusion of culturally and linguistically diverse children.

BUILDING A BETTER SYSTEM

OUR VISION

Victoria has a child and family focused early childhood system that is connected, flexible, accountable, and supports and shares best practice

We want an early childhood system that better supports families and children to access what they need, when they need it; better facilitates easy transitions between services; and that continuously seeks and shares improvement. This would make a sustained positive impact on children and their families.

The early childhood system in Victoria is complex, with no single funder or provider responsible for service availability and quality, or for children's outcomes.

Our system relies on partnerships between three levels of government and many service providers. There is considerable goodwill, but there are still challenges. Services can be fragmented and difficult to navigate; information on families and children, and how best to help them, is not always shared; and local problems can go without local solutions.

Many small providers create great diversity and community involvement in the sector. However, without more support, small services can lack the scale to dedicate effort to the sustained connections and quality improvement we know are vital to helping children and families.

The Victorian Government is building a better system, because it will make a real difference to Victorian children and families.

A better system will make life simpler for families, making it easier to access services, and smoothing transitions between services. It will have all levels of government pulling in the same direction, with strong accountability, but enough flexibility for communities to develop solutions to meet local needs. And it will deliver better services, and therefore better outcomes, through a focus on quality and continuous improvement.

WHAT WE ARE DOING

The Victorian Government will take on a clear system leadership role and work with our partners – with local government, with the Commonwealth Government and with the sector – to signal direction, embed continuous improvement and improve coordination, collaboration, information sharing and accountability across the system.

Strengthening our partnership with local government

An essential element of a better early childhood system is strengthening how state and local governments work together.

Supporting Children and Families in the Early Years: A Compact between the Department of Education and Training, Department of Health and Human Services and Local Government (represented by the Municipal Association of Victoria) has been agreed to formalise a closer working relationship to lift outcomes for young children and families.

The Compact is a commitment by the three parties to work together in new ways to improve joint planning, coordination and information sharing to better support children and families wherever they live. It sets out a clear, shared view of the role of state and local government, recognising the key role local government plays in supporting and responding to the needs of children and families at the local level.

Areas for focus under the Compact include:

- Better support for vulnerable children and families by improving information sharing so that children in out-of-home care can better access early years services
- Supporting Victoria's MCH nurses to continue to deliver high-quality services in the expanded MCH Service through additional training and updated Service Guidelines (see page 19)
- Working together at the local level to better plan for the long term provision of kindergarten so that all children can access services no matter where they live
- Working with local government to expand central enrolment processes to make it easier for children experiencing vulnerability to participate in kindergarten.

Under the Compact, all parties have committed to working together in new ways to ensure the needs of children, families and their local communities inform the delivery of early years services.

Making it easier to access services

Central enrolment provides a single point for families to apply for multiple kindergarten services in a local government area, helping families secure a place that meets their needs. It also allows local governments to establish closer links between MCH services and kindergartens, to improve the early identification of children who need more support.

Central enrolment schemes currently operate in some local government areas but not all. The Government will invest **$5.5 million to support more local governments to adopt, expand and enhance central enrolment for kindergarten services.**

Working with the Commonwealth Government

The Commonwealth plays an important funding role in early childhood services, but could do more to realise the potential of its contribution.

The Commonwealth's funding arrangements value parental workforce participation over children's early learning. Both quality early learning and convenience for families to participate in work are important goals – and we could deliver both objectives in Victoria by taking a more strategic approach to early childhood. Investing in the early years will support the kind of healthy, engaged and innovative future workforce that the nation needs to prosper as a knowledge economy.

Victoria will continue to work with the Commonwealth to achieve:

- More adequate and durable national funding arrangements for kindergarten, proper regulation of early childhood education and care, and professional development of its workforce (such as through a National Agreement)
- Better recognition of the value of early learning
- Access to childcare for families experiencing vulnerability and disadvantage so that benefits of quality childcare (such as early learning and respite for parents) are maintained.

EXISTING REFORM INITIATIVES

The Victorian Government is already working to build a better system:

- The *Early Years Management Policy Framework*, introduced in 2016, supports organisations that manage community-based kindergarten services and complementary early years services to provide more sustainable, integrated and responsive early learning programs. The new framework articulates a clearer leadership role for service providers in working with parents and communities to improve outcomes for children.

- The Best Start Program aims to improve outcomes for children aged 0-8 through collaborative, place-based work in 30 communities across Victoria. A new approach, introduced in 2016, develops and applies clearer, more measurable and more evidence-based strategies to improve outcomes for Koorie children and children experiencing vulnerability.

NEXT STEPS – DELIVERING THE VISION

This Plan outlines the Victorian Government's long-term vision and initial reforms to transform Victoria's early childhood services into a higher quality, more equitable and inclusive system, to ensure all Victorian children are ready for kinder, ready for school, and ready to lead healthy, happy and fulfilling lives.

This is a 10-year plan, and sets forth significant reforms. We will begin immediately, and funding for many initiatives will start in July 2017. It will take time to establish a world-class early childhood system, and it is important we take the time to do it properly.

Measuring our achievements will be important. In the future, we will develop measures that track our progress towards improving outcomes for Victoria's children and families.

In delivering this vision, we will work closely with all of our government, sector and community partners.

Together, we will transform the lives of generations of young Victorians.

For more information on the Early Childhood Reform Plan visit:

www.education.vic.gov.au/ecreform

THANK YOU

The Minister's Early Childhood Expert Panel provided valuable insight, advice and expertise to support the development of this Plan. This contribution has been extremely helpful and beneficial for the reforms in this Plan.

MINISTER'S EARLY CHILDHOOD DEVELOPMENT EXPERT PANEL MEMBERS

- Professor Kerry Arabena
- Mr Warren Cann
- Dr Gordon Cleveland
- Associate Professor Lisa Gold
- Professor Sharon Goldfeld
- Professor Susan Grieshaber
- Professor Joce Nuttall
- Professor Iram Siraj
- Professor Collette Tayler
- Professor Elizabeth Waters

The Minister for Families and Children would like to particularly acknowledge the contribution of Professor Elizabeth Waters, who passed away in October 2015.

Professor Waters was a renowned leader in public health who made a lasting contribution to the field – both in Australia and overseas – through her passion and commitment to justice, equity and improving the lives of children. Even in her short time as a member of the Minister's Early Childhood Development Expert Panel, she made a valued contribution to this Plan.

The Minister's MCH Reference Group and the Department's Early Childhood Development Advisory Group also provided valuable insights that informed the Plan.

SUMMARY OF KEY REFORM ACTIONS

KEY REFORM ACTION	SUMMARY	FUNDING
Supporting higher quality services and reducing disadvantage in early education		
School readiness funding	Providing additional resourcing for kindergartens based on children's level of need.	$55.3 million
Delivering high-quality early education	Increasing support for all services with a kindergarten program to improve their quality.	$22.8 million
Delivering more early childhood facilities	Building early childhood facilities co-located at government primary schools.	$10 million
	Encouraging more non-government schools to offer kindergarten.	$1.1 million
Providing more support for parenting		
Maternal and Child Health Service	Improving access to reliable, evidence-based parenting information by responding to MCH Line demand.	$4.9 million
	Expanding access to the Enhanced MCH Service to 15 per cent of families until their child turns three.	$37.7 million
	Providing an additional MCH visit for women and children experiencing, or at risk of, family violence.	$11 million
	Attracting new MCH nurses to the Service, including through scholarships, and providing professional development for all MCH nurses.	$5.2 million
Parenting skills and confidence	Expanding supported playgroups across the state, and improving connections between First Time Parent Groups and community playgroups.	$22.3 million
Making early childhood services more accessible and inclusive		
Kindergarten participation	Meeting increasing demand for Early Start Kindergarten to enable access to three-year-old kindergarten for Koorie children and children known to child protection.	$6.3 million
	Making kindergarten more accessible for families most in need by making places available to them after enrolments have closed.	$2.3 million
Supporting children with a disability	Expanding the Kindergarten Inclusion Support program so that more children with a disability can participate in kindergarten.	$5 million
	Continuing to support children with a disability and their families and the sector to prepare for the NDIS.	$7.2 million
Support for Koorie families	Working with Koorie communities to provide culturally relevant programs for Koorie parents and children.	$5.4 million
Building a better system		
Partnership with local government	Working with the Department of Health and Human Services and local government under the *Supporting Children and Families in the Early Years: A Compact between the Department of Education and Training, Department of Health and Human Services and Local Government (represented by the Municipal Association of Victoria).*	N/A
Central enrolment	Supporting local governments to adopt, expand and enhance kindergarten central enrolment for kindergarten services.	$5.5 million
Working with the Commonwealth Government	Working with the Commonwealth to establish more adequate and durable national funding arrangements and better recognise the value of early learning.	N/A
TOTAL		**$202.1 million**

Figures in this table are subject to rounding (to the nearest one hundred thousand) and may not add up to the total.

ENDNOTES

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3   Kiernan, KE & Mensah, FK (2011), Poverty, family resources and children's educational attainment: The mediating role of parenting.

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Royal Commission into
Victoria's Mental Health System

ATTACHMENT KL-3

This is the attachment marked 'KL-3' referred to in the witness statement of Kim Little dated 8 May 2020.

VICTORIAN EARLY YEARS LEARNING AND DEVELOPMENT FRAMEWORK

FOR ALL CHILDREN FROM BIRTH TO EIGHT YEARS

VICTORIAN CURRICULUM AND ASSESSMENT AUTHORITY

THE EDUCATION STATE

VICTORIA State Government | Education and Training

- Animal footprints show children and families walking proudly **with culture** in transition.

ACKNOWLEDGEMENT OF COUNTRY

The Department of Education and Training (Victoria) and the Victorian Curriculum and Assessment Authority respectfully acknowledge Aboriginal people as the Traditional Owners of the land and waters now known as Victoria.

We acknowledge the Victorian Aboriginal Elders and recognise their central place as knowledge holders and teachers across early years learning communities.

We honour this Acknowledgement throughout the Victorian Early Years Learning and Development Framework. We recognise and respect Aboriginal cultures and their unique place in Victoria's past, present and future. Learning about Aboriginal cultures and valuing the place of Aboriginal people is essential to understanding and implementing the Victorian Early Years Learning and Development Framework, based on the principles of equity and human rights.

CONTENTS

THE FRAMEWORK: VISION AND PURPOSE

PROMOTING CHILDREN'S LEARNING AND DEVELOPMENT: BIRTH TO EIGHT YEARS

The Victorian Early Years Learning and Development Framework (VEYLDF) adopts a comprehensive approach to children's learning and development.

The VEYLDF recognises health as a crucial enabler for learning and development from birth.

The VEYLDF recognises children's wellbeing from birth as both a prerequisite for and an outcome of learning. Supportive relationships and active skill building with adults in their family and community are central to children's wellbeing.

The VEYLDF upholds the image of the child as a rights holder and a competent learner with capacities to learn from birth.

The VEYLDF sets out outcomes and practices to guide early childhood professionals[1] in their work with all families and their young children from birth.

Supporting children to progress toward these outcomes, in conjunction with their families, is the core of the VEYLDF.

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[1] The term early childhood professionals in this document includes, but is not limited to, maternal and child health nurses, all early childhood practitioners who work directly with children in early childhood education and care settings (educators), school teachers, family support workers, preschool field officers, inclusion support facilitators, student support service officers, primary school nurses, primary welfare officers, early childhood intervention workers, play therapists, health professionals and teachers working in hospitals, and education officers in cultural organisations.

WHY BIRTH TO EIGHT YEARS?

Research over the past few decades has revealed how the human brain is biologically primed for learning from birth. The early childhood period of children's lives has a profound impact on their learning and development for the long term. From birth to eight years, children's developing brains undergo rapid change. This is when children have the greatest opportunities to develop neural pathways for learning and are also most vulnerable to negative experiences. Research underscores the imperative for comprehensive and integrated systems that support children's learning and development, health and wellbeing in partnership with families. Emphasis is placed on continuity of learning for young children as they move between various settings in the early years, including home, early childhood services and school. An informed understanding of the science of early learning and development guides adults on what children need to thrive and the systems that best support this.

BIRTH TO THREE YEARS

Research also demonstrates the importance of the first three years of life in shaping learning and development. From birth, early experiences and relationships influence children's long term outcomes and life chances. This includes the development of executive functioning and the capacity to experience, regulate and express emotion, to form close, secure and satisfying relationships and to explore, discover and learn about themselves and the world around them (Institute of Medicine, 2015; AIHW, 2015).

This is important foundational knowledge for all early childhood professionals to understand and apply in their work with families and children across birth to eight years.

The vision and purpose of the VEYLDF is to guide early childhood professionals in a collective effort with families toward the achievement of the nationally agreed Early Years Learning Outcomes (Early Years Learning Framework for Australia, 2009) where children:

- have a strong sense of identity

- are connected with and contribute to their world

- have a strong sense of wellbeing

- are confident and involved learners

- are effective communicators.

The VEYLDF describes each of these Outcomes for children from birth to eight years, linking the learning outcomes from the Early Years Learning Framework for Australia to the first three levels of the Victorian Curriculum F–10. Illustrative maps (**Attachment 1**) are provided as examples to support continuity of learning. The Outcomes provide a shared language for all early childhood professionals and families to use when planning for children's learning and development.

The VEYLDF identifies eight Practice Principles for Learning and Development, which describe the most effective ways for early childhood professionals to work together and with children and families to facilitate learning and development. The Practice Principles are based on the pedagogy of the Early Years Learning Framework for Australia and evidence about the best ways to support children's learning, development and wellbeing.

The VEYLDF emphasises the importance of supporting children's and families' transitions as they move within and across services throughout the early childhood period.

The following image developed by Annette Sax (Taungurung) (**Figure 1**) depicts the three elements of the VEYLDF: the Practice Principles, the Outcomes, and Transitions and continuity for children and families.

The child is at the centre surrounded by family, kin and early childhood professionals who support children's learning and development. A detailed story description by Dr Sue Lopez Atkinson (Yorta Yorta) of the symbols to accompany this artwork is included on **Page 38** of this document.
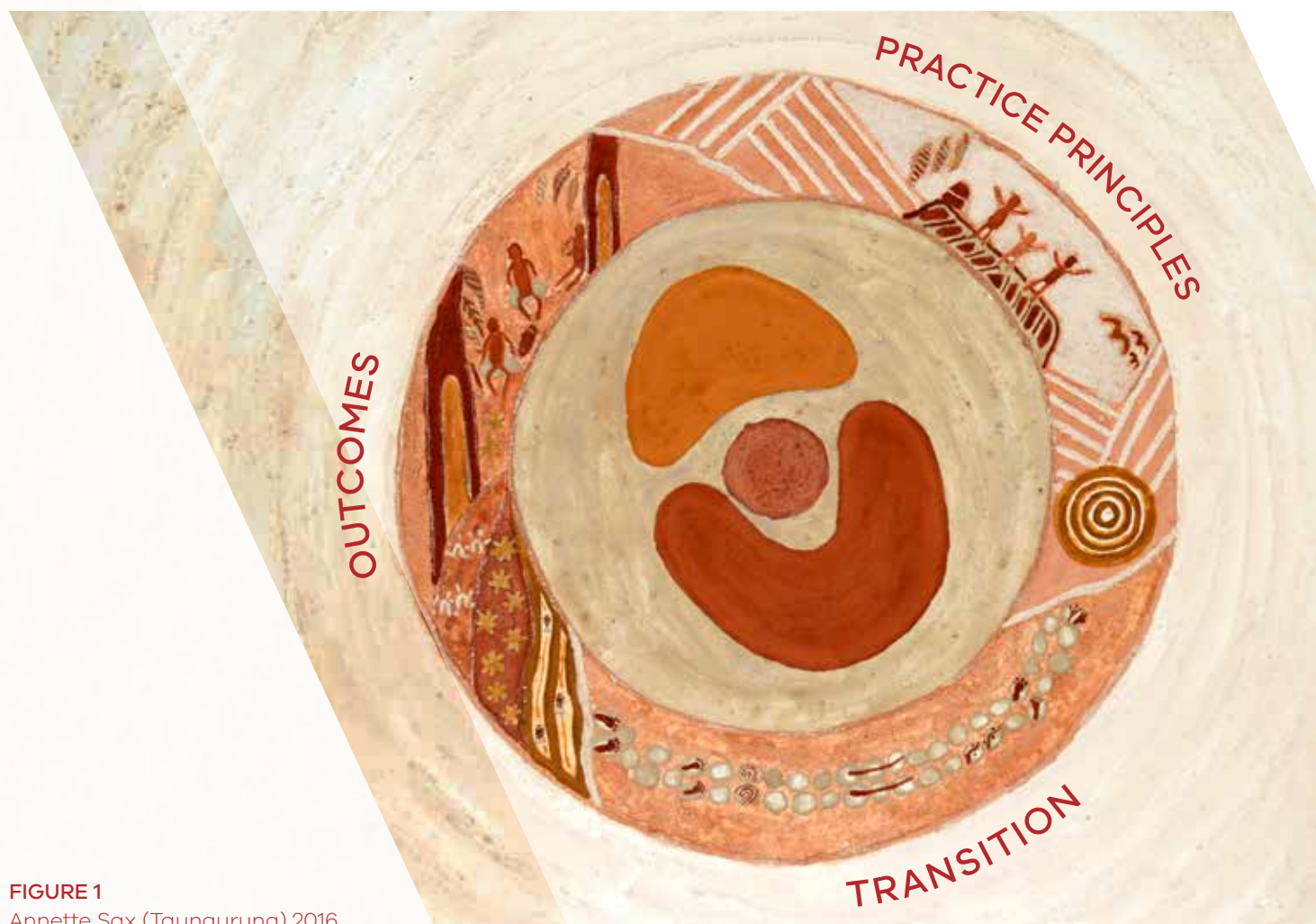

FIGURE 1
Annette Sax (Taungurung) 2016

A FRAMEWORK FOR ALL CHILDREN IN VICTORIA

The VEYLDF guides early childhood professionals to work together with families in support of their children, embracing and responding to the cultural and linguistic diversity of the Victorian community and diverse approaches to child rearing.

In particular, the VEYLDF:

- recognises and respects Aboriginal cultures and their unique place in the heritage and future of Victoria. Learning about and valuing the place of Aboriginal people will enhance all Victorian children's sense of place in our community

- celebrates the wealth of learning and experience that is available within local communities

- acknowledges that every child will take a unique path toward achieving the five Outcomes, and that all children will require different levels of support, some requiring significantly more than others

- draws upon the United Nations Convention on the Rights of Persons with Disabilities

- seeks to recognise all children as rights holders and full members of society, capable of participating in their social worlds through their relationship with others. These rights, expressed in the United Nations Convention on the Rights of the Child (1989), are:

  ◊ the right to life and development

  ◊ the right to be heard

  ◊ the right to non-discrimination

  ◊ the right for the best interests of the child to be upheld.

These principles are consistent with contemporary early childhood research, and are embedded within the practices espoused in this Framework.

The VEYLDF draws upon the Early Childhood Australia Code of Ethics 2016, and the Australian Human Rights Commission publication: *Supporting Young Children's Rights Statement of Intent (2015-2018).*

In this way the VEYLDF:

- is part of an integrated set of reforms aimed at supporting young children's learning and development

- sets a cohesive inclusion agenda and provides information about each Outcome, including how the Outcomes relate to the first three levels of the Victorian Curriculum F- 10 in schools

- includes Practice Principles to guide evidence-based practices in the early years.

All children influence and are affected by the environments that surround them. **The Ecological Model** underpinning this Framework acknowledges the life of each child within a social, environmental, political and economic context (see **Figure 2**). This model illustrates the strong network of community, services and programs that support children's learning and development.

Each child at the centre of the Ecological Model is unique, active, and engaged in their own learning and development within their local context, shaped by their family, culture and experience.

- Families and kinship members have primary influence on their children's learning and development. They provide children with the relationships, opportunities and experiences that shape each child's sense of belonging, being and becoming

- Each adult around the child learns, leads, supports and actively invests in the child's success. Each professional who engages with a child and their family has a part to play

- Local community, cultural events, spaces and their accessibility, reinforce a sense of belonging and wellbeing for a child and their family

- The broad interrelated system and policy settings reflect a vision for children's learning and development through the five Outcomes.
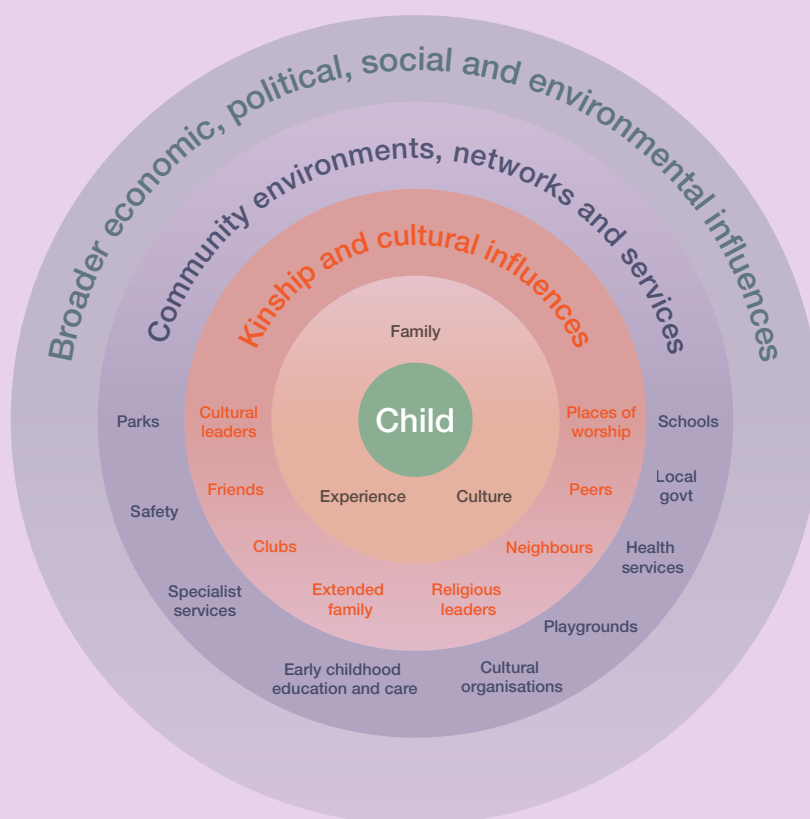
FIGURE 2: ECOLOGICAL MODEL (adapted from Bronfenbrenner 1979)

Children learn about themselves and construct their own identity within the context of their families and communities. This includes their relationships with people, places and things and the actions and responses of others. Identity is not fixed. It is shaped by experiences. When children have positive experiences they develop an understanding of themselves as significant and respected, and feel a sense of belonging. Relationships are the foundations for the construction of identity – 'who I am', 'how I belong' and 'what is my influence?'

(Belonging, Being and Becoming – The Early Years Learning Framework for Australia p.20)

LEARNING AND DEVELOPMENT PATHWAYS

Children and families in Victoria have access to a range of services. Maternal and child health nurses and other health professionals work with families throughout the early years of each child's life. Families are encouraged to access a range of early childhood services, including playgroups, early childhood education and care, outside school hours care, and kindergarten programs, as well as sporting, community education and cultural organisations. Cultural organisations include libraries, museums, botanic gardens, galleries and zoos. All these services provide a wide range of experiences that enhance children's learning and development.

Targeted and intensive services provide additional support for children and families. These include child and family services, supported playgroups, early start kindergarten, and a range of community, primary and specialist health services.

Children's learning and development pathways are integrated, cumulative and subject to change over time. Throughout the first eight years of children's lives, early childhood professionals collect important information about their learning and development. Families and professionals should access and share this information in order to build a complete picture of the child.

The unique attributes of each child, be they cultural, behavioural, physical, intellectual, linguistic, socio-emotional, and the child's own perspectives and voice, must be taken into account when assessing their learning and development. This information assists professionals, with families, to determine the appropriate evidence base to guide and revise programs serving the family and child. Early childhood professionals learn about the family's priorities for their child. They understand the child's attachment, attention, engagement, social interactions, physical health, disability, conceptual understanding, language and communication. They are well placed to further children's learning and development. For example, when teachers in primary school classrooms know what a child's learning and development life pattern has been before they start school, they are well placed to continue to scaffold the child's learning.

USING THE VEYLDF

The VEYLDF provides a common language to describe young children's learning, and common principles to guide practice. It complements the range of discipline-specific resources that support early childhood professionals working with children and families at **Appendix 2** (online). An outline of the professional learning resources developed since 2010 to support early childhood professionals implementing the VEYLDF is provided in **Appendix 3** (online).

The VEYLDF is also supported by eight Practice Principle Evidence Papers and eight Practice Principle Guides developed in partnership with early childhood professionals. These resources provide detailed practice examples, case studies and guidance about how the Practice Principles can be used to support children's learning and development.

PRACTICE PRINCIPLES FOR CHILDREN'S LEARNING AND DEVELOPMENT

When children, within their families and local community, are provided with opportunities, experiences and encouragement, their learning and development are positively supported.

The Practice Principles:

- promote personal and collective acknowledgement of each child's identity, culture, and spirit[2]

- support professionals to act in the best interests of children

- guide early childhood professionals as they respond sensitively and positively to each child.

A key role of each early childhood professional is to build children's confidence, sense of wellbeing and security, and their motivation to engage actively in learning with others.

The Practice Principles are based on contemporary international evidence about the best ways to support children's learning and development. They are interrelated and designed to inform each other. The Practice Principles were developed in the context of:

- the pedagogy of the Early Years Learning Framework for Australia

- the Australian Professional Standards for Teachers (AITSL, 2013)

- the Australian Professional Standard for Principals and the Leadership Profiles (AITSL, 2014).

The eight interrelated Practice Principles are:

- Reflective practice

- Partnerships with families

- High expectations for every child

- Respectful relationships and responsive engagement

- Equity and diversity

- Assessment for learning and development

- Integrated teaching and learning approaches

- Partnerships with professionals.

PRACTICE PRINCIPLES – STORY DESCRIPTION

- Bunjil the Eagle and Waa the Crow represent Aboriginal culture and *partnerships with families*.

- The water hole symbolises *reflective practice*.

- The gum leaves with their different patterns and colours represent *diversity*.

- The stones underneath the leaves represent *equity*. They reflect the additional support put in place in order for all children to achieve.

- The child and adults standing on 'Ochre mountain' symbolise the *high/equitable expectations* we hold for children and adults.

- The family standing on and looking out from 'Ochre mountain' reflects *assessment for learning and development*. Such assessments draw on children's and families' perspectives, knowledge, experiences and expectations.

- The child and adult figures also represent *partnerships with professionals*.

- The land symbol as mother earth represents the basis for *respectful relationships and responsive engagement*.

- The symbols for land, water and people signify *holistic and integrated* approaches based on connections to Clan and Country.

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2 Spirit refers to human exploration of being and knowing, a sense of awe and wonder, a search for purpose and meaning within a range of human experiences.

REFLECTIVE PRACTICE

Reflecting on and critically evaluating practice is a core part of all early childhood professionals' work. It is at the heart of maintaining a learning culture in a service, setting or network and is linked with continuous improvement.
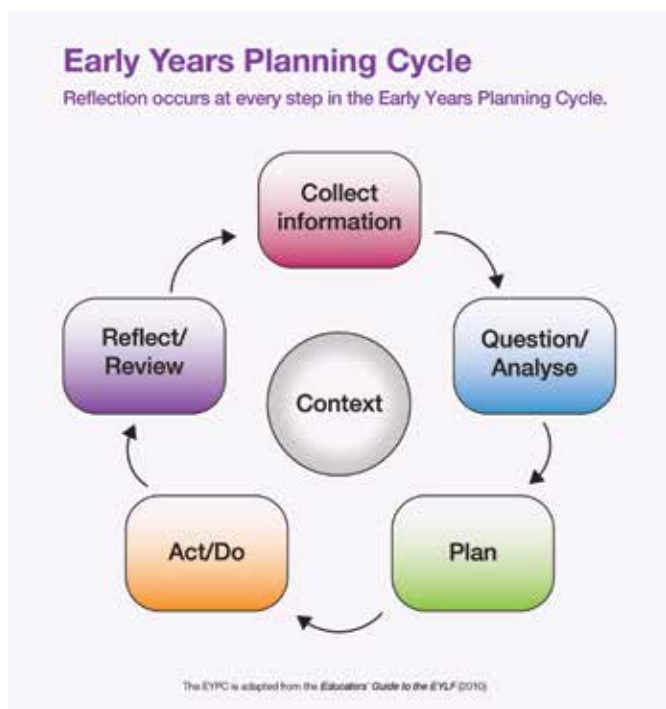

Early Years Planning Cycle
Reflection occurs at every step in the Early Years Planning Cycle.

The EYPC is adapted from the *Educators' Guide to the EYLF* (2010)

FIGURE 3: EARLY YEARS PLANNING CYCLE (EYPC)

Figure 3 outlines the process early childhood professionals use in partnership with children, families, kinship members and other professionals to question and analyse, act and reflect on evidence they have collected. This strengthens the decisions they make about what is important for children and families within their communities.

Applying the early years planning cycle can increase early childhood professionals' awareness of bias and inequities and support them to uphold the rights of all children to become successful learners. This process may validate existing practices or challenge and drive improvements to less effective practices. It can help individuals and teams to identify the 'next steps' in improvement. Positive aspects of practice and skills can be identified, transferred or extended to improve other contexts.

Professional reflection is facilitated when leaders and mentors actively use their roles to collaborate with other professionals. Effective leadership promotes a culture of excellence and embeds reflective practices within the learning community's everyday processes.

A positive culture with respect for others and a collective purpose is likely to advance the agreed outcomes for children's learning and development. Such a culture will support the identification of and access to professional learning and development resources necessary to improve professional skills and practices.

Individually and collectively, early childhood professionals' practices are more effective within a strong culture of professional inquiry.

Effective practice is strengthened when early childhood professionals:

- gather information, including the views and perspectives of each child, and use it to inform, review and enrich decision-making

- draw on expertise beyond the team to gain clear and shared understandings and to inform new directions

- reflect with children and families as collaborators to create more inclusive environments to advance each child's learning and development

- collaborate with professionals in other disciplines to provide, receive and consider multiple perspectives, encouraging every person's contribution

- use sound evidence to inform planning for children's progress in learning and development

- apply evidence-based practices to advance children's learning and development

- embrace professional learning and skill development that aligns with priorities for setting, service or network improvement

- review and evaluate to inform ongoing improvement

- challenge and change some practices to incorporate new understandings into practice.

PARTNERSHIPS WITH FAMILIES

Children learn most in their early years from those adults with whom they have the closest relationships. Families are the primary influence on children's learning and development. Families have a long-standing relationship with and unique perspective on their child. This includes valuable information about their child's strengths, abilities, interests and challenges. Partnerships between early childhood professionals and families have not always been the norm and may not be an expectation of families. This requires professionals to persist in establishing and strengthening partnerships. This may include partnerships with extended family members.

Every partnership will be unique, just as each family is unique with different values and priorities. Early childhood professionals work in partnership with all families within communities to build links between home and other settings a child attends. This provides greater consistency and complementarity for the child.

Some families may find it challenging to engage with early childhood professionals because of their own experiences, for example their language, cultural or socio-economic backgrounds, health or disability related issues. This requires early childhood professionals to use multiple ways to communicate with families, to negotiate and overcome barriers to equity and engagement.

Some families have additional pressures on them. For example, they might experience significant adversity and hardship, family violence, trauma or loss. Regardless of circumstances, it is in the child's best interests for there to be effective, sustained, collaborative partnerships between families and all professionals.

Early childhood professionals:

- show respect in their relationships with families, adopting an open, non-judgemental and honest approach that is responsive to a family's situation

- understand that consensus with families is not always possible or desirable

- create a welcoming and inclusive environment where all families are encouraged to participate in and contribute to experiences that enhance children's learning and development

- listen to each family's understanding, priorities and perspectives about their child with genuine interest to inform shared decision-making and promote each child's learning and development

- actively engage families and children in planning for ongoing learning and development in the service, at home and in the local community

- establish partnerships where information sharing supports families' confidence, identifies what families do well, and recognises the family's critical importance in their child's life.

HIGH EXPECTATIONS FOR EVERY CHILD

High expectations and encouragement are closely linked with children's agency and sense of capability. Children are capable of making choices and decisions from birth. High expectations by professionals and families means being open to possibilities about children's capabilities and avoiding being locked in to ideas about what children are capable of at a certain age or stage. This expectation of success is a powerful motivator for children, promoting resilience and willingness to work hard, regulating behaviour and establishing goals and aspirations for the future. High expectations act as an important protective factor in achieving better outcomes for all children including those who encounter more risk and fewer protective factors within their everyday lives. Building on each child's strengths, and having high expectations for success can help early childhood professionals to reach a unity of purpose around each child and family.

All children have a right to respectful treatment and the inclusion of their perspectives in decision making. Children have a right to participate in decisions that affect them. This requires professionals to provide opportunities and challenges that afford children the space, time, voice, audience and capacity to make a difference in their environment. Children may show ingenuity, creativity and skills that were previously unnoticed. Children construct their own understandings and co-construct understandings with both adults and children, contribute to the learning of others, and initiate and lead their own learning.

Early childhood professionals:

- commit to having high expectations for every child's learning and development

- show sensitivity to the messages they convey about the child's and family's unique abilities

- notice and actively avoid the negative effects of low expectations, prejudice and low levels of attention to any child's learning and development

- value children's strengths and differences and communicate high expectations to them

- ensure that every child experiences success and is motivated to accept new challenges through which to learn and grow

- recognise that every child learns from birth, but some children require different opportunities, spaces and specific supports, in order to learn effectively and thrive

- work with all families, in particular those experiencing vulnerability and disadvantage, to promote the importance of having high expectations for their children

- expect and ensure that children express their views and contribute to decisions that affect them, including children who are not able to communicate with words.

RESPECTFUL RELATIONSHIPS AND RESPONSIVE ENGAGEMENT

From birth, warm and respectful relationships with familiar adults build and strengthen secure attachments that are fundamental to children's learning and development. All adults are attuned to subtle communication and cues from birth. These relationships nurture, regulate and provide protective factors to support children's wellbeing, resilience and learning capabilities. Protective factors provide a secure base and act as a buffer to help children feel safe and confident enough to try new things and learn new skills and concepts.

The image of the child as a competent learner from birth drives professionals to provide a safe and stimulating environment, and encourage children to expand their capacities and deepen their knowledge and understandings of the world.

Relationships are deeply connected to thinking and learning. Children require support to learn about negotiation, collaboration, problem solving, conflict resolution and listening to each others' perspectives.

Adults' positive engagements with children promote emotional security, children's sense of belonging, cultural and conceptual understandings and language and communication. Positive, respectful engagement also teaches children how to form strong bonds and friendships with others.

Respectful relationships and responsive engagement apply to relationships with both families and children. All aspects of practice and programs should actively encourage children to develop respectful relationships with others. Early childhood professionals and families who engage respectfully and responsively with children from birth in everyday routines and experiences promote children's confidence and empowerment. This includes encouraging children to initiate and lead their own learning, and teaching them how to engage effectively with others.

Early childhood professionals:

- demonstrate sensitivity and initiate warm, trusting and reciprocal relationships with children and their families

- support families' choices and decision making

- ensure that children experience safe and stimulating learning environments

- help children to establish secure attachments and develop self-regulation

- develop learning programs that are responsive to each child and build on their culture, strengths, interests and knowledge

- support sustained shared thinking

- listen to, hear and take into account the views and feelings of each child

- recognise when a child learns something significant and apply this knowledge to strengthen learning relationships

- recognise and deepen their understandings about other people and how values and beliefs influence their own world view

- demonstrate respect for and understanding of the views of other professionals and families when communicating and interacting across cultures.

EQUITY AND DIVERSITY

Children's identity and their family and cultural histories shape their learning and development. Children feel welcome and learn well when professionals respect and acknowledge their unique identity. Equitable opportunities for children promote their learning and development outcomes. All children have the capacity to succeed, regardless of their circumstances and abilities.

Values and attitudes, understandings of community and individual, and ways of communicating and behaving, all impact on children's sense of belonging and acceptance. When children experience acknowledgement of and respect for diversity, their sense of identity becomes stronger.

Inclusion is the active response by early childhood professionals to understand all children's and families' experiences and children's individual capabilities. It is important to recognise and nurture each child's sense of belonging to their family, community and early years settings.

Early childhood professionals:

- promote cultural awareness in all children, including greater understanding of Aboriginal and Torres Strait Islander ways of knowing and being

- nurture children's evolving capacity to learn from birth, regardless of circumstance or ability

- support all children to develop a sense of place, identity and a connection to the land and the natural world

- engage in sustained shared conversations with children to explore equity and diversity, to promote each child's sense of identity

- ensure that the interests, abilities and culture of every child and their family are understood and valued

- ensure that all children have equitable access to resources and opportunities to demonstrate their learning

- maximise opportunities for all children to do well and learn from others, including opportunities to experience diversity and difference in ways that nurture positive attitudes, and care and respect for others

- identify and implement the type and level of support or intervention that is required to demonstrate and improve children's learning and development

- recognise multilingualism as an asset and support children to maintain their first language, learn English as an additional language, and learn languages other than English

- are committed to equity and avoid practices that directly or indirectly contribute to gender inequality, prejudice and discrimination.

ASSESSMENT FOR LEARNING AND DEVELOPMENT

Assessment of children's knowledge, understandings, skills and capabilities is an essential ingredient of planning for and promoting new learning and development. Assessment is designed to discover what children know, understand, and can do. Assessment may be based on how children move and regulate themselves, what they make, write, draw, say and can do, and what their family and professionals report about them. All children benefit when assessment reflects a whole-child approach that may include their health and wellbeing, reveals their strengths, and shows what might next be learnt.

Early childhood professionals choose assessment instruments and techniques to create a holistic picture of each child's knowledge, understandings, skills and capabilities. They are thoughtful, deliberate and purposeful in the way they use this information to discuss with families and shape their responses to children.

Early childhood professionals are clear about what they want children to learn and why, and how best to bring about that learning. They value communication with families and what they learn from them. This includes developing an understanding of each child's home learning environment and the health and wellbeing of the family. Family knowledge and understanding about each child's learning and development is taken into account as part of determining important next steps to support and extend the child. A systematic and collaborative approach to assessment over time and to the review and decision-making about 'what next' for a child's program, is crucial.

Self-assessment can be a key motivator for each child to continue along a pathway toward new challenges and further success, especially if they are encouraged and supported in this practice.

Children can be observed to intuitively assess their capabilities or achievement of tasks during informal learning opportunities, and repeated attempts to succeed at something new. These encounters also provide adults with opportunities to encourage further exploration by checking in with children and highlighting effective strategies that children adopt and/or behaviours that they demonstrate.

The Early Years Planning Cycle (EYPC; see **Figure 3, p. 8**) outlines the process that early childhood professionals use, in partnership with families and other professionals, to collect, analyse, plan, act, and reflect on evidence of learning and development. Questioning and analysis informs planning and practice decisions so that what is planned has meaning and is worth children knowing and doing.

Early childhood professionals assess children in ways that:

- are authentic and responsive to how all children can best demonstrate their learning and development

- are receptive to and include children's views of their own learning

- include information from a wide range of sources to help them assess and plan effectively

- reveal each child's specific strengths and capabilities and any gaps in achievement that may benefit from additional early intervention

- include the perspectives, knowledge, experiences and expectations of families

- provide families with information and ideas to support the child's learning at home and in other services

- value the culturally specific knowledge about children and their identity, wellbeing, learning and development that is embedded in their communities

- are transparent, giving all adults close to the child access to best 'next steps' in promoting a child's learning and development.

INTEGRATED TEACHING AND LEARNING APPROACHES

Play is central to the concept of integrated teaching and learning approaches. Play is essential to stimulate and integrate a wide range of children's intellectual, physical, social and creative abilities. Effective early childhood practices use integrated teaching and learning approaches to support sustained and shared interactions with children. Through play and other opportunities children learn to make sense of and construct ideas about the social and natural world – the people, places, objects and experiences they encounter every day.

Learning occurs in many different contexts and social environments when children watch others, talk with others and participate in routines and everyday experiences. Children also learn on their own and this learning can be stimulated and extended by the involvement of responsive adults. An integrated teaching and learning approach is an active process founded on learning relationships with children. This involves attunement to children, active engagement (by and with children), sustained shared thinking and conversations, and intentional teaching. This approach recognises the centrality of respectful and responsive relationships to children's learning.

Combined or integrated child-directed play and learning, guided play and learning, and adult-led learning are effective in advancing children's knowledge. Integrated teaching and learning approaches involve adults drawing on and moving between the three approaches in an interweaving way (pictorial representation in **Figure 4**).

Early childhood professionals use integrated approaches to build on children's skills and interests, using real life situations that may introduce something totally new to make learning engaging and relevant.

From birth, sustained shared conversations include gestures, vocalisations, expressions or actions and adults listen carefully and respond using back and forth conversation patterns.

Leaders across the early years have significant roles to play in the integration of effective teaching and learning approaches. The active guidance and support of reflective leaders strengthens intentional practice to improve outcomes for children and families.

Adult-led learning occurs when adults introduce an experience or an idea, concept or topic for exploration and direct the learning, giving instructions, setting rules, asking questions and providing structure. Children have some control and input when adults lead the learning. It involves making judgements about what is worth children knowing, and promoting worthwhile and challenging experiences and interactions that foster high-level thinking skills. Adult-led learning encompasses those play experiences and other opportunities that are deliberate and planned by the adult as a response to their knowledge of the child.

Child-directed play and learning is an exploratory process that occurs when children lead their learning through exploring, imagining, experimenting, investigating and being creative in ways that they control. The adult's role may be to observe what the child knows and understands based on what they make, write, draw, say and do.

Guided play and learning occurs when adults are involved in children's play and learning, following children's interests and responding to spontaneous learning opportunities as they arise.

Early childhood professionals use integrated teaching and learning approaches to:

- encourage all children from birth to explore, solve problems, communicate, think, create and construct ideas and understandings

- create environments that provide children with socially mediated learning opportunities with a range of adults and peers

- promote each child's capacity for establishing friendships and encourage children to learn from and with each other

- share strategies with families and other adults to support learning in the home and other settings

- make decisions about what concepts to introduce to children and when, what is important for them to know and understand, and how to go about building on children's existing knowledge

- use intentional teaching strategies that are always purposeful and may be pre-planned or spontaneous, to support achievement of well considered and identified goals

- reflect carefully on whether, when and how to intervene in children's learning, making purposeful and deliberate choices about when to observe rather than participate

- teach children explicit subject matter (e.g. mathematical, literary, musical, scientific, artistic) and associated skills to deepen and extend their knowledge, understanding and values

- create physical and social environments that expose children to learning experiences and physical activity, both indoors and outdoors in the natural world.

GUIDED PLAY AND LEARNING

ADULT-LED LEARNING

CHILD-DIRECTED PLAY AND LEARNING

FIGURE 4: INTEGRATED TEACHING AND LEARNING APPROACHES

PARTNERSHIPS WITH PROFESSIONALS

Early childhood professionals working with young children have diverse disciplinary backgrounds, levels of training and experience. A culture of inquiry and challenge builds robust collaboration and continuous improvement. Effective partnerships with other professionals require leadership, common goals and communication across disciplines and roles to build a sense of shared endeavour.

Early childhood professionals develop and refine their expertise, respect their colleagues, care for their own wellbeing and the wellbeing of others, and draw on the expertise of peers. They work in partnership to improve the quality of children's learning experiences and advance children's learning and development.

All leaders including those in early childhood education and care services, health services, family support services and schools have a part to play in developing collaborative partnerships. Interdisciplinary practice with a range of early childhood professionals can help to strengthen integrated and consistent support for families as they raise their children. This includes appropriate referrals and diagnosis so that all children experience focused, specific and holistic contributions toward their learning and development.

Early childhood professionals work in partnership to:

- research, share information and plan together to ensure holistic approaches to children's learning and development

- respect each others' practice, skills and expertise

- collate and use the evidence of children's prior and current learning and development to build continuity in learning and development

- continue to learn and deepen their expertise in order to best support children's learning and development

- acknowledge the significance of transitions in early childhood services and schools, and work in partnership to ensure that families and children have an active role in transition processes

- work to improve the continuity of practice between settings, including the daily transitions for children and their families

- foster engagement in early years learning communities, where individuals mentor, coach and learn from each other

- develop and promote collaborative partnerships in early years networks

- provide accountable leadership for learning and development outcomes and support research-based practice in learning networks.

EARLY YEARS LEARNING AND DEVELOPMENT OUTCOMES

The VEYLDF identifies five Outcomes for young children from birth[3] and extends these to include all Victorian children from birth to eight years:

- Children have a strong sense of identity (**identity**)

- Children are connected with and contribute to their world (**community**)

- Children have a strong sense of wellbeing (**wellbeing**)

- Children are confident and involved learners (**learning**)

- Children are effective communicators (**communication**).

The VEYLDF provides early childhood professionals with evidence-based concepts to advance learning and development. From birth, children learn and demonstrate knowledge, skills and understandings in different ways and at different points in time. The rate of children's individual progress is not always the same, nor is progress always easy or straightforward. For some children and families, maintaining and improving learning and development involves considerable struggle and much perseverance. Therefore, different kinds of support and engagement are required.

The descriptions of the five Outcomes included in this section are neither exhaustive, nor exclusive. The five Outcomes provide a common language to support collaborative approaches between professionals and with children and families to build continuity across early years settings and programs for children from birth to eight years.

The illustrative maps between each of the five Outcomes and the first three levels of the Victorian Curriculum F-10 (**Attachment 1**) strengthen continuity of learning across the early years. This resource also provides examples of children's learning and development from birth to eight years for review and discussion between early childhood professionals and with families.

The illustrative maps:

- can be used to help make visible to families and other professionals the priorities that are being pursued at any point in the child's learning and development from birth to eight years

- enable professionals to see and describe how foundational learning and development from birth supports and connects to a continuum of learning and teaching from the five learning and development Outcomes to the Victorian Curriculum F-10 in the early years of school

- support professionals and families to see the learning of children from birth as described in the five VEYLDF Outcomes and to build on and extend that learning

- assist teachers in the early years of school to design experiences and learning opportunities that build on and extend children's knowledge and capabilities.

OUTCOMES - STORY DESCRIPTION

- Gum leaves as bush medicine symbolise connection to *wellbeing*.

- The yam daisy represents the survival of a strong Aboriginal *identity*. The yam daisy was central to the diet of Aboriginal Victorians. It was almost wiped out by colonisation but has survived.

- The family sitting under the scar trees with message stick and coolamon symbolises *communication*.

- The family seated on the land also symbolises the child *learning* through their connection to and involvement with *community*.

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3 As agreed by the Council of Australian Governments (COAG) in July 2009.

OUTCOME 1: CHILDREN HAVE A STRONG SENSE OF IDENTITY

Identity is unique to each individual, and defines who people are, what shapes their interests and how they come to view the people and events around them. Some aspects of identity are permanent and others change throughout life. The foundational sense of who we are is profoundly important. Identity is aligned with belonging, the sense of feeling included and secure in the social settings (family, community, early childhood services and schools) that are part of everyday life.

From birth, relationships are at the foundation of children's construction of their identity: Who am I? Where do I fit in? How do others see me and relate to me? These questions are at the core of identity formation. In order to form a strong sense of self, children need to build secure relationships first within families and then with caring, attentive adults and other children in the places they spend time.

Secure attachments are critical for all children from birth and link to positive mental health outcomes. Attachment means having attentive, affectionate, consistent, available, attuned adults as a source of comfort and reassurance. When children from birth have positive experiences of relationship and place, they can develop a strong sense of security, identity and belonging. They can construct a positive image of themselves, and behave as secure, significant, respected individuals. As children build self-identity and a sense of belonging they reach out and communicate the need for comfort, assistance and companionship. As they show interest in others and experience being part of a group, they participate with others in play and other learning opportunities and develop friendships.

The acquisition and maintenance of first or home languages has a significant and continuing role in the construction of identity. This is supported when early childhood professionals respect children's cultures and languages. In Victoria the rich array of languages and cultures enable many opportunities for valuing and strengthening multilingual capabilities, respecting cultural diversity, supporting common values and building social cohesion.

For Aboriginal and Torres Strait Islander children, connections to country, including through learning on country in the natural world, support identity. Family and community are valuable sources of cultural knowledge and skills for all early childhood professionals in developing cultural competence.

Children who have a strong sense of identity feel comfortable within local, social and cultural practices important in their lives. Children feel safe and secure and experience close attachment and kinship with those close to them – parents, grandparents, family groups, caregivers and friends. Children are supported to act with self-confidence and autonomy while also recognising the interdependence of their social groups and their place as a valued member. They learn about reliance on others and about our ability to help and support others. Children are comfortable in the here and now of their lives and are able to grow and thrive because they feel they are secure and belong.

When children seek and accept new challenges they show autonomy and agency. From birth, the concept of agency is closely related to the development of a sense of identity. Dramatic play is important for exploring different identities and points of view, including the notion of belonging to global communities. Children should be supported to appreciate similarities and differences between individuals and groups, and to respect different perspectives.

As children learn and develop, they build further on their abilities to cooperate and work collaboratively, demonstrate initiative by asking questions and attempting new challenges. With encouragement, children plan their learning, reflect on their achievements, acknowledge the value of persistence, and enjoy their accomplishments and contributions. A strong sense of identity enables a child to be confident, and to recognise and accept that in any social setting there are consequences for their actions and behaviours. All children, with support, can develop a strong sense of self and learn how to interact with others with care, empathy and respect.

OUTCOME 2: CHILDREN ARE CONNECTED WITH AND CONTRIBUTE TO THEIR WORLD

From birth, children learn to see themselves as individuals, accepting their uniqueness and the uniqueness of others. Children strive for connection and seek belonging - to people, country, place and communities that help them to learn about local ways of being. They learn about sharing common values, traditions and practices. As children experience settings beyond the home and kinship groups in which they live, their experiences, relationships and connections broaden. Across the period from birth to eight years, through the support of family and others, children learn more ways to connect and contribute. Contributing in social settings strengthens children's sense of identity, wellbeing and belonging. Children's wellbeing is linked closely to the wellbeing of their community.

Children increasingly enjoy being in groups and contributing to family and social life from birth. Children who are strongly connected to their world participate in shared everyday routines, events and experiences, and use opportunities to contribute to decisions. They help and show concern for others, learn to respect those who are different from them and practise peaceful and inclusive ways of resolving conflicts. They come to understand fair play and how to make a contribution to a group. Children who are strongly connected establish friendships with other children. They test their responsibilities and rights - and those of others - in familiar settings, such as their family, playgroups, early childhood settings, classrooms and playgrounds, friendship groups and in communities.

Children become aware of the impact of the local environment, both physical and social, on their lives. They learn ways to care for the environment and contribute to a sustainable future.

Children are citizens with equal rights and are consulted meaningfully, with families and communities, about issues that affect them. Consulting with families and children in order to understand their cultural and everyday traditions and routines informs practice. Providing equitable opportunities for children with diverse capabilities and life circumstances supports engagement and connection, enabling them to contribute positively to their world.

Some children require carefully constructed experiences to affirm their belonging and connection with the group and to facilitate their participation in local community experiences. Some may require explicit direction and support to help them to feel safe and to belong. Observing closely and taking cues from the child can show adults how best to help a child connect with and contribute effectively to their world.

OUTCOME 3: CHILDREN HAVE A STRONG SENSE OF WELLBEING

From birth and throughout early childhood, the foundations for physical, social, emotional and spiritual wellbeing are laid. Wellbeing means having good mental and physical health, including attachment, positive affect and self-regulation. This means being able to manage emotions productively and build resilience and persistence, being adaptable and confident, and experiencing feelings of satisfaction and happiness. Early childhood professionals, individually and together, play a key role with families in promoting healthy life practices and children's sense of wellbeing.

Children who have a strong sense of wellbeing develop a range of social skills and dispositions. They learn to be comfortable in the range of settings that are part of their lives. They are becoming capable of seeking and receiving assistance and of being alone and with others. Children learn how to express and manage their feelings and develop self-reliance. Children grow in their capacity to manage their wellbeing, and seek support from others around them to maintain a strong sense of physical, emotional, social and spiritual wellbeing.

From birth, relationships that are warm and supportive assist children to express feelings such as joy, sadness, frustration and fear and to identify and accept their own and others' feelings. This supports the development of strong bonds and attachments. Learning to constructively resolve conflicts begins in infancy. Children are supported to express their views in line with their evolving capabilities. With support and guidance around naming and recognising the range of human emotions, children continue to learn and practise strategies that enable them to manage disappointments, anxiety, frustration and loss.

With increasing physical mobility comes greater opportunity to explore and experience the world. Outdoor play promotes children's physical and cognitive development and their ability to assess risk.

Children learn to manage and move their bodies in space in a range of environments and settings. They learn to maintain their own basic hygiene practices and they are able to contribute to and maintain basic health and safety practices.

As children progress and mature, their social skills and resilience increase. They learn to manage emotions and impulses, cope with day-to-day stresses and to persevere and 'have a go' when faced with challenging learning situations. Children experience wellbeing as they develop a sense of achievement, and as they learn to be flexible and adapt to new environments and events.

Maintaining physical health, including managing chronic health conditions, contributes to a sense of wellbeing. This includes a healthy diet and the exercise necessary for healthy living. Children are supported by adults to learn about and encounter a range of nutritious foods, as part of everyday food choices. They enjoy opportunities to grow, cultivate and prepare nutritious food. Children also gain a basic understanding of the aspects of an active lifestyle, including the positive experience of active outdoor play and physical exercise, and the avoidance of substances or products that are harmful to their health and wellbeing.

From birth to eight years, children continually acquire, refine and consolidate their motor functions and skills and integrate their skills across domains.

Dance, drama and musical experiences can combine stillness and movement, and children learn to create and perform simple rhythmic movement sequences. The learning and physical development of young children is evident through their movement patterns, from their physical dependence and reflex actions at birth through to their development of spatial awareness, and the ability to move around their environment confidently and safely. The growth of strong spatial awareness across the early years is also known to positively influence the development of children's mathematical capabilities.

OUTCOME 4: CHILDREN ARE CONFIDENT AND INVOLVED LEARNERS

Children learn in the context of their families and communities. From birth to eight years children continue to establish learning dispositions and patterns of engagement with others that have a profound influence on their learning, behaviour, motivation and capacity for being confident and involved life-long learners.

Responsive learning relationships with all children support them to learn successfully. They are encouraged to be curious and enthusiastic about their learning.

Children are active learners exploring the world through touch, sight, sound, taste, smell and movement. The child's brain develops rapidly through physical explorations and their active engagement with others who speak and respond to their interests. From birth, with the warmth and support of others around them, children experience and come to realise that learning is exploratory and it can be fun and rewarding. Periods of uninterrupted play give children time to invent, investigate and discover, using a rich variety of open-ended materials and resources. Time in the natural world builds confidence and supports discovery.

Young children begin to develop explanations for observed phenomena, and consider what they can learn from experiences. With encouragement, guidance, experience and learning, children further develop the capacity to reflect on their own thinking processes and approaches to learning. This is fundamental to maintaining positive learning and development trajectories.

Children who are confident and involved learners have positive dispositions toward learning, experience challenge and success in their learning and are able to contribute positively and effectively to other children's learning.

They are motivated and resourceful in approaching new learning or taking part in new challenges. They develop and use their imagination and curiosity as they build a 'tool kit' of skills and processes to support problem solving, hypothesising, experimenting, researching, and investigating activity. Metacognition begins to develop as young children begin to 'think aloud' and discuss learning in ways that help to deepen their knowledge of information and processes. They negotiate and set achievable goals, seek to understand and can predict outcomes. With encouragement children become comfortable with taking risks. They know that failure is a valuable part of learning, are able to learn from mistakes to enhance future success, and they become more skilled at seeking help when they need it.

The ability of very young children to understand what is said to them exceeds their ability to express themselves using language. Young children learn from watching and listening, and new skills and understanding can emerge as a result of demonstration and modelling by others.

Children's involvement in learning changes what they know, what they can do, what they value, and transforms their learning. When provided with many opportunities and a rich supply of natural and manufactured materials and tools, children create, build, sculpt, draw, paint and construct, and they enjoy taking part in sustained shared conversations focused on their interests.

When young children are supported to be relaxed and involved, they express wonder and interest in their environment. As they grow, so does their sense of inquiry and thirst for knowledge. From the earliest months of life, children learn critical patterns within events and routine care procedures. Supporting this learning by making sequences and procedures clear and predictable helps children to build their capacity and to function in the world. Children grow in confidence as they learn task-procedures, exercise imagination and help to solve problems, and they learn to stay alert and involved.

As children learn and develop they expand their scientific thinking skills. When given opportunities to generate questions about situations and phenomena, make predictions, carry out systematic courses of action and evaluate results they build further on their skills and knowledge. From birth, children are highly engaged with their environment, and this is the basis for important concept development.

Children learn with their peers, sharing their feelings and thoughts about learning with others. They begin to understand that listening to the responses of others can help them understand and make new meaning of experiences. Children teach others and broaden their learning about the world through connecting with people, places, technologies and natural materials. They manipulate objects to investigate, assemble, invent and construct, and they use their own and others' feedback to revise and build on an idea.

Children benefit from many opportunities to generate and discuss ideas, make plans, exercise skills, brainstorm solutions to problems, reflect and give reasons for their choices. They investigate what products and systems can do, and how they work. Increasingly, they begin to use information and communication technologies to assist their thinking and to represent what they know and understand.

OUTCOME 5: CHILDREN ARE EFFECTIVE COMMUNICATORS

Children communicate from birth. Most children are innately social, creative and motivated to exchange ideas, thoughts, questions and feelings. They begin by using gestures, movement, visual and non-verbal cues, sounds, language and assisted communication to engage in the world and form relationships. Fundamental to this development is the understanding of how symbols and pattern systems work, and how they can be used to engage others. From birth, intentional communication is strengthened and broadened. Children learn to take turns in communication exchanges through their relationships with responsive adults, exploring sound and movement patterns, singing songs, reading stories, playing games and recording their thoughts and ideas.

Children's wellbeing, identity, sense of agency and capacity to make friends is connected to the development of communication skills, and strongly linked to their capacity to express feelings and thoughts, and to be understood.

From birth, children's first gestures and actions are the beginning of communicative competence. In the very early years spoken language emerges in response to role models around the child. Adults who spend time in one-to-one communication with very young children, verbalising and conversing with the child, with multiple back and forth exchanges, make significant contributions to the expansion of children's vocabulary development.

Children are effective communicators. Their communication and self-expression take many forms including sharing stories and symbols from their own culture, re-enacting well-known stories and using creative arts, such as drawing, painting and sculpture, drama, dance, movement and music to communicate with others. They create and explore imaginary worlds through dramatic play and through artworks. They build a large vocabulary and are able to express ideas verbally and use a wide range of media. They recognise the function and value of visual elements and use them to symbolise meaning, for example using colour in painting to express emotions. Young children begin to explore written communication by scribbling, drawing and producing approximations of writing. They use digital technologies and multimedia resources to communicate, play and learn. They create and display their own information in a way that suits different audiences and purposes.

Victorian families and the communities in which children live are diverse. Maintenance of first language is important for children's identity, wellbeing, communication and learning. Children can successfully learn English (or another language) as an additional language through exposure to the language, explicit modelling and language teaching, and appropriate time to acquire the new language. Children benefit when early childhood professionals have knowledge about the acquisition and application of an additional language and how this can vary. It is especially important for early childhood professionals to be knowledgeable about the ways children learn additional languages. This includes awareness of the stages of acquisition and recognition that children differ in their rate of acquisition and application of language. In school settings, children have opportunities to learn a range of languages. For some children this may be an opportunity to continue their first language, and for others the opportunity to learn a new language.

Children use symbols in exploration and play to represent and make meaning. They become aware of the relationships between oral and visual representations, and recognise patterns and relationships. They learn to recognise how sounds are represented alphabetically and identify some letter sounds, symbols, characters and signs. As children continue to build their skills in reading printed text from left to right and top to bottom (in English language households), they use information in context from pictures and other sources to assist in making meaning. As they progress through this stage, children begin to self-correct when reading aloud and distinguish between texts that represent real and imaginary experiences.

As children learn and develop, access to print-rich environments, and contact with adults who model and respond to children's oral and written messages, continue to strengthen the progression of learning. Children increasingly use conventional speech and writing, and simple punctuation. Over time, children learn to use and create simple texts about familiar topics and choose the content, form and vocabulary within their writing. As their skills advance, they accurately spell words that are frequently used and make use of known spelling patterns to make plausible attempts at spelling unfamiliar words.

SUPPORTING CHILDREN'S TRANSITIONS

For families with young children, transitions occur on a daily basis. A child may move from the care of a parent to that of a grandparent, or move into an education and care service and between rooms within the service. As children become older they may make the transition into a kindergarten program, and then experience the transition to school.

