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Child Care Quality in Australia

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List of abbreviations

ABS	Australian Bureau of Statistics
ECA	Early Childhood Australia
ECEC	Early childhood education and care
FACS	Family and Community Services Commonwealth government department, now restructured as Families, Community Services and Indigenous Affairs
NCAC	National Childcare Accreditation Council
QIAS	Quality Improvement and Assessment System

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Field visits to a number of long day care centres, both community-based and privately provided, were carried out in late November 2005. These visits are not included in the data upon which this report is based, but they assisted in providing an experiential context for the survey data – a 'feel' for what happens on the ground in long day care. For facilitation of these field visits, thanks must go to the National Association of Community-Based Children's Services (NACBCS) and Child Care Centres Association of Victoria Inc. (CCCAV).

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The author takes full responsibility for any errors, omissions and misinterpretations.

Summary

An excellent child care system is important to enable parents to balance work and family life, to encourage the workforce participation of parents, and to foster the development of Australian children. Recent public debate about the child care system in Australia has focused primarily on the *availability* and *affordability* of child care. This paper considers an aspect of child care that has received much less attention, that of the *quality* of the care provided.

Long day care is the most significant type of government-supported and regulated child care in Australia. Over a quarter of a million children below the age of six years attend long day care, and the number of children who attend is increasing each year. There are three distinct types of long day care providers: community-based (including all centres which are not for-profit); independent private (for-profit small businesses) and corporate chains (for-profit publicly listed corporations). State regulations specify minimum requirements, which providers must meet to be granted licenses to operate, and a national accreditation system aims to improve the quality of care.

In recent times, many anecdotes about poor quality care have been reported in the media. For this study, we undertook a national survey of long day care centre staff in order to ascertain to what degree such anecdotes reflect the quality of care Australia-wide. A detailed questionnaire was sent to a stratified random sample of child care centres across Australia. We received 578 valid responses from child care staff. The sample was broadly representative of child care staff by state, type of centre, and level of qualifications held by staff. Sample bias was also checked by an independent survey of child care staff enrolled in either ‘Certificate III in Children’s Services’ or ‘Diploma in Children’s Services’ at selected TAFE colleges around Australia.

The survey included a range of questions about key aspects of quality care: time available for staff to develop individual relationships with children; whether the centre’s program accommodates children’s individual needs and interests; the quality of the equipment provided for children; the quality and quantity of food provided; the staff turnover at the centre; and the staff-to-child ratios at the centre. Staff were also given an opportunity to comment in their own words in open-ended questions.

The survey confirmed that, in the view of child care staff, the quality of care provided around Australia is generally quite high. However, for all the aspects of quality care investigated, results show that community-based long day care centres offer the highest quality care. Independent private centres offer a quality of care that is usually similar to the high quality offered by community-based centres. Corporate chains offer the lowest quality of care on all aspects of quality surveyed, and in some cases it is markedly lower than that provided by community-based long day care centres.

The ability to develop relationships with children, and thus secure attachments, is perhaps the most important indicator of quality of care. On this criterion, community-based and independent private centres scored markedly better than corporate centres, with around half of child care staff from the former two types saying they always have time to develop individual relationships compared to only a quarter at corporate centres.

The latter type of centre also appear less able to accommodate children's individual needs and interests.

Corporate centres have a reputation for providing superior buildings and better equipment and the superior range and quality of equipment features prominently in advertising to parents. Surprisingly, this is not reflected in the perceptions of child care staff, with only 34 per cent of corporate chain staff describing the variety of activities and equipment provided at their centre as 'good', compared with 66 per cent of staff from community-based centres and 58 per cent at independent private centres.

The survey results lend support to the claims of those who criticise corporate child care for cutting costs to improve profits. The quality and quantity of food provided varies across centre types. Corporate centres appear much less likely than community-based and independent private centres to always provide nutritious food (46 per cent compared with 74 and 73 per cent respectively). According to staff, about half of corporate chain centres do not always provide nutritious food for their children, and a similar proportion do not always provide enough food. This compares unfavourably with community-based and independent private centres where much higher proportions of staff say children always receive enough food (80 per cent and 75 per cent respectively).

Staff-to-child ratios are at the core of the ability to provide quality care and a number of survey questions explored this issue. Irrespective of their type, centres rarely operate with less than the legal minimum of staff. However, the survey indicates that community-based centres are more likely to operate above the legal minimum than corporate centres (40 per cent of community-based centre staff say their standard staff-to-child ratios are above legal minimum, compared with 14 per cent of corporate centre staff). While very few centres operate permanently below the legal minimum, many drop below it temporarily due to staff absences. Once again, this appears to be much more common at corporate centres than at community-based and independent private centres.

When asked if they would be happy to send their own child aged under two to a child care centre of comparable quality to the one they work in, the majority of child care staff say they would. However, approximately five per cent of staff at community-based and independent private centres said they would not, due to concerns about the quality of care provided in the centre they worked in. Amongst corporate chain staff, 21 per cent said they would not send their own child aged under two to a centre of comparable quality to the one they worked in due to quality concerns.

Most child care workers believe that current legal minimum staff-to-child ratios are too low. That is, there should be fewer children under the care of each staff member. The majority of respondents identified lack of 'one-on-one' time with children as the most negative aspect of low staff-to-child ratios. Child care workers in Victoria are particularly dissatisfied, a sentiment that may be explained by the fact that Victoria has the poorest staff-to-child ratio in Australia for ages 3-5 years.

Responses to the open-ended questions indicate that good relationships with the children in their care are of the highest importance to child care staff. Child care workers are most concerned about the negative impact poor staff-to-child ratios have on

developing relationships with individual children. They are also concerned about the negative impact staff turnover has on children's need to form secure attachment relationships. When asked to identify the most important factor in providing quality care, 'warm staff personality' was most often selected, closely followed by 'well qualified staff'.

Just over a quarter of staff did not specify any changes they would make to their centre to improve the quality of care provided. A quarter said they would like higher staff-to-child ratios, and 22 per cent would like to improve the space or equipment provided for the children. Finally, the issue of poor pay for child care workers was mentioned by almost a quarter of respondents. A smaller proportion of respondents also mentioned poor working conditions.

The results of the survey are of concern given that the share of long day care centres owned by corporate chains has been rapidly increasing. The survey results support the distinction (made by Goodfellow) between two different orientations towards children – a business and a humanist orientation. The business orientation focuses on 'efficiency and production of measurable outputs' and 'considers parents to be the purchasers who are concerned with cost and affordability'. The humanist orientation, on the other hand, sees the 'care of children as personalised' rather than a product that can be standardised for all children. There are good grounds for believing that the lower quality of care revealed in this study is due to the very nature of the corporate enterprise. Managers of corporations are legally obliged to act in the best interests of their shareholders. In a market like child care where there is limited scope to raise prices without additional government subsidies, corporate chain providers often have little choice but to adopt a business orientation where humanist concerns are secondary to those regarding efficiency and cost containment.

The survey results indicated a consistent quality difference between independent private and corporate chain centres. This suggests that it is not 'for-profit' status itself which is the problem, but the pressure that corporate chains are under to pursue business objectives, even if it is at the expense of humanist concerns.

The paper concludes by recommending stronger state regulation as well as a much tighter national accreditation regime, including a willingness on the part of the regulator to close down centres that consistently fail to provide good quality care. More comprehensive and transparent reporting requirements are also urgently required. We also recommend the resumption of capital grants to community-based child care centres in areas of identified need with a view to increasing the proportion of community-based centres in the child care industry. The expansion of community-based child care should promote higher quality care and reduce the scope for the corporate ethos to undermine the objective of quality care.

1. Long day care in Australia

1.1 Child care in public debate

The child care system in Australia is currently in the spotlight as never before. An excellent child care system appears to offer a solution for a range of increasingly important social and economic problems. For parents, child care is a crucial part of the answer to the problems they face in balancing their work and family life. For governments concerned about the impacts of demographic change on economic performance, child care is essential for promoting workforce participation amongst parents, particularly mothers. For experts in child development, child care offers an opportunity to foster the potential of the next generation.

Recent public debate about the child care system in Australia has focused primarily on the *availability* and *affordability* of child care. There are long waiting lists for child care in many areas,¹ and since 2000 the cost of child care for all families except couples on high incomes been rising as a proportion of disposable income (AIHW 2005, p. 95). This paper considers an aspect of child care that has received much less attention, that of the *quality* of the care provided.

1.2 Long day care in Australia

What is long day care and why is it so significant?

Long day care centres are located in premises built or modified to be suitable for caring for young children, where staff provide care and developmental activities, primarily for children under school age. Most long day care centres operate to serve the needs of working parents, and are open for at least 8 hours a day, 5 days a week, 48 weeks of the year (AIHW 1999, p. 94).

Other types of Commonwealth-supported child care that are available for ages 0-5 are not considered here, including occasional care, family day care, multifunctional children's services, and multifunctional Aboriginal children's services. Long day care is the dominant form of child care, with more children attending than all the other types of care combined (Table 3.16 in AIHW 2005, p. 92).

Numbers and ages of children attending long day care

According to the Australian Bureau of Statistics, in 2002, a total of 282,000 Australian children aged under 5 attended long day care. The proportion of children attending long day care rises by age group. In 2002, long day care centres provided care for:

- 5 per cent of babies aged under one;
- 17 per cent of one year old children;

¹ In June 2002, the last year for which ABS statistics are available, there were 46,300 families requiring additional long day care (ABS 2003).

- almost 30 per cent of two year old children;
- almost 36 per cent of three year old children; and
- 25 per cent of four year old children (ABS 2003, p. 14).²

During the period 1999 to 2002 the proportion of young children attending long day care rose in all of the above age groups, and the total number of children attending rose almost 25 per cent (ABS 2000, p. 12; ABS 2003, p. 14). According to the Australian Institute of Health and Welfare, the increasing participation rate of children in long day care results from trends in social factors such as family structure, employment patterns and population mobility (AIHW 2005, p. 85). Lone parent families and parents in paid employment are more likely to use formal care, as are those who change their place of residence – especially those who move interstate – because changing locations can weaken the support networks of family and friends who may otherwise provide care. Many parents also use long day care for study, personal reasons or for the benefit of the child (AIHW 2005, p. 85).

Hours of attendance at long day care

Most children do not attend long day care full time. In 2004, only 10 per cent of children attended for 40 hours a week or more, and 24 per cent attended for less than 10 hours a week. The remaining 66 per cent attend between 10 and 39 hours per week (FACS 2004, pp. 33, 55).

Providers of long day care

Long day care centres are operated by a range of different providers. In 2004, there were 4,484 long day care centres in Australia that met the quality standards set by the Federal Government.³ The Commonwealth Department of Family and Community Services (FACS) divides these centres into ‘private for-profit’ (69.4 per cent of all centres in 2004) or ‘community based’ (30.6 per cent of all centres in 2004) (AIHW 2005, p. 88, quoting FACS administrative data). The community-based category includes all non-profit centres, which are run by ‘community groups, religious organisations, charities, local governments, and by or in state government premises’ (AIHW 2005, p. 88). In this paper, we use the community-based definition, but we divide the private for-profit category into ‘independent private’ and ‘corporate chains’.

The majority of independent private providers are owner-operated small businesses that in most cases do not own more than one centre.⁴ They are for-profit, but are not listed on the Australian Stock Exchange. In contrast, ‘corporate chains’ are those child care providers that are listed on the Australian Stock Exchange. By far the largest corporate chain is ABC Learning Centres (ABC Learning 2006), which now operates approximately 825 long day care centres (Fraser 2006; ABC Learning 2006a), up from

² Attendance at preschool instead of long day care is the probable reason for a decline in attendance at long day care from age 3 to age 4.

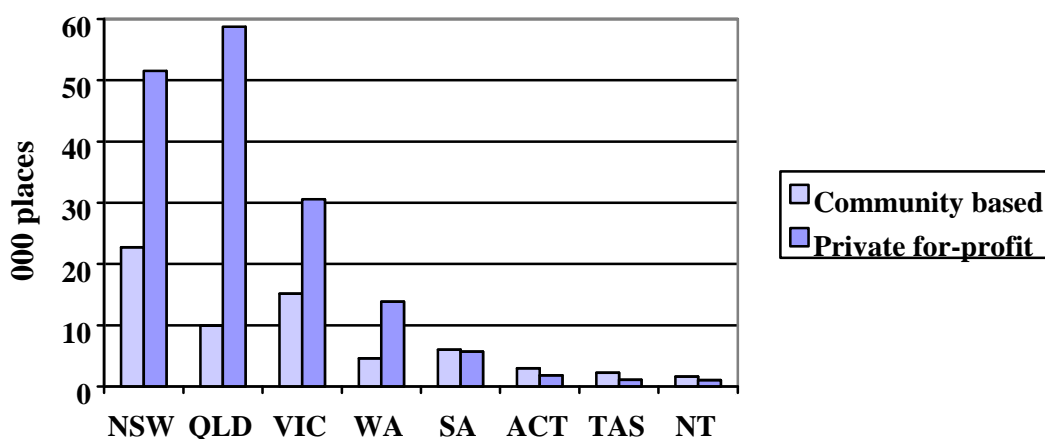
³ These quality standards are discussed in section 2.2.

⁴ Confirmed by the national office of Childcare Associations Australia, the national peak body representing private long day care, 22 March 2006.

only 18 less than a decade ago, when it was Australia's largest child care company (Loane 1997, p. 259).⁵ Smaller corporate chains include Hutchison's Child Care Services, which owns 81 long day care centres (HCCS 2006), and Childs Family Kindergartens, which owns 37 long day care centres (CFK 2006).

The relationship between the different sectors providing long day care varies widely from state to state. In September 2004, the four states and territories with smaller populations had more community-based places, whilst the larger states had more private for-profit places, provided by both independent private centres and corporate chains. See Figure 1.

Figure 1 Commonwealth-supported long day care places, by sector and by state, 2004



Source: Centrelink Administrative Data as at 27 September 2004, provided as the most recent data available by the Child Care Branch, Department of Families, Community Services and Indigenous Affairs, 10 March 2006.

Policy background

The Commonwealth first began funding child care in 1972, with the aim of increasing the labour-force participation of mothers with young children. Funding was initially provided only for non-profit, centre-based long day care (Brennan 1999, pp. 177-8). It was not until 1991 that the government extended subsidies to private, for-profit child care centres (Brennan 1999, p. 181). In response to concerns that were raised about the profit motive exerting a downward pressure on standards of care, the Federal Government established the National Childcare Accreditation Council (NCAC) in 1993 to administer a national accreditation system (NCAC 2006). Accreditation aimed to ensure that public funding would only go to child care centres that met quality standards

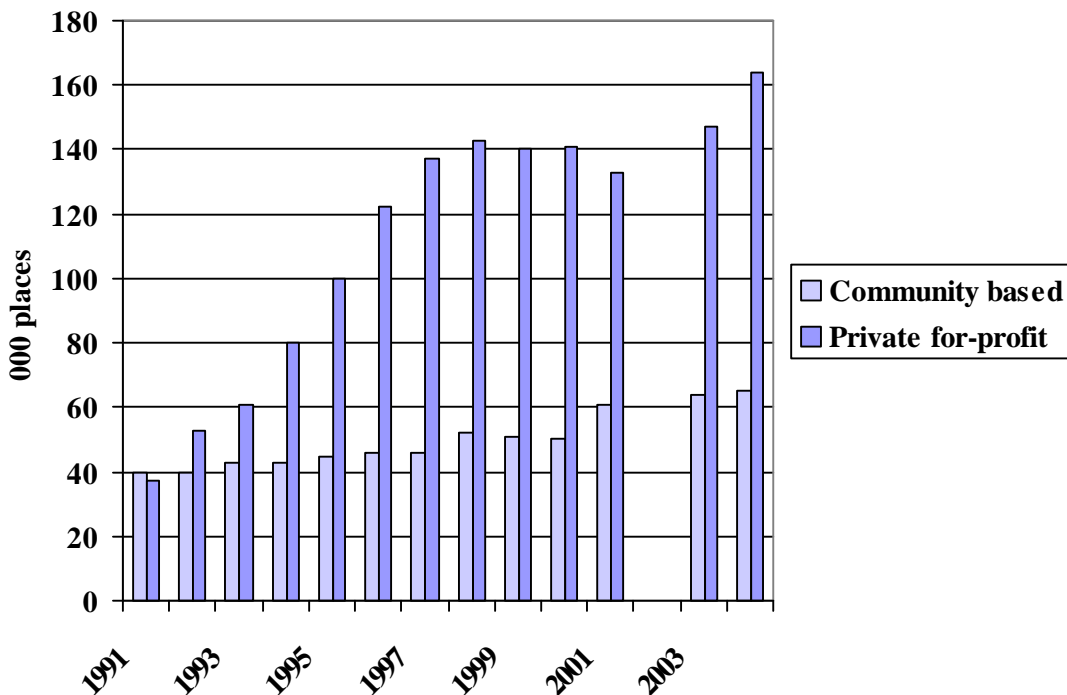
⁵ At the start of January 2005 ABC Learning Centres operated 750 centres but in March 2006 the company took over Kids Campus (a smaller corporate chain), giving it an extra 85 currently operating centres, with 21 more 'in the pipeline'. Due to Australian Competition and Consumer Commission requirements ABC Learning Centres will have to sell about 10 of these newly acquired centres (Fraser 2006). See also KDS 2006.

