



Early Childhood Education and Care

Submission by the Alannah & Madeline
Foundation to the inquiry of the Australian
Government Productivity Commission

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Executive summary

The Alannah & Madeline Foundation (the Foundation) welcomed the news that the Productivity Commission (the Commission) would examine the early childhood education and care (ECEC) sector to identify barriers affecting access to services and ways to support better outcomes for children and families. The Australian Government intends to chart a course for universal, affordable ECEC, recognising that participation in high-quality ECEC 'provides a foundation for our children's future well-being and success'.¹

This aim is very positive. As the Australian Institute of Health and Welfare has observed, children's wellbeing and long-term prospects are vitally influenced by learning and development in the early years. This is a key time for intervention to address disparities between vulnerable children and their peers.²

Our submission calls for ECEC services to be trauma-informed environments, where educators have the skills, knowledge and professional support to recognise and respond appropriately to children showing signs of trauma, and where educators' own wellbeing is supported to manage any vicarious trauma they experience.

While childhood trauma often overlaps with socio-economic disadvantage and other vulnerabilities, it poses specific concerns which need clear recognition and expert responses.

The urgency of this issue was shown recently by the findings of the Australian Child Maltreatment Study (ACMS). This nationally representative survey of 8,500 adults found that 32% experienced physical abuse during childhood; 28.5% experienced sexual abuse; 30.9% experienced emotional abuse; 8.9% experienced neglect; and 39.6% witnessed domestic violence against another family member.³ Australians who experienced childhood maltreatment are much more likely than those who did not to show serious mental health problems, serious substance misuse, unhealthy behaviours and high use of health services in adult life.⁴ The ACMS team called for a national, coordinated response, including investment in universal prevention and support for educators and other professionals to understand, identify and respond to child maltreatment.⁵

This resonates with the findings of the Productivity Commission's 2020 inquiry into mental health. While mental health problems have various causes, the Commission recognised that the majority emerge during childhood or youth. The cost to Australia's economy of suicide and poor mental health (including substance use disorders) was found to be high: approx. \$200-220 billion per year.⁶ The Commission urged that children's mental health be prioritised as the approach most likely to shift health, social and economic outcomes. Amongst other things, the Commission called for funding to 'enhance the ability of early childhood education and care services to support the social and emotional development of children'.⁷

In addition, we argue that it is vital to properly support educators' wellbeing. The quality of the educator-child relationship is key when responding to childhood trauma. But educators are being harmed by exposure to trauma in their work, and they often lack the structured supports available to other professionals who work with childhood trauma in fields like child protection and mental health. This situation contributes to the wider problems of educator burnout and turnover, which have serious implications for Australia's economy.

By focusing on these points, our submission speaks to three items in the inquiry's terms of reference:

- 'Options that improve or support outcomes for children and families experiencing vulnerability and/or disadvantage'.
- 'ECEC sector workforce requirements and the capacity to meet these requirements'; and –
- 'Impacts on the economy, including workforce participation, productivity and budgetary implications'.⁸

We also share some preliminary findings from our Trauma Consultancy Service (TraCS). TraCS supports early childhood educators to strengthen their understanding of the impact of trauma on children, build skills in responding to and managing trauma-based behaviours, and promote trauma-informed relationships and environments. TraCS does not just train individual educators; it supports positive whole-of-service change.

This Productivity Commission inquiry accompanies the development of a Commonwealth Early Years Strategy and a national vision for early childhood education and care. We have made submissions along similar lines to both those processes.

About us

The Foundation was established the year after the Port Arthur tragedy, by Walter Mikac AM in memory of his two young daughters, Alannah and Madeline. Our vision is that all children and young people are safe, inspired and have freedom to flourish.