Transitions are about relationships and involve consistency and change. Families and early childhood professionals work together to provide consistent environments for children between home and other forms of care and education. Recognising and supporting families to manage transitions contributes to children's wellbeing.

Children's confidence in managing change is enhanced when they feel secure in their relationships with others – including parents, early childhood professionals and peers. Children who are supported to manage change can build resilience as they develop and try out a range of skills and strategies while moving between contexts, such as home and school, or kindergarten and school. Early childhood professionals can help children build social and emotional skills and strategies – such as perseverance, sociability and self-esteem – by recognising the strengths they bring to transitions and building on the competence they demonstrate.

TRANSITION AND CONTINUITY OF LEARNING - STORY DESCRIPTION

- The river stepping stones represent **children and families** in transition.

- The footprints and wheelchair marks symbolise all **abilities**.

- Animal footprints show children and families walking proudly **with culture** in transition.

WHAT DOES EFFECTIVE TRANSITION LOOK LIKE?

What makes an effective transition will depend on the context. However, effective transitions are achieved when the child and family have a sense of belonging and acceptance in the new context. Strategies professionals use to achieve this include:

- the development of respectful, trusting and supportive relationships with children and their families

- reciprocal relationships that actively support sharing and valuing relevant information

- professional roles and partnerships with shared goals that support ongoing reflective practice

- recognition of children's agency and their role in transitions

- demonstrated respect for the cultural histories and heritage of all involved in transition processes

- recognition of the strengths and capacities of all involved in transition, reflected in high expectations and a commitment to equity

- approaches that are adaptive for diverse family contexts in local communities

- developing a common language and shared understanding of pedagogy and practice between professionals

- the availability of appropriate and ongoing support for early childhood professionals, children and families.

WHO IS INVOLVED IN THE PROCESS OF TRANSITION?

Children, families and early childhood professionals are involved in transitions throughout early childhood. Respectful, trusting and supportive relationships provide the context for effective transitions.

Children's sense of competence and worth, as well as their regard for themselves as successful learners, is enhanced when they feel that the new environment is a place where others care about them and where they can succeed. Children are active participants and contribute diverse perspectives about transitions. Listening to children's views and involving them in planning transitions demonstrates respect and builds a climate of trust and engagement. Effective transitions are based on early childhood professionals recognising the strengths and capabilities children bring with them to transition experiences.

Families are crucial for consistency and continuity when children are making transitions. Valuing and respecting the knowledge and experiences of families from culturally diverse backgrounds contributes to positive relationships. Partnerships with families demonstrate to children that they and their families are important participants in the educational context.

Families also undergo changes during transitions and manage these changes at the same time as they support the transition experiences of their children.

A range of early childhood professionals from health and education sectors may be involved in working collaboratively with children and families to plan transitions. When different sectors and services work collaboratively with families, processes are in place for sharing information, discussion of approaches, critical reflection on practice and outcomes to support continuity of learning for each child.

SUPPORTING CHILDREN'S LEARNING AND DEVELOPMENT DURING TRANSITIONS

Children's learning is promoted when they engage with interested others in environments that provide both support and challenge. Early childhood professionals are well placed to use transitions to promote learning when they bring together their professional knowledge and their understandings of individual children, their families, and communities. Transitions are opportunities for educators to recognise each child's interests, cultures and abilities and to build on these in meaningful ways.

Educators draw on a range of information to create supportive and challenging learning environments. Information shared by families and other professionals, as well as the children themselves, informs professional knowledge and insights. Structured assessments, such as the School Entry Health and Wellbeing Assessments, the Parents' Evaluation of Developmental Status or the Transition Learning and Development Statement, inform decisions about appropriate learning opportunities, environments and approaches. Using a range of information to plan experiences and environments is an important element in promoting children's learning, along with ongoing reflection and evaluation.

Strong relationships with children and their families and clear professional protocols for sharing information, form the basis for informed decision-making during transitions. Children's agency, and their engagement in learning, is respected and promoted when they have an active role in making decisions.

Increasingly, early childhood professionals recognise the importance of a shared understanding of pedagogy and practice between professionals in the different settings that children and families attend. Early childhood professionals in the first years of school benefit from their knowledge of the VEYLDF Outcomes and Practice Principles when implementing the Victorian Curriculum F–10. Similarly, educators in early childhood education and care settings can build their understandings of the Victorian Curriculum F–10 to support continuity of learning as children transition to school. The illustrative maps between the VEYLDF and the Victorian Curriculum F–10 provided at **Attachment 1** are a useful resource to support this shared understanding.

TRANSITION: A POSITIVE START TO SCHOOL INITIATIVE

Starting school is a major life transition for children and their families. Both challenging and exciting, it's a time of change in which children, families and educators adjust to new roles, identities and expectations, new interactions and new relationships.

The transition is not a one-off event. It is not complete at the end of the first day of kindergarten or school. Transition is a process that occurs over time. Even though groups of children may start kindergarten or school together, their individual characteristics and experiences make each transition a unique situation.

The Transition: A Positive Start to School Initiative (the initiative) aims to improve children's experience of starting school by enhancing the development and delivery of transition programs. This approach enables a shared understanding between early childhood services and schools about what is important for children and their families during this exciting time.

The initiative is accompanied by a comprehensive Transition: A Positive Start to School Resource Kit for schools and early childhood services, which provides detailed information about effective programs and approaches to transition planning, including advice about additional support for specific groups of children and families. It also includes the Transition Learning and Development Statement, which families and educators use to share information about their child's learning and development.

For children with a disability or developmental delay, to make a positive transition from kindergarten to school, there are additional sections of the Transition Learning and Development Statement that should be completed to help the school understand specific information and requirements to support the child's orientation to school. Early Abilities Based Learning Education Support (Early ABLES) can also be used as an assessment for learning and programming resource to support the development of individual education plans and continuity of learning for children with developmental delay or disabilities as they transition into and across services and schools.

CONCLUSION

The Victorian Early Years Learning and Development Framework supports all children's learning and development from birth to eight years. It does this by enabling all early childhood professionals to work together and with families to achieve common outcomes for all children.

It sets the highest expectations for all children in every community across Victoria, and generates opportunities for families and early childhood professionals to work together to advance all learning and development outcomes.

The VEYLDF emphasises the importance of sensitive, responsive and engaging practice. It informs daily collaborations and interactions with children, families and with other professionals. Local discussions and learning networks will enable professionals to reflect on their work and on children's learning and development trajectories to inform future practice.

The VEYLDF continues to be used as the basis for research into early childhood policy, provision and program effectiveness. Ongoing research will continue to support growth, transformation and the effectiveness of all professionals who work with children in these formative early childhood years.

By creating a common language and understanding of children's learning and development outcomes, the VEYLDF supports opportunities for increased coordination and integration of all early childhood services.

The VEYLDF is enacted as early childhood professionals engage with it and use it to inform their practice for the immediate and long-term benefit of all children in Victoria.

APPENDICES

OVERVIEW

There are five appendices designed to support this document.

These appendices are provided to :

- enhance understanding of the diverse roles of early childhood professionals, and the range of early childhood services and programs available to families and children (birth to eight years) and professionals

- inform collaboration between professionals and with families, and support strategic referrals to appropriate services

- provide an overview of regulatory responsibilities, information and evidence that informs the VEYLDF and resources that support implementation

- assist further exploration of concepts or materials described in the document through a detailed Bibliography

- inform common understanding of language used in the early years birth to eight period through an extensive Glossary of Terms.

APPENDIX 1

OVERVIEW OF THE ROLES OF EARLY CHILDHOOD PROFESSIONALS SUPPORTING YOUNG CHILDREN AND FAMILIES (BIRTH TO EIGHT YEARS)

Allied health professionals are speech pathologists, occupational therapists, social workers, developmental paediatricians, and other specialists who support the physical and mental health and wellbeing of the child and family.

Cultural organisations such as libraries, museums, zoos, galleries and botanic gardens employ early childhood professionals to design and deliver programs to support learning and development for children and families. Early childhood services and schools work with cultural organisations through on-site, online and outreach programs.

Early childhood educators are defined in the Early Years Learning Framework for Australia as all 'early childhood practitioners who work directly with children in early childhood settings'. This includes certificate-qualified, diploma-qualified and degree-qualified teachers or educators working across all forms of all early childhood settings.

These settings include long day care, family day care, occasional care, playgroups, outside school hours care and kindergarten.

Early childhood intervention workers are professionals from a range of health and education backgrounds who work in a variety of settings to support children with a disability or developmental delay in early childhood education and care, and their families.

Educational leaders are responsible for promoting positive organisational culture and building a professional learning community within early childhood education services. The educational leader has responsibility for leading the development of the curriculum and ensuring the establishment of clear goals and expectations for teaching and learning.

Education support officers comprise teacher aides and integration aides who together play an important role in supporting teachers and schools to implement inclusive approaches to education. They support children and families who experience a disability or developmental delay, or require access to a special needs program.

Family support workers include professionals from a range of health, welfare and/or education backgrounds, who provide support and services to families experiencing vulnerable circumstances to assist with parenting capacity, family strengthening and connection with other community supports and services. Family support workers are employed by family support agencies.

The *Inclusion Support Programme* is funded by the Australian Government Department of Education and Training who has contracted seven Inclusion Agencies to deliver inclusion support services to eligible early childhood education and care services. Inclusion Agencies employ Inclusion Professionals who assist services to include children with additional needs by providing tailored inclusion advice, linking services with other relevant organisations, access to specialist equipment, developing and implementing a Strategic Inclusion Plan and to access funding support for more challenging inclusion barriers.

Koorie Engagement Support Officers focus specifically on the engagement of Koorie students, families and communities within the government school and early childhood systems, as well as kindergartens and other areas of early childhood.

Koorie Preschool Assistants work within kindergarten programs and Koorie communities to enhance the access and participation of Koorie children in kindergarten programs. They promote and assist in the delivery of Koorie inclusive programs, provide information and support to Koorie families and communities, support the attendance of Koorie children in kindergarten programs, encourage the involvement and participation of Koorie parent/families/carers in the development of kindergarten programs, and assist in the development of kindergarten programs that embrace Koorie culture.

Maternal and child health nurses are registered nurses with qualifications in midwifery and family and child health. They work in maternal and child health services, which offer support, information and advice regarding parenting, child health and development, child behaviour, maternal health and wellbeing, child safety, immunisation, breastfeeding, nutrition and family planning.

OVERVIEW OF THE ROLES OF EARLY CHILDHOOD PROFESSIONALS SUPPORTING YOUNG CHILDREN AND FAMILIES (BIRTH TO EIGHT YEARS)

Play therapists, health professionals and teachers support health, wellbeing and the continuity of children's learning and development whilst accessing services through hospital settings.

Preschool field officers provide consultancy to early childhood teachers and parents to facilitate the inclusion of all children in state-funded kindergarten programs.

Primary school nurses conduct health assessments of all students in participating schools in their first year of school, provide follow-up contact with parents, respond to referrals from school staff regarding identified health issues for students at any year level, and provide referrals to relevant health practitioners.

Primary welfare officers enhance the capacity of schools to support students who are at risk of disengaging from school and not achieving their educational potential. They inform the development of tailored programs to meet the individual needs, interests and abilities of 'at risk' students. Their work is central to building and maintaining continuity of care for students and their families, by ensuring ongoing engagement with the school, school community and relevant services.

Student support service officers include visiting teachers, psychologists, guidance officers, speech pathologists, social workers and other allied health professionals. Their role is to enhance the capacity of Victorian government schools to meet the additional learning and wellbeing needs of children and young people through the provision of access to school and community specialist support.

Teachers are degree-qualified and work as educators in early childhood settings and schools, including special schools.

Visiting teachers provide direct teaching, high-level advice and a range of supports to classroom teachers, education support staff, students, families and the wider school community. Visiting teachers often provide region-wide support to students, working with eligible students in three streams: physical/health impaired, vision impaired, and hearing impaired. Visiting teachers may also be employed in specialist areas, such as autism, learning difficulties/disabilities, attendance or behaviour support where they have the required expertise.

APPENDIX 2

OVERVIEW OF EARLY CHILDHOOD SERVICES (BIRTH TO EIGHT YEARS)

i. Overview of early childhood services for families.

ii. Overview of programs and resources to support early childhood professionals.

This appendix is available online at:

Department of Education and Training website:

http://www.education.vic.gov.au/veyldf

Victorian Curriculum and Assessment Authority website:

http://www.vcaa.vic.edu.au/Pages/earlyyears/index.aspx

APPENDIX 3

OVERVIEW OF RESOURCES TO SUPPORT BEST PRACTICE OF EARLY YEARS PROFESSIONALS

i.   Approved Frameworks, Legislation and Standards.

ii. Information and Evidence.

iii. Victorian Early Years Learning and Development Framework resources and communication.

This appendix is available online at:

Department of Education and Training website:

http://www.education.vic.gov.au/veyldf

Victorian Curriculum and Assessment Authority website:

http://www.vcaa.vic.edu.au/Pages/earlyyears/index.aspx

APPENDIX 4

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APPENDIX 5

GLOSSARY

Aboriginal or Torres Strait Islander person: a person of Aboriginal or Torres Strait Islander descent who identifies as such and is accepted as such by his or her community. This definition is accepted by most Aboriginal and Torres Strait Islander people. Importantly it focuses on the social/community construction of Aboriginality.

Agency: being able to make choices and decisions, to influence events and to have an impact on one's world. The concept of agency applies from birth: children are active contributors to their own experiences, interactions, learning and development.

Attunement: the alignment of states of mind in moments of engagement, during which affect is communicated with facial expression, vocalisations, body gestures and eye contact.

Buffering effect: an effect that lessens or absorbs the shock of an impact. For example, impact of trauma and loss. Responsive relationships can provide a buffering effect from developmental disruption. This includes supporting young children to build positive dispositions for learning.

Communities: social or cultural groups or networks that share a common purpose, heritage, rights and responsibilities and/or other bonds. 'Communities' is used variously to refer, for example, to the community within early childhood settings, extended kinships, the local geographic community and broader Australian society.

Context: surroundings, circumstances and supports, shaped by family, culture and experiences (as per: EYPC (**Figure 3**) and the Ecological Model (**Figure 2**)).

Creative skills: children's capacities and competencies to use and develop their imagination in all areas of learning by exploring their ideas. The early childhood professional's creative skills are also part of planning for arts learning (music, dance, drama, media and visual art). Children's artistic skills and thinking are promoted by exploring, expressing, making and responding in the art forms. Creative skills are not only linked to the arts; they are important in all areas of the curriculum and developed by the children and early childhood professional's use of problem solving to guide teaching and learning.

Dispositions for learning: enduring habits of mind and actions, and tendencies to respond in characteristic ways to learning situations, for example, maintaining an optimistic outlook, being willing to persevere, approaching new experiences with confidence.

Environmental sustainability: a state in which the demands placed on the environment can be met without reducing its capacity, to allow all people to live well now and in the future. The complex interplay of social, economic and political contexts influence environmental sustainability. Creating environmental sustainability requires the development of approaches that address how to sustain life through the relational collective of healthy people, plants, air, water, animals and place.

Environmental equity and justice: the right to a healthy and safe quality of life for all people now and for future generations. Environmental justice emphasises accountability, democratic practices, equitable treatment and self-determination.

Equity: the quality of being fair and just. Equity in early childhood education and care means that the rights of the child to fully participate in these spaces are honoured. Equitable practice values and respects diversity in terms of ethnicity, gender and ability. Barriers to achievement are consciously addressed within a strengths based approach in consultation with children, families and communities.

Executive functioning: the over-arching capacity of an individual to manage what they attend to and think about, and how they combine this new information with what they already know. Across birth to eight years it is evidenced in children's growing capacity to think things through and make well-considered decisions. From birth, the development of executive functioning is supported by positive and responsive interactions with significant people.

Inclusion: involves taking into account all children's social, cultural and linguistic diversity (including learning styles, abilities, disabilities, gender, family circumstances and geographic location) in curriculum decision-making processes. The intent is to ensure that all children's rights and experiences are recognised and valued, and that all children have equitable access to resources and participation, and opportunities to demonstrate their learning and to value difference.

Information and communications technology (ICT): digital and technological environments for development, communication and knowledge creation. Digital environments refer to computers (including laptops, tablets, smart boards) and computer games, the Internet, television and radio, among others.

GLOSSARY

Involvement: a state of intense, whole hearted mental activity, characterised by sustained concentration and intrinsic motivation. Highly involved children (and adults) operate at the limit of their capacities, leading to changed ways of responding and understanding leading to deep level learning (adapted from Laevers, 1994).

Children's involvement can be recognised by their facial, vocal and emotional expressions, the energy, attention and care they apply and the creativity and complexity they bring to the situation (adapted from Reflect, Respect, Relate, DECS 2008).

Literacy and language skills: in the early years, literacy includes a range of modes of communication, including music, movement, dance, storytelling, visual arts, media and drama, as well as talking, viewing, reading, drawing and writing.

As children progress into and through the early years of school there is increased emphasis on texts and the child's writing.

A consideration of children's language involves expressive and receptive language skills that include syntax (ability to form sentences), morphology (ability to form words), semantics (understanding the meaning of words/sentences), phonology (awareness of speech sounds), pragmatics (how language is used in different contexts) and vocabulary.

Motor skills: the ability to create body movements that result from the interplay of the brain, nervous system and muscles. Motor skills are generally divided into fine motor skills (for example, movements of the smaller joints of the hands and fingers) and gross motor skills (for example, rolling, moving from sitting to standing, walking, running).

Multidisciplinary approaches: ways of working where early childhood professionals from different disciplines are involved in the provision of integrated and coordinated services for children and families to support the best outcomes. In the early years across birth to eight years, multidisciplinary approaches may include, but are not limited to maternal and child health, educators, community workers, allied health professionals and medical personnel working together.

Numeracy: includes understandings about numbers, structure and pattern, measurement, spatial awareness and data, as well as mathematical thinking, reasoning and counting.

Pedagogy: early childhood educators' professional practice, especially those aspects that involve building and nurturing relationships, curriculum decision-making, teaching and learning.

Rights: legal, social, or ethical principles of freedom or entitlement. Rights are the fundamental normative rules about what is allowed of people or owed to people, according to some legal system, social convention, or ethical theory.

Science skills: includes the development of scientific knowledge, questioning of scientific phenomena and the ability to draw conclusions about scientific subjects. Science skills also encompass the development of an awareness of how science and technology shape and affect our material, intellectual and cultural environments, and the ability to understand that we all are a part of nature's cycles.

Sensitivity: the quality of understanding how a child feels, and the early childhood professional's responsiveness to children's needs and emotions. It is the ability of the early childhood professional to respond and interact in ways that are appropriate to the capabilities of the child, and with care, warmth and attentiveness (adapted from Macmillan, 2014).

Sustained shared thinking: 'when two or more individuals work together in an intellectual way to solve a problem, clarify a concept [or] evaluate an activity. Both parties must contribute to the thinking and it must develop and extend the understanding' (Sylva et al., 2004, p. 6).

For early childhood professionals, sustained shared thinking involves children and educators working together in conversations, which provide opportunities to discuss and think about problems or challenges in a serious, extended way (adapted from NQS PLP e-learning Newsletter No. 43, 2012).

Socio-emotional development: social and emotional learning that occurs from birth through interactions, relationships and everyday experiences with others. As children's socio-emotional development advances they become increasingly able to form and sustain positive relationships, experience, manage and express emotions, and explore and engage with their environment.

Spirituality: a range of human experiences including a sense of awe and wonder, a search for purpose and meaning and the exploration of being and knowing.

GLOSSARY

Technologies: the diverse range of products that make up the designed world, encompassing not only computers and digital technologies but also processes, systems, services, environments and machines.

Texts: things that we read, view and listen to and that we create in order to share meaning. Texts can be print-based, such as books, magazines and posters or screen-based, for example internet sites and DVDs. Many texts are multimodal, integrating images, written words and/or sound.

Transitions: the process of moving between environments or routines, including between home and early childhood settings.

The Natural World: the biosphere that sustains us, including the Earth itself, the air we breathe, the soil and water, the plants and animals that we interact with.

The United Nations Convention on the Rights of the Child (UNCRC, 1989): a human rights treaty that sets out the civil, political, economic, social, health and cultural rights of children. It advances an image of children as subjects of rights and full members of society, capable of participating in their social worlds through their relationships with others.

The 54 Articles contained in the UNCRC (1989) promote children's rights through four key principles, namely:

1. Protection against discrimination
Young children and groups of children must not be discriminated against. Discrimination may take the form of reduced levels of nutrition; inadequate care and attention; restricted opportunities for play, learning and education; or inhibition of free expression of feelings and views.

2. The right to survival and development
All measures possible to create... conditions that promote the wellbeing of all young children during this critical phase of their lives.

3. The best interests of the child
This applies to all actions concerning children and requires active measures to protect their rights and promote their survival, growth and wellbeing, as well as measures to support and assist parents and others who have day to day responsibility for realising children's rights.

4. The right to participation
The child has a right to express his or her views freely in all matters affecting the child, and to have them taken into account. This right reinforces the status of the young child as an active participant in the promotion, protection and monitoring of their rights.

United Nations Committee on the Rights of the Child (UNCRC): the body of independent experts appointed to monitor implementation of the UNCRC. **'Implementing child rights in early childhood' (2006) (CRC/C/GC/7/ Rev. 1):** Through this general comment, the UNCRC was seeking to encourage recognition that young children are holders of all rights enshrined in the Convention and that early childhood is a critical period for the realization of these rights. 'The Committee's working definition of "early childhood" is all young children: at birth and throughout infancy; during the preschool years; as well as during the transition to school'. The value of this document for early childhood professionals is that it acknowledges the tensions around enacting the key principles underlying children's rights and explores principles and practical measures for implementing rights-based principles in early childhood educational contexts.

The Victorian Charter of Human Rights and Responsibilities Act 2006 (the Charter): a Victorian law that sets out the basic rights, freedoms and responsibilities of all people in Victoria. It is about the relationship between government and the people it serves. The Charter requires public authorities, such as Victorian state and local government departments and agencies, and people delivering services on behalf of government, to act consistently with the human rights in the Charter.

Wellbeing: the result of the satisfaction of basic needs - the need for tenderness and affection, security and clarity, social recognition, to feel competent, physical needs and for meaning in life (adapted from Laevers 1994).

It includes happiness and satisfaction, effective social functioning and the dispositions of optimism, openness, curiosity and resilience.

World View: the lens through which people understand and interpret the world. An individual's world views are underpinned by culture and are often informed by the ideas of the dominant group in society. Within early childhood education and care world views inform understandings of childhood and the philosophy and practice of early childhood practitioners.

VICTORIAN EARLY YEARS LEARNING AND DEVELOPMENT FRAMEWORK – THREE ELEMENTS

PRACTICE PRINCIPLES

- Bunjil the Eagle and Waa the Crow represent Aboriginal culture and **partnerships with families**.

- The water hole symbolises **reflective practice**.

- The gum leaves with their different patterns and colours represent **diversity**.

- The stones underneath the leaves represent **equity**. They reflect the additional support put in place in order for all children to achieve.

- The child and adults standing on 'Ochre mountain' symbolise the **high/equitable expectations** we hold for children and adults.

- The family standing on and looking out from 'Ochre mountain' reflects **assessment for learning and development**. Such assessments draw on children's and families' perspectives, knowledge, experiences and expectations.

- The child and adult figures also represent **partnerships with professionals**.

- The land symbol as mother earth represents the basis for **respectful relationships and responsive engagement**.

- The symbols for land, water and people signify **holistic and integrated** approaches based on connections to Clan and Country.

OUTCOMES

- Gum leaves as bush medicine symbolise connection to **wellbeing**.

- The yam daisy represents the survival of a strong Aboriginal **identity**. The yam daisy was central to the diet of Aboriginal Victorians. It was almost wiped out by colonisation but has survived.

- The family sitting under the scar trees with message stick and coolamon symbolises **communication**.

- The family seated on the land also symbolises the child **learning** through their connection to and involvement with **community**.

TRANSITION AND CONTINUITY OF LEARNING

- The river stepping stones represent **children and families** in transition.

- The footprints and wheelchair marks symbolise all **abilities**.

Child at the centre surrounded by kin, family and those professionals supporting learning and development, health and wellbeing.

Story description
Dr Sue Lopez Atkinson (Yorta Yorta)
Artwork by Annette Sax (Taungurung)

ATTACHMENT 1

ILLUSTRATIVE MAPS FROM THE VEYLDF TO THE VICTORIAN CURRICULUM F–10

The Illustrative Maps are provided to support a continuity of learning between the VEYLDF Learning and Development Outcomes and the first three levels of the Victorian Curriculum F–10. These Maps enable early childhood professionals to plan experiences and opportunities that advance children's learning.

Early childhood education and care professionals identify and describe learning in the five Learning and Development Outcomes. They use this to inform their pedagogy, plan effective learning experiences and to support their curriculum decision making.

Teachers and educators in the early years of school value the foundational learning that children bring to school and build on this learning. The VEYLDF Illustrative Maps support teachers to design experiences that enable children to demonstrate their progress in learning, knowledge and capabilities.

These joint approaches to planning support all children's progression along a continuum of achievement.

The Illustrative maps can be found as posters in this kit or online at:

http://www.vcaa.vic.edu.au/Pages/earlyyears/ curriculumframework.aspx

ATTACHMENT KL-4

This is the attachment marked 'KL-4' referred to in the witness statement of Kim Little dated 8 May 2020.

Wellbeing Practice Guide

VICTORIAN CURRICULUM
AND ASSESSMENT AUTHORITY

VICTORIA
State
Government

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Cover: Detail from the Cultural Knowledge Story (Victorian Early Years Learning and Development Framework, 2016). Story description by Dr Sue Lopez Atkinson (Yorta Yorta), ochre artwork by Annette Sax (Taungurung).

Contents

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  Early Childhood Education and Care Services:
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  – Leongatha Children's Centre, Leongatha
  – Maribyrnong City Council – Family Day Care and Early Years Support
  – Moonee Valley City Council – Pedagogical Leader
  – YMCA – Early Childhood Specialist, Kindergarten Cluster Management

  Early Childhood Intervention Services:
  – Aurora School, Blackburn South – Principal
  – Pinarc Disability Support Services

  Maternal and Child Health Services:
  – Knox City Council – Enhanced MCH and MCH Services

  Playgroups and Supported Playgroups:
  – Maribyrnong City Council
  – Robinson Reserve Neighbourhood House, Coburg

  Schools:
  – Aurora School, Blackburn South – Principal
  – St Michael's Primary School, Traralgon – Principal

- Facilitators from the Early Years Assessment for Learning – Supporting Early Years Networks Program, who provided supporting evidence of wellbeing practices.

Introduction

The Wellbeing Practice Guide has been developed by the VCAA to support implementation of the Victorian Early Years Learning and Development Framework (VEYLDF).

Its scenarios and learning activities will support engagement with key concepts of the VEYLDF, including Learning and Development Outcome 3: 'Children have a strong sense of wellbeing'.

This is one of the five Outcomes identified in the VEYLDF, and has two elements:

• Children become strong in their social, emotional and spiritual wellbeing.

• Children take increasing responsibility for their own health and physical wellbeing.

Purpose

The purpose of the Wellbeing Practice Guide is to:

• strengthen early childhood professionals' understanding of the importance of wellbeing

• support practice that strengthens children's dispositions for wellbeing learning

• promote practice that strengthens children's knowledge and self-awareness of their own wellbeing and sense of identity

• guide assessment practice decisions of early childhood professionals working within and across early years services and settings and in the early years of school

• highlight the importance of the birth-to-three-years period in establishing a strong foundation for subsequent and lifelong wellbeing.

This guide draws on evidence detailed in the *Assessment of Wellbeing in Early Childhood Education and Care: Literature Review* (2015), written by the University of Melbourne, for the VCAA and DET.

This guide is designed to inform a greater understanding of wellbeing and its place as both a prerequisite for, and outcome of learning. This will support the development of wellbeing assessment practices for early childhood professionals, and strengthen collaboration across service types between those professionals.

How to use this guide

This guide presents ways to place wellbeing at the forefront of professional practice, using the theory and pedagogy that already underpin day-to-day practice.

The scenarios have been developed in consultation with a range of early childhood professionals, from a variety of early childhood settings. They provide professionals with an opportunity to critically engage with contemporary, high quality practice to affirm the work that is already taking place and facilitate discussion of how practice could be improved to better support wellbeing in the early years.

The concepts, scenarios and reflective questions in this practice guide align with the National Quality Standard (NQS) and support all early childhood professionals to engage with the materials in a way that will show a commitment to ongoing quality improvement. Those responsible for professional development can choose how to engage with the guide so their specific setting and team are supported.

The scenarios are designed to provoke rich and meaningful conversations. Each scenario begins with a guide to a particular wellbeing disposition and key learning points, and concludes with reflective questions that serve as discussion prompts.

Before engaging with colleagues, early childhood leaders should become familiar with the *Assessment of Wellbeing in Early Childhood Education and Care: Literature Review* (2015). This will support informed decision-making about how best to incorporate materials into practice discussions.

The flexible design of this practice guide provides the opportunity to either engage with one scenario at a time (perhaps as part of regular team meeting time) or to set aside blocks of time to look at whole sections. The material can be revisited depending on current themes within settings and used as a reference tool to help work through practice challenges. Group discussion will maximise engagement; however, the scenarios can also be used on an individual basis with staff to support discussions as part of their regular professional mentoring or supervision sessions.

Wellbeing in the early years

What is wellbeing?

Across professional disciplines there is some variation in the way wellbeing is defined, but there are common traits, observable qualities and dispositions that are widely identified as supporting the development of wellbeing in a child's early years.

The VEYLDF defines wellbeing as 'good mental and physical health, including attachment, positive affect and self-regulation, being able to manage emotions productively and build resilience and persistence, being adaptable and confident and experiencing feelings of satisfaction and happiness' (DET 2016, p. 23). This definition reminds us of the broad range of factors that are known to influence positive wellbeing.

The VEYLDF also recognises children's wellbeing from birth as both a prerequisite for and an outcome of learning. That is, a strong sense of wellbeing enables children to engage positively with their environment so they can take full advantage of all learning opportunities that will influence their life chances.

We know that wellbeing is necessary in order for children to flourish and thrive, and the children most likely to experience school success are those with strong social and emotional foundations (Shonkoff & Phillips, 2000). Social and emotional wellbeing is an emerging capacity; a developmental journey that continues over time.

The foundations for social and emotional competence and wellbeing are laid well before a child enters formal schooling. To really set children on a positive lifelong learning trajectory, wellbeing and social/emotional capacity must be a focus from the earliest days of a child's life (Roberts, 2010; Australian Government Department of Health and Ageing, 2010).

From birth, babies are already laying the foundations for their wellbeing development. Secure attachments and responsive relationships are the crucial platforms from which all learning and development takes place. Infancy is a time of critical development with birth to three years as the optimum learning period for wellbeing dispositions.

Respecting and acknowledging the rights of children

The Victorian Early Years Learning and Development Framework (VEYLDF) is a powerful foundation document to support all early childhood professionals to think more deeply about their everyday practice with children and families.

The VEYLDF forms part of an integrated set of reforms aimed at supporting young children's learning and development. These reforms:

- recognise and respect Aboriginal cultures and their unique place in the heritage and future of Victoria

- draw upon the United Nations Convention on the Rights of Persons with Disabilities

- recognise all children as rights holders and full members of society, capable of participating in their social worlds through their relationships with others.

These rights, expressed in the United Nations Convention on the Rights of the Child (1989) are:

- the right to life and development

- the right to be heard

- the right to non-discrimination

- the right for the best interests of the child to be upheld.

Professional accountability and what this means for children's wellbeing and safety

A code of ethics defines the core aspirational values of a profession and provides guidance for professional decision-making, especially when there are conflicting obligations or responsibilities.

The Early Childhood Australia Code of Ethics (2016) reflects universal values enshrined in the Convention on the Rights of the Child (1989) and the Declaration on the Rights of Indigenous Peoples (2007). It describes the protection and wellbeing of children as paramount and that speaking out or taking action in the presence of unethical practice is an essential professional responsibility.

In practice, how do early childhood professionals ensure the rights of all children?

Early childhood professionals sensitively gather information to inform and support their professional judgments concerning children. Early childhood professionals are able to make informed decisions that support positive outcomes for children when they:

- develop a deep and thorough knowledge of each child

- value each child's views and experiences

- support each child to actively make choices and influence decisions that are important for them

- 'tune in' to each child, noting what and how they are communicating (verbally and non-verbally)

- demonstrate respect and regard for what each child says or indicates

- understand and respect each child's culture and the values and culture of their family.

Targeted supports

Some children and families have additional pressures impacting on their capacity. For example, they might experience significant adversity and hardship, family violence, trauma or loss. When these are long lasting or chronic, children can suffer a loss of wellbeing and long-term negative outcomes. Responsive relationships nurture, regulate and provide protective factors to support children's wellbeing, resilience and learning capabilities (VEYLDF pp. 9-11).

Leaders in early childhood education and care services, health services, family support services and schools can develop collaborative partnerships that influence wellbeing in children and families (VEYLDF p. 16).

Interdisciplinary practice can help strengthen integrated and consistent support for families as they raise their children, including appropriate referrals for targeted and intensive support (VEYLDF p. 16).

Targeted support could include referral to:

- Child FIRST can connect vulnerable children, young people and their families to the services they need to protect and promote secure attachment and healthy development: https://services.dhhs.vic.gov.au/child-first-and-family-services

- Child Protection teams providing child-centred, family-focused services to protect children and young people from significant harm caused by abuse or neglect within the family: https://services.dhhs.vic.gov.au/child-protection.

Regardless of circumstances, effective, sustained, collaborative partnerships between families and all children are in the child's best interests. It is through these relationships and interactions that respectful relationships and responsive engagement can be modelled (VEYLDF p. 9).

The Trauma Informed Practice section of the VEYLDF Appendix 2 has links to specific resources.

Victorian Government Child Safe Standards

A range of new requirements are now in place in Victoria to strengthen the protection of children. On 1 January 2016 the Victorian Government introduced Child Safe Standards that are compulsory for all organisations providing services to children.

From 30 September 2015, early childhood teachers registered with the Victorian Institute of Teaching (VIT) are legally required to make a report where they form a reasonable belief that a child in the care of their organisation is at risk of significant harm arising from physical or sexual abuse and their parents are unlikely to protect them from harm of that kind.

All VIT-registered teachers (including primary and early childhood teachers) and staff who have been granted permission to teach by the VIT, registered nurses, doctors and police are deemed to be mandatory reporters.

Protecting children is a shared responsibility and non-mandated staff members also need to understand their obligations to protect children in their care.

In complying with each of the Child Safe Standards the following principles must be considered :

• promoting the cultural safety of Aboriginal children

• promoting the cultural safety of children from culturally and/or linguistically diverse backgrounds

• promoting the safety of children with a disability.

The focus of the standards is to help organisations drive cultural change so that protecting children from abuse in organisations is embedded in everyday thinking and practice.

The Child Safe Standards are:

• Standard 1: Strategies to embed an organisational culture of child safety, including through effective leadership arrangements

• Standard 2: A child safe policy or statement of commitment to child safety

• Standard 3: A code of conduct that establishes clear expectations for appropriate behaviour with children

• Standard 4: Screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing personnel

• Standard 5: Processes for responding to and reporting suspected child abuse

• Standard 6: Strategies to identify and reduce or remove the risk of abuse

• Standard 7: Strategies to promote the participation and empowerment of children

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Victorian Child Safe Standards online resources

An overview of the Victorian child safe standards has information to assist organisations to understand the requirements of each of the Child Safe Standards, including examples of measures they can put in place and a self-assessment tool.

https://www.education.vic.gov.au/school/teachers/health/childprotection/Pages/safeenviro.aspx

PROTECT Child Safe Standards online resources

The Child Safe Standards are compulsory minimum standards for all Victorian early childhood services and schools, to ensure they are well prepared to protect children from abuse and neglect.

The **online early childhood and school resources** have been developed to support staff employed in all Victorian early childhood services and schools to take action if they suspect, or are witness to any form of child abuse.

https://www.education.vic.gov.au/about/programs/health/protect/Pages/ecguidance.aspx

Protecting Children – Mandatory Reporting and Other Obligations

This Early Childhood Sector eLearning Module supports all professionals in early childhood settings to increase their capacity to respond effectively to children whose safety, health or wellbeing may be at risk.

https://www.education.vic.gov.au/about/programs/health/protect/Pages/econlinelearning.aspx

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Children's agency refers to children being able to make choices and decisions, to influence events and to have an impact on their world. The concept of agency applies from birth: children are active contributors to their own experiences, interactions, learning and development (**VEYLDF 2016, p. 35**).

What does a child-safe organisation look like in practice?

In Table 1 the left-hand column sets out seven features that demonstrate effective organisational responses to implementation of the Child Safe Standards. The right-hand column lists wellbeing actions in everyday learning environments can build and strengthen the rights, wellbeing and safety of all children.

Table 1: Effective organisational responses and actions to implement and maintain Child Safe Standards and environment

Effective organisational responses to the implementation of the Child Safe Standards	Wellbeing actions that can contribute to and maintain a child-safe environment
A visible culture of child safety that is part of everyday practice	Induction and training in recognising and responding to child abuse is available for leadership teams, management, staff and volunteers
	All aspects of visual and physical environments are reviewed to ensure that they are welcoming and supportive of Aboriginal peoples, children and families from culturally and linguistically diverse backgrounds and children with a disability.
Strong leadership driving a culture of accountability	Early childhood professionals understand their roles and responsibilities in relation to children's safety and wellbeing and are sensitive to the impacts of abuse and trauma on children.
	There is regular review of child-safe policies and procedures in team meetings.
	All staff, volunteers, children and families understand a confidential reporting culture for suspected abuse within the organisation.
	Child-safety representatives throughout the organisation are appropriately trained and resourced.
Well-articulated policies and procedures to implement a child-safe approach	There is development of new (or review of existing) child-safe policies and child-safety statements of commitment.
	The organisation ensures all early childhood professionals are aware of these policies and use them to guide action.
	Child-safe statements and policies are publicly available online, in welcome packs, newsletters, annual reports, vision statements and recruitment advertisements.
Active encouragement of partnerships with families and professionals to protect children	Leaders encourage early childhood professionals to collaborate in teams, with colleagues from other disciplines, and with family members and kinship groups in the ongoing protection and support of children.

Effective organisational responses to the implementation of the Child Safe Standards	Wellbeing actions that can contribute to and maintain a child-safe environment
Active consideration of the risks of abuse within the organisation	Leaders ensure clear and accessible processes for evaluating risks posed to children by situations and activities that are taking place in the setting. The Child Safety Review Self Audit Tool is used in review and planning to identify important areas of child safety, how children can be included in the process, and how to assist staff and volunteers in identifying any areas of risk that require improvement.
Engagement with children to create a child-safe environment and empower children to speak up if something is wrong	Early childhood professionals value and respect children's communicative efforts in everyday routines and experiences Early childhood professionals maintain responsive and respectful relationships with children and: • help children to establish secure attachments and develop self-regulation • listen to and take into account views and feelings of each child • pay attention to behaviours • believe children when they talk about or indicate their experiences of abuse or neglect. Children are provided with appropriate and accessible information about child safety and how to seek assistance from trusted adults.
Inclusive approaches for children with a disability, Aboriginal children and children from culturally and/or linguistically diverse backgrounds	Early childhood professionals value diversity and do not tolerate any discriminatory practices. Early childhood professionals are aware of responsibilities to respond to every child at risk of abuse or neglect by following the organisation's policy for reporting. Early childhood professionals ensure information provided to children about child safety is accessible and culturally appropriate for Aboriginal children, children from culturally and linguistically diverse backgrounds, and children with disabilities.

Maximising wellbeing development

The architecture of the brain is such that the development of wellbeing is shaped by experiences and can, in fact, be explicitly taught (Ashdown & Bernard, 2012; Joseph & Strain, 2003). The more practice children have in activities that strengthen emerging wellbeing dispositions, the stronger the neural pathways become and the set of cognitive and social capabilities that underpin wellbeing develops (National Scientific Council on the Developing Child, 2004a; National Scientific Council on the Developing Child, 2004b).

We know that neuroplasticity of the brain is greatest in the first few years of life. We also know that executive function capacity has the greatest window of opportunity to develop up to the age of six years. What exactly is executive function and why is it so critical in the development of wellbeing?

Executive function and the development of wellbeing

Executive function is a set of mental processes that play a critical role in how our brains plan, organise, remember details and pay attention to incoming information. Executive function allows us to connect things we have learnt or done in the past with present actions. We do this by recalling the internal memory of how we did something previously in order to improve on or do it more easily or effectively the next time (National Scientific Council on the Developing Child, 2011). Executive function allows us to filter distractions when we are trying to concentrate on something and it helps us to regulate and control our impulses in response to what is going on around us. This in turn helps us to stay on task, to better manage our time effectively, and, ultimately, to make us more productive (Blakemore & Frith, 2005; National Scientific Council on the Developing Child, 2011). In everyday life we are required to utilise our executive function skills almost continually. We make plans, keep track of time, change our minds about what to prioritise, depending on the situation, and refocus our attention between a variety of activities, all at the same time.

The Center on the Developing Child at Harvard University (2011) likens executive function development in the early years to an air-traffic control system. Imagine dozens of planes landing and taking off from multiple runways

at the same time and the air-traffic control system not only managing the multiple streams of incoming information, but coordinating and integrating this to ensure things run smoothly and safely. Young children in the early years have to manage a barrage of incoming information, from one moment to the next. From the very first days of life, their brains are bombarded with a constant stream of information, and infants are required to begin refining their responses to both external and internal stimuli (Lally & Mangione, 2006). Many of a newborn's responses are innate and reflexive and nature's way of protecting them and ensuring they begin to connect with what is going on around them (Riley, Carns, Ramminger, Klinsker & Sisco, 2009). Initially these reactions and interactions are based on survival (crying when hungry, for example), but gradually as developing neural pathways are engaged, their responses and reactions become less instinctive and more regulated and controlled.

While executive function continues to develop into adolescence, the greatest window of opportunity exists between the age of 12 months and six years. At 12 months, rudimentary signs of executive functions, such as self-control and the beginnings of mental flexibility, are starting to emerge. By three years of age these capacities are becoming more refined but are still very much in the developing phase. By five to six years of age there has been an enormous leap in executive function with much more complex capacities emerging, including impulse control, the ability to get along with others, the ability to follow rules and to keep trying when something doesn't go as expected (National Scientific Council on the Developing Child, 2011).

The Brain Builders video, developed by the Alberta Family Wellness Initiative, presents the science of how children's brains develop, using an engaging and accessible story that highlights the importance of all children having the nurturing experiences they need to support positive development and growth.

Watch the video to explore how different experiences affect the architecture of the developing brain: http://blogs.rch.org.au/ccch/2015/11/

Learning Activity 1

Wellbeing focus

- Managing emotions and impulses
- Good organisational skills, ability to follow instructions
- Persistence and ability to stay on tasks

Key learning points

- Wellbeing is inextricably linked to executive function and the range of cognitive processes essential for learning success.
- Supporting children to further develop and strengthen their wellbeing skills enables children to maximise their full learning potential.

Scenario

Evan is five years old and attends long day care five days per week. He has attended the same setting since he was a baby and has been fortunate that the centre educators have always placed wellbeing high on the learning agenda. He has benefited from the nurturing and responsive environment in which modelling and cumulative social-emotional learning experiences have been promoted and developed.

There is a whole-centre policy dedicated to supporting children's mental health and there are regular professional development sessions to strengthen and enhance practitioner practice. The centre director, Bel, knows that when educator wellbeing is high, then so too is their commitment to enhancing children's wellbeing.

Evan will transition to school in a few months' time. The room leader, Gina, knows that the children most likely to experience the greatest learning success are those who enter their schooling years with good organisational skills, the ability to follow instructions, stay on task and keep trying when tasks are difficult. Gina also knows that those children who are able to filter out distractions, concentrate and attend to a particular task are able to engage with and maximise the learning opportunities around them.

Throughout the year Gina has made sure the children have been offered a variety of learning experiences that not only specifically teach children many of the skills and dispositions associated with wellbeing, but also offer multiple opportunities to practise and refine

them. One of the ways that Gina does this is by giving the children simple, sequenced verbal instructions such as 'wash your hands and collect your snack box'. Over time, Gina gradually increases the complexity of these instructions by adding additional tasks to them, such as '… and your drink bottle' or 'put your sunhat in your locker then …'. Gina observes the children closely and provides additional strategies and support as they are needed, so that the children experience success and see themselves as capable. Gina might support her instructions with gesture and then use the gesture to prompt a child's recollection of the instructions, or ask them to check off the number of 'mini-tasks' that the instruction involved.

This allows Evan and the other children to practise their ability to concentrate on tasks and filter out unnecessary distractions, and also develops their sense of responsibility, self-esteem and independence.

Gina also includes Evan and other children in regular discussions about feelings and emotions. She knows that children as young as three years can reliably contribute to discussions about wellbeing, particularly their own.

Evan has already had multiple opportunities to develop, practise and extend his executive functioning and the skills and dispositions associated with positive wellbeing. He will have a significant learning advantage as he enters his school years.

Reflective questions

- What types of explicit wellbeing skills and disposition scaffolding do you provide to the children and families attending your setting?
- Applying a strengths-based approach is the most effective way to support and extend wellbeing in the early years. Can you think of examples of when you have had to support a child to develop the skills of persistence or perseverance, so that they could experience feelings of competence and success that would enhance their wellbeing? How did you go about it? What were the results?

Learning Activity 2

Wellbeing focus

- Self-esteem, confidence, peer relationships
- Beginning to problem-solve social challenges
- Children's views of their own wellbeing dispositions

Key learning points

- Skills and dispositions associated with wellbeing can be explicitly taught through role play, observations of others and modelling.
- Making and maintaining friendships and the pro-social skills essential for long-term wellbeing.

Scenario

Remi and Lola attend the same kindergarten.

Remi is nearly five years old and attends four sessions per week. She is a confident child who is the eldest of three children in her family. She has a large extended family with a number of older cousins. Remi regularly spends time socialising with her family and their friends. She is confident and popular with the other children.

Lola is almost six months younger than Remi, and also attends four sessions per week. She is an only child and her family have recently moved to Melbourne from overseas. Her family has established a small network of friends but has no extended family living near them. Lola's mum states that Lola is quiet and prefers to spend time playing on her own. Tayla, the kindergarten teacher, has found Lola crying on three separate occasions over the past week and, when comforting her, Lola has told her that no-one likes her and that she has no friends. Tayla knows that it is important to reassure Lola and provide her with emotional support. Tayla also knows that it is even more important that she introduces some explicit learning activities which will help to extend Lola's self-esteem and confidence with peers. Tayla decides to incorporate a range of 'friendship focused' learning experiences with the kindergarten group to further develop an understanding of positive peer relationships and practise the skills associated with making and keeping friends. In addition, Tayla plans some specific paired and small-group activities in which Remi and Lola can participate.

Tayla knows that Remi's social and interaction skills will provide an excellent model for Lola, so she purposefully pairs them for some experiences.

Tayla and her co-educator also plan some targeted role-play that will enable rich conversations with the children about the most, and the less favourable ways to interact with friends.

After several weeks Tayla meets with Lola's mum to discuss her progress. Lola's mum is delighted with her progress and is feeling very pleased that Lola has had some playdate invitations. Although Lola is still quiet and reserved, she now tells her mum that she has some friends at kindergarten and she enjoys seeing them outside of kindergarten.

Reflective questions

- Think of a time when you have had to specifically scaffold or teach concepts such as tolerance or inclusive peer relations. What prompted your intervention? How did you go about it and was it successful?
- Think of ways you might go about gathering and including children's views of their own wellbeing strengths and needs.
- Think of at least three intentional learning experiences that would support peer relations skills. What types of resources would you use to reinforce the concepts?

It is now clear that many of the skills and capacities cited as crucial in the development of wellbeing are underpinned by executive brain function (Ashdown & Bernard, 2012; Roberts, 2010; Laevers, 2005; Shonkoff & Phillips, 2000). Children who have had multiple, cumulative and repeated opportunities to develop and refine their executive function across the early learning trajectory are those with the most well developed wellbeing capacities. They also have the greatest chance of succeeding both academically and socially, even if they have been identified as being at the greatest developmental risk (Davis, et al., 2010; Ashdown & Bernard, 2012).

Assessing wellbeing

Assessment of children's knowledge, skills and capabilities is at the core of all work undertaken with children and families in the early years. Guided by evidence-based practice and underpinned by the Early Years Planning Cycle (as first described in *Educators Belonging, Being and Becoming: Educators' Guide to the Early Years Learning Framework*, 2010), early childhood professionals use a wide range of reliable and accessible assessment tools to develop individualised, targeted, holistic and effective programs of learning.

Principles of assessing wellbeing

Assessment of wellbeing is an integral part of early years practice. In order to observe and support wellbeing development in children, early childhood professionals require a well-defined concept of wellbeing together with reliable and accessible assessment tools (Marbina, Mashford-Scott, Church & Tayler, 2015). Effective assessment needs a clearly defined purpose. Professionals need to understand what they are looking for, why it is important and how they are going to document this. Pinpointing areas of wellbeing dispositions and skills is crucial in ensuring that assessment is effective and leads to further learning and development for the individual child, the learning group and the setting.

Effective assessment of wellbeing requires an understanding of how wellbeing is enacted, what it looks like and how it can be supported in the early years. *Assessment of Wellbeing in Early Childhood Education and Care: Literature Review* (2015) has identified six principles for the effective assessment of wellbeing:

- Effective assessment needs a clearly defined purpose.
- Effective assessment of wellbeing is based on multiple sources of information.
- Assessment of wellbeing includes individual, group and centre evidence.
- Assessment of wellbeing includes children's own reports and actions.
- Assessment of wellbeing includes evidence from parents.
- Assessment of wellbeing is an opportunity for multidisciplinary collaboration.
- Incorporating these elements into the assessment of wellbeing will enable practitioners to ensure a holistic and effective approach. They also provide opportunities for critical reflection on service practice and philosophy.

Early Years Planning Cycle

Reflection occurs at every step in the Early Years Planning Cycle.

The EYPC is adapted from the *Educators' Guide to the EYLF* (2010)

The ecological model (adapted from Bronfenbrenner, 1979) that underpins the VEYLDF acknowledges the life of each child within a social, environmental, political and economic context.
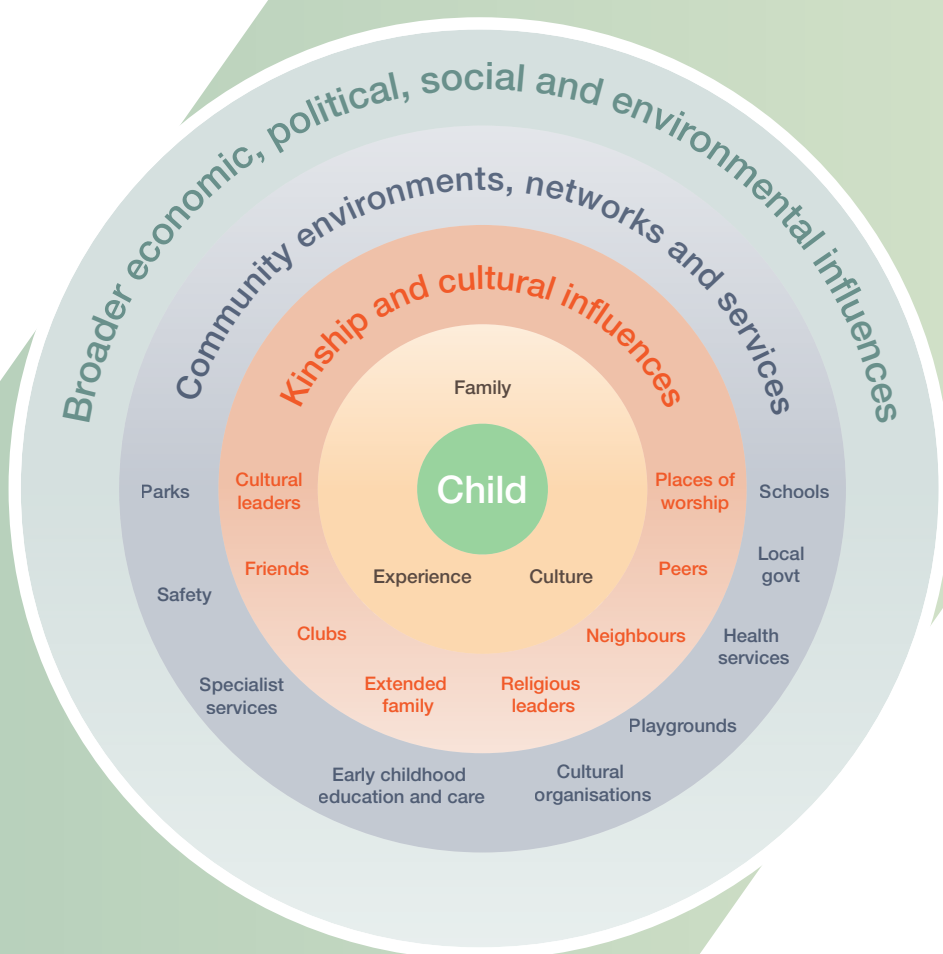
The model, with the child at the centre, recognises that all children influence and are affected by the environments that surround them. The child is viewed as active and engaged in their learning and development within their local context shaped by family, culture and experience.

Families and kinship members have primary influence on the child's learning and development. They provide the child with relationships, opportunities and experiences that shape each child's sense of belonging, being and becoming.

A child's local community, cultural events, spaces and their accessibility reinforce a sense of belonging and wellbeing for a child and their family.

Each adult around the child learns, leads, supports and actively invests in the child's success. Each professional who engages with the child has a part to play.

Wellbeing assessment should be based on multiple sources of information, including individual, group and service assessments, and include the perspectives of early childhood professionals, families and children.

Ecological model diagram with the Child at the centre, surrounded by concentric circles:
- Kinship and cultural influences: Family, Cultural leaders, Friends, Clubs, Extended family, Experience, Culture, Places of worship, Peers, Neighbours, Religious leaders
- Community environments, networks and services / Broader economic, political, social and environmental influences: Parks, Safety, Specialist services, Early childhood education and care, Cultural organisations, Playgrounds, Health services, Local govt, Schools

When you consider assessment of wellbeing through this lens it is evident that effective assessment will need to take account of multiple sources of information from the different environments that surround the child.

The scenarios within this practice guide provide examples of the effective practices and positive outcomes for children and families that can be achieved when the ecological model underpins thinking and decision-making.

Learning Activity 3

Wellbeing focus

- Creating a climate of wellbeing
- Engaging with the environment
- Building self-esteem

Key learning points

- Ongoing assessment
- Professional partnerships
- Communication with families

Scenario

Arlon is 27 months old and has been diagnosed with autism spectrum disorder. He has just started attending his local early childhood intervention service (ECIS). He also attends speech therapy and occupational therapy as part of his Helping Children with Autism (HCWA) funding package.

Arlon's ECIS case worker, Irene, has suggested to his mum that he would benefit from attending the local playgroup so he has the opportunity to practise his social skills. Cathy, Arlon's mum, and Toby, his dad, are very nervous about this and are worried about what the other parents might think, given Arlon has a tendency to become very upset when things don't go his way.

Irene arranges a joint meeting with the playgroup leader, Marion, and his parents to discuss Arlon's inclusion. Irene knows that consistent and clear boundaries will assist Cathy and Toby to be proactive in their responses to Arlon's behaviour and that this will really help Arlon to build his self-regulation skills. Irene also knows how important it will be for all the professionals in his life to communicate regularly with each other to provide as many opportunities as possible for Arlon to practise these early self-regulation skills in a supportive environment so that he experiences success. At the meeting, Cathy and Toby have the opportunity to lead the discussion about their concerns, with both practitioners acknowledging the stress that the family is feeling. Given Arlon's recent diagnosis Marion emphasises how important it will be for both Cathy and Toby's wellbeing that they feel connected to and have a sense of support from local services such as the playgroup.

The discussion then focuses on the practical strategies that could be put in place to help support Arlon. Cathy and Toby give permission for Marion to discuss the issues with Arlon's speech and occupational therapists. All agree that a gradual introduction to playgroup would work best for Arlon, and decide to begin with 30–40 minute sessions.

ECIS professionals develop simple visual schedules over the next couple of weeks and share them with all the adults who are supporting Arlon. Cathy has provided a list of Arlon's favourite activities to Marion and his therapists have shared some helpful behaviour and communication strategies. Everyone is trying to make things as predictable and consistent as possible. The family and professionals work closely and communicate regularly about what's working and what's not working.

Arlon now successfully attends the local playgroup for two sessions per week. Both Arlon and Cathy look visibly more relaxed and happy, and although Arlon occasionally becomes upset, his self-esteem and sense of success is apparent.

The early childhood professionals continue to meet regularly with Cathy so that they can all share information that will inform ongoing plans for Arlon, as well as providing an opportunity to monitor Cathy and Toby's general wellbeing.

Reflective questions

- In your own professional experience, think of a time when you have worked collaboratively with a range of other early childhood professionals to support the wellbeing of a child or family. What did you do? Was it successful? What would you do differently?

- Think of a child who has required additional support while in your care. What environmental or program changes did you make to ensure the child was able to engage to their full potential with the learning environment?

Tools to support the assessment of wellbeing

Different assessment tools focus on different aspects of wellbeing. *Assessment of Wellbeing in Early Childhood Education and Care: Literature Review* (2015) identified nine of the most relevant and contemporary wellbeing assessment tools currently used in Australian early years settings and summarised these in terms of their identification of the core wellbeing dispositions. Some focus on the individual child, others focus on pedagogy and the learning environment, while others have a whole-of-setting focus.

This summary assists early childhood professionals to make informed decisions about the most appropriate wellbeing assessment tools for their context and setting.

Regardless of what tools are used, evidence tells us that the best long-term outcomes for children are achieved when wellbeing is high on the agenda and incorporated as part of the everyday assessment culture (Roberts, 2010).

As with all aspects of development, the skills associated with positive wellbeing are progressive and develop across time. Early childhood professionals might assess and provide a range of explicit learning opportunities to support a child's cognitive development. The same approach should be taken for assessment and development of the capabilities associated with wellbeing. Having a clear understanding of the indicators of wellbeing progression and each child's developmental trajectory supports early childhood professionals to be specific and explicit in assessment of and subsequent planning for wellbeing development. Using a variety of assessment tools across multiple contexts, in partnership with early childhood professionals, families and their children, will provide the most balanced and accurate account of how a child is progressing in their wellbeing development.

Effective practice is strengthened when early childhood professionals reflect with children and families as collaborators … to advance each child's learning and development. (VEYLDF, p. 8)

It is critical to remember that no single assessment tool or method will give a full picture of a child's learning. Particular assessment tools have been designed for specific purposes and cultural contexts. Using a range of assessment tools gives the most accurate and holistic picture of where a child is at and where they need to be. Sensitive assessment involves real situations and methods that open up rather than narrow learning down.
(*Educators Belonging, Being and Becoming: Educators' Guide to the Early Years Learning Framework*, p. 38, 2010)

Learning Activity 4

Wellbeing focus

- Assessment of wellbeing
- Wellbeing assessment tools summary

Key learning points

- Effective assessment of wellbeing is based on multiple sources of information. It is an opportunity for multidisciplinary collaboration.
- Assessment of wellbeing includes evidence from families. Most importantly, assessment of wellbeing includes children's own reports.

Scenario

Elliot is four years old and has been attending family day care three days per week since he was 12 months old. Elliot has a chronic health condition that requires him to attend hospital a couple of times a month for a transfusion, sometimes staying overnight. He is becoming increasingly upset and withdrawn in the build-up to these days.

Amir, Elliot's family day care educator, is becoming increasingly concerned about Elliot. As part of her usual observation and planning cycle, Amir decides to spend some time focusing her assessment on some of the key features she knows underpin positive wellbeing development, including Elliot's self-confidence and his self-regulation abilities.

In addition, Amir also wants to assess the environment she is providing for Elliot to ensure that it allows him lots of opportunities to practise and develop the dispositions associated with positive wellbeing. Most importantly, Amir wants to make sure she includes Elliot's perspective so that her assessment 'picture' is as complete as possible.

Amir knows that her observations need to be holistic and include Elliot's wellbeing development across a variety of contexts. Amir knows that Elliot's behaviour is likely to be different at home and also when he attends hospital. She contacts Elliot's dad, Marcus, to build a more detailed understanding of Elliot. Marcus is delighted to discuss things with Amir. He lets her know that the family has also noticed an increase in Elliot's anxiety about his hospital visits.
He thinks this is impacting negatively on Elliot's overall wellbeing. Marcus tells Amir that during

his last hospital stay Elliot met with a child life therapist, Alex, to begin some sessions to help him develop some practical coping strategies around his treatment and an age-appropriate understanding of his illness.

Amir asks if she can contact Alex to get some ideas of how to talk to and support Elliot in his understanding of his illness and Marcus agrees that this would be a great connection to make.