(Brennan 1999, p. 182). The accreditation system remains an important institution in child care provision, and is discussed in detail in section 2.2.

From 1991, planning restrictions were imposed on community-based centres that inhibited their capacity to expand. The restrictions were intended to ensure that ‘decisions allocating new child care places to particular areas [were] made on the basis of demonstrated need in the area for work-related care’ (AIHW 1997, p. 105). In contrast, no limits or constraints were placed on the growth of commercial child care centres (Brennan 1999, p. 184). The result was ‘enormous unrestricted growth’ in for-profit child care centres (AIHW 2001, p. 162). Consequently, the cost of child care to the Commonwealth rose dramatically, instead of falling, as was expected under the policy of outsourcing to private providers (Brennan 1999, p. 184), with no guarantee that the bulk of the increase went to funding new services in the areas of greatest need.

Beyond poor targeting of Commonwealth funds allocated to private sector long day care providers, this discrepancy also resulted in a ‘huge change in the profile of Commonwealth-supported long day care centres’ (AIHW 2003, p. 235). The private for-profit sector replaced the community-based sector as the major provider of long day care in Australia, as shown in Figure 2.

Figure 2 Commonwealth-supported long day care places, by sector, 1991-2004



Source: Centrelink administrative data (AIHW 2005, p. 416). Note that some re-coding of providers was undertaken, which resulted in approximately 10,000 child care places in employer and other non-profit centres moving from the ‘private for-profit’ to the ‘community based’ category from 2001. Figures for 2002 are not available.

The entry of corporate chains into long day care provision in Australia is a still more recent development. ABC Learning first incorporated as a public company in 1997, listed on the stock exchange in 2001, and took over its major rival Peppercorn in 2004 (ASIC 2006; Fraser 2005). Kids Campus Limited first incorporated as a public company in 1970 but did not list on the stock exchange until 2002. Hutchison's Child Care Services incorporated as a public company in 2002 and then listed on the stock exchange in 2004. Childs Family Kindergartens incorporated as a public company in 2002 and then listed on the stock exchange in 2005 (ASIC 2006).

The Commonwealth does not report on corporate chains as a separate category of child care centres, but the available information suggests that approximately 57,700 long day care places are currently provided by the three main corporate chains.⁶ This is close to 25 per cent of all long day care places in Australia.⁷

⁶ The number of child care places provided by ABC Learning is not obvious in the literature published by the company. The figure of approximately 20 per cent of the child care market is usually quoted in reference to ABC Learning (e.g. Fraser 2005), which would equate to approximately 46,000 places (using data in AIHW 2005, p. 416). Adding to this figure the approximately 6,100 places provided by Kids Campus (KDS 2006a) in 85 centres, the 5,000 places provided by Hutchison's Child Care Services (HCCS 2006a) in 81 centres, and the approximately 2,600 places provided by Childs Family Kindergartens (CFK 2006a) gives approximately 57,700 places provided by corporate chains. Note that the Childs Family Kindergartens website states that the company 'owns and operates 37 child care centres in metropolitan Sydney ... and cares for over 4,000 children' (CFK 2006a). It is not obvious whether the latter refers to individual children (who may attend part time) or full-time places; if it were the former it would mean that CFK centres average 108 children per centre which is well above the Australia-wide average for private centres of 91 children per centre (FACS 2004b, p. 10), and if it were the latter it would mean that CFK centres offer, on average, 108 places per centre, which is well above the averages for Kids Campus and Hutchison's (averages of 71 and 61 places per centre respectively). Assuming that CFK's 37 centres operate with an average capacity of 71 places per centre (comparable with Kids Campus) would give approximately 2,600 places in total. Note also that Kids Campus was taken over by ABC Learning in March 2006. At the time of publication, however, the two had not yet been integrated.

⁷ Current figures for total long day care places in Australia are not available. The most recent figures are from Centrelink Administrative data as at 27 September 2004, and show 229,603 long day care places available Australia wide (figures provided by the Child Care Branch, Department of Families, Community Services and Indigenous Affairs, 10 March 2006).

2. Quality child care

2.1 The importance of quality care

Quality in child care can be identified along a continuum from satisfactory care to good or high quality care. It is essential to recognise that in early childhood, education and care are inextricably linked (NSCDC 2004). The terminology ‘early childhood education and care’ (ECEC) is sometimes used instead of ‘child care’ to highlight this recognition.

It is widely agreed that good quality care (understood to incorporate early childhood education) is important to foster children’s development. Longitudinal studies which have been carried out on children who have attended child care suggest that good quality child care can reduce the incidence of adult problems (Fleer 2001, pp. 1, 17-18; Schulman 2005), including crime, obesity, mental health issues, welfare dependency and aggressive behaviour (Oberklaid quoted in Crabb and Nader 2004). On the other hand, inadequate care can undermine the capacity of children to achieve the usual developmental milestones (McCain and Mustard 1999, p. 27). This is expensive and difficult to remedy later: ‘developmental gaps that are apparent by age five or six are difficult to close, even with well targeted school interventions’ (Elliot 2006).

Longitudinal studies on the effects of child care are sometimes criticised because of the difficulties associated with controlling for the effects of the many other social, family and environmental variables that influence childhood development (Loane 1997, p. 112). However, a research technique has recently been developed that can test the stress levels of children in child care *at the time of care*. The new technique involves taking a saliva sample from children in child care in the morning and another sample in the afternoon in order to measure their levels of cortisol – a stress-related hormone (Sims 2003; Sims *et al.* 2005).

The results of a recent Australian cortisol study ‘demonstrate clearly that children attending high-quality child care have lower stress levels across the day than do children attending satisfactory or unsatisfactory programs’ (Sims *et al.* 2005, p. 29). High levels of stress have long-term implications for children, since ‘the development of neurotransmitters and the still growing pathways in the brain that use them are particularly at risk when exposed to high levels of cortisol’ (Sims *et al.* 2005, p. 30). If young children experience chronic high levels of stress in poor or even in supposedly satisfactory care situations, they are more likely than children in high quality care to experience negative biological, behavioural, social and health consequences (Sims *et al.* 2005, p. 30; NSCDC 2005). Cortisol testing studies therefore add further weight to the argument that the standard of child care that a child receives can have significant long term implications for childhood development.

That children are able to form secure attachment relationships with the staff who care for them is a particularly crucial aspect of high quality care, because it is now widely accepted that secure attachment relationships are an essential foundation for normal emotional development (Moran 2005). Moreover, because children’s relationships

affect all other aspects of their development, without secure relationships, all aspects of their development will be affected (NSCDC 2004).

The importance of secure relationships for early childhood development implies a need for stable caregivers over time (ideally, the child's primary caregiver in a centre-based context would be the same person for as long as possible) as well as the need for caregivers to have enough time available after routine tasks are completed to develop individual relationships with the children they care for. The formation of secure attachment relationships is far from the only aspect of quality care, but it is one of the most important when considering the long term implications of long day care (NSCDC 2004, p. 2). The full framework used to evaluate quality care in Australia is discussed in the next section.

There are some critics who argue that for children aged under two, even good quality care is not ideal. For example, Anne Manne questions early and extensive long day care, even if such care is of high quality, for babies and toddlers aged under two on the basis of the idea of irreplaceability: the notion that 'a baby's love and attachment to their mother is an anti-commodity relationship' (Manne 2005, p. 190).⁸ She explains:

[we] do not expect an adult to easily replace a beloved person with another. It violates our sense of the preciousness of individual people, and even of our sense of what love is. Yet we expect this of a baby (Manne 2005, p. 9).

Other experts who do not make any argument specifically directed at the issue of institutional care for very young children nonetheless make recommendations about the importance, in an era where in many families both parents work outside the home, of putting children at the centre of social arrangements rather than on the margins (Stanley *et al.* 2005). The dangers of leaving children at the margins are encapsulated in Nancy Folbre's invention of the term 'social chilling'.

If global warming poses serious long-term threats, consider the possible consequences of 'social chilling' – a reduction in the supply of effort devoted to family and community (Folbre 2005).

The broader social issues hinted at by these commentators are not discussed in this paper. As pointed out by a journalist in the *Weekend Australian*, at present children 'are in child care whether the commentators think they should be or not' (Meryment 2005). Hence the immediate question is how to ensure that all child care is of a high quality.

2.2 Current child care quality assurance in Australia

Regulation of long day care

State and territory governments are primarily responsible for the regulation of long day care providers. In order to ensure that all operators meet safe minimum standards, relevant state or territory agencies require all long day care providers to be licensed and

⁸ One might substitute father, parent, or other close family relative or friend (a grandparent, for example) without doing any injustice to Manne's intention (see Manne 2005, pp. 136-7, for example).

to comply with a range of licensing conditions.⁹ The license conditions cover matters such as the employment of minimum numbers of qualified staff, the staff-to-child ratios (which are higher for younger children and lower for older children, for a full listing see Appendix 1), and the safety and space of the building and grounds. In principle, licensing provides the basic foundations for high quality care.¹⁰ However, in some jurisdictions concerns have been expressed about the implementation of the regulations. For example, in NSW in 2005, inspectors from the Department of Community Services found that 67 centres in Sydney breached their licence conditions but only one was successfully prosecuted (Pryor 2006).

The Commonwealth established the NCAC in 1993 to administer an accreditation system that aims to continuously improve the quality of child care (NCAC 2006). Accreditation focuses primarily on staff practices and actual outcomes for children, and thereby shifts the focus from meeting minimum standards (set by State and Territory governments) to continuously striving towards higher levels of care (NCAC 2006b). The accreditation system for long day care providers is known as the Quality Improvement and Accreditation System (QIAS) (NCAC 2006c). Licensed long day care providers can operate without accreditation, but in order to be eligible to receive the Child Care Benefit, they must be accredited or undertaking the accreditation process (NCAC 2006b). The linking of the accreditation process to government funding received strong support from submissions to the Economic Planning Advisory Commission's Task Force on Child Care in 1995-96; without a strong financial incentive tied to the accreditation process, most of those who provided submissions 'simply [did] not trust operators to adopt best practice or consumers to pick it or demand it' (Loane 1997, p. 276).

Although the framework provided for accreditation is professional and relatively comprehensive, there are some important exceptions to its comprehensive nature. Moreover, the process by which accreditation occurs can be criticised for being too weak at a number of points to consistently ensure that quality care is provided. These matters are discussed below.

The framework for accreditation

Quality in child care is defined in the *QIAS Handbook* (NCAC 2005, pp. 8-9) as being comprised of seven component or areas: staff relationships with children and peers; partnerships with families; programming and evaluation; children's experiences and

⁹ Relevant state and territory agencies include: Office for Children, Youth and Family Support, Office of Child Care (ACT); Department of Community Services, Office of Child Care (NSW); Department of Health and Community Services, Children's Services Unit (NT); Department of Communities, Child Care Branch (Qld); Department of Education and Children's Services (SA); Department of Education, Child Care Unit (Tas); Department of Human Services, Early Years Program Unit, Family and Community Support Branch (Vic); Department for Community Development (WA) (NCAC 2006a).

¹⁰ The fact that licensing is a state government responsibility means that there is something of a patchwork of legal minimum standards around Australia. Child Care National Standards were first developed in 1993 in the aim of achieving consistency across the nation. However, the National Standards are voluntary and are not enforceable, and as a result, while they have been used by the states to inform child care regulations, funding guidelines and information resources, the degree to which they have been implemented varies between jurisdictions (FACS 2006).

learning; protective care and safety; health, nutrition and wellbeing; and managing to support quality.

Quality is assessed against 33 specific principles itemised under these seven general quality areas. For example, quality area 1 (staff relationships with children and peers) is assessed with respect to the following principles.

Principle 1.1: Staff interact with each child in a warm and friendly way

Principle 1.2: Staff guide each child's behaviour in a positive way

Principle 1.3 Staff initiate and maintain respectful communication with each child

Principle 1.4 Staff respect each child's background and abilities

Principle 1.5 Staff treat all children equitably

Principle 1.6 Staff communicate effectively to promote respect and professional teamwork (NCAC 2005, p. 8).

When a centre is assessed by an independent 'validator', a further more detailed list of indicators is used to evaluate performance against each principle. The Australian Council of Educational Research (ACER) has analysed this assessment process and determined an appropriate weighting for each indicator (for its relative contribution to a given principle) and for each principle (for its relative contribution to a given quality area) (NCAC 2006d).

Data are collected from six different sources to assess the quality of care offered by the centre seeking accreditation, and these data are weighted as follows: centre management (20 per cent), centre director (10 per cent), staff (10 per cent), families (10 per cent), independent peer validator (40 per cent), and an independent moderator (10 per cent) (NCAC 2006d).

Problems with the framework for accreditation

There are some important structural features affecting formal child care in Australia that the accreditation framework does not cover. When the NCAC undertook an 'Environmental Scan' to support its future strategic planning in September 2002, Judy Radich, who was at the time the National President of Early Childhood Australia, argued that 'our state and territory regulations do not provide a solid base for a quality QIAS' (Radich 2002). Radich identified staff-to-child ratios – a matter for state licensing rather than national accreditation – as particularly problematic. These ratios vary from state to state, but range between 1:4 and 1: 5 for children under two, 1:5 to 1:10 for two to three year olds, and 1:10 to 1: 15 for three to five year olds.¹¹ Radich argued that while trusting, caring relationships with familiar adults are essential for childhood development, these ratios do not allow such relationships to be developed.

¹¹ See Appendix 1 for a full listing of the legal minimum staff-to-child ratios in the different Australian states.

Even if other staffing issues [high staff turnover, shortage of qualified staff] were resolved one staff member, no matter how committed, good or qualified can possibly meet the constant needs of four or five babies let alone develop a trusting caring relationship with each one of them (Radich 2002).

This concern about staff ratios was repeated in late 2005 in an open letter to the Minister for Family and Community Services, the Hon Senator Kay Patterson. This letter was prepared by a group of early childhood professionals for their colleagues. It stated that: 'current regulations do not require child:staff ratios that reflect the evidence about what young children need to thrive'. The letter also repeated concerns noted by many others about the lack of availability of qualified staff and high staff turnover (see for example Press and Hayes, 2000, p. 46; Radich 2002; Wooden 2002, p. 174; AIHW 2005, p. 100). The letter concluded:

[t]here is a fundamental contradiction between these conditions [insufficiently robust State regulations, lack of availability of qualified staff, and high staff turnover] and reported numbers of services that continue to achieve accreditation status.

These issues must be addressed if the Quality Assurance System is to deliver on its objective to protect the quality of children's services in this country (Anonymous 2005).

As Radich had stated three years earlier:

the [QIAS] has to give greater weight to the role of staff, staff qualifications and [staff-to-child] ratios in generating and sustaining quality improvement ... [it] should not try to sit outside of these known quality parameters (Radich 2002).

As noted above, staff turnover is a further issue that has a number of implications for the quality of care provided by a centre. In particular, it disrupts children's attachment relationships with their carers (NSCDC 2004, p. 4). However, high staff turnover may also serve as an indication that aspects of the centre's management practices, including pay and working conditions for staff, are relatively poor. Where staff are put under stress with respect to these matters, their increased stress levels may then affect the quality of care they are able to provide for the children. Assessment of staff turnover rates could therefore serve as an initial warning that there might be underlying problems at a centre that are not visible at the time of the validator's visit. However, staff turnover rates are not currently addressed by the QIAS.

The accreditation process

The process of accrediting long day care centres against the framework of quality areas and principles described above is carried out by the NCAC on a cyclical basis. Once a centre has registered with the NCAC for the first time, it is required to make a self-assessment of the quality of its practice by consulting with staff working at the centre and families using the centre. The results of this self-assessment are summarised in a 'self-study report' and submitted to the NCAC. An independent peer validator is then sent to talk to centre staff and observe the centre's care practices. The validator reports

on this visit, using a detailed list of weighted indicators for each of the 33 principles to evaluate centre performance. The validator also collects surveys that are completed by the director, staff and families during the weeks prior to the validation visit. The validator then returns this documentation to the NCAC, where a moderator assesses it to ensure that all centres are treated consistently on a national basis. Finally, NCAC compile a composite 'Quality Profile' from information in the centre's self-study report, the surveys from people involved with the centre (director, staff and families), the validator's report and the moderation ratings. To achieve accreditation, a centre must achieve a rating of satisfactory or higher on all seven quality areas. Once a centre is accredited, the entire process must be repeated every two and a half years for the centre to remain accredited (NCAC 2006e).

Problems with the accreditation process

There are four main problems with the accreditation process: there are no random inspections; centres do not have to pass all 33 principles to be accredited; a lenient attitude is taken to centres which don't meet the NCAC requirements; and the centre operator is involved in collecting family and staff evaluations for the accreditation process.