Over the last 25 years our work has grown and evolved but our purpose remains the same. We have three program streams:

- **Safe and Strong: recovering and healing from trauma.** Linked to our origin story, we have a specialist trauma recovery and therapy service for children who have experienced significant trauma. This has grown in recent years to include working with early childcare providers, kindergartens, and now primary schools to help them build their trauma informed capability and practices. Most of our work in trauma healing and recovery is Victorian based, with our therapists and consultants working from our client's homes and places of work.
- **Safe and Strong: building positive digital citizens.** The Foundation works with schools, families and communities nationally to help children build the digital intelligence, skills and competencies they need to stay safe online and to be active, positive digital citizens. With over 10 years' experience working in the cyber bullying and wellbeing space, as technology has become ubiquitous, our work has developed into building digital intelligence, digital ethics and media literacy for all children aged 3-18.
- **Safe and Strong: bringing children's rights to life.** As a rights-based organisation, this is our policy and advocacy work. Since inception, we have advocated for firearms safety, and we convene the Australian Gun Safety Alliance. In other key policy matters related to our programs, we work closely with the Office of the eSafety Commissioner, the Prime Minister's National Office for Child Safety and other major agencies such as the Australian Federal Police.

In 2018, we partnered with Kate and Tick Everett, after the tragic suicide of their daughter, Dolly. With them we worked to establish Dolly's Dream.

- **Safe and Strong: Dolly's Dream, changing the culture of bullying.** The purpose is the same, but the programs and services (Parent Hub, telephone help line, school, and community workshops etc.) are specifically designed for remote, rural, and regional families and communities, to meet their unique needs and contexts.

Recommendations

1. Revisit Action 5.2 of the Productivity Commission's 2020 report on mental health ('Social and emotional development in preschool children') in light of the 2023 findings of the Australian Child Maltreatment Study. In 2020, the Commission stated 'Services for preschool children and their families should have the capacity to support and enhance social and emotional development'. The Commission recommended that state and territory governments provide funding for services to spend on accredited professional development for staff (including backfilling) and/or guidance from qualified mental health professionals.

We believe this positive recommendation could be further refined through consideration of the findings of the ACMS – namely, that abuse and neglect of children is tragically common and aligns strongly with poor mental health, substance misuse and high service use in adult life. The ACMS report states:

'...It is imperative that Australian Government agencies collaborate with States and Territories, through financial resourcing and policy frameworks, supported by a new model of sustainable national governance architecture to ensure child maltreatment is treated as an ongoing national concern. This infrastructure is required to support the mechanisms necessary to ensure this commitment is secure, stable, and sustained, and endures across political cycles.'

'... At the community level, key stakeholders need support to enable appropriate responses to child maltreatment. For example, health and education practitioners require pre-service training and ongoing education to understand, identify and respond to child maltreatment.'⁹

We believe progress could be made towards the abovementioned goals by taking the following approaches:

2. Recognise the vital role played by early years educators in identifying children who are experiencing harm early, and in ensuring earlier intervention for families to address risk. Whilst educators undertake training in identifying and reporting signs of harm, these signs are often nuanced and can be difficult to identify without expert support. Such support is largely unavailable for educators as a part of their day-to-day work.
3. Recognise that while childhood trauma often overlaps with broader vulnerability and/or disadvantage, it is a specific and urgent issue which requires its own responses.
4. Work with state and territory governments and tertiary early years education and training providers to ensure ECEC qualifications include standardised, high-quality content on creating trauma-informed early years environments.
5. Provide educators with high-quality ongoing opportunities to develop skills and knowledge and connect with appropriate expert supports, in order to better enable them to work with children whose behaviour or development are affected by trauma.
6. Work with state and territory governments and the ECEC and not-for-profit sectors to continue and scale-up evidence-based programs that build ECEC services' capacity to be trauma-informed. We offer early findings from our Trauma Consultancy Service (TraCS) to help build insights into what works.
7. Recognise that early childhood educators are exposed to trauma through their jobs, and that their wellbeing must be supported appropriately if they are to work well with children. Beneficial approaches include encouraging self-care and reflective practice and promoting meaningful access to these things; providing necessary on-the-job training; encouraging and sustaining supportive professional relationships; and valuing the contribution educators make. This issue should be addressed in the context of broader improvements to make the ECEC sector a safer, more rewarding place to work in the long term.