Several weeks later Amir has undertaken a range of assessments and has a much clearer understanding of Elliot's wellbeing skills, including those that will benefit from targeted support. She has also spoken several times with Alex and is much more confident about how to talk to Elliot about his hospital visits and what happens there in a positive and developmentally appropriate way.

With guidance from both Alex and Marcus, Amir has created a small hospital play space. To support Elliot's play and conversation, she adds some of the medical equipment that Elliot might see during doctors' visits and hospital stays. During their focused play sessions, Elliot and Amir have had multiple opportunities to have meaningful conversations about his feelings and worries. This has been crucial in assisting Amir to develop targeted learning opportunities focused on truly supporting Elliot's wellbeing in specific and meaningful ways.

Reflective questions

- Think of the range of assessment tools you currently use in your daily practice. How many of these include a wellbeing focus (for example, attachment; affect; regulation; resilience; persistence; flexibility; confidence; peer relations; prosocial skills)?

- What types of processes do you have in place to ensure there is open communication with families and other early childhood professionals? Think of some ways that you could improve on this.

- How do you make your assessment and observations relevant to the children and families you support? How could you make this more meaningful?

Effective practice is strengthened when early childhood professionals gather information, including the views and perspectives of each child, and use it to inform, review and enrich decision-making. (**VEYLDF, p. 8**)

Multiple perspectives are essential for the accurate assessment of wellbeing. The perspectives of the family and the child should be included wherever possible. Assessments across time and at different intervals of the day provide the most holistic view of the child's wellbeing. Partnerships with families and other professionals assist this process greatly. The importance of a shared language, one of the aims of this document, is central. Approaching assessment as a collaborative process enables the knowledge of the family and the expertise of the professionals involved to build an in-depth, culturally relevant picture of the child's development.

Enrich your thinking about assessment for wellbeing by watching two short videos featured in the Early Years Exchange, No. 11, 2013 of Belgian early childhood expert Professor Ferre Laevers talking about his research, with a focus on:

- **what children's wellbeing and involvement is**
- **what to look for in seeing and understanding children's levels of wellbeing and involvement**
- **how to create powerful learning environments to support and improve children's wellbeing and involvement.**

Watch the video: http://bit.ly/2ciWmQK

Wellbeing in practice

The Early Years Learning Framework (EYLF) and the VEYLDF explicitly highlight the key capacities associated with whole-of-setting wellbeing. The principles, practices and outcomes described in both documents provide evidence of what is necessary to maximise wellbeing for both early childhood professionals and children alike.

Having high expectations for children, with environments that promote children's agency and choice, further enhances each child's wellbeing. When these environments are underpinned by pedagogical practices that use integrated teaching and learning approaches to support sustained shared interactions, the positive effect on wellbeing of children and early childhood professionals is even stronger. Children need predictability and consistency in their lives to feel confident enough to try new things and build relationships with new people. Respectful relationships and responsive engagement are fundamental to supporting children's wellbeing dispositions.

Learning Activity 5

Wellbeing focus

- Promoting secure attachment

Key learning points

- Responsive care giving lays the foundation for secure attachment.

- Open communication with families builds strong and meaningful relationships.

Scenario

Sam is 15 months old and has recently started to attend long day care. He attends three days a week and is usually dropped off and picked up by his mum, Janice.

Drop-off is becoming increasingly stressful for Sam and he cries loudly and clings to his mum. Sam remains upset once Janice has gone and will often lie on the floor at the playroom door, crying whenever anyone enters or leaves the room. The room leader, Shannon, is concerned about the anxiety the situation is causing for both Sam and Janice.

Shannon decides to meet with Janice to have a chat about some coping strategies they might try to increase Sam's familiarity with the centre and help ease the transition. Shannon suggests developing a little photograph book with some familiar family members so that the educators can talk with Sam about his family. Janice asks if she can have some photographs of Sam engaged in room activities so she can talk about these at home. Shannon also suggests that Janice could try sending Sam in with a scarf or small piece of clothing that has the scent of Janice's perfume so that Sam could hold or snuggle it for some reassurance when he is upset. Shannon knows that predictability and consistency are really important for very young children so she suggests that she will try to ensure there is staffing consistency in the room.

Janice indicates she has some work flexibility and suggests that she might try dropping Sam off a little bit later so there aren't as many parents coming in and out of the room doing morning drop-offs. Shannon agrees that arriving at a time when there are multiple adults entering and leaving the room is challenging for Sam and says she will ask the other centre educators to limit coming in and out of the room too, unless absolutely necessary.

Shannon asks Janice if Sam has any favourite activities that she could set up in advance of him arriving. Janice suggests some favourite stories that he loves. Finally, Shannon and Janice agree to develop a predictable routine where Janice spends a few minutes engaging Sam in an activity alongside Shannon, before directly 'handing him over' to Shannon.

After several weeks there is a marked improvement in Sam's transitioning, with much less upset on his part. Shannon's proactive approach and her inclusion of Sam's mum in the discussion were crucial elements in the success of the support plan. Sam is now happy to engage with the learning activities throughout the day and is much more confident to engage with a variety of educators within the room.

Reflective questions

- Consider the practice within your own setting and list three ways improvements could be made to promote secure attachment in your under-three-years program.

- How do you assess very young children's wellbeing in your setting? What does secure attachment look like?

- Think of some examples you can share with your team to support very young children to develop secure attachments within your setting.

Wellbeing and protective factors

The wellbeing of children in vulnerable circumstances is at risk. In addition, significant life-changing events, such as serious illness, family separation and bereavement can have a negative impact on all children. Planned and coordinated support is crucial to mitigate some of the risk factors associated with these events to ensure the most vulnerable children and families are effectively supported. However, we must also remember that even the most resilient child's sense of security will sometimes be tested. What might seem like a relatively small change in a child's life can have a long-term impact on wellbeing if the child doesn't have the capacity and support to manage the experience effectively. A new sibling, starting in a new early childhood setting or transitioning to school are all experiences for which many young children might need additional support to manage positively. Providing warm and stimulating environments where children are included and supported to discuss and manage their own wellbeing can help to strengthen the protective factors that act as a buffer against some of the life challenges children will face.

Secure attachments are critical for all children from birth and link to positive mental health outcomes. Attachment means having attentive, affectionate, consistent, available, attuned adults as a source of comfort and reassurance. (VEYLDF, p. 18)

Learning Activity 6

Wellbeing focus

- Positive relationships
- Positive affect
- Resilience

Key learning points

- Consistent and predictable relationships contribute to a child feeling safe and secure.
- Open communication with children and families is essential for developing a range of protective factors.

Scenario

Gabriel is seven years old and has recently started to attend after-school care. His mum, Vicky, has had to increase her hours of work as his dad has a chronic health condition and is no longer able to remain in paid employment. Gabriel's classroom teacher, Paul, is aware of the home situation, as is Anna, the after-school hours care coordinator.

Gabriel has been visibly upset on the last two occasions that he has attended the after-school care program. On one occasion he refused to leave the classroom and required Paul to stay with him until he calmed down. Vicky knows that he is worried about what is happening at home so she hasn't been telling him on the days he needs to go to after-school care as she doesn't want him to worry about it throughout the day. Both Paul and Anna feel this is adding to Gabriel's anxiety, so they ask Vicky to meet with them to discuss a joint strategy.

Prior to the meeting, Paul talks to Gabriel about how he is feeling and what might help. Gabriel tells Paul that he is worried about his mum and dad, and how he feels sad that he can't help. Gabriel tells Paul that when he goes to after-school care he is worried that there won't be anyone at home to help his dad if he gets sick, as he knows that his mum is at work. Gabriel says he thinks his dad is lonely because he has seen him crying. Paul acknowledges and affirms Gabriel for being able to describe how he has been feeling and reassures him that it is okay to feel worried and sad some of the time. Paul asks Gabriel if there is anything that might help him feel less worried and sad.

Gabriel says he will think about it and let him know.

At the meeting with Vicky, Paul relays the conversations he and Gabriel have had. Vicky is surprised that Gabriel is keenly aware of the emotional strain at home and that he is able to describe his own emotions so well. She agrees that she needs to better prepare Gabriel on the days he is coming to after-school care and reassure him that there are things in place should his dad get sick.

A follow-up meeting is scheduled for two weeks' time and everyone agrees that it would be good to ask Gabriel if he would like to be included in this next meeting. At the time of this next meeting, Gabriel attends with his mum and dad and looks visibly more settled – smiling and holding his dad's hand. Gabriel suggests that he would like to call his dad before he goes to after-school care to make sure he is okay. Anna says this isn't a problem and that she will arrange for this to happen. Vicky agrees that it will be best if she tells Gabriel in the morning on the days he is attending after-school care so it isn't a surprise at the end of the day. Gabriel's dad also gives Gabriel a job to do – he tells him that he is to have a fun time at after-school care and bring home lots of stories about the activities he has been doing. Anna suggests that Gabriel might like to make a video diary of the activities he gets involved with to share with his dad when he goes home. Gabriel is delighted with this idea.

Reflective questions

- Can you think of some examples of situations where a child might need support to help develop their resilience? What kinds of proactive approaches could you use?
- Can you think of positive ways to include the children in your setting to contribute to the discussion about their own wellbeing?

All children have a right to respectful treatment and the inclusion of their perspectives in decision making. Children have a right to participate in decisions that affect them. This requires professionals to provide opportunities and challenges that afford children the space, time, voice, audience and capacity to make a difference in their environment. Children may show ingenuity, creativity and skills that were previously unnoticed. (**VEYLDF**, p. 10)

Children as young as three years old can reliably begin to talk about their own strengths and wellbeing dispositions. Their own contribution in the assessment of and planning for their wellbeing is crucial. (Mashford-Scott, Church & Tayler, 2012)

A whole-of-setting approach

The most effective early years settings are those in which a climate of wellbeing is promoted, not only with regard to the children and families attending the setting, but also for the professionals working within it. When early childhood settings are caring and nurturing, everyone's wellbeing is supported.

Learning Activity 7

Wellbeing focus

- Positive affect
- Positive attitude
- Modelling wellbeing dispositions and skills

Key learning points

- The most effective settings have a whole-of-setting focus on the promotion of wellbeing.
- Children, families and early childhood professionals are supported to develop the skills and dispositions associated with positive wellbeing.

Scenario

Jay has worked as a Foundation Level teacher in the local primary school for the past five years. Jay loves her work and takes a great deal of pride in the positive learning environment she and her co-educator provide for the children in her class.

Jay has also recently become the main carer for her mother, who is unwell. Jay is finding it increasingly difficult to remain as positive and enthusiastic about her work as she would like. During a planned art experience Jay is feeling particularly low; one of the children she is next to draws Jay a sunshine picture and says: 'This is for you, to make you happy because your face looks very sad.' Jay knows that just as a positive mood can be modelled to children, so too can negative emotions. Jay takes this opportunity to explain she is feeling sad because her mum is unwell, and this reminds her of how important it is that she expresses her emotions in appropriate ways and models this to the children.

Jay reflects on this and decides to be proactive. She makes a time to discuss how she is feeling with her leading teacher. Jay knows supporting her own wellbeing is essential for her to be able to be a positive model to the children.

Jay discusses the impact of the current stresses in her life with her leading teacher and together they identify some strategies that Jay feels will help her balance her personal commitments and her work.

Jay also identifies some specific wellbeing professional development she would like to attend and suggests that 'supporting professional wellbeing' become a regular discussion point on the monthly staff meeting agenda. Jay and her leading teacher decide to establish a roster of regular catch-ups to discuss and review the strategies that Jay is going to implement, to explore any learning from the professional development she has attended and look at whether any other specific support may be necessary to assist Jay to adjust to the changes in her family circumstances.

Feeling supported by her senior management team, Jay feels much more able to set a positive role model to the children she teaches. She knows that by modelling her capacity to manage the stress in her life and the emotions she is feeling, she is modelling resilience. This modelling helps the children to further develop their own emerging wellbeing capacities.

Reflective questions

• Settings where wellbeing is valued have the greatest outcomes for children. Can you identify some ways in which staff wellbeing could be supported in your setting?

• Can you reflect on a time when your own wellbeing disposition was challenged? How did you feel? How did you manage things? What impact did it have on your colleagues? What impact did it have on the children you supported? What support did you find helpful?

Targeted wellbeing support

When children's wellbeing is the focus for early childhood professionals, wellbeing skills and dispositions are strengthened and supported in routine, everyday engagements. Early childhood professionals have a thorough understanding of child development and how best to provide explicit experiences to extend children's cognitive and physical development. When early childhood professionals have the same understanding of wellbeing development, they can give the same level of attention to providing experiences that explicitly target the development of children's wellbeing skills and dispositions. Making the most of opportunities to support children's wellbeing in both incidental and deliberate ways underpins the most effective and successful early childhood settings and embodies the vision of the VEYLDF.

Studies have found that as few as 40 per cent of children begin their first year of schooling with the necessary wellbeing skills to enable them to maximise their full learning potential (Bernard, Stephanau & Urbach, 2007). Children who have been supported to develop a strong foundation for wellbeing demonstrate a greater capacity to manage their own emotions and those of others, assert themselves when required, articulate how they feel and regulate their emotions.

Learning Activity 8

Wellbeing focus

- Responsive relationships
- Self-esteem
- A sense of belonging

Key learning points

- The foundations of wellbeing are laid in the very early years of life. These skills build and strengthen with repeated exposure to positive feedback and affirmation.
- Children respond positively when there are clear boundaries and consistent expectations.

Scenario

Kate has recently given birth to her second child, and must attend her baby's six-week assessment with the maternal and child health nurse, Fiona.

Kate's older child, Noah, is 23 months old. His behaviour has become more challenging since the arrival of his sister. Kate knows it is important to provide reassurance and praise to support him through this life-changing event, but she is struggling, and describes his behaviour to Fiona as increasingly 'naughty and attention seeking'.

Fiona knows Noah from previous visits and considers his behaviour typical for a child his age and is confident that with some supportive strategies Kate can support Noah to connect with his sister and feel a sense of belonging in his family.

During the appointment, Fiona models some strategies for Kate. When Noah is playing well with the toy kitchen, Fiona acknowledges and affirms how well he is doing and how kind he is for making tea for everyone.

Fiona asks Noah if he could make baby a 'tea' and emphasises again how well he is doing in his new role as a 'big brother'. When Noah responds with excitement to the request, Fiona again models for Kate some additional ways to reinforce Noah's positive behaviour.

Kate and Fiona discuss some simple tasks, in the new baby's care routine, that Noah could participate in so he can feel a real sense of worth. They talk about giving Noah the opportunity to feel included in things, and how Kate setting aside some dedicated one-to-one time with Noah each day might help regulate some of his challenging behaviour. Kate acknowledges how vulnerable Noah must be feeling since his new sibling's arrival. They also talk about ways to manage Noah's behaviour when it is not so positive and how children benefit from clear and consistent expectations of what is and isn't acceptable behaviour.

At Noah's 24-month visit Kate appears much happier. Noah is laughing with his mum as they enter the room, and is carrying a toy for his baby sister. On repeated occasions throughout his visit he demonstrates positive affection towards both his mother and his sister with hugs, kisses and smiles.

Reflective questions

- Think of a time when you have used positive praise and affirmation to raise a child's self-esteem. What did you do or say? How did it influence the child's behaviour?

- Think about how you respond to children's challenging behaviour in the setting in which you work. Do you respond reactively or in a planned and consistent way? Think of two ways your approach could be more consistent.

Early childhood professionals use integrated teaching and learning approaches to share strategies with families and other adults to support learning in the home and other settings. (VEYLDF, p. 15)

Conclusion

This practice guide focuses on the most relevant, contemporary and prominent assessment tools to use across early childhood education and care settings. The tools identify key aspects of progressive development of wellbeing in children from birth to eight years, and the typical developmental trajectory that this follows.

Early childhood professionals need to be aware of how wellbeing capacities can be identified, supported and strengthened, and the range of assessment tools that can be utilised to contribute to this.

Beginning in infancy, responsive care giving, warm and loving environments, secure attachments and a sense of security provide the foundation upon which all other wellbeing capacities are based. Infants who are supported to gradually become more regulated and controlled are beginning to show the very early signs of positive self-control. By three years of age, these capacities have strengthened and with careful nurturing will become much more refined. By the time children reach the age of five or six there has been a huge leap in their social-emotional wellbeing skills and for those children who have had the opportunity to engage in repeated positive learning experiences, executive function now plays a much greater role.

Impulse control, following rules, persisting with tasks when they are difficult or don't go as planned, getting along with others and making and keeping friends are all crucial skills in the development of lifelong wellbeing.

This practice guide and its scenarios provide a platform to reinforce current best practice, while also prompting early years professionals to reflect on and discuss those areas of practice that could be strengthened. The guide provides a common lens and a shared language for use across the various settings that children participate in, and this fosters greater multidisciplinary collaboration. In turn, this will support professionals to use more consistent approaches with children involved in multiple programs and settings, and will allow all children to develop the necessary wellbeing skills required for lifelong learning.

At any point in their lives children can experience a range of factors that might challenge learning and wellbeing development. Placing wellbeing firmly on the early years agenda and enriching and building partnerships with families and other professionals is crucial. Communicating with children and families in meaningful ways will assist children to further develop and strengthen their range of capacities, dispositions and skills associated with lifelong positive wellbeing, which will in turn maximise their life chances.

> The premise is simple: repeated positive experiences strengthen positive neural pathways and the areas of the brain that stimulate positivity, optimism and resilience. Repeated negative thoughts and experiences in the early years strengthen negative neural pathways (such as those for sadness, fear, anger and helplessness).
>
> Positive wellbeing is an emerging capacity: a developmental journey with its critical learning period in the early years. Wellbeing skills and dispositions are cumulative and can be scaffolded, modelled and explicitly taught.

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Royal Commission into
Victoria's Mental Health System

ATTACHMENT KL-5

This is the attachment marked 'KL-5' referred to in the witness statement of Kim Little dated 8 May 2020.

ATTACHMENT KL-5

This is the attachment marked KL-5 referred to in the witness statement of Kim Little dated 7 May 2020.

Phase One information sharing entities

(a)   Alcohol and other drugs services

(b)   Child Protection

(c)   Commission for Children and Young People

(d)   DHHS Housing

(e)   Designated Mental Health Services (i.e. clinical services)

(f)   Disability Services Commissioner

(g)   Homelessness services[1]

(h)   Justice Health[2]

(i)   Justice Health funded or contracted services[3]

(j)   MCH Services

(k)   Multi-agency Panels to Prevent Youth Offending

(l)   OOHC services

(m)   Perpetrator interventions, including trials under the Family Violence Perpetrator Intervention grants

(n)   Registered community-based child and family services (including Child FIRST)

(o)   Registry of Births, Deaths and Marriages

(p)   Risk Assessment and Management Panels

(q)   Sexual assault support services

(r)   Sexually abusive behaviour treatment services

(s)   Specialist family violence services[4]

(t)   The Orange Door (Support and Safety Hubs)

(u)   Victims Assistance Program services

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[1] Selected services.
[2] For people under 18 years only.
[3] For people under 18 years only.
[4] Including family violence counselling and therapeutic programs.

(v)   Victims of Crime Helpline

(w)   Victoria Police

(x)   Youth Justice

(y)   Youth Justice funded community support services or programs

(z)   Youth Parole Board (Secretariat).

Phase Two information sharing entities

(a)   Ambulance Victoria (including contracted services)

(b)   Community health services

(c)   Community housing organisations

(d)   Community-managed mental health services

(e)   DET to the extent it delivers child health and wellbeing services (for example Student Support Services, Incident Support and Operations Centre, Education Justice Initiative, area-based regional staff)

(f)   Doctors in Schools

(g)   Family Records (for example Refugee Minor, Intercountry Adoption Agency and Family Information Networks Discovery)

(h)   Forensic disability

(i)   General practice

(j)   Government schools

(k)   Health Complaints Commission

(l)   Homelessness (remaining services)

(m)   Kindergartens

(n)   Long Day Care

(o)   Mental Health Complaints Commissioner

(p)   Multiple and Complex Needs Initiative (MACNI)

(q)   Non-Government schools and system bodies

(r)   Office of the Public Advocate (volunteer services)

(s)   Out of School Hours Care

(t)   Parentline

(u)   Public health services and denominational hospitals (including midwives, pharmacists, psychologists and psychiatrists and allied health workers within these services)

(v)   Publicly funded early parenting centres

(w)   Refugee and migrant services

(x)   Specialist obstetrics

(y)   Specialist paediatrics

(z)   State funded aged care services (including Residential Care and Home-based Care)

(aa)   Student disengagement and wellbeing services and programs funded by DET (for example LOOKOUT, Navigator, School Focused Youth service, Chaplaincy Services)

(bb)   Supported Playgroups

(cc)   VCAA

(dd)   VIT

(ee)   Victorian Registration and Qualifications Authority.

The Children's Court of Victoria and Magistrates' Court of Victoria are expected to be prescribed through tailored commencement dates.

Royal Commission into
Victoria's Mental Health System

ATTACHMENT KL-6

This is the attachment marked 'KL-6' referred to in the witness statement of Kim Little dated 8 May 2020.

SCHOOL READINESS FUNDING

APPLICATION FOR INCLUSION ON THE 2021 MENU OF EVIDENCE-INFORMED PROGRAMS AND SUPPORTS

School Readiness Funding is a Victorian Government needs based funding initiative which provides funding to address educational disadvantage and supports children's development. Services delivering a kindergarten program are allocated funding for the purchase of high-quality items from a menu of evidence-informed programs and supports (the menu). Programs and supports listed on the menu must directly support children's learning and development in at least one of the three School Readiness Funding priority areas:

- Communication (language development)
- Wellbeing (social and emotional)
- Access and inclusion.

The menu supports services delivering a kindergarten program to spend their School Readiness Funding to effectively enhance outcomes for children and is available on the Department of Education and Training's (the Department) website. To support a holistic approach to children's learning and development, all programs and supports listed on the menu must be consistent with the approved learning framework, the Victorian Early Years Learning and Development Framework (VEYLDF).

The Department invites providers to submit programs and supports for inclusion on the menu annually. Information about the menu and a list of the current programs and supports is available at
https://education.edugate-cms.eduweb.vic.gov.au/childhood/providers/funding/Pages/SRFmenu.aspx

The Department provides online content including descriptive and implementation information for each program or support listed on the menu.

Please note that the following are out of scope and will not be included on the menu:

- supports that target individual children
- curriculum documents, for example curriculum content units and lesson plans
- individual coaching organisations - the menu contains a 'Coaching' item allowing kindergartens services to purchase coaching services from organisations of their choosing. The Department does not promote or endorse individual coaches
- standalone equipment and resources.

ASSESSMENT CRITERIA

Submissions must address the assessment criteria as summarised below and information must be specified in the format that follows:

1. **Demonstrated understanding of and alignment with the VEYLDF:**
   - The program/support must directly support outcomes for children in *at least one* of the three School Readiness Funding priority areas outlined above, and the submission must provide a clear description of how the program or support aligns with the priority area or areas identified.

   - The program/support must be underpinned by *one or more* of the eight VEYLDF Practice Principles and *not be inconsistent* with any of the Practice Principles. The submission must demonstrate understanding of how the program or support aligns with the identified Practice Principle or Principles.

2. **Appropriate for implementation in Victorian early childhood settings:**
   Submissions should demonstrate that the program or support is:

   - age appropriate for a play-based kindergarten setting and suitable for children aged two to six years and their families
   - available to funded kindergarten services across Victoria. The submission must indicate the extent to which the program or support can be accessed across the State
   - inclusive and recognises all children's and families' experiences and capabilities to foster a sense of belonging to their family, community and early years settings.

3. **Has an evidence base or clear program logic:**
   It is highly recommended that submissions include an evidence base description and a program logic. Where there is no clear evidence base, it is highly recommended that a program logic is provided. The Department may assess the submission as ineligible for the menu where a program logic is not provided.

To be considered for inclusion on the menu, applicants must:
1. Complete <u>all fields</u> in the template below as instructed. Note that this is an electronic document, and should be completed and submitted electronically. Only Microsoft Word or Adobe PDF files will be accepted.
2. Complete the program logic using the template provided (Appendix 1)
3. Lodge submissions, ensuring all fields and attachments are complete, by 31 May 2020 via MenuOfEvidence@edumail.vic.gov.au

The 2021 version of the menu will be launched online in September 2020. Applicants will be advised of the outcome of submissions prior to publication of the updated menu.

_____

APPLICATION CONDITIONS

1.   Application Documents

All applications and any accompanying documents will, upon submission, be retained by the Department. The Department will not return any of these documents.

By submitting an application, you agree that the Department can:

a)   reproduce the whole or any portion of the application or documents which you have submitted for the purposes of, or in connection with, its evaluation

b)   when an application is successful, reproduce the whole or any portion of the documents, information contained in the application or in any website referred to in the application, on the menu in the absolute discretion of the Department, notwithstanding any copyright or other intellectual property rights that may subsist in those documents.

2.   Reservation

The Department reserves the right, in its absolute discretion to:

a)   refuse to consider or accept any application

b)   decline to include on the menu any submitted program/support

c)   decline to include on the menu any information provided by the applicant

d)   remove from the menu any program/support

e)   remove from the menu any information provided by the applicant without giving any reason for the refusal, rejection or removal.

3.   Recommended Program/supports

Inclusion on the menu does not give rise to a contract (express or implied) between the Applicant and the Department for the supply of the program/support.

No legal relationship will exist between the Department and the Applicant until such time as a binding contract is executed by both parties.

4.   Acceptance of Conditions

By submitting an application on this application form, you agree to these Application Conditions.

APPLICATION DETAILS

Please complete <u>all the below fields</u>:

Name of program/support:	
Website:	
Date of development:	
Manufactured/produced by:	

PROGRAM/SUPPORT OVERVIEW

Provide a detailed paragraph describing the program/support. This includes, but is not limited to, information addressing the following prompts:

- program/support type
  (for example training course, training program, incursion, online resource, professional service)

- aims of program/support
- primary audience
  (for example educators, children, parent/carers, families, other Early Childhood Professionals)

- delivery mode
  (for example face-to-face, group training, professional development, online, individual coaching and mentoring)

- time commitment for participants to engage in the program/support.

This information will be used by the evaluators to gain an understanding of the program/support. Please keep your response to a **maximum of 250 words**.

Provide your response below

PROGRAM/SUPPORT COSTS

Provide a detailed overview of the costs to services that access the program/support including addressing the following information:

- program/support cost - please specify inclusive or exclusive of GST
  (for example per person, per group, per program)

- factors that might change this cost
  (for example additional participants, extra presenters/facilitators, modified/adapted content)

- additional costs to be considered
  (for example travel costs, resource costs).

Please keep your response to a **maximum of 250 words**.

Provide your response below

OTHER IMPLEMENTATION CONSIDERATIONS

Provide a detailed overview of any other implementation considerations for the program/support. In your response, consider the prompts below and any other factors that may be important to understand about the program/support. Please keep your response to a **maximum of 300 words**.

- What are the access requirements for this program/support?
  For example:
    - *tools and systems (e.g. resources, information technology requirements)*
    - *availability for regional and rural services. Outline the capacity to provide the menu Program/support to services across the state of Victoria.*
- What support is provided to the target population responsible for implementing the program/support to ensure effective implementation?
  For example:
    - *provision of supervision and/or coaching support*
    - *current best implementation knowledge i.e. what is known about most effective processes for implementing this program/support?*
- What other considerations are there for implementation?
  For example:
    - *training requirements (e.g. minimum level of training, pre-requisite knowledge)*
    - *staffing*
    - *other requirements (e.g. minimum number of participants).*
- Will this program/support build the skills and knowledge of educators and/or families to support children's learning and development in the long-term? If so, how?
- Can this program/support be adapted and modified for a local priority or goal? If yes, what would this require? Please describe.

Provide your response below

ASSESSMENT CRITERIA

Please ensure you have provided a response to all three criteria below.

Criteria 1: Demonstrates understanding of, and alignment with the VEYLDF

a.) Demonstrated understanding of the VEYLDF

Responses must demonstrate:

- an understanding of the VEYLDF as a framework for programs/supports within the Early Childhood Education sector in Victoria
- how the program/support aligns with the VEYLDF when implemented within Early Childhood Education settings in Victoria.

Please keep your response to a **maximum of 300 words**.

Provide your response below

b.) Alignment with the VEYLDF Practice Principles

Provide a response against each of the Practice Principles in the table below that describes how the program/support aligns to the Practice Principle. It is recommended that a reference to where these Practice Principles are demonstrated within any attached program resources is provided.

Please note detailed responses are only required for Practice Principles relevant to the program/support. Please select N/A where Practice Principles are not relevant.

Please keep each response to a **maximum of 200 words**.

Responses must demonstrate:

- that the program/support is underpinned by one or more of the eight VEYLDF Practice Principles
- how the program/support is implemented using the identified Practice Principles in day to day programming and practice in an early childhood setting
- that the program/support is not *inconsistent* with any aspect of the VEYLDF Practice Principles.

Practice Principle	Demonstrate alignment OR indicate N/A
Reflective practice	*Word limit: 200 words*
Partnerships with families	*Word limit: 200 words*
High expectations for every child	*Word limit: 200 words*
Respectful relationships and responsive engagement	*Word limit: 200 words*
Equity and Diversity	*Word limit: 200 words*
Assessment for learning and development	*Word limit: 200 words*
Integrated teaching and learning approaches	*Word limit: 200 words*
Partnerships with professionals	*Word limit: 200 words*

c.) Alignment to one or more of the School Readiness Funding priority areas

Responses must demonstrate:

- that the program/support directly targets at least one of the School Readiness Funding priority areas, listed below, to achieve outcomes for children:
    - Communication (language development)
    - Wellbeing (social and emotional)
    - Access and inclusion.
- how the program/support targets at least one of the priority areas to achieve outcomes for children.

It may be useful to refer to the outcome indicators and the Practice Principles in the VEYLDF when responding to this criteria.

Please keep your response to a **maximum of 300 words**.

Provide your response below

Criteria 2: Appropriate for implementation in Victorian early childhood settings

Responses must demonstrate that the program/support is:

- age appropriate for a play-based kindergarten setting and suitable for children aged two to six years and their families
- accessible to funded kindergarten services across Victoria. The submission must indicate the extent to which the program or support can be accessed across the state of Victoria
- inclusive and recognises all children's and families' experiences and capabilities to foster a sense of belonging to their family, community and early years settings.

Please keep your response to a **maximum of 300 words**.

Provide your response below

Criteria 3: Has an evidence base or clear program logic

Responses must demonstrate that the program/support:

- is supported by a scientific study, evaluation or research evidence; and/or
- is supported by a program logic (see Appendix 1); and/or
- is based on a theoretical underpinning.

Please keep your response to a **maximum of 300 words**.

Provide your response below

ADDITIONAL INFORMATION

Please attach:
- program outline (if applicable)
- any program materials that may assist the assessment process for example, presentations.

Outline any **additional information** that you feel is important to be considered in the assessment process.

Please keep your response to a **maximum of 250 words**.

Provide your response below

APPENDIX 1: PROGRAM LOGIC TEMPLATE

Guidance to complete the main elements of the School Readiness Funding menu of evidence informed programs and supports program logic template.

This document provides a template and guidance for producing a program logic to capture evidence at the logic-informed level for programs, training and resources on the School Readiness Funding menu that address the three priority areas for School Readiness Funding:

- Communication (i.e., language development)
- Wellbeing (i.e., social and emotional regulation)
- Access and participation (i.e., enhanced participation in services regardless of background, programs targeting children from diverse and/or vulnerable and/or indigenous backgrounds).

DET PROGRAM LOGIC

Program, training or resource title: *Name of the program, training or resource*

THEORY OF CHANGE				
TARGET POPULATION	**INPUTS**	**EVIDENCE**	**ACTIVITIES**	**FAMILY & CHILD OUTCOMES** **(outcome measures)**
		(please include references)		

Assumptions:

List and describe the assumptions associated with the theory of change.

<List assumptions here>

Program Logic Example 1

Program, training or resource title: *A-Z Supporting Child Outcomes*

THEORY OF CHANGE	Caregivers of young children up to six years of age who improve their responsive caregiving skills will improve child emotional and pro-social behaviours.			
TARGET POPULATION	**INPUTS**	**EVIDENCE**	**ACTIVITIES**	**FAMILY & CHILD OUTCOMES** (outcome measures)
Caregivers who have children up to six years of age that are in the process of making the transition to school	**Team:** • Program Manager • 5 Early Childhood Educators **Training:** All staff attend the 2-day training in the practice. **Supervision:** Each team member is required to attend	• *Evidence from one randomized controlled trial indicates that Motivational interviewing techniques may support health professionals to engage and motivate clients towards behaviour change when signs of ambivalence arise • *Evidence from systematic reviews indicate that responsive caregiver strategies for children up to six years of age, that take place during play and everyday activities: can improve: o Child executive function and pro-social behaviour o Child learning including their spoken language skills, their	**Program activity 1**: Staff use motivational Interviewing to encourage parent's engagement in the workshop practices and enhance their motivation to use the new parenting skills. **Program activity 2**: Staff role model respectful relationships and responsive engagement strategies below during play activities (e.g. reading, storytelling). • warm and nurturing interactions (e.g. making eye contact while speaking a calm voice) • following the child's lead by responding to the interests and signals of the child (i.e., expanding on the child's speech, responding to the child's questions or requests) • providing guidance to promote learning by listening and talking with the child (i.e., pointing and naming objects in a book, posing questions to the child) during play activities	*The program will improve the following outcomes for families and/or children* • ***Improved child emotional and prosocial behaviour*** *Measure:* The Strengths and Difficulties Questionnaire (SDQ)

3

| | • fortnightly coaching with a practice expert for 3 months
• Monthly individual supervision with team leader | expressive vocabulary and their early reading skills
(please include references)

*This evidence is only an example it should not be copied into a program logic because it may not be the most up-to-date literature. | • giving verbal reinforcement (or praise) to build children's confidence in learning
Then, Early Childhood Educators (ECE) encourage and support caregivers to interact with their children during play activities using the new skills. | |

Assumptions:

List and describe the assumptions associated with the 'theory of change.'

- educators should consider this practice as part of the broader range of transition to school practices to support their children to effectively transition to school.
- services should consider the cost of backfill for staff that attend training when determining the cost of accessing this resource.

Table 3: program logic elements

This tables provides guidance on how to populate the program logic template on page 2.

Key program logic element	Description
Target population	Describe the characteristics of the population who will receive the program, training or resource from the facilitator (e.g. educators or families of children up to six years of age; children aged six to eight years). This is also the person who will participate in the activities. Activities are described below. *Note: the target population is usually the group that receives the program (in the example below it is the parent). Usually other people will also experience changes from the program (in our example logic, children change when responsive caregiving is taught to parents) but the child in that case will not be the target population because the parents are the participants who receive the program and then use the strategies with children. It is important to list the child's age range because the activities will change based on the age range of the child. For example, parent of children who are under six years of age will use different strategies compared to parents of infants or teenagers 13 to 16 years of age.*
Inputs	List all the resources (e.g. staff time, finances, equipment and/or facilities) that are required to implement the program/ training or resource.
Evidence	Summarise the available research evidence that demonstrates how the program, training or resource will achieve the outcome/s (related to communication, wellbeing, access and participation) with the target population. This includes available evidence on this specific program, training or resource or other programs and practices that have the same approach, outcome and target population. Please include references. Starting with evidence from published systematic reviews and randomised controlled trials (RCT). If systematic review or RCT evidence does not exist, then list evidence from quasi- experimental designs, interrupted time series or observational studies. (e.g. Evidence from systematic reviews indicate that responsive caregiver strategies for children up to six years of age, that take place during play

and everyday activities can improve child executive function and pro-social behaviour.)

Please see table 2 for a description of each of the study designs listed above.

| **Activities**

(see example table below for level of detail required) | Based on your identified outcomes (related to communication, wellbeing, access and participation) and target population, and what the evidence suggests as the most effective way to achieve the outcomes, describe what your program, training or resource will look like or result in in terms of activities that children and/or families will participate in.

For example, an activity might include the following information:
Staff role model the respectful relationships and responsive engagement strategies below during play activities (e.g., reading, storytelling).
• Warm and nurturing interactions (e.g., making eye contact, using a calm voice).
• Following the child's lead by responding to the interests and signals of the child (e.g., expanding on the child's speech, responding to the child's questions or requests).
• Providing guidance to promote learning by listening and talking with the child (e.g., pointing and naming objects in a book, posing questions to the child) during play activities.
• Giving verbal reinforcement (or praise) to build children's confidence in learning. |
| **Family and child outcomes**

(outcome measures) | List the family* and/or child outcomes that will change as a result of the program, training or resource when the child and/or family have finished the program (e.g. improved parental stress, improved language development, improved emotional regulation, improved participation in services reduced parenting stress)

At this stage we would like you to focus only on whether your program addresses any of the following outcomes:

• Communication (i.e., language development)
• Wellbeing (i.e., social and emotional regulation)
• Access and Participation (i.e., enhanced participation in services regardless of background, programs targeting children from diverse and/or vulnerable and/or indigenous backgrounds)
• Other outcomes that do not fit into the categories above (e.g., parenting skills, parenting stress). |

	Also, include the name of the outcome measure used to monitor the outcome (e.g. Depression Stress and Anxiety Scale, Child Behaviour Checklist)
THEORY OF CHANGE	Describe how the program, training or resource will achieve the intended outcomes via the activities (that you listed above). A theory of change is a detailed set of beliefs or hypotheses about how your program, training or resource will lead to the specific observable changes (child and/or family outcomes) that you expect from your program or practice based well-known theories from literature, research and practical experience. (e.g. Caregivers of young children up to six years of age who improve their responsive caregiving skills will improve child emotional behaviours and pro-social behaviours.)
ASSUMPTIONS	List and describe the assumptions associated with the theory of change and inputs e.g. the training will be followed by a series of 6 supervision sessions that all trainees participate in; participants (families or child) attend the full program.

*note this is only relevant where the facilitator delivers the new skills and knowledge they learn from the program, training or resource to the caregiver.

Table 4: Study design description

Study design	Description	Common sub-types
Systematic review with meta/analyses (SR)	The application of strategies that limit bias in the assembly, critical appraisal, and synthesis of all relevant studies on a specific topic. A systematic review uses systematic and replicable methods to synthesise and summarise available research evidence to answer a well-defined research question. Systematic reviews with meta-analyses use statistical techniques to synthesise the data from several studies into a single quantitative estimate or summary effect size. Effects sizes measure the relationship between two variables, providing information about the magnitude of an intervention effect.	N/A
Randomised Controlled Trials (RCTs)	Randomisation of participants to either a treatment or control group ensures that those in each group differ only in their exposure to the intervention. All other factors that might affect the outcomes of interest should be distributed equally, provided there is a large enough sample size – whether they are known and measured or not. To be valid, participants' allocation to a group must be entirely by chance, and there should be no difference between the participants in terms of the probability or likelihood that they will be assigned to a specific group. Randomisation of individual recipients of care may not be appropriate if the intervention is targeted at care providers or groups of people (e.g., all members of a class). Under these circumstances, clusters (groups) of people should be randomised by provider and/or site. Trials where groups of people are allocated (or where individual practitioners are randomised, and outcomes are measured in patients)	· Cluster RCTs - a type of randomised controlled trial in which groups of subjects (as opposed to individual subjects) are randomised. Cluster randomised controlled trials are also known as cluster randomised trials, group-randomised trials, and place-randomized trials

Study design	Description	Common sub-types
	are called cluster-RCTs and can include step-wedge designs that include random assignment.	
Quasi-experimental Designs (QEDs)	These are trials where the investigators allocate participants to the different groups that are being compared using a method that is not random (such as client or clinician preference/availability) and the outcomes from each group are compared. This can include: (1) a controlled before-and-after study, where outcome measurements are taken before and after the intervention is introduced and compared at the same time point to outcome measures in the (control) group. (2) an adjusted indirect comparison, where two randomised controlled trials compare different interventions to the same comparator i.e. control condition. The outcomes from the two interventions are then compared indirectly.	· Propensity score matching and other matching designs - creates sets of participants for treatment and control groups. A matched set consists of at least one participant in the treatment group and one in the control group with similar propensity scores. The technique attempts to estimate the effect of a treatment, policy, or other intervention by accounting for the covariates that predict receiving the treatment. · Difference in difference estimation - makes use of longitudinal data from treatment and control groups to obtain an appropriate counterfactual to estimate a causal effect. Typically used to estimate the effect of a specific intervention or treatment (such as a passage of law, enactment of policy, or large-scale program implementation) by comparing the changes in outcomes over time between a population that is enrolled in a program (the intervention group) and a population that is not (the control group). · Regression discontinuity – pre-test-post-test control group design that is characterized by its unique method of assignment to intervention. Participants are assigned to either the intervention group or control group solely on the basis of a cut-off score on a pre-test measure. The design is so named because a regression line is plotted to relate the assignment and outcome variables. If the treatment is effective, a discontinuity in the regression line should occur at the cut-off point. By comparison, the absence of a discontinuity is interpreted as a null effect.

Study design	Description	Common sub-types
		· Interrupted time series with a control group – trends in an outcome or disease are measured over multiple time points before and after the intervention (factor under study) is introduced to a group of people, and then compared to the outcomes at the same time points for a group of people that do not receive the intervention (factor under study). · Other complex designs that reasonably control for known biases and confounders.
Logic informed	Involves an inference from mechanisms to claims that an intervention produces a relevant outcome. Reasoning will involve an inferential chain linking the intervention with an outcome. Key elements of the logic model / program logic for the program or practice are defined and verified in relation to the program or practice and the underpinning scientific evidence.	N/A
Observational study:	A family of studies in which investigators compare people exposed to an intervention with those who do not. The investigators neither allocate patients to receive the intervention not administer the intervention. Instead, they compare records of patients who had taken an intervention and been treated in routine practice with similar patients who had not taken the intervention. The most common observational designs are case-studies, case-series, case-control studies, cohort studies, and historically controlled studies.	· Cross-sectional study - the investigator measures the outcome and the exposures in the study participants at the same time. This type of study is useful for hypothesis-generation, to identify whether a risk factor is associated with a certain type of outcome, but more often than not the causal link cannot be proven unless a time dimension is included (NHMRC). · Cohort study - outcomes for groups of people observed to be exposed to an intervention, or the factor under study, are compared to outcomes for groups of people not exposed. ((NHMRC). o Prospective cohort study – groups of people (cohorts) are observed at a point in time to

Study design	Description	Common sub-types
		be exposed or not exposed to an intervention (or the factor under study) and then are followed prospectively with further outcomes recorded as they happen o Retrospective cohort study – the cohorts are defined at a point of time in the past and information collected on subsequent outcomes (NHMRC · Case series - Outcomes for groups of people observed to be exposed to an intervention, or the factor under study, are compared to outcomes for groups of people not exposed. ((NHMRC). o Post-test – only outcomes after the intervention (factor under study) are recorded in the series of people, so no comparisons can be made o Pre-test/post-test – measures on an outcome are taken before and after the intervention is introduced to a series of people and are then compared (also known as a 'before- and-after study'). (NHMRC).

Royal Commission into
Victoria's Mental Health System

ATTACHMENT KL-7

This is the attachment marked 'KL-7' referred to in the witness statement of Kim Little dated 8 May 2020.

Kindergarten Funding Guide

THE
EDUCATION
STATE

VICTORIA
State
Government

This Kindergarten Funding Guide replaces the
Kindergarten Guide 2015 and will remain current until
a future edition is published. Kindergarten service
providers will be advised if there are any changes
to the information in this Guide and any updates
will be available online at http://www.education.
vic.gov.au/childhood/providers/funding/Pages/
kinderfundingcriteria.aspx

Foreword

The Victorian government is making Victoria the Education State. This begins with giving every child a strong start in life, with evidence showing the difference early intervention can make in shaping their happiness, wellbeing and success. Participation in quality early childhood education programs that adhere to the Victorian Early Years Learning and Development Framework (VEYLDF) can significantly increase positive educational and life outcomes for children, especially those from more disadvantaged circumstances.

With this in mind, the Victorian Government is committed to ensuring all eligible children can access kindergarten programs delivered by qualified early childhood teachers and educators in the year before school, and supporting families to understand and engage in children's learning. The Department provides a range of funding with the aim of improving service delivery, identifying vulnerability and promoting participation, particularly among children that require additional support, such as children with disability and Aboriginal children.

Ensuring inclusion of vulnerable children remains a key objective of the Victorian Government. Evidence suggests that highly vulnerable children such as those in out-of-home care may be missing out on high-quality early education, despite standing to gain the most from participation. Kindergarten services provide an important role in identifying children and families that may be vulnerable and delivering services that meet their needs.

Alongside participation and inclusion, the Department is committed to the ongoing improvement of kindergarten services to maximise positive outcomes for all children. The Department assists organisations to enhance program delivery through various mechanisms, such as supporting services to comply with The National Quality Framework, provision of professional development for educators and strengthening partnerships with local government and the community.

Local government – as a key provider and major owner of kindergarten facilities – plays a central role in improving quality, provision and access at the local level. This includes leading on a range of initiatives including:

- the development of Municipal Early Years Plans (MEYPs) which provide the strategic direction for education, health and care programs
- provision of central enrolment systems to enable equitable access for eligible children within a municipality
- partnership in the Early Childhood Agreement for Children in Out-of-Home Care
- partnership in the Early Years Management platform.

The objective of this guide is to inform kindergarten service providers about the range of funding that is available, how to apply and their obligations and accountability in receiving funding. Ensuring service providers receive appropriate assistance is fundamental to improving Victoria's kindergarten service, and enhancing children's access and participation in high-quality education.

Department support for service providers

The Department is committed to ensuring service providers receive adequate support and guidance about kindergarten funding. Department regional offices are located across Victoria to provide assistance and further information, with designated staff available to:

- assist with and receive applications for funding
- process and consider funding applications for approval
- manage service agreements with service providers
- manage payment processes
- monitor compliance with funding criteria and operational requirements
- provide support and advice for service providers that may experience operational challenges.

Specialist staff are also able to assist with:

- Children's Facilities Capital Grants
- Early Years Management
- participation of Aboriginal children in kindergarten programs
- participation of children known to Child Protection and children in out-of-home care in kindergarten programs
- Early Childhood Intervention Services.

Department regional office contact details

North Eastern Victoria Region

Benalla	(03) 8392 9500
Glen Waverley	(03) 8392 9300

North Western Victoria Region

Bendigo	(03) 5440 3111
Coburg	(03) 9488 9488

South Eastern Victoria Region

Dandenong	(03) 8765 5600
Moe	(03) 5127 0400

South Western Victoria Region

Ballarat	(03) 5337 8444
Footscray	(03) 8397 0300
Geelong	(03) 5225 1000

Contents

About this guide

The **Kindergarten Funding Guide** (the guide) is designed to assist service providers that:

- provide kindergarten programs in Victoria
- currently receive kindergarten funding from the Department of Education and Training (the Department) or wish to receive kindergarten funding in the future.

Occasionally information contained in the Kindergarten Guide may change. The most up-to-date information about kindergarten funding, eligibility and compliance can be found on the Departments website.

The guide is structured as follows:

Section 1: General eligibility requirements

Contains information about service provider eligibility and requirements.

Section 2: Available kindergarten funding

Provides an overview of funding in a **quick guide**, including eligibility for each funding type and how to apply. The quick guide will direct you to further information within the guide and relevant external sources.

Section 3: Funding eligibility and how to apply

Outlines criteria specific to each type of funding and how service providers can apply.

Section 4: Operational requirements

Includes a **quick guide** outlining the requirements service providers must comply with to receive and maintain funding, with links to further information within the guide and relevant external sources.

Section 5: Early Years Management

Contains information for service providers on Early Years Management funding, how to apply and operational requirements.

Section 6: 'How to'

Contains information on the process for becoming a funded service provider, adding and transferring services, recurrent and ceasing funding, as well as funding in exceptional circumstances.

In addition to the eligibility criteria and operational requirements for kindergarten funding, education and care services providing a funded kindergarten program must also meet the relevant regulatory requirements. This guide does not provide comprehensive information about regulatory requirements. More information about regulatory requirements can be found on the Department's website.

Terminology

In this guide, to simplify language, the following terminology is used:

- Throughout this document the term **Aboriginal** is used to refer to both Aboriginal and Torres Strait Islander people. Use of the terms Koorie, Aboriginal and Torres Strait Islander and Indigenous are retained in the names of programs and initiatives and unless noted otherwise are inclusive of all Aboriginal and Torres Strait Islander peoples
- **service provider** is an organisation that receives or is seeking to receive funding from the Department and is the approved provider of the service delivering the kindergarten program
- **funded service provider** is a service provider that has a service agreement with the Department and receives any type of kindergarten funding from the Department
- **funded kindergarten program** refers to a kindergarten program for children in the year before school for which per capita funding is received from the Department
- **Kindergarten Information Management (KIM)** refers to the online web-based system developed by the Department for service providers to apply for kindergarten funding and submit mandatory data.

1 General eligibility requirements

In order to be eligible for all types of kindergarten funding, services providers must:

- be an approved service provider (see page 7)
- comply with core requirements (see page 8)
- comply with funding requirements (from page 22).

Approved service provider

In order to receive kindergarten funding, a service provider must be one of the following:

- an approved provider operating approved education and care services – as regulated by the National Quality Framework (NQF)
- operating a service under the Children's Services Act 1996.

Core requirements

Service providers must meet the following criteria outlined in the below table:

Requirement	For more information see:
Must have ABN.	*www.business.gov.au*
The kindergarten program must be located in Victoria.	
Must be compliant with all regulatory requirements.	Search *regulation and quality assessment* on the Departments website
Must have a business plan and budget showing ongoing financial viability.	
Must have strong links with local government including alignment with Municipal Early Years Plans and participation in central enrolment and registration processes where possible.	Make contact with a relevant local government officer: Search *council details* at www.mav.asn.au for a full list of council contact details
Must provide a kindergarten program that is planned and delivered by a qualified teacher (see below) and offers at least: • 15 hours per week for 40 weeks of the year, or • 600 hours per year.	See page 9 Provision of 15 hours See page 9 Maintaining Service Delivery *Search* universal access *on the Department's website*
Early Childhood Teachers must be registered with the Victorian Institute of Teaching (VIT). Graduate teachers must be provisionally registered with the VIT and working towards full registration. Educators working towards an approved early childhood teaching qualification or those holding a diploma level education and care qualification are not considered to be qualified early childhood teachers for the purpose of kindergarten funding.	See www.vit.vic.edu.au for further information or contact the relevant Departmental regional office for further advice on qualifications. See Exceptional Circumstances – temporarily replacing an early childhood teacher page 64
Must sign and comply with the Department's service agreement and operate in accordance with the stipulated standards and guidelines.	See Glossary page 67
Must declare to the Department any previous legal or financial misconduct.	See page 9 Declaration of financial or legal misconduct
Must deliver a program that adheres to the Victorian Early Years Learning and Development Framework as an approved learning framework in the Education and Care Services National law.	Search *VEYLDF* on the Department's website See *EYLF* on the Department's website
Must operate in accordance with Child Safe Standards.	Search *child safe standards* on the Department's website
Must operate a ratio of 1 educator: 11 children or less.	Search *educator to child ratio* on the Department's website

Provision of 15 hours

All children in the year before school must be enrolled in a 15 hour kindergarten program to be eligible for kindergarten funding. Services are required to ensure all eligible children have access to a program for a minimum of 15 hours per week (or 600 hours per year), however it is acknowledged that children have individual needs and some parents, after discussion with the early childhood teacher, may choose not to have their child attend the kindergarten program for a full 15 hours at the start of the year.

Maintaining service delivery

There may be times when it is not possible to deliver the scheduled funded kindergarten program hours in a given week due to public holidays, child-free days, unplanned teacher absences or emergency situations.

Service providers are required to:

- communicate to families at the beginning of the year about the days and times the service will operate

- identify any planned closures, including public holidays and child-free days

- provide details of any planned alternative sessions

- manage disruptions in program delivery to ensure that staff, families and children are considered

- inform the Department if a qualified replacement teacher cannot be sourced to deliver the funded program.

Where possible, service providers are encouraged to minimise the amount of disruption to normal service delivery, including:

- appointing relief staff to ensure sessions can continue

- scheduling closures so that the same group of children are not continually missing out on program hours

- offering alternative sessions throughout the year.

Where possible, service providers should avoid cancelling sessions or changing session times during the year if the closure has not been planned and communicated to families at the beginning of the year.

Declaration of financial or legal status

Organisations **must** declare if they are:

- insolvent, in administration or in liquidation

- the subject of an investigation by a State, Territory or Australian Government regulator.

The organisation or its directors or office bearers who have been directors or office bearers of another organisation, **must** declare if it or they have previously:

- been found not to meet eligibility criteria after the submission of an application for funding

- had a Victorian Government funding agreement terminated

- had Victorian Government funding and services suspended or ceased or substantially varied

- persistently breached (without remedy) funding agreements with the Victorian Government

- not repaid monies owing to the Victorian Government

- received an adverse finding by a State, Territory or Australian Government regulator.

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2 Available kindergarten funding

Kindergarten funding quick guide

The **Kindergarten funding quick guide** is intended to provide an overview of the range of funding available from the Department, and additional sources (such as Commonwealth assistance).

This guide directs service providers to further information within this document on eligibility, funding and compliance as well as identifying external resources for further information.

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Kindergarten per capita funding

Type of funding/support	What is it?	Who is eligible?	Funding	Apply via	Further information
Standard kindergarten per capita grant	The main type of kindergarten funding offered to services providers. Funding for each eligible child who is enrolled and attending a funded kindergarten program in the year before school.	*Approved service providers* operating under the National Quality Framework. Funding for children who are: • at least four years old on 30 April in the year of enrolment • enrolled for at least 15 hours per week or 600 hours per year • not enrolled at a funded kindergarten program at another service.	Per capita funding is paid in advance on the first Tuesday of each month. Search *kindergarten funding* on the Departments website for current funding amounts Grant rates vary depending on: • Number of enrolments.	**Where a service agreement exists:** Apply online via KIM. **Service providers without a service agreement:** Contact the appropriate Departmental regional office to discuss eligibility and to set up a service agreement.	See further information on page 22
Rural Kindergarten per capita grant	Funding for each eligible child who is enrolled and attending a funded kindergarten program in the year before school in a rural service.	*Approved service providers* who are: • located in rural areas as defined by the Department • not operated by a non-government school • offering the only kindergarten program in a rural town.	Per capita funding is paid in advance on the first Tuesday of the month. Search *kindergarten funding* on the Departments website for current funding amounts. From 2017, all rural services with 18 or fewer enrolments will receive a base funding amount that is equivalent to 18 enrolments at the rural per capita rate. Services with 19 or more enrolments will receive the rural per capita rate for all enrolments up to 45 children, and where applicable, the standard per capita rate for the 46th enrolment and above.	**Where a service agreement exists:** Apply online via KIM. **Service providers without a service agreement:** Contact the appropriate Departmental regional office to discuss eligibility and to set up a service agreement.	See further information on page 22
Non-government school per capita grant	Kindergarten funding for non-government schools.	Catholic or Independent schools not operated by or on behalf of the Victorian Government.	The Department provides kindergarten funding for non-government schools at two different rates. Search *kindergarten funding* on the Departments website for current funding amounts.	**Where a service agreement exists:** Apply online via KIM. **Service providers without a service agreement:** Contact the appropriate Departmental regional office to discuss eligibility and to set up a service agreement.	See further information on page 23

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Other kindergarten funding

Type of funding/support	What is it?	Who is eligible?	Funding	Apply via	Further information
Ratio supplement funding	To support services with group sizes of 23 or more to transition to the improved ratio requirements of 1:11.	Community based service providers in receipt of Kindergarten per capita funding who operate: • sessional group/s with 23 or more and • at the required teacher child ratio of 1:11 Exclusions and exceptions: • Non-government schools are not eligible for this type of funding • Services operating with a regulatory staffing waiver.	A one off payment based on the number of eligible children in groups of 23 or more. Search *kindergarten funding* on the Departments website for current funding amounts.	Ratio supplement funding is automatically applied to eligible services following annual confirmation.	See further information on page 24
Kindergarten Fee Subsidy	To promote participation by enabling eligible children to attend a funded kindergarten program free of charge in the year before school. This is paid in addition to per capita grants.	*Approved service providers* in receipt of Kindergarten per capita funding. Funding is provided for each child who: • is Aboriginal and/or Torres Strait Islander, or • holds, or has a parent/guardian who holds a Humanitarian or refugee Visa (see page 25), or • is a multiple birth child (triplets or more), or • holds, or has a parent who holds a Commonwealth Health Care Card, Pensioner Concession Card or Veteran's Affairs Card. Exclusions and exceptions: Not available for long day care services in receipt of Commonwealth Child Care Benefit.	Payments are included within the service provider's monthly payments as part of base funding. Service providers are paid the subsidy for the whole term in which an eligible child is enrolled regardless of whether: • enrolment commenced after the start of the term • the child becomes eligible after the start of the term • the relevant card or visa expires during the term. Search *kindergarten funding* on the Departments website for current funding amounts.	Via KIM: Services are required to provide updated numbers of eligible children in each year through the annual confirmation of data and adjust throughout the year where applicable.	See further information on page 25
Early Start Kindergarten grant	Targeted funding for vulnerable or Aboriginal children to attend a free kindergarten program two years before school (some long day care services may charge additional fees depending on the amount of Commonwealth funding the child attracts).	Service providers that meet the eligibility criteria for (however are not required to be in receipt of) kindergarten funding. Funding is provided for each child who is: • Identified as Aboriginal and/or Torres Strait Islander or is known to Child Protection (see page 26) • three years old by 30 April in the year of enrolment Early Start Kindergarten grants are able to be used in combination with the Child Care Benefit to reduce costs to parents and carers.	Service providers do not need to be in receipt of kindergarten per capita grants in order to receive Early Start Kindergarten grants. However, services must register for KIM and complete the kindergarten funding application process. The grant amount per child is based on the per capita rate plus the kindergarten fee subsidy. Services offering a three year old kindergarten program of fewer than 15 hours receive funding on a pro rata basis. Early Start Kindergarten grants will be paid directly to service providers as an annual one off-payment, regardless of child's enrolment or cease date.	Service providers with a service agreement should apply via KIM in consultation with, and on behalf of, the family. Service providers without a service agreement: Contact the relevant Departmental regional office.	See further information on page 26
Early Start Kindergarten extension grants	Early Start Kindergarten extension grants are available to assist vulnerable and Aboriginal children who are not eligible for the Kindergarten Fee Subsidy to access a free kindergarten program in the year before school.	Service providers that meet the eligibility for kindergarten funding (however are not required to be in receipt of it). Funding is provided for each child who meets all the criteria: • the child is at least four years old on 30 April in the year in of enrolment. • the child has previously accessed an Early Start Kindergarten grant or has participated in an Access to Early Learning program or is Aboriginal and/or Torres Strait Islander • the child is ineligible for the Kindergarten Fee Subsidy.	Unlike other types of kindergarten funding, service providers do not need to be in receipt of kindergarten per capita grants in order to receive Early Start Kindergarten extension grants. However, services must register on KIM and complete the kindergarten funding application process.	Service providers with a service agreement should apply via KIM in consultation with, and on behalf of, the family. Service providers without a service agreement: Contact the relevant Departmental regional office.	See further information on page 28

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Type of funding/support	What is it?	Who is eligible?	Funding	Apply via	Further information
Early childhood teacher supplement	To offset the cost of employing more experienced teachers.	*Approved service providers* in receipt of Kindergarten per capita funding, and employing a registered teacher/s deemed to be at or above Level 2.3 of the teacher career structure (see relevant employee agreement) The Early Childhood Teacher Supplement is paid for: • permanent staff members or • relief teachers engaged for periods of three months or more. Exclusions and exceptions: • Not available for services operated by non-government schools • Not available for teachers employed at the service for fewer than three months • Not available for staff covering lunch breaks or working three hours or fewer per day.	Annual payment to the service provider for each eligible teacher. Payments are made to the service provider as: • a retrospective one-off annual payment for the calendar year for teachers employed for the entire kindergarten year, or • a part-year payment where a teacher is not employed for the entire kindergarten year or when a teacher is employed part-way through the year from 2016. Once payment has been made, the supplement can't be adjusted to reflect a change in the number of children being taught or the teacher classification level. Rates are calculated on the number of children eligible for a kindergarten per capita grant being taught by the eligible teacher (number of children x appropriate annual rate at either Level 2 or Level 3 dependent on the teacher classification). Search *kindergarten funding* on the Departments website for current rates. For team teaching supplement, contact the Department.	Submitting a paper based application with certification of the teacher's classification and pay level. Applications can be submitted from the start of Term 3 to 31 December in the calendar year for which payment is sought. No payments will be made for applications submitted after 31 December. Applications received after the end of October will be paid the following year.	Contact your Departmental regional office for further information
Travel allowance	To help funded kindergarten programs in rural areas attract qualified early childhood teachers.	*Approved service providers* in receipt of per capita funding where: • The teacher delivers a funded kindergarten program at two or more services, and • one of the services which the teacher travels to or from is funded at the rural or small rural rate.	Calculated per kilometre to a maximum of 20,000 kilometres of approved travel per teacher per year. For rates per kilometre search *kindergarten funding* on the Departments website.	Online via KIM. Applications only to be made following completion of annual confirmation of kindergarten data. Multiple applications can be made for the same teacher, however the allowance is capped at 20,000 km. Teachers should make applications from a rural service if working at both a rural and non-rural service.	See further information on page 29
Parental leave allowance	Reimbursement for service providers that have paid parental leave to early childhood educators delivering a funded kindergarten program.	*Approved service providers* who have paid parental leave to early child educators. Exclusions and exceptions: Non-government schools are not eligible to receive parental leave reimbursement.	Up to 14 weeks paid maternity or adoption leave and up to one week paid partner leave. Payment is made to the employer as a retrospective one-off payment. Commonwealth Paid Parental Leave scheme is also available (contact Centrelink for information).	Online via KIM after parental leave has been taken.	See further information on page 30
Funding for second year of kindergarten	For children who have delays in key areas of development and would benefit from a second year of kindergarten, as determined by an early childhood teacher.	*Approved service providers* who are in receipt of kindergarten per capita funding. Funding is provided for each child who: • is observed by an early childhood teacher as having delays in at least two outcome areas of learning (see the Victorian Early Years Learning and Development Framework) **and** • will achieve better outcomes through a second year of kindergarten than they would at school.	The kindergarten per capita rate.	Declaration of eligibility for a second year of funded kindergarten must be completed via KIM in the year prior to the second year of funded kindergarten.	See further information on page 30
Kindergarten Inclusion Support (KIS) packages	Assistance to improve access for children with a disability and high support needs and/or complex medical needs.	Funded kindergarten services.	Can include: • specialist training and consultancy for staff • minor building modifications • additional staffing support.	Contact the relevant Departmental regional office for further information.	Search *kindergarten inclusion support packages* on the Departments website
Preschool Field Officer (PSFO) program	Assistance to support access and participation of children with additional needs.	Funded kindergarten services and services supporting children through Early Start Kindergarten grants.	Can include: • consultative support • resourcing • advice to early childhood teachers.	Contact the relevant Departmental regional office for further information.	For further information search *preschool field officer* on the Departments website or contact the relevant Departmental regional office

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Commonwealth assistance*

Type of funding/support	What is it?	Who is eligible?	Further information
Approved Child Care Benefit (CCB)	Means-tested payment from the Commonwealth Government to help cover cost of child care in long day care services.	CCB approved child care service. **Exclusions and exceptions**: Approved CCB cannot be used in conjunction with Kindergarten Fee Subsidy. Services can only claim the Kindergarten Fee Subsidy if families using their service claim the lower rates of Registered CCB.	Visit the Commonwealth Human Services website for more information.
Child Care Rebate (CCR)	Commonwealth Government subsidies to cover cost of child care in long day care services.	CCB approved child care service. **Exclusions and exceptions**: Cannot be used in conjunction with Kindergarten Fee Subsidy.	Visit the Commonwealth Human Services website for more information.
Inclusion Support Programme – commences 1 July 2016	Commonwealth Government program to assist early childhood education and care services to include children with additional needs by providing tailored inclusion advice and support from contracted inclusion specialists, as well as funding to support more challenging inclusion barriers.	Eligible early childhood education and care services.	Visit the Commonwealth Department of Education and Training website for more information.
Inclusion Support Subsidy	Contributions towards the costs associated with including children with ongoing high support needs.	Eligible early childhood education and care services.	Visit the Commonwealth Department of Education and Training website for more information.