The most important deficiency in the accreditation process is that there are no random inspections. Centre operators always know ahead of time when the validator will inspect their centre, so they are able to prepare (NCAC 2006e).¹² A former director of a child care centre explained the problem with scheduled validation visits as follows.

They [child care centres] know in advance the day that the reviewer [validator] will be coming, and so some of the examples I've seen are truckloads of toys being shipped from centre to centre, so that the resource levels are at a very high standard. And then the day after the reviewer is gone, those toys are then moved to either the next centre that's getting reviewed, or shipped out to somewhere else. Also the staff are moved, so staff are moved from one centre to another centre to ensure that there are a high level of staff that are there, but it's not a true indication. So until the accreditation system is allowed to actually do things like spot checks, where there is no preparation, there is no warning, then it becomes a farce (ABC 2004).

Even those working as validators under the NCAC are aware of the problem. One validator has said that:

... as a reviewer [validator], it's very easy to see when the children are acting like a kid in a Christmas cave with all this new equipment, it's like a feeding frenzy in the toyshop... if [the children are] used to that equipment being around, they're very calm with it, they know how to use it, they move between activities very calmly ... And the staff that the children don't know the names of. So that's pretty easy to figure out as well, if they don't know the staff's names (ABC 2004).

¹² Confirmed by NCAC staff 22 March 2006: centre operators must arrange with the validator a date that suits the validator, and this date may be confirmed up to 6 weeks in advance of the actual visit.

Because there are no unannounced inspections, the onus falls upon parents and staff to complain to NCAC if they are not happy with the standard of care provided. Where complaints in fact relate to the minimum legal requirements for operation of a child care centre, NCAC refer such complaints to the agency responsible for enforcing these requirements, and the agency visits the centre. But if a complaint relates to the standard of care, NCAC do not visit the centre to resolve it. Rather, those who have concerns with the quality of care a centre provides are encouraged to raise the concern directly with the centre management or staff (NCAC provide a brochure to assist this process). There may however be negative repercussions of raising concerns – families who are perceived as complaining may be ‘asked to leave’ (Pryor 2006b), and staff who are seen as complaining may be targeted as whistleblowers. If those with concerns do not wish, or do not feel able, to raise concerns directly with the centre, they must put the concern in writing for NCAC. The centre is then notified of the complaint in writing by NCAC staff, who keep the complainant’s identity confidential. There is no unannounced inspection, indeed, there is no inspection at all – NCAC simply ask for documentation proving that the problem has been resolved (NCAC 2006f).¹³

When commenting on the QIAS in 2002, Radich was clear about the importance of unannounced inspections.

If we are serious then spot checks will be necessary to ensure that services remain focussed on improvement. This is not a cynical reflection on the people who work in this sector – it simply acknowledges the reality of a sector that works under pressure. For the sake of children we have to be hard headed (Radich 2002).

The second problem with the accreditation process is that a centre could, in principle, achieve unsatisfactory ratings for a number of the 33 principles, and, as long as these principles were distributed evenly among the quality areas, they would still get accredited.¹⁴ This less than satisfactory standard is acceptable under the current accreditation process, even in the situation where centres have had a number of weeks to prepare for the validator’s visit. So whilst accreditation *may* be an indication of current good quality, it need not be. One former validator has been reported as saying ‘I was passing services because I could not not pass them ... They would meet the criteria, but I was often appalled’ (Horin 2006). In cases where centres are just passing in this way, *accreditation is reflective not of current good quality care, but of only of stated commitment to improve quality over time*. Unless parents have delved into the detail on the NCAC website, they will not know this. Once a centre is accredited, however, it is provided with a quality profile certificate, which ‘shows the standards of quality

¹³ Confirmed with NCAC staff, 22 March 2006.

¹⁴ The QIAS described, with 33 principles under seven quality areas, came into effect at the start of January 2006. Under the previous system (35 principles under ten quality areas) it was technically possible for a centre to fail almost half of the 35 principles, provided that these were spread among the ten quality areas so that each quality area was rated as satisfactory on at least 50 per cent of the principles covered by it. For example, a quality area covering six principles would count as satisfactory if three of the principles were assessed to be satisfactory. This aspect of the accreditation procedure was revised as a part of the general revision of the QIAS, but details about it were not yet publicly available on March 26 2006 (communication with NCAC staff).

achieved' (NCAC 2005, p. 12). Centres are obliged to 'clearly display' their quality profile certificate 'for families, staff and visitors' (NCAC 2005, p. 12).

The third problem with the accreditation process is the leniency shown to child care centres if they fail to meet the NCAC requirements. In December 2004, *The Age* reported the NCAC chairman, John Tainton, as saying that if a centre failed accreditation on three consecutive occasions, it was 'more than likely' that eligibility for Child Care Benefits would be removed (Dowling and Birnbauer 2004). But this means that a centre could be providing sub-standard care for up to two years and three months before any action is likely to be taken (NCAC 2005, p.12; NCAC 2006e). Concerns about leniency have been raised in the context of other similar accreditation processes. For example, Murray cites a critique of the higher education accreditation system in the United States which found that 'once accredited [an institution] was in almost no danger of losing accreditation status' (Murray 1996, p. 14). In some contexts, it may be politically preferable for governments to hide problems behind 'the shield of accreditation' rather than deal with them (Murray 1996, p. 15). The difficulty with the adoption of a lenient enforcement policy is that the deterrent effects associated with the process are greatly diminished, meaning the system loses the capacity to motivate change.

The fourth problem with the accreditation process is that validation surveys completed by families and staff are collected by the operators. As a result, those who are willing to express concerns are vulnerable to retribution. Parents may fear that their child may be punished or excluded for their actions (see Pryor 2006b), and staff may fear jeopardising their employment. Parents can reduce the risks of retribution by making their surveys anonymous, but staff must be identified, because the names of staff who participated in the process are recorded on the final quality profile certificate (NCAC 2005, p. 12). The NCAC is trialling a process whereby families can send their completed surveys directly to NCAC. However, this option has not been used by many families.¹⁵ The only option for staff who have concerns is for them to make a complaint via the NCAC – but if the nature of the complaint is such that only a staff member could raise it (since parents are not privy to much of what takes place in the centre), the staff member may feel that it would be too easy for them to be identified by the centre, and fear the potential repercussions.

After its investigation of the long day care accreditation process, ABC's *Background Briefing* program concluded that: 'you had better not rely on the Federal accreditation agency to let you know there's a problem in your childcare centre. It's your job to find out for yourself' (ABC 2004).

However, parents often have only a limited capacity to gauge the standard of care provided at child care centres. The very nature of the service ensures they can only observe a small fraction of the time their children spend at the centre. Consequently, they are forced to rely on the information provided by other parents, and that which is made available by the regulators. Moreover, as Radich has pointed out, it is not 'realistic to believe that parents will play a major role as the watchdogs of quality in

¹⁵ Communication with NCAC staff, 8 September 2005.

child care' (2002). Since the accreditation process was first implemented in 1995, it has become evident that:

... it is the few [parents], not the hoped for majority, who have the time and energy to engage in their child's early childhood service. This is not a comment on [parents'] commitment to their child or their interest in its wellbeing. It is simply the reality of lives lived under pressure (Radich 2002).

Even in cases where parents do have adequate time to assess the quality of care offered in the centre their child attends, there are a number of other factors which can make it difficult for them. These include:

- staff may change their behaviour in the presence of parents;
- parents may not have been involved with the centre for long enough to make an informed assessment;
- parents may not have a centre of high quality for comparison; and
- parents simply may not be able to admit that they have chosen an inappropriate placement for their child (Goodfellow 2005, p. 60, citing Cost, Quality and Child Outcomes Study Team 1995; Cryer and Burchinal 1997; Dahlberg *et al.* 1999).

Brennan argues that in any case, the 'parents' right to choose' should be seen as less important than 'children's rights to be assured of good quality care', and that therefore the responsibility must rest with society as a whole to ensure that all care that could be chosen by parents is good quality care (Brennan 1998, p. 212).

2.3 The effect of ownership and management

QIAS quality area 7 is 'managing to support quality'. It includes four principles, which relate to: management consultation with families and staff; management to facilitate continuity of care for each child; management provision of an orientation program for staff; and management provision of regular professional development opportunities for staff (NCAC 2005, p. 9). These principles are appropriate, but they omit any acknowledgement that ownership and governance structures might affect the quality of the care that can be provided by the child care staff. Yet it is possible that the profit motive, and in particular the recent corporatisation of the child care industry, may have consequences for the quality of care. Child care expert Joy Goodfellow has argued that attitudes to young children can be described as ranging between a 'business' and a 'humanistic' orientation (Goodfellow 2005).

The business orientation focuses on 'efficiency and production of measurable outputs'; it 'considers parents to be the purchasers who are concerned with cost and affordability' (Goodfellow 2005, pp. 54, 56). The humanistic orientation, on the other hand, focuses on 'the individual's personal qualities and needs, and the social fabric of family/community relationships'; it 'is associated with professional knowledge about

children's development and the social, moral and ethical views of caring' and it sees the 'care of children as personalised', rather than a product which can be standardised for all children (Goodfellow 2005, pp. 54, 56).

Goodfellow claims 'there has not yet been a substantive debate' about which orientation government – and society as a whole – wishes to take towards Australian children (2005, p. 62). She cautions that the business orientation supports a 'property view of the child', which is framed by business-oriented questions such as:

- Who owns the property?;
- Who invests in the property?;
- To what extent is property minded and/or cared for?;
- To what extent is quality in service provision driven by the 'purchaser'?; and
- How is the property developed or maintained? (Goodfellow 2005, p. 59)

A property view of the child may 'result in greater concern for efficiency than for establishing relationships' (Goodfellow 2005, p. 55). This is of great concern given the central importance of attachment relationships for young children's social and emotional development. A further example of the business orientation can be seen 'where program planning remains in the boxes with little attention given to individual child interests and activities or where routines of the day take over from ongoing interpersonal relationships' (Goodfellow 2005, p. 60).

In general, a property view of the child leads to relatively 'little consideration' being given to the particularities of individual children and their experiences (Goodfellow 2005, p. 59). A business-oriented child care provider will only consider the particularities of individual children if doing so does not impede the achievement of the profit objectives of the business.

Moreover, where an organisation's primary objective is to maximise financial returns, the 'business orientation' towards children is likely to be at least partially absorbed by the very people who provide the primary care for children. This can affect the way the primary contact staff treat the children. It can also lower staff job satisfaction, as workers may have to sacrifice personal humanist concerns for children for the sake of business objectives.

3. Survey

3.1 Background

Child care centre staff have a unique perspective on the quality of care provided in long day care centres. Staff spend vastly more time in child care centres than do parents, and as such they are much more likely to understand the detail of how centres run. Moreover, approximately 55 per cent of long day care centre staff have been formally educated in early child development (SCRGSP 2005, p. 14.22), and as such these staff should better understand the complexity of child development and what it requires than most parents.

To date, the input of staff into the debate about child care has largely been confined to the actions of unions and anecdotes reported on in the media (for example, ABC 2004 and Horin 2006). A significant proportion of the information that has been disseminated through these channels has raised issues about the quality of care being provided in long day care centres.

In the light of the evidence of problems associated with the regulatory standards and quality assurance system, as well as concerns about the quality of child care consistently appearing in the media, we surveyed long day care staff in order to gauge their perceptions of the quality of care provided in these centres.

3.2 Survey method

A questionnaire for child care workers

In consultation with child care experts, and keeping in mind the various State regulations and the national accreditation system which currently govern the provision of child care, we developed a questionnaire for staff working in long day care centres around Australia (see Appendix 2).

The questionnaire included 16 questions over two and a half A4 pages. It was emphasised that responses would be kept confidential. *Respondent information* (questions 1-3) enabled us to analyse responses with respect to: the type of centre the respondent was employed at; the level of responsibility the respondent held at their place of employment; and the level of qualifications held by the respondent. Respondents were also requested to give their name and a contact phone number for the purposes of validation of returned questionnaires and follow-up interviews.

Under *Quality of care* (questions 4-16), respondents were asked about their perception of various aspects of the quality of care provided at the centre they were employed in, including:

- staff development of individual relationships with the children;
- the centre's program;

- the variety of equipment used in the program;
- the quality and quantity of the food provided for children at the centre;
- staff ratios at the centre; and
- staff turnover at the centre.

Respondents were also asked:

- what they felt was the most important factor in providing quality of care for children;
- what they would change, if anything, at their centre, to provide better quality care; and
- whether they would send their own children to a centre of comparable quality of care to the centre they were employed at, and why/why not.

Finally, respondents were asked about their perceptions of changes in the quality of care in the child care industry as a whole since they commenced working in child care, as well as what they thought had led, or would lead, to improvements in the quality of care industry-wide.

One often under-recognised aspect of quality child care that we did not ask about in the questionnaire was the availability of ‘reflection time’ for staff – ‘time to reflect upon and implement quality practices’ (Goodfellow 2005, p. 61). Such reflection time is important in light of the recent recognition that ‘definitions and measures of quality reflect particular social and cultural contexts and may not be considered universally applicable’ (Press and Hayes 2000, p. 28; citing Dahlberg, Moss and Pence 1999). Children from different cultural backgrounds have different needs; for example, within some Aboriginal communities, children are given greater freedom to decide when to sleep and eat from an early age (OECD 2001, pp. 43-4). This will affect how centre-based care can best be provided to those Aboriginal children for them to feel understood and accepted. Sensitivity to the many different cultural, religious and linguistic backgrounds of children in long day care requires ‘informed and reflective practice by early childhood practitioners’ (Press and Hayes 2000, p. 28). A question targeting the availability of paid reflection time for staff, perhaps as part of paid planning time, would be desirable to include in future surveys.

Moreover, increasing employment of casual and part-time staff has implications for quality of care (Press and Hayes 2000, p. 46). In particular, the existence of several caregivers for any given child means that the child has to develop an attachment to a greater number of people over a shorter period of time than if there was continuity of care. We did not ask about employment status and a question targeting this would be worth including in future surveys.

Sample selection

We took the following steps to select a stratified random sample of long day care staff.

Two initial criteria were set: that the sample reflect the proportion of long day care centres in each state (proportions drawn from Table 1 in FACS 2004, p. 21), and that the sample reflect an approximately accurate mix of metropolitan and regional locations (two thirds to one third) within each state.

Subject to these criteria, 482 long day care centres were selected randomly from the 'Search for Quality Child Care Throughout Australia' facility on the NCAC website (<http://www.ncac.gov.au/>). Approximately 10 per cent of the 4,484 Australian government-supported long day care centres in Australia were therefore included in the sample (see AIHW 2005, p. 88).¹⁶ Searching for centre contact details on the NCAC website ensured that all centres surveyed were participating in the accreditation process, and therefore should in principle be providing a reasonable standard of care.

A set of eight questionnaires for 'staff working in long day care centres' (with reply paid envelopes) was addressed to 'The Director' at each of these 482 centres, and mailed out with a cover letter explaining the purpose of the research and stressing that all responses would be kept confidential. In total, 3,856 questionnaires were distributed. Sets of questionnaires were limited to eight per centre (representing two-thirds of the average number of paid staff per centre (FACS 2004, p. 18)), in order to reduce the possibility of any one staff member filling in more than one questionnaire. All questionnaires were individually numbered, and records were kept of which long day care centre they were sent to. The numbering enabled us to be sure respondents were not photocopying questionnaires in order to fill out multiple copies. Where respondents declined to fill out their centre name and type, individual numbers also enabled us to obtain this information.

There is a potential source of bias in this method of surveying staff at long day care centres, because it relies on Directors passing on the questionnaires to their staff. The national accreditation process gives Directors some sense of how the quality of care provided at their centres compares to an objective standard. It is possible that if a Director knows that the quality of care their centre provides is relatively low compared with this standard, they might prefer that their staff not fill out questionnaires that risk reflecting a low quality of care. Hence, despite the confidentiality provision of the research, some directors may not have passed the questionnaires on to their staff. As described in section 3.3, we undertook a test for this bias, and concluded that if such bias was present, it had only very minor effects.

After questionnaires were mailed out to long day care centres on 31 October 2005, a telephone call was made to each centre to ensure they had received the questionnaires, to answer any questions, and to encourage distribution of the questionnaires to staff.

¹⁶ 'Australian government-supported' implies that a long day care centre is registered with the NCAC and has commenced the accreditation process, since the Australian government does not support centres which are not registered with the NCAC and undergoing this process.

The first round of follow-up calls to long day care centres was made from 7-23 November 2005. From these calls we discovered that the questionnaires did not reach many of the centres until two weeks or more after we mailed them out. Some centres also reported regular problems receiving their mail, or preferred mail to be sent to their post office box. We sent more surveys out on Tuesday 22 November 2005 to 45 long day care centres that reported they had not received the questionnaires. This necessitated a second round of follow-up calls, made from 5-9 December. When carrying out follow-up calls, we asked to speak to the Director, and in most cases this was possible. In some cases, the Director was unavailable, but an assistant director or other staff member was able to tell us that the centre had received the survey.