Outcomes for children and families experiencing vulnerability and/or disadvantage

The Terms of Reference for the inquiry state 'the Commission should consider options that improve or support ... outcomes for children and families experiencing vulnerability and/or disadvantage, First Nations children and families, and children and families experiencing disability.'

It is recognised that high-quality ECEC can be especially beneficial for children from disadvantaged or vulnerable families – e.g. helping to build their cognitive, social and emotional skills.¹⁰

However, children's exposure to trauma must also be addressed. While trauma often overlaps with broader vulnerability, it is a specific issue and requires expert responses.

While there is no universally accepted definition, trauma is frequently understood to mean an emotional response to a terrible event that leads to physical or psychological harm for an individual.¹¹

Most educators will work with children whose behaviours or development are affected by trauma. Children may disclose abuse or neglect explicitly or implicitly, and they may present with social, emotional, behavioural or developmental concerns. These may include signs of impaired cognitive development; impaired development of the nervous system and other bodily systems; chronic stress and/or poor mental health; regressive behaviours (e.g. separation anxiety, problems with toileting or eating); social withdrawal; violent behaviours; and/or learning difficulties.¹² Children's ability to recognise and regulate their emotions may be disrupted and they may engage in harmful or 'numbing' behaviours. Accordingly, they may struggle to form healthy relationships or feel a sense of belonging.¹³

Trauma can stem from many sources, but the most common ones we encounter in our work are abuse and neglect. The prevalence of these issues was demonstrated by the Australian Child Maltreatment Study.* Their nationally representative survey of 8,500 Australians found that child maltreatment was 'endemic':

- 32% of Australians experienced physical abuse before the age of 18
- 28.5% experienced sexual abuse
- 30.9% experienced emotional abuse
- 8.9% experienced neglect
- 39.6% witnessed domestic violence against another family member.¹⁴

Most Australians who experienced maltreatment said it happened more than once and took more than one form. Sadly, rates of childhood maltreatment recalled by young adults were not very different to those recalled by older generations.¹⁵

Abuse and neglect can cast a long shadow. Australians who experienced child maltreatment are much more likely than the rest of the community to show mental health problems and risky behaviours in adult life, such as smoking, binge-drinking, obesity and self-harm. They are 4.6 times more likely than the rest of the community to have current PTSD, 6.2 times more likely to be cannabis dependent, 3.2 times more likely to have a major depressive disorder, and 4.5 times more likely to have attempted suicide in the past 12 months.¹⁶

To address these concerns effectively, it is important to intervene early. We believe the solution must include ECEC services that can respond appropriately to children affected by trauma.

This aligns with the recommendations of the ACMS team, who stated, 'Protective factors [for children] can be enhanced by fostering supportive relationships, safe environments with predictable home routines, and school and social connectedness' ... 'educational practitioners need to be equipped to provide trauma-informed responses, and avoid harmful responses'.¹⁷ The researchers recommended that educators receive pre-service training and ongoing education to understand, identify and respond to child maltreatment.¹⁸

We support this recommendation, but we believe training for individual educators is not enough; broader action is needed to ensure ECEC services are trauma-informed environments.

A recent scoping study of trauma-informed interventions in ECEC defined the approach as follows:

'Trauma-informed care, programs, systems, approaches, and environments are developed to mitigate the impact of trauma. An intervention is trauma-informed if it demonstrates a *realisation* of the widespread impact of trauma and understands potential pathways toward recovery; a *recognition* of the signs and symptoms of trauma in individuals and groups; a *response* that involves full integration of knowledge about trauma into policies, procedures, and practises; and efforts to prevent *re-traumatisation* of individuals and groups'.¹⁹

A literature review of trauma-sensitive approaches to working with children aged 0-8 found that trauma-sensitive early childhood services have common characteristics:

- A whole-of-service approach
- A supported and effective workforce
- Relationship-based practice
- Provision of a safe environment
- Social and emotional educating strategies
- Intensive intervention
- Staff self-care and wellbeing.²⁰

* The ACMS is cited as a source of indicators in *Safe & Supported: the National Framework for Protecting Australia's Children 2021-31*.