* The Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Bill 2015 is currently before federal Parliament at the time of publication. This Bill includes a range of changes to family assistance including the introduction of a simplified means tested Child Care subsidy with a minimum level of activity required to be eligible to replace the Child Care Benefit and the Child Care Rebate from July 2017.

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3 Funding eligibility and how to apply

The Kindergarten Information Management (KIM) system

KIM is an online system for service providers to apply for kindergarten funding and submit mandatory service delivery and child enrolment data.

Information provided by service providers in KIM is submitted and recorded in accordance with the Department's Information Privacy Policy. Data should be updated immediately when service delivery or child enrolment changes occur.

• For information about accessing KIM and the process for registration, search *KIM* on the Departments website.

KIM is separate from:

• the Funded Agency Channel (FAC) which allows service providers to see an overview of funding, payment information and details of their service agreement with the Department

• the National Quality Agenda IT System (NQAITS) which allows approved providers under the National Quality Framework to submit applications and notifications and pay invoices to the Victorian Regulatory Authority

• the Commonwealth Government's Childcare Management System (CCMS).

How KIM data is used by the Department

Data provided by service providers is used to:

• create a baseline enrolment number and minimum per capita funding entitlement for the year (funding will not fall below this amount, regardless of enrolment adjustments)

• revise funding that was paid before the annual confirmation of data was submitted

• report state-wide participation rates to the Commonwealth

• assist with Local Government planning.

Kindergarten per capita funding

Standard kindergarten per capita grant

The kindergarten per capita grant is the main type of funding available from the Department. Service providers can apply to receive a grant for each eligible child who is enrolled and attending a funded kindergarten program in the year before school, provided that the child:

- is at least four years old on 30 April of the year in which they are enrolled to attend the funded kindergarten program (unless they have applied for early entry – refer to page 44)
- is enrolled for at least 15 hours per week or 600 hours per year
- is not enrolled at a funded kindergarten program at another service.

Children do not have to be Australian citizens in order to be eligible for the kindergarten per capita grant.

Rural Kindergarten per capita eligibility

To be eligible for rural per capita funding, service providers must meet all of the following criteria:

- the service is located in a rural area as defined by the Department
- the service offers the only kindergarten program in a rural town
- the service is not operated by a non-government school.

2017 Rural funding

To be eligible for rural per capita funding, a service provider must meet all of the per capita and rural per capita criteria. (Eligible services must provide a sessional kindergarten program to access a new base level of funding in 2017).

A new base level of funding will be introduced from 1 January 2017 for rural kindergarten services. All rural classified services with 18 or fewer enrolments will receive a minimum per capita funding amount equivalent to 18 enrolments at the rural per capita rate.

Services with 19 or more enrolments will continue to receive the rural per capita rate for all enrolments up to 45 children, and where applicable, the standard per capita rate for the 46th enrolment and above.

The new base level of funding introduces a simpler payment model by replacing the small rural per capita rate and small rural grant.

Additional subsidies and supplementary funding such as Early Childhood Teacher Supplement, Kindergarten Inclusion Support, Kindergarten Fee Subsidy and travel allowance are still available to all rural services.

Non-government school per capita grants

Catholic or Independent schools not operated by or on behalf of the Victorian Government may be eligible for non-government school per capita grants.

Two different per capita grant rates are available, based on the school's historical Index of Economic Resources rating as determined by the Australian Bureau of Statistics in the 2011 Census:

- the type one non-government school per capita grant rate is paid if the service provider is classified by the Department as a type one non-government school (previously deemed to have an Index of Economic Resources rating of 1–4)
- the type two non-government school per capita grant rate is paid if the service provider is classified by the Department as a type two non-government school (previously deemed to have an Index of Economic Resources rating of 5–12).

How to apply for per capita funding grants

Service providers are required to complete the annual confirmation of data in KIM by 30 April each year for each of its services that offer a funded kindergarten program.

Information about each child enrolled and attending the funded kindergarten program must be entered in the KIM system. This includes:

- the child's name, gender, address and date of birth (this information is presented in a de-identified format to the Department)
- the date the child commenced the funded kindergarten program
- the child's Indigenous status
- if the child is known to Child Protection
- if the child is living in out-of home care
- the child's immunisation status
- the main language spoken at home (if not English)
- whether the child is attending a second year of funded kindergarten
- whether the child has a disability or developmental delay.

Annual confirmed data can only be submitted once. Service providers must therefore:

- ensure the data is correct before submission, including finalising enrolment numbers and checking child details are correct
- verify that the child is not enrolled in a funded program at another service. Only one service can apply for funding for a child at any one time
- not include children who cease to attend the funded kindergarten program before completing the confirmed data collection. Children included in 'annual confirmation' are expected to be enrolled and intending to access at least 600 hours of kindergarten that year
- not include children when it is known a family is intending to cease a child's attendance at a kindergarten program
- record any changes to enrolments following annual confirmation of data in the KIM system, such as removing a child's details when they leave the service. Adjustments must be made in the KIM system as changes occur, by 31 October.

For further information, search Kindergarten Information Management on the Department's website.

How per capita funding is calculated

Per capita funding is calculated from the annual confirmation of data. The data creates a baseline enrolment number and minimum per capita funding entitlement for the calendar year. Kindergarten funding is paid based on the service's previous year's enrolment numbers (known as pre-confirmed enrolment numbers) until the annual confirmation of data is submitted for the service in the KIM system. The annual confirmation of data must be submitted by 30 April each year.

The funding entitlement based on the annual confirmation of data is compared to the pre-confirmed funding entitlement. There are three possible actions depending on the result:

- if the revised funding entitlement is more than the pre-confirmed funding amount, a positive adjustment occurs and the extra funding due to the service provider is incorporated into increased monthly payments for the remainder of the calendar year

- if the revised funding entitlement is less than the pre-confirmed funding amount, a negative adjustment occurs and monthly payments are reduced for the remainder of the calendar year

- if the two amounts are the same, no action is taken.

Funding will be adjusted if any amendments to enrolments are made following annual confirmation. Adjustments can move funding entitlements up or down depending on new enrolments and withdrawals after confirmation; however, funding will generally not be reduced below the minimum baseline funding set by the annual confirmed data. In cases where there are significant decreases in enrolments without reasonable explanation, the Department may reduce per capita and Kindergarten Fee Subsidy funding to the service.

Service providers can access a funding report in KIM which provides a breakdown of funding per service. The report is updated when a payment is made and can be viewed and downloaded at any time.

How funding is paid

Kindergarten per capita funding is paid in advance, in monthly payments, made on the first Tuesday of each month in accordance with the service agreement.

Where enrolments are added after the annual confirmation of data and there is an increase in the funding entitlement (above the baseline amount), the additional per capita funding is calculated from the first day of the month after a child's commencement date at the service.

Where enrolment numbers at the service fluctuate after the annual confirmation of data and the calculated total funding based on enrolments has fallen below the baseline, new enrolments will not attract additional per capita funding until the total funding based on enrolments exceeds the baseline amount.

Key timing considerations

For service providers or services that commence offering a funded kindergarten program before 30 April in the calendar year, the annual confirmation of data must be submitted by the end of April.

For service providers or services that commence offering a funded kindergarten program after 30 April in the calendar year, the annual confirmation of data should be submitted as soon as the service provider has access to the KIM system, and the number of enrolments and other service details are known.

Kindergarten funding will not be paid until the service provider submits the annual confirmation of data in the KIM system for each service offering a funded kindergarten program.

Ratio supplement funding

From 1 January 2016, Victorian kindergarten services are required to move from an educator to child ratio of 1:15 to 1:11.

Ratio supplement funding is available to community based kindergarten service providers, including Early Years Management organisations, offering sessional kindergarten programs to groups of 23 children or above. This funding is provided to contribute to the cost of employing an additional educator.

For the purpose of kindergarten funding, a group is defined as children attending a kindergarten session at the same time in a room with a qualified early childhood teacher. The number of children in each group should not exceed 33 children at any one time.

In the case of rotational programs, a number of smaller subgroups may be brought together to create a larger group as defined above.

In isolated instances where a group exceeds 33, approval must be sought from the Department by sending an email to kindergarten.funding@edumail.vic.gov.au.

How ratio supplement funding is calculated

A ratio supplement grant is paid for each child enrolled in a group of 23 children or above.

Applying for ratio supplement funding

Service providers are not required to apply for ratio supplement funding. Funding will be automatically paid to services that have groups of 23 or more children entered in the KIM system at the time of annual confirmation.

How funding is paid

Ratio supplement payments are made as a one off payment following annual confirmation.

Kindergarten Fee Subsidy

The Kindergarten Fee Subsidy enables eligible children to attend a funded kindergarten program for 15 hours free of charge. This funding is paid in addition to per capita grants to subsidise the cost of parent fees.

Service providers can apply for each child in receipt of a per capita grant in any of the following circumstances:

- the child is identified by a parent, carer or legal guardian as an Aboriginal and/or Torres Strait Islander (note: the parent, carer or legal guardian should not be asked to provide verification of this)
- the child is identified on their birth certificate as being a multiple birth child (triplets or more)
- the child individually holds, or has a parent or guardian who holds one of the following:
  - a Commonwealth Health Care Card
  - a Commonwealth Pensioner Concession Card
  - a Department of Veterans' Affairs Gold Card or White Card
  - Refugee visa (subclass 200)
  - In-country Special Humanitarian visa (subclass 201)
  - Global Special Humanitarian visa (subclass 202)
  - Temporary Humanitarian Concern visa (subclass 786)
  - Protection visa (subclass 866)
  - Emergency Rescue visa (subclass 203)
  - Woman at risk visa (subclass 204)
  - Bridging visas A-E.

Service providers should contact the appropriate Departmental regional office if a child or family has a humanitarian or refugee visa listed by the Department of Immigration and Border Protection which is not included in the above list as the child may be eligible for the Kindergarten Fee Subsidy.

Services should sight the relevant concession card, visa, travel document or letter of visa status and record the expiry date.

Delays in obtaining health care cards for children in out of home care should not provide a barrier to accessing the Kindergarten Fee Subsidy where a carer identifies that the child is in out of home care. The application should proceed with a note made in the child's enrolment records that the health care card has not yet been sighted. Information in the enrolment record should then be updated once the health care card is sighted.

In relation to the Kindergarten Fee Subsidy, service providers are required to:

- promote the Kindergarten Fee Subsidy to eligible families
- provide eligible children with access to a kindergarten program free of charge for at least 15 hours per week or 600 hours per year
- charge eligible families no more than the services average hourly rate for additional hours of service provision (that is, more than 15 hours per week)
- keep fees affordable for all families
- provide inclusive programs with equitable access that does not stigmatise any family.

Kindergarten Fee Subsidy in long day care services

A child enrolled in a long day care service is not eligible for a Kindergarten Fee Subsidy where approved Child Care Benefit (a Commonwealth Government subsidy) is applied to the fee charged for the time spent in the kindergarten program. In this case, long day care services should ensure families of children eligible for the Kindergarten Fee Subsidy are aware that they may be able to access a 15 hour kindergarten program free of charge at another service.

Service providers can apply for the Kindergarten Fee Subsidy for eligible families only if the child is enrolled in a long day care service where fees for the kindergarten program are charged separately, and where fees paid for the kindergarten program do not attract the Approved Child Care Benefit.

Alternative kindergarten services

Independent schools or those offering specialised programs such as Montessori or Steiner will receive the Kindergarten Fee Subsidy for any eligible families to reduce the fees paid. The fee subsidy must be used to directly discount the fees paid by eligible families. Families choosing to access these services pay the difference between the Kindergarten Fee Subsidy and the applicable annual service fee.

Alternative services that do not offer a 15 hour program free of charge for children eligible for the Kindergarten Fee Subsidy should ensure families understand that they may be able to access a 15 hour program free of charge at a different service.

Applying for Kindergarten Fee Subsidy

Service providers should:

1. verify eligible children through the annual confirmation of data in the KIM system

2. update children's Kindergarten Fee Subsidy status as necessary throughout the year, through to 31 October.

How the Kindergarten Fee Subsidy is calculated

Kindergarten Fee Subsidy payments are included in the service provider's monthly payments. Service providers are paid for the whole term in which an eligible child enrols and attends, or in which an enrolled child becomes eligible or ineligible. For example, the subsidy will be paid for the whole term if:

- an eligible child enrols after the beginning of a term
- an enrolled child becomes eligible for a Kindergarten Fee Subsidy after the beginning of a term
- the relevant card or visa expires during a term
- a child receiving KFS leaves the service throughout the term.

Any adjustments should be reflected in the fees charged for the eligible child.

Early Start Kindergarten grants

Aboriginal children and children known to Child Protection are eligible for Early Start Kindergarten grants. Funding is available to enable these children to attend kindergarten two years before school, to improve access and overcome barriers to participation.

Service providers do not need to be in receipt of kindergarten per capita grants in order to receive Early Start Kindergarten grants for eligible children. However, services must register with KIM and complete the kindergarten funding application process, and either open or revise a Service Agreement Management System (SAMS) service agreement in order to receive payment.

There are two types of Early Start Kindergarten grants:

- Aboriginal Early Start Kindergarten Grant
- Early Start Kindergarten grant for children known to Child Protection.

Aboriginal Early Start Kindergarten grant

Service providers can apply if the child is three years old by 30 April in the year in which they are enrolled to attend the funded kindergarten program, and has been identified as being Aboriginal and/or Torres Strait Islander. This may be verified from a parent or carer verbally or a written referral/verification from a professional such as a Koorie Engagement Support Officer (KESO).

Parents or guardians who identify a child as Aboriginal and/or Torres Strait Islander should not be asked to provide verification of this.

Early Start Kindergarten grant for children known to Child Protection

Service providers can apply if the child is three years old by 30 April in the year in which they are enrolled to attend the funded kindergarten program, and the child is known to Child Protection.

A child known to Child Protection means:

- a child who has a current, or a history of, involvement with Child Protection, including those in out-of-home care, or

- a child who has been referred by Child Protection, Child FIRST, Integrated Family Services or Services Connect.

A child's eligibility can be advised by:

- a parent or carer who verbally identifies their child is currently supported by Child Protection or Child FIRST services or has been supported in the past, or

- written referral/verification from a Child Protection, Child FIRST, Integrated Family Services or Services Connect professional.

For both types of Early Start Kindergarten Grants, service providers should:

- document and maintain Early Start Kindergarten eligibility in the child's enrolment records

- provide up to 15 hours in a kindergarten program free of charge

- avoid imposing financial barriers to families seeking access: providers are strongly encouraged to waive any refundable deposit or other charges required upon confirming acceptance/waiting list entry.

Applying for Early Start Kindergarten grants

Applications can be made at any time during the year, although it is encouraged that applications are submitted prior to the end of term one or as soon as they are received. Applications should be completed in consultation with, and on behalf of, the family.

How Early Start Kindergarten funding is calculated

Rates are based on the number of hours offered by a service provider as follows:

- 15 hours per week (600 hours a year) the service provider is paid the full Early Start Kindergarten rate for eligible children

- less than 15 hours per week the service provider is paid Early Start Kindergarten funding on a pro rata basis. For example, a service offering an eligible child seven hours per week in a kindergarten program will receive 7/15ths of the applicable full grant rate. If the fee normally charged exceeds the pro rata grant amount, the grant will be adjusted to be equivalent to the fee normally charged for the number of hours the child is enrolled, capped at an amount equivalent to the standard grant rate for a 15 hour program.

In instances where the number of hours a child is enrolled to attend increases, the service provider should update KIM as this may increase the funding rate paid to the service. If a child leaves the service, the service provider must remove their enrolment from KIM. Withdrawal of an ESK enrolment does not affect the amount of funding received.

How funding is paid

Early Start Kindergarten grants will be:

- paid directly to the service provider as an annual one-off payment, regardless of the child's enrolment or cease date.

Early Start Kindergarten extension grants

Early Start Kindergarten extension grants are available to assist vulnerable and Aboriginal children who are not eligible for the Kindergarten Fee Subsidy to access a free kindergarten program in the year before school.

The child must meet one of the following criteria:

- previously accessed an Early Start Kindergarten grant
- participated in an Access to Early Learning program, or
- identified as Aboriginal and/or Torres Strait Islander.

Where children have accessed Early Start Kindergarten at another service, the following people may advise of the child's eligibility:

- the child's parent/guardian or carer
- a Child Protection professional
- a Child FIRST professional
- a Koorie Engagement Support Officer
- a central enrolment officer
- Department of Education and Training staff.

Service providers are required to document the date and source of advice of eligibility in the child's enrolment records.

Service provider requirements

Service providers are encouraged to waive any payment required upon confirming acceptance/waiting list entry to minimise financial barriers to participation and must not set fees for eligible families that are higher than for other families.

With the exception of alternative kindergarten services (see below), service providers are required to:

- provide eligible families with the first 15 hours per week (or 600 hours per year) of the program free of charge when charging annual fees greater than the Early Start Kindergarten extension grant, and
- charge no more than the average hourly rate (for that service) for any additional hours provided.

Service providers offering more than 15 hours (such as integrated long day care settings) should:

- consider ways of providing the entire program to eligible children free of charge
- ensure that any fees normally charged for additional hours do not present a financial barrier to families seeking access to Early Start Kindergarten
- if charging for additional hours, inform families that they may be able to access 15 hours per week/600 hours per year for free at another service
- use the Early Start Kindergarten extension grant in combination with CCB to reduce costs to parents and carers
- explore all avenues for funding to reduce fees, including Commonwealth Special Child Care Benefit where appropriate.

Alternative kindergarten services

Independent schools or those offering specialised programs such as Montessori or Steiner will receive the Early Start extension grant for any eligible families to reduce the fees paid. The fee subsidy must be used to directly discount the fees paid by eligible families. Families choosing to access these services pay the difference between the annual Early Start Kindergarten extension grant and the applicable annual service fee, where the fee exceeds the extension grant rate.

Alternative services that do not offer a 15 hour program free of charge for children eligible for the Early Start Kindergarten extension grant should ensure families understand that they may be able to access a 15 hour program free of charge at a different service.

How to apply

Complete enrolment information in KIM, indicating the child's participation in Early Start Kindergarten or Access to Early Learning in the previous year, or their Aboriginal and/or Torres Strat Islander status.

Applications can be made up until 31 October. However, service providers are strongly encouraged to submit applications prior to the end of term one or as soon as they are received.

If a family informs the service provider that a child is eligible after the child has been entered on the KIM system, the service provider should update this information and adjustments will be made accordingly.

How funding is paid

Early Start Kindergarten extension grants are paid directly to service providers for each eligible child enrolled at a service, as an annual one-off payment, regardless of the child's enrolment or cease date.

This is paid in addition to the kindergarten per capita grant for eligible children.

Early childhood teacher supplement

Service providers in receipt of kindergarten per capita funding are eligible to apply for an early childhood teacher supplement if they employ a registered teacher/s in the funded kindergarten program for children in the year before school deemed to be at or above Level 2.3 of the relevant employee agreement.

Rates are based on the classified level of the teacher (either Level 2 or Level 3) and the number of children enrolled at annual confirmation.

Eligibility

The Early Childhood Teacher Supplement is paid for:

- permanent staff members, or
- relief teachers engaged for periods of three months or more.

The Early Childhood Teacher Supplement is not payable for staff covering lunch breaks or working three hours or less per day.

Service providers that apply a team teaching model are eligible if two or more teachers deliver the kindergarten program to the same group of children but at different times, or deliver the program concurrently with both teachers in the room at the same time.

Services operated by non-government schools are not eligible for the early childhood teacher supplement.

Please contact your Departmental regional office for further information.

Applying for Early childhood teacher supplement

Service providers apply by:

1. completing the annual confirmation process

2. submitting a paper based application to the Departmental regional office certifying the teacher's classification and pay level.

Applications can be submitted from the start of Term 3 to 31 December in the calendar year for which payment is sought. No payments will be made for applications submitted after 31 December.

Applications received after the end of October will be paid the following year.

How funding is paid

Payments are made to the service provider as:

- a retrospective one-off annual payment for the calendar year for teachers employed for the entire kindergarten year, or
- a part-year payment when a teacher is not employed for the entire kindergarten year or when a teacher is employed part-way through the year from 2016.

NB: Once paid, the supplement cannot be adjusted to reflect a change in the number of eligible children being taught or the classification level of the eligible teacher.

Travel allowance

Service providers may be eligible to receive a travel allowance if the teacher (including relief teachers) delivers a funded kindergarten program at two or more services, and one of the services which the teacher travels to or from is funded at the rural or small rural rate. Travel to two or more services is not required to occur on the same day.

Service providers should:

- ensure teachers make the application from the rural service if they are working at both a rural and non-rural service
- request that teachers, including relief staff, maintain a log book of travel to verify travel claims. Log books should be kept by services as documentary evidence.

Applying for travel allowance

Service providers apply by:

1. ensuring the annual confirmation process is completed

2. submitting an application using the KIM system.

The travel allowance is calculated:

- on a 'per kilometre per annum' basis (up to a maximum of 20,000 km per year) and is applicable to school terms only
- based on anticipated travel, that is, the number of kilometres from one kindergarten service (base location) to the second or third kindergarten service. If the service provider approves the teacher to travel from home to a service located in another town to deliver the funded program, and that distance is less than that from the base location, then the shortest distance applies.

How funding is paid

The travel allowance is included in the service provider's monthly payments. This should be passed on to the travelling teacher, where the teacher uses their own vehicle for travel or retained by the service provider to offset the costs of providing a vehicle for the teacher.

Parental leave allowance

Service providers that make a parental leave entitlement payment to educators employed to deliver a funded kindergarten program can apply to the Department for reimbursement of the parental leave payment. Service providers can claim reimbursement for up to 14 weeks paid maternity and adoption leave, and up to one week paid partner leave.

Services operated by non-government schools are not eligible for the parental leave allowance.

Service providers and educators are advised to examine the full provisions relating to parental leave in the relevant agreements and awards to check that educators are paid the correct amount and eligibility is verified.

In addition to parental leave provided by the Department, paid parental leave may be offered by the Commonwealth Government. Visit *www.australia.gov.au* for more information.

Applying for Parental leave allowance

Service providers should ensure that the period of paid parental leave has been completed, as the payment is a reimbursement of payments already made.

Service providers apply by submitting an application in KIM.

How funding is paid

The payment is made to the employer (not the educator) and is made as a retrospective one-off payment.

Second year of funded kindergarten

During the kindergarten year, the early childhood teacher and the child's parents will work together to plan for the child's transition to school. In exceptional circumstances where a child is observed to display delays in key outcome areas of learning and development, a second year of funded kindergarten may be considered when:

- the kindergarten program is deemed to be the most appropriate learning program and environment for that individual child
- the child will achieve better outcomes at kindergarten than if they go to school.

For more information on choosing the best time to start kindergarten go to:

- Communications at the beginning of the kindergarten year on page 52
- Enrolment of children outside the eligible age for kindergarten on page 43.

Eligibility is determined by the early childhood teacher. Assessment should be based on:

- ongoing observations over the time they have spent with the child
- any formal assessments undertaken, which can be supported by tools such as Early Abilities Based Learning and Education Support (search *early ABLES* on the Departments website)
- consultation with the child's parents.

Children in receipt of Early Childhood Intervention Services may be eligible for a second year of funded kindergarten, but this should not be assumed. A full second year assessment process must be carried out for each individual child for whom a second year is being considered. The early childhood teacher should declare the child eligible if:

- the child is observed as having delays in at least two outcome areas of learning and development detailed in the VEYLDF (search *VEYLDF* on the Departments website) and
- there is evidence to suggest the child will achieve better outcomes if he/she attends a second year of kindergarten to strengthen the learning and development of skills in these areas and better facilitate transition to school the following year.

Applying for second year of funded kindergarten

The early childhood teacher must complete the following templates provided by the Department (search *kindergarten funding* on the Departments website for forms):

1. Declaration of eligibility for a second year of funded kindergarten form (submitted on KIM in the year prior to the second year of funded kindergarten)
2. Second Year Statement as the child transitions into a second year of funded kindergarten (to be retained with the child's enrolment record).

The Declaration of eligibility advises the Department that a child is eligible for a second year of funded kindergarten and provides the child's parent with written confirmation of eligibility. It can also be used when the child is re-enrolling at a service as evidence that they are eligible for a funded kindergarten place.

A parent/carer of a child applying for a second year of funded kindergarten must also apply for an exemption from school if the child is turning six at any point during the school year. Refer to page 44 for more information.

The process for applying for a second year of funded kindergarten is provided in Figure 1.

Figure 1: High level process: applying for a second year of funded kindergarten

The Term three plan is designed to assess the child's learning and development against the five outcomes of the Victorian Early Years Learning and Development Framework and to develop goals and strategies to build the child's skills in key areas. This should help support the child's attendance at school in the following year.	The Second Year Discussion is conducted if the Term three plan goals have not been achieved. The discussion incorporates questions around the support required for the child to achieve outcomes and whether these are more likely to be achieved by attending school or a second year of kindergarten, and guides the decision-making process.	Second Year Statement provides information to facilitate the child's transition to second year kindergarten, and is equivalent to the Transition Learning and Development Statement. This is particularly important when the child is to attend a program with a different teacher.

Timelines and tasks

The following table provides an indicative timeline to guide early childhood teachers in determining if a child is eligible for a second year of funded kindergarten, and identifies the processes and documents that need to be completed.

Search *kindergarten funding* on the Departments website for forms referenced in this table.

Table 1: Key timelines and tasks: applying for a second year of funded kindergarten

Timeline	Task
During term one and term two	As part of the regular assessment processes, identify children with an observed delay in learning and development who may benefit from a second year of funded kindergarten, using the V*ictorian Early Years Learning and Development Framework* outcomes.
End of term two	In collaboration with the child's parent, develop a *Term three plan for learning and development* which identifies strategies that focus on the developmental outcome areas where a delay has been identified and will be implemented in term three.
Towards the end of term three	Review the *Term three plan for learning and development.* Discuss the child's level of learning and development with the parent and use the *Second Year Discussion* questions to guide the conversation. Teachers and parents should carefully consider the implications of children attending prep in the year they turn seven when their grade peers may be turning five or six.
End of term three	*Evaluate the Term three plan* If the planning and discussion processes detailed above have been completed, and the parents agree that a second year of funded kindergarten will be the most appropriate environment to address the child's learning and development delay, and better outcomes will be achieved at kindergarten than if they go to school: • complete and submit a *Declaration of eligibility for a second year of funded kindergarten* using the KIM system by the last week of term three (NB – Declarations made after this date may make it difficult for re-enrolment since available places may already be allocated to new enrolments. Contact your Department office to discuss declarations after this date) • provide a copy of the *Declaration of eligibility for a second year of funded kindergarten* to parents and retain a copy on the child's enrolment record • ensure the child is re-enrolled for funded kindergarten in the following year • retain (on the child's enrolment record) the *Term three plan for learning and development*, *Second Year Discussion*, and a copy of the *Declaration of eligibility for a second year of funded kindergarten.*
Term four and beyond	Complete the Second Year Statement for children as they transition into a second year of funded kindergarten. NB – if Kindergarten Inclusion Support Package documentation has been completed and stored in the child's enrolment record, this can be referred to, to avoid duplication of work. If the parent subsequently decides to send the child to school, transfer the information from the Second Year Statement to the Transition Learning and Development Statement.

To support planning for the child and decision-making assistance, it is recommended the following professionals contribute information and advice about the child's level of learning and development where appropriate:

• Preschool Field Officer (see page 17 of the quick guide)

• Early Childhood Intervention Service Worker

• the child's Maternal and Child Health nurse (search *Maternal and Child Health* on the Departments website)

• family doctor or other allied health professionals

• School Principal.

For more information about transition to school, please see Appendix B.

How funding is paid

Funding is paid in advance, in monthly payments as per kindergarten per capita funding.

Long service and sick leave payments for educators employed prior to 1994

The Department holds funds accrued by educators employed in kindergartens prior to 24 January 1994.

All enquiries regarding payment to educators who were employed prior to 1994 and have become eligible for long service leave or sick leave after this time should be directed to the kindergarten payroll service contractor (page 46). Payment will be made in accordance with relevant legislation.

A service provider should only pay leave entitlements after checking that the educator is eligible for long service leave or sick leave.

The Department will only provide payment for sick leave if the service provider has already paid the equivalent of one full year's sick leave for that educator in the current calendar year.

To make a claim for a long service leave or sick leave payment, contact the kindergarten payroll service contractor for a Kindergarten long service leave pre-1994 form or a Kindergarten sick leave pre-1994 form. Funding for the sick leave entitlement is paid directly to the service provider as a payment separate from the payment cycle.

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4 Operational
requirements

4 Operational requirements

Once a kindergarten funding application has been successful, the service provider must:

- continue to be an approved service provider and meet the core requirements as detailed on page 8, including meeting the relevant regulatory requirements
- continue to meet the criteria specific to the type(s) of funding which it receives, and
- meet the operational requirements (outlined in the navigation table overleaf).

In some cases service providers unable to meet operational requirements may be eligible for continued funding by applying to the Department for funding in exceptional circumstances.

Operational requirements quick guide

The **Operational requirements quick guide** is intended to provide an overview of operational requirements and direct service providers to further information within this Guide and externally.

Service providers should read these requirements in conjunction with regulatory requirements (search *regulation and quality assessment* on the Departments website).

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Operational criteria	Requirements	For further information
1. Managing Quality Outlines compliance with the NQF requirements if service providers are regulated by the NQF	Service providers must: • meet the requirements of the Education and Care Services National Law Act 2010, the Education and Care Services National Regulations 2011 and the National Quality Standard (NQS). • work towards achieving an exceeding rating in all seven quality areas defined in the NQS • implement the practice principles of the VEYLDF • operate at an educator child ratio of 1:11 or less for children aged 36 months and older • services operating a bush kinder must adhere to the requirements of the National Law and National Regulations.	Consult the NQS for advice on the seven quality areas (search *national quality framework* on the Departments website) Search *VEYLDF* on the Departments website. Search *EYLF* at *www.education.gov.au* Visit the Department's website for compliance with National Law and National Regulations
2. Managing enrolments Providing equal access to all eligible children through enrolment procedures and policies	Service providers must: • have policies in place to enable participation of all enrolled children • allocate spaces using the Priority of Access criteria – or if in receipt of CCB or CCR – comply with the Commonwealth Government's policy for allocating places • have flexible processes for families and carers enrolling high priority children • have a locally agreed criteria to allocate places to non-high priority children • ensure kindergarten enrolment processes are clear and transparent • optimise available places and spaces (i.e. increase group size to full capacity, employ an additional assistant or a rotational model) • provide advice on late or early entry to kindergarten • sight an approved exemption from school form for children who turn six during the kindergarten year • include a copy of the letter from parents to the Department for early entry to school on the child's enrolment record • comply with the 'No Jab, No Play' legislation.	 See page 42 See page 43 See page 43 See page 43 See page 44 See page 44 See page 44 See page 44
3. Managing the service Outlines business practice and principles, including governance and financial operations	Service providers must: • report their financial position to the Department each year Financial accountability reporting (FAR) requirements are set out in the service agreement • operate in accordance with good governance principles and practice • have a comprehensive written fees policy • keep budgets (whilst there is no requirement to submit annual budgets, the Department may request to examine budget calculations) • maintain accounts relating to staff entitlements, and a separate provisions account for leave entitlements • community-based not-for-profit organisations must use the Department's contracted payroll service or certify use of an equivalent service • report alleged misappropriation of funds to Victoria Police and provide a serious incident report to the Department • ensure comparable insurance coverage for service providers not covered under the VMIA Community Service Organisations Education Program (CSO) • maintain an up-to-date Emergency Management Plan (EMP) • report emergency service closures to the appropriate Departmental regional office.	For detailed information about FAR requirements, visit the Funded Agency Channel website and download the Service Agreement Information Kit for Funded Organisations Contact the Departmental regional office with any concerns about financial viability See page 45 See page 45 See page 46 See page 46 Go to *www.adppayroll.com.au* or email: *payline_vic@au.adp.com* See page 46 See page 47. Search *CSO Education Program* at *www.vmia.vic.gov.au* See page 47 See page 47
4. Managing teachers Provides details on teaching standards and workforce practices	Service providers must: • support teachers to practise in accordance with the Australian Professional Standards for Teachers • ensure that early childhood teachers and graduate teachers are registered with the Victorian Institute of Teaching (VIT) • ensure that provisionally registered early childhood teachers are supported by a trained VIT registered teacher-mentor to achieve Proficient Teacher level • support registered teachers to complete professional development each year to maintain their VIT registration • ensure that registered early childhood teachers and educators understand their obligations around reporting child abuse • facilitate teachers access to the early childhood teacher validation process in accordance with applicable employment agreements • notify the Departmental regional office of teacher absence in instances where another registered early childhood teacher is not available to deliver the program • notify the Departmental regional office of a change in teacher • notify the Department regional office where a teacher is not immediately replaced to discuss funding arrangements.	See page 48. Search *APST* at *www.vit.vic.edu.au* Visit the *Victorian Institute of Teaching* website for more information about teacher registration. Search *early childhood effective mentoring* on the Departments website Search *mandatory reporting* on the Departments website See page 49 for Early childhood teacher validation process See page 49 for teacher absence See page 50 for change in teacher See page 50. Contact Early Learning Association Australia (ELAA) by phone (03) 9489 3500 or email *elaa@elaa.org.au* for further advice about teacher breaks

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Operational criteria	Requirements	For further information
5. Maintaining engagement of children and families Covers strategies for improving access to kindergarten services, particularly for children who face barriers to participation	Service providers must: • create a welcoming and culturally inclusive environment	See page 50
	• support families and children experiencing vulnerability to establish consistent attendance	See page 50
	• improve access for children experiencing vulnerability	See page 50 and search *VEYLDF* on the Departments website
	• support children with additional needs and encourage their ongoing participation	See page 51
	• undertake training and utilise resources for supporting children with additional needs	See Appendix B for list of resources
	• support the cultural inclusion and consistent attendance of Aboriginal and/or Torres Strait Islander families and children	See page 51
	• support the cultural inclusion and consistent attendance of children from culturally and linguistically diverse backgrounds	See page 51
	• ensure that children experiencing disability can access education on the same basis as children without disabilities.	See the **Australian Government Disability Standards for Education 2005**
6. Displaying information and communicating effectively Summarises key information to be displayed at kindergarten services, and methods to communicate information effectively	Service providers must display: • the current Kindergarten Program Certificate	See Appendix A – Glossary. For downloadable materials from the Department search *kindergarten communications* on the Departments website
	• information promoting the Kindergarten Fee Subsidy and Early Start Kindergarten	
	• operating times and name(s) of the qualified teachers delivering the program.	
	Service providers must communicate to parents: • advice regarding children born between January and April about the best time to commence kindergarten	See page 52 and search *choosing a kindergarten* on the Departments website
	• Session times, planned closures and child free days. This should be advised to families at program commencement.	
	• that one years' funded kindergarten has been claimed for their child	
	• fees	
	• waiting lists	
	• access and inclusion policies	
	• availability of the Kindergarten Fee Subsidy where applicable	
	• availability of Early Start Kindergarten where applicable	
	• availability of Early Start Kindergarten extension grant where applicable.	
	Service providers must ensure early childhood teachers prepare a Transition Learning and Development Statement for all children	See page 52
7. Providing reports and data Lists the required data that should be submitted to the Department	Service providers must: • provide accurate and current information in KIM	See page 53
	• comply with reporting requirements which include:	See page 53
	– compliance with the Information Privacy Act 2000 and the Health Records Act 2001,	
	– provide data to the Department upon request	
	– store data securely	
	– request parental consent to the sharing of information	
	• comply with data collection requirements of the service agreement:	See page 54
	– undertake mandatory online data collection during annual confirmation	See page 54
	– the annual August kindergarten census.	

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Further information

1. Managing quality

Victorian Early Years Learning and Development Framework

Ongoing improvement to kindergarten service delivery is a Victorian Government priority. The NQF and the VEYLDF drive quality and consistency across education and care services.

Providers of funded kindergartens are required to adhere to each aspect of the NQF and the VEYLDF.

Visit www.acecqa.gov.au for information about the NQF or search VEYLDF on the Department's website.

Child safe standards

From 1 January 2016, all early childhood services are required to comply with new child safe standards designed to ensure that organisations that work with children take steps to create a culture of child safety and protect children from all forms of abuse.

To create and maintain a child safe organisation, an early childhood service must have in place:

- strategies to embed an organisational culture of child safety, including through effective leadership arrangements
- a child safe policy or statement of commitment to child safety
- a code of conduct that establishes clear expectations for appropriate behaviour with children
- screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing personnel
- processes for responding to and reporting suspected child abuse
- strategies to identify and reduce or remove risks of child abuse
- strategies to promote the participation and empowerment of children.

In complying with the child safe standards, the early childhood service must include the following principles as part of each standard:

- promoting the cultural safety of Aboriginal children
- promoting the cultural safety of children from culturally and/or linguistically diverse backgrounds
- promoting the safety of children with a disability.

For more information, search *child safe standards* on the Departments website.

2. Managing enrolments

Priority of access criteria

Service providers must notify all families of the priority of access policy that applies when they enrol their child.

In instances where more eligible children apply for a place at a kindergarten service than there are places available, services must:

- prioritise children based on the criteria listed below
- work with other local kindergarten services and the regional Department office to ensure all eligible children have access to a kindergarten place.

This criteria must be used by services providers when prioritising enrolments. Funding guidance is available from the Department's regional offices if required.

High priority children	Process that could be used to verify need(s)

Children at risk of abuse or neglect, including children in Out-of-Home Care	The child is:
	- attending a three year old kindergarten program through Early Start Kindergarten or Access to Early Learning, or is
	- referred by:
	  – Child Protection
	  – Child and family services (family services referral and support team, Child FIRST/integrated family services/Services Connect case worker)
	  – Maternal and Child Health nurse, or
	  – Out-of-Home Care provider.

Aboriginal and/or Torres Strait Islander children	As part of the enrolment process, service providers must respectfully ask families 'is your child Aboriginal and/or Torres Strait Islander?' and record this information in KIM.
Asylum seeker and refugee children	An appropriate visa identifies the child and/or parents as a refugee or asylum seeker.
Children eligible for the Kindergarten Fee Subsidy	- A child or parent holds a Commonwealth Health Care Card, Pensioner Concession Card, Veteran's Affairs Card, or - multiple birth children (triplets, quadruplets).

Children with additional needs, defined as children who:
- require additional assistance in order to fully participate in the kindergarten program
- require a combination of services which are individually planned
- have an identified specific disability or developmental delay
	The child:
	- is assessed as having delays in two or more areas and is declared eligible for a second funded year of kindergarten
	- holds a Child Disability Health Care Card
	- has previously been approved for Kindergarten Inclusion Support Package, or referred by:
	  – the National Disability Insurance Scheme
	  – Early Childhood Intervention Service
	  – Preschool Field Officer, or
	  – Maternal and Child Health nurse.

Central enrolment schemes

Many councils operate a central enrolment or registration system for kindergarten services. Central enrolment schemes enable equitable access to kindergarten places for all eligible children within a municipality and support increased access to kindergarten through linkages between Maternal and Child Health services and kindergartens. Service providers are encouraged to approach their local government to discuss joining their central enrolment scheme. A list of local council contact details can be found by searching *council details* at www.mav.asn.au.

Flexible processes

Service providers should build flexibility into their enrolment processes that take into account the circumstances of families from priority groups (identified in page 42), for example exempting high priority children from registration fees. Where a service reserves places for late enrolments, the service should consider high priority children when determining how these places are filled.

Locally agreed criteria for children not identified as high priority

Service providers may apply one or more locally agreed criteria to prioritise children and determine the order in which offers are made, such as residential proximity or a demonstrable link to the service. This criteria must be documented and communicated with families and kindergarten places should be allocated in accordance with anti-discrimination and human rights laws.

Clear and transparent kindergarten enrolment processes

Services must ensure their application and enrolment policies:

- promote fair and equitable access to kindergarten programs
- adhere to the Department's priority of access requirements (as above)
- support all eligible children to access a kindergarten program including those who face barriers to participation
- do not inadvertently present barriers to participation, especially for vulnerable and disadvantaged children
- ensure early entry applicants (children younger than 4 years old on 30 April in the year they will attend kindergarten) are given equal access to enrolment.

In order to achieve these objectives, enrolment policies must:

- comply with Victorian and national legislation, including disability discrimination, anti-discrimination and human rights laws[1]
- be developed on the basis of local need, determined through consultation with the local community and key stakeholders such as local government
- support children who are experiencing disadvantage
- address issues of eligibility for funded places
- outline how waiting lists will be prioritised
- be effectively communicated to families and the local community.

Early or late entry to kindergarten

Services should encourage families considering early or late entry to kindergarten to seek advice from early childhood professionals to inform their decision. This could include a prep teacher or principal at the family's school of choice, a Maternal and Child Health nurse, family doctor or speech therapist. A kindergarten educator should also meet the child in order to provide the family with a professional opinion about whether the child would benefit from late or early entry into a kindergarten program.

For children born between 1 January and 30 April, parents have a choice about whether they commence school in the year they turn five, or in the following year, and therefore whether they commence kindergarten in the year they turn four or the year they turn five.

Service providers should therefore:

- encourage families to carefully consider the best time for their child to start kindergarten, as all children learn and develop in different ways
- encourage families to consult with relevant early childhood professionals for guidance
- provide families with advice and reassurance about how the kindergarten program will support their child's learning and development
- advise families that children are expected to complete a full year of kindergarten in the year they enrol and begin attending and that funding is limited to one year for each child (unless they are eligible for an Early Start Kindergarten grant or a second year of funded kindergarten).

1 Services may elect to seek independent legal advice if concerned about the compliance of their policies

Exemption from school

Children who turn six at any time during the kindergarten year, including children attending a second year of funded kindergarten, must be exempted from attending school. Parents should be advised to apply for an exemption before the child starts kindergarten by submitting an Exemption from school due to attendance in kindergarten program form to the appropriate Departmental regional office by 1 November in the year prior to the child turning six.

In this instance, service providers must:

- sight the approved exemption form
- note that it has been sighted on the child's enrolment record for later reporting through the annual confirmation process.

Early entry to kindergarten

Early entry to kindergarten may be appropriate for some gifted children where families are seeking an early entry to school for their child. However, it is important to note that most children who enrol early in kindergarten are not accepted for early entry into school, and the decision regarding early entry should be discussed with parents and take into account the following:

- children are not guaranteed early school entry as a result of being enrolled to attend kindergarten early
- early entry to school requires a formal cognitive assessment that can only be undertaken once the child has turned four years of age and where the cost is met by parents. A child must be assessed as exceptionally gifted (WPPSI-IV results of at least 130 FSIQ) and considered at risk of long-term educational disadvantage if they do not commence school.
- applications for early entry to school are usually not determined until Term 4 of the year prior to the requested early entry to school
- children are eligible for only one year of funded kindergarten, so careful consideration should be made as to which year families enrol their child in kindergarten.

Should parents decide to request early entry to kindergarten for their child, the following requirements must be met:

- the child must be at least 3 years and six months on or before 30 April in the year they attend the funded kindergarten program
- parents must make a written request for early entry to school to either the Regional Director of the appropriate Regional Office or directly to the principal of a non-government school dependent on whether the child is intending to attend a government or non-government school
- parents must provide the kindergarten service provider with a written response from the Department or the non-government school acknowledging the family has requested early entry to school
- the kindergarten service provider must keep a copy of the written response from the Department or non-government school with the child's kindergarten enrolment records and upload a copy on KIM.

No Jab, No Play

The 'No Jab, No Play' legislation aims to reduce the risk of vaccine-preventable diseases through increased immunisation rates in the community.

The legislation requires all children enrolling in early childhood education and care services to be up to date with their vaccinations or to meet the criteria for exemption at the point of enrolment. Services can obtain an up to date immunisation status from families up to two months prior to the first day of attendance at kindergarten in order to confirm kindergarten enrolment. The legislation does not require services to monitor or document the ongoing immunisation status of children following enrolment.

Prior to confirming enrolment, service providers must obtain evidence that the child:

- is fully vaccinated for their age (via an immunisation status certificate), or
- is immunised in accordance with a recognised catch-up schedule if the child has fallen behind with their vaccinations, or
- has a medical reason not to be vaccinated.

Service providers:

- may give eligible children experiencing vulnerability and disadvantage a 16 week grace period to produce proof of up-to-date immunisation and
- should provide information and assistance to families about the immunisation process and
- must keep immunisation documentation with the child's enrolment record in accordance with the applicable regulations.

While the legislation requires that services obtain an up-to-date immunisation status certificate prior to confirming a child's enrolment, a two month period prior to the first date of attendance has been included in order to allow time for the enrolment process to be completed before the child begins attending the service, and to provide certainty for parents and services with regard to enrolments. You may therefore find it preferable – for your administrative practices and for the convenience

of parents – to obtain and process immunisation status certificates as far in advance as possible prior to the first day of kindergarten.A toolkit to assist kindergarten service providers with their responsibilities and record management can be found by searching Immunisation enrolment toolkit on www.health.vic.gov.au. A frequently asked questions fact sheet is also available by searching no jab no play FAQ at www.health.vic.gov.au

Section 3 of the Immunisation Toolkit provides details about how to assess whether a child's immunisations are up to date. Section 7 of the Toolkit contains a key dates work form for immunisation and enrolment to assist services to assess whether a child's enrolment can be confirmed.

3. Managing the service

Good governance practices

Service providers are expected to operate in accordance with good governance principles by incorporating the following principles into their practices:

- accountability to assess whether the service is performing effectively, efficiently and ethically in the best interests of all stakeholders, and in accordance with the law, regulations, probity, accountability and openness
- leadership to develop a vision, plans, policies and strategies focused on improving outcomes and performance, and building strong and productive partnerships between all stakeholders.

National Quality Framework (NQF) approved services are also required to meet the governance standards under National Quality Standard, Quality Area 7 'Leadership and service management', specifically:

- effective leadership that promotes a positive organisational culture and builds a professional learning community
- a commitment to continuous improvement
- administrative systems that enable effective management of a quality service.

Governance of private sector organisations is also subject to corporate law requirements.

The Department funds the Early Learning Association Australia (ELAA) to assist service providers receiving kindergarten funding to operate in accordance with good governance and sound operation and management principles, with a particular focus on meeting the requirements of the NQF. The support is provided through an advisory service (telephone and email), online and face-to-face training, resource materials, and intensive support to service providers with complex management issues.

For further information visit www.elaa.org.au.

Good financial practices

Services should be able to demonstrate good financial management policies, procedures and practices. This includes policies about fees, financial delegations, fund raising, purchasing, budgeting and requirements for provisions and reserves.

Written fees policy

Service providers receiving kindergarten funding are required to have a comprehensive written fees policy.

The fees policy must provide information about:

- the total annual fee amount, including all non-refundable components (such as excursions, maintenance costs, etc.)
- payment options and procedures (for example, payment plans for low income families)
- action that will be taken if fees are not paid (refer to maintaining engagement of families and children, on page 50)
- any refundable levies (if applicable)
- plans for fundraising (if applicable)
- how parents will be notified of any fee changes throughout the year
- any deposits required to secure a place on a waiting list or to accept an offered place (note that deposits should not act as a barrier to enrolment of vulnerable children, refer to maintaining engagement of families and children, on page 50)
- how the Kindergarten Fee Subsidy and Early Start Kindergarten grants are applied and how eligible families access subsidies
- exempting children from priority groups (see page 42) from enrolment fees
- operating hours including term dates, planned closures and additional hours to account for closures.

When calculating annual fees, service providers should set an amount that balances the capacity of parents to pay, the provision of a high-quality service and the overall financial viability of the service.

Keep budgets

Annual budgets serve as an important tool for service providers to monitor their financial performance.

When budgeting, service providers should consider all anticipated expenditure and costs. The difference between income (from government funding and other sources) and anticipated expenditure (such as staffing, maintenance costs and excursions) are fundamental to determining the annual fees to be charged for each family. Refundable levies should not be factored into annual fees and should not act as a barrier to participation.

The Department funds ELAA to provide advice to kindergarten service providers on preparing budgets – see www.elaa.org.au for more information.

Maintain accounts

Service providers are required to:

- maintain detailed staff records to ascertain staff entitlements
- keep a separate provisions account for staff long service leave and sick leave entitlements
- budget for and deposit into the provisions account on an annual basis.

Payroll

The Department funds a free payroll service for the following services:

- a community-based, not-for-profit incorporated association
- a co-operative operating through a committee of management
- an Early Years Management organisation that is not a local government.

The payroll service covers early childhood staff and/or ancillary staff who work at a service or who provide administrative, management or professional support from a central office/location.

The payroll contractor provides the following support services:

- calculation and processing of staff salaries and other entitlements
- processing of taxation, superannuation and other contributions as required
- electronic lodgement of employer declaration forms
- payslips and payment summaries
- fortnightly reports of salary expenditure for management bodies
- telephone and email advisory service
- training for committees of management
- advice regarding pay and entitlements
- manages assessment of entitlements accrued by staff employed in Victorian kindergartens prior to 24 January 1994.

This payroll service is currently provided by ADP. Go to *www.adppayroll.com.au* for more information.

Community-based, not-for-profit organisations that do not use the Department's contracted service must certify that they use an equivalent payroll service in KIM.

Misappropriation of funds

In addition to the Department's requirements, there are statutory obligations for corporations and incorporated associations, particularly in terms of financial management and accountability. For incorporated committees of management, there are legal obligations under the Associations Incorporation Reform Act 2012.

If a service provider believes funds have been misappropriated, it has a duty to act on this suspicion by:

- notifying the Department
- organising an audit of relevant financial records relieving the person suspected of the misappropriation of any financial responsibilities until resolution
- reporting to Victoria Police for investigation.

Community Service Organisation Education Program insurance

Community Service Organisation (CSO) Education Program insurance may be available to community service organisations that receive direct funding from the Department.

The CSO is managed by the Victorian Managed Insurance Authority (VMIA) and provides insurance coverage for:

- public and products liability
- professional indemnity
- directors' and officers' liability
- entity fidelity
- volunteers' personal accident (injury).

Insured service providers may also be covered for other community service activities provided by the service provider, such as kindergarten or activity groups for three-year-old children or occasional care.

In relation to kindergarten services that are part of an Early Years Management organisation:

- Parent advisory committees that are part of a funded Early Years Management organisation are eligible for CSO Education Program insurance where they are incorporated entities in their own right and support the operation of kindergarten. In these cases, the incorporated parent advisory committee will receive insurance documentation from the VMIA in their name.
- Where a parent advisory committee is not incorporated, they are insured and noted under the Early Years Management organisations CSO Education Program insurance policy.

The following service providers are not covered by the CSO Education Program and are required to make their own insurance arrangements:

- schools
- local government authorities
- church organisations
- tertiary education institutions
- private for-profit organisations
- hospitals
- organisations with head offices in a state other than Victoria
- unfunded organisations that may share premises with funded service providers.

However, in cases where funding is transacted through a service agreement with a local government authority, church organisation or tertiary education institution and the funded kindergarten program is delivered by an incorporated association, the incorporated association is covered by the CSO Education Program.

Search *CSO Education Program* at www.vmia.vic.gov.au for more information.

Community based organisations delivering a funded kindergarten program on a school site should contact their Departmental regional office for further information if required.

Emergency management

All services are required to:

- have an emergency management plan in place
- develop plans in consultation with the appropriate Departmental regional office, local community and emergency services, and other relevant stakeholders
- regularly review plans and update them to reflect the local needs of the community.

Services listed on the Department's Bushfire At-Risk Register must submit an emergency management plan to their Departmental regional office annually (search *bushfires and grassfires* on the Department's website).

Service closure in response to an emergency

In the event of an emergency, it may be necessary for a service to close for safety purposes. In this event, the service provider must report to the appropriate Departmental regional office:

- how many children have been affected
- how long the service may be closed
- any damage that has been sustained
- when the service resumes after closure.

The service provider should have a closure policy which should be clearly communicated to parents at the beginning of the kindergarten year. The closure policy should contain:

- identification of risks that might lead to closure, including local environment risks e.g. floods, bushfires or heatwaves
- the regulatory obligations of the service provider
- a communication plan and strategies for disseminating information about closure due to imminent risk.

Mandatory closure

Some kindergarten services have been identified as being at high fire risk and must close on days declared a Code Red Fire Danger Rating Day. Services have been advised of their inclusion on the Bushfire At-Risk Register.

Service providers in receipt of funding will experience no financial disadvantage regarding kindergarten funding for mandatory closures. Where services sustain repeated closures, they should contact the appropriate Departmental regional office to discuss their individual financial circumstances and any related viability issues.

Voluntary closures

It is recommended that service providers develop policies about voluntary closures.

The voluntary closure policy should be based on local research and discussion with the appropriate Departmental regional office (and council where the service is operated from a council owned building), and include the following points:

- criteria for voluntary closure – what the local triggers are and how the decision will be made
- impact of closure on the capacity to deliver the required hours of service (for example, make-up days)
- financial implications (fees, funding and Child Care Benefit).

Generally such closures will not impact on kindergarten funding from the Department.

Services approved for Commonwealth Child Care Benefit funding may contact the Commonwealth Government to enquire about emergency Child Care Benefit.

4. Managing teachers

Early childhood teacher professional standards

Australian Professional Standards for Teachers (APST) apply to early childhood teachers. All service providers in receipt of kindergarten funding are required to incorporate the use of the APST into the teacher's performance and development process (search *standards* at www.vit.vic.edu.au).

The Early Childhood Australia Code of Ethics should also guide teachers practice.

Professional development

The Department provides a range of support for the Victorian early childhood workforce including:

- free mentor training for experienced early childhood teachers to become mentors with the skills and knowledge to support new beginning early childhood teachers
- free online eLearning module *Protecting Children – Mandatory Reporting and other Obligations for the Early Childhood Sector*
- free online Autism Spectrum Disorder Learning Modules that supports early childhood professionals to develop a greater understanding of young children on the autism spectrum in their setting and to plan inclusive programs that support their learning and development
- free online professional learning in the use of Early ABLES, an online assessment for learning tool to help educators create and provide a more tailored learning experience for children aged two to five years with disabilities or developmental delay
- scholarship fund for early childhood staff to upgrade early childhood qualifications
- scholarship fund supporting Aboriginal people to undertake an early childhood qualification
- an incentive fund to assist service providers to attract and retain qualified early childhood teachers in hard-to-staff positions.

More information about these initiatives to support the workforce can be found on the Department's website.

The following organisations also offer opportunities to build the capacity of early childhood professionals to provide quality educational experiences, including:

- Gowrie Victoria offer training, resources and advice, with information available at: www.gowrievictoria.org.au
- Bastow Institute offer courses designed to build capacity of leaders in early childhood settings, with information available at: www.bastow.vic.edu.au.

Early childhood teacher validation process

The salary structure and salary progression requirements for early childhood teachers are specified in the Victorian early childhood education enterprise agreements. This includes a process, where applicable, for salary progression involving an independent assessment to 'validate' or endorse reclassification to a higher salary level.

All service providers in receipt of kindergarten funding are required to provide teachers with access to the early childhood teacher validation process.

The Vocational Education and Training assessment service (VETASSESS) manage and administer the service, and is available free of charge to early childhood teachers delivering a funded kindergarten program. VETASSESS employs validators to independently assess applications for reclassification.

For further information about the validation process for early childhood teachers refer to the relevant Victorian enterprise agreement or go to www.vetassess.com.au.

Teacher absence

Emergency or relief teachers

At certain times, service providers may find it necessary to employ an emergency or relief teacher to deliver the kindergarten program (for example, when the teacher is ill).

If, on a program delivery day, the service provider is unable to find an early childhood teacher or a primary teacher to relieve on that day, it must:

- notify the local Departmental regional office as to whether it has cancelled the session or engaged a diploma qualified educator to take the session
- if a diploma qualified educator is engaged, post a sign to indicate that a teacher will not be running the session and it will not operate as a kindergarten program for that day
- consider any relevant regulatory requirements, particularly when primary teachers are engaged, and should contact the Department's Quality and Assessment Regulation Division to ensure continued compliance with the National Law and National Regulations.

Replacing an early childhood teacher on leave

If an early childhood teacher is absent from the service because of short-term illness or leave (for a period of up to, but not exceeding, 12 weeks), the service provider can continue to receive kindergarten funding if the teacher is replaced by:

- a primary teacher, or
- an educator who holds an early childhood diploma and has completed 50 per cent of studies towards a qualification included on the ACECQA list of approved early childhood qualifications.

In these instances, the service must notify the regional Department office immediately to inform them of the arrangements. Additionally, service providers should contact the Department's Quality and Assessment Regulation Division to ensure continued compliance with the National Law and National Regulations.

For absence exceeding 12 weeks the teacher must be replaced by another qualified early childhood teacher, unless exceptional circumstances apply.

Change of teacher

Temporarily replacing an early childhood teacher who has left a service

Service providers wishing to replace an early childhood teacher who has left the service with an educator who is not a registered early childhood teacher may not be eligible to receive kindergarten funding. The appropriate Departmental regional office should be contacted before proceeding with employment.

Notifying the Department of a change in teacher

When there is a change in the early childhood teacher delivering the funded kindergarten program, the service provider must:

* confirm that the new teacher is VIT registered
* remove the previous teacher from the KIM system and add the new teacher's details
* for teacher absences other than emergency, the service provider must also submit updated teacher details using the KIM system.