Table 1 shows that the survey was usually received either neutrally or positively by the long day care centre staff we spoke to during our follow-up calls. A response was judged neutral when the Director simply said they had received the questionnaires and had passed them on or would pass them on, and positive where they said this and also sounded interested or enthusiastic. Examples of positive responses include Directors saying they were pleased to be asked, that the questionnaire looked interesting or that they personally had already filled one in. Where one or more completed questionnaires had already been received from a centre, we did not call that centre ('no call made' in table) since we judged prompt return of a questionnaire (or questionnaires) to imply that the survey had met with a positive reception from the staff at that centre.

A negative reception – where the Director of the centre told us the centre was not interested in participating in the survey – was received in only 7 per cent of cases. It is worth noting that some of these negative receptions occurred in corporate chain centres and appeared to be the result of decisions made at a higher level. A staff member at one corporate chain centre told us that they had been told by head office not to fill the questionnaires out. Staff at several other corporate chain centres said they were waiting for instructions from a superior as to whether they could fill them out or not, and on the basis of the negative response from head office which was reported to us, we coded these responses as negative. Nonetheless, such responses came only from a minority of corporate chain centres, with most staff members at these centres responding either neutrally or positively.

In some cases, we were unable to make a successful follow-up call to centres. At some centres, answering machines were on, or the Director was unavailable, and after three unsuccessful attempts to contact a centre, we ceased to follow up ('Three unsuccessful attempts to contact' in table). Finally, some centres in our original sample appeared to have closed down (for example, the telephone number had been disconnected and no alternative could be found or surveys were returned to sender), or we could not speak to the appropriate person by 9 December ('other' in table).

Table 1 Outcome of follow-up telephone calls to long day care centres

Outcome	Number of centres	%
Neutral reception	199	41
Positive reception	153	32
No call made	65	13
Negative reception	34	7
Three unsuccessful attempts to contact	13	3
Other	14	3

Percentages may not sum to 100 due to rounding.

3.3 Responses received

We received 596 questionnaires back from long day care centre staff: a 15 per cent response rate. This response rate may be partly attributable to the fact that the responses we did receive suggested that many long day care staff regularly take paperwork for centre programming home and do it in their own unpaid time. This could be expected to reduce the time and energy available to staff for completing our questionnaire as well.

However, the responses we received were well spread across centres, so that we received at least one valid response from 45 per cent of centres in our sample (217 centres, equivalent to almost 5 per cent of long day care centres Australia-wide).¹⁷

Of the 596 responses received from long day care centre staff, we removed 18 questionnaires as invalid for one of the following reasons:

- the questionnaire had been completed by an administrative worker rather a member of primary contact staff;
- the handwriting or responses appeared identical to that of ‘another’ staff member from same centre; or
- no responses were given (that is, an empty questionnaire was posted back).

This left 578 responses for analysis – accounting for approximately 1 per cent of long day care staff Australia-wide (FACS 2004, pp. 45, 65).¹⁸

¹⁷ In 2004, there were 4,484 long day care centres in Australia that met the quality standards set by the Commonwealth government (AIHW 2005, p. 88, quoting FACS administrative data).

¹⁸ The FACS Child Care Census reports that 29,300 long day care centre staff are employed at the 85 per cent of private long day care centres that responded to the census, so we estimate that a total of 34,470 are employed overall in private long day care centres. The FACS Child Care Census reports that 18,973 long day care centre staff are employed at the 97 per cent of community-based long day care centres that

We undertook two types of test to determine to what degree the responses received back from staff working in long day care centres were representative of the population of Australian long day care workers as a whole.

Firstly, we compared various characteristics of respondents to characteristics in the population of Australian long day care workers: including comparisons by state, type of centre, staff qualifications, and years of experience in child care. These are discussed in turn below.

Table 2 shows the breakdown by state of respondents compared with all Australian long day care staff. In all cases, the total responses from each state to the survey came within three per cent of the national proportion of long day care workers in that state.

Table 2 Respondents, by state, compared with all Australian long day care staff

	Respondents %	Australia wide %
New South Wales	35	36
Queensland	23	25
Victoria	20	22
Western Australia	11	8
South Australia	6	6
Australian Capital Territory	3	3
Tasmania	4	2
Northern Territory	0	1

Percentages may not sum to 100 due to rounding.

Source: FACS 2004, pp. 42, 64. This Australia-wide data is from only those long day care centres that responded to the FACS Child Care Census: 97 per cent of community-based centres and 85 per cent of private for-profit centres. Nonetheless, the Child Care Census claims that the results it reports 'can be regarded as highly representative' (FACS 2004, p. 5).

Table 3 shows the breakdown by the type of centre of respondents compared with all Australian long day care centres. It shows that our final sample matches quite closely the breakdown by centre type of all centres in Australia.

Some explanation is required of the process by which we reached this breakdown. Ideally, we would have set as an initial criterion of our sample selection process that the centres in our sample reflect the breakdown of centres by type of provider Australia-wide. We estimate that this breakdown is approximately 30 per cent community-based,

responded to the census, so we estimate that a total of 19,374 are employed overall in community-based long day care centres. Our estimate of the total number of staff employed in long day care in Australia is therefore 53,844.

45 per cent independent private and 25 per cent corporate chain.¹⁹ However, details on the type of provider behind each individual long day care centre are not readily available. The NCAC does not have this information. FACS does have such information, but refused to allow us access to it. We therefore were unable to select a properly stratified sample of long day care centres using ‘type of provider’ in the initial criteria. The proportions of our mail-out by type of provider were instead simply the result of random selection.

However, during the process of data analysis we found that the state-based community child care associations were willing to assist us in identifying the type of provider of individual long day care centres.²⁰ So, via the National Association of Community Based Children’s Service (NACBCS) we sent each state office a list (for the relevant state) of the names and addresses of the long day care centres that had been included in our original sample. The offices returned the lists to us with a total of 95 per cent of all centres identified as community-based or independent private centres. We did not include corporate chain centres in the lists sent to the NACBCS offices, because we were able to identify these centres ourselves from information on the company websites.

This is clearly a less accurate process than would have occurred had FACS agreed to assist, but we are nonetheless confident of its general reliability. We therefore are able to report here upon the breakdown of our original sample (those centres which received questionnaires), and the response rates by type of centre, as well as the breakdown by type of centre of the respondents compared to all Australian long day care staff.

Table 4 shows the response rate by each of these centre types. That is, individual long day care centres were included as responding if we received one or more response from that centre. They were not included if we received no response from them. Community-based centres had the highest response rate, followed by independent private centres, followed by corporate chains. This was more or less as we expected: even the FACS Child Care Census receives a significantly poorer response from private for-profit (including corporate chains) as compared to community-based centres.²¹ From our follow-up calls, we knew that at least some corporate chain centres would not respond because management had instructed them not to.

¹⁹ In 2004, 69.4 per cent of all long day care centres were ‘private for-profit’, which includes both our independent private and corporate chain categories, whilst 30.6 per cent were ‘community based’ (AIHW 2005, p. 88, quoting FACS administrative data). Given that corporate chains now appear to hold approximately 25 per cent of all child care places, whilst independent private centres hold approximately 45 per cent of all child care places (see footnote 7 and 8 on p. 5), it seems reasonable to estimate that the 69.4 per cent held by the private for-profit sector is split by the ratio 25:45 between corporate chains and independent private providers. However it is possible that corporate chains hold a slightly lower proportion of centres than they do of places. They may hold fewer, but larger, centres, due to the fact that larger centres have greater economies of scale and are therefore more attractive in terms of financial return.

²⁰ For links to these associations, see the NACBCS 2006.

²¹ In 2004, the FACS Child Care Census recorded an 85 per cent response rate from private for-profit centres compared with a 97 per cent response rate from community based centres (FACS 2004, p. 5).

Table 3 Centres in original sample, by centre type, compared with all Australian long day care centres

Centre type	Share of centres in original sample (%)	Share of centres Australia-wide (%)
Community-based	25	30
Independent private	49	45
Corporate chain	23	25
Unidentified	2	0

Percentages may not sum to 100 due to rounding.

Source for column 2: Data provided by NACBACS' state offices (for 95 per cent of centres) as well as data provided by respondents (for 3 per cent of centres)

Source for column 3: AIHW 2005, p. 88, quoting FACS administrative data, and our estimation of the breakdown between independent private and corporate chains.

Table 4 Response rate, by centre type

Centre type	Share of centres surveyed that responded (%)
Community-based	66
Independent private	43
Corporate chain	30

Note: Only the 98 per cent of centres with confirmed centre type status (see previous table) were used in calculating these figures.

Finally, Table 5 shows the proportion of respondents in our final sample by centre type, compared with proportion of long day care staff Australia-wide by centre type. As noted, the Australia-wide data is from FACS, but FACS themselves do not distinguish between independent private centres and corporate chains, instead reporting data for both types under 'private for-profit' centres. We have estimated separate percentages based on the FACS data.²² In our final sample, community-based staff are a little over-represented, and corporate chain staff are a little under-represented. However, much of the data reported in the next section is separated by centre type, so this slight bias does not present a major problem.

²² See footnotes 6 and 7 on page 5 for an explanation of our estimation process.

Table 5 Respondents in final sample, by centre type, compared with all Australian long day care staff

Centre type	Share of respondents (%)	Share of all Australian staff (%)
Community-based	43	36
Independent private	40	42
Corporate chain	18	22

Percentages may not sum to 100 due to rounding.

Source: FACS 2004, pp. 5, 45, 65.²³

It is difficult to determine with precision the extent to which our respondents are representative of all long day care staff with respect to qualifications held, because we collected this data in a different way from the FACS Child Care Census. The FACS Child Care Census includes *all qualifications* held by staff (some staff may hold more than one qualification, whilst others may hold none). In contrast, our respondents were asked to indicate only the highest level of qualification they held that was relevant to their work in child care.

Nonetheless, the most common qualifications held by workers in long day care centres are a Certificate in Children's Services (one year qualification), a Diploma in Children's Services (two year qualification) or a Degree in Early Childhood or Primary Teaching (three or four year qualification) (FACS 2004, pp. 42, 64). Of all long day care staff, 58 per cent of all hold one or more of these most common qualifications: 17 per cent hold a certificate, 22 per cent a diploma and 20 per cent a degree relevant to child care (FACS 2004, pp. 42, 64).

In comparison, a total of 59 per cent of our respondents held as their highest qualification relevant to child care one of these most common qualifications: 12 per cent held a certificate, 37 per cent a diploma and 10 per cent a degree. A higher proportion of our respondents held diplomas, and a lower proportion of our respondents held certificates or degrees, than are held by all Australian long day care staff.

It is impossible to strictly compare results obtained from our respondents with the results obtained by the FACS Child Care Census, because of the different data

²³ The FACS Child Care Census reports that 29,300 long day care centre staff are employed at the 85 per cent of private for-profit long day care centres that responded to the census, so we estimate that a total of 34,470 are employed overall in independent private and corporate chain long day care centres. We further estimate that this figure is split approximately 65:35 in favour of independent private centres: the private for-profit sector provided 164,343 long day care places in 2004, and we estimate that corporate chains now provide about 57,700 places (see footnote 6 on page 5 for our estimation process). In fact, the total number of long day care places is likely to have increased slightly since 2004, but this is the most recent data available. Combining this information gives the separate percentages reported in table 5. The FACS Child Care Census reports that 18,973 long day care centre staff are employed at the 97 per cent of community based long day care centres that responded to the census, so we estimate that a total of 19,374 are employed overall in community based long day care centres. Our estimate of the total number of staff employed in long day care in Australia is therefore 53,844.

collection methods. However, it seems reasonable to conclude from the limited comparison possible that our respondents are at least as well qualified as the average Australian child care worker when considering the most common child care qualifications as a group.

With respect to years of experience working in child care, our respondents are substantially more experienced than the general population of Australian long day care workers. In 2004, less than 25 per cent of employees working in long day care centres had been working in the child care industry for three or more years (AIHW 2005, p. 100). In contrast, 70 per cent of our respondents had been working in long day care for three or more years. The fact that our survey attracted a high proportion of experienced respondents is probably due to the fact that staff who have a long term commitment to child care as a profession are those who are more likely to complete and return a voluntary questionnaire.

In summary of the above, our respondents appear highly representative of the total Australian population of long day care workers in terms of geographic distribution (by state), and they are adequately representative in terms of centre type (community-based, independent private, or corporate chain) and in terms of qualifications held. However, proportionally they had more experience working in long day care centres than did the total population of long day care workers in Australia.

We also undertook a second type of test to determine to what degree our respondents are representative of all long day care workers in Australia. It was noted earlier that there was potential for the responses we received to be biased due to the possibility that directors of poor quality centres may fail to pass the questionnaires on to staff – whether for their own reasons, or because they were told not to do so by managers higher up in the corporate structure. We attempted to test for this potential source of bias by sending 1,362 questionnaires to lecturers at ten large TAFE colleges around Australia, so that they could distribute the questionnaires to their child care students.²⁴ We knew that amongst TAFE child care students, some were likely to already be working in the field, and in particular in long day care centres. Prior to sending the questionnaires, contact was made both by letter and by telephone with the TAFE staff, all of whom agreed to distribute the questionnaires. This method enabled us to bypass the problem of some long day care centre directors failing to pass the questionnaires on to their staff, although we instead relied on the TAFE lecturers passing it on to their students.

In total we received 230 responses back from TAFE students: a 17 per cent response rate. The low response rate may be partly attributable to the timing of the

²⁴ The only modifications made to the questionnaire sent to staff in long day care centres for the purposes of distribution to TAFE students were: a new heading on the cover page ('Survey of TAFE students who work in long day care') and a new question 1a as follows.

1a. Please provide the name and address of the long day care centre you are currently working in or most recently worked in. _____

This centre will be referred to as 'your centre' in the questionnaire below. If you are *not* employed on an ongoing basis in this centre, but simply worked there for a limited time as industry work experience for Certificate III or Diploma in Children's Services, please tick the box below. Please also specify the number of weeks you spent working at this centre.

industry work experience only...

duration of work experience (weeks) _____

questionnaires, which were mailed out on 26 October 2005, and therefore arrived near the end of the academic year for many TAFEs (exact term dates vary). This is a time when students are busy with assignments, exams and work experience. What is more, the questionnaires sent to TAFEs were individually numbered, so we were able to identify that no questionnaires at all were returned from four of the ten TAFE colleges we sent questionnaires to (accounting for 350 questionnaires), so we are unsure whether these were actually distributed. Even when we did receive responses from a TAFE college, we could not be sure that the full quota of questionnaires sent had been distributed. For example, a number of lecturers we spoke to said they had several classes of students out on work experience, but that they were happy to give each student a questionnaire when they paid them a supervision visit. This is clearly a much more complicated distribution process than simply handing questionnaires out in a classroom situation. Our follow-up process was also more difficult than it was with the long day care centres – TAFE staff are often out teaching or supervising students on work experience, and we knew from our initial contact with them that making contact by telephone was difficult. We therefore sent a follow-up email to all TAFE staff to ensure they had received the questionnaires but received only six responses (by email or telephone) and were unable to make successful telephone contact with the others.

Of the 230 responses we received from TAFE students, we had to remove 77 as invalid for one of the following reasons:

- the centre at which the respondent worked was not apparently accredited (could not be found on the NCAC database) or its accreditation had been suspended;
- the respondent was not working in a long day care centre (some respondents worked in occasional care, family day care, or for an agency);
- no centre name was given so we could not verify accreditation status;
- responses indicated a poor command of English and could not be assumed to be reliable; or
- no responses were given (that is, an empty questionnaire was posted back).

We also removed 87 valid responses from TAFE students who were not employed on an ongoing basis in a long day care centre. These students had completed the questionnaire on the basis of their work experience placement only (such placements typically last between one and five weeks, depending on the level of the student and the requirements of the training institution they attend). We felt that work experience was not sufficient to make a considered judgement on the quality of care.

This left 66 valid responses from TAFE students who were also employed on an ongoing basis in long day care centres, and who received the questionnaire at a TAFE class.²⁵

²⁵ It was possible that one respondent could have replied twice (once on a questionnaire received in their place of employment, and once on a questionnaire received in their TAFE class). However, this did not occur. There was only one centre from which we received a response to both the original questionnaire

Table 6 shows these responses compared with the responses received from the direct mail-out to long day care centres on two simple measures of the quality of care provided: staff having enough time to build individual relationships with the children they care for, and the variety of the activities and equipment provided in the centre. For both of these measures, the responses received from the TAFE mail-out indicated a slightly lower quality of care than the responses received from the long day care centre mail-out.

Table 6 Responses on two key aspects of quality care, by source of respondent

Aspect of quality care	Share of respondents from long day care centre mail-out (%)	Share of respondents from TAFE mail-out (%)
Time to build relationships with individual children – answered ‘always’ or ‘usually’	85	80
Variety of activities and equipment provided for children – answered ‘good’ or ‘adequate’	92	86

It is possible that respondents who received the questionnaire in a TAFE class were more likely to respond if they were concerned about the quality of care in the centre they worked in. This is, however, equally likely to be true for those respondents who received the questionnaire through the long day care centre they work in, so it cannot explain the consistent difference in identification of standards of care between the two sources of respondents. This consistent difference may instead result from Directors of poor quality centres failing to pass the questionnaires onto their staff.