ECEC sector workforce requirements

The Terms of Reference for the inquiry state that the Commission should consider 'ECEC sector workforce requirements and the capacity to meet these requirements within current Commonwealth, state and territory initiatives.'

Early childhood educators work with children who have experienced trauma. Policies and practices in child protection strongly encourage participation in high-quality ECEC because it is an important protective factor for vulnerable children. For example, Victoria's Early Childhood Agreement for Children in Out-of-Home Care aims to ensure that all children in care engage in teacher-delivered early learning programs from age three; that local strategies are put in place in all areas of Victoria to assist vulnerable children to access and participate in early childhood services; and that all children in kinship care and their carers engage in supported playgroups. Child protection case managers liaise with local government to this end.²¹

While this approach is very positive, it raises concerns if educators are not supported appropriately. In our experience, many early childhood educators begin their careers with little or no training in supporting children affected by trauma or managing vicarious exposure. They are expected to provide psychosocial welfare support to vulnerable children and their families on top of education and care. This includes mitigating and managing risk while also meeting duty of care, mandatory reporting and educational requirements, and building positive relationships with appropriate boundaries.

Despite these heavy responsibilities, early childhood educators often do not have relevant training, formal supervision, coaching, self-care prompting, reflective practice, peer learning or consultation – essential forms of support which are available to other professionals who deal with childhood trauma in fields like mental health, child protection and social work.

Moreover, in our experience, educators are representative of their local community and reflect the disadvantage and vulnerability of their children and families. Additionally in some communities – particularly in regional and rural areas – they shop, eat and play in the same spaces as the families they work with. This makes it more challenging to manage vulnerability, with heavier impacts on educators' own wellbeing.

When the system fails to support educators to manage their exposure to trauma, this has negative results for children, as educators quit or do not provide the necessary care.²² A recent study found that policies on quality in early childhood education continued to neglect the importance of supporting educators in the relational complexities of their work.²³

An evaluation of the Trauma Consultancy Service (TraCS) of the Alannah & Madeline Foundation surveyed 286 Victorian early childhood educators early in 2021 and found that 52.1% agreed with the statement 'Reflecting on my time working here, I feel I have been impacted by the children's trauma such that it impacts my life outside work.' (This encompasses educators who agreed, slightly agreed, and strongly agreed.)²⁴

This problem occurs in a context of broader challenges faced by educators. Too often educators' wellbeing has not been supported, with high levels of exhaustion, stress and poor wellbeing identified. Stressors include long hours, low salaries, unpaid overtime, struggles with group size and time constraints, low status, and limited opportunities for professional development or career progression.²⁵

These circumstances impact on educators' wellbeing, with negative implications for the children they work with. Educators with high standards of mental and emotional health are better placed to respond appropriately to each child, build positive relationships, and support children's confidence and engagement in learning.²⁶ In contrast, educators with high levels of depression, stress, emotional exhaustion or burnout are less likely to engage in high-quality, responsive teaching practices.²⁷

We hope to see high-quality training in creating trauma-informed environments built into all qualifications for early years educators. We also hope to see continuance and up-scaling of evidence-based programs that have demonstrated success in building the capacity of ECEC services to be trauma-informed. The ECEC sector's approach to supporting educators also needs to change: educators need a strong standard of wellbeing and professional support in order to work well with children.²⁸

Impacts on the economy

The Terms of Reference for the inquiry state that the Commission should consider ‘impacts on the economy, including workforce participation, productivity and budgetary implications.’

When childhood trauma is not appropriately addressed, it can have serious economic impacts in the long term, affecting individuals’ employment outcomes and service usage.