Funding arrangements

If a qualified teacher permanently leaves a service and is not immediately replaced, service providers may be able to receive continued funding where:

* the service provider is actively working to recruit a new qualified early childhood teacher, and
* the kindergarten program will be planned and delivered by:
  – a primary teacher, or
  – an educator with an early childhood diploma who is actively working towards an early childhood teaching qualification on the list published by ACECQA and has completed at least 50 per cent of their studies towards the qualification.

Service providers must:

* contact the appropriate Departmental regional office as soon as possible to seek approval for continued funding
* remain compliant with regulatory requirements during the time the kindergarten program is not being delivered by a qualified early childhood. Where a service is unable to remain compliant they should contact the Department's Quality and Assessment Regulation Division.

5. Maintaining engagement of children and families

Create a welcoming and culturally inclusive environment

In accordance with the Victorian Early Years Learning and Development Framework, service providers should create a welcoming and culturally inclusive environment, and ensure that:

* the service is a welcoming and culturally safe environment for families approaching for the first time
* families are encouraged to participate in and contribute to children's learning and development experiences
* interests, abilities and culture of every child and their family are understood, valued and respected.

Maintaining access for all children

* A funded kindergarten service should not temporarily or permanently exclude a child because of challenging behaviour. If such a situation does arise, services should always seek support from the Department for managing the situation.

Support families and children experiencing vulnerability to establish consistent attendance

Service providers should work to:

* ensure engagement with families, particularly on their first visit
* ensure educators are equipped to deliver a program that is inclusive of the individual abilities of all children
* ensure every child experiences success in their learning and development.

Improve access for children experiencing vulnerability

Service providers may find it challenging to engage families experiencing vulnerability. Australian research confirms that the families most in need are those least likely to access programs, with the very factors that make them vulnerable often acting as barriers to their seeking and obtaining help and support.

The Centre for Community Child Health Policy Brief 'Engaging Marginalised and Vulnerable Families' provides the following advice for services engaging with vulnerable families:

"The way in which services engage and work with families is critical: professionals need to respond to family priorities, build on family strengths, and establish partnerships that involve shared decision making, thereby giving families greater control over their lives.

Every service needs to build its capacity to reach and engage vulnerable families as it is highly unlikely a service will have no vulnerable children and parents among its potential clients. This includes helping staff to build their capacity to engage families as well as minimising the practical or structural barriers to parents that prevent them from easily accessing services."[2]

Service providers should support teachers to make use of training opportunities and available resources to increase their understanding of the needs of vulnerable children.

Support for children with additional needs

Service providers should be aware of the Early Childhood Agreement for Children in Out-of-Home Care; a partnership between the Department of Health and Human Services, the Department of Education and Training, the Municipal Association of Victoria and the Early Learning Association Australia.

The Agreement includes a role for a local government contact to assist case workers to find suitable early childhood education and care services in the LGA. Secure information sharing to locate children can be provided to the local government contact on a case by case basis.

Service providers need to adhere to the Agreement and in particular:

- set out clear roles and responsibilities in relation to children in out-of-home care that may be attending their service
- adopt flexible approaches to enable engagement
- work collaboratively with carers and other services to support children's ongoing participation
- outline a process for implementation of the Agreement and for monitoring outcomes.

Support for Aboriginal children

It is a priority of the Victorian Government to improve outcomes for Aboriginal people, and a priority of the Department to increase Aboriginal inclusion and participation in kindergarten programs. The Department provides Early Start Kindergarten funding and the Kindergarten Fee Subsidy to directly support Aboriginal children to access and participate in a kindergarten program (see funding quick guide page 15).

Further resources to support engagement include:

- Koorie Engagement Support Officers (KESOs) KESOs seek to increase the participation and inclusion of Aboriginal children in kindergarten programs. Services providers can contact KESOs through the Department's regional offices for advice on how to include Aboriginal and/or Torres Strait culture in the learning experience. KESOs can also provide information and support to the families of Aboriginal children, communities, kindergarten staff and management.
- Koorie Preschool Assistants (KPSAs) KPSAs are employed by community-based organisations, with funding provided by the Department. KPSAs work with service providers that deliver kindergarten programs to provide support, increase participation of Aboriginal children, encourage involvement of Aboriginal families and communities, and promote the delivery of culturally inclusive programs.
- Commonwealth Support for Aboriginal children The Commonwealth Government introduced the Indigenous Advancement Strategy in June 2014, replacing a number of Commonwealth funded Indigenous programs. Through this new strategy, early childhood services and schools are able to apply for grants that support the outcomes of the strategy through a competitive open grant process.

Support for children from a culturally and linguistically diverse background

FKA Children's Services

The Department funds FKA Children's Services to provide:

- advice and information on improving access to kindergarten programs for children from culturally and linguistically diverse backgrounds and children with a disability
- casual bilingual workers to assist with the participation of children from culturally and linguistically diverse backgrounds in kindergarten programs
- training on inclusive practice for early childhood staff working with children from culturally and linguistically diverse backgrounds in kindergarten programs
- language assessments for children from culturally and linguistically diverse backgrounds attending kindergarten programs
- access to resource sheets.

Visit www.fka.com.au for more information about their services.

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2 Centre for Community Child Health, 2010, Policy Brief No 18 2010: Engaging Marginalised and Vulnerable Families, page 4.

Victorian Interpreting and Translating service (VITS)

The Department funds VITS to provide interpreter services. This is particularly valuable when discussing an individual child's learning and development progress with parents and to support the transition to school process.

VITS provides two types of language services:

- telephone interpreting
- on-site interpreting, both spoken and in sign languages.

Visit the VITS website to book an interpreter, or phone (03) 9281 1955 to access telephone interpreting services to talk about kindergarten programs and a child's progress in a variety of languages.

VITS is not funded to provide translation of documents.

6. Displaying information and communicating effectively

Offer pre-kindergarten advice

Service providers should provide families with information to help them determine the best time for their child to start kindergarten, including:

- every child's eligibility to receive one year of kindergarten before commencing school (unless they are eligible for an Early Start Kindergarten grant or for a second year of funded kindergarten)
- the choice that parents with children born between January and April have regarding whether their child attends kindergarten the year they turn 4 or 5 years of age (see page 43)
- information about the resources and professional advice available to assist families with decision making including early childhood and prep teachers, school principals and maternal and child health nurses.

Communication with families

At the beginning of the kindergarten year, service providers must provide all families with each of the following when a child enrols and attends a funded kindergarten program:

- written confirmation that they are receiving a funded kindergarten program
- a fees policy, with an explanation of what it means and what families are required to pay (see fees policy page 45)
- a list of the days and times the service will operate, including planned closures for activities such as staff development and training
- long day care services providing an integrated kindergarten program must provide families with details of out of pocket expenses relating to the non-funded part of the program they are accessing
- information about additional support available to enhance the learning and development needs of all children including fee subsidies and grants
- information about why personal information is collected from families and how it is stored (for more information see page 53)
- information about the service's emergency management plan (see page 47)
- information about how families can be involved and contribute to the kindergarten program
- encourage parents to begin the process of enrolling in school in a timely manner (primary schools may begin accepting enrolments as early as May of the year before a child is due to start school).

For information relating the school enrolments, transition support and information sharing, please see Appendix B.

Transition Learning and Development Statements

A **Transition Learning and Development Statement** (Transition Statement) is required for every child transitioning into school in the following year. The Transition Statement is a tool for families and educators to share information about a child's learning and development. It is designed to assist schools, particularly Prep teachers, to:

- build relationships with the child and family
- identify the child's capabilities and interests
- understand how the child can best be supported as they transition into school
- plan for individual children's learning responding to their strengths, abilities and interests.

In fourth term, service providers must provide each family with a completed Transition Statement for their child (with the early childhood educator section completed). With parental permission, the service should then pass the statement on to the nominated school and if appropriate the Out of School Hours Program.

Service providers are required to report on the completion of Transition Statements from the previous year through the annual kindergarten data collection.

The Department provides resources and guidance to assist service providers to meet this requirement, including the Transition: A Positive Start to School Resource Kit, and information about starting school for families of future prep children. Search *Transition Learning and Development Statement* on the Department's website.

7. Providing reports and data

Accurate and current information

The Department uses data entered into KIM to determine eligibility for funding, calculate funding entitlements, provide data to State and Commonwealth governments and for planning purposes. Service providers are accountable for the information they provide and must ensure data entered on KIM is current and accurate. Service providers are required to provide the following information:

- early childhood teachers – professional development hours, contact hours and number of children taught must be updated each year and qualifications updated when required
- other educators – professional development hours must be updated each year and qualifications updated when required
- program details – hours and/or groups
- details of the children enrolled in the funded kindergarten program in the year prior to school including eligibility for Kindergarten Fee Subsidy, Early Start Kindergarten or a second year of funded kindergarten
- other information as requested by the Department.

Once teachers, other educators and program details have been entered in KIM, they will remain in KIM each year until they are removed.

For training and support on KIM see Appendix B.

Comply with reporting requirements

Service providers must:

1. Comply with the Information Privacy Act 2000 and the Health Records Act 2001, and be guided by the *Department's Information Privacy Policy*.

   When requesting personal information, providers should:
   - collect only the information that is needed for the specified purpose
   - ensure the person knows why the information is being collected and how it will be used
   - use and disclose information only for the purpose for which it is collected, unless otherwise required by law
   - store information securely, protecting it from unauthorised access
   - retain information for the required period
   - provide the person with access to their own information and the right to seek its correction.

2. Provide data to the Department

   Data should be provided about the funded kindergarten program during the annual confirmation of kindergarten data and the August kindergarten census data collections. Additional child level data may be requested regarding Early Start Kindergarten enrolments at certain periods during the year.

3. Update kindergarten program data in the KIM system

   Update KIM when there has been a change at a service that may affect funding, including:

   – change in teacher delivering the program or

   – change in the teacher's qualification

   – change in enrolment numbers

   – change in numbers of children eligible for subsidies

   – change in the program hours.

4. Store data securely

   Children's enrolment records, including second year documentation and Transition, Learning and Development statements, should be stored in a secure location that is not accessible to individuals other than authorised staff of the service provider and the Department. The child's parents and representatives of the Department are entitled to access this information at any time, upon request.

5. Request and document parental consent to the sharing of information between teachers and other professionals working with their children

   Services must be sensitive regarding the collection and sharing of information from families so that privacy concerns do not act as a barrier to their participation in a kindergarten program.

Comply with service agreement on data collection

Service providers are required to:

• undertake two mandatory online data collections each year (see below) within the required timeframes. Funding may be withheld or ceased if information is not submitted.

• contact the Departmental regional office prior to the closing date if difficulties are encountered when submitting data

• ensure up-to-date information is provided on KIM that may affect funding entitlements or eligibility.

Annual confirmation data collection

By 30 April each year service providers must complete the annual confirmation process using KIM, and submit:

• 'child level' data relating to children enrolled in a kindergarten program in the year before school

• data concerning the service provider, service and teachers

• the number of 3 year old children enrolled and the hours per week the 3 year old program is available (if the service offers a 3 year old program or a combined 3 and 4 year old program delivered by a qualified early childhood teacher)

• the number of Transition Statements completed and forwarded to schools for children enrolled in the previous year

• where payment of the Kindergarten Fee Subsidy resulted in a surplus greater than $5,000, how surplus funds were spent

• total number of staff with early childhood teaching qualifications and their qualification level

• other information as requested by the Department.

Required information for annual confirmation

Service providers are required to collect information from parents at the time of enrolment, which should be kept with the child's enrolment record and used when completing the annual confirmation data collection process.

Service providers are required to:

- record the accurate name, address and date of birth of each child. This must be verified through viewing satisfactory evidence of the child's identity through the Child Care Management System or provided by the child's family during enrolment. This can include:
  - birth certificate
  - passport
  - travel document for non-Australian born children.
- enrol the child using the name stated on the identification document. This should not be changed without the consent of both parents or by direction of a court order.
- record information about the child, including whether the child:
  - is living at home with parents and family or is living in Out-of-Home care (foster care, permanent care or kinship care)
  - has been identified by a parent, guardian or carer as Australian Aboriginal and/or Torres Strait Islander
  - the child's immunisation status
  - has a diagnosed disability or developmental delay
  - is receiving a second year of funded kindergarten
  - is eligible to receive the Kindergarten Fee Subsidy or Early Start Kindergarten, (include date and source of advice of eligibility)
  - received an Early Start Kindergarten grant or participated in an Access to Early Learning program in the year prior and is eligible for the Early Start Kindergarten extension grant
  - applied for, or is going to be, early or late entry to school.
- For children eligible for the Early Start Kindergarten grant, service providers should further provide information about:
  - if the child is known to Child Protection or Child FIRST
  - if the child's parents have given permission to share information from and with Maternal and Child Health Service
  - if the child is living at home with parents and family or is living in out-of-home care (foster care, permanent care or kinship care)
  - the child's immunisation status.
- record information about the teacher who will plan and deliver the program, including:
  - the teacher's name, gender and date of birth
  - the teacher's VIT number
  - the teacher's qualification details including the university, course and year awarded (a copy of the qualifications and if applicable, a letter of equivalency must also be provided)
  - the teacher's hours of employment and the number of children taught by the teacher in the funded kindergarten program
  - the award or industrial agreement under which the teacher is employed and the level at which they are classified and paid
  - the total number of hours of professional development that were undertaken by the teacher in the previous year.

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5 Early Years Management (formerly Kindergarten Cluster Management)

Early Years Management organisations (formerly Kindergarten Cluster Managers) are the funded and approved provider of all services in their organisation. The **Early Years Management policy framework** and **Early Years Management kindergarten guidelines** are available on the Departments website.

Early Years Management:

- provides kindergarten staff with professional employment arrangements, including professional development and networking opportunities
- increases the sustainability and coordination of early years services, particularly in regional and rural areas
- facilitates the provision of targeted support to vulnerable children and families to improve access and participation in kindergarten programs.

Joining an Early Years Management organisation

Committees of management of services interested in joining an Early Years Management organisation should contact the appropriate Departmental regional office to find out about local Early Years Management organisations operating in their area.

Operational requirements

Service providers in receipt of Early Years Management funding will be monitored using the Early Years Management outcomes and performance framework. Monitoring and review will take place on a quarterly basis in conjunction with the Department regional office.

Search *Early Years Management kindergarten guidelines* on the Departments website.

Funding for Early Years Management

Early Years Management funding is prioritised for community-based, parent run services to improve their sustainability and the quality of service provision. Early Years Management funding is additional to the per capita grants that service providers receive for each eligible child attending funded kindergarten programs at their services.

Funding is subject to the Early Years Management organisation meeting operational requirements, including the requirement to work towards the Early Years Management outcomes and performance framework, with actions agreed quarterly with the appropriate Departmental regional office.

Grant type	Purpose	Funding
Annual Early Years Management grant	For each kindergarten location managed by an Early Years Management organisation that offers a funded kindergarten program, for the management and coordination of the service.	Annual payment subject to price indexation. When a service provider is approved as an Early Years Management organisation, Early Years Management grant payments are made for each approved location that the organisation has added as part of base funding, paid on a monthly basis in accordance with the service agreement. Search *kindergarten funding* on the Departments website for current funding amount.
Establishment grant	For newly established and approved Early Years Management organisations to support the establishment of strong internal governance practices.	Paid as one-off lump sum payment on commencement of funding. Search *kindergarten funding* on the Departments website for current funding amount.
Start-up grant	For any new kindergarten location added to an Early Years Management organisation, to assist service providers with the cost of integrating the new service into the Early Years Management organisation.	Paid as one-off lump sum payment on commencement of funding. Search *kindergarten funding* on the Departments website for current funding amount.
Transition grant	In some cases, complex issues related to financial and industrial matters are not clearly understood or declared at the time of a service transferring to an Early Years Management organisation. This grant is available to support the considerable effort and cost for an Early Years Management organisation to resolve these issues.	One-off payment. Early Years Management organisations may apply for the grant up to six months after the service has been approved to transition into their organisation. Early Years Management organisations should contact the appropriate Departmental regional office to discuss eligibility and to obtain a copy of the *Application for a transition grant to support the transfer of a service with complex issues into an Early Years Management arrangement*. Processing applications for the transition grant can take 4–6 weeks. Search *kindergarten funding* on the Departments website for current funding amount.

Adding an existing kindergarten service to an Early Years Management organisation

An Early Years Management organisation can apply to the Department to take on additional eligible kindergarten services at any time. Eligible services must meet the following criteria:

Criteria for adding a service to an approved Early Years Management organisation

- The service is a community-based service.
- The Early Years Management organisation has discussed becoming the approved provider for the service:
  – with the appropriate Departmental regional office, and
  – with the local government, particularly where the service operates from a council-owned building.
- The Early Years Management organisation already operates services within the local government area (LGA), or
- The Early Years Management organisation has discussed and has approval from the local council of their intention to operate services within the LGA and how they can be included in the local Municipal Early Years Plan.

Adding a new service

If an Early Years Management organisation wishes to add a new service, the Early Years Management organisation should contact the appropriate Departmental regional office to discuss their intention to add a service.

If the Departmental regional office is supportive of the application and the Early Years Management organisation wishes to receive the Early Years Management annual grant for the service, the Early Years Management organisation must add the new service in KIM. Processing applications to add a service can take 4-6 weeks.

Visit the Department's website or the KIM home page to download KIM quick reference guide: *How to apply for cluster management funding (for an approved Kindergarten Cluster Manager).*

See the *Early Years Management kindergarten operational guidelines* for further information.

Application for service approval is a regulatory requirement that must be carried out separately from applying for kindergarten funding and applying for Early Years Management funding.

Kindergarten funding and Early Years Management funding will not be granted until service approval has been confirmed by the Victorian Regulatory Authority.

How funding works

Funding is backdated to the first day of the month after a complete application (that is an application containing all information required to enable a funding decision) is received, or at the Department's discretion. Applications received from October onwards will only be funded from the start of the next calendar year.

Payments generally commence the month after funding is approved. In the case of a transfer that has been carried out within the required timelines, the transferring Early Years Management organisation will receive pro rata, Early Years Management grant payments calculated up to the date on which it no longer operated the service.

Funding will be processed in line with the monthly payment cycle to the Early Years Management organisation and the service agreement will be updated with details of the additional service.

Inactive services in Early Years Management

If a service ceases to offer a funded kindergarten program, the Early Years Management organisation should contact the appropriate Departmental regional office prior to formally requesting cessation of funding using the KIM system. Early notification is important to avoid overpayments that may need to be recouped. Early Years Management organisations must also notify the local council, particularly if the service is operated from a council-owned facility.

In the event of cessation of funding, the Kindergarten Program Certificate should be returned to the appropriate Departmental regional office. The organisation may continue to receive Early Years Management payments for that location, following negotiation and approval of arrangements with the appropriate Departmental regional office. Early Years Management funding may continue provided:

- the Early Years Management organisation continues to be the approved provider of the service
- continued funding is in the best interest of the local community
- There is a business plan available that outlines the approach to supporting the service to become operational in the next year. Grants may be withdrawn if the service does not recommence within one year.

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6 How to...

How to become a funded service provider

A high level summary of how to become a funded service provider is set out in Figure 2.

Service providers that have never received kindergarten funding from the Department, or those that have received kindergarten funding in the past but are not currently in receipt of kindergarten funding should contact:

- the appropriate Departmental regional office to discuss their intention to apply for funding
- the relevant local council(s) to discuss their service(s) in the context of the Municipal Early Years Plan and local demand for kindergarten.

Once the service provider has contacted the Departmental regional office and the local council and has been advised to proceed, the service provider must complete an expression of interest for kindergarten funding and submit it to the regional office.

Expressions of interest should be submitted by 30 September to receive pro rata funding for the current year.

After the expression of interest has been endorsed by the Departmental regional office, service providers are required to enter into a service agreement with the Department and register to access the Department's online KIM system (see below). Funding will only commence after the service provider has added its service(s) in KIM and completed the annual confirmation data collection.

Service providers wishing to become an Early Years Management organisation see page 57.

Figure 2: **High level process for becoming a funded service provider**

Contact Department regional office and local councils → Complete and submit an expression of interest → Enter into a service agreement → Register to access KIM → Add services and complete annual confirmation of data

How to apply for funding for a service

To make an application, service providers must satisfy the eligibility criteria outlined in Section 2 and must have:

- a service agreement in place with the Department and
- access to the KIM system.

How to add a service for funding

Providers with service agreements in place who do not currently operate a funded kindergarten program, or wish to apply for funding for a new service, must apply to add the service on the KIM system. This is summarised in Figure 3.

Figure 3: How to add a service for funding

Apply to add the service using KIM	On approval from the Department – complete annual data collection	Appropriate funding entitlement is calculated and paid
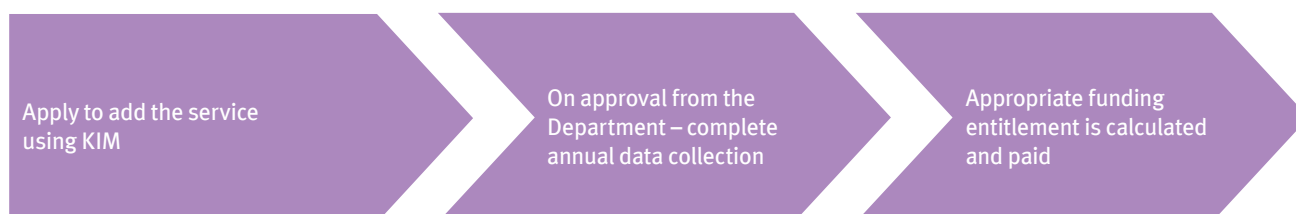
New funding is backdated to the first day of the month after a completed application (that is an application containing all information required to enable a funding decision) is received, or at the Department's discretion.

- Payments generally commence the month after funding is approved
- Applications for funding for new services must be received prior to 30 October each year; after this time service providers must wait until 1 January to add the service in KIM and will only be funded from the start of the following calendar year.

Kindergarten funding will not be paid until service approval has been confirmed by the Victorian Regulatory Authority and the service has completed the annual confirmation data collection in KIM.

Service providers wishing to add a service offering a funded kindergarten program that is currently being operated by another service provider should refer to *How to transfer funding for a service* below.

Figure 4: Transferring funding

Contact Department regional office	Submit Notification of transfer of service approval to the Victorian Regulatory Authority	Complete the annual confirmation data collection for the transferring service in KIM	Agree a funding transfer date

How to transfer funding for a service

Transfer of funding can only occur between existing service providers who currently receive kindergarten funding from the Department.

When a service that is currently offering a funded kindergarten program is being transferred from one service provider to another, both service providers must:

- contact the appropriate Departmental regional office at least two months in advance of the transfer
- obtain advice on how to carry out the transfer of funding without interruption.

This process must occur before the Notification of transfer of service approval is submitted to the Regulatory Authority.

In addition, where the service is operating from a council-owned building the service must contact the council to discuss any lease/licencing agreements in place or any other agreement that may be affected e.g. maintenance contracts.

Service providers should be aware that transfer of service approval is a regulatory requirement that must be carried out separately from applying to transfer kindergarten funding. Funding will not be transferred until the transfer of service approval has been approved by the Victorian Regulatory Authority.

In accordance with the Education and Care Services National Law Act 2010, the transferring service provider and the receiving service provider must jointly notify the Victorian Regulatory Authority of the transfer at least 42 days before the transfer is intended to take effect. In order to transfer funding, the transferring service provider and receiving service providers are both required to provide information about the transfer using KIM.

Prior to entering the transfer information in KIM, the transferring service provider must first ensure that they have completed the annual confirmation data collection for the service.

Services are advised to complete the transfer application process in November.

The transferring service provider must also notify families that details of the children attending the service will be transferred to the receiving service provider.

The transferring and receiving service providers are responsible for informing the Department and local council of the agreed transfer date. The transfer date is the agreed date that the transferring service provider stops operating the service and the receiving service provider begins operating the service. Note that this date must not be prior to the regulatory authority's approved transfer of service approval date.

The funding transfer application will only be approved by the Department after the transfer of service approval has been approved by the Victorian Regulatory Authority.

The date from which funding will be transferred to the receiving service provider (funding transfer date) is on the first of the month after the agreed transfer date that has been communicated to the Department. It is an expectation that in the normal transfer of business operations, the transferring service provider remits any funding received after the agreed transfer date to the receiving service provider.

In transferring a business, services must comply with all relevant Victorian and Australian legislation.

How recurrent funding is calculated

New services will be funded once the annual confirmation of kindergarten data is completed in KIM. Information about the qualified early childhood teacher(s) and other educators delivering the funded kindergarten program, the kindergarten program and children enrolled in the funded kindergarten program in the year before school must be submitted in KIM to determine the service's funding amount for the year.

For existing funded services, kindergarten per capita grants, the Kindergarten Fee Subsidy and Early Years Management annual grants are rolled-over on an annual basis subject to the service provider and service continuing to meet the funding eligibility requirements. This allows the service provider to continue to receive funding from January the following year.

The rolled-over funding is based on the service's enrolment numbers in the KIM system at the end of the previous calendar year. From the end January (start of term 1) to 30 April, service providers can enter in KIM the details of the children who are enrolled and attending the funded kindergarten program and update information about the qualified early childhood teacher(s) and other educators delivering the program and the program details. When all of the required information is entered in KIM, the service provider must complete the annual confirmation process by 30 April to recalculate and set the service's funding amount for the new year.

How to cease funding for a kindergarten program

When a service can no longer offer a kindergarten program (if, for example, a suitably qualified teacher cannot be engaged to deliver the kindergarten program or the service is no longer financially viable), the service provider should contact the appropriate Departmental regional office prior to formally requesting cessation of funding using the KIM system. Early notification is important to avoid overpayments that may need to be recouped. Where the service operates from a council-owned building, council must also be advised of intention to cease the service.

In the event of cessation of funding, the Kindergarten Program Certificate should be returned to the appropriate Departmental regional office.

How to apply for funding in exceptional circumstances

In circumstances where it is not possible to fully comply with the funding guidelines, a request may be made to the appropriate Departmental regional office for funding to be continued throughout a period of non-compliance until the service provider returns to compliance. This provision is not available to service providers applying for kindergarten funding for the first time or for service providers already in receipt of funding who are adding a new service.

In exceptional circumstances, service providers may apply to:

- have a person who is not a VIT registered early childhood teacher deliver a funded kindergarten program
- operate a program in a service which has been rated against the National Quality Standard as 'Significant Improvement Required'
- receive Early Start Kindergarten funding where the program is delivered by an educator who has a primary teaching qualification or who is an early childhood diploma qualified educator enrolled and actively working towards an approved EC teaching qualification and has completed at least 50 per cent of studies.

Services regulated under the National Quality Framework are required to meet the National Regulations and should check with the Victorian Regulatory Authority (the Department's Quality and Assessment Regulation Division) if a waiver is required. Funding in exceptional circumstances will not be authorised until any applicable waivers have been approved.

Contact your regional office to discuss funding in exceptional circumstances.

How to seek an exemption to operate a kindergarten program with an early childhood teacher who is not VIT registered

Some services currently employ teachers to deliver a funded kindergarten program that are not able to register as an early childhood teacher with VIT. These teachers include:

- teachers who completed their early childhood qualification a number of years ago and their qualification is no longer recognised as a teaching qualification under the current Regulations
- qualified primary school teachers who are in the process of undertaking further study to gain an early childhood teaching qualification.

In circumstances where the teacher employed to deliver the funded kindergarten program is unable to register as an early childhood teacher with VIT, the service must contact the relevant regional Department office to discuss funding in exceptional circumstances and complete the *Application for temporary approval to work in place of an early childhood teacher*. The *Application for temporary approval* includes the submission of a national criminal history check and may require a fee for processing.

How to seek approval for an educator other than an early childhood teacher to plan and deliver a funded kindergarten program

In exceptional circumstances, the Department has provisions for service providers to apply for an *Exemption from funding requirements for services* for up to 12 months where a registered early childhood teacher will not be delivering the funded kindergarten program. Services that intend to employ or engage a teacher who is not a registered early childhood teacher must contact their regional office to seek approval to receive kindergarten funding, noting there may be two approval processes involved:

1. Exemption from the funding requirements for services

2. Temporary approval for a person to work in place of an early childhood teacher.

Exemption from funding requirements for early childhood services

The Department may grant a funding exemption for up to 12 months where the service is required to employ or engage a registered early to deliver the funded kindergarten program and either

- the service either holds a waiver or children's services exemption from a requirement to have a qualified early childhood teacher or
- the Department is satisfied the early childhood service has made reasonable attempts to employ or engage a registered early childhood teacher, but has been unable to do so.

In order to be considered for continued funding if a registered early childhood teacher cannot be recruited, the service provider must provide evidence of extensive and genuine endeavours to employ a registered early childhood teacher:

- local and state-wide advertisements via print or electronic media
- contact with employment service providers
- contact with locally employed early childhood teachers
- contact with tertiary institutions
- exploration of alternatives such as job sharing, requesting staff to work additional hours, reorganising hours of operation

- investigation into workforce initiatives that support the recruitment of early childhood teaching staff, and submission of an application if eligible.

Visit the Department's website for more information about employment incentives for early childhood teachers.

Temporary approval to be employed or engaged in place of a registered early childhood teacher

There are some limited exceptions to the requirement for registration:

A. You are not required to be registered if you are currently actively working towards an approved early childhood teaching qualification and have provided the early childhood service with documentary evidence that you either

   – have completed a least 50 per cent of the approved early childhood teaching qualification, or

   – hold an approved diploma level education and care qualification.

   If you fall within this exemption, you do not need to apply for a temporary approval.

B. If you:

   – Do not have an approved early childhood teaching qualification and are not a person taken under the Regulations to hold an approved early childhood teaching qualification, and

   – propose to work for an early childhood services that has been granted an exemption from the kindergarten funding requirements.

You are required to apply for 'temporary approval' to work at a specified 'exempted service' in place of an early childhood teacher.

The application for temporary approval includes the submission of a national criminal history check and may require a fee for processing.

A temporary approval will be granted for up to 12 months only. However, there are some circumstances where temporary approvals may be granted in subsequent years to ensure a kindergarten program remains available to the community (e.g. small rural kindergartens that have great difficulty attracting and retaining teachers and have tried unsuccessfully to recruit a qualified Early Childhood Teacher).

Situation	Contact regional office to	Submit a Temporary approval to work in place of an early childhood teacher form	Comments
Temporary appointment of a primary teacher or Diploma qualified educator to replace an early childhood teacher who is absent from the service because of a short-term illness or leave (for a period up to, but not exceeding 12 weeks).	Inform the Department of the Interim/temporary arrangements for up to 12 weeks.	Not required	An exemption from funding is not required.
A Recruitment or engagement for more than 12 weeks of a primary teacher who is not a VIT registered early childhood teacher and who is: • not actively working towards an Early Childhood Teaching qualification • working toward an Early Childhood Teaching qualification, but less than 50% completed • working toward an Early Childhood Teaching qualification, but more than 50% completed • studying for an early childhood Diploma.	Apply for an *Exemption from the funding requirements* for services. Seek advice from the Victorian Regulatory Authority to determine if a waiver is also required to meet the National Law requirements for an Early Childhood Teacher.	Yes	Exemptions and approvals will be granted for up to 12 months only. Approval will only be given to work to work in place of an early childhood teacher in a service that has been granted an exemption from the requirement to have a registered early childhood teacher.
Recruitment or engagement of a Diploma qualified educator who does not hold a teaching qualification.	Apply for an Exemption from the funding requirements for services.	Not required	The educator must be enrolled and actively working towards an approved EC teaching qualification, have completed at least 50 per cent of their studies and ideally be appointed in a team teaching arrangement with an early childhood teacher. Exemptions and approvals will be granted for up to 12 months only.

How to operate a program in a service which has been rated against the National Quality Standard as 'Significant Improvement Required'

The risk of services closing due to poor quality ratings will impact on the availability of kindergarten places for children. For this reason, provision has been made for continued funding for service providers operating funded kindergarten programs in services that have been assessed by the Victorian Regulatory Authority against the National Quality Standard and have received a rating of 'Significant Improvement Required' in any quality area.

In cases where a service is temporarily unable to meet minimum standards, the service provider may apply for continued funding for a period to give them the opportunity to develop a Quality Improvement Plan and seek reassessment of the service's quality rating.

Appendix A: Glossary

Terms commonly used throughout these guidelines are listed alphabetically and described in the table below.

Term	Definition
Aboriginal and/or Torres Strait Islander	A person of Aboriginal or Torres Strait Islander descent, who identifies as being of Aboriginal or Torres Strait Islander origin and who is accepted as such by the community with which the person associates.
ACECQA	The Australian Children's Education and Care Quality Authority (ACECQA) is responsible for overseeing the implementation of the *National Quality Framework*.
Annual confirmation data collection	The process by which the Department collects information from service providers about services they operate. This information is used to determine the service provider's funding entitlement and assists in government planning for kindergarten programs.
Approved education and care service	An education and care service operated by an approved provider, for which a service approval exists (refer to Education and Care Service below).
Certified payroll service	A payroll service that provides services to the service provider equivalent to those provided by the contractor ADP, which is funded by the Department to provide kindergarten payroll service to community-based not-for-profit service providers.
Child Care Benefit (approved)	Child Care Benefit (CCB) is a means-tested payment from the Commonwealth Government that helps families with the cost of child care. CCB is granted to families who are eligible, meet the income test, and use CCB approved child care. CCB approved child care services can receive CCB from the Government on the family's behalf, which is passed on to the families in lower out-of-pocket child care fees.
Child FIRST	Child and family services information, referral and support teams (Child FIRST).
Child Protection	The Victorian Child Protection Service (Child Protection) is part of the Victorian Department of Health and Human Services and provides child-centered, family-focused services to protect children and young people from significant harm resulting from abuse or neglect within the family and aims to ensure that children and young people receive services to deal with the impact of abuse and neglect on their wellbeing and development.
Community-based organisation	An organisation that is a 'not-for-profit' organisation. Also known as a community service organisation (CSO).
Data collection	See Annual confirmation data collection.
Department of Education and Training	The Victorian Department of Education and Training is referred to throughout the *Kindergarten Guide* as the Department.
Early childhood teacher	A registered teacher at or above Level 2.2 of the teacher career structure.
Early Start Kindergarten extension grant	The Early Start Kindergarten extension grant, enables a child to attend a funded kindergarten program free of charge or at minimal cost in the year before school if the child is Aboriginal and/or Torres Strait Islander or has previously accessed an Early Start Kindergarten grant or participated in the Access to Early Learning program in the year two years before school.
Early Start Kindergarten grants	The Early Start Kindergarten grant and Aboriginal Early Start Kindergarten grant enable an eligible child to access a kindergarten program in the year two years before school.
Early Years Learning Framework	An approved learning framework to guide educator practice for education and care services working with children from birth to five, declared in the Education and Care Services National law. The outcomes are identical to the *Victorian Early Years Learning and Development Framework*.
Early Years Management	Early Years Management (formerly Kindergarten Cluster Management) brings together a group of community-based kindergarten services under the management of a single service provider. It is a key strategy to building a stronger, responsive universal kindergarten system.
Education and Care Service	Family day care, long day care, outside school hours care services and preschools (kindergarten services) that must operate in accordance with the National Quality Framework are referred to as education and care services.
Eligible child	A child that meets the eligibility criteria for kindergarten funding as outlined in this guide.
Eligible service provider	A service provider that meets all relevant criteria to receive kindergarten funding as outlined in this guide.
Employment agreement	Employment agreements outline the terms and conditions of employment for employees. Employment agreements reflect the Enterprise Agreement applying to employees, or in the absence of an Enterprise Agreement, the relevant Award.

Term	Definition
For-profit organisation	An organisation defined as 'for-profit' in the Australasian Council of Auditors General Advisory Committee's Guidance paper on determining whether a government entity is not-for-profit or for-profit (April 2005).
Funded Agency Channel	A web-based application that provides easy access to government and organisation information, communication tools and business processes. Through the Funded Agency Channel, service providers can access their service agreement and payment details, standards and guidelines, and link to government and sector resources. Access the Funded Agency Channel at: www.dhs.vic.gov.au/funded-agency-channel
Funded kindergarten program	An early childhood educational program delivered by a qualified early childhood teacher to children in the year before school, for which funding is received from the Department. In Victoria, a funded kindergarten program complies with all the applicable requirements set out in this guide and provides a program in accordance with the *Victorian Early Years Learning and Development Framework*. Funded kindergarten programs may operate in a variety of settings, including long day care centres, standalone services, schools, or community centres, and may be operated by a variety of service providers, including community organisations, local councils, schools, not-for-profit organisations or private operators.
Funded place	A place in a kindergarten program for which a per capita grant is received. The number of funded places may be based on pre-confirmed enrolment numbers or the confirmed number of children enrolled and attending.
Funding cycle	Kindergarten funding is paid in two funding cycles. The first cycle covers the period July to December and the second, January to June.
Inclusion	Involves taking into account all children's social, cultural and linguistic diversity (including learning styles, abilities, disabilities, gender, family circumstances and geographic location).
Indigenous	This term refers to both Aboriginal and/or Torres Strait Islander peoples.
Integrated long day care program	For the purposes of kindergarten funding, an integrated long day care program is a funded kindergarten program provided as part of a long day care program.
KIM	The Kindergarten Information Management system (KIM), an online web-based system developed by the Department for funding applications, data collection, and reporting. Access KIM at: https://kim.eduweb.vic.gov.au
Kindergarten	In Victoria, kindergarten is an early childhood educational program delivered by a qualified early childhood teacher to children in the year before school. The term preschool is used nationally to refer to this program.
Kindergarten for three-year-old children	Programs provided by education and care services for three-year-old children. Ideally these programs are delivered by an early childhood teacher.
Kindergarten payroll service	A payroll service funded by the Department provided by ADP Australia/New Zealand for community-based not-for-profit service providers receiving kindergarten funding.
Kindergarten Program Certificates	Kindergarten Program Certificates are issued by the Department to service providers receiving kindergarten per capita funding. These are issued at the start of each year or after a new service agreement has been signed.
Long day care service	A centre-based early childhood education and care service providing all day or part-time education and care programs for children. Private operators, local councils, community organisations, employers or not-for-profit organisations provide these services.
National Law and National Regulations	The legislative framework, which is a component of the *National Quality Framework*, consisting of: • the *Education and Care Services National Law Act 2010* (the National Law) and • the *Education and Care Services National Regulations 2011* (the National Regulations).
National Quality Framework	The *National Quality Framework for Early Childhood Education and Care* (the *National Quality Framework*) applies to most preschools (kindergartens), long day care, family day care and outside school hours care services, and aims to raise quality and drive continuous improvement and consistency in education and care services, with a focus on outcomes for children.
Non-government school	A Catholic or Independent school that is not conducted by or on behalf of the Victorian Government.
Other educator	A staff member who assists the qualified early childhood teacher in the delivery of a funded kindergarten program.
Out of home care	The placement of children away from their parents, due to concern that they are at risk of significant harm. The purpose of out of home care is to provide children who are unable to live at home due to significant risk of harm, with a home placement, which ensures their safety and healthy development and achieves stability. Placements can include foster care, permanent care or kinship care.
Parent	Throughout the *Kindergarten Guide* the term parent is used to represent parents, guardians and/or primary carers.

Term	Definition
Parental leave reimbursement	Service providers that pay parental leave entitlements to early childhood teachers and assistants in a funded kindergarten program are eligible to apply for up to 14 weeks' reimbursement.
Preschool	An early childhood educational program delivered by a qualified early childhood teacher to children in the year before school. In Victoria, preschool is referred to as kindergarten.
Pro rata funding	Funding provided to service providers calculated for the period of time that the child has been enrolled in and attending the funded kindergarten program.
Regional offices	The Department's offices located across the state which manage service agreements with service providers that provide a funded kindergarten program.
Second year funding	Per capita funding provided for children who meet the eligibility criteria for a second year of funded kindergarten.
Service	The approved education and care service (location) from which a kindergarten program is delivered.
Service agreement	An agreement setting out the terms and conditions of funding from the Department of Education and Training to the service provider. It outlines the requirements of services to be delivered and the associated funding that will be paid to a service provider to deliver the services. Schedule 3 of the service agreement includes a service plan outlining the specific services to be provided by the service provider, corresponding funding, performance measures and targets, service standards and guidelines and data collection requirements.
Service provider	A legal entity or organisation that has entered, or is seeking to enter into a service agreement with the Department, receives the kindergarten funding, and has responsibility for the management of funds and delivery of kindergarten programs. A service provider may be responsible for the provision of kindergarten programs in a number of services. In this guide the approved provider of an education and care service from which a kindergarten program is offered is also referred to as a service provider.
Small rural grants initiative	Service providers receiving per capita funding at the small rural rate receive an annual grant of up to $20,000 to support access to affordable kindergarten programs in small rural communities.
Transition Learning and Development Statement	A document, allowing families and educators to share information about a child's learning and development, which funded kindergarten programs are required to prepare for every enrolled child transitioning into school the following year.
Validation process for early childhood teachers	A process managed and administered by Vocational Education and Training Assessment Services (VETASSESS), by which teachers can progress from one level to another in accordance with applicable employment agreements.
Victorian Children's Service	The following services are referred to as Victorian Children's Services: • all limited hours and short term licensed services • a small number of other services that currently hold a standard licence including budget-based services not funded for Child Care Benefit • occasional care services • early childhood intervention services • mobile services and • a small number of school holiday care programs that continue to operate under the Victorian: – *Children's Services Act 1996* – *Children's Services Regulations 2009*
Victorian Early Years Learning and Development Framework	An approved framework that guides practice for all professionals working in Victoria with children from birth to eight and their families, declared in the Education and Care Services National Law.
Victorian Institute of Teaching	The Victorian Institute of Teaching (VIT) is an independent statutory authority for the teaching profession, whose primary function is to regulate members of the teaching profession. It is a legal requirement for all teachers to be registered with the VIT in order to be employed in an early childhood service. Teacher registration and registration renewal are granted where a person is appropriately qualified and is fit to teach in early childhood services.
Vulnerable children	Children and young people are vulnerable if the capacity of parents and family to effectively care, protect and provide for their long term development and wellbeing is limited.[3] Some factors which may contribute to a child being vulnerable include: living in a family with a low income, or one which is experiencing problems with housing, domestic violence, substance abuse, or mental health; having a culturally and linguistically diverse background; having a young or sole parent, or a parent with a disability.

[3] Victorian Government, *Victoria's Vulnerable Children – Our Shared Responsibility Strategy 2013-2022*, May 2013, page 4.

Appendix B: Training and resources for service providers

	Available training/guidance	Accessible at
Supporting children with additional needs	• Australian Childhood Foundation Offers training on trauma, child abuse and family violence.	www.childhood.org.au
	• Department of Health and Human Services Provides resources on child development and trauma resources.	www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers/child-development-and-trauma-specialist-practice-resource
	• Commission for Children and Young People Has developed Calmer Classrooms: A guide to working with traumatised children – to assist teachers in understanding the needs of children affected by trauma.	www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers/child-development-and-trauma-specialist-practice-resource
Inclusive practices	The Department of Education and Training has produced a factsheet on inclusive practice in the kindergarten service provision and Kindergarten Inclusion Support program.	www.education.vic.gov.au/childhood/parents/needs/pages/kinderinclusion.aspx
	Produced a *Kindergarten Inclusion Tip Sheets* to assist parents and teachers to plan a positive kindergarten experience for all children. The tip sheets have been developed by parents for parents, and kindergarten staff may also find them useful.	www.acd.org.au
	Offers training and information about incorporating inclusive practice as part of everyday operations in its early childhood professional development module "Diversity and Inclusive Practices – Meeting the diverse needs of all children".	www.rch.org.au/ccch
	FKA Children's Services: • advice and information on improving access to kindergarten programs for children from culturally and linguistically diverse backgrounds and children with a disability • casual bilingual workers to assist with the participation of children from culturally and linguistically diverse backgrounds in kindergarten programs • training on inclusive practice for early childhood staff working with children from culturally and linguistically diverse backgrounds in kindergarten programs • language assessments for children from culturally and linguistically diverse backgrounds attending kindergarten programs • access to resource sheets.	www.fka.com.au
	Victorian Curriculum and Assessment Authority (VCAA) *Learning English as an Additional Language in the Early Years (birth to six years)* Resource Booklet. Provides comprehensive information to support early childhood professional in the context of implementing the *Victorian Early Years Learning and Development Framework*. Further consult the website for new resources, of how children and families with English as an Additional Language (EAL), can be supported to make a successful transition to school.	www.vcaa.vic.edu.au/Pages/resources/eyeal/welcome.aspx

	Available training/guidance	Accessible at
Transition to school	For information on the school enrolments process	www.education.vic.gov.au/school/parents/primary/Pages/enrol.aspx
	For information on transition to school	www.education.vic.gov.au/earlylearning/transitionschool/default.htm
	For children with a disability and ongoing high support needs	www.education.vic.gov.au/childhood/parents/needs/Pages/transitionkinderschool.aspx
	For resources to assist in completing Transition Statements	www.education.vic.gov.au/earlylearning/transitionschool/default.htm
	For information regarding networking and reciprocal visiting	www.education.vic.gov.au/childhood/professionals/learning/Pages/transtoschoolreciprocalvisits.aspx
	Downloads available from the Department:	
	• Transition: A Positive Start to School Resource Kit	www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/learning/trkall.pdf
	• Strength-based approach: A guide to writing Transition Learning and Development Statements	www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/learning/strengthbasedapproach.pdf
	• Sharing our Journey the transition from kindergarten to school	www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/healthwellbeing/sharingourjourneyprotocol.pdf
KIM Training	Quick Reference Guides, video tutorials and Frequently Asked Questions	www.education.vic.gov.au/childhood/providers/funding/Pages/kinderim.aspx
	Introduction to KIM training course Instructor-led training for new KIM users and those who have a role in the administrative and reporting requirements for services.	www.kindergarten.vic.gov.au
KIM Technical help	For technical help with KIM	Email: help.helpdesk@edumail.vic.gov.au
Data privacy and handling	For information regarding Parent or Guardian Consent to share information	www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/childrensservices/parentguardianshareinformation.pdf
Kindergarten IT Program	The Department funds the State Library of Victoria to provide information technology (IT) support to funded kindergarten programs. The State Library provides the following range of supports to eligible service providers: • internet connectivity • six email addresses per kindergarten • kindergarten.vic.gov.au domain name renewal and hosting • help desk support for general computer and software enquiries • repair of computer hardware where that hardware was provided by the Department through the Kindergarten IT roll-out (where warranty will apply) • free community web hosting • free IT training including face-to-face KIM system training. Should there be a change in the provider of this service, service providers will be advised of the change and provided with new contact information.	For further information about support offered and how to join the program www.kindergarten.vic.gov.au
Victorian Early Years Learning and Development Framework (VEYLDF)	Further information, resources and professional learning on the VEYLDF	www.education.vic.gov.au/childhood/providers/edcare/Pages/veyladf.aspx
Committee of Management	ELAA provides a free comprehensive introduction to the roles and responsibilities of committees of management.	www.elaa.org.au

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Royal Commission into
Victoria's Mental Health System

ATTACHMENT KL-8

This is the attachment marked 'KL-8' referred to in the witness statement of Kim Little dated 8 May 2020.

Changing the Life Trajectories of Australia's Most Vulnerable Children

Report No. 4

24 months in the Early Years Education Program: Assessment of the impact on children and their primary caregivers

May 2019

THE UNIVERSITY OF MELBOURNE

MELBOURNE INSTITUTE
APPLIED ECONOMIC & SOCIAL RESEARCH

KIDS FIRST

24 months in the Early Years Education Program: Assessment of the impact on children and their primary caregivers

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Executive summary

Overview of main findings

This report presents findings on the impact on children and their primary caregivers of 24 months of enrolment in the Early Years Education Program (EYEP). After 24 months the impact of attending EYEP on children and their families is broad and powerful. Large positive impacts of EYEP are found on children's cognitive and non-cognitive development – primarily IQ, protective factors related to resilience and social-emotional development. There is also some evidence that EYEP improves children's language skills and lowers the psychological distress of their primary caregivers.

EYEP and the research trial

EYEP is a centre-based, early years care and education program targeted at the needs of children who are exposed to significant family stress and social disadvantage, including being at heightened risk of, or having experienced, abuse and neglect. The program has a dual focus: to address the consequences of family stress on children's development and to redress learning deficiencies. The ultimate objective of EYEP is to ensure that at-risk and vulnerable children realise their full potential, and arrive at school developmentally equal to their peers and equipped to be successful learners.

Children who participate in EYEP are offered three years of care and education (50 weeks per year, five hours per day each week). Key features of EYEP are high staff/child ratios, qualified and experienced staff, inclusion of an infant mental health consultant as a member of the staff, and a rigorously developed curriculum.

The impact of EYEP is being evaluated through a Randomised Controlled Trial (RCT) as part of the Early Years Education Research Program (EYERP); otherwise referred to in this report as the 'EYEP trial'. Children for whom consent was given to participate in the EYEP trial were randomly assigned into either an intervention group who were enrolled in EYEP or to a control group. Estimates of the

impact of EYEP on children and their primary caregivers are derived from comparisons of outcomes between the groups.

Characteristics of children and primary caregivers in the EYEP trial

To be eligible for the EYEP trial, children had to be aged less than 36 months at the time of entry to the trial, assessed as having two or more risk factors as defined in the Department of Human Services 2007 Best Interest Case Practice Model, be currently engaged with family services or child protection services and have early education as part of their care plan.

The eligibility criteria enabled the selection of a group of participants in the EYEP trial for whom the program was designed – children with substantial developmental delay living in families experiencing high levels of stress (Tseng et al., 2017). Compared with a general population of children, participants in the EYEP trial are highly disadvantaged on a variety of dimensions. EYEP trial participants had lower birth weight and, at the time of entry to the trial, had compromised development of IQ, language skills, motor skills and adaptive behaviour. The primary caregivers of children in the EYEP trial have lower levels of labour force engagement and family income, are more likely to experience stressful events and have higher levels of psychological distress than the general population of caregivers.

Outcomes

The main objective of the EYEP trial is to test whether the program is meeting its goal to improve children's cognitive and non-cognitive skills (Jordan et al., 2014, p. 3). Outcomes relating to children's cognitive skills (IQ and language skills) and their non-cognitive skills (within-child protective factors related to resilience and social-emotional development) are therefore examined. Possible impacts of EYEP on primary caregivers are evaluated using outcomes

relating to perceptions of the level of stress they are experiencing and the quality of home environment.

Sample size

A total of 145 children were recruited to the EYEP trial. These children come from 99 families. There are 72 children who are in the intervention group and 73 in the control group, and respectively 50 and 49 families in those groups. There are 64 girls and 81 boys in the trial.

Over time, there has been attrition from the group of 145 children who were originally recruited to the EYEP trial. The data collection at 24 months, on which the analysis in this report primarily relies, obtained responses from 104 children and their primary caregivers. In addition, it was not possible to collect a complete set of data on outcomes for all these 104 children and primary caregivers. Hence, the analysis of the impact of EYEP on outcomes at 24 months is based on samples that usually consist of 85 to 95 children or primary caregivers.

Empirical method

Initial random assignment of participants in the EYEP trial achieved balance in the characteristics of the intervention and control groups. However, due to subsequent attrition of participants from the trial, by the time data were collected on outcomes at 24 months, several characteristics were no longer balanced. Some characteristics which are unbalanced are likely to affect children's outcomes at 24 months. Hence, it is not possible to estimate the impact of EYEP simply by comparing the average outcomes for children in the intervention and control groups. Instead, for the estimated impact of EYEP to reflect only the effect of participation in the program, it is necessary to use empirical methods that can correct for differences in characteristics between the groups. For this study we have applied two alternative methods to estimate the impact of EYEP – a regression method and a propensity score matching method.

What is the 'impact' of EYEP that is estimated in this study?

The impact of EYEP is estimated for children who attended the program for at least 60 days over 24 months (out of a possible total of approximately 480 days). We restrict our attention to this sample in order that all children in the intervention group have had a level of exposure to EYEP that could conceivably be expected to affect their development. This is the same approach as was taken in estimating the impact of EYEP after twelve months (Tseng et al., 2018).

The impact of EYEP on outcomes for children after 24 months is likely to derive from two sources: first, children in the intervention group receiving a larger number of hours of early years care and education services than the control group (for example, over the first 24 months, children enrolled in EYEP received an average of 20.4 hours per week of formal early years care and education compared with 15.7 hours per week for children in the control group); and second, differences between the design and attributes of EYEP and the services received by the control group.

Main findings

Large and statistically significant EYEP impacts are found at 24 months for several outcomes for children: (i) IQ; (ii) protective factors related to resilience; and (iii) social-emotional development. There is also a relatively large impact on children's language skills, but this estimate has limited statistical significance.

The estimated impact on IQ is one-third to one-half of a standard deviation. This compares with average impacts on IQ from early years demonstration programs in the United States of about one-quarter of a standard deviation. The estimated impact on within-child protective factors related to resilience is about one-third of a standard deviation. The proportion of children enrolled in EYEP who are classified in the clinical range for social-emotional development is lower by 30 percentage points compared with the control group, a substantial impact.

Evidence that EYEP is having an impact on the stress experienced by primary caregivers is emerging at 24 months. Primary caregivers of children in EYEP show a reduced level of distress on the Kessler Psychological Distress K6 Scale (K6) of about 1.5 points (on a zero to 30 points scale), which is marginally statistically significant. Participation in EYEP is also estimated to be associated with small decreases in the frequency (one point on zero to 80 points scale) and in intensity (three points on zero to 100 points scale) of parenting daily hassles, but these estimates are not statistically significant. The estimated

impact of EYEP on the home environment is small and not statistically significant.

Major differences are apparent in the impact of EYEP on boys and girls – especially for non-cognitive skills. For children's IQ and language skills the estimated impacts are larger and have higher levels of statistical significance for boys than girls. For protective factors related to resilience a large and highly significant impact is found for boys, compared to a zero impact for girls. By contrast, the estimated impact of EYEP on social-emotional development exhibits the opposite pattern, with a much larger impact for girls than boys. Impacts on outcomes for primary caregivers at 24 months are confined to families with girls enrolled in EYEP. For the primary caregivers of girls there is a decrease in psychological distress and in the frequency of parenting hassles. There is, however, no evidence of an impact on these outcomes for the primary caregivers of boys.

The timing of the impact of EYEP over the first 24 months has varied across outcomes. The impact of EYEP on children's IQ appears to have been concentrated in the initial twelve months of the program, as the estimated impact size does not change appreciably between twelve months and 24 months. This result is consistent with evidence from previous trials of early years demonstration programs in the United States. Other outcomes for children show a more pronounced impact from EYEP after the second year of being enrolled in the program. The estimated impact on children's language skills increases from zero after twelve months to about three to four points after 24 months. For protective factors related to resilience the estimated impact size after 24 months is two to three times larger than after twelve months. While distinguishing the exact timing of impact on social-emotional development is difficult, there does seem to have been a positive impact spread across both the first and second years of the program. Where there have been positive outcomes for primary caregivers, these have been concentrated in the second year of their child's enrolment in EYEP.

1. Introduction

This report presents findings on the impact on children and their primary caregivers after 24 months of enrolment in the Early Years Education Program (EYEP). It follows the initial evaluation of the impact of EYEP after twelve months presented in Tseng et al. (2018).

EYEP is a model of early years care and education targeted at the needs of children who are exposed to significant family stress and social disadvantage. The impact of EYEP is being evaluated through a Randomised Controlled Trial (RCT) as part of the Early Years Education Research Program (EYERP); otherwise referred to in this report as the 'EYEP trial' (Jordan et al., 2014).

EYEP was initiated by the Children's Protection Society (CPS) (now trading as Kids First), an independent not-for-profit child welfare organisation based in the north-east of Melbourne. The program was designed and implemented by CPS in collaboration with Associate Professor Brigid Jordan and Dr Anne Kennedy.

The EYEP trial is being undertaken by a consortium of researchers (who are authors of this report) with support from their institutions and in partnership with CPS. Funding for the research trial has come from CPS, government departments at the Commonwealth and State levels, philanthropic organisations, individual donors, and the Australian Research Council.

Section 2 describes the motivation for the EYEP trial. Section 3 presents an overview of EYEP. Section 4 provides background information about the EYEP trial, and details on the characteristics of children and their primary caregivers who are participants in the trial. Section 5 introduces the outcome variables that are examined in this report. Sections 6 and 7 present preliminary information relevant to interpreting the impact of EYEP. Section 8 describes the empirical methods used to estimate the impact of EYEP. Section 9 presents and discusses the main findings on the effect of enrolment in EYEP after 24 months.

2. Background

Children's experiences in the years immediately after birth are a major determinant of their lifetime circumstances and well-being. Early life experiences have a fundamental influence on brain architecture, gene expression, and physiology. Critical aspects of children's early experiences are the interactions they have with the people around them and the degree of stress they live with. Having relationships with adults that are 'reciprocal and dynamic' and a lack of excessive stress are regarded as essential to healthy development (Center on the Developing Child at Harvard University, 2016b, pp. 7–8).

The impact of the early years is especially pronounced for children who experience neglect, abuse and toxic stress. Prolonged exposure to physical, emotional and/or sexual abuse and traumatic experiences early in life have been established to cause profound long-term adverse effects on brain and physiological development.

The impacts of trauma and abuse on brain development include negative effects on self-regulation capacities and the ability to cope with stress (Perry, 2002; Evans et al., 2008; Shonkoff, 2012; Center on the Developing Child at Harvard University, 2016a, pp. 7–12).

Disruption to brain development in turn affects the ability to learn, with recent studies, for example, showing that self-regulation is linked to the development of literacy and numeracy skills (Koenen et al., 2003; Raver et al., 2011). When children fall behind in their development of cognitive and social skills early in life, this disadvantage can become entrenched in later years. By missing out at an early age, children may lack the necessary building blocks and foundation for subsequent learning (Cunha and Heckman, 2007; Heckman, 2008; Heckman and Mosso, 2014; and for an overview see Tough, 2016, pp. 48–52). Deficiencies in cognitive and social skills before the age of five therefore can persist into later life, and become the basis of problems such as low education attainment, unemployment, teenage pregnancy, and involvement in crime (Knudsen et al., 2006; Caspi et al., 2016).

Early adversity has also been linked to physiological disruptions such as alterations in immune function (for example, Bierhaus et al., 2003; Currie and Spatz-Widom, 2010; Nicholson et al., 2012); to an increased risk of lifelong physical and mental health problems, including major depression, heart disease and diabetes (Center on the Developing Child, 2016b, p. 12; Campbell et al., 2014; Hughes et al., 2017); and to a variety of health-threatening behaviours in adolescence and adulthood (for example, Rothman et al., 2008; Ford et al., 2011; Caspi et al., 2017).

Children who experience adversity and abuse can also have a negative impact on their peers. For example, exposure in primary school to a classmate who has experienced family violence has been found to cause large negative impacts on contemporaneous and long-term outcomes including behaviour, academic achievement, university attendance and earnings (Carrell and Hoekstra, 2010 and Carrell et al., 2018).

Addressing the problem of inequality in skill development for children who are exposed to significant family stress is widely agreed to require a different type of education and care than is available from mainstream early childhood services. In a review article in *Science* the renowned educationalist Jack Shonkoff (2011, p. 982) argued that whereas existing programs for children from disadvantaged backgrounds mainly focus on providing enriched learning experiences for children and parenting education for mothers, a better approach for redressing inequalities in skill development would come from 'linking high-quality pedagogy to interventions that prevent, reduce, or mitigate the disruptive effects of toxic stress on the developing brain.'

Having a model that addresses the developmental delay of at-risk children is a critical policy issue in Australia. First, the size of the at-risk population of children in Australia is substantial. It has been estimated, for example, that in 2016–17 there were 53,277 pre-school children receiving child protection services (Australian Institute of Health and Welfare, 2018, table S3). Second, at-risk children in Australia currently seem to be the group least likely to be

able to access early years care and education (Biddle et al., 2017). Third, while evidence from trials of demonstration programs such as Perry Preschool and Abecedarian provide insights into the potential impact of early years programs, they were undertaken in the United States, and the populations covered were largely African–American living in small cities in the 1960s (Schweinhart et al., 2005; Campbell and Ramey, 1994). The relevance of this existing evidence to Australia is uncertain – causing, for example, the Productivity Commission to argue (2014, p. 155): '…it is unclear whether or not such programs would generate as significant benefits in a different cultural context and where the general quality of ECEC services and schooling is different from that of the United States'. Australian policy-makers are therefore seeking evidence which is both current and derived from practice in Australia.

This set of considerations motivated CPS to create and trial a new early years program, EYEP. CPS brought together a multi-disciplinary team of researchers in 2009 to undertake the EYEP trial. A pilot was conducted in 2010 to refine the service model, the survey and measurement methods, and the research process. Enrolment of children into the EYEP trial commenced in early 2011 and concluded in early 2016. Provision of EYEP to children in the intervention group was completed at the end of 2018. The EYEP trial is approved by the University of Melbourne Human Research Ethics Committee (HREC 1034236). At the time it commenced, the EYEP trial was the first RCT of a centre-based early years care and education intervention in Australia (Tapper and Phillimore, 2012).