Taking into account all of the above, in our judgement, the 578 valid responses we received from our mail-out to staff working in long day care centres provide a reasonably accurate reflection of staff perceptions of the quality of care provided in long day care centres around Australia.²⁶ The fact that the results reported for specific quality indicators in the next section are very consistent – there were no unusual results that seemed not to fit in the overall picture – adds some support to this judgement.

and the TAFE questionnaire, and the evidence indicates that these responses were not from the same person.

²⁶ Note that the 66 valid responses from TAFE students who were also employed on an ongoing basis in long day care centres are not included in our analysis of results in the next section. They were simply used to test for potential bias in the 578 valid responses received from the mail-out to long day care centres.

4. Survey results

There is great diversity in the quality of care provided within each type of long day care centre in Australia: community-based, independent private, and corporate chain.

It is widely acknowledged now that good practice in child care is not confined to the non-profit sector and that some very lacklustre care is provided by community-based services. Nor is the private, for-profit sector a homogenous entity. Some operators are highly qualified, have a deep commitment to the children and families that they serve and operate in very similar ways to community-based services. Others, however, are simply profit-seekers, cutting costs and exploiting families and governments at every turn (Brennan 1999a, p. 87).

Within all three of the centre types, the responses we received showed there were individual centres offering high quality care. However, when analysed all together, the responses to the survey revealed a distinct trend in the overall quality of care offered by each centre type, as perceived by long day care staff.

In our reporting of results which follows, we judged it appropriate to report by centre type responses to those questions relating directly to the quality of care provided in the respondents' centre, because clear patterns emerged from the data (charts are provided to highlight these patterns). For those questions relating to preferred staff-to-child ratios, results are reported by state, because staff-to-child ratios differ by state, and responses reflected this fact. The survey also included general questions about what staff felt the effects of poor quality care were on the children, what staff would change at their centre, and anything else staff would like to say about working in long day care. For these questions, responses are reported all together.

Note that the number of respondents changes slightly from question to question because of the 578 valid respondents, some did not answer some questions, and where a respondent ticked in between the available options, their response was coded invalid. The number of respondents reported on in each table is reported as a note to each table, with responses from community-based, independent private and corporate chain centres shown in parentheses where applicable. Where applicable, we have tested whether the responses for the corporate chains and independent private centres differ significantly (at the 95 per cent level) from the responses for community-based centres. Where the difference is significant, it is marked with an asterisk (*).

Quotations from respondents are used to illustrate the data. These are identified by centre type and by state in parentheses immediately following the quotation.

At your centre, do you feel there is time to develop individual relationships with the children you care for? Always/Usually/About half the time/Rarely/Never

The results are shown in Table 7 and Figure 3.

We would expect that in high quality child care, staff would say that they ‘always’ or ‘usually’ had time to develop individual relationships with the children they cared for. As discussed, individual relationships between carers and the children are extremely important, because they promote secure attachment, reduce children’s stress and aid childhood development. Long day care staff recognise the importance of developing these individual relationships.

[I would like] more time for staff to spend with individuals, as well as [children with] special needs... (Corporate chain, NSW).

[I would like] less paperwork, more one-on-one time with children (Independent private, NSW).

The responses to this question about the development of relationships with individual children suggest one of the biggest differences between the different centre types that provide long day care in Australia. There was no significant difference between the 54 per cent of respondents from community-based centres who said they ‘always’ had time to develop individual relationships with the children they cared for and the 49 per cent of respondents from independent private centres who said the same. In contrast, only 25 per cent from the corporate chain centres said they ‘always’ had time to develop individual relationships with the children they cared for – a significantly lower proportion.

Table 7 Staff have time to develop relationships with individual children, staff perceptions by centre type

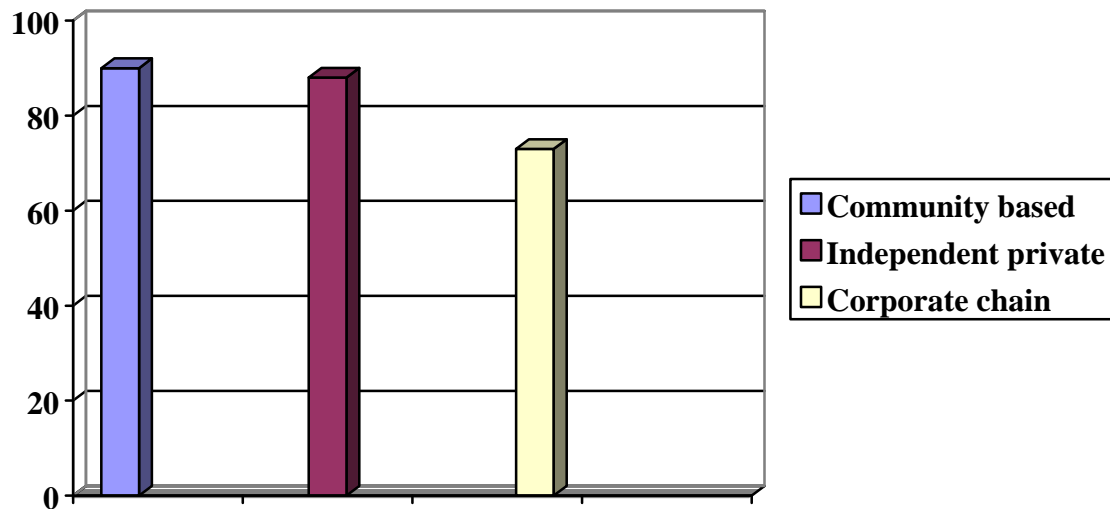
Centre type	% of respondents				Total
	Always	Usually	About half the time	Rarely	
Community-based	54	36	8	1	99
Independent private	49	39	11	2	101
Corporate chain	25*	48*	25*	3	101

Percentages may not sum to 100 due to rounding.

* Percentages marked with an asterisk are significantly different at the 95 per cent level from the figure for community-based centres.

n = 570 (Community-based 226, Independent private 243, Corporate chain 101)

Figure 3 Percentage of staff who say they always or usually have time to develop relationships with individual children



At your centre, does the program accommodate children's individual needs and interests? Always/Usually/About half the time/Rarely/Never

The results are shown in Table 8 and Figure 4.

We would expect that in high quality child care, staff would say that the centre program 'always' or 'usually' accommodate children's individual needs and interests. It is now widely recognised that high quality programs in early childhood include 'child-initiative and involvement' to a significant degree (Bennett 2004, p.11; see also Shonkoff and Phillips 2000, p. 315; NSCDC 2004, p. 1).

Corporate chain centres had a lower percentage of respondents who said their centre program 'always' accommodated children's individual needs and interests.

No one to one time. Outside 'til 11.00am then back outdoors at 1.30pm 'til 5-6pm. Sad kids but parents are desperate and director glosses everything over (Corporate chain, NSW).

[I would like] less need for group supervision and more expansion of play in small/individual groups (Independent private, Qld).

Table 8 Centre program accommodates children’s individual needs and interests, staff perceptions by centre type

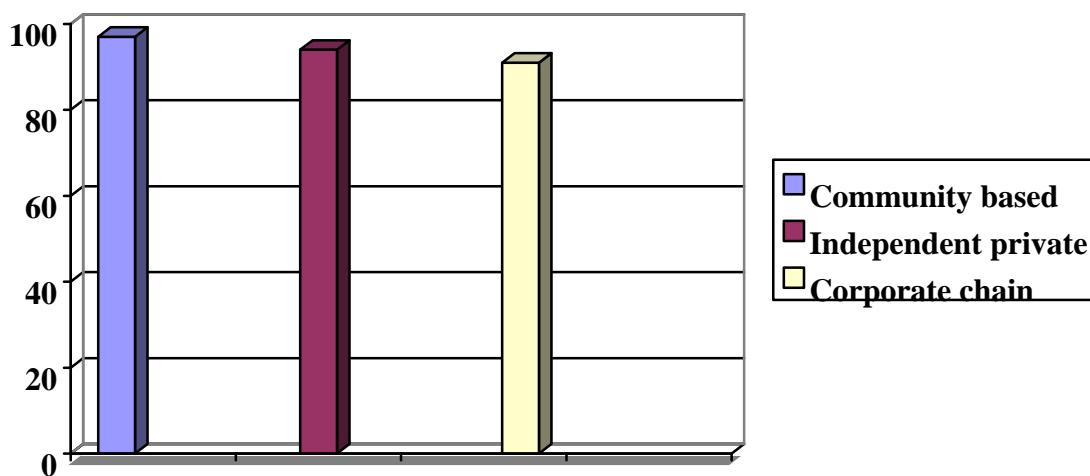
Centre type	% of respondents				Total
	Always	Usually	About half the time	Rarely	
Community-based	68	29	2	1	100
Independent private	66	28	6	0	100
Corporate chain	54*	37	9*	1	101

Percentages may not sum to 100 due to rounding.

* Percentages marked with an asterisk are significantly different at the 95 per cent level from the figure for community-based centres.

n = 570 (Community-based 226, Independent private 243, Corporate chain 101)

Figure 4 Percentage of staff who say that the program at their centre always or usually accommodates children’s individual needs and interests



*At your centre, how would you describe the variety of the equipment for children?
Good/adequate/poor*

The results are shown in Table 9 and Figure 5.

We would expect that in high quality child care, staff would say that the variety of equipment provided for the children was ‘good’, or at least ‘adequate’. Such variety is important for staff to be able to deliver a varied and balanced program for the children.

It is often assumed that corporate chain centres bring financial capital to the child care industry (see for example Romeril 2004, p. 4). We therefore expected that responses to this question would reflect this assumption, and that the data would reveal that corporate chain centres provide better equipment for the children than other centre types. However, only 34 per cent of corporate chain staff said the variety of equipment provided at their centre was ‘good’, compared with 66 per cent of staff from community-based centres. This may indicate that corporate chain centres do not spend as much money on equipment as community-based centres – despite the claims of bringing financial capital into the sector – or it may show that the money they are spending is not spent very well, at least in the opinion of some centre staff. The latter may be an outcome of centralised purchasing by corporate chains.

[T]he grounds are dismal, and outside is such a small area. (Corporate chain, Qld)

I don’t think my centre provides high quality care due to low budget, unqualified staff and poor equipment. (Corporate chain, Qld)

Table 9 Centre provides a variety of equipment for children, staff perceptions by centre type

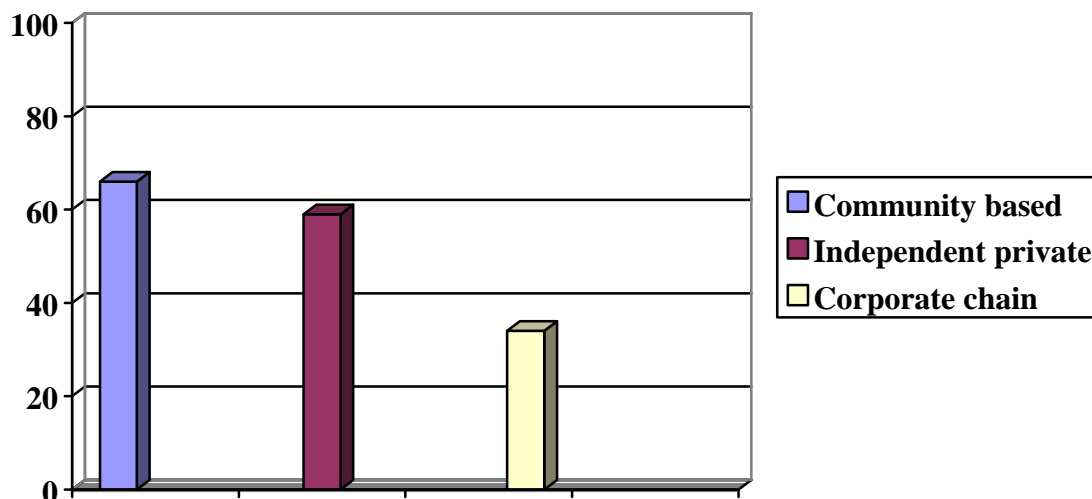
Centre type	% of respondents			
	Good	Adequate	Poor	Total
Community-based	66	29	5	100
Independent private	59	35	6	100
Corporate chain	34*	54*	12*	100

Percentages may not sum to 100 due to rounding.

* Percentages marked with an asterisk are significantly different at the 95 per cent level from the figure for community-based centres.

n = 567 (Community-based 226, Independent private 239, Corporate chain 102)

Figure 5 Percentage of staff who say their centre provides a good variety of equipment for children



At your centre, are the children provided with nutritious food? Always/usually/about half the time/rarely/never

The results are shown in Table 10 and Figure 6.

At some centres, the children bring food from home, and this option was not available on the questionnaire. However, 85 respondents (almost 15 per cent of valid responses) wrote on the questionnaire 'parents provide food' or 'children bring own lunch'. These responses have been removed from the figures given below, since they do not reflect anything about the quality of the centre. However, we do not know how many respondents answered with respect to the food provided by parents, but failed to write this on the questionnaire. For this reason, the responses to this question must be interpreted with caution.

Respondents from corporate chain centres were significantly less likely than independent private and community-based centre respondents to say that their centre always provided nutritious food (46 per cent compared with 73 and 74 per cent respectively). These responses suggest that around half of corporate chain centres do not always provide nutritious food for their children. Moreover, 20 per cent of respondents from corporate chains said that nutritious food was only provided 'about half of the time', compared with five per cent of independent private centre respondents and four per cent of community-based centre respondents. If responses do relate to centre-provided (rather than parent-provided food), this may indicate either that corporate chains cut costs by purchasing less nutritious food for their children or that they have poor purchasing practices.

[One change I would make is to] provide more ... nutritious meals for the children which are varied, and enough food is offered including alternatives (Independent private, NT).

Table 10 Centre provides nutritious food for children, staff perceptions by centre type

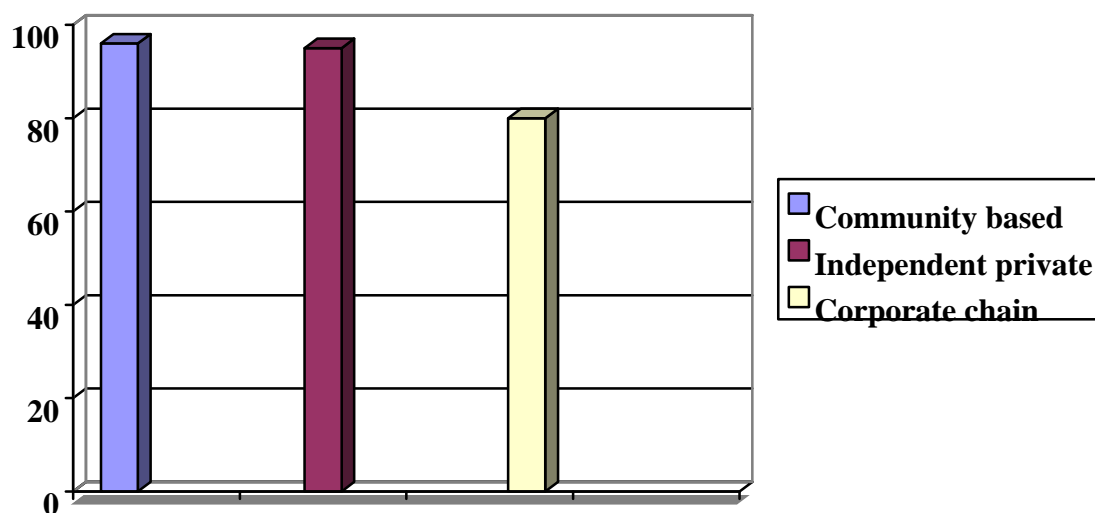
Centre type	% of respondents			
	Always	Usually	About half the time	Total
Community-based	74	22	4	100
Independent private	73	22	5	100
Corporate chain	46*	34	20*	100

Percentages may not sum to 100 due to rounding.

* Percentages marked with an asterisk are significantly different at the 95 per cent level from the figure for community-based centres.

n = 488 (Community-based 195, Independent private 211, Corporate chain 82)

Figure 6 Percentage of staff who say that their centre always or usually provides nutritious food for children



At your centre, are the children provided with enough food? Always/usually/about half the time/rarely/never

The results are shown in Table 11 and Figure 7.

As for the previous question, at some centres the children bring food from home, and this option was not available on the questionnaire. Again, 85 respondents (almost 15 per cent of valid responses) wrote on the questionnaire 'parents provide food' or 'children bring own lunch'. These responses have been removed from the figures given below, since they do not reflect anything about the quality of the centre. However, we do not know how many respondents answered with respect to the food provided by parents, but failed to write this on the questionnaire. For this reason, the responses to this question must be interpreted with caution.

The responses show a similar pattern to the previous question, with the corporate chains scoring markedly worse. Staff at community-based centres are much more likely than staff at corporate chain centres to say that children are always provided with enough food (80 per cent as opposed to 54 per cent). In other words, nearly half of the respondents from corporate chains said that children do not always receive enough food. The figure is one in five at community-based centres and one in four at independent private centres. It is worth noting that one in ten respondents from corporate chains said that children receive enough food only about half the time. This may indicate that corporate chains cut costs by reducing the amount of food provided to children.