In their 2020 inquiry into mental health, the Productivity Commission estimated that suicide and mental illness (including substance use disorders) came at a high cost to Australia’s economy: \$43-70 billion per annum in expenditure on healthcare and support services, informal care provided by family and friends, lost productivity and reduced economic participation. A further \$151 billion per annum was associated with disability and premature death.²⁹ As most mental illnesses develop before the age of 21, the Commission concluded:

‘Early identification of risks to children offers the greatest potential for improving health, social and economic outcomes. Supporting the social and emotional wellbeing of young Australians and helping them to thrive is expected to set them up to better cope with future risks to their mental health, and lead to improved long-term academic outcomes ... and post-school opportunities.’

The Commission recommended (Action 5.2) that state and territory governments should provide funding to enhance the ability of ECEC services to support young children’s social and emotional development.³⁰

Of course, not all mental health problems stem from child maltreatment. However, the Australian Child Maltreatment Study found that child maltreatment was associated with much higher risks of serious mental health problems and/or serious substance misuse in adult life. This translated into much higher service use, with associated costs.

For example, the researchers found that in the last 12 months, Australian adults who experienced maltreatment when they were children were:

- 1.4 times more likely than the rest of the community to have stayed overnight in hospital;
- 2.4 times more likely to have been admitted for a mental disorder;
- 2.7 times more likely to have seen a psychologist;
- 3.0 times more likely to have seen a psychiatrist; and –
- 2.3 times more likely to have had 24 or more visits to any health practitioner.³¹

The ACMS team concluded ‘Child maltreatment has a major impact on health service use. Early, targeted interventions are vital, not only for supporting children directly, but also for their longer term wellbeing and reducing their health system use throughout life.’ The researchers called for educators to be better equipped to recognise and respond to child maltreatment.³²

It is also important to consider the economic implications of expecting early childhood educators to work with children affected by trauma without the necessary skills and professional support.

The ECEC sector faces a staffing crisis. This has far-reaching implications for Australia’s economy, given the essential role of ECEC in enabling mothers, especially, to participate in the workforce. The sector showed a 30% turnover rate in the 2010s,³³ which escalated when the pandemic hit. Over 12 months in 2021-22, SEEK website showed a 40% increase in job advertisements for early childhood teaching roles and a 34% increase for childcare roles.³⁴ Staffing waivers – issued by regulatory authorities if an ECEC provider cannot meet staffing requirements – have risen, with 8.2% of Australian providers holding a waiver on 30 June 2022.³⁵ In 2021, a union survey of 4,000 early childhood educators found that over a quarter planned to leave the sector in the next 12 months. Of those who planned to stay, almost half thought about leaving ‘most of the time’ or ‘all of the time’. 81% of centre directors reported difficulties recruiting staff and 65% of educators said their services were understaffed.³⁶

The sector cannot afford to lose skilled and qualified staff, especially as the demand is set to grow – for example, with the introduction of a year of play-based learning (‘pre-prep’) for four-year-olds in Victoria and New South Wales, and the Australian Government’s estimation that changes to Paid Parental Leave and the

Child Care Subsidy would increase hours worked by women with young children by the equivalent of 37,000 full-time workers in 2023-24.³⁷

The biggest factors driving educators away are low pay, excessive workloads, low status, and limited opportunities for career progression.³⁸ These big-picture issues must be addressed.

However, we must also consider the relational demands of working with children affected by trauma.

An evaluation of the Trauma Consultancy Service (TraCS) of the Alannah & Madeline Foundation surveyed 286 early childhood educators at the start of 2021 about their knowledge, practice and vulnerabilities in relation to trauma-informed care of children. 43.3% of educators agreed with the statement 'In the last 6-12 months, I have considered leaving early childhood as a result of workplace stress'. (This encompasses educators who agreed, slightly agreed, and strongly agreed.)³⁹

A scoping of studies on early childhood educator burnout found that causes included caring for children with challenging behaviours, unresolved conflict with colleagues or managers, and poor levels of educator wellbeing. Risks were higher for educators who lacked professional supports such as coaching, professional reflection and counselling-based interventions.⁴⁰ Addressing these concerns makes sound economic sense.