3. The Early Years Education Program

EYEP is an innovative Australian inter-disciplinary centre-based early years care and education program. It is designed to meet the educational and developmental needs of infants and young children who are living with significant family stress and social disadvantage, including being at heightened risk of, or having experienced, abuse and neglect. The program has a dual focus: first, addressing the consequences of significant family stress on children's brain development and emotional and behavioural regulation; and second, redressing learning deficiencies. It involves direct intervention with a child to address his or her identified needs, reverse developmental delays, and reduce the impact of risk factors and adverse events. The program seeks to build children's cognitive and non-cognitive skills recognising the critical role that both types of skills play in subsequent development and lifetime outcomes (for example, Kautz et al., 2014). The ultimate objective of EYEP is to ensure that at-risk and vulnerable children can enter their first year of formal schooling developmentally equal to their peers and with the knowledge, skills and attributes needed for ongoing successful learning.

The foundation of EYEP is a holistic model of care and education that draws on the knowledge and skill base from the field of infant mental health – including neuroscience, developmental psychology, attachment theory and findings from studies of the impact of emotional trauma on young children. A full description of EYEP and the underpinnings of its design is presented in Jordan and Kennedy (2019).

Children who participate in EYEP are offered three years of care and education (50 weeks per year and five hours per day each week from Monday to Friday). Key features of EYEP are high staff/child ratios (1:3 for children under three years, and 1:6 for children over three years), qualified and experienced staff, a rigorously developed curriculum, and the use of relationship-based pedagogy.

The basis for **care** in EYEP is an attachment-focused, trauma-informed, primary-care model which recognises the significance of respectful and responsive relationships for every child's learning and development. The purpose of the primary care model is to encourage the fostering of supplementary significant and secure attachment relationships for children who are likely to be experiencing disrupted and compromised attachment relationships in their home environments.

The **education** model in EYEP is a pedagogically-driven reflective teaching model that is child-focused and designed to align with the *National Early Years Learning Framework* of 'Belonging, Being and Becoming' (DEEWR, 2009) and the National Quality Standard (ACECQA, 2011). Each child is provided with individual learning goals developed in partnership with families. Educators plan a curriculum using play-based approaches and intentional teaching to support each child's learning and development across outcomes in the *Early Years Learning Framework*.

An innovative feature of EYEP is a multi-disciplinary model with an in-house infant mental health consultant as an integral team member, and family support and early childhood curriculum consultants. The infant mental health consultant conducts an assessment with each child as they commence in EYEP and this understanding of the individual child's emotional functioning, behavioural regulation and the parent-child attachment relationship contributes to the individualised learning plan and the relational pedagogical strategies developed for the child. Emphasis is placed on supporting children at points of transition – such as when they arrive at and depart from the centre each day, move into a new room at the centre (based on their age), or commence at and leave EYEP. Ensuring children have adequate nutrition while they are at the centre is also a key element of EYEP. An in-house qualified cook provides 75 per cent of children's daily nutritional needs via a healthy eating policy.

The EYEP model requires that only full-time educators are employed. This is intended to allow the educator to develop a strong and consistent relationship with children for whom they are responsible. New educators receive introductory professional development based on attachment theory and key infant mental health concepts.

Each educator receives weekly, formal, and individual reflective supervision from a member of the EYEP leadership team. A critical part of EYEP is for educators to have eight to ten hours out of the classroom each week to undertake activities such as curriculum planning, reflective supervision, peer consultations, and liaison with families.

The EYEP model actively engages with parents to encourage their continued participation in the program, as well as to enhance their usage of all health, educational and social services available in the community that could improve outcomes for their children. Although EYEP is a child-focused intervention, not intended to directly affect parenting behaviours, development of a sustained partnership with parents is a core principle. The orientation and attendance plan for a child enables the primary caregiver to gradually build a trusting relationship with the educator of their child. Meetings between parents and family support/child protection workers and the early years educators (primary care worker for the child) take place every twelve weeks.

EYEP also addresses a variety of barriers that might otherwise exist for families taking advantage of support services – such as affordability, where families' beliefs place low priority on early education services, and inter-personal barriers including attitudes on the part of service providers that might compromise engagement (Centre for Community Child Health, 2011; see also Turnbull et al., 2000).

Meetings on 'Program Logic' were held quarterly or bi-monthly throughout the EYEP trial. These meetings were to ensure that EYEP was being implemented with fidelity and to address unanticipated issues, as well as to provide support for the EYEP leadership team. The Program Logic meetings were attended by the designers of EYEP (Brigid Jordan and Anne Kennedy), the EYEP Manager, EYEP Coordinator and Pedagogical Leader, the infant mental health consultant, and the CPS executive staff member to whom the EYEP Manager reported at the time.

4. The EYEP trial and participants

Eligibility criteria and characteristics of EYEP trial participants

Criteria for eligibility for the EYEP trial were chosen with the aim of evaluating its impact on children exposed to significant family stress and social disadvantage. Children were required to be aged less than 36 months, assessed as having two or more risk factors as defined in the Victorian Department of Human Services 2007 *Best Interest Case Practice Model*, and be currently engaged with family services or child protection services and have early education as part of their care plan. The list of risk factors consists of 24 'Child and family risk factors' and nine 'Parent risk factors'. Risk factors include having teenage parents, parental substance abuse, parental mental health difficulties, and the presence of family violence. A full list of the risk factors is included as Appendix 2. Referrals of potential EYEP participants were made by caseworkers from clients of child welfare services including (but not exclusively from) Child FIRST and Child Protection within the Victorian Department of Health and Human Services.

Information on the children for whom consent was given to participate in the EYEP trial is presented in Table 1. There

Table 1: Key descriptive information on children in the EYEP trial		
	Number	**Per cent**
Children – By group		
EYEP	72	49.7
Control	73	50.3
Families – By group		
EYEP	50	50.5
Control	49	49.5
Children – By gender		
Female	64	44.1
Male	81	55.9

Note: In the initial report on the EYEP trial (Tseng et al., 2017) it was incorrectly stated that 97 families were included in the trial. This error did not affect any other information presented in that report.

are 145 children who were recruited into the EYEP trial when aged less than 36 months. There are 64 girls and 81 boys, and the children come from 99 families.

In an earlier report, we presented a detailed overview of the main characteristics of children in the EYEP trial and their primary caregivers (Tseng et al., 2017). That report confirms that the eligibility criteria achieved the selection of a group of participants in the EYEP trial for whom the program was designed – children with substantial delays in development living in families experiencing high levels of stress. This was evident in several ways.

First, at the time of entry to the EYEP trial, most children had many more than the minimum number of two risk factors. About 30 per cent of children had two or three risk factors, 35 per cent had four or five risk factors, and 35 per cent had six to nine risk factors. The most frequent 'Child and family risk factors' for participants were 'attachment/relationship issues', 'mental health issues', and 'family violence, current or past'; and the most frequent 'Parent risk factor' was 'harsh, inconsistent discipline, neglect or abuse'. The existence of multiple risk factors for children in the EYEP trial is noteworthy – being consistent with evidence that it is this feature which primarily identifies children who are living in environments likely to adversely affect their long-term development (Fergusson and Horwood, 2003, p. 130; Hughes et al., 2017).

Second, at their time of entry to the EYEP trial, the children had relatively low birth weights, even compared to children of the same age living in the bottom quartile of households in Australia ranked by socio-economic status (SES). They also exhibited compromised development in the areas of IQ, language skills, motor skills, and adaptive behaviour. This can be seen in Table 2 (Panel A) which presents summary information on the birth weights and development of children in the EYEP trial.

Third, primary caregivers for children in the EYEP trial are more likely to be young parents, have fewer financial resources, and not be participating in the labour force. The number of stressful life events beyond their control at

Table 2: Characteristics of children in the EYEP trial and their primary caregivers

Panel A: Children in the EYEP trial

	EYEP	LSAC – Low SES households	General population
Very low birth weight (Less than 1500g) (per cent)	6.0	0.9	
Average score at time of entry to EYEP trial:			
Cognitive development	92.3		100
Language	87.7		100
Motor skills	88.8		100
Social and emotional development	99.5		100
Adaptive behaviour	88.8		100

Panel B: Primary caregivers of children in the EYEP trial

	EYEP	LSAC – Low SES households
Severe psychological stress (K6 equal to 19 or greater) (per cent)	25.8	4.4
Had a major financial crisis - Past 12 months (per cent)	32	18.8
Had problems with the police and a court appearance – Past 12 months (per cent)	15.3	4.0
Labour force status: Unemployed and not in the labour force (per cent)	89.0	70.7
Disposable family income: Per cent less than $250 per week ($ 2016 qtr. 1)	27.4	12.9

the time of entry to the trial was extraordinarily high. Many primary caregivers for children in the EYEP trial had severe levels of psychological distress. Summary information on primary caregivers of children in the EYEP trial is shown in Table 2 (Panel B).

The randomised controlled trial

Families with children who were eligible and consented to participate in the EYEP trial were randomly assigned into either an intervention group enrolled in EYEP or to a control group. There are 72 children in the intervention group and 73 in the control group, and respectively 50 and 49 families in these groups. In families with multiple children participating in the trial, all those children were assigned to either the intervention group or control group.

The intervention group remained enrolled in EYEP for three years, or until school entry if that time was reached prior to completion of the three years. At the time of consent to participate in the trial children were required to be young enough to be able to attend EYEP for three years before reaching school commencement age. For some children, however, factors such as delay in commencing attendance at EYEP meant that school entry occurred without them completing three years of attendance at EYEP.

The control group received 'usual care', a mix of parental and guardian care as well as care and education provided by other childcare centres or kindergartens. The usual care was determined by the choice of the child's primary caregiver(s) without any direction from the EYEP research trial.

Children in the control group are not enrolled in EYEP, however it is still possible that their outcomes may be affected by participating in the trial. For example, there was an ethical obligation on the researchers to report to primary caregivers of children in the control group on any specialist assistance believed necessary for those children. Hence, outcomes for the control group may be better than if they had not been involved in the trial. In future research, we plan to investigate this issue by comparing outcomes for the control group against a matched sample from the LSAC.

Data collection

Data are being collected on an extensive set of outcome measures for participants in the EYEP trial at five points in time: at entry to the trial, at yearly intervals for three years after entry to the trial (at 12, 24 and 36 months), and six months after beginning the first year of school. Data collection at the time of entry to the trial encompassed two stages. First, for all children for whom consent was given to participate in the EYEP trial, data on risk factors for eligibility and a small set of demographic characteristics were collected. Second, at a subsequent appointment, detailed data were collected on child development and on demographic and other characteristics of children and their primary caregivers. Analysis in this report is based on data from the time of entry to the trial and at twelve and 24 months after entry to the trial.

5. Overview of outcome variables

The purpose of the EYEP trial is to test whether the program achieves the goals of improving children's cognitive and non-cognitive development (Jordan et al., 2014, p. 3). Given these multiple goals, seeking to represent the effect of EYEP through any single outcome measure would miss much of its intended impact. Hence, we investigate a range of outcomes relating to children's development (Craig et al., 2008). In addition, the impact of EYEP on primary caregivers is evaluated using outcomes relating to perceptions of the level of stress they are experiencing; and the impact on the quality of children's home environments is investigated.

A list of the six outcomes and associated measures is presented in Table 3, and a brief description of each measure is provided below. In selecting measures our general approach has been to choose a single measure for each outcome. This is done to minimise the relatedness of the measures reported and the scope for 'cherry-picking' findings. The set of outcomes and measures reported on at 24 months is the same as at twelve months. More details on the measures are provided in Tseng et al. (2018, Appendix 3).

> ➤ **Child development – IQ and language skills:**
> These aspects of child development are measured using standardized tests: the Bayley Scales of Infant and Toddler Development, Third Edition (Bayley

2006); and the Wechsler Preschool and Primary Scale of Intelligence, Third Edition (WPPSI) (Wechsler, 2002). These are the most widely applied measures of the development of infants and toddlers in clinical and research settings. They capture both fluid intelligence (the rate of learning) and crystallized intelligence (acquired knowledge) (for more detail on these concepts, see Kautz et al., 2014, p. 7).

Our analysis uses the Bayley Scales for children aged up to 42 months, and WPPSI for children aged 43 months and above. Age-adjusted composite scores can be calculated for the IQ and Language domains of development for both measures. Both measures are scaled with a mean of 100 and standard deviation (SD) of 15. A score of 100 defines the average performance of a given age group, and scores of 85 and 115 are one standard deviation below and above the mean respectively. A score between 70 and 85 is defined to identify a delay in child development, and a score below 70 a significant delay in development.

Since the Bayley Scales and the WPPSI are scaled equivalently against population norms, in our analysis we simply integrate the scores from these measures. This means that if a child was assessed using the Bayley Scales at the time of entry to the trial and WPPSI at twelve months, the scores from each test are treated as being directly comparable.

Table 3: Outcomes and measures of the impact of EYEP	
Outcome	**Measure**
1 Child development - IQ	Bayley Scales of Infant and Toddler Development III (BSID); Wechsler Preschool and Primary Scale of Intelligence (WPPSI)
2 Child development – Language skills	Bayley Scales of Infant and Toddler Development III (BSID); Weschler Preschool and Primary Scale of Intelligence (WPPSI) – Verbal IQ score
3 Child development – Protective factors related to resilience (initiative, self-regulation, attachment/ relationships, behavioural concerns)	Devereux Early Childhood Assessment Program (DECA)
4 Child social-emotional development	Brief Infant Toddler Social Emotional Assessment (BITSEA); Child Behaviour Checklist (CBCL)
5 Parent psychological distress	K6; The Parenting Daily Hassles Scale
6 Home environment	Home Observation and Measurement of Environment (HOME)

➤ **Child development – Within-child protective factors related to resilience:**

This aspect of development is measured by the Devereux Early Childhood Assessment (DECA) (Mackrain et al., 2007; LeBuffe and Naglieri, 2012). It is a parent response measure.

DECA-I is used to assess infants aged from one month to less than 18 months, DECA-T is used for toddlers from ages 18 months to less than 36 months, and DECA-P2 is used for children aged three to five years. Reponses from each instrument on items relating to children's attachment/ relationships, initiative, and self-regulation are integrated into a Total Protective Factors Scale. This Scale is reported as age normalised T scores and percentile rankings against a norm population. The T score has mean of 50 and SD of 10, and ranges from 28 to 72. A score of 40 or below is defined as signifying an area of need.

➤ **Child social-emotional development:**

These aspects of child development are measured using the Brief Infant-Toddler Social and Emotional Assessment (BITSEA) (Briggs-Gowan and Carter, 2006); and the Child Behavior Checklist (CBCL) (Achenbach and Rescorla, 2000). Both are parent response measures. We have used BITSEA for children up to 35 months and used the CBCL for children three years and older.

The BITSEA Parent Response Form is a tool for identifying children aged less than 36 months who may have social-emotional and behavioural problems and/or delays, or deficits in social-emotional competence. In this report, we focus on the instrument for identifying socio-emotional and behavioural problems. The problem score from BITSEA ranges from 0 to 62. A percentile ranking based on age-based population norms can be assigned to each problem score.

The CBCL is a parent response index of behavioural, social, and emotional functioning intended for children from 18 months up to five years. The total score on the CBCL ranges from 0 to 200. A percentile ranking based on age-based population norms can be assigned to each score (although scores below the 50th percentile are aggregated).

The BITSEA and CBCL instruments are integrated to obtain a consistent measure of problems with child emotional and social development by using as the outcome measure from each instrument the proportion of children classified as having development problems in the clinical range; that is, with a score below the population norm age-based 10th percentile cut-off.

➤ **Parent psychological distress:**

Parent stress is measured using the Kessler Psychological Distress K6 Scale (K6) (Kessler et al., 2002); and the Parenting Daily Hassles Scale (Crnic and Greenberg, 1990).

The K6 scale is a widely used measure of psychological distress, including in the 1997 Australian National Survey of Mental Health and Wellbeing (Furukawa et al., 2003). The scale has six questions about feelings over the last four weeks. A K6 score is derived from summing the responses of the primary caregiver to these questions. The score can range from 6 to 30, with individuals scoring 6 to 13 being classified as exhibiting 'low' psychological distress, 14 to 18 classified as 'medium' psychological distress, and 19 to 30 classified as 'severe' psychological distress.

The Parenting Daily Hassles Scale aims to assess the frequency and intensity/impact of 20 experiences that can be a 'hassle' to parents. The frequency score can range from 0 to 80 and the intensity score from 0 to 100. Scores above (respectively) 50 and 70 are considered to show high frequency and significant intensity of pressure on parents.

➤ **Home environment:**

Home environment is assessed using the Home Observation and Measurement of Environment (HOME) (Caldwell and Bradley, 2003).

HOME is a home-based rating of the home environment by an assessor/observer. It is designed to achieve systematic measurement of the environment based on observation of interaction between the primary caregiver and their child, and interview data on significant aspects of the family's interpersonal and physical environment. The Infant-Toddler instrument is used for children aged up to three years; and the Early Childhood instrument for children aged above three years. For our report, we rescale the scores from the instruments so that both have scales from 0 to 100. Higher scores signify a higher rated home environment.

6. Description of data and analysis of randomisation and attrition

Background

Analysis of the impact of enrolment in EYEP on outcomes for children and their primary caregivers for this report has drawn primarily on data collected after 24 months in the EYEP trial. As well, data collected at the time of entry to the trial are used to control for the potential impact of sample attrition; and data on outcomes at twelve months are used when investigating the timing of the impact of EYEP over the first 24 months of enrolment.

Data on the risk factors for eligibility and basic demographic characteristics are available for all 145 children for whom consent to participate in the trial was given. More detailed data on child development and demographic characteristics was collected prior to commencement in EYEP for 134 children. By the time of the data collection at 24 months further drop-out resulted in data being available for a maximum of 104 children and their primary caregivers. Details of the evolution of the

maximum sample size for the intervention and control groups are shown in Figure 1.

For children and primary caregivers from whom data were collected at 24 months there is also some extra non-response. For example, data for a child might have been collected on their IQ and language development, but not collected on their home environment. The main reason for non-response on specific variables was scheduling issues and time constraints. For example, some tests must be completed in a specified time period relative to months since entry in order to be valid. Other studies on populations of children and families with high levels of disadvantage have experienced similar difficulties in collecting complete information for all children (for example, St. Pierre et al., 2005; US Department of Health and Human Services, 2010, p. 2–19).

Table 4 provides information on the number of responses available for each outcome measure and for the various samples used in the analysis in this report. Numbers of

Table 4: Outcome variables – Sample sizes						
	At time of entry to the EYEP trial			**At 24 months after entry to the EYEP trial**		
	EYEP group		**Control group**	**EYEP group**		**Control group**
	All	**Attendance at least 60 days (first 24 months)**	**All**	**All**	**Attendance at least 60 days (first 24 months)**	**All**
Child development – IQ	68	54	56	53	50	44
Child development – Language	68	54	56	53	50	44
Child development – Protective factors related to resilience	67	53	55	50	46	44
Child social-emotional development				51	47	41
Parental psychological distress	68	53	61	51	47	48
Parenting daily hassles	63 (frequency); 61 (intensity)	48 (frequency); 46 (intensity)	57 (frequency); 57 (intensity)	46 (frequency); 47 (intensity)	42 (frequency); 43 (intensity)	42 (frequency); 41 (intensity)
Home environment	64	49	55	31	30	35

Figure 1: Flow chart of EYEP trial participation and attrition

Referred to EYEP trial
N= 183 children (133 families)

Excluded
• Outside age range (n=6)

Eligible
N=177 children (129 families)

Withdrew before interview
• Withdrew referral (n=4)
• Preferred current care arrangement (n=7)
• Location too far to travel (n=7)
• Unable to contact (n=5)
• Unable to consent due to extreme family circumstances (n=3)

Attended consent interview
N=151 children (105 families)

Consent to participate
N=145 children (99 families)

Control group
N=73 children (49 families)

EYEP group
N=72 children (50 families)

Baseline interviews
N=65 children (44 families); 89%

• Declined (n=4)
• Unable to contact (n=3)
• Scheduling difficulty: missed interview appointments at least 3 times (n=1)

Baseline interviews
N=69 children (48 families); 96%

• Relocate to outside data collection area (n=2)
• Scheduling difficulty: missed interview appointments at least 3 times (n=1)

12 months follow-up interviews
N=53 children (37 families); 73%

• Declined (n=5)
• Unable to contact (n=9)
• Scheduling difficulty: missed interview appointments at least 3 times (n=3)
• Relocate to outside data collection area (n=3)

12 months follow-up interviews
N=59 children (41 families); 82%

• Declined (n=2)
• Unable to contact (n=10)
• Relocate to outside data collection area (n=1)

24 months follow-up interviews
N=48 children (32 families); 66%

• Declined (n=5)
• Unable to contact (n=14)
• Scheduling difficulty: missed interview appointments at least 3 times (n=6)

24 months follow-up interviews
N=56 children (39 families); 78%

• Declined (n=2)
• Unable to contact (n=12)
• Relocate to outside data collection area (n=2)

responses are shown for the time of entry to the trial and at 24 months; and separately for the intervention and control groups. On most outcomes at 24 months data are available for between 46 to 53 children who were enrolled in EYEP, and for 41 to 48 children in the control group. However, data for the HOME outcome are available only for 31 children enrolled in EYEP and 35 children in the control group.

Timing of data collection

Figure 2 presents summary information on the timing of data collection for the sample of children whose outcomes are studied in this report. The summary information is for the time interval between consent being given for children to participate in the trial and data collection on their IQ at 24 months. Data for most children were collected in a timely manner, with IQ assessments taking place for about 95 per cent of children within the six-months window around the two-year anniversary of their entry to the trial. Delays in data collection, where they have occurred, have been concentrated among the control group. This is explained by greater difficulties in scheduling data collection for this group, compared with the intervention group who are attending the EYEP centre.

Method of data collection

Data collection and analysis in this project have been non-blind. With it being easiest to collect data for the

Figure 2: Length of time between time of consent to participate in trial and IQ assessment at 24 months data collection
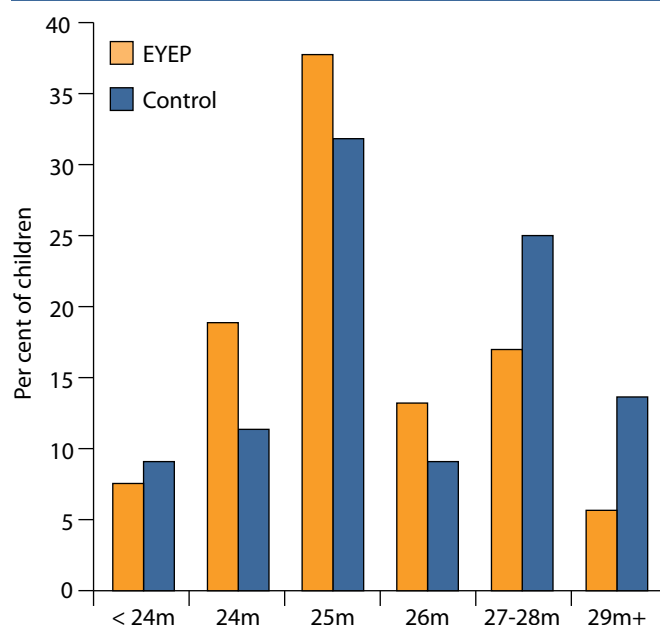
Note: 24m means 731–759 days.

intervention group at the EYEP centre, and with some data items being related to assignment status, it would have been impossible to undertake blind data collection for this trial. Similarly, continuous monitoring of the numbers of children in the intervention and control groups remaining in the trial meant it was not possible to undertake the empirical analysis in a genuinely blind manner.

7. Details of participation in EYEP by the intervention group and in early years care and education services by the control group in the first 24 months

The estimated impact of EYEP is based on comparisons of outcomes between the intervention and control groups after 24 months in the trial. During that time the main difference between the groups is the early years care and education services they receive. First, the groups may differ in their intensity of usage of early years care and education services. Second, there are differences between the design and attributes of EYEP, which is attended by the intervention group, and the services received by children in the control group. Hence, the estimated impact of EYEP will depend on the quality of EYEP and engagement of intervention group children with the program, compared to the amount and quality of early years care and education received by the control group.

An important corollary is that estimates of the impact of an early years program can only be interpreted in the context of the amount and quality of services received

by the control group. Recent analysis of the impact of demonstration early years programs in the United States has reinforced this point (see Elango et al., 2015, p. 8; Almond et al., 2018, pp. 1430–31). For example, one likely explanation for the progressive decreases in the estimated impacts of early years programs targeted at disadvantaged children since the 1960s is the increase over time in the amount and quality of early years care and education available to children from disadvantaged backgrounds in the control groups in those trials.

Attendance patterns at EYEP

Attendance at EYEP by the intervention group in the first 24 months in the trial is described in Figures 3a and 3b. These attendance data come from EYEP administrative records. Figure 3a shows the distribution of total days

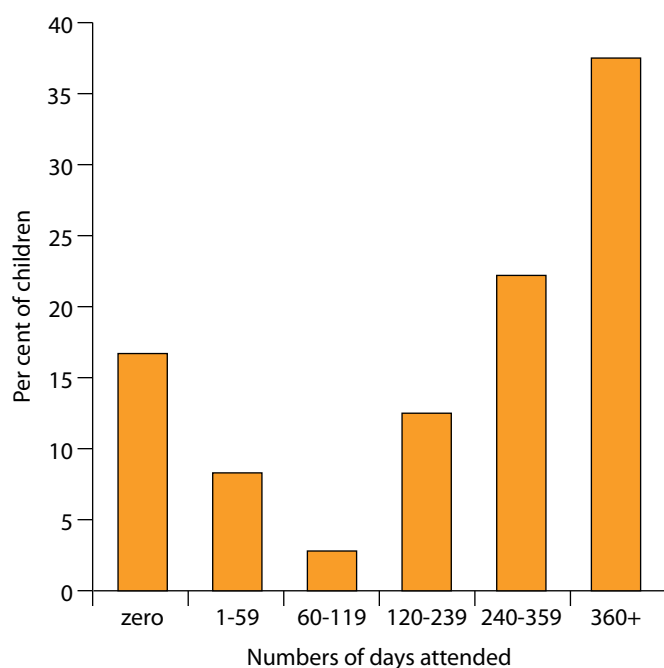### Figure 3a: Days attended at EYEP after 24 months – All children assigned to EYEP

Figure 3b: Percentage of available days at EYEP attended after 24 months – Children assigned to EYEP who attended for more than 60 days
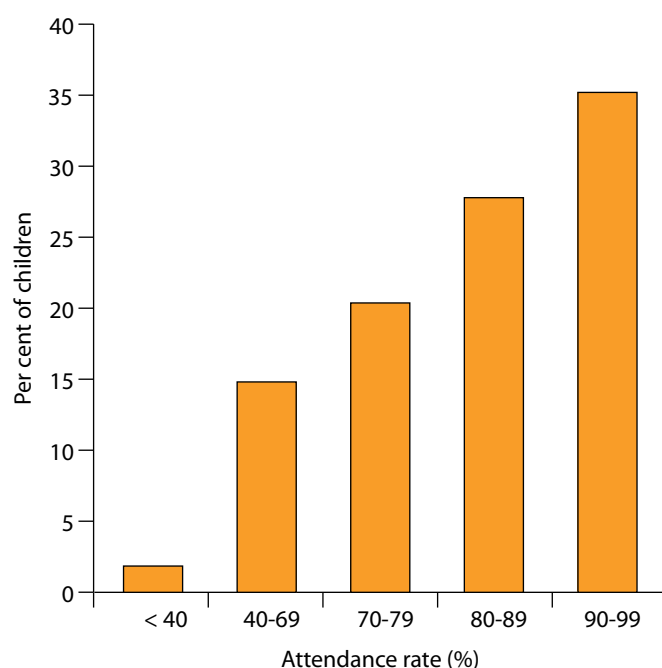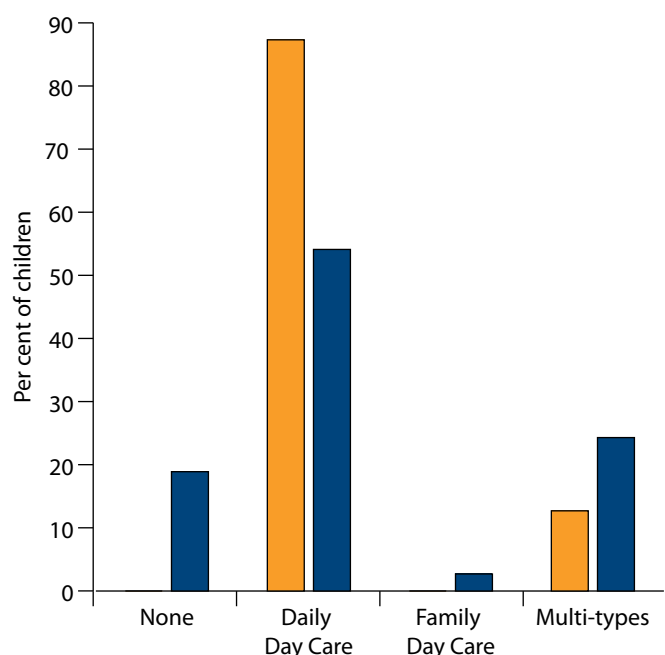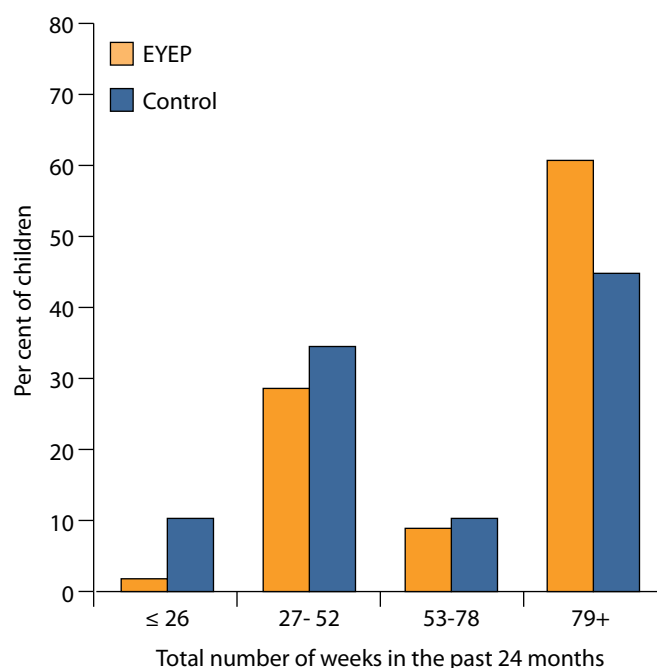
Figure 4a: Type of early years care and education attended by children in the EYEP and control groups in the first 24 months of EYEP trial

Note: Sample is children who provided data on IQ at time of entry to the trial as well as data on annual child care usage at both twelve months and 24 months.

Figure 4b: Total number of weeks of formal early years care and education in the first 24 months of EYEP trial

Note: See Figure 4a.

attended over the first 24 months for the full sample of children assigned to EYEP. The child at the median of the distribution attended EYEP for 313.5 days, a bit over three-fifths of the available (approximately) 480 days. The distribution of days attended is quite dispersed – with one-quarter of children attending for less than 120 days and one-third for more than 360 days. Figure 3b shows the attendance rate (proportion of available days attended) over the first 24 months for children who attended EYEP for more than 60 days in that time. This is the sample of children enrolled in EYEP for whom estimates of impact of the EYEP will be derived. Most children in this sample had relatively high rates of attendance at EYEP over the first 24 months. The attendance rate for the child at the median of the distribution was 83.4 per cent. All but fifteen per cent of children attended for at least 70 per cent of available days, and 35 per cent had an attendance rate of at least 90 per cent. Compared to attendance rates at twelve months, this represents an increase of about ten percentage points in the proportion of children attending for more than 90 per cent of available days, and a slight increase of about five percentage points in the proportion attending for less than 70 per cent of days.

Comparison of early years care and education services received by the intervention and control groups

Descriptive information on the type and amount of formal early years care and education used by children in the intervention and control groups over the first 24 months in the EYEP trial is shown in Figures 4a to 4d. Information on children's participation in early years care and education outside EYEP for the previous twelve months was obtained from primary caregivers at the annual data collection. For the control group this data source is used as the measure of their total usage of early years care and education. For the intervention group total usage is defined to be equal to attendance at EYEP plus usage of other services.

The information presented in Figures 4a to 4d is based on the sample of children for whom data was collected on usage of formal care both at twelve months and 24 months in the trial. Hence, the sample of children enrolled in EYEP in these figures differs from the sample used to report on attendance patterns at EYEP. As well, in interpreting information on usage of early years care and education services by the control group, it is important to keep in mind that eligibility for the EYEP trial required a child to 'be currently engaged with family services or child protection services and have early education as part of

Figure 4c: Usual weekly hours in formal care and education in the first 24 months of EYEP trial

Note: See Figure 4a.

Figure 4d: Distribution of annual hours in formal care and education in the first 24 months of EYEP trial – Control group by gender
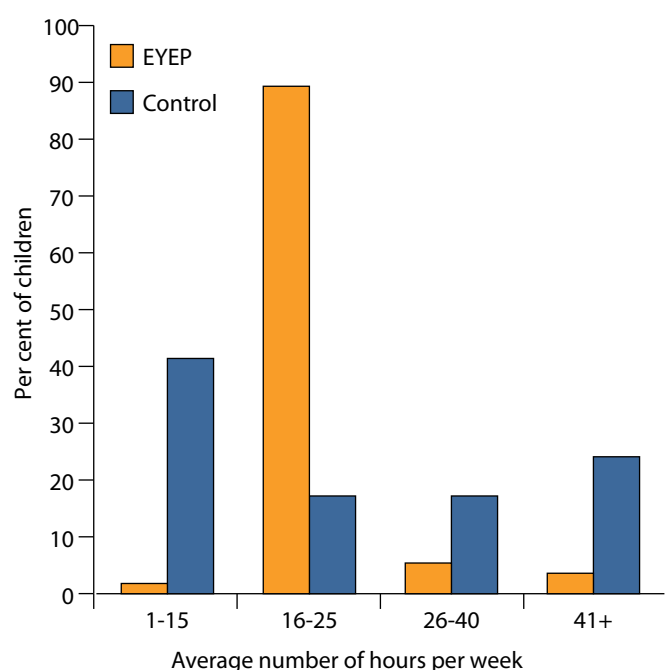
Note: See Figure 4a.

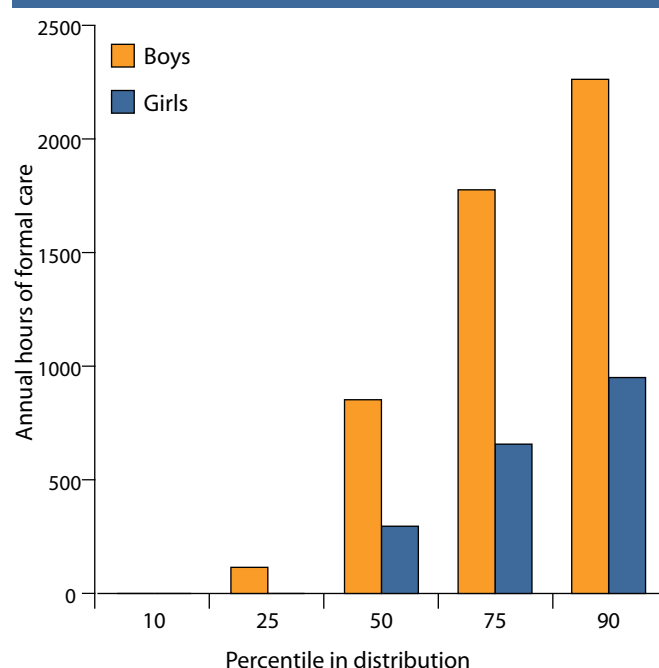their care plan'. This is likely to cause higher levels of usage of early education services in the control group than would otherwise be the case.

Figure 4a shows the types of early years care and education services received by the intervention and control groups in the first 24 months of the trial. Most children in the intervention group had 'Day Care Centre' as their only type of care, with a small proportion using multiple types of services. The category of 'Day Care Centre' includes centre-based child care and kindergarten. In the control group about one-half of children had 'Day Care Centre' as their care type, with the remainder being evenly distributed between not using early years care and education services and using multiple types of services.

Figures 4b and 4c compare the extent of use of early years care and education services between children in the intervention and control groups – for those children who used some type of services. Annual hours of services received by children enrolled in EYEP were relatively concentrated, with a majority of children receiving services for greater than 18 months and for 16 to 25 hours per week. By contrast, the distribution of annual hours of services for children in the control group was more dispersed, with concentrations of children who used services for small and large numbers of hours. The dispersion is due to two

features of usage of early years care and education services by the control group – on the one hand, a relatively large proportion who spent few weeks in early years care and education services; but on the other hand, those children who attended for greater numbers of weeks being more likely to spend above 25 hours per week using the services.

For the control group there also appear to be quite large differences by gender in the usage of early years care and education services. Figure 4d shows the annual hours of usage of services for children in that group at different percentile points in the distribution of annual hours, separately for boys and girls. It is evident that boys had much higher usage of services in the first 24 months of the trial. For example, the median of the distribution of annual hours for boys is 993.3 hours compared with 483.1 hours for girls.

Summary

Children enrolled in EYEP had received a greater amount of early years care and education services than children in the control group after 24 months of the trial – on average 20.4 hours per week compared with 15.7 hours per week. Hence, any impact of EYEP on outcomes for children after 24 months of the trial may partly derive from this difference, as well as from differences between the quality and attributes of EYEP and the services received by the control group.

8. Empirical methodology

Objective

The main goal of the empirical analysis is to estimate the impact of EYEP on outcomes for children and their primary caregivers after 24 months of enrolment in the program. The estimated impact is intended to show the difference in an outcome between children or primary caregivers in the intervention control groups that can be attributed solely to enrolment in EYEP.

As an illustration, suppose the impact of EYEP on IQ for children is estimated to be plus five points. This means that after 24 months, the intervention group is assessed, on average, to score five points higher for their IQ, compared to if they had not been enrolled in EYEP and instead received usual early years care and education.

What impact of EYEP is estimated?

We investigate three aspects of the impact of EYEP at 24 months. First, an average impact of EYEP across all children (or primary caregivers) is estimated for each outcome. Second, the average impact of EYEP on each outcome is estimated separately for boys and girls. For these two aspects the impact of EYEP on any outcome is estimated using the sample of all children or primary caregivers for whom data on that outcome were available from the data collection at 24 months. Third, the evolution of the impact of EYEP is examined – comparing between impacts at twelve months and 24 months. To do this it is necessary to restrict attention for each outcome to a sample of children and primary caregivers for whom information on that outcome was available in both time periods. (For analysis of the impact of EYEP on IQ and language skills it is also necessary to have data on those outcomes at the time of entry to the trial).

Throughout, the impact of EYEP is estimated by comparing outcomes for children in the intervention group who attended the program for at least 60 days in the first 24 months with outcomes for children in the control group. Hence, we exclude children for whom consent was given to participate in the trial, and who were assigned to EYEP, but

who never attended the program; as well as those children who had attended the program for less than 60 days after 24 months. The threshold of 60 days is the same as in the report on the impact of EYEP at twelve months (Tseng et al., 2018). Making this restriction ensures that children have spent the minimum amount of time attending EYEP needed for the program to have had an impact on them. It is also important to note that setting this threshold causes only three children or fewer who attended EYEP to be excluded from the analysis, depending on the outcome.

Identifying the causal impact of EYEP

Program evaluation is intended to provide an estimate of the impact of a program on an outcome that can be interpreted as causal. That is, the estimate should reflect only that part of the difference in the outcome between the intervention and control groups that is due to the program; and it should exclude, for example, any difference in the outcome due to differences in the characteristics of individuals in those groups.

A major potential advantage of a RCT is that it allows the impact of a program to be evaluated simply by comparing the average values of an outcome between the intervention and control groups. Randomisation implies that trial participants assigned to either group have the same characteristics, the only difference being that the intervention group has participated in the program being studied. Hence, any significant difference in the average values of an outcome between the groups can be attributed to a causal effect of the program. This property only holds, however, where random assignment results in balance between the characteristics of the intervention and control groups at their time of entry to the trial, and where attrition from the trial since entry has not subsequently created imbalance in these characteristics.

In an earlier report we assessed the balance between the characteristics of children and their primary caregivers in the intervention and control groups at their times of entry to the trial (Tseng et al., 2018). Random assignment in the EYEP trial was found to have been implemented

successfully, with balance achieved for almost all characteristics on which data were collected at the time the primary caregiver consented to participate in the trial. Significant differences, however, were found to exist between the intervention and control groups for some key characteristics, for which data were collected at the subsequent stage when a child in the intervention group commenced participation in EYEP (or would have commenced for children from the control group). In particular, the Bayley Scales outcome measures for children's cognitive development, motor skills, and social-emotional development were found to be unbalanced. In the earlier report we showed that the main reason the Bayley Scales measures are significantly higher for the control group than the intervention group is the sample attrition that occurred between the time of consent to participate in the trial and the subsequent stage of data collection when Bayley Scales assessments were undertaken (Tseng et al, 2018, pp. 17–18).

For this report we have done extra analysis of sample attrition through to 24 months. Several further variables have now been found to be unbalanced in the remaining sample – first, child and family risk factors relating to alcohol/substance abuse, disability or complex medical needs, and family violence; and second, whether a child is from a family from which multiple children entered the EYEP trial at the time of referral.

Imbalance between characteristics of the intervention and control groups needs to be taken account of by the method used to estimate the impact of EYEP. Where imbalance exists, differences in outcomes between the groups can reflect either the impact of EYEP or differences in their characteristics. Identifying the casual impact of EYEP therefore requires a method that removes the effect that imbalance in characteristics would otherwise have on the estimated impact of EYEP.

To illustrate, suppose that in the sample of children for whom data have been collected at 24 months, those enrolled in EYEP are less likely than children in the control group to live with a primary caregiver with the risk factor of alcohol or substance abuse. A finding that being enrolled in EYEP is associated with a score of plus five on the IQ measure could then reflect either the impact of EYEP or the fact that children enrolled in EYEP have better home environments. Hence, it is necessary to use a method to estimate the impact on IQ that can control for the

difference between children in the incidence of alcohol or substance abuse in their families.

Empirical methods applied in this study

Estimation of the impact of EYEP is done using two main methods – a regression method and a propensity score matching method. These methods have the advantages of being relatively transparent and robust with small samples (Huber et al., 2013). Both estimate the impact of EYEP while controlling for differences in the characteristics of the intervention and control groups (see Tseng et al., 2018, Appendix 6.2 for more details). Hence, using these methods implies that the estimated impact of EYEP on an outcome should reflect only the effect of the program.

What characteristics of children and their families need to be controlled for in order that the estimated impact of EYEP reflects only attendance at EYEP? Statistical theory provides some guidance – directing that it is necessary to control for characteristics of children and their families that are unbalanced between the intervention and control groups, or that might affect the outcome being examined (Stuart, 2010). Applying these criteria, however, is a matter of judgment.

In our report on the impact of EYEP at twelve months we specified a preferred model with a set of characteristics we believed should be controlled for (Tseng et al., 2018, Appendix 6.2). For example, drawing on recent research which establishes the importance of controlling for baseline outcomes, our model included variables for measures of children's IQ and language development at the time of entry to the trial (Griffen and Todd, 2017). With the extra attrition in the sample that occurred prior to the 24 months data collection having caused imbalance in some further characteristics of children and their families, we need to revisit the choice of characteristics to control for.

Our approach in this report is to present estimates of the impact of EYEP from two alternative model specifications that control for different sets of characteristics. First, the impact of EYEP on each outcome is estimated using the preferred model specification at twelve months. This is done for the sake of transparency, and because testing generally indicates that the model specification used at twelve months is also the preferred model at 24 months, even though it does not control for the extra imbalanced

characteristics. Second, estimates of the impact of EYEP on each outcome are presented for a model specification including the same set of characteristics as in preferred model specification at twelve months plus the extra characteristics now found to be unbalanced: child and family risk factors relating to alcohol/substance abuse, disability or complex medical needs, family violence, and whether a child is from a family from which multiple children entered the EYEP trial at the time of referral. Full details of the model specifications are shown in Appendix 3.

Impacts of EYEP for all children at 24 months, and the evolution of the impact over time, are estimated using regression analysis and a matching method. Findings from the regression analysis are presented in the main body of the report. Estimates of the impact of EYEP using the matching method and regression on a matched sample are presented in Appendix 5. Regression on a matched sample applies the specified set of characteristics to match EYEP participants to the control group, and then uses the same set of characteristics in a weighted regression (with weights derived from the propensity score matching). Results derived using these alternative methods are treated as a robustness check. For all outcomes, estimates of the impact of EYEP using the alternative methods are quite similar.

Separate impacts of EYEP for boys and girls are estimated using the regression method only. This is done with the same model specifications as for all children. The impact of gender is captured by including an extra variable – the interaction of gender and being enrolled in EYEP. It is not feasible to apply the matching method to derive separate estimates of the impact of EYEP for boys and girls due to small sample sizes once the sample is disaggregated by gender.

Statistical significance

The statistical significance level associated with the estimated impact of EYEP on each outcome is reported using p-values. The p-value is a way to assess how likely it is (or how confident we should be) that there is a difference in an outcome between the intervention and control groups. We follow the literature in interpreting statistical significance using what is known as a one-tailed test with 5 or 10 per cent level of significance (for example, Karoly, 2005; Elango et al., 2015; Doyle et al., 2017). The statistical significance of estimates of the impact of EYEP from the regression method is assessed with standard errors calculated using the permutation method; and standard errors for the matching method are calculated using a bootstrap method. Further details on statistical significance are provided in Appendix 4.

9. Impacts of EYEP after 24 months

Main results

Estimates of the impact of EYEP after 24 months using the regression method are presented in Table 5 for: (i) children's development (rows (1) to (4)); and (ii) outcomes for their primary caregivers and home environment (rows (5) to (8)). Estimates from both specifications of the regression model are shown. Results from robustness analysis – using the alternative matching estimation methods and (where possible) alternative specifications of the outcome variable – are reported in Appendix 5 (Tables 5.1 and 5.2).

Overall, the findings suggest that at 24 months the impact of attending EYEP on children and their families is broad and powerful. Large and significant impacts of EYEP on children's IQ, protective factors related to resilience and

social-emotional development are found. There is also some evidence of a favourable impact from EYEP on children's language skills and the psychological distress of their primary caregivers.

IQ. The estimated impact of EYEP on children's IQ is positive and statistically significant. The alternative model specifications find estimated impacts of 5 to 7 points. A one-tail test of the impact of EYEP on IQ is significant at either the 5 per cent or 10 per cent levels, depending on the model specification. The size and statistical significance of the estimated impact is robust to using the matching or regression on matched sample methods, to defining the outcome as the change in IQ from the time of entry to the trial to 24 months, and to including a control for whether the Bayley Scales or WPPSI assessment was used.

Table 5: Impact of enrolment in EYEP for 24 months – Regression estimates - Children who attended for at least 60 days in the first 24 months

	Outcome		Model 1		Model 2		
		EYEP mean (24 months)	EYEP impact	1-tail p-value	EYEP impact	1-tail p-value	Number of observations (EYEP/ Control)
	Children's development						
(1)	IQ	99.56	5.010	0.068	7.057	0.017	50/43
(2)	Language	96.16	2.865	0.225	5.153	0.072	50/43
(3)	Protective factors	44.93	3.289	0.047	3.340	0.059	46/41
(4)	Social and emotional (Per cent in clinical range; Below norm for bottom 10% of population)	12.8	-31.6	0.001	-29.2	0.003	47/39
	Primary caregiver						
(5)	Psychological distress	13.91	-1.651	0.098	-1.776	0.098	46/45
(6)	Parenting daily hassles - Frequency	44.78	-1.011	0.324	-2.111	0.171	42/41
(7)	Parenting daily hassles - Intensity	43.55	-3.028	0.200	-2.976	0.228	43/40
(8)	**Home environment**	69.18	-0.549	0.440	-0.452	0.454	30/32

Notes:

1] Model 1 is the basic method from the twelve months report. Model 2 is the basic method with extra covariates to control for variables that are unbalanced at 24 months. See Appendix 3 for details.

2] The EYEP impacts in rows (1)-(3) and (5)-(8) are the estimated impacts of attending EYEP from an OLS regression. The EYEP impact in row (4) is the marginal impact on the per cent of children below the 10% threshold on the social-emotional measure estimated from a probit model.

On the IQ scale, an increase of 5 to 7 points is relatively large, representing about one-third to one-half of a standard deviation. By comparison, recent reviews of early years demonstration programs in the United States generally find average impacts on IQ of about one-quarter of a standard deviation. For example, Karoly et al. (2005, p. 67) review estimates of impacts on IQ for children near to or soon after commencing in primary school from 20 studies and find an average estimated impact of 0.28 of a standard deviation. Other reviews of programs from the United States find average impacts on IQ of 0.23 (Camilli et al., 2010) and 0.21 (Duncan and Magnuson, 2013).

Some caution does need to be exercised in making comparisons between the estimated impacts of EYEP and average impacts of these other programs. First, the estimate for EYEP is in-program whereas for programs included in the reviews cited above estimates are often from after the program has concluded – and the phenomenon of fade-out in the impact on IQ from early years programs is well-established (Hojman, 2015; Elango et al., 2015, pp. 31–32). Second, estimated impacts of other programs on IQ do tend to be larger for more intensive programs such as EYEP. Against this, however, it is important to note that estimated impacts of early years programs have tended to be smaller for programs implemented in more recent years (Elango et al., 2015, p. 32; Duncan and Magnuson, 2013, p. 123).

Language. The estimated impact of EYEP on children's language skills is positive but has limited statistical significance. The alternative model specifications find an estimated impact of 3 to 5 points, about one-quarter of a standard deviation. Similar results on the size of impact of EYEP are found from the robustness analysis using alternative estimation methods, the alternative outcome definition, and controlling for the type of language assessment. At this stage, however, there is not as strong evidence of statistical significance as for the other measures of child development. Across the eight estimates of the impact of EYEP on language skills using the alternative estimation methods and specifications, a one-tail test achieves significance at the 10 per cent level only twice.

Within-child protective factors related to resilience. The estimated impact of EYEP on children's protective factors is positive and statistically significant. The estimated impact of EYEP is about 3.5 points which is equal to

one-third of a standard deviation. It is significant with a one-tailed test at about the 5 per cent level in both model specifications. The size and statistical significance of the estimated impact of EYEP is robust to using matching or regression on matched sample.

Social-emotional development. The estimated impact of EYEP on children's social-emotional development is positive and statistically significant. The proportion of children enrolled in EYEP who are classified in the clinical range for development is lower by 30 percentage points than the control group, which is a substantial impact. Interestingly, the impact appears to derive both from a decrease in the proportion of children enrolled in EYEP who are in the clinical range compared to at twelve months, and an increase in the proportion of children in the clinical range for the control group. In both model specifications the estimated impact is significant with a one-tailed test at the 1 per cent level. The size and statistical significance of the estimated impact of EYEP is robust to using the matching estimation method and to controlling for the type of assessment of social-emotional development used. A further robustness check is to use bounds analysis to estimate upper and lower bounds for the impact of EYEP (see Appendix 4 for more details of this method). The bounds estimated for the decrease in the proportion of children in the clinical range for development are from 7.7 per cent to 50.6 per cent, with the upper but not lower bound being statistically significant.

Psychological distress of primary caregivers (K6). EYEP is estimated to reduce the psychological distress of primary caregivers, an effect which is marginally statistically significant. The size of impact estimated using the regression method is a decrease of about 1.5 points on a zero to 30 points scale. In both model specifications the estimated impact is significant with a one-tailed test at about the 10 per cent level. The size of estimated impact is robust to using the matching estimation method, but the estimated impact is not close to statistically significant at the 10 per cent level.

Parenting daily hassles. The impact of EYEP is estimated as small decreases in the frequency (1 point on zero to 80 points scale) and in the intensity (3 points on zero to 100 points scale) of parenting daily hassles. Neither estimated impact is close to being significant with a one-tailed test at the 10 per cent level for either regression

model specification or for the alternative matching estimation method.

HOME. The estimated impact of EYEP on the home environment is small and not statistically significant. Using the regression method the impact is estimated to be a reduction in the quality of the home environment by 0.5 points on a zero to 100 points scale. This estimated impact is not at all close to being statistically significant with a one-tailed test.

Impacts by gender

Table 6 reports estimates of the impact of EYEP on each outcome separately for boys and girls. Estimates are reported for both specifications of the regression model.

Quite distinct patterns of impact are found for boys and girls.

For children's IQ and language skills the estimated impact of EYEP is larger and more statistically significant for boys than girls. However, the size of the gender gap does depend on which regression model specification is used; and the difference in estimated impact between boys and girls is not as large as was estimated at twelve months.

Non-cognitive skills show the biggest difference between boys and girls. For protective factors related to resilience a large (about one-half standard deviation) and highly significant impact is found for boys, compared to a zero impact for girls. The estimated impact of EYEP on social-

Table 6: Impact of enrolment in EYEP for 24 months by gender – Regression estimates – Children who attended for at least 60 days in the first 24 months

Outcome			Model 1		Model 2		
		EYEP mean (24 months)	EYEP impact	1-tail p-value	EYEP impact	1-tail p-value	No. of observations (EYEP/Control)
Child development							
IQ	Boys	95.81	6.389	0.056	7.274	0.039	26/25
	Girls	103.63	3.106	0.226	6.699	0.053	24/18
Language	Boys	92.69	4.666	0.146	5.702	0.084	26/25
	Girls	99.92	0.378	0.470	4.251	0.190	24/18
Protective factors	Boys	45.33	5.465	0.013	5.369	0.015	24/24
	Girls	44.50	0.150	0.478	-0.002	0.500	22/17
Social and emotional	Boys	16.0	-13.2	0.171	-10.4	0.241	25/23
	Girls	9.0	-59.3	<0.001	-52.7	<0.001	22/16
Primary caregiver							
Psychological distress	Boys	14.68	-0.977	0.262	-1.033	0.265	25/27
	Girls	13.00	-2.565	0.093	-2.973	0.076	21/18
Parenting daily hassles - Frequency	Boys	47.27	2.022	0.233	1.122	0.344	22/24
	Girls	42.45	-3.196	0.252	-3.146	0.261	20/17
Home environment							
	Boys	70.19	3.141	0.287	3.310	0.296	13/21
	Girls	68.40	-5.864	0.104	-6.510	0.106	17/11

Note: See Table 5.

Figure 5a: Impact of enrolment in EYEP after twelve months and 24 months – Regression method – Selected outcome measures for children – Impact on average scores
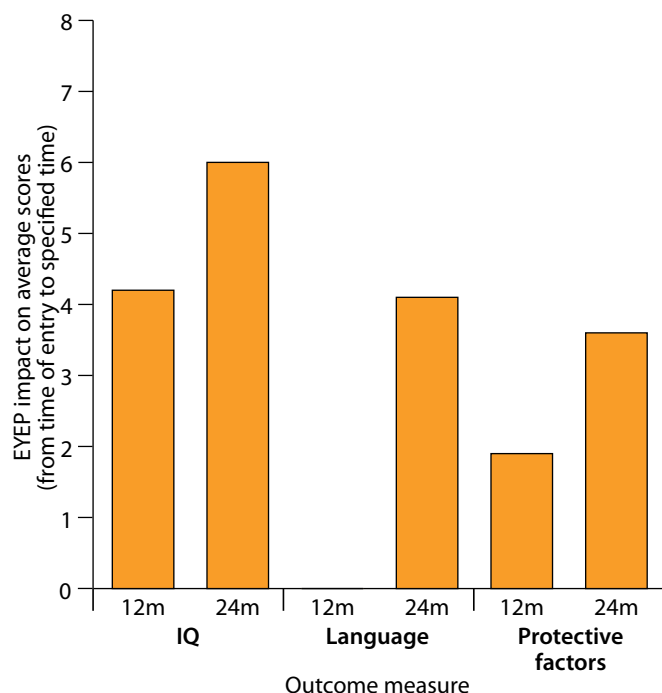
Note: 1] Sample is children who attended for at last 60 days and for whom data were collected on an outcome at twelve months and 24 months; and 2] Regression method is applied using the model specification 2.

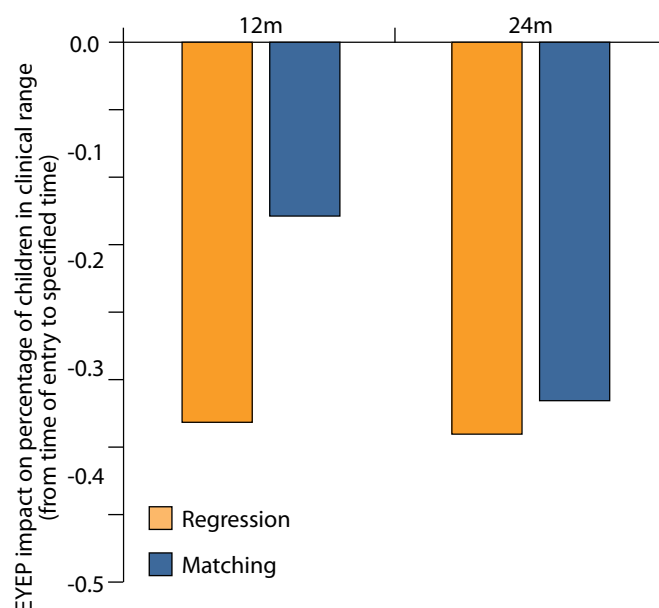**Figure 5b: Impact of enrolment in EYEP after twelve months and 24 months – Social-emotional development – Impact on percentage of children in clinical range**

Note: See Figure 5a. Matching method is applied using the model specification 2.

emotional development exhibits the opposite pattern. For girls there is a substantial and highly statistically significant estimated impact, with EYEP decreasing the proportion in the clinical range by 50 percentage points, whereas for boys the estimated impact is a decrease of only 10 percentage points which is not statistically significant.

Impacts on outcomes for primary caregivers at 24 months are confined to families with girls enrolled in EYEP. For the primary caregivers of girls there is a decrease in psychological distress (K6) of about 3 points (zero to 30 points scale), and in the frequency of parenting hassles of 5 to 7 points (zero to 80 points scale). Both impacts are statistically significant at the 10 per cent level. No significant impact on intensity of parenting hassles for primary caregivers of girls is found. For primary caregivers of boys there is no evidence of a significant impact on any of these outcomes related to psychological distress or parenting hassles of primary caregivers. No significant impact of EYEP on home environment is found for either boys or girls.

Evolution of impacts over 24 months

Figures 5a to 5c present estimates of the impact of EYEP at twelve and 24 months using the regression method (model specification 2). Detailed information on estimates of the impacts of EYEP at twelve and 24 months using the regression and matching methods are presented in Appendix 5 (Table 5.3).

For each outcome these estimates are for the sample of children and primary caregivers for whom data on that outcome were collected at both twelve months and 24 months (and for IQ and language skills information is also required at the time of entry to the trial). Requiring children to have data available on an outcome at both twelve and 24 months means that the sample size is reduced compared to the analysis of impacts at 24 months presented thus far in this report. With a smaller sample size the levels of statistical significance for the estimated impacts of EYEP are generally lower.

The estimated impact of EYEP on children's IQ remains at about the same level between twelve months and

24 months, being 4 to 6 points at both times. This pattern matches with findings using the full samples of children for whom data on IQ are available at twelve and 24 months. Hence it seems that thus far the impact of EYEP on IQ has been concentrated in the first twelve months of attending the program. This result is consistent with evidence from previous trials of early years demonstration programs. For example, Hojman (2015) examines six early childhood programs in the United States and concludes that gains in IQ experienced by the intervention group occurred rapidly in the first few months of the program and were followed by small or zero gains in subsequent years.

Other outcomes for children show a more pronounced impact of EYEP after the second year of being enrolled in the program than after the first year. The estimated impact on children's language skills increases from zero after twelve months to about 3 to 4 points after 24 months. For protective factors related to resilience the estimated impact size after 24 months is two to three times as large as after twelve months. These patterns are found using both estimation methods, and are consistent with findings when impacts are estimated for the full samples of children for whom data on these outcomes are available at twelve and 24 months.