[I would not send my child to the centre I work at due to] lack of food (not enough allocated per child) and untidiness (centre never cleaned properly due to lack of staff) and lack of good quality equipment (Independent private, Qld).

Table 11 Centre provides enough food for children, staff perceptions by centre type

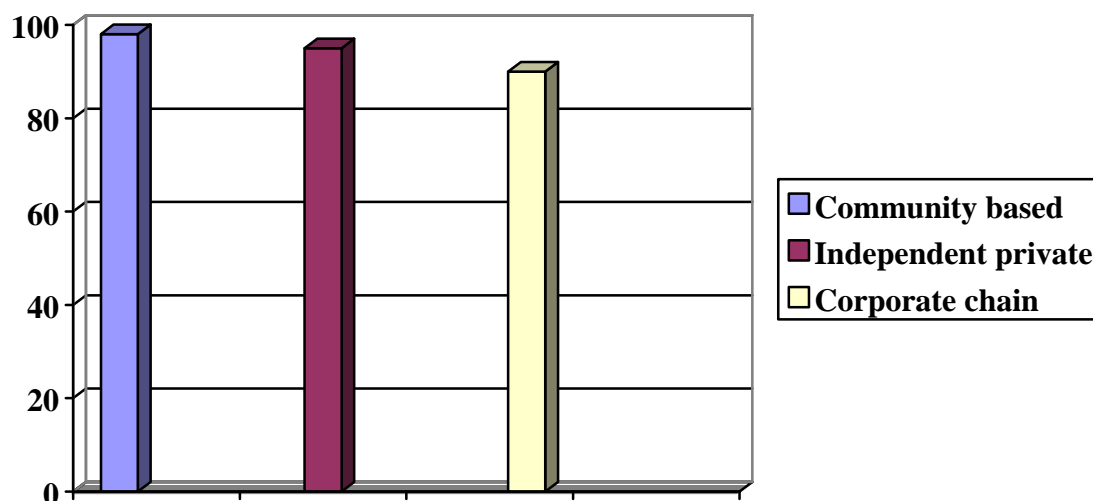
Centre type	% of respondents				Total
	Always	Usually	About half the time	Rarely	
Community-based	80	18	2	0	100
Independent private	75	20	4	1	100
Corporate chains	54*	36*	10*	0	100

Percentages may not sum to 100 due to rounding.

* Percentages marked with an asterisk are significantly different at the 95 per cent level from the figure for community-based centres.

n = 487 (Community-based 195, Independent private 211, Corporate chain 81)

Figure 7 Percentage of staff who say that their centre always or usually provides enough food for children



Are the staff-to-child ratios at your centre usually ... below legal minimum/at legal minimum/above legal minimum.

The results are shown in Table 12 and Figure 8.

The responses indicate that centres rarely operate below the legal minimum staff-to-child ratio as their usual practice, and this holds true for all three types of centre. However, as the table shows, community-based and independent private centres are much more likely to operate with more than the legally required number of staff. Again, a possible explanation of these differences is that corporate chains operate with minimal staff so as to reduce costs. Further light is shed on the issue of staff-to-child ratios by responses to the following questions.

Table 12 Standard staff-to-child ratios, staff perceptions by centre type

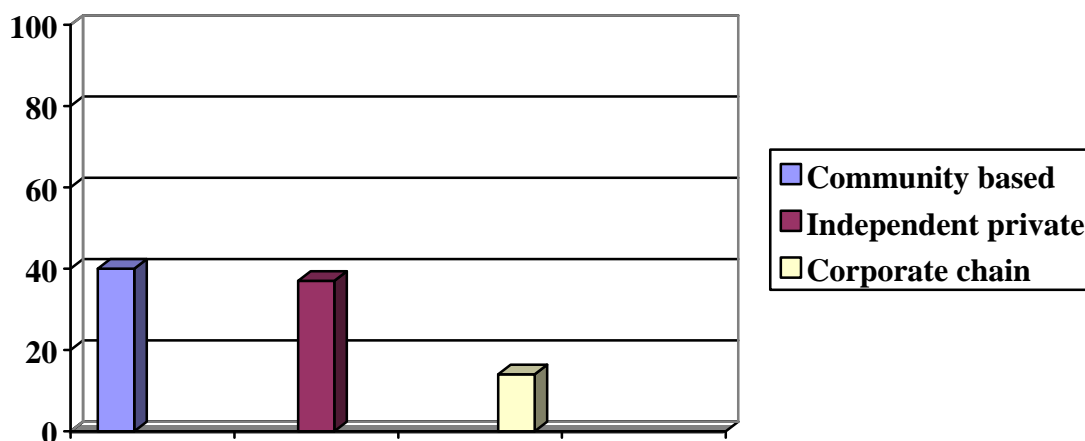
Centre type	% of respondents			Total
	Below legal minimum	At legal minimum	Above legal minimum	
Community-based	4	57	40	101
Independent private	2	62	37	101
Corporate chain	5	81*	14*	100

Percentages may not sum to 100 due to rounding.

* Percentages marked with an asterisk are significantly different at the 95 per cent level from the figure for community-based centres.

n = 555 (Community-based 222, Independent private 234, Corporate chain 99)

Figure 8 Percentage of staff who say the standard staff-to-child ratios at their centre are above legal minimum



At your centre, how often, if ever, do the staff-to-child ratios drop below the legal minimum? Never/Once a month/Once a week/Once a day/More than once a day

The results are shown in Table 13.

Child care staff frequently fall ill as a result of working with young children who are sick (Masterman-Smith *et al.* 2006, p. 6). When staff respond that their centre either never drops below the legal minimum staff-to-child ratio, or even that it drops below legal minimum once a month or once a week, this suggests either that they usually operate with staff-to-child ratios above the legal minimum (so that even when a staff member is absent due to illness, they remain above or at the legal minimum), or that their centre has a good system for obtaining temporary replacement staff when permanent staff are unable to work.

It is apparent from the table that community-based centre staff report that their centre is much less likely to drop below the legal minimum. Seventy seven per cent say their centre never drops below the minimum, while only 46 per cent of staff at corporate centres say the same. Independent private centres are somewhere in between. This is consistent with standard staff-to-child ratios being more likely to be above legal minimum in the community-based and independent private centres (see previous question).

Table 13 Frequency with which staff ratios drop below the legal minimum, staff perceptions by centre type

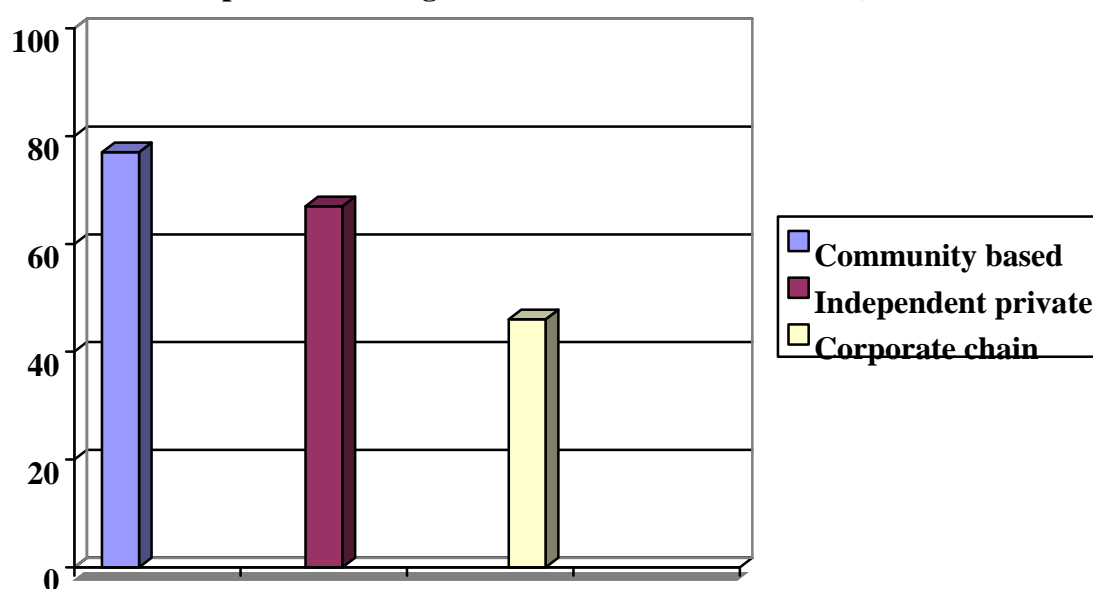
Centre type	% of respondents					Total
	Never	Once a month	Once a week	Once a day	More than once a day	
Community-based	77	12	5	4	2	100
Independent private	67*	14	10	8	1	100
Corporate chain	46*	20	21*	10	4	101

Percentages may not sum to 100 due to rounding.

* Percentages marked with an asterisk are significantly different at the 95 per cent level from the figure for community-based centres.

n = 566 (Community-based 225, Independent private 240, Corporate chain 101)

Figure 9 Percentage of staff who say their centre always complies with the law on minimum staff-to-child ratios (their centre never drops below the legal minimum staff-to-child ratio)



In your opinion, are the staff-to-child ratios legally required in your State or Territory adequate to provide high quality care for children? Yes/no/don't know

The results are shown in Table 14 (by centre type) and Table 15 (by state, for the three largest states).

Responses to this question from community-based and corporate chain staff are very similar: most respondents in these categories were dissatisfied with the legal minimum ratios. In contrast, more respondents from independent private centres were satisfied with the legal minimum staff-to-child ratios. The pattern of results across the three centre types for this question is quite different from all the other questions, and we are not certain of the reason for this difference. It is possible that it might be explained by staff in different centre types having different perceptions of those they feel are primarily responsible for funding their centres. Staff at independent private centres may conform to a small business ethos – the idea that ‘we’re all in this together and I know my centre can’t afford more staff’. In contrast, staff at community-based centres may be more likely to feel that the state should provide more money, whilst staff at corporate centres may feel that the company shouldn’t make such big profits, but instead should direct more resources to caring for the children.

Quality has been replaced by *profit*, very sad as this affects our children
(Corporate chain, NSW).

Table 14 Adequacy of legal minimum staff-to-child ratios for quality care, staff perceptions by centre type

Centre type	% of respondents			Total
	Yes	No	Don't know	
Community-based	33	64	4	101
Independent private	53*	43*	3	99
Corporate chain	35	61	4	100

Percentages may not sum to 100 due to rounding.

* Percentages marked with an asterisk are significantly different at the 95 per cent level from the figure for community-based centres.

n = 572 (Community-based 226, Independent private 244, Corporate chain 102)

If no [to previous question about adequacy of legal minimum staff-to-child ratios], please circle the staff-to-child ratio you believe would be adequate to provide high quality care for each of the following age groups.

Under two years 1:4/1:3/1:2/other

2-3 years 1:8/1:6/1:4/other

3-5 years 1:14/1:11/1:8/other

The results comparing States are shown in Table 15, and ratios recommended by respondents for the different age groups are shown in Table 16 (under two years), Table 17 (two to three years) and Table 18 (three to five years).

The legal minimum staff-to-child ratios vary from state to state (see appendix 1 for full details) and for this reason it is important to analyse the results by state. Note that reliable results are only available for the largest three states, since in the other states and territories, the sample sizes are too small. Unsurprisingly, the satisfaction levels in the different states reflect the differences in staff-to-child ratios in different states.

Respondents from Victoria were most unhappy, almost three quarters thought ratios were inadequate. The staff-to-child ratio in Victoria is the poorest in Australia for 3-5 year olds (1:15).

In both New South Wales and Queensland just under half the respondents thought ratios were inadequate.

Table 15 Adequacy of legal minimum staff-to-child ratios for quality care, staff perceptions by state

State (n)	% of respondents			Legal minimum staff-to-child ratios		
	Yes	No	Don't know	Age 0-2	Age 2-3	Age 3-5
NSW (199)	46	52	2	1:5	1:8	1:10
QLD (130)	45	54	2	1:4	1:6	1:12
VIC (114)	23	74	3	1:5	1:5	1:15

Percentages may not sum to 100 due to rounding.

Respondents who indicated that they thought existing staff-to-child ratios were inadequate were asked what they thought appropriate ratios would be, in the various age categories. They were given three choices for each age group, and were also given the option of specifying a ratio different to these choices ('other' in tables below).

For children under two, in all three states there is a clear preference for a legal minimum staff-to-child ratio of 1:3, compared to the current situation where it is either 1:4 or 1:5.

It seems that a staff-to-child ratio of 1:2 is considered either unnecessary or unrealistic by most respondents. Early Childhood Australia (ECA) recommends a ratio of 1:3, in line with recognised best practice international standards. It is not clear whether staff who chose 1:3 are responding in line with ECA's recommendation, or with respect to their own experience of caring for children, or both.

Table 16 Adequate staff-to-child ratios for children aged under 2, staff perceptions by state

State (n)	Current legal minimum staff-to-child ratios	Preferred legal minimum staff-to-child ratios			
		1:4	1:3	1:2	Other or invalid
NSW (103)	1:5	24	67	6	3
QLD (71)	1:4	20	62	13	6
VIC (81)	1:5	22	66	10	3

Percentages may not sum to 100 due to rounding.

For children aged two to three, in New South Wales and Queensland the preferred legal minimum staff-to-child ratio was 1:6 (it is currently 1:8 and 1:6 respectively). In Victoria, it was still higher, with most respondents preferring 1:4 (it is currently 1:5). The ECA recommended ratio is 1:5.

Table 17 Adequate staff-to-child ratios for children aged 2-3, staff perceptions by state

State (n)	Current legal minimum staff-to-child ratios	Preferred legal minimum staff-to-child ratios			
		1:8	1:6	1:4	Other or invalid
NSW (100)	1:8	7	73	16	4
QLD (70)	1:6	3	47	39	11
VIC (81)	1:5	5	19	68	9

Percentages may not sum to 100 due to rounding.

For children aged three to five, in all three states considered, the preferred ratio is 1:8. ECA recommends a ratio of 1:8 for this age group.

Table 18 Adequate staff-to-child ratios for children aged 3-5, staff perceptions by state

State (n)	Current legal minimum staff-to-child ratios	Preferred legal minimum staff-to-child ratios			
		1:14	1:11	1:8	Other or invalid
NSW (101)	1:10	3	12	73	12
QLD (70)	1:12	0	31	51	17
VIC (85)	1:15	6	37	48	9

Percentages may not sum to 100 due to rounding.

In summary, in New South Wales, Queensland and Victoria, the majority of long day care staff think that current staff-to-child ratios are inadequate to provide quality care, and believe that they should be raised.

In New South Wales, amongst those respondents who think that current staff-to-child ratios are inadequate, a majority would prefer them to be raised: to 1:3 (from 1:5) for children aged under two; to 1:6 (from 1:8) for children aged 2-3; and to 1:8 (from 1:10) for 3-5 year olds.

In Queensland, amongst those respondents who think that current staff-to-child ratios are inadequate, a majority would prefer them to be raised: to 1:3 (from 1:4) for children aged under two; and to 1:8 (from 1:12) for 3-5 year olds. Most were happy with the current staff-to-child ratio of 1:6 for children aged 2-3.

In Victoria, amongst those respondents who think that current staff-to-child ratios are inadequate, a majority would prefer them to be raised: to 1:3 (from 1:5) for children aged under two; to 1:4 (from 1:5) for children aged 2-3; and to 1:8 (from 1:15) for 3-5 year olds.

The implications of inadequate staff-to-child ratios for the quality of care were explained by respondents in their answers to the following question.

In your opinion, what aspects of high quality care do children currently miss out on as a result of inadequate staff-to-child ratios? [Open-ended question]

The results are shown in Table 19.

Most staff made comments on this question, even if they thought the staff-to-child ratios in their state were adequate. By far the most common aspect of high quality care that staff felt children missed out on if ratios were inadequate was ‘one-on-one time’ with staff. This is essential for relationship development, as was made clear by the comments made by staff.

Table 19 Effects of inadequate staff-to-child ratios on quality of care

Effects of inadequate staff-to-child ratios	% of all respondents
One-on-one time – individual needs are not met (see note 1)	62
Supervision (behaviour management) – this results in more accidents and injuries, and a less calm and comfortable environment	12
Observing, recording, program planning	6
No comment	6
Smaller group interactions	3
Children don’t miss out with poor staff-to-child ratios	1

n = 578

This category included comments about staff being unable to develop relationships with individual children, about quiet children being ignored while rowdy children or those with special needs get all the attention, about staff spending most of their time ‘doing jobs’ rather than interacting with children, and about babies needing to be held (not just ‘managed’, as one respondent put it).

Respondents also referred to negative effects on children’s overall experience as a result of inadequate staff-to-child ratios.

[Children miss out on] time to explore in full an activity, story, experience. With more staff the domestic side is better catered for and staff are able to take their time with each child. With the babies, real care, rather than management, can occur (Community-based, Vic).