Trauma Consultancy Service (TraCS)

The Foundation would be glad to share preliminary findings from our Trauma Consultancy Service (TraCS), developed in Victoria in 2019. Since TraCS began, we have supported 449 individual early childhood education and care services with one-on-one consultations, phone support and training.⁴¹

TraCS aims to increase educators' capability to respond effectively to children's challenging behaviours and foster social-emotional competencies through comprehensive and ongoing support. The program philosophy is based on a trauma-informed, relationship-based practice. It has a multi-dimensional practice framework that draws upon interconnected theories of trauma, attachment and child development and recognises that individuals and their behaviour are best understood in the context of their experiences, relationships and environment.

The service brings together the expertise of the educator and an experienced consultant who provides tailored support, coaching and advice, encouraging educators to apply a 'trauma lens' to their work. TraCS consultants collaborate with educators to customise the service to the unique needs of each setting. The program has been developed based on theory and program logic and is currently available through Victoria's Department of Education and Training's School Readiness Funding menu.⁴² It aligns with one of the outcomes articulated in Victoria's Early Childhood Agreement for Children in Out-of-Home Care: 'trauma-informed practice capability building is undertaken by organisations providing services to children who are in OOHC'.⁴³

An evaluation of the model found that educator knowledge and practice strengthens with TraCS engagement; educator attitudes relating to trauma-informed care are stronger in services which have been with TraCS for longer; and TraCS empowers educators to create change through its relational model especially.⁴⁴

Data collected through the TraCS Educator Survey indicated statistically significant and meaningful improvement in educators' knowledge and practice.

Improvement in educator knowledge was evident through strengthened understanding of trauma, attachment, and child development, how trauma impacts development, how to identify children affected by trauma, and the role of culture in supporting children affected by trauma.

Educators also reported improvement in their practice. There was a significant and large change in educators' awareness and use of strategies to support children impacted by trauma. Educators also indicated increased opportunities to reflect on the needs of children, provision of consistent support to children affected by trauma, and confidence in identifying children having difficulty regulating their emotions.

During qualitative interviews, educators and ECEC leaders highlighted the benefit of working with a consultant who took the time to understand their situation and provide support. They shared how TraCS had

strengthened their attitudes, knowledge, practice, wellbeing, and team cohesion. The most impactful aspect of TraCS, recognised consistently across interviews, was its relational focus. Educators and leaders described how the development of a trusting relationship enabled consultants to provide support, with consultants holding space and delivering tailored and personalised service, determined in partnership with ECEC providers.

Customising the delivery of a trauma consultancy service in early childhood, delivered through relationship and relevant to context, can help bridge the gap between the welfare and education sectors, supporting educators to develop a trauma-informed lens and trauma-informed practice.⁴⁵

Queensland University of Technology's School of Early Childhood and Inclusive Education has confirmed that they have found the early published findings from the TraCS intervention very useful and are now using them in their initial teacher education.

Future directions in building trauma-informed organisations

Dr Claire Blewitt, Prof. Helen Skouteris and Yihan Sun from Monash University Health and Social Care Unit are working with the Alannah & Madeline Foundation to leverage and extend the TraCS model to develop, implement and evaluate a 'Trauma-Informed Organisations' intervention for application across Victoria. This system-level intervention will strive to build the capacity of Early Childhood Education and Care services and their educators, to create supportive environments for vulnerable children.⁴⁶

This speaks to the importance of a double-pronged approach which builds the capacity of both educators and systems to respond to children and families who are vulnerable. Building the strengths of individual educators alone is not enough; organisations themselves require support to understand and respond appropriately to the complexity of trauma and disadvantage. Preliminary findings will be available to share in a few months.

We would welcome the opportunity to discuss any of these matters further. Please contact:

Sarah Davies AM, CEO
sarah.davies@amf.org.au

Lee Cameron, Director, Trauma Informed Programs
lee.cameron@amf.org.au

Dr Jessie Mitchell, Manager, Advocacy
jessie.mitchell@amf.org.au

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