Figure 5c: Impact of enrolment in EYEP after twelve months and 24 months – Regression method – Selected outcome measures for primary caregivers
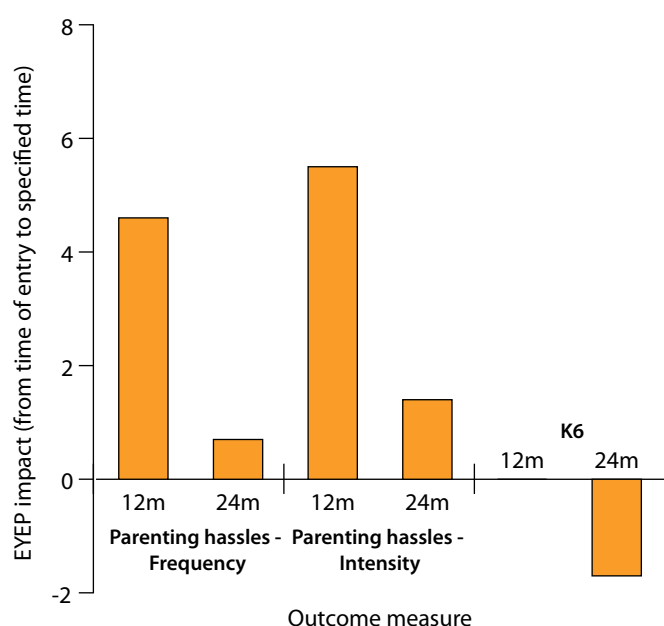
Note: See Figure 5a

Distinguishing the exact timing of the impact of EYEP on social-emotional development is more difficult. The estimated impact size and significance level are higher after 24 months than twelve months, regardless of the estimation method or model specification. Whether it was during the first or second year when EYEP had the largest impact on social-emotional development, however, cannot be determined. The most that can be said is that some positive impact on social-emotional development occurred in each year.

For outcomes for primary caregivers, the positive impacts of EYEP have been concentrated in the second year of their child's enrolment in the program. The estimated impact on the K6 measure of psychological distress was zero after twelve months and a reduction of 1.5 points after 24 months. This pattern is robust to the estimation method and is consistent with findings when the full samples of primary caregivers for whom data are available at both times are used. For parenting daily hassles, after twelve months EYEP was associated with increases in the frequency and intensity of hassles, but that effect was reversed by 24 months. This is different from results using the full samples at twelve and 24 months where impacts of EYEP were found to be respectively zero and slight negative impacts. For both samples, however, the pattern of impact over time is the same – that is, any decrease in parenting hassles has happened in the second year of children's enrolment in EYEP.

Summary and interpretation

By 24 months EYEP has been found to have a variety of important impacts on children's cognitive and non-cognitive development:

1] The impact on IQ has been sufficiently large that the objective of EYEP to make participants developmentally equal to their peers has been achieved. At 24 months children attending EYEP had an average IQ score of 99.6. Statistical significance tests do not reject this as being equal to the population average score of 100. The estimated impact of EYEP on IQ is comparable in size to impacts from early years demonstration programs implemented in the United States. Some weaker evidence of an impact from EYEP on language skills is also found. Slightly larger and more significant impacts from EYEP on cognitive development are estimated for boys than girls. The impact of EYEP on IQ is evident after twelve months

and then stable to 24 months, whereas the impact on language was concentrated in the second year of the program.

2] The impacts on protective factors related to resilience and social-emotional development seem large – for example, a decrease of 30 percentage points in the proportion of children in clinical range for social-emotional development. However, it is not possible to benchmark these impacts on non-cognitive development against estimated impacts from early years programs in the Untied States (partly due to problems in comparing between alternative measures of non-cognitive development and partly because a smaller set of studies have examined non-cognitive outcomes). A larger impact on social-emotional development is estimated for girls than boys, with the opposite pattern for protective factors related to resilience. EYEP appears to have benefitted children's social-emotional development during both years, whereas the impact on resilience was confined to the second year of the program.

At 24 months there is also some evidence of impacts from EYEP on the well-being of primary caregivers. A marginally significant impact in reducing psychological distress of primary caregivers is found. That impact occurs only for primary caregivers of girls. When attention is restricted to that group of caregivers, a significant impact from EYEP in lowering the frequency of parenting hassles is also found. The impact of EYEP on the psychological well-being of primary caregivers is concentrated in the second year of the program. No impact on home environment is detected at 24 months.

The findings at 24 months raise two interesting questions about how EYEP is affecting children and their primary caregivers. First, with regard to impacts by gender, why are the impacts on IQ, language skills, and resilience largest for boys and the impacts on social-emotional development and the psychological well-being of the primary caregiver largest for girls? Second, in relation to the timing of impacts on outcomes: Why is the impact on IQ concentrated in the first year? Why is the impact on social-emotional development spread across the 24 months? And, why do the impacts on other outcomes occur in the second year?

On the first question of impacts by gender, existing international studies of centre-based early years interventions for the most part find either no difference

in impacts by gender or larger effects for boys than girls (Magnuson et al., 2016; Garcia et al., 2018, Appendix C; Elango et al., 2015, p. 33; Anderson, 2008). The primary explanation provided for why there is a larger impact for boys than girls is that boys' development is more sensitive to the quality and stressfulness of their home and care environments. Therefore, boys are likely to begin behind girls at the time they commence in high quality early years programs and will also benefit more from the program (for example Autor et al., 2016; Golding and Fitzgerald, 2017; Bertrand and Pan, 2013). However, there are also exceptions to this pattern – for example, larger impacts on social-emotional development for girls than boys are found in re-evaluations of the Perry Preschool and Abecedarian projects (Heckman et al., 2013; Garcia et al., 2018).

Our finding that relative impacts of EYEP by gender are mixed is therefore not entirely at odds with previous studies of early years programs in the United States – and evidence on the impact of EYEP on cognitive development for boys and girls seems largely consistent with those studies. Overall, however, it has to be said that the evidence on the relative size of impacts by gender is more mixed in our study than in that literature. This difference from previous studies may simply be due to features of the sample of participants in the EYEP trial. Alternatively, analysis of EYEP may be yielding new insights into impacts by gender due to the wide range of outcome variables being considered. Sorting out the sources of gender differences in the impact of EYEP is an important future task.

The timing of impacts of early years interventions on outcomes is not a topic that has been much addressed in previous studies of programs in the United States. To the extent that most of the impact of EYEP has become evident during children's second year of attendance at the program, it could be interpreted as showing the amount of time necessary to begin to have an impact on children from highly disadvantaged and stressful environments. However, as the impact of EYEP on IQ thus far has been concentrated in the first year of the program, as well as some positive impact on social-emotional development in that time, that does not seem a sufficient explanation for the timing of impacts. The spread of timing of impacts could reflect design details of EYEP, but might also be due to there being a natural progression of development for children. Seeking to understand more about the ordering of impacts is therefore also a valuable future goal.

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Appendix 1

Staff involved in delivery of the Early Years Education Program and the research trial

Children's Protection Society/KidsFirst Presidents

Alice Hill	2005–2008
Tim Mulvany	2008–2011
Alice Hill	2011–2013
Jane Munro	2013–2016
Bernard Murphy	2016–2018
Sandy Forbes	2018–present

Children's Protection Society/KidsFirst CEOs

Bernadette Burchell	2006–2011
Dave Glazebrook	2011–2012
Aileen Ashford	2013–present

Assistant to Research/Governance Committee

Margaret Farquharson

Management/team leaders/administration/infant mental health

Janet Williams Smith	Shannan Mudie
Natalie Bou-Ghosn	Monica Robertson
Aisha Bal	Madeleine Saffigna
Liza Farquhar	Liz Dullard
Joanne Kitto	Dianne Camilleri
Diana Pellegrino	Debra Parker
Nichola Coombs	Cath McPhee

Educators

Sonia Shard	Marylin Ellis
Val Farmer	Pnita Holthouse
Jenny Voogt	Jennifer Lovrek
Barbara Lacey	Donna Kavanagh
Natalie Boardman/O'Dath	Helen Brand
Sandra Athanasoupolos	Chiara Perri
Nerissa Linklater	Lisa McKibbin
Erin Maree Sharp	Jane Cecelia William
Catherine Quirk	Sarah Meldrum
Jacquelyn Clark	Tina Howard
Jaymi-Lee Warren	Robyn Ball
Lisa Barbaro	Sohayla Asari

Cooks

Edwina Pleming	Marcela Ramos
Lea Bautista	Patrick Carmody
Anne Flack	Gabbie Mantini

Researchers

Nichola Coombs	Jane Sheehan
Megan Clark	Penny Hartmann
Andrew Bevitt	Steph Brophy
Jonathan Reyes	Xuan Vu
Mael Guillou	Leng Lee
Tamera Clancy	Lauren McCabe
Kerry Ware	

Appendix 2

Victorian Department of Human Services 2007 Best Interest Case Practice Model – List of risk factors to healthy child development

Child and family risk factors

➤ family violence, current or past

➤ mental health issue or disorder, current or past (including self-harm or suicide attempts)

➤ alcohol/substance abuse, current or past, addictive behaviours

➤ disability or complex medical needs eg. intellectual or physical disability, acquired brain injury

➤ newborn, prematurity, low birth weight, chemically dependent, foetal alcohol syndrome, feeding/sleeping/settling difficulties, prolonged and frequent crying

➤ unsafe sleeping practices for infants eg. side or tummy sleeping, ill-fitting mattress, cot cluttered with pillows, bedding or soft toys which can cover an infant's face, co-sleeping with sibling or parent who is on medication, drugs/alcohol or smokes, using other unsafe sleeping place such as a couch or exposure to cigarette smoke

➤ disorganised or insecure attachment relationship (child does not seek comfort or affection from caregivers when in need)

➤ developmental delay

➤ history of neglect or abuse, state care, child death or placement of child or siblings

➤ separations from parents or caregivers

➤ parent, partner, close relative or sibling with a history of assault, prostitution or sexual offences

➤ experience of intergenerational abuse/trauma

➤ compounded or unresolved experiences of loss and grief

➤ chaotic household/lifestyle/problem gambling

➤ poverty, financial hardship, unemployment

➤ social isolation (family, extended family, community and cultural isolation)

➤ inadequate housing/transience/homelessness

➤ lack of stimulation and learning opportunities, disengagement from school, truancing

➤ inattention to developmental health needs/ poor diet

➤ disadvantaged community

➤ racism

➤ recent refugee experience

Parent risk factors

➤ parent/carer under 20 years or under 20 years at birth of first child

➤ lack of willingness or ability to prioritise child's needs above own

➤ rejection or scapegoating of child

➤ harsh, inconsistent discipline, neglect or abuse

➤ inadequate supervision of child or emotional enmeshment

➤ single parenting/multiple partners

➤ inadequate antenatal care or alcohol/substance abuse during pregnancy

Wider factors that influence positive outcomes

➤ sense of belonging to home, family, community and a strong cultural identity

➤ pro-social peer group

Appendix 3

Details of covariates in statistical models

The full details of the sets of covariates included for each outcome and each specification is below:

Covariates by outcome and specification (DV= dummy variable):		
Outcome	**Model 1**	**Model 2**
IQ; Language	Gender; Age at 24 months IQ assessment; Duration between IQ assessments at entry to trial and 24 months; DV for carer age 25–34; DV for carer age 35+; DV for whether carer has post-school qualification; DV for K6 category Medium; DV for K6 category High; DV for whether primary caregiver is immigrant; DV for whether language other than English is main language spoken at home; DV for whether both parents present at consent meeting; IQ score at time of entry to trial; Language score at time of entry to trial.	Model 1 plus DV for multiple children in family in trial from time of referral; DV for whether alcohol/substance abuse was a risk factor at referral; DV for whether mental health issues was a risk factor at referral; DV for whether family violence (current or past) was a risk factor at referral.
Protective factors; Social-emotional development	Same as for IQ/Language – Except that replace age at 24 months IQ assessment and the duration between IQ assessments at time of entry to trial and at 24 months with age at 24 months assessments for protective factors and social and emotional development.	Model 1 plus DV for multiple children in family in trial from time of referral; DV for whether alcohol/substance abuse was a risk factor at referral; DV for whether mental health issues was a risk factor at referral; DV for whether family violence (current or past) was a risk factor at referral.
Parenting daily hassles	Same as for IQ/Language – Except that replace age at 24 months IQ assessment and the duration between IQ assessments at time of entry and at 24 months with age at 24 months assessments for parenting daily hassles.	Model 1 plus DV for multiple children in family in trial from time of referral; DV for whether alcohol/substance abuse was a risk factor at referral; DV for whether mental health issues was a risk factor at referral; DV for whether family violence (current or past) was a risk factor at referral.
Parent psychological distress	Same as for IQ/Language – Except that replace age at 24 months IQ assessment and the duration between IQ assessments at time of entry and at 24 months with age at 24 months for K6 assessment.	Model 1 plus DV for multiple children in family in trial from time of referral; DV for whether alcohol/substance abuse was a risk factor at referral; DV for whether mental health issues was a risk factor at referral; DV for whether family violence (current or past) was a risk factor at referral.
Home environment	Same as for IQ/Language – Except that replace age at 24 months IQ assessment and the duration between IQ assessments at time of entry and at 24 months with age at 24 months for home environment.	Model 1 plus DV for multiple children in family in trial from time of referral; DV for whether alcohol/substance abuse was a risk factor at referral; DV for whether mental health issues was a risk factor at referral; DV for whether family violence (current or past) was a risk factor at referral.

Appendix 4

Statistical significance

1] p-value

The p-value can range from zero to one; and lower p-values make it more likely that there is a significant difference in an outcome between the intervention and control groups. As an example, if the p-value for the estimated difference in an outcome between the groups equals 0.10, this means that there is only a 10 per cent chance that there is not a difference in that outcome between the intervention and control groups

2] Type of test

We report what are known as one-tailed and two-tailed tests of significance. A one-tailed test is appropriate if it is considered that the only possible effect of participation in EYEP could have been to cause a zero or positive impact on outcomes. A two-tailed test is relevant if it is also believed that participation in EYEP could have caused a negative impact on outcomes. It is standard in analysis of early years programs to put most weight on one-tail tests. This is supported by the fact that where significant impacts have been estimated for early years programs in previous research, those impacts overwhelmingly have been positive (see Cannon et al., 2017, p. 64). Generally, a 5 or 10 per cent level of significance is used as the threshold for concluding that it is possible to reject that the impact size is significantly different from zero. Hence, we regard an estimate of the impact of EYEP as significant when the p-value is equal to or less than 0.05 (five per cent level) or 0.1 (ten per cent level).

3] Permutation test

Applying the same block randomisation approach and sibling assignment rule as for the original assignment of trial participants to the intervention group and the control group, the sample of participants in the EYEP trial is reassigned 10,000 times between those groups. For each reassignment, the difference in the group mean of each variable can be calculated. From the process of repeated reassignment, a distribution of differences in means for each variable is generated. That distribution is then applied to undertake a two-tailed test for whether there is a significant difference in the mean values of the variable between the intervention group and the control group. For a general reference, see Good (2005).

4] Bounds analysis

To estimate the upper bound of the impact of EYEP on children's social-emotional development it is assumed that for children from whom data was collected at time of entry to the trial but not at 24 months: (i) A child enrolled in EYEP would not be in the clinical range at 24 months; and (ii) A child in the control group would be in the clinical range at 24 months. To estimate the lower bound of the impact of EYEP on children's social and emotional development, the opposite assumptions are made. See Manski (2013, pp. 57–58) for a discussion of the method of bounding impact sizes.

Appendix 5

Extra results on impacts of EYEP after 24 months

	Outcome	Method	EYEP mean (24 months)	EYEP impact	1-tail p-value	2-tail p-value	Observations (EYEP/Control)
Table 5.1: Impact on IQ and Language of enrolment in EYEP for 24 months – Sensitivity analysis							
(1)	IQ	Matching – Model 1	99.560	5.952	0.087	0.174	50/43
(2)	IQ	Matching – Model 2	99.560	5.351	0.149	0.298	50/43
(3)	IQ	Regression on matched sample – Model 1	99.560	5.253	0.072	0.144	50/43
(4)	IQ	Regression on matched sample – Model 2	99.560	6.285	0.053	0.106	50/43
(5)	Change in IQ from entry to 24 months	Matching – Model 1	7.660	6.440	0.064	0.128	50/43
(6)	Change in IQ from entry to 24 months	Matching – Model 2	7.660	8.002	0.085	0.170	50/32
(7)	IQ	Regression – Model 1 – With control for type of test	99.560	5.838	0.034	0.063	50/43
(8)	IQ	Regression – Model 2 – With control for type of test	99.560	7.648	0.009	0.017	50/43
(9)	Language	Matching – Model 1	96.160	3.723	0.195	0.385	50/43
(10)	Language	Matching – Model 2	96.160	4.350	0.191	0.382	50/43
(11)	Language	Regression on matched sample – Model 1	96.160	3.537	0.161	0.322	50/43
(12)	Language	Regression on matched sample – Model 2	96.160	5.790	0.052	0.104	50/43
(13)	Change in Language from entry to 24 months	Matching – Model 1	7.580	3.936	0.147	0.294	50/43
(14)	Change in Language from entry to 24 months	Matching – Model 2	7.580	6.584	0.101	0.202	50/43
(15)	Language	Regression – Model 1 – With control for type of test	96.16	3.448	0.177	0.343	50/43
(16)	Language	Regression – Model 2 – With control for type of test	96.16	5.501	0.058	0.112	50/43

Table 5.2: Impact on Protective factors, Social and emotional development and K6 of primary caregivers of enrolment in EYEP for 24 months – Sensitivity analysis

	Outcome	Method	EYEP mean (24 months)	EYEP impact	1-tail p-value	2-tail p-value	Observations (EYEP/Control)
(1)	Protective factors	Matching – Model 1	44.94	3.131	0.067	0.134	46/41
(2)	Protective factors	Matching – Model 2	44.94	4.097	0.075	0.150	46/41
(3)	Protective factors	Regression on matched sample – Model 1	44.94	3.398	0.044	0.088	46/41
(4)	Protective factors	Regression on matched sample – Model 2	44.94	4.277	0.052	0.104	46/41
(5)	Social-emotional	Matching – Model 1	12.8	-34.7	0.002	0.004	47/39
(6)	Social-emotional	Matching – Model 2	12.8	-33.6	0.006	0.012	47/39
(7)	Social-emotional	Regression on matched sample – Model 1	12.8	-33.6	0.004	0.008	47/39
(8)	Social-emotional	Regression on matched sample – Model 2	12.8	-29.8	0.008	0.016	47/39
(9)	Social-emotional	Regression – Model 1 – With control for type of test	12.8	-31.7	0.002	0.003	47/39
(10)	Social-emotional	Regression – Model 2 – With control for type of test	12.8	-29.5	0.004	0.006	47/39
(11)	Social-emotional	Bounds approach – Model 1 - Lower bound	24.1	-7.7	0.242	0.484	54/55
(12)	Social-emotional	Bounds approach – Model 1 - Upper bound	11.1	-50.6	<0.001	<0.001	54/55
(13)	K6	Matching – Model 1	13.91	-1.210	0.204	0.408	46/45
(14)	K6	Matching – Model 2	13.91	-1.716	0.244	0.488	46/45
(15)	K6	Regression on matched sample – Model 1	13.91	-1.381	0.202	0.404	46/45
(16)	K6	Regression on matched sample – Model 2	13.91	-1.713	0.260	0.519	46/45

Table 5.3: Impact of enrolment in EYEP at 12 and 24 months – Regression and matching estimates - Children who attended for at least 60 days

Outcome		Regression		Matching		
		EYEP impact	1-tail p-value	EYEP impact	1-tail p-value	No. of observations (EYEP/Control)
IQ – Model 1	12 months	3.059	0.131	5.009	0.098	50/36
	24 months	3.986	0.127	3.975	0.204	50/36
IQ – Model 2	12 months	4.194	0.068	5.694	0.121	50/36
	24 months	6.045	0.035	4.138	0.242	50/36
Language – Model 1	12 months	-1.444	0.306	-1.029	0.326	50/36
	24 months	1.751	0.327	0.903	0.451	50/36
Language – Model 2	12 months	-0.002	0.489	0.697	0.436	50/36
	24 months	4.138	0.129	3.063	0.304	50/36
Protective factors – Model 1	12 months	1.093	0.324	-0.702	0.453	43/32
	24 months	3.442	0.058	3.560	0.055	43/32
Protective factors – Model 2	12 months	1.892	0.240	1.184	0.373	43/32
	24 months	3.590	0.067	4.549	0.051	43/32
Social and emotional – Model 1	12 months	-20.0	0.084	-13.9	0.165	42/32
	24 months	-29.0	0.006	-32.9	0.006	42/32
Social and emotional – Model 2	12 months	-35.2	0.011	-16.1	0.155	42/32
	24 months	-36.3	0.003	-33.2	0.016	42/32
Psychological distress – Model 1	12 months	-0.533	0.336	0.108	0.241	42/36
	24 months	-1.429	0.150	-0.098	0.255	42/36
Psychological distress – Model 2	12 months	0.009	0.497	0.172	0.156	42/36
	24 months	-1.692	0.126	-0.209	0.132	42/36
Parenting daily hassles – Frequency – Model 1	12 months	3.697	0.065	3.083	0.053	39/31
	24 months	1.477	0.270	0.449	0.492	39/31
Parenting daily hassles – Frequency – Model 2	12 months	4.609	0.044	3.952	0.092	39/31
	24 months	0.707	0.393	0.179	0.351	39/31
Parenting daily hassles – Intensity – Model 1	12 months	4.811	0.089	3.939	0.099	38/31
	24 months	0.419	0.457	-1.408	0.260	38/31
Parenting daily hassles – Intensity – Model 2	12 months	5.494	0.078	3.250	0.210	38/31
	24 months	1.389	0.370	-2.533	0.155	38/31
HOME – Model 1	12 months	0.894	0.409			25/26
	24 months	0.482	0.465			25/26
HOME – Model 2	12 months	2.694	0.261			25/26
	24 months	1.642	0.388			25/26

Changing the Life Trajectories of Australia's Most Vulnerable Children

Report no. 1	June 2017	Participants in the Trial of the Early Years Education Program
Report no. 2	March 2018	The first twelve months in the Early Years Education Program: An initial assessment of the impact on children and their primary caregivers
Report no. 3	May 2019	The Early Years Education Program (EYEP) Model
Report no. 4	May 2019	24 months in the Early Years Education Program: Assessment of the impact on children and their primary caregivers

Changing the Life Trajectories of Australia's
Most Vulnerable Children

Report No. 4
24 months in the Early Years Education Program: Assessment of the impact on children and their primary caregivers

Royal Commission into
Victoria's Mental Health System

ATTACHMENT KL-9

This is the attachment marked 'KL-9' referred to in the witness statement of Kim Little dated 8 May 2020.

VICTORIAN EARLY YEARS LEARNING AND DEVELOPMENT FRAMEWORK

PRACTICE PRINCIPLE GUIDE

INTEGRATED TEACHING AND LEARNING APPROACHES

PRACTICE PRINCIPLES

THE EDUCATION STATE

VICTORIA State Government | Education and Training

CONTENTS

ABOUT THIS GUIDE

This guide is one in a series of eight guides to the Practice Principles in the Victorian Early Years Learning and Development Framework.

Use this guide to support individual critical reflection on your practice, for discussion with a mentor or critical friend and as a guide for discussion with colleagues.

The guide draws on the Evidence Paper for Practice Principle: Integrated Teaching and Learning Approaches written for the Department of Education and Early Childhood Development by the University of Melbourne. For detail about the evidence mentioned in this guide, and for more depth on this Practice Principle refer to the evidence paper at http://www.education.vic.gov.au/childhood/providers/edcare/Pages/profresource.aspx

PRACTICE PRINCIPLES – CULTURAL KNOWLEDGE STORY

- Bunjil the Eagle and Waa the Crow represent Aboriginal culture and *partnerships with families.*

- The water hole symbolises *reflective practice*.

- The gum leaves with their different patterns and colours represent *diversity*.

- The stones underneath the leaves represent *equity*. They reflect the additional support put in place in order for all children to achieve.

- The child and adults standing on 'Ochre mountain' symbolise the *high/equitable expectations* we hold for children and adults.

- The family standing on and looking out from 'Ochre mountain' reflects *assessment for learning and development.* Such assessments draw on children's and families' perspectives, knowledge, experiences and expectations.

- The child and adult figures also represent *partnerships with professionals*.

- The land symbol as mother earth represents the basis for *respectful relationships and responsive engagement*.

- The symbols for land, water and people signify *holistic and integrated* approaches based on connections to Clan and Country.

(Dr. Sue Lopez-Atkinson, Yorta Yorta)

WHAT IS INTEGRATED TEACHING AND LEARNING?

Early childhood professionals recognise that a gradual shift in emphasis occurs over the first eight years of a child's life, along a continuum from play to more structured learning in formal settings. Early childhood professionals apply strategies to support sustained and shared interactions with children through play to more focused learning.

Learning is an active process that must involve children's engagement. Play is essential for its ability to stimulate and integrate a wide range of children's intellectual, physical, social and creative abilities. Active engagement with, and attunement to children in their play extends and supports their learning. Shared, sustained conversations are also a powerful and important feature of active adult engagement.

Early childhood professionals use integrated teaching and learning approaches to:

- encourage all children from birth to explore, solve problems, communicate, think, create and construct ideas and understandings

- create environments that provide children with socially mediated learning opportunities with a range of adults and peers

- promote each child's capacity for establishing friendships and encourage children to learn from and with each other

- share strategies with families and other adults to support learning in the home and other settings

- make decisions about what concepts to introduce to children and when, what is important for them to know and understand, and how to go about building on children's existing knowledge

- use intentional teaching strategies that are always purposeful and may be pre-planned or spontaneous, to support achievement of considered and identified goals

- reflect carefully on whether, when and how to intervene in children's learning, making purposeful and deliberate choices about when to observe rather than participate

- teach children explicit subject matter (e.g. mathematical, literary, musical, scientific, artistic) and associated skills to deepen and extend children's knowledge, understanding and values

- create physical and social environments that expose children to learning experiences and physical activity, both indoors and outdoors in the natural world.

(VEYLDF, P. 15)

Figure 1: Integrated teaching and learning approaches (VEYDLF, p 15)

GUIDED PLAY AND
LEARNING

ADULT-LED LEARNING

CHILD-DIRECTED PLAY AND
LEARNING
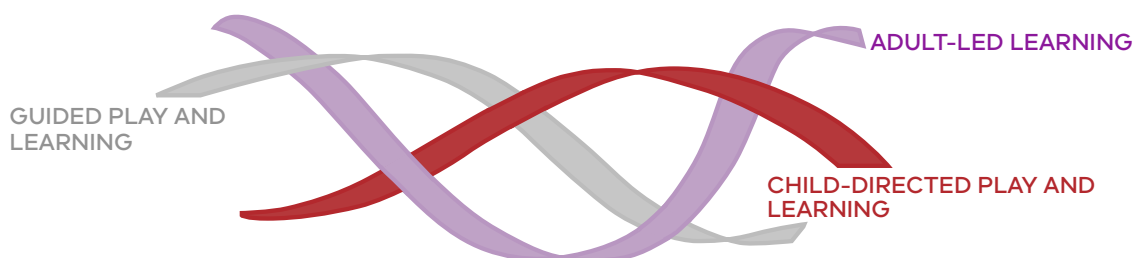
Integrated teaching and learning approaches combine guided play and learning, adult-led learning, and child-directed play and learning. Integrated teaching and learning involves the adult 'intentionally' engaging with the child in play. The diagram above shows these three elements woven together, or 'integrated', because in the most effective learning environments, all three of these things happen. These elements are described briefly below.

What is play?

Play is central to the concept of integrated teaching and learning. Through play, children learn to make sense of and construct ideas about the social and natural world – the people, places, objects and experiences they encounter every day.

There are many definitions and descriptions of play and a variety of theoretical perspectives inform understandings of play and the approaches of early childhood professionals. Play is often described as child-directed, active, with a minimum of rules. This description is based on the notion of play as an exploratory process rather than a focused activity to achieve a particular learning outcome.

A common misconception about play-based learning is that children choose what they will do and dictate the direction of the learning, with adults getting involved only when necessary – in other words that play is always child-directed. Current thinking however is that adults have a critically important role in children's play, even when the child directs it.

Discussion starter

Before reading any further, jot down your definition of play.

How does play promote learning?

Adult-led learning occurs when adults introduce an experience, idea, concept, or topic for exploration and direct the learning by taking charge, giving instructions, setting rules, asking questions, and providing structure. Adult-led learning is about making judgments about what is worth children knowing by promoting 'worthwhile and challenging experiences and interactions that foster high-level thinking skills' (Early Years Learning Framework, DEEWR, 2009, p. 15). Children may have some control and input when adults lead the learning.

Case study

An educator spoke about an adult-led learning experience. She teaches children in the year before starting school about road safety. She believes it is important for the children's safety and wellbeing as they become more independent. She teaches some aspects of road safety using direct instruction during group time, showing pictures and small versions of road signs and discussing their meaning. She teaches rules for crossing the road with words and modelled actions as well as by practising safe road crossing in the centre. She encourages families to teach the same rules using the same words and routines. She also provides props such as vehicles, miniature road signs and traffic lights in the block and sand pit to encourage children to use and extend their knowledge. She also plans regular excursions with the assistance of the families, to allow children the opportunity to extend their learning that has developed over the project and encourage parent participation and engagement.

Child-directed play and learning occurs when children lead their learning through exploring, experimenting, investigating and being creative in ways that they initiate and control. The adult's role in child-directed play and learning may be to observe what the child knows and understands based on what they make, write, draw, say and do. The adult can use that information to plan for further learning.

Case study

A child brought in a basket of shells she had collected. She invited several other children to play with her in the sandpit building castles and decorating them with the shells. They found other natural materials such as small twigs and leaves, which they used also. The castle building became more and more elaborate as they generated new ideas for extending the castles and constructing stories about who lived in them. The children led the learning, which was provoked by the beautiful shells and a child's imagination. The educator listened, observed and identified learning occurring in the play including children's understandings about the size, shape and purpose of shells. She decided to build on these concepts by using books about shells with the children to talk about different shapes and sizes as they used different ways to categorise the centre's shell collection. She made links with previous learning about snails and their shells.

Guided play and learning occurs when adults are involved in children's play and learning, following children's interests and responding to spontaneous learning opportunities as they arise.

Case study

At a first-time parents' group, a maternal and child health nurse encourages the parents to 'tune into' their babies' ways of playing so that they respond rather than 'take over.' The parents might initiate play with soft balls, but as they tune into their child's way of playing they follow them. For example, one baby likes the ball to be rolled to him, another is fascinated, grabbing the ball, and another likes to hide it. Children become more motivated and engaged when parents respond to these individual ways of playing and exploring.

Adults' role in play and learning: intentional teaching

The Early Years Learning Framework for Australia (EYLF, 2009) includes the practice of 'intentional teaching'. Intentional teaching or intentionality refers to professionals making decisions that are thoughtful, deliberate and purposeful as they broaden and deepen children's knowledge, skills and experience to take them beyond what they already know, can do and understand. Intentional teaching is essential for children's learning.

THE ADULT'S ROLE IS TO BE INTENTIONAL ABOUT PLANNING FOR CHILDREN'S LEARNING BY MAKING DECISIONS ABOUT WHAT IS WORTH CHILDREN KNOWING AND UNDERSTANDING.

In integrated teaching and learning approaches, professionals make many decisions about their contribution to and roles in children's learning. Through their involvement in guided play and learning and adult-led learning, professionals make decisions about what concepts to introduce to children, what it is important for them to know and understand, and how to go about building on children's existing knowledge. When professionals are intentional, they have well thought-out learning and development outcomes in mind and are able to explain both what they are doing and why.

Discussion starter

How do you decide what is valuable for children to know and understand?

WHY IS INTEGRATED TEACHING AND LEARNING IMPORTANT?

Children are capable of learning on their own, but adults extend and increase that learning and stimulate new learning through their intentional involvement. So while play can be child-directed, adults' involvement can increase its value. In fact, research indicates that the least successful learning environments are those where children

LEARNING IS AN ACTIVE PROCESS THAT MUST INVOLVE CHILDREN'S ENGAGEMENT.

are regularly allowed to spend a lot of time in undirected free play. The integration of different approaches: child-directed play and learning, guided play and learning, and adult-directed learning are much more effective. Here's why:

- Play and experiential learning are engaging for children, and children learn best when they are fully engaged.

- In play and experiential learning, children are engaged for longer, which promotes learning.

- Child-led and guided play and learning support children's sense of agency – of being active contributors to their learning and that of others.

- Observing and participating in child-directed play and learning allows professionals to identify children's strengths, abilities and interests, which they can build on by guiding or leading the learning.

- When adults are attuned to children through their involvement in child- led and guided play and learning, they are able to respond to individual children and make the most of learning opportunities as they arise (adult- led learning).

- Adults have an important role in developing children's understanding of concepts in literacy, numeracy and science. When adults lead learning, they extend children's learning beyond what they can know, do and understand on their own.

Case study

A family day care educator shared ideas about integrated teaching and learning in everyday experiences in her home. She said that using these for children's learning meant that she had to slow down, involve the children and reflect on how to maximise learning: 'Every day there are tasks like hanging out the washing and bringing it in, setting the table for lunch, cleaning up after and getting ready for rest and sleep. I encourage all the children to be actively involved. I try to let them do things 'their way' to a point. I talk with them about what we are doing. I pay attention to the learning that happens. The children learn about the sequence of everyday events, what you do first, next and so on and why. They laugh at me when I say, 'First we dry the clothes and then we wash them'! They learn new words and what they mean and they like the idea that they are helping me with 'real' jobs. I get the children to match the socks. Some of the children like to count how many pairs we have made. They understand the concept of 'pairs' as they notice other types of pairs such as a pair of shoes or a pair of eyes. We talk about the different ways these routines happen in their families. I don't have any problem linking this learning to the five Learning and Development Outcomes.'

Reflective questions

- How is this an example of integrated teaching and learning?
- Why does this type of learning engage children's interest?
- Can you make links between this everyday learning and the VEYLDF Learning and Development Outcomes?
- How else could the educator have extended children's learning?
- What else might children learn through meaningful participation in everyday routines or events?
- Can you think of everyday events that you or families could use for children's learning?
- How could you help families to understand everyday experiences as learning opportunities?

HOW DOES INTEGRATED TEACHING AND LEARNING LOOK IN PRACTICE?

The strategies described here can be applied both in early learning settings and to the ways families and other adults support and extend children's learning in the home and in the community. Professionals working directly with families can share these strategies with families to support learning in the home.

When early childhood professionals are intentional (purposeful, deliberate and thoughtful) about using integrated approaches to teaching and learning, they base their planning decisions on children's strengths, abilities and interests, and what they already know and can do. What follows are some tools and examples related to aspects of integrated teaching and learning approaches:

- engaging with children in play

- having conversations and interactions that support learning

- planning experiences to deepen and extend children's knowledge, understanding and skills

- differentiating learning opportunities for individual learners

- planning a balanced curriculum using all five Learning and Development Outcomes

- creating physical environments that promote learning.

Engaging with children in play

Children learn best when they are engaged. Play, projects, daily routines and real life examples are effective ways to engage children in learning.

Adults play a variety of roles in extending children's learning through play. These include:

- modelling or demonstrating, e.g. how children can join in the play or share ideas or equipment

- facilitating play by providing resources or materials to support play and designing environments that provide flexible, inclusive play spaces

- extending children's learning by asking open-ended questions, making suggestions, asking children to make predictions, or discussing how their ideas could be developed further

- responding to spontaneous learning opportunities, especially to develop children's understanding of literacy, numeracy and science concepts

- monitoring to ensure that every child is included and that the environment is safe, interesting and able to support every child's learning and development

- documenting and assessing to track how every child's learning across the Learning and Development Outcomes is being promoted through play

- reflecting on children's play and their role in promoting children's learning in play

- advocating for play-based learning by talking with children, families and other professionals about the value of play for learning.

Adults have to be involved in play at times if children are to learn about fairness and inclusion. They do more than direct children or remind them to 'be nice to each other'.

For example, adults can support children's learning about friendships and being fair and inclusive by modelling or helping children to use appropriate ways to join play and asking questions such as 'How do you think it feels if someone says 'you can't play with us'?' or 'What would be a fair thing to do?

Reflective questions

- Make a list of all the ways you contribute to children's play.

- Are there times when it is appropriate for professionals to 'stand back and let children play'? Why or why not?

- What teaching strategies do you use to extend children's knowledge, understanding and skills in play contexts?

THE E5 INSTRUCTIONAL MODEL USED IN VICTORIA CONTAINS TOOLS TO SUPPORT TEACHERS AND SCHOOL LEADERS TO DEEPEN THEIR UNDERSTANDING OF WHAT CONSTITUTES HIGH QUALITY TEACHER PRACTICE IN THE CLASSROOM. IT PROVIDES A FRAMEWORK TO INFORM CONVERSATIONS AND INTERACTIONS AND GUIDE OBSERVATION, CRITIQUE AND REFLECTION ON CLASSROOM PRACTICE.

Having learning conversations and interactions that support learning

Respectful, responsive interactions are central to learning. They are important not only for children's socialisation, but also to help them learn about negotiation, collaboration, problem solving and listening to each other's perspectives. In other words, relationships are deeply connected to thinking and learning. The outcomes for children improve when professionals:

- listen carefully to children's comments, responses and questions, and respond to them, sometimes described as 'serve and return'

- use questions, prompts, reminders, close attention and encouragement in conversations with children

EDUCATORS 'INTENTIONALLY SCAFFOLD CHILDREN'S UNDERSTANDINGS' AND 'LISTEN CAREFULLY TO CHILDREN'S ATTEMPTS TO HYPOTHESISE AND EXPAND ON THEIR THINKING THROUGH CONVERSATIONS AND QUESTIONING'.

(EYLF, P. 35)

- pay attention to the quality of their interactions, going beyond token comments such as 'good boy' or 'well done'. For example, 'tell me about why you did it that way,' or 'what do you like about this?'

- combine words with pictures and actions

- are consistent in the ways they help children learn to manage their behaviour

- establish a positive atmosphere where everyone feels supported and valued

- establish warm relationships with children

- are sensitive to diversity and difference in their responses and interactions with children and families.

Conversations with babies have the same features as those with older children – babies 'talk' using gestures, facial expressions, vocalisations or actions and adults listen carefully and respond, using a back-and-forth conversation pattern. The more adults show their interest in and enjoyment of babies' communication efforts and the more they respond, the more babies will attempt to communicate. Intentional teaching of communication skills and dispositions occurs when adults:

- model language, such as asking a question with raised intonation

- show children they understand their communication attempts or cues with words and actions: 'Yes, I'll get the teddy for you' in response to a baby pointing to the teddy on a shelf

- spontaneously use songs and rhymes

- use key words in children's home language and encourage families to use the home language with their child

- combine actions or simple signs with words, especially for children who have conditions that affect communication – for example, helping a child with a visual impairment to touch the high chair as you say, 'Here is your high chair Cassie, it's time for lunch'

- encourage enjoyment of and experimentation with language – ask families about how their child communicates at home and share information about supporting the child as a communicator.

Shared sustained conversations that aim to extend conceptual understanding are important. Some techniques to try in shared sustained conversations:

- asking open-ended questions (what/why/how) and giving children time to respond

- reflecting in words to children what they are doing in action

- using questions and explanations and linking together different events to help children remember what they know and use it to understand new situations

- asking children to predict, hypothesise, question and problem solve.

'SOMETIMES I ASK QUESTIONS I KNOW THE ANSWER TO LIKE, 'WHAT COLOUR ARE YOUR NEW SHOES?' THESE QUESTIONS DON'T REALLY SUPPORT DEEP THINKING.'

Case study

Over several days, an educator observed three children playing with a large wooden train set and small figurines which he had added to the block area to provoke the children's interest in block play. From his interpretation of the learning he observed, he planned to extend the children's learning about measurement terms by having a shared conversation with them.

The documented learning conversation:

Ben: I'm going to make a train track for the trains.

Alex: Yeah, let's make it.

Mai: I am making my train track.

Educator: Do you remember the tracks you made yesterday? Will they be the same length or longer today? (This question prompts the children's memory about previous experiences and models the use of measurement language.)

Ben: Longer. It's gonna be longer, isn't it Alex?

Mai: Mine was longer than yours.

Educator: How do you know your track was longer than Ben's, Mai? (This question helps to identify Mai's understanding of measurement and prompts her recall skills.)

Mai: Mine went past the mat. (Mai uses an 'informal' measurement concept: 'past the mat'.)

Ben: Our track will go past the mat.

Educator: Will there be enough tracks for two long train tracks? (This question gets the children to think more deeply about their plans for the track building and models the use of the numeracy terms 'enough' and 'long'.)

Mai: Nope.

Alex: No. It won't work.

Educator: How could you solve that problem? (This question encourages the children to problem solve.)

This brief example of a shared conversation shows how asking thoughtful questions as part of a learning conversation can help children to think, recall, predict and to solve problems – all dimensions of being a confident learner. Modelling and using measurement terms adds a numeracy and literacy dimension to children's learning. Recording this conversation helps the educator to reflect later on the quality of his interactions in supporting and scaffolding children's learning.

CHILDREN NEED MANY OPPORTUNITIES TO GENERATE AND DISCUSS IDEAS, MAKE PLANS, BRAINSTORM SOLUTIONS TO PROBLEMS, REFLECT AND GIVE REASONS FOR THEIR CHOICES. THEY INVESTIGATE WHAT PRODUCTS AND SYSTEMS CAN DO AND HOW THEY WORK. INCREASINGLY THEY BEGIN TO USE INFORMATION AND COMMUNICATION TECHNOLOGIES TO ASSIST THEIR THINKING AND TO REPRESENT WHAT THEY KNOW AND UNDERSTAND.

Planning experiences to deepen and extend children's knowledge, understanding and skills

Learning that supports and builds on children's skills and interests and links to their lives engages and motivates them. Professionals base plans on what children already know, do and say, and their strengths, interests and dispositions. They give serious consideration to the different ways they can deepen and extend children's learning, planning with the Learning and Development Outcomes in mind.

Case study

Children in a Grade 1 class were asked to brainstorm topics they would like to explore as a group project. As a result of having visited a marine park recently five children identified sea creatures. The project approach allowed them to explore this topic of interest using different learning strategies including reading, drawing, writing, researching and talking together. Their teacher overheard some misunderstandings about what part of the sea particular creatures lived in – deep water, tidal pool, rock shelf for example. She decided to deepen their understanding by working with them to find further information about sea creatures' habitats using a web-based encyclopaedia. While the project was initiated by the children, the teacher actively extended the children's learning at different points through intentional actions. The children worked on the project for many weeks, and their enthusiasm led to family interest and support. The group produced a scientifically accurate account of a range of sea creatures' lives using posters and a computer-based story about some sea creatures with sound effects and animation.

Some key features of the approach used in the example are

- The children chose the project topic, which meant their motivation to learn was high.

- The teacher documented and monitored the learning taking place and made deliberate decisions about when to take the lead to support and extend learning and when to allow the children to take the lead.

- Children used a range of strategies to support their learning: reading, searching for information online, discussing and documenting learning using different media (writing, drawing and computer-based).

- The project integrated many curriculum content areas (literacy, science, numeracy, information technology) as well as learning across the Learning and Development Outcomes.

- There was unhurried time, allowing for meaningful exploration of the topic.

- Family involvement was encouraged and added new ideas and practical support.

- Every child in the group contributed to the project's success, even though their abilities were diverse, contributing led to every child learning.

EARLY CHILDHOOD PROFESSIONALS USE INTEGRATED TEACHING AND LEARNING APPROACHES TO TEACH CHILDREN EXPLICIT SUBJECT MATTER (E.G. MATHEMATICAL, LITERARY, MUSICAL, SCIENTIFIC, ARTISTIC) AND ASSOCIATED SKILLS TO DEEPEN AND EXTEND THEIR KNOWLEDGE, UNDERSTANDING AND VALUES.

(VEYLDF P. 15)

Case study

Educators identified that numeracy concepts connected with estimating and predicting (Learning and Development Outcome 4: Children are confident and involved learners) were relevant to the learning they observed in children's block play. Analysing documentation of block play revealed that some children could estimate the shape of the blocks they needed for a particular purpose, while others were at an earlier stage of learning, using a trial-and-error process. Their intentional teaching and learning strategies included:

- supporting children who were competent in estimating to transfer that learning to other contexts such as with water play ('How many cups of water does it take to fill the jug?') or with more difficult puzzles ('Which puzzle piece might fit here?')

- encouraging children to share or use their knowledge about estimations with peers

- having specific conversations to support children's learning about the usefulness of estimation and prediction strategies when they are playing

- adding new resources to the blocks to extend learning about estimation

- deliberately using the language of measurement with children

- gathering ideas with children for long term projects that support numeracy concepts connected with estimating and predicting. For example, measuring the height of other children and family members.

Ongoing projects can connect families to children's learning and support children to assess their own learning over periods of time.

The EYLF states that educators need to plan intentionally 'with each child and the Outcomes in mind'. For example, analysis of documentation might indicate that some children are beginning to 'use symbols in their play to represent and make meaning' as they pretend that small blocks are coins in the shop they created (Learning and Development Outcome 5: Children are effective communicators). Reading the Frameworks can help to guide your decisions about what experiences could consolidate or extend learning specific literacy and numeracy concepts.

Case study

In an outer Melbourne community, a speech pathologist and classroom teacher working together identified that more than half the children in the class had limited understandings of how stories work or how to tell a story, which are important for more formal literacy learning. The local children's services responded to these findings by critically reflecting on current practices with a view to improving their literacy teaching and learning practices. They re-read the VEYLDF and the EYLF sections on Learning and Development Outcome 5 as part of this reflection process. They added to current practices of having daily story sharing experiences and encouraging families to borrow books and to share stories. They planned to support children's learning about narrative and the sequence of stories more deliberately by:

- using every day routines to talk about the sequence of events involved in experiences such as getting dressed, getting ready for lunch or cooking

- pointing out the ways stories in books have a beginning, middle and end through comments and questions such as 'What happened at the end of the story?'; 'I really like the start of this book where the boy...'; 'What part of the book did you like the most?'

- providing puzzles, books and posters with sequences such as plant or animal life cycles and having conversations with the children about the sequence involved – for example, the life cycle of a frog from the egg stage to the frog

- using puppets to encourage children to tell stories to each other

- encouraging and supporting children's use of narrative in home corner or dramatic play and creating and acting out characters and storylines using topics the children have created in dramatic play

- sharing their ideas and strategies with families and encouraging them to use every day experiences to talk about the order or sequence of events.

Educators adopted integrated approaches to teaching and learning as they planned diverse experiences in collaboration with families to improve children's learning as effective communicators. They avoided large group experiences and provide many opportunities for children to be in small groups that encourage conversations. Experiences that build on children's interests and take advantage of teaching opportunities as they arise provide best for children's learning needs.

Differentiating learning opportunities for individual learners

'Differentiating learning opportunities' means providing opportunities and environments that respond to each child's unique strengths, abilities, interests, and their cultural, language and family background.

The following quote from the VEYLDF is a reminder that each child is a unique individual:

"The rate of children's individual progress is not always the same, nor is progress always easy or straightforward. For some children and families, maintaining and improving learning and development involves considerable struggle and much perseverance." (VEYLDF, p.17)

Reflective questions

- Can you identify examples of how some children face considerable struggles as learners and examples of how they persevere as learners?
- What strategies do you use to support these children to experience success as learners?
- What strategies do you use to encourage families to help their children to experience success as learners?
- Are your contributions different depending on the children – their ages, interests and abilities? If so, why is this?

Case study

A coordinator explained how she and her colleagues adjusted their practices to ensure that a child with verbal communication difficulties could participate fully in the program and have his ideas listened and responded to. She arranged for several educators to attend assisted communication professional learning seminars in order to support their effective and responsive communication with the child. The children also learnt some sign language, which helped to support friendships with the child and his inclusion in play. The educators provided photos related to routines, resources or materials available to the children, and the child was able to use them to communicate his choices. By acknowledging and responding to his communication efforts, the educators modelled respect for diversity to the other children. They noticed that this child was particularly interested in robust physical play and was skilled in any games involving climbing or jumping. This strength and interest was seen as a way to promote the child's sense of leadership and his capacity to help other children who were less confident in the outdoor environment. Educators purposefully planned opportunities for this child to lead in active play. They also decided that active dancing experiences would build on his physical skills and broaden his learning as well as the other children's learning.

Reflective questions

- What examples of differentiating the program are evident in this example?
- How did the educators use the child's strengths and interests to progress his learning?
- How did the educators promote other children's learning?

A differentiated curriculum aims to link children's experiences in the home, family and community with those in the early childhood setting. These links support the development of a strong sense of identity as well as learning about the world, and demonstrate a respectful approach to children.

Case study

A supported playgroup facilitator wanted to encourage families to share books and other printed material with their children. She was challenged by knowing that she had at least two parents who attended who could not read. One parent had told her, but the other had said nothing. The facilitator decided to use picture books with no text for several weeks at the playgroup during story time. She talked about the books with the children, asked questions and encouraged them to share ideas about the narratives.

She made these books available for borrowing. By doing this she was modelling using books without reading them, without calling attention to parents' literacy levels. Both parents borrowed the books.

The example above reminds us that each family is unique. Intentional teaching involves knowing the child in the context of the family and adjusting practices to fit each family. Differentiating the program or curriculum means using different teaching strategies and resources to help every child learn.

Some children require more intervention from professionals than others. Professionals encourage children's learning by identifying their strengths, learning styles and interests and planning experiences based on them.

Case study

An early childhood intervention (ECIS) professional visited a family home to provide support for a four-year-old boy with Down syndrome and his family.

The mother shared her observations of the child at breakfast time. She had noticed that the child observed his siblings getting their own breakfast and was keen to try and do the same. She reported this was very messy and in the general busyness of breakfast time it was easier for her to do everything for him.

Together the ECIS professional and mother planned an approach to build on his desire to feed himself and participate in daily routines. They provided him with bath play activities that involved pouring water from a plastic jug to a cup and bowl to help him practice his milk pouring skills. They drew a line on his cup so he knew when to stop pouring. They also trialled the use of a modified spoon so he could scoop food into his mouth more accurately, reducing the need for adult hands-on guidance as his skills increased.

As he built his confidence and capacity, his mother encouraged him to transfer these skills to his breakfast routine alongside his siblings.

The mother later told the ECIS professional she was surprised how much her son had learned when they really focussed attention on helping him do the things he enjoyed. She has also started to plan shared cooking activities and thought she would start by getting him to help her make his favourite dessert.

Reflective questions

- Which Learning and Development Outcomes are being supported in this example?
- In addition to the self-care skills the child is learning, what science concepts is the child also beginning to learn in this example?

Planning a balanced curriculum using all five Learning and Development Outcomes

Effective professionals provide a balanced curriculum – that is, they plan for a wide range of curriculum or content areas including literacy, numeracy, expressive arts, technology, science, physical education, health, environmental and social studies. The learning and development Outcomes incorporate these different curriculum areas in a holistic way rather than as separate content areas. Children's dramatic or social play typically involves holistic learning that links to all five learning and development Outcomes.

EFFECTIVE EARLY CHILDHOOD PRACTICES USE INTEGRATED TEACHING AND LEARNING APPROACHES TO SUPPORT SUSTAINED AND SHARED INTERACTIONS WITH CHILDREN. (VEYLDF P.14)

Case study

Two children playing in the home corner are setting the table for 'lunch.' They match the number of cups with the number of placemats and do the same for the plates (one-to-one correspondence, a maths concept). They talk about how to resolve the problem that there are more children than placemats and decide to use some material for the extra placemats (communication, cooperation and problem solving skills).

From infancy children learn about all the curriculum areas through their play. When babies play with a toy and see how their actions cause something to happen, they are beginning to learn early science concepts of cause and effect.

Case study

An educator says to 14-month-old Ellie 'It's time for lunch. Time to wash your hands.' She waits for Ellie to stop what she is doing and walk to the sink. The educator says, 'Let's put our hands under the tap and put some soap on them.' She does this herself as she talks Ellie through the routine. Ellie at one point says 'Cold' and the educator says, 'Yes, the water is cold.' She shows Ellie how to rub her hands together. Ellie does this for a long time, seeming to enjoy the stream of water. When she's finished the educator turns off the tap and says, 'Now find your towel and dry your hands' and Ellie follows these instructions.

The child struggles and finally succeeds in seating herself at the table. She uses a spoon and pushes the pieces of pasta to the side of the bowl, eventually using her fingers to get the food onto the spoon. She laughs as a child opposite her taps her spoon on the table and joins in. The educator says 'Who wants some water?' and acknowledges Ellie's enthusiastic look by saying 'Ellie, you look like you'd like some water. You're using your spoon – that's hard work. You're doing a great job'. She brings over a spoon with a larger handle as she noticed the one Ellie is using is hard to grasp.

Reflective questions

- How does this example depict integrated teaching and learning?

- What concepts is Ellie beginning to learn about through this interaction?

- What could the educator do next to extend the concepts that Ellie is beginning to learn?

EPPE study

The Effective Provision of Preschool Education (EPPE) study in the UK found that the most effective early learning environments demonstrated the importance of intentional teaching. In the effective settings there was:

- a balance across a range of curriculum areas rather than an excessive focus on creative or physical development experiences

- a deliberate effort to plan, scaffold and progress children's learning in mathematics, literacy and science

- use of small group experiences, games and other play-based approaches to promote children's sustained, active engagement as learners

- understanding of the need to plan experiences that build on children's interests

- use of a range of strategies to sustain children's interest and to promote meaningful learning – strategies such as questions, prompts, reminders, close attention and encouragement

- no evidence of children wandering around aimlessly or flitting from one activity to another.

Researchers describe successful learning environments as those that provide an 'enriched curriculum' that both follows and leads children's interests and responds to individual differences. Early childhood professionals pay attention to developing dispositions that support learning, including concentration, confidence, persistence, curiosity, independence and resilience. They engage in meaningful interactions with children's learning as they participate in diverse experiences including play, projects, practical and written tasks. Research findings also show that just adding more play or more activities does not achieve improved outcomes. It is the quality of the play and other learning experiences combined with what professionals understand and do that makes the difference.

> IT IS THE QUALITY OF THE PLAY AND OTHER LEARNING EXPERIENCES COMBINED WITH WHAT PROFESSIONALS UNDERSTAND AND DO THAT MAKES THE DIFFERENCE.

Discussion starter

Think about what the term 'dispositions for learning' means to you. Compare it with the definition on p. 35 of the VEYLDF.

Think about the dispositions for learning listed above: concentration, confidence, persistence, curiosity, independence and resilience. Are there other dispositions that you believe help children to learn and to see themselves as learners? Do these apply to children of all ages? Why or why not?

What are practical ways that you promote these dispositions in children through integrated teaching and learning? For example, do the routines support children's capacity to be confident or independent?

How do learning dispositions link with the VEYLDF Learning and Development Outcomes?

Creating physical environments that promote learning

Creating learning environments where children feel safe to take risks with learning, cope with challenges and solve problems for themselves or with help from others is an important element of integrated approaches. Children will learn effectively when they have many opportunities to engage with others in active, hands-on experiences with a range of practical, open-ended, diverse and interesting materials and resources.

Case study

A maternal and child health nurse reflected on the time that children and families spent in the waiting room at her centre and realised that while she has areas for mothers to relax and breastfeed she needed to make an area for children where they could learn. With the assistance of the community toy library, librarian and the local early learning centre she set up a dress-up corner with hats, gloves and shoes, and a table and chair for wooden toys and books. This child-friendly corner allows children to explore. The nurse is able to share her observations of the child playing and can communicate each child's learning skills to the parent and discuss how they can support their child's learning at home.

Discussion starter

Think about the range of materials and resources that support learning in your setting. Are they:

- **practical and authentic:** things that children see adults use that they would like to learn how to use and that would help them as learners – real things rather than pretend or toy ones?

- **open-ended:** materials and resources that can be used in many different ways, that encourage creative uses for different purposes and that can be used by children of different ages and with different abilities?

- **reflective of diversity:** linked to families' lives and cultural backgrounds and able to be used by diverse learners?

- **interesting:** objects that provoke children's interest and curiosity?

- **natural:** objects from nature, objects found and not bought?

- **beautiful:** nurturing children's aesthetic sense through opportunities to experience beauty in its many forms?

- **engaging:** inviting children to do something, get involved and engaging all the senses?

- **inclusive** of a range of information and communication technologies?

What are the gaps in the materials and resources you provide to support, provoke and extend children's learning?

What could you do to fill these gaps? Who might help?

Are there places in the community where you might source different materials or resources?

Action plan

Reflect on the strategies discussed in this guide. Use the table to identify actions you will take as a result of your reflection. There are some examples provided to prompt your thinking.

KEY IDEA	CURRENT PRACTICE	CHANGING PRACTICE
Engaging with children in play	We are often too busy keeping an eye on all the experiences we provide to really engage in children's play.	We will reduce the number of experiences that are provided each day so that we can spend more time interacting with children rather than supervising activities.
Having learning conversations and interactions that support learning	Not sure that we really listen to what children say about what they know and understand, or respond in ways that support them to think deeply.	We will take it in turns regularly to observe/ listen to each other over a few hours and then give feedback on the quality of our learning conversations.
Planning experiences to deepen and extend children's knowledge, understanding and skills		
Differentiating learning opportunities for individual learners		
Planning a balanced curriculum using all the five Learning and Development Outcomes		
Creating physical environments that promote learning		

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Royal Commission into
Victoria's Mental Health System

ATTACHMENT KL-10

This is the attachment marked 'KL-10' referred to in the witness statement of Kim Little dated 8 May 2020.

VICTORIAN EARLY YEARS LEARNING AND DEVELOPMENT FRAMEWORK

PARTNERSHIPS WITH FAMILIES

PRACTICE PRINCIPLES

THE EDUCATION STATE

VICTORIA State Government | Education and Training

Practice Principles cultural knowledge story by Dr. Sue Lopez Atkinson (Yorta Yorta) and artwork by Annette Sax (Taungurung)

Adapted by the Department of Education and Training from *Practice Principle Guide – Partnerships with Families*, by Dr Anne Kennedy and Anne Stonehouse.

Authorised by the Department of Education and Training

2 Treasury Place, East Melbourne, Victoria, 3002

CONTENTS

PRACTICE PRINCIPLES – CULTURAL KNOWLEDGE STORY

- Bunjil the Eagle and Waa the Crow represent Aboriginal culture and *partnerships with families.*

- The water hole symbolises *reflective practice*.

- The gum leaves with their different patterns and colours represent *diversity*.

- The stones underneath the leaves represent *equity*. They reflect the additional support put in place in order for all children to achieve.

- The child and adults standing on 'Ochre mountain' symbolise the *high/equitable expectations* we hold for children and adults.

- The family standing on and looking out from 'Ochre mountain' reflects *assessment for learning and development.* Such assessments draw on children's and families' perspectives, knowledge, experiences and expectations.

- The child and adult figures also represent *partnerships with professionals*.

- The land symbol as mother earth represents the basis for *respectful relationships and responsive engagement*.

- The symbols for land, water and people signify *holistic and integrated* approaches based on connections to Clan and Country.

(Dr. Sue Lopez-Atkinson, Yorta Yorta)

ABOUT THIS GUIDE

This guide is one in a series of eight guides to the Practice Principles in the Victorian Early Years Learning and Development Framework (VEYLDF).

It is revised and updated from the Practice Principle Guide: Family-Centred Practice written by Dr Anne Kennedy and Anne Stonehouse (2012).

The Practice Principle Family-Centred Practice has been renamed in the revised VEYLDF (2016) to Partnerships with families. This change reflects the varied and unique ways early years' professionals engage and work in partnership with families, of which family centred practice is one example.

Use this guide to support individual critical reflection on your practice, for discussion with a mentor or critical friend and as a guide for discussion with colleagues.

The guide draws on the Evidence Paper for Practice Principle 1: Family-Centred Practice, written for the Department of Education and Early Childhood Development by the University of Melbourne. For detail about the evidence mentioned in this guide, and for more depth on this practice principle refer to the evidence paper found at:

http://www.education.vic.gov.au/childhood/providers/edcare/Pages/profresource.aspx

DEVELOPING EFFECTIVE PARTNERSHIPS WITH FAMILIES

Children learn in the context of their families and families are the primary influence on children's learning and development. Professionals too, play a role and by uniting around a shared vision for all children, early childhood professionals work together with children and families to facilitate learning and development (VEYLDF, P. 3).

Developing effective partnerships with families requires professionals to hold a set of values, skills, behaviours and knowledge that recognises and respects the central role of families in children's lives. Every partnership will be unique, just as each family, with their different experiences, values and priorities, is unique.

Early childhood professionals:

- show respect in their relationships with families, adopting an open, non-judgemental and honest approach that is responsive to a family's situation

- understand that consensus with families is not always possible or desirable

- create a welcoming and inclusive environment where all families are encouraged to participate in and contribute to experiences that enhance children's learning and development

- listen to each family's understanding, priorities and perspectives about their child with genuine interest to inform shared decision-making and promote each child's learning and development

- actively engage families and children in planning for ongoing learning and development in the service, at home and in the local community

- establish partnerships where information sharing supports families' confidence, identifies what families do well, and recognise the family's critical importance in their child's life.