[Children miss out on] time to learn self-help skills, to sit and explore/experiment with their environment ... Caregivers are stressed by workload and lack of time, makes environment rushed and not relaxed. False ‘quality care’ (Independent private, Qld).

Staff turnover

Questions 10, 10a, 10b and 10c (see appendix 2) all relate to staff turnover, but the data collected for these questions appears to be unreliable. A significant proportion of respondents left the questions out altogether or answered ‘don’t know’ where that option was provided (68 out of 578 respondents – almost 12 per cent). What is more, the responses we received for the first question (How many primary contact staff are employed at your centre when all the children are present?) varied by more than two staff in approximately 20 per cent of the centres we did receive responses from, and in some cases varied widely. For example, at one centre one respondent answered ‘10 staff’ and another answered ‘25 staff’, and at another centre one respondent answered ‘2 staff’ and another answered ‘8 staff’. Responses to these questions are therefore not reported here.

However, comments given in this section of the questionnaire remain of interest. After respondents were asked questions about the level of turnover in their centre, they were asked: ‘Do you feel this level of staff turnover affects the quality of care the children receive?’ This question was followed by: ‘Please comment on your answer’. The results are shown in Table 20. Most staff commented here in a general sense, even if they thought the turnover in their centre was not a problem. Because the question was open-ended, some mentioned more than one category, so the percentages in the table do not sum to 100.

By far the most common response related to the need for consistent staffing if children are to feel securely attached to staff. Caregiver stability is very important if children are to develop trusting and responsive relationships with their caregivers. More than a third of respondents commented on this.

Children get very attached to their carers and they suffer emotionally each time one of them leaves (Corporate chain, Qld).

[When staff leave] children’s behaviour problems rise ... We always wait so long for staff to be replaced and when casuals are in children are wild (Community-based, NSW).

Some also pointed out the importance of ongoing relationships between staff and families for secure attachment.

It is good for children and parents to have long and consistent relationships with families. If older siblings know you, children are less anxious and settle in well to learn (Independent private, NSW).

High turnover is also a concern for management.

[W]e’re losing all our experienced staff due to poor conditions, so there is no one to train and mentor younger staff coming through (Community-based, Qld).

Table 20 Effects of staff turnover on quality of care

Effects of staff turnover	% of all respondents
Reference to attachment theory and/or consequent need for consistency of care	36
No comment made	29
Turnover at my centre is low so quality of care is good	13
Staff leave or stay away due to poor conditions or pay in the industry / Hard to find good staff to replace staff leaving	7
Turnover affects staff (interrupts flow of routine in the room, affects morale) which causes flow-on effects for children	6
Turnover doesn't affect quality of care	4
Individual programming depends on staff observation of children and knowledge of their family (takes time to develop) / Change is unsettling for parents or families	3
Effects on quality of care depends on quality of staff leaving/replacing	3

n = 578

In your view, what is the single most important factor in providing quality care?

Please tick one of: warm staff personality; well qualified staff; high staff-to-child ratios; range of activities; low staff turnover; pleasant physical surrounds; other.

The results are shown in Table 21. We expected that many staff would reject the assumption that one single factor could be identified as the most important in providing quality care, and 22 per cent did reject it. There are of course many aspects to quality care, and some staff are evidently reluctant to give priority to one over all the others. However, for the remainder of staff, the single most important factor for providing quality care was 'warm staff personality', with 31 per cent of all respondents selecting this.²⁷ This is not surprising, since staff who like children are most likely to do their best by them, providing care to the best of their abilities even if they are not qualified. Recent research confirms that warm and supportive caregivers in a child care setting will positively contribute to the development of important social and cognitive capabilities in children (NSCDC 2004, p. 2).

²⁷ The data showed that less qualified staff were only slightly more likely to choose 'warm staff personality' than their more highly qualified colleagues. Staff who had been working in child care for less than five years were also slightly more likely to choose 'warm staff personality' than those who had been working in child care for more than five years.

The second most popular factor was ‘well qualified staff’, with 24 per cent of staff selecting this.

[I would be happy to send my child to a centre with] warm loving people who build positive relationships [and] qualified staff to help with children’s needs (Community-based, SA).

[I would be happy to send my child to a centre like mine because] our centre has warm caring reliable staff. The centre is clean and inviting and has a happy atmosphere (Corporate chain, Qld).

Table 21 Single most important factor in providing quality care, staff perceptions by centre type

Factor	% of respondents			
	All staff	Community-based	Independent private	Corporate chain
Warm staff personality	31	22	36	37
Well qualified staff	24	27	20	23
Rejected single factor	22	22	23	18
High staff-to-child ratios	13	17	10	13
Range of activities	4	4	4	3
Low staff turnover	2	2	3	2
Pleasant physical surrounds	1	2	1	1
Invalid/other	4	4	3	4

Percentages may not sum to 100 due to rounding.

* Percentages marked with an asterisk are significantly different at the 95 per cent level from the figure for community-based centres.

n = 569 (Community-based 226, Independent private 242, Corporate chain 101)

There was one noticeable difference, when broken down by centre type. Community-based staff were less likely than either independent private or corporate chain staff to identify warm staff personality as the most important factor. It is difficult to explain this difference. Perhaps it is due to the fact that most staff prefer to work in community-based centres, citing reasons such as better pay and conditions and more staff supports like in-service training (Loane 1997, p. 269). If most staff in community-based centres are happy to be there, perhaps community-based staff have not seen the impact upon

children of a staff member without a warm personality as often as those in the other types of centre. Instead, community-based staff were slightly more likely to identify well qualified staff and high ratios as the most important factor.

What would you change at your centre, if anything, to improve the quality of care provided? [Open-ended question]

The results are shown in Table 22. Because the question was open-ended, some respondents mentioned more than one category, so the percentages do not sum to 100.

It is notable that 27 per cent of respondents either made no comment, said they didn't know, or said or implied that they would change nothing.

[I would change nothing]. All is at high quality care at all times (Corporate chain, Qld).

[I would change nothing]... the staff are terrific and the kids love to come to daycare (Independent private, WA).

The most common change mentioned was higher staff-to-child ratios (25 per cent of respondents).

[Improve] staff-to-child ratios so we could spend more time with each individual child (Independent private, Qld).

[Employ] a floater/relief person to ... enable other tasks (e.g. setting up beds, cleaning) to be done while children are fully and legally supervised (Independent private, Qld).

Improvements to the physical space or environment was the second most recommended change (22 per cent).

More art and craft orders. More equipment to provide a bigger choice of daily activities (Community-based, WA).

More money for improvements to general wear and tear on building/playground. (Community-based, NSW).

It is interesting that eight per cent of staff mentioned better pay and working conditions as something they would change to improve quality of care.²⁸

Give more pay for workers ... Increase wages to become closer to teachers if qualifications apply (Community-based, Qld).

[I would like to] have some of my staff back who left the industry because of poor pay (Independent private, Qld).

²⁸ As reported later, in the final question which asked for anything else the respondents had to say about working in long day care or quality of care, 24 per cent mentioned better pay and 8 per cent mentioned better working conditions.

Table 22 Changes staff would make to improve the quality of care at their centre

Change	% of all respondents
No comment made, didn't know or would change nothing (see note 1)	27
Higher staff-to-child ratios	25
Improved physical space or environment	22
More time for children (see note 2)	16
More money (to support other things)	9
More qualified staff (including ongoing staff training)	9
Improve pay/working conditions	8
Improve relationships (between staff, or between staff and management or staff and families)	7
Changes to routine/activities/program/approach	4
Warmer/more engaged staff	3
Lower staff turnover	2

n = 578

Notes

1. 'No comment made' included both responses where respondents had explicitly stated this (e.g., 'no comment'), or had left the space blank. 'Would change nothing' included both responses where responses explicitly stated this (e.g. 'nothing'), or implied it by slashing through space left for response.
2. These comments included: more time for planning; less paperwork or more time to do it; and cleaners or office people to be employed – all so child care staff can spend more time with the children.

If you have or had your own children aged under two, would you be happy to enrol them at the centre where you work or one with comparable quality of care? Why/why not?

The results are shown in Table 23. We asked this question for two reasons. Firstly, there is more controversy over very young children being placed in long day care than there is over slightly older children (see section 2.1). We wanted to get a sense of where child care workers stood on this issue. Secondly, if a worker would not place their own young child in a centre of comparable quality to the one where they work, and they specify quality concerns as the reason for this, then this raises serious questions about the overall quality of care offered by the centre.

Overall, the responses indicate that the majority of respondents would be happy to enrol their own child aged under two in the centre where they worked. However, there were some differences between the 80 per cent of community-based respondents who said

they would be happy, and those from other centre types: 75 per cent of independent private respondents and 69 per cent of corporate chain respondents. These results suggest that the standard of care in long day care centres is generally quite high. Indeed, many staff described the overall quality of care at their centre in very positive terms.

The staff are warm and friendly. The aesthetic of the centre is colourful and welcoming and toys are rotated well. Staff work well together (Independent private, ACT).

The staff genuinely care for all the children and families equally. They put the children and their beliefs, likes and interests first (Community-based, NSW).

Table 23 Responses to ‘If you have or had your own children aged under two, would you be happy to enrol them at the centre where you work or one with comparable quality of care’, by centre type

Centre type	% of respondents				Total
	Yes	No – quality concerns	No – other reasons	Don’t know	
Community-based	80	4	9	7	100
Independent private	75	6	11	8	100
Corporate chain	69*	21*	4	6	100

Percentages may not sum to 100 due to rounding.

* Percentages marked with an asterisk are significantly different at the 95 per cent level from the figure for community-based centres.

n = 556 (Community-based 218, Independent private 238, Corporate chain 100)

Despite the fact that all respondents worked at accredited centres, a minority said that they would not be happy to enrol their own child aged under two in the centre where they worked, due to quality concerns. Only four per cent of community-based and six per cent of independent private centre respondents cited quality concerns as the reason they would not send their own child to the centre they worked at or a centre offering comparable quality of care. However, of respondents from corporate chains, 21 per cent said they would not send their own child to the centre where they worked, or one with comparable quality of care, because they had concerns about the quality of care provided at their centre.

Those respondents who would not be happy to send their own child to the centre where they worked because they had quality concerns cited a number of different reasons. Some respondents made comments about inadequate state regulations, in particular what they felt were unacceptably low staff-to-child ratios.

As good as it is, in the under 2s the children are managed and the good quality care that I want for my baby is just not possible – but the staff do their best (Community-based, Vic).

I believe under 2 with these ratios is unfair (Corporate chain, NSW).

Other respondents commented on matters that fall more within the responsibility of the national accreditation system. Some felt that routines within the centre, including staff cleaning and paperwork responsibilities, did not allow for adequate time with children.

I find it a concern that staff are expected to do so much – care for children, be cleaners as well as be supervising at all times – impossible when cleaning centre (Corporate chain, Qld).

Not enough time spent with children, staff always cleaning or doing paperwork (Corporate chain, NSW).

Others commented on the lack of resources necessary to provide a good quality program for children.

Not enough resources for children – most toys have been donated or bought by staff (Corporate chain, Qld).

Place dirty, broken resources (Corporate chain, Vic).

Many commented on staffing issues. Such comments implicitly point to the need for government policy to address the undersupply of quality child care staff, which is directly linked to the extremely high rates at which child care staff leave the industry: in the three years prior to 2004, approximately 25 per cent of long day care staff left the industry each year (AIHW 2005, p. 100).

High staff turnover, low staff morale, traineeship-trained staff ... (Corporate chain, Vic).

... immaturity and lack of experience of staff (not lack of qualifications) (Community-based, Vic).

Some respondents articulated concerns that appeared to be specific to corporate chains (similar comments were not received for the other centre types).

[C]are ... is adequate, but the child's development is secondary to keeping up appearances ... The director is primarily a money collector and whip cracker ... (Corporate chain, NSW).

[Corporate chain] took over and now it's a money making business and not a family one. Too much paperwork means not enough time spent with children (Corporate chain, Vic).

Others were concerned about the rigidity of the centre routines, in comments that appear to confirm Goodfellow's identification of a 'business orientation' that focuses on 'efficiency and production of measurable outputs' (Goodfellow 2005, p. 54).

... regimented and rigid programs where the children have to fit in with the centre program style whether it suits their personality or not! (Corporate chain, Qld)

[Centre] does not meet emotional needs, [children must] follow centre's routine (Corporate chain, NSW).

Those respondents who answered that they would not send their own child aged under two to a centre offering comparable quality of the care to the centre they worked at for reasons other than quality concerns amounted to less than 10 per cent of all respondents.

Of these, many said that they would like to care for their own children, particularly when they are very young.

I personally would want to be with my child during the early years (Independent private, Vic).

Very few respondents (less than two per cent) expressed a general belief that children under two should not be placed in long day care at all (some hinted at such a belief, but were not prepared to state it in general, instead prefacing it with 'personally').

Children [aged] 0-2 should be home with their guardians having more 1:1 contact. No-one can replace primary carer (Independent private, WA).

Even at ages three and four ... long day care is stressful for children (Community-based, Vic).

This suggests that objection to long day care for children under two as a matter of general principle is not a common position amongst long day care workers.

Perceptions of the quality of care offered in long day care over time

Respondents were asked: 'Since you have been working in long day care would you say that overall, the quality of care has ...' They were offered a range of options: improved a lot; improved somewhat; stayed the same; declined somewhat; declined a lot; and, don't know.

They were then asked to comment on their answer: 'If you think quality has improved, please tell us about what you think has helped' or 'If you think quality has declined, please tell us why you think it has'.

In a similar pattern to that found with the questions on staff turnover, a significant proportion of respondents selected 'don't know' as their answer to the first question (34 respondents – almost six per cent). From the comments received, it appeared that some respondents were answering the first question with respect to their centre in particular, whilst others were answering it with respect to the long day care industry in general. For

other respondents again, it was unclear whether they were answering with respect to their centre in particular or the long day care industry in general. This made results difficult to interpret, and they are therefore not reported here.

Is there anything else you would like to say about working in long day care or quality of care? [open-ended]

The results are shown in Table 24. Because this question was open-ended, some mentioned more than one category, so the percentages do not sum to 100.

Table 24 Other comments from staff

Other comments	% of all respondents
No comment	42
Higher wages (to keep good staff and attract better ones, to reward hard work)	24
Status (community need better perception of child care)	11
I love my job	7
Too much paperwork is a problem (time away from children)	6
Child care is a difficult job	5
Child care staff need better working conditions (e.g. sick leave, rostered days off, more holidays)	5
Need better educated workers and continual training	3
Other comment (see note 1)	22

n = 578

Note 1: Other included comments made by 2 per cent of staff or less, such as: increase staff to child ratios; increase financial support for centres; increase programming/planning time; increase focus on education rather than just care; quality of care depends on the staff; concern expressed about profit-making from child care; concern expressed about quality of care in the industry generally; or a comment about the quality of care (good or bad) at the respondent's centre.

Almost half of the respondents did not make a comment here. Of those who responded, by far the most common type of comment referred to the low wages paid to child care staff: 24 per cent of all respondents commented on wages at this point.

I myself love my job, so stay at it. But a pay rise would be nice as I get \$13.83 an hour, a cleaner \$16.00 – a child is more important I think (Corporate chain, NSW).

I really enjoy working with children, but the conditions (low pay, under valued) mean that it is very hard to keep the good staff. People are leaving centres in droves, which ultimately impacts on the children (Community-based, ACT).

The next most common comment referred to the status of child care in the broader community (10 per cent).

It's about time we were recognised for being the professionals we are, we are paid very little for the workload we take on, not only in reference to ongoing paperwork, but the emotional, mental and physical toll of working and caring for young children of this generation. We are not only carers, but also psychologists, medical carers, cleaners, educators, secretaries... the list goes on (Independent private, Qld).

Summary of survey results

Staff in long day care centres around Australia were asked questions about key aspects of quality care: time available for staff to develop individual relationships with children; whether the centre's program accommodated children's individual needs and interests; the quality of the equipment provided for children; the quality and quantity of food provided; and the staff-to-child ratios at the centre. They were also given an opportunity to comment in their own words in open-ended questions.

The survey confirmed that, in the view of child care workers, the quality of care provided around Australia is generally quite high. However, for all the aspects of quality care investigated, results showed that community-based long day care centres offer the highest quality care. Independent private centres offer a quality of care that is usually similar to that offered by community-based centres. Corporate chains offer the lowest quality of care on all aspects of quality surveyed, and in some cases it is markedly lower than that provided by community-based long day care centres.

The ability to develop relationships with children, and thus secure attachments, is perhaps the most important indicator of quality of care. On this criterion, community-based and independent private centres scored markedly better than corporate centres, with around half of child care workers from the former two types saying they always have time to develop individual relationships compared to only a quarter at corporate centres. The latter type of centre appear less able to accommodate children's individual needs and interests.

When independent private and community-based centres are taken over by corporate chains, they are often refurbished and the superior range and quality of equipment features prominently in advertising to parents. Surprisingly, this is not reflected in child care workers' perceptions, with only 34 per cent of corporate chain staff describing the variety of activities and equipment provided at their centre as 'good', compared with 66 per cent of staff from community-based centres and 59 per cent at independent private centres.