(VEYLDF, P. 9)

Education and health professionals who engage in partnerships with families share their knowledge and skills, respect the uniqueness of each family and support families' choices, knowledge and values. This role contrasts with that of professionals as experts who see their role solely as educating families.

Effective partnerships with families are characterised by:

- mutual respect and trust

- reciprocity

- shared power and decision making

- open communication and responsive listening

- honesty

- shared goals

- clarity about roles and responsibilities

- complementary expertise and contributions

- negotiation.

Some families may find it challenging to engage with early childhood professionals because of their own experiences, for example their language, cultural or socio-economic backgrounds, health or disability related issues. This requires early childhood professionals to use multiple ways to communicate with families, to negotiate and overcome barriers to equity and engagement.

(VEYLDF, P. 9)

Partnerships with families are most effective when early childhood professionals:

- understand why developing partnerships is important, are committed to it and know how to go about making it happen

- approach all interactions in a respectful and responsive way

- welcome and support families to develop a sense of community and belonging

- establish clarity about respective roles and responsibilities

- take a collaborative, partnership approach to working with families from the first interaction

- respect diversity and difference and are culturally competent

- establish fair and equitable procedures to manage conflict

- participate in ongoing professional learning to build their skills

- are supported to work in partnerships with families

- engage families in shared decision making.

Case study

A maternal and child health nurse committed to developing partnerships with families asks first time parents what supports they feel they need and how she can assist them to find that help in the local community. Different types of parent groups for different purposes have emerged from this approach.

Case study

A Prep teacher developing partnerships with families empowers families by asking them about their views on homework and how it fits with family lifestyles and beliefs. Each year homework tasks reflect families' beliefs and interests. There's flexibility in how and when children complete their homework. One parent commented 'We see this approach as a shift from our child doing more school work at home, to doing real homework!'

Reflective questions

- What would families say if asked for examples that illustrate the characteristics of effective partnerships with families?

- How do you think families see the relationship with professionals in the service? How could you find out?

- Reflect on and discuss with colleagues what partnerships with families means to you.

- Do your philosophy statement and policies reflect and encourage partnerships with families?

- What are some examples of practice in your service that illustrate key points about partnerships with families in the VEYLDF?

- What improvements can you make?

- What communication strategies work best for you to find what matters to your families?

- In what ways do you build on the strengths and resources families bring to the service?

- If working in partnership with families is a new concept for you, how could you find out more about it?

Working in partnership with families builds on the early intervention approach to family-centred practice and although each family and setting is unique, early intervention research has identified four broad models of program delivery. The four models as shown in Figure 1 are on a continuum from professional centred to more family-centred.

In the professional-centred model, professionals approach their work with families as experts who know much more than the families and who believe they can 'fix' the families' problems. In a family-allied model, professionals begin to engage families a little more by expecting them to accept guidance and carry out instructions. Professionals then move to family-focused model based on a more positive view of families.

Through ongoing critical reflection on practice and access to professional development, professionals gradually shift their practice to family-centred models as shown in the way professionals support families to identify their own needs, their strengths and skills.

Figure 1: Moving towards family-centred model (adapted from Dunst et al., 1991)

PROFESSIONAL-CENTRED MODELS	The professional holds the knowledge with which to fix the problems, which the family cannot do without assistance.
	The professional is considered to know more than the parents about what the child needs in order to grow and develop as it should.
	Families are regarded as not able to assist their own children.
FAMILY-ALLIED MODELS	The professional holds the knowledge, but involves the family a little more by relying on the family to put this knowledge into practice.
	The family is seen to need the guidance of the professional.
	The professional knows best, but believes that families can help to carry out their instructions to benefit the child and the whole family.
FAMILY-FOCUSED MODELS	The professional regards the role of families more positively, but families are still encouraged to use a range of services to help them meet their needs.
	Families and professionals discuss what families need to improve the way they function.
	The professional and the family discuss the family's needs, and the professional helps families to select the best options for the family and the child.
FAMILY-CENTRED MODELS	The goal of exemplary family-centred practice is achieved when the family determines what assistance it needs, and the professional's role is to facilitate the meeting of each individual family's needs.
	A strength-based and competency- based approach is demonstrated by the professional, and support services are geared towards assisting families to develop their own network of resources – both formal and informal.
	The professional listens to what the family wishes for the child and helps the family by meeting those needs where possible, or by helping the family to meet its own needs.
	This approach is empowering for the family.

Beyond family centred practice

<div>

Discussion starter

Discuss with colleagues where your service fits on the continuum from expert, professional-centred models to family-centred, partnership models.

Where do different practices and policies in your service fit on this continuum?

What steps could you take to adopt a more family-centred, partnership approach to your practice?

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Families bring different knowledge and perspectives about their children, their culture and their community. Partnerships with families provide rich opportunities for professionals' learning and self-reflection. Building strong relationships with families supports engagement with the local community and connects a service or school with its community.

The Family Partnership Model as shown in Figure 2 is a well-established, evidence-based approach to working with families. Critical first steps taken by professionals using this model include helping parents to explore and understand their situation and helping them to set goals and objectives (Davis, H. & Day, C., 2010). This model, and other effective partnership practice models, are characterised by:

- taking a strength-based approach to working with families

- building parents' capacity to utilise their own resources and strengths

- establishing relationships based on trust and respect

- open communication, shared decision-making and a willingness to negotiate and compromise

- an appreciation of each other's knowledge

- openness to the views, values and experiences of others.

> A STRENGTH-BASED APPROACH VIEWS SITUATIONS REALISTICALLY AND LOOKS FOR OPPORTUNITIES TO COMPLEMENT AND SUPPORT EXISTING ABILITIES AND CAPACITIES AS OPPOSED TO FOCUSING ON, AND STAYING WITH, THE PROBLEM OR CONCERN. THE PROBLEM AND THE PERSON ARE SEPARATE; HOWEVER, THE PROBLEM IS NEVER MINIMISED. (*STRENGTH-BASED APPROACH: A GUIDE TO WRITING TRANSITION LEARNING AND DEVELOPMENT STATEMENTS*, P.6)

Figure 2: The Partnership Model (Children's Workforce Development Council, 2011)

THE PARTNERSHIP MODEL	THE EXPERT MODEL	THE BEFRIENDING MODEL
• Parents and professionals actively work together • Parents and professionals both influence decision making • Parents and professionals value and use each other's strengths, skills and knowledge • Parents and professionals agree upon goals and desired outcomes and strategies to achieve them • Parents and professionals negotiate when disagreement or conflict occurs • Parents and professionals show mutual respect and trust	• Professionals are viewed as experts with superior knowledge and skills • Professionals lead and control parents and their interaction • Professionals diagnose the parents "problem" and outline goals and desired outcomes • Professionals search for information to support their view of the parent 'problem' • Professionals focus on their own personal or the service/agency's agenda in outlining goals and desired outcomes for parents	• Professionals are warm and friendly with parents and may offer friendship • There are no clear boundaries or expectations of the relationship between parents and professionals • There is no clear model or framework for working through a problem and identifying goals and possible solutions • The relationship between parents and professionals have no clear beginning and end

Reflective questions

• What do you do to get to know and understand the families you work with?

• How do you develop and strengthen your relationship with families to affirm their role in supporting children's learning and development?

EARLY CHILDHOOD PROFESSIONALS LISTEN TO EACH FAMILY'S UNDERSTANDING, PRIORITIES AND PERSPECTIVES ABOUT THEIR CHILD WITH GENUINE INTEREST TO INFORM SHARED DECISION-MAKING AND PROMOTE EACH CHILD'S LEARNING AND DEVELOPMENT

(VEYLDF, P. 9)

WHY DO PARTNERSHIPS WITH FAMILIES' MATTER?

Figure 3: Ecological model of child development adapted from Bronfenbrenner, 1979
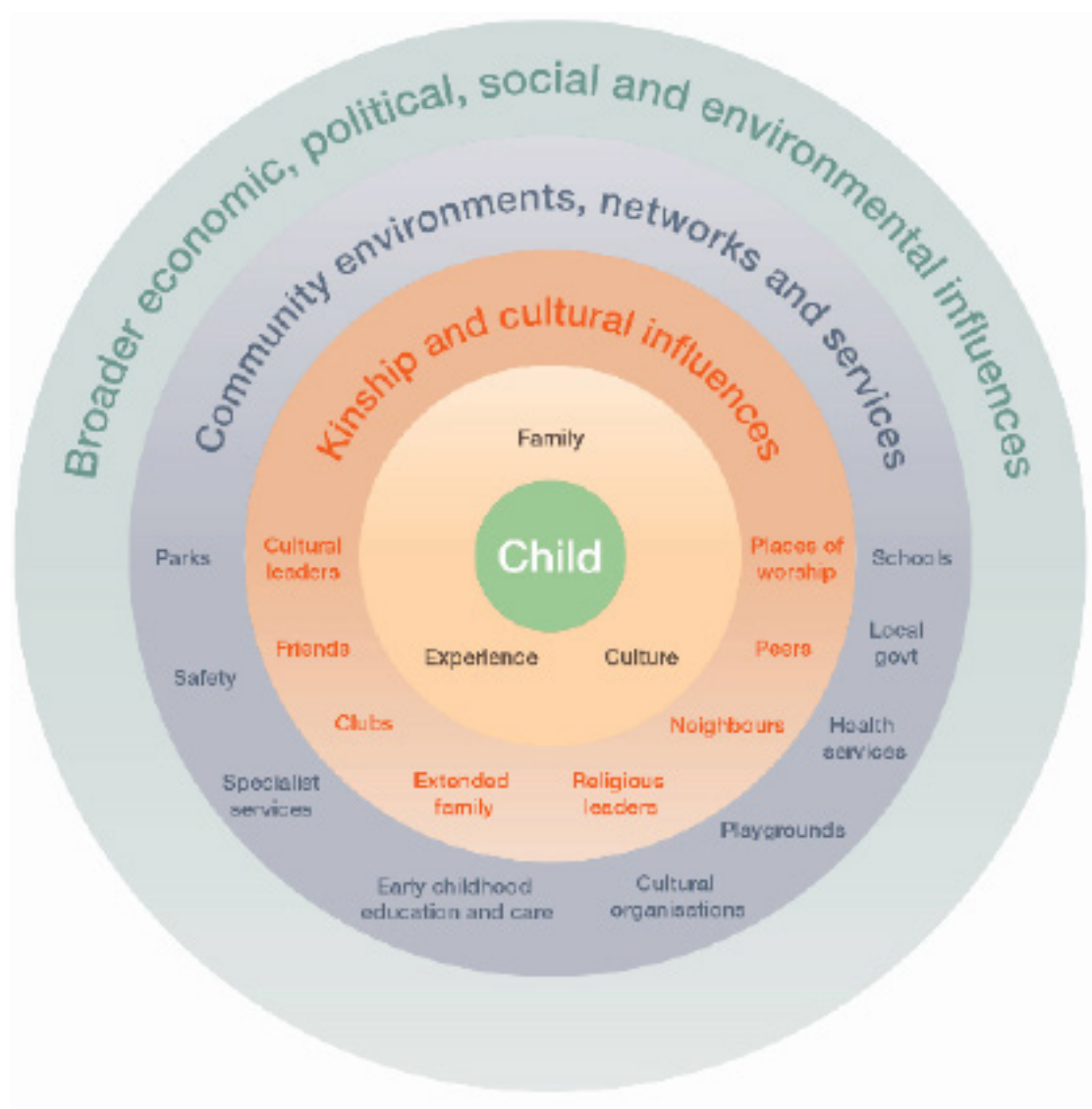
The Ecological model(Figure 3) has family, experience and culture surrounding the child.

Families and kinship members have primary influence on their children's learning and development. Children's learning is supported and extended when families and professionals work together with children.

Professionals value positive relationships with families and seek out the knowledge a family has about their child's learning and development and use this to inform their practice. This includes developing an understanding of the child's home environment and the health and wellbeing of the family. Recognising the interests, abilities and culture of each family supports families' sense of belonging to a setting and their participation in and contribution to the community.

It is important that professionals understand the family, cultural and community contexts for every child and use this knowledge to build on children's values, and extend their knowledge and skills.

IN VICTORIA THE RICH ARRAY OF LANGUAGES AND CULTURES ENABLE MANY OPPORTUNITIES FOR VALUING AND STRENGTHENING MULTILINGUAL CAPABILITIES, RESPECTING CULTURAL DIVERSITY, SUPPORTING COMMON VALUES AND BUILDING SOCIAL COHESION.

FAMILY AND COMMUNITY ARE VALUABLE SOURCES OF CULTURAL KNOWLEDGE AND SKILLS FOR ALL EARLY CHILDHOOD PROFESSIONALS IN DEVELOPING CULTURAL COMPETENCE.

(VEYLDF P. 18)

BENEFITS FOR CHILDREN

Discussion starter

What do you see as the main benefits of partnerships with families for the children with whom you work?

Compare your list of benefits with those below.

Partnerships with families have numerous benefits for children. It:

- promotes attachment and strong family-child relationships
- supports continuity of learning and care experiences
- provides a secure base for learning
- promotes positive attitudes to learning.

Early childhood professionals play an important role in maintaining and strengthening children's attachment to and connection with family and community, which is critical to their sense of identity.

(VEYLDF Outcome 1)

Case study

A maternal and child health nurse explained how she enjoys helping parents to 'tune in' to their baby—to notice how competent the baby is at gaining adults' attention, communicating without words and showing pleasure in adult company.

By developing partnerships with each family professionals support continuity in children's lives. Learning opportunities that build on children's prior learning experiences from home and community enhance children's learning and support children to feel safe and confident as learners.

In early childhood settings, relationships between professionals and children provide a secure base that helps children to feel safe, secure and supported. This encourages them to try new experiences and to learn. The quality of these relationships depends on professionals having a deep knowledge of the child and an understanding of their home environment.

Major differences between practices at home and in other early years settings can cause confusion and may have a negative impact on children's wellbeing and learning.

Research indicates that when professionals and families work together to support children's learning, children's attitudes and performance improve. These improvements continue throughout and beyond children's years in education and care settings and are evident regardless of the parents' socio-economic status, cultural background, employment or marital status.

Case study

From conversations with children and families, a teacher recognised that some children were told stories at home through oral traditions rather than read to from books. The teacher decided to affirm and promote this literacy practice for all children as well as extend knowledge of how stories are shared through the reading of books. He acted on that planning decision by:

- using oral storytelling with small groups of children

- inviting parents familiar with oral storytelling to share their traditional stories with the children

- facilitating play with puppets to promote oral storytelling skills for children

- encouraging families to borrow books that could be shared with children at home

- ensuring there were books in local community languages

- continuing to engage in and model story-telling through books explaining the literacy benefits of both oral and print-based traditions of storytelling to families through conversations and using photos.

This example highlights the importance of understanding the cultural contexts of children's lives for creating continuity for children and affirming and extending their learning. It also shows how early childhood professionals can promote learning in areas where children may have less knowledge or skills.

The teacher's intentional planning is a good example of equity in action, as he ensured all children had opportunities to enjoy shared story telling through both oral and storybook reading experiences.

The teacher was not only aware of culturally different literacy practices, he also had a positive attitude to these differences and was able to explain to families how he was building on and extending children's knowledge and skills in different literacy traditions.

Reflective questions

- Evidence indicates that home literacy practices are more powerful than classroom literacy experiences – What are the implications of this for early childhood professionals?

- How does your current practice acknowledge the importance of home literacy practices?

- What could you do to improve connections between home literacy practices and literacy practices in your setting?

BENEFITS FOR FAMILIES

Partnerships with families have numerous benefits for families that in turn positively impact on children's learning and development. Partnerships with families leads to:

- greater satisfaction with the service
- a stronger sense of self-efficacy and control
- more positive perceptions of their children
- more positive perceptions of their own competence.

Case study

As one educator said:

"The benefits of partnership are that you end up building trust and a program that is far more responsive to a community of people who don't just think about themselves but rather about how the group will benefit and gain from their collaboration. That collaboration is based on listening to other people's perspectives. There's no distinction between the philosophy and how it is enacted in the program for children and for families. We treat each other as citizens and believe that each person deserves respect."

(Educator and director in an education and care service)

Case study

A Preschool Field Officer explained that for her the best way to engage families was to take a very positive, respectful approach and to be accepting of differences:

Just accepting or just being really positive 'oh that's great you've got kinder today' even though they might be really late. 'It's fantastic you've turned up, it's really great to see your child'. It's about the interaction that you have with the family and the child. My personal feeling is the kindergarten teachers I've seen who've had a big success rate with these families they've just made a big fuss 'it's so good to see you, I'm so glad you could come today, anything we can do to help you with attendance'. Give them a ring and see how things are going, what can we do to help you out. So you put it back on them and ask how we can support you rather than being judgemental about them, which would be annoying. I think seriously it's about your relationship and people pick up pretty quick whether or not you're being judgemental and condescending and so on.

Everyday experiences either contribute to or take away from families' sense of control over major life events. Partnerships with families in early years services can make a significant contribution to families' feelings of empowerment.

Through partnerships with families, early childhood professionals help families appreciate how important they are in their children's lives. Professionals respect diversity, reinforce the message that there are many good ways to raise children and promote the idea that there are learning opportunities in everyday experiences.

Working with families to identify what a child already knows, can do and is ready to learn shifts the focus from what a child can't do to recognising a child's abilities, interests and needs.

HOW DO WE GO ABOUT DEVELOPING PARTNERSHIPS WITH FAMILIES?

Adopting a partnership with families approach can be challenging. It can require changes in attitudes and behaviour and adjustments to priorities and role definitions.

Some early childhood professionals may worry that parents will make requests or demands that they cannot accommodate. Practice and research evidence indicate that when there is mutual trust and respect for each other's complementary roles and responsibilities, expectations are reasonable.

When professionals engage in partnerships with families they:

- foster respectful relationships and responsive engagement characterised by warmth and trust

- share information openly with families using a range of styles and types of communication

- regard families as experts on their children's lives, actively seek children's and families' views and take them into account in practice

- offer choices and encourage families to make decisions

- take responsibility for initiating and developing partnerships with families

- reflect on their own practice, values and beliefs (see Practice Principle Guide – reflective practice).

These points are discussed below in more detail.

Foster respectful relationships and responsive engagement characterised by warmth and trust

Through their practice professionals show respect for difference in the partnerships they develop with families. They create welcoming, inclusive environments that reflect the lives, languages, cultures and communities of their families. They interact with families in warm friendly ways that demonstrate respect and convey the message that families belong.

EARLY CHILDHOOD PROFESSIONALS CREATE A WELCOMING AND INCLUSIVE ENVIRONMENT WHERE ALL FAMILIES ARE ENCOURAGED TO PARTICIPATE IN AND CONTRIBUTE TO EXPERIENCES THAT ENHANCE CHILDREN'S LEARNING AND DEVELOPMENT

(VEYLDF, P. 9)

"I VISITED NUMEROUS SCHOOLS AND THE ONE I SELECTED WAS THE MOST WELCOMING AND SHOWED ME THAT THEY REALLY WANTED MY CHILD TO COME TO THEIR SCHOOL."

(PARENT, *EARLY YEARS TRANSITIONS: PRACTICE REVIEW REPORT*, P. 68)

Reflective questions

- What do families see in the physical environment in your service that links to their cultures, languages, communities and family life?
- What are some examples from your own practice of responding to the child in the context of family, culture and community?
- How do you find out about these contexts?
- What more could you do?
- Where might you find help to do this?

In early childhood intervention research the concept of 'help' is used to clarify the role of the professional in partnerships with families. Two categories of 'help-giving' practices have been shown to strengthen families' agency and effectiveness:

- relational practices, such as active and reflective listening, empathy, warmth, and trustworthiness
- participatory practices, such as emphasising the family's responsibility for finding solutions to their problems and for acquiring knowledge and skills to improve life circumstances and deciding on a course of action.

Case study

At enrolment an early intervention professional asks families to talk about what their child does well, their interests and how they support these strengths at home. The child is involved in these conversations by talking about or pointing to photographs of things they like to do. Together they plan how the service can continue what happens at home and extend it. Every semester, or more frequently depending on the child's age and circumstances, they revisit and assess these plans before setting new goals and consider ways these can be achieved.

This example is a reminder that a partnership with families approach includes the child who is an active contributor to their own experiences, learning and development.

Respect requires early childhood professionals to be sensitive to the complex relationships in the lives of children and their families, and the diversity of what constitutes a family. Sensitivity is shown when professionals have reasonable expectations of families that take into account the demands and pressures on families and individual family members. It is important to be aware that family participation or involvement may differ depending on a family's situation and that some families will require additional support to feel comfortable about talking about their child or offering information to professionals.

(VEYLDF, P. 19)

Appendix 1 provides links to additional resources to support professionals working with families and young children.

CHILDREN ARE CITIZENS WITH EQUAL RIGHTS AND ARE CONSULTED MEANINGFULLY, WITH FAMILIES AND COMMUNITIES, ABOUT ISSUES THAT AFFECT THEM.

(VEYLDF, P.19)

EARLY CHILDHOOD PROFESSIONALS ACTIVELY ENGAGE FAMILIES AND CHILDREN IN PLANNING FOR ONGOING LEARNING AND DEVELOPMENT IN THE SERVICE, AT HOME AND IN THE LOCAL COMMUNITY

(VEYLDF, P. 9)

Case study

A director and educational leader of an education and care program said:

"The most important thing is trust. If there's trust, then you can be open with families and them with you. Trust builds out of respect. Everything we do with children and with families is modelled on respect."

Case study

The director of an education and care service explained that they do many things to support families who have busy or difficult lives, including providing nourishing breakfasts, which some parents enjoy with their child.

Share information openly with families using a range of styles and kinds of communication

Open and ongoing communication with families is a priority in achieving partnerships with families. A two-way process of communication between professionals and families might include daily or regular conversations or emails, shared diaries, newsletters, communication books or phone calls. Other more formal strategies might include interviews, school reports, the preparation of Transition Learning and Development Statements or completing sections of the MCH Health, Learning and Development Record.

Professionals also communicate with families by modelling caring interactions and respectful relationships. Developing a communication and feedback process, in consultation with families and children, is a helpful strategy.

Case study

At one education and care setting the early childhood professionals collected left-over lanyards (plastic pockets on a detachable cord for inserting name tags). On a regular basis they put a short note in the pocket about something interesting that happened with the child that day or some good news about an achievement – anything positive – and the child wears it home. They encourage families to read the note in the child's presence as a basis for talking about the child's day. Often parents put a note in it for the child to bring back to the centre.

Partnerships with families does not mean avoiding difficult topics or problems, but dealing with them respectfully. The trust between families and professionals that develops through partnerships with families makes it easier to talk about problems or difficult issues when they arise.

EARLY CHILDHOOD PROFESSIONALS SHOW RESPECT IN THEIR RELATIONSHIPS WITH FAMILIES, ADOPTING AN OPEN, NON-JUDGEMENTAL AND HONEST APPROACH THAT IS RESPONSIVE TO A FAMILY'S SITUATION

(VEYLDF P. 9)

Regard families as experts on their children's lives and actively seek children's and families' views and take them into account in practice.

Working collaboratively with families requires professionals to be genuinely interested in and open to the ideas, questions and requests of others'. This is seen when professionals engage with children, families and other professionals in respectful ways and go beyond listening by demonstrating through their practice that they apply what others contribute.

'[WE SAID TO THE SCHOOL STAFF] PLEASE TREAD CAREFULLY [WITH THIS CHILD DUE TO HER PARTICULAR SITUATION] AND THEY DID AND THEY LISTENED TO US. THEY LISTENED, THEY DIDN'T JUST ASSUME THAT BECAUSE THEY WERE TEACHERS THEY KNEW THE BEST THING TO DO FOR HER [THE CHILD], AND I THINK THAT'S REALLY IMPORTANT.'

(OUT OF HOME CARE FAMILY CONCERNING A CHILD'S TRANSITION TO SCHOOL, *EARLY YEARS TRANSITIONS: PRACTICE REVIEW REPORT*, P. 68)

Case study

An educator working with four year olds decided to ask families in her intake interview with them what they hoped their child would get out of the year. She was afraid that the answers would either be impossible to achieve or that they might conflict with her philosophy and practices. She was pleasantly surprised and has used that initial conversation as a basis for further conversations about each child. She reported that families' answers to that question gave her valuable insights into their priorities and values.

Seeking the views of families can be challenging when there is limited time for conversations. For example, in education and care services conversations with families occur typically at the busiest times of the day. However, these obstacles can be overcome if early childhood professionals make time to seek out and pay attention to families' opinions with genuine interest.

Case study

A maternal and child health nurse uses the Parents' Evaluation of Developmental Status (PEDS) in child health visits as a way of ensuring that parents' concerns are addressed first. She used to greet the parent and child and 'jump right in' with her agenda. She sees that the way she does it now is not only more respectful and satisfying for parents, but it results in valuable information being shared about the child and the parent-child relationship.

From their first interaction, professionals encourage families to share information about their child and their child rearing values and practices. They use that information in their practice.

Partnerships with families means that professionals are sensitive to families' preferences when considering ways to learn about the child's family life. Some families enjoy and appreciate professionals making home visits, some might prefer to meet in a local park or cafe while others may prefer to talk at the centre or service, either as part of a small group or individually.

Professionals respect privacy and confidentiality and recognise that some families will be much more interested in and willing to share information than others. As trust builds and families become confident that professionals respect them and want to hear what they have to say, they will share more information.

Case study

An educator of three and four year olds talking about responding to each family's unique circumstances said:

"I share information with families in different ways. For example, some are very keen to know what behaviour is normal, especially if it is their first child. And if I know a family is anxious about their child and they ask how their day was, I'll think carefully about how I share a concern with them. "

Professionals' expertise is not disregarded in partnerships with families

The table below provides examples of how families and professionals can make equal and complementary contributions to decisions about children in order to support their learning, development and wellbeing.

THE FAMILY HAS...	EXAMPLE	PROFESSIONALS HAVE...	EXAMPLE
...specialised and expert knowledge of their child.	A parent explains to a speech therapist that her child seems to stop using words when he is tired or frustrated.	...specialised professional knowledge about language development and problems.	The speech therapist works with the parent to find ways to reduce the reasons for the child getting frustrated. She also suggests some simple ways to encourage the child to vocalise his needs when he is tired.
...specialised parenting skills.	A Somali parent shows educators how she uses a long cloth to tie her baby to her body as a way to keep him close to her when he needs comforting.	...specialised professional knowledge and skills in the education and care of many children.	Educators reassure the parent that they have used the same practice with other babies and will use it with hers.
...deep knowledge of the impact of family and community contexts on their lives.	At school enrolment, the family of a child with complex additional needs discusses the impact of being involved with a range of health and early childhood intervention specialists since the child's birth.	...professional knowledge of and respect for the diverse contexts of children's and families' lives.	The school staff asks the family for advice about who to contact in regards to working collaboratively with the other professionals involved with the child.
...an interest in having a partnership with the professionals who work with their child.	A father identifies to a family day care educator that he feels isolated from other families as a single dad.	...knowledge of the importance of partnership with families and being a resourceful professional.	The educator tells the father about a local 'Saturday Dads' playgroup and finds details about it for him.

Offer choices and encourage families to make decisions

Early childhood professionals value and build on each family's strengths and recognise them as experts on their children. They actively promote the belief that families are confident and competent educators of their children.

EARLY CHILDHOOD PROFESSIONALS CREATE A WELCOMING AND INCLUSIVE ENVIRONMENT WHERE ALL FAMILIES ARE ENCOURAGED TO PARTICIPATE IN AND CONTRIBUTE TO EXPERIENCES THAT ENHANCE CHILDREN'S LEARNING AND DEVELOPMENT.

(VEYLDF, P. 9)

Professionals encourage and support families to make choices and decisions. The relationship is dynamic and the role of leader in decision-making shifts from time to time depending on the situation. Sometimes families make the decision, sometimes professionals, and often decisions are made jointly. Professionals contribute their perspectives and professional knowledge and families contribute their deep knowledge of their child.

Consider the following statements and reflect on how you would approach the situation. Was your response similar or different? Why?

Case study

A director and educational leader in an education and care centre said:

"What I want to communicate to parents is 'I see you as an expert on your child. We will get to know your child in a different way, so eventually we may be able to tell you things you don't know – just as you can tell us things we don't know".

The leader of a supported playgroup said:

"Sometimes promoting the parents' confidence and their sense of being a good parent conflicts with what might be called best practice with children, and we have to make some tough on-the-spot decisions, but mostly we try to keep at the forefront of our minds how important the parent-child relationship is. That's what matters most."

A director and educational leader said of drop-off times at his education and care setting:

"Families can stay until they're ready to leave. I don't know if there's ever a reason why a parent needs to leave – unless they want to. They decide, and if they don't want to stay that's okay too."

The director of an education and care service said:

"When a child begins and throughout the child's participation [in the program] the cook, educator, director and parent discuss the child's food preferences and opportunities for including it on the menu. Parents will initiate a discussion around the decision about toilet learning, which is made jointly with educators also sharing information. Educators actively encourage families to ask questions about the curriculum and contribute to it, for example by telling educators what is happening in the child's life outside the centre. This is achieved through what is called our 'living document, the curriculum' where children, parents and educators make notes and changes according to information provided."

Take responsibility for initiating and sustaining partnerships with families practice

In early childhood settings a variety of ways are offered for families to be involved in and connect with the service. However, educators understand that families' interest in and capacity to participate will vary. They also understand that participation and involvement is not the same thing as a collaborative relationship. Research suggests that it is important to families that their involvement is constructive and valued. Sometimes limited family involvement might mean that parents are happy with the service. Responsive professionals take care to ensure that parents do not feel guilty if they choose not to become involved.

Case study

A school in a regional city sought ways to encourage parents to engage with and participate in learning opportunities at the school. The school encouraged parents to volunteer by arranging with the local adult education provider to obtain recognition of the volunteering role. The parents were required to have a police check and a working with children card, which they wore with their volunteer badge. They also completed an induction process before commencing at the school and becoming part of the official pool of school volunteers. All of these features raised the profile of volunteering at the school.

The adult education provider also offered a range of accredited courses for volunteers at the school, for example, coffee making, food handling and introduction to computers. The school has developed as a community learning centre where students see adults benefiting from being involved and learning new skills.

Discussion starter

Read the following and then discuss the questions provided.

A family day care field worker described her scheme's attempts over several years to offer social events and talks about child rearing. Attendance was very low, which resulted in professionals complaining about parents 'just not caring'. They started to see it differently when a colleague suggested that instead of blaming families maybe they just got it wrong. 'What's wrong with parents voting with their feet?' she asked. That helped the scheme to see that they were making assumptions about what parents should be interested in. Now, she reports, they ask families what they want. As a result, what they offer is much more popular.

- Have you experienced similar unexpected outcomes from planned parent education activities or events? If so, how have you responded?

- What assumptions were you making about families?

- How might you challenge attitudes that may unfairly position some families as 'not interested' or 'uncaring'?

- Identify some new strategies that support a partnership with families approach.

Partnerships with families means welcoming and supporting each family to participate in the setting and respecting decisions families make. It is the professional's responsibility to find new ways of engaging families and linking them to other services if they are requested or needed. Attending local early years' network meetings and forming alliances with other professional agencies promote connections with the family and child services in your community. Participation in local networks helps professionals to understand the multiple and changing needs of the families they work with.

Professionals can support each other to develop partnerships with families and meet the challenges it brings. Reflecting regularly with other colleagues helps early childhood professionals to develop deeper understandings of a partnership with families approach, the benefits and how to embed the approach in everyday practice. A shift from a 'professional as expert' model requires a whole-of-organisation effort with support from management and at the policy level.

Reflect on practices, values and beliefs

It is important for professionals to critically reflect regularly not only on their practice, but also on the beliefs and values that underpin the practice. The area of partnerships with families is a particularly complex one, in part because each family is unique. Engaging in critical reflection with other professionals and being open to their perspectives on situations is not only reassuring but also leads to solutions and good outcomes. The Practice Guide: Reflective Practice is a useful resource to inform professional practice.

Case study

The director at an education and care setting summed up partnerships with families practice in her service:

"Our community has a strong belief that families need to feel comfortable in the centre if their children are to feel comfortable. Children benefit because the transitions between home and the centre are smooth. What is offered must reflect not only the children's needs but also the families' needs. There is a strong policy that translates into practices that acknowledge that the child's learning and wellbeing is viewed in this environment as a co- operative venture in which the centre temporarily shares responsibility for children and provides another place where children can feel at home and be themselves.

"It is important that people are allowed to be themselves. This occurs when educators have taken the time to gain an understanding of the child and their family. They are able to initiate conversations that are relevant to both the child and their family. The benefits include a sense of shared responsibility and positive outcomes for children, their families and educators."

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Kids Matter, Building partnerships between families and early childhood staff

https://www.kidsmatter.edu.au/sites/default/files/public/KMEC_C4_201205_03_building-partnerships.pdf

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APPENDIX 1

Partnership with families – Links to additional resources and publications for education and health professionals working with families and young children

Australian Institute of Family Studies

www.aifs.gov.au

Capital Health Network

www.chnact.org.au

Centre for Excellence in Child and Family Welfare Inc.

www.cfecfw.asn.au

Centre for Community Child Health

www.rch.org.au/ccch

Community Child Care Association

www.cccinc.org.au

Early Childhood Australia [see Collaborative partnerships with families]

www.earlychildhoodaustralia.org.au

Parenting Research Centre

www.parentingrc.org.au

Starting Blocks

www.startingblocks.gov.au

Royal Commission into
Victoria's Mental Health System

ATTACHMENT KL-11

This is the attachment marked 'KL-11' referred to in the witness statement of Kim Little dated 8 May 2020.

VICTORIAN EARLY YEARS LEARNING AND DEVELOPMENT FRAMEWORK

PRACTICE PRINCIPLE GUIDE

PARTNERSHIPS WITH PROFESSIONALS

PRACTICE PRINCIPLES

THE EDUCATION STATE

VICTORIA State Government | Education and Training

Practice Principles cultural knowledge story by Dr. Sue Lopez Atkinson (Yorta Yorta) and artwork by Annette Sax (Taungurung)

Adapted by the Department of Education and Training from *Practice Principle Guide – Partnerships with Professionals*, by Dr Anne Kennedy and Anne Stonehouse.

Updated 2017

Authorised by the Department of Education and Training

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CONTENTS

ABOUT THIS GUIDE

This guide is part of a series of eight guides to the practice principles in the Victorian Early Years Learning and Development Framework (VEYLDF).

Use this guide for individual critical reflection on your practice, for discussion with a mentor or critical friend and as a guide for discussion with colleagues.

The VEYLDF was written for all professionals working with children from birth to age eight, including:

- maternal and child health nurses
- all early childhood practitioners who work directly with children in early childhood settings (educators)
- school teachers
- family support workers
- preschool field officers
- inclusion support facilitators
- student support service officers

- primary school nurses
- primary welfare officers
- early childhood intervention workers
- play therapists
- health professionals and teachers working in hospitals
- education officers in cultural organisations (VEYLDF, P. 6).

The guide draws on the Evidence Paper for Practice Principle: Partnerships with Professionals written for the Department of Education and Early Childhood Development by the University of Melbourne. For detail about the evidence mentioned in this guide, and for more depth on this Practice Principle refer to the evidence paper www.education.vic.gov.au/earlylearning/eyldf/profresources.htm

PRACTICE PRINCIPLES – CULTURAL KNOWLEDGE STORY

- Bunjil the Eagle and Waa the Crow represent Aboriginal culture and *partnerships with families.*
- The water hole symbolises *reflective practice*.
- The gum leaves with their different patterns and colours represent *diversity*.
- The stones underneath the leaves represent *equity*. They reflect the additional support put in place in order for all children to achieve.
- The child and adults standing on 'Ochre mountain' symbolise the *high/equitable expectations* we hold for children and adults.
- The family standing on and looking out from 'Ochre mountain' reflects *assessment for learning and development.* Such assessments draw on children's and families' perspectives, knowledge, experiences and expectations.
- The child and adult figures also represent *partnerships with professionals*.
- The land symbol as mother earth represents the basis for *respectful relationships and responsive engagement*.
- The symbols for land, water and people signify *holistic and integrated* approaches based on connections to Clan and Country.

(Dr. Sue Lopez-Atkinson, Yorta Yorta)

PARTNERSHIPS WITH PROFESSIONALS

Early childhood professionals work in partnership to:

- research, share information and plan together to ensure holistic approaches to children's learning and development

- respect each other's practice, skills and expertise

- collate and use the evidence of children's prior and current learning and development to build continuity in learning and development

- continue to learn and deepen their expertise in order to best support children's learning and development

- acknowledge the significance of transitions in early childhood services and schools, and work in partnership to ensure that families and children have an active role in transition processes

- work to improve the continuity of practice between settings, including the daily transitions for children and their families

- foster engagement in early years learning communities, where individuals mentor, coach and learn from each other

- develop and promote collaborative partnerships in early years' networks

- provide accountable leadership for learning and development outcomes and support research-based practice in learning networks.

(VEYLDF, P. 16)

The Partnerships with Professionals Practice Principle emphasises the importance of partnerships among the broad range of professionals whose focus is children under eight and their families. The ultimate aim of these partnerships is to support children's learning and development.

The VEYLDF was written to guide the work of a broad range of professionals, and it provides shared language and common principles that enable professionals to work toward all children achieving the learning and development outcomes.

Case study

A family day care educator has participated in a number of professional learning experiences about the Frameworks (VEYLDF, My Time Our Place: Framework for School Age Care and the Early Years Learning Framework) and bases her practice on them. She has been taking children to the local kindergarten for years. She said that for the first time she had had a good conversation with the educator at the kindergarten recently about a child's learning. She said, 'Because of the Framework we now speak the same language and we are working with the same learning and development outcomes. We have that in common, and this helps us to work and learn together.'

WHAT ARE PARTNERSHIPS WITH PROFESSIONALS?

Partnerships with other professionals are ongoing long-term relationships based on shared values and commitment. Collaboration is working together to achieve shared goals. Effective partnerships always involve collaboration. Professionals may collaborate for brief or extended periods of time and for a specific purpose or for a number of purposes. For example, a speech therapist and an educator may collaborate over a year to support a child's speech development. A maternal and child health nurse may collaborate for a short time with a supported playgroup facilitator to provide access to and inclusion in a supported playgroup for a recently arrived refugee family.

COLLABORATION DOES NOT MEAN SETTING ASIDE YOUR SPECIALISM OR CREATING A 'GENERIC' EARLY CHILDHOOD PROFESSIONAL. COLLABORATION MEANS EACH PROFESSIONAL IN A PARTNERSHIP IS RESPECTED FOR THEIR PERSPECTIVE AND INSIGHTS INTO CHILDREN AND FAMILIES.

Early childhood professionals working with young children have diverse disciplinary backgrounds, levels of training and experience. A culture of inquiry and challenge builds robust collaboration and continuous improvement. Effective partnerships with other professionals require leadership, common goals and communication across disciplines and roles to build a sense of shared endeavour.

(VEYLDF, P. 16)

Reflective questions

- What does collaboration mean to you?
- What about partnership?

Partnerships can be formed between individuals and between organisations or services. Partnerships between early childhood professionals are characterised by:

- respect for each other's experience and expertise

- open and ongoing constructive communication

- trust

- clarity about roles

- agreed goals or purpose

- openness to different views and perspectives and willingness to learn from others

- commitment to building relationships

- collaboration with families and children.

Discussion starter

Do the partnerships you and/or your service have match the characteristics listed above? If some of the characteristics are missing or could be stronger, what steps can you take to establish or strengthen them?

THE TERM 'LEARNING COMMUNITIES' IS SOMETIMES USED TO REFER TO A COLLABORATIVE CULTURE WITHIN A SERVICE, AS WELL AS TO PARTNERSHIPS ACROSS SERVICES THAT PROMOTE CRITICAL REFLECTION AND ONGOING LEARNING. WORKING TOGETHER IN PARTNERSHIP IS A KEY FEATURE OF LEARNING COMMUNITIES, AS LEARNING OCCURS THROUGH COLLABORATION.

WHY ARE PARTNERSHIPS WITH PROFESSIONALS IMPORTANT?

Partnerships with other professionals benefit not only children but also families, professionals and local communities.

There is an increasing variety of types of early childhood services in many communities.

Services you may form partnerships with include:

maternal and child health services

long day care services

Multifunctional Aboriginal Children's Services

family day care

kindergartens

playgroups and supported playgroups

occasional care

outside school hours care services

a range of services for children with a disability or developmental delay

specialist support services

schools.

Many children access several different education, health and other services over the first eight years of life, sometimes simultaneously. When professionals do not work in partnership, there is a risk of gaps or duplication in services. For example:

- families may receive conflicting or confusing information
- relationships between families and professionals may break down
- there is little or no consistency and continuity in children's experiences and learning
- educators don't get the support they need
- the child and family are not supported well.

Supporting young children's learning, development and health is complex and cannot be done adequately by one professional, as the following example shows.

Case study

A four-year-old diagnosed with cerebral palsy attends kindergarten for two sessions a week, goes to a long day care service on two days and also sees a physiotherapist and a speech therapist through an early childhood intervention service. Sometimes he sees the specialists in the early learning settings and sometimes at home. This child has multiple needs and is advantaged by the fact that all of these professionals communicate regularly with each other and the family and plan together.

These professional partnerships focus on maximising the learning and development opportunities for this child in each setting, developing common and complementary goals and working together toward the same learning and development outcomes.

Towards the end of the year, after the family has selected the school that the child will attend, all the professionals will collaborate with the family and the child to ensure that the same strategies are used to ensure continuity of practices.

Partnerships benefit children and families

Benefits for children and families when professionals work in partnership include:

- holistic approaches to children's learning and development
- individual responses to children and families, for example when there is a need for an assessment or to be seen by a specialist
- efficient and timely responses to urgent needs, such as financial assistance, housing or medical treatment
- inclusive practices
- transitions for children that support continuity in their learning and development
- improved access to services
- less likelihood of conflicting or confusing advice or information
- families not having to continually retell their story.

These benefits occur for all children and families and are especially important for children with disability, developmental delay or additional learning needs, those from at-risk families, gifted children and those who have experienced abuse and neglect. These children and families may be supported by a range of services with different focuses, strategies and expectations. Working in partnership ensures that goals and approaches are compatible and that everyone operates with a more complete picture of the child and family.

Without partnerships and collaboration among professionals there is a risk that some children and families will not receive the support that they need and will remain isolated or become further marginalised.

Partnerships benefit professionals

Partnerships among professionals benefit professionals in a number of ways, including:

- a more holistic, complete and integrated picture of the child, which makes it easier for professionals to give every child the support they need to meet their learning and development needs and build on their strengths

- identify gaps and duplication in service delivery and identify how to best ensure that these are minimised and all aspects of learning and development are addressed

- opportunities to learn from each other – to be exposed to different perspectives and new information and to critically reflect together

- making the best use of skills, knowledge and experience and applying their collective expertise to their work

- more opportunities to participate in professional development

- the satisfaction of sharing their particular expertise and knowledge with others

- opportunities for coaching, being mentored, mentoring and reducing professional isolation

- a more powerful voice coming from a broader and larger network and therefore a stronger base for advocacy and greater potential to influence policy, practice and general understanding within the community.

Discussion starter

A family day care educator works closely with a maternal and child health nurse, a social worker and a physiotherapist to support a child attending her service who has recently been diagnosed with a developmental delay. The child's mother is 17 and a single parent. The educator says that she has learned so much from the other professionals – not just about their roles, but about how to support young mothers and about developmental delay. She said that being included in planning meetings with the parent and other professionals once every two months has boosted her confidence and her image of herself as a professional educator.

She said 'I was surprised at first that I could tell them things about Joel that they didn't know – that even his mum hadn't noticed. I've learned so much from them about how to help Joel become more confident and also about how to support his mum. As a result, I've joined a community network of professionals who support young single mums. Before Joel started coming I didn't know there were so many single mums in our community.'

- In what ways does this partnership benefit Joel and his mum?

- How does it benefit the educator?

- What factors might contribute to the success of this partnership?

Partnerships ease transitions and promote continuity

Partnerships among professionals support smoother transitions for children and families and greater continuity in children's experiences. Continuity of experience can take different forms:

- continuity between family childrearing practices or traditions and those practices found in early childhood settings
- continuity of professionals' relationships with the child and family over time
- continuity of practice/pedagogy between settings, such as between a kindergarten and a Prep class.

Case study

An educator in a long day care service working with babies and toddlers explained how they provide continuity for children when they move to a new group within the service. The educators talk and plan as a team and with families about:

- routines for sleeping, feeding and nappy changing
- any special rituals to help children and parents separate or that are important for the child to feel secure and relaxed
- the child's way of communicating needs or interests
- the significant people in the child's life
- what the child is interested in or enjoys doing the most.

These educators talk continually with families about the children to ensure that the educators have up-to-date information. They use this information to plan more responsively for each child and where possible continue familiar practices. Although this centre places a lot of emphasis on ongoing communication with families and shared decision making at all times, this educator believes that having the three-way discussion when the child is moving to another group helps the parent as well as the child feel more secure about the move. She also said that educators visit the three-year-old group with the children and they encourage families to visit as well.

From birth, young children and their families make transitions daily - from one service to another, within and/or between early childhood settings and schools. Reasons for these transitions include:

- families adding new services (specialist or family support services)
- starting school (a major transition for both children and their families)
- moving to a new community
- moving to a new group within a service
- families' changing wants and needs.

Transitions can be complex and challenging for young children and their families. Partnerships and collaboration among professionals, children and families can reduce stress and contribute positively to the transition process.

The Victorian Government's *Transition: A Positive Start to School* initiative aims to improve children's experience of starting school by strengthening the development and implementation of a variety of strategies. The initiative:

- recognises the critical nature of early learning and development and the importance of support to provide continuity of learning

- builds on the understanding that transition is a process, not a point-in-time event, and starts well before, and extends far beyond, the first day of school

- identifies strategies for facilitating and supporting children's adjustment to the changes they will experience, and creates a common planning approach for families, services and schools to access and adapt to local contexts.

A range of strategies and activities could include:

- visits by children, families and early childhood educators to schools to observe and participate in school community events

- Prep teachers visiting children in early childhood services to meet the children starting school and observe early learning and pedagogical practice

- buddy systems where children starting school are paired with and supported by an older child at the school

- transition meetings between prior-to-school educators and Prep teachers

- transition statements prepared by prior-to-school educators in kindergarten programs to share information with parents and Prep teachers about a child's early learning, development, strengths and interests

- sharing resources to support continuity of experience for children

- working with bilingual educators so that information, concerns, expectations and preferences can be shared between educators and families and providing translated materials where needed

- working with the school, specialist services and families to assist children with disability or additional needs to make the transition a positive experience.

Effective transitions lead to the following positive results:

- increased likelihood that children's new experiences take account of and build on their prior knowledge and experience

- greater understanding by Prep teachers of curriculum and children's learning and development in prior-to-school services and vice versa

- Prep teachers having accurate up-to-date information about each child's strengths, abilities, interests, cultural and family background and therefore being able to plan for and respond to individual children more effectively

- families and children feeling more positive and secure about starting school

- prior-to-school educators feeling more valued for their knowledge

- stronger connections and relationships among educators and service providers

- more comprehensive planning for children with disability starting school.

Partnerships between educators in prior-to-school settings and Prep teachers support and encourage critical reflection and greater understanding of the complex and challenging issues about children being ready for school and schools being ready for children.

WHAT DO PARTNERSHIPS WITH PROFESSIONALS LOOK LIKE IN PRACTICE?

Each service's context is unique and impacts on partnerships.

Some services are isolated because they are remote. Services in urban areas, too, can be relatively isolated – for example, standalone services where professionals are not linked in to broader professional networks. The more isolated a professional or service the more important it is to take even small steps to establish partnerships. When a service is committed to partnerships, it is important to have:

- a designated person whose central role is to bring about and strengthen collaboration and partnerships
- commitment and support from managers and leaders to provide required resources.

Case study

An outreach worker for a family support agency said, 'Some people think it [collaboration and partnerships] just happens naturally. They don't realise that it won't happen without someone making it happen.'

Case study

A team leader in a kindergarten that includes several children with additional needs said that she spends a lot of time 'playing phone chasey' with specialists: 'Everyone is busy and for many professionals collaborating with other professionals is an 'extra', not something that is built into our jobs. That means it takes extra effort.' She emphasised the fact that the benefits far outweigh the extra effort. She looks forward to a time when every professional's job description includes building and strengthening partnerships.

Case study

An early childhood educator in a small rural town, whose position included building partnerships with other professionals, commented, 'I do a lot of informal behind-the-scenes work to build partnerships. It is sometimes fairly invisible, but it's about building trust and a shared vision of what we're on about. Usually you don't see the results straight away.'

It is critically important that leaders in organisations appreciate not only the value of partnerships but also the time and energy they take. This applies even within organisations, where traditionally professionals working in different parts of the organisation may not have collaborated much. Collaboration outside the organisation may require even more time and resources.

There are a number of practices that bring about or contribute to partnerships and collaboration. These are discussed below.

PRIVACY

WHEN PROFESSIONALS WORK IN PARTNERSHIP THEY HAVE ETHICAL AND LEGISLATIVE OBLIGATIONS RELATED TO FAMILIES' AND CHILDREN'S PRIVACY, BOTH IN WRITTEN RECORDS AS WELL AS CONVERSATIONS ABOUT A CHILD WITH OTHER PROFESSIONALS.

RELEVANT VICTORIAN PRIVACY LEGISLATION INCLUDES THE INFORMATION PRIVACY ACT 2000, THE HEALTH RECORDS ACT 2001 AND THE PUBLIC RECORDS ACT 2002. THE COMMONWEALTH PRIVACY ACT 1988 MAY ALSO APPLY TO EARLY CHILDHOOD SERVICES.

Communicate openly and constructively with other professionals

Some communication strategies that support collaboration include:

- holding meetings that encourage open communication and consideration of all perspectives
- embedding formal processes to support collaboration rather than it being an 'add-on' – for example, ensuring that in an integrated service regular meetings are held with all the professionals who work in the service
- sharing information, for example through newsletters, electronic networks and shared professional learning opportunities.

Case study

A group of teachers and the educators working in the out of school age care (OSHC) programs at a school explained that they found it easier to talk with each other when they were familiar with each other's setting. They visited each other regularly and talked about their respective work. Over time both groups of professionals felt more comfortable raising concerns about the children such as doing homework in the after school program or how the Prep children can be supported in transitions from and to the school age care programs and the classroom, especially in Term 1.

There are likely to be communication challenges when professionals from different backgrounds and disciplines collaborate. They may not share a common professional language and their particular priorities for children may differ. The VEYLDF with its broad audience provides a solid foundation for communicating and focusing collaborative efforts. The Learning and Development Outcomes provide the basis for shared language and perspectives about children's learning and development in the first eight years of life.

Work toward shared goals: supporting children's learning and development

All successful partnerships are built on a foundation of shared goals, which must be clearly articulated and understood by those involved. When goals are shared professionals are more likely to meet challenges, overcome obstacles and respond effectively to children's strengths, abilities and interests.

Developing common goals and a shared philosophy so that everyone is involved is critical to building successful teams. This leads to developing approaches to supporting children's learning and development that are holistic and include elements from a range of content areas.

The aim of planning is achieving the best outcomes possible for children as described in the Learning and Development Outcomes in the VEYLDF. Keeping the Practice Principles and the five Learning and Development Outcomes of the VEYLDF in mind when planning curriculum in every early childhood setting for children from birth to eight years, provides for pedagogical continuity.

Planning with other professionals when a child participates in more than one service helps to ensure that:

- educators take account of children's experiences in different settings – for example, a family day care educator builds on the child's excursion to a farm with his kindergarten group

- professionals gain multiple perspectives on a child's learning and development. For example, a pre-school field officer is invited to a planning meeting with a child's kindergarten educators

- plans are based on shared comprehensive assessments of children's learning and development, which provides a more holistic and complete picture of the child – for example, a maternal and child health nurse shares (with parents' permission) information from her assessments with child care educators, and this informs their planning for this child.

Reflective questions

- What interferes with planning together with other professionals? How can the obstacles be minimised or eliminated?

- Have you or your colleagues had the experience of giving a family advice or information that conflicted with what other professionals had said? What was the effect of that? How could it have been prevented?

- Lack of time is often identified as a barrier to partnerships. What steps can you take that make optimal use of the time you have available? How could you adjust priorities to focus more on collaborative partnerships?

Discussion starter

Abid recently moved schools and enrolled in the OSHC program attached to his new school. The educators are concerned that he isn't settling in. He is often by himself and appears to have no friends. He stays in the reading area for much of the afternoon. The educators' hunch is that this is not because he wants to use the books but rather because he feels safe there.

After discussing the situation with his family, the educators got permission to approach his Year 2 teacher. She said that his behaviour was much the same in school. The only time he seemed happy and eager was when the class went off to music sessions. These sessions are led by a local musician who comes into the school once a week. The teacher hadn't spoken to the music teacher but said that she would.

She reported when they met a few days later that the music teacher said that Abid had amazing skills on drums, far exceeding other children. One of the school age care educators had recently seen a busker in the city who was drumming on a variety of metal containers – rubbish bins, olive oil drums, buckets, saucepan lids and tin cans. The educators decided to bring in a few of these objects and talk to the children about creating a homemade drum set. They discussed it with the group, not singling out Abid, and when it was assembled Abid amazed everyone with his skills.

The classroom teacher meanwhile had integrated discussion of different sounds made by different sized containers into the science focus with the aim of inspiring some new ideas for 'drums'. The teacher spoke to the music teacher about the need to build Abid's strengths and confidence and to help him make friends. The family commented that Abid had talked about his interest in drumming and they discussed ways to encourage this interest at home and at school.

The professionals agreed that talking to other staff who worked with the child had been very useful. They decided that school age care educators and the relevant teachers in the school would meet monthly to discuss children and to build in better continuity and responsiveness to children's strengths and abilities.

How did this simple example of collaboration benefit Abid?

How did it benefit the professionals?

This is an example of an initial collaboration that could eventuate into a partnership. What might contribute to its success? What might be some obstacles?

Value the expertise of other professionals and make referrals when appropriate

Collaboration starts with respect for others' skills and knowledge, along with appreciation of the boundaries of one's own professional expertise. Collaboration does not mean setting aside your specialism or creating a 'generic' early childhood professional. Collaboration means each professional in a partnership is respected for their perspective and insights into children and families.

Collaboration leads professionals to refer children and families when the skills and expertise of others are called for and work closely with those professionals when needed. Positive, respectful relationships with other professionals may require confronting biases or misconceptions about their work.

Case study

A supported playgroup facilitator was concerned about a two-year-old child who attended the playgroup with his dad. The child spoke very little and had an unusual gait when he walked. His dad said he had only started walking a few months ago. She suggested that it would be useful to talk to the maternal and child health nurse about his concerns. Through talking with other parents in the group she learned that most families hadn't visited the maternal and child health service since their children were babies. She invited the local maternal and child health nurse to come to the playgroup to talk informally with the parents. After chatting with the dad over a few sessions, the nurse suggested that if he had concerns she could refer the child for an assessment.

Lead collaboration and partnerships and encourage others to lead

Leadership is essential for partnerships. Leaders must take responsibility for creating regular time and opportunities to communicate and share expertise. Leaders must be able to inspire and empower other professionals to work toward agreed goals. Shared professional learning, both informal and more formal, as well as opportunities to mentor and be mentored can both involve close communication and support ongoing communication.

Capable leadership is essential and includes recognising that partnerships may involve:

- bringing together different philosophies and expertise
- coordinating an agreed shared vision and purpose for meeting
- dealing with varying expectations
- confronting hierarchical power and status differences
- working through different views about roles and responsibilities.

In these and other situations leadership that demonstrates respect, responsiveness, honesty and openness can help to resolve issues.

Effective collaborators are good communicators and work across traditional boundaries and overcome obstacles.

Reflective questions

- Can you think of an approach within your own profession or discipline that is different from your own? What could you do to understand this approach better? What steps would you take to work collaboratively with a professional who uses that approach?
- What would be the benefits of such a partnership?
- What are some of the power or status issues you deal with in your work?
- What is the source of these? How do they affect partnerships? How can they be addressed constructively?

Commit to working together to advance knowledge about children's learning and development

Early childhood professionals advance their own skills and knowledge as they learn from one another when they work in partnership and establish a culture of reflective practice. Building knowledge about children's learning and development requires commitment by both individual professionals and their organisations.

Early childhood professionals can also play a key role in advancing and adding to knowledge about young children's learning and development. Many professionals and services are involved in formal or informal partnerships with research institutions and government departments. These partnerships help to translate research into policy and practice. In these partnerships early childhood professionals help to produce new knowledge as they share their valuable expertise and experience.

Case study

An early learning centre in Melbourne participates in a university- based research project that has ethics approval to identify benefits to children and families of an intensive early education and care program. The educators work collaboratively with a range of health, welfare and other professionals to develop the curriculum and plan their work with families and children. The VEYLDF and the national Early Years Learning Framework (DEEWR, 2009) guide the research, relationships and everyday practice with children and families.

The Key Worker approach to partnerships and collaboration involves one early childhood intervention service (ECIS) professional becoming a family's primary point of contact with the ECIS team. The Key Worker co-ordinates the information and support the child and family receives.

The Key Worker approach minimises the number of visits to families' homes and the number of professionals who work with a child with a disability and their family without reducing the expertise available to them.

The Key Worker can help to arrange referrals based on advice from the ECIS team and in consultation with the family.

Case study

Vien is a key worker in a large early childhood intervention agency that employs a range of professionals including physiotherapists and speech and occupational therapists. She shared this example of collaboration among professionals working in partnership with families to support inclusion:

Toby is a four-year-old child who is attending a local kindergarten this year. He has cerebral palsy and is mobile, using a walker at times.

Toby and his family have used the services of the early childhood intervention agency for three years, and Vien, who has worked with them during that time, knows them well. Toby and his family have had little contact with other services, and Toby had spent little time apart from his family before starting kindergarten. It was anticipated that he would find separating from his mum difficult.

Vien made contact with Maria and Rosie, the educators at the kindergarten, to introduce herself and discuss how they would work together soon after Toby's parents chose a kindergarten. Maria had considerable experience with inclusion and was positive and open about including Toby. Vien says that this is the most significant contributor to the success of Toby's inclusion and to their partnership. They met with Toby's family to plan his transition into kindergarten. As part of this plan they decided to apply for additional funding to ensure Toby's full inclusion.

Vien took photos of Toby when he visited the kindergarten as he arrived, putting his bag on his hook, at the puzzle table and made up a book with the photos and notes for his parents. She gave the book to Toby and his family to use to talk with him before he started.

Vien attended the first two sessions at the beginning of the year, in part to support Toby's mum. Vien said that Toby's mum was anxious and after saying goodbye stayed in the kitchen and Vien went in and gave her regular updates on how Toby was going.

Vien said that one focus for her early work with Maria and Rosie was modelling ways to help Toby with movement and emphasising the importance of letting Toby do all that he could do on his own rather than helping him too much. Together they figured out how to modify the indoor and outdoor environments so that he could easily use his walker.

They discussed how he could sit comfortably on the mat.

Toby was a very verbal child but not always easy to understand. Vien gave the educators a visual photo pack to use with Toby and talked about the importance of encouraging him to transition to other activities rather than spending most of his time at the puzzle table.

Vien, who has a physiotherapy background, said that a lot of her work is about supporting educators to do their job, including all children fully in the program. She said it's important in her role to appreciate that what matters in the kindergarten setting is that children participate in the curriculum. She admitted that earlier in her career she might have tried to get the educators to do special exercises with Toby, but now she says her challenge is to observe how the children play and learn and how the educators guide the learning. Then everyone involved, including Toby's parents, discusses how to help Toby make the most of his time there. She said that 'Learning how the program works is really important'.

After Toby settled in Vien had a few phone conversations with Maria and made another visit at Week 8. At the end of each term Maria, Vien and Toby's parents, in consultation with other professionals, will review the goals they've set and alter them.

Vien emphasised that the key to success is:

- partners welcoming each other's contributions
- building a strong relationship among all professionals involved and
- parents making contact early and starting to plan together.

Discussion starter

Reflect on the professional partnerships you have with individuals or organisations. Use the table to identify who, why and benefits for professionals, children, families and community.

CURRENT PROFESSIONAL PARTNERSHIPS (WHO?)	PURPOSE (WHY?)	BENEFITS TO PROFESSIONALS, CHILDREN, FAMILIES AND COMMUNITY

ACTION PLAN

Reflect on the information and practice examples of different professional partnerships discussed in this guide. Use the table to identify other professionals or organisations that you could form partnerships with and why they would be helpful. Identify how you will initiate or lead this partnership building.

POSSIBLE NEW PARTNERS (WHO?)	PURPOSE FOR THESE PARTNERSHIPS (WHY?)	STEPS YOU WILL TAKE TO INITIATE THESE NEW PARTNERSHIP

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