The survey results lend support to the claims of those who criticise corporate child care for cutting costs to improve profits. The quality and quantity of food provided varies

across centre types. Corporate chain centres appear much less likely than community-based and independent private centres to always provide nutritious food (46 per cent compared with 74 and 73 per cent respectively). About half of corporate chain centres do not always provide nutritious food, and a similar proportion do not always provide enough food for their children. This compares unfavourably with community-based and independent private centres where much higher proportions of staff say children always receive enough food (80 per cent and 75 per cent respectively).

Staff-to-child ratios affect the capacity of staff to develop relationships with individual children: the fewer children each staff member is responsible for, the greater will be their capacity to nurture an individual relationship with each child. Such relationships are an essential foundation for high quality care. A number of survey questions explored the issue of staff-to-child ratios. Irrespective of their type, centres rarely operate with less than the legal minimum of staff. However, the survey indicates that community-based and independent private centres are much more likely to have more staff than legally required (40 and 37 per cent respectively) than corporate chain centres (14 per cent). While very few centres operate permanently below the legal minimum, many drop below it temporarily due to staff absences. Once again, this appears to be much more common at corporate centres than at other types.

Alarming, approximately 21 per cent of respondents from corporate chains said they would not send their own child to the centre they work at (or to a centre with comparable quality of care), due to quality concerns. A similar response was received from only four per cent of community-based respondents and five per cent of independent private respondents. These results are consistent with the trends identified in the responses to other quality questions – the standard of care provided by corporate chains appears to be lower than in the other types of centres.

Most child care workers believe that current legal minimum staffing levels are too low, and that there should be fewer children for each staff member to care for. Most respondents identified lack of ‘one-on-one’ time with children as the most negative aspect of low staff-to-child ratios. Child care workers in Victoria are particularly dissatisfied, a sentiment that may be explained by the fact that Victoria has the poorest staff-to-child ratio in Australia for ages 3-5.

Responses to the open-ended questions show that good relationships with the children in their care are of the highest importance to child care staff. Child care workers are most concerned about the negative impact low staff-to-child ratios have upon developing relationships with individual children. They are also concerned about the negative impact staff turnover has on children’s need to form secure attachment relationships. Moreover, asked to identify the most important factor in providing quality care, ‘warm staff personality’ was most often selected, closely followed by ‘well qualified staff’.

When asked, just over a quarter of staff did not specify any changes they would make to their centre to improve the quality of care provided. A quarter said they would like higher staff-to-child ratios, and 22 per cent would like to improve the space or equipment provided for the children.

Finally, the issue of poor pay for child care workers was mentioned by almost a quarter of respondents. A smaller proportion of respondent also mentioned poor working conditions.

5. Conclusions

Implications for corporate child care

The results of our national survey of staff in long day care centres show clearly that community-based centres offer the highest quality of care, followed closely by independent private centres. Corporate chains offer the lowest quality of care on all aspects of quality care surveyed, and in most cases it is markedly lower. Of particular interest was the finding that 21 per cent of respondents from corporate chains would not send their own children to the centre they worked in (or one with comparable quality of care) due to quality concerns. These results suggest that the increasing penetration of corporate chains into the long day care industry in Australia is having a negative impact on the quality of care provided.

These results support Goodfellow's identification of two different orientations towards children: a business and a humanist orientation. The image presented by corporate child care chains appears to be humanist: children are all unique individuals, to be cared for accordingly. However, the results of the survey tell a somewhat different story. There are good grounds for believing that the difference results from corporate governance structures, which have flow-on effects for the culture throughout the organisation. Directors are legally obliged to act in the best interests of the company, which roughly equates to maximising the financial value of the entity. In a market like child care, where there is limited scope for raising prices (particularly in the absence of increases in government subsidies), the internal ethos of a corporate chain is likely to be based on business objectives, especially cost containment and efficiency, and there will often be limited scope for humanist concerns.

The results of the survey suggest that cost containment is a major cause of the lower quality of care reported by staff of corporate chains. Compared with community-based and independent private centres, corporate chain centres appear to have poorer staff-to-child ratios (with implications for the time available for staff to develop relationships with individual children), provide less nutritious food and less of it, and provide less variety of equipment and activities for children. Compared with community-based and independent private centre staff, a significantly higher proportion of corporate chain staff also reported that they would not be willing to send their own child to the centre at which they are employed (or one with comparable quality of care) due to quality concerns.

The clash between the business and the humanist orientation can be clearly seen in the following account from the inside of a corporate chain. Child Care Centres Australia (CCCA) was a corporate child care chain that was ultimately bought out by Peppercorn, which later merged with ABC Learning. One of CCCA's former board members, Caroline Fewster, is also an Associate Professor in Early Childhood at Bond University. Fewster says she found the experience of being on the CCCA Board very difficult.

I found the hardest part was to constantly be reviewing the status of the children's services workforce within each child care centre. Constantly

reviewing ... the cost of the wages per week, constantly reviewing for profit, not for service provision ... In many cases it was a financial decision rather than the program which needed so badly to have extra hours of staff (ABC 2004).

Beyond simple cost containment, corporate chains often have centrally controlled operating procedures, including purchasing. Such centralisation to some degree makes long day care centre staff simply a cog in a corporate machine that delivers a service to customers. In corporate chains, staff members cannot relate to children simply as themselves – as adults who have chosen to work with children because they care about children and enjoy working with them – but are under pressure to relate to children also as an employee of the corporation. The compulsory staff uniform in corporate chain centres is an external manifestation of this problem. The direct relationship between a child and the person who cares for them becomes complicated by the relationship of each to the corporation which substantially controls the way that care is provided (through policy, procedures, provision of staff and equipment, and so on). This complication is of particular concern given how important attachment relationships are to childhood development. If staff members cannot simply be their ‘natural’ selves, but must alter their behaviour in order to fit with the corporation’s specific policies and programming, then this may negatively affect the depth of relationship they are able to build with the children they care for. As one survey respondent wrote:

[at my centre I would like] extra staff to do cleaning so room staff can have more time with the children and get the compulsory highly decorated scrap books and art displays completed as demanded by owners (Corporate chain, Qld).

In this example, staff must encourage children to do quite specific tasks rather than responding to initiatives made by the child, thus circumscribing to some degree the type of relationship that is possible in what time remains for children after child care staff have done the cleaning tasks allocated to them. It is interesting to contrast the concerns of this respondent from a corporate chain with the understanding of child care articulated by a community-based respondent.

Childcare is not about making money. It’s about plenty of motivated, caring, happy staff. Lots of resources, flexibility, shade, great food, laughter (from staff and children), clean, bright, safe environment and plenty of cuddles to go around (Community-based, WA).

Survey results suggest that independent private centres are more like community-based centres than they are like corporate chain centres. Although independent private centres are for-profit, and therefore must to some degree apply a business orientation to child care, they have a greater capacity to pursue non-profit objectives, or at least objectives that may not maximise short-term financial returns, than corporate chains. Moreover, the feedback loop from children to staff to those who ultimately make the financial decisions is much more direct in the case of the independent private centres, where the owner is often present every day, and may work very directly with the children and families, than it is in the case of the corporate chains, where decisions may be made in a central office far removed from the children who are affected by them.

The difference between independent private and corporate chain centres suggests that it is not ‘for-profit’ status itself which is the problem, but the governance structures associated with publicly-listed corporate chains. These structures elevate financial objectives to the detriment of humanist concerns. Independent private centres have far more discretion about the level of profit they are prepared to accept, and therefore the quality of service they are able to provide.

Policy recommendations

State-based regulations and the national accreditation system are important instruments for ensuring minimum quality standards in child care. However, there are a number of flaws in the existing regulatory systems and the manner in which they are administered.

State-based regulations warrant particular attention with respect to staff-to-child ratios – in most states in Australia these are below the levels recommended by experts, and a majority of child care staff surveyed felt they were inadequate to provide quality care. Increasing the ratio of staff to children would improve both the safety and quality of care, whilst also possibly reducing the rate at which qualified and experienced child care workers leave the industry. The issue of raising staff-to-child ratios has sometimes been dismissed on the grounds that in the context of existing child care staff shortages, to raise staff-to-child ratios would cause a loss of child care places (Pryor 2006a). To minimise this risk, steps should be taken to increase the supply of qualified child care workers. It is also important that the penalties for breaches of state regulations – fines, and the cancellation of operating licenses in cases of severe breach – are consistently enforced.

If the national accreditation system is to successfully perform its task of assuring quality care, it will be important to make the accreditation process more demanding. For example, centres that just pass the accreditation requirements might be subjected to both spot checks and a more frequent review process (for example, once every six months rather than once every two and a half years). It is also important that those centres that repeatedly fail accreditation have their eligibility for child care benefit withdrawn and are effectively closed down. A crack down on non-complying centres would send an unmistakable message to the industry as a whole.

The survey results imply a need for the three different types of long day care provider to be reported on separately in government data collection processes if such reporting is to accurately reflect the diversity of care provided by the industry. At present, the Commonwealth, through FACS, monitors long day care centres as either being ‘community based’ or ‘private for-profit’. Survey results suggest that the current ‘private for-profit’ category might best be separated into ‘corporate chain’ and ‘independent private’ for data collection and reporting purposes. If they continue to be reported together, the poorer results from corporate chain centres (for example, in terms of full-time staff employed per child care place) will unfairly reflect upon the independent private providers, which generally provide higher quality care.

The survey results also suggest that it will be important to monitor the quality delivered by the different types of provider over time, with the aim of ascertaining the degree to which policy mechanisms are successful in raising the quality of care. NCAC is in the

ideal position to undertake such monitoring, but at present, it does not hold information on the type of centre accredited. There is therefore no way for it to report on the relative quality outcomes, as assessed during the accreditation process, of the three different types of provider present in the long day care industry. If NCAC could be given access to the relevant data, it would be a relatively simple matter for them to report on quality provision by provider type as an additional outcome of the accreditation process.

Survey results that suggest corporate chains provide a lower standard of care raise concerns about their rapid penetration of the long day care market. Further unchecked expansion of corporate chains will risk lowering the overall level of the quality of care at long day care centres in Australia. To avoid this, the Commonwealth could increase funding for the establishment of community-based centres, especially in areas of demonstrated work-related need. This would be consistent with government intentions to promote the workplace participation of parents. At present, the limited capital investment that is available for child care is targeted particularly at 'high need rural, regional and indigenous communities ... in areas or in circumstances where the market would otherwise fail to provide child care services' (under the Child Care Support Program, \$138m was allocated to this area in 2004-2005) (AIHW 2005, p. 87). In March 2006, the Federal Opposition announced a plan to provide some of the capital funding necessary to establish long day care centres on school grounds, where the remainder of the funding would be provided by the centre operator (ALP 2006).

If such capital investment in the child care infrastructure were to be undertaken by the Commonwealth, it would be important to ensure it reaches the areas in which it is most needed. This would be facilitated by the development of a database capable of managing a national waiting list for long day care. At present, waiting lists are kept by centres themselves, and in some cases by local councils. This is inefficient (since many parents place their child on a waiting list at a number of centres), and there is no effective way for the Commonwealth or the public to access this information about to evaluate demand for long day care.

The measures discussed above would help to protect and improve the quality of long day care enjoyed by Australian children. However, these measures are unlikely to be adequate to entirely resolve the quality problems identified in the report. Many of these problems are partly the result of a chronic undersupply of qualified and experienced child care staff. This undersupply appears to be primarily the result of workers leaving the industry, rather than a lack of new entrants (see AIHW 2005, p. 100). Therefore simply training more child care workers is unlikely to prove an effective response. What is most needed is action to keep more of the existing staff in the industry.

We therefore repeat the recommendation made by the Child Care Workforce Think Tank in 2003: governments must 'address the costs of improving the pay and conditions of the early childhood workforce while ensuring that the cost to families is affordable' (FACS 2003, p. 6). The Coalition government rejected this recommendation at the time, saying that it already provided 'Child Care Benefit to families to make child care more affordable', and that 'child care centres and parents need to play a role in funding increases to child care services as a result of increases to pay and conditions for child care workers' (FACS 2003, attachment G). This has not eventuated, and many of the child care staff we surveyed made plain their views about problems with pay and

conditions, despite the fact that none of our questions were specifically directed at these issues.

If the issue of chronic staff shortages is not addressed, not only will other actions directed at increasing quality in child care have limited effect, but any expansion in the supply of child care is likely to come at the cost of declining quality, because where qualified and experienced staff are unavailable, unqualified and inexperienced staff will have to be employed instead, resulting in a drop in standards and outcomes. Until this issue is successfully addressed, there can be no firm foundation for consistently good quality long day care in Australia. One possible strategy for addressing this issue would be to raise the minimum wages of child care workers. Price restrictions could then be imposed on centres that are eligible to receive child care benefits to ensure child care remains accessible.

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Appendix 1 Staff-to-child ratios in different Australian states

	Age of children	0-2	2-3	3-5	Source of staff:child ratio information [and electronic link to source]
State					
ACT		1:5	1:5	1:11	From <i>Children's Services: Conditions for Approval in Principle and Licences</i> Follow link from: http://www.dhcs.act.gov.au/ocyfs/centre_based_Vol1.htm
NSW		1:5	1:8	1:10	From <i>Children's Services Regulations 2004</i> Follow link from: http://www.community.nsw.gov.au/html/comm_partners/childrens_regs.htm
NT		1:5	1:5	1:11	From <i>Standards and Implementation Guidelines</i> http://www.nt.gov.au/health/comm_svs/facs/families/child_care/childcare_resource_folder_section01.pdf
QLD ²⁹		1:4	1:6	1:12	From <i>Child Care Regulations 2003</i> www.legislation.qld.gov.au/LEGISLTN/CURRENT/C/ChildCareR03.pdf
SA		1:5	1:10	1:10	From the <i>Licensee's Handbook</i> , based on <i>Children's Services (Child Care Centre) Regulations 1998</i> Follow link from: http://www.childcare.sa.gov.au/ybsproviders/files/links/Handbook2.pdf
TAS		1:5	1:5	1:10	From the <i>Child Care Act 2001</i> , Section 11 Follow link from: http://www.childcare.tas.gov.au/standards/cbc1stand.htm
WA ³⁰		1:4	1:5	1:10	From <i>Community Services (Child Care) Regulations 1998</i> Follow link from: www.childcarelicensing.communitydevelopment.wa.gov.au/content/licensing-regulations/regulations.asp
VIC		1:5	1:5	1:15	From <i>Children's Services Regulations 1998</i> Follow links from 'Office for Children' on www.vic.gov.au
ECA		1:3	1:5	1:8	<i>ECA policy (no longer on their website, but kindly emailed by an ECA staff member)</i>

²⁹ There is some flexibility in Qld ratios along similar lines to WA (footnote below).

³⁰ There is some flexibility in the WA ratios such that where the age group of children is 18-36 months, and at least 70% of children are 24 months or older, the ratio of 1:5 applies, and where the age group of children is 30 months or older, and at least 70% of children are 36 months or older, the ratio of 1:10 applies.

Appendix 2 Survey of staff in long day care centres

Survey of staff in long day care centres

Dear child care worker,

The Australia Institute is an independent research centre in Canberra. We are doing a national survey of childcare workers, and *we are keen to hear your views* on quality of care in Australian long day care centres.

We believe that childcare workers have a unique perspective on the quality of care offered in long day care centres. We would like to know more about what helps you provide quality care and what makes it difficult.

The survey is *not* designed to identify what is happening at individual centres. The survey responses will be compiled to present a picture of what's happening across the long day care sector.

We hope the research report will make a significant contribution to debate about the future of children and child care in Australia.

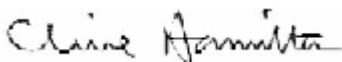
We would be most appreciative if you could spend five minutes completing the short survey overleaf. Please return it to us in the reply paid envelope provided by **Friday 18 November 2005**.

All the information you provide will be treated in the strictest confidence. Only three researchers from the Australia Institute will see the completed questionnaires. No individual worker or child care centre will be identified in the report.

If you have any questions or comments, please do not hesitate to contact Emma Rush, the principal researcher, on (02) 6125 1272 or emma@tai.org.au.

Thank you for your help.

Yours sincerely



Dr Clive Hamilton
Executive Director
The Australia Institute

Quality child care: What does it mean to you? National survey of staff in long day care centres

Respondent information

All responses to this survey will be treated in the strictest confidence. **We ask for your name and a contact phone number just so we can carry out some random checks and make sure the surveys are valid.**

Name: _____

Contact ph: _____

1a. Please provide the name and address of the long day care centre you are currently working in

1b. What type of centre is it?

- privately owned..... → Q. 1c
 community managed..... → Q. 2
 government managed..... → Q. 2
 other..... → Q. 2

1c. If the centre is owned by a corporate child care group, please write which one:

2. What is the title of your current position? (e.g. Centre Director, 2IC, Early Childhood Teacher, Child Care Worker, etc.)

3. What is the highest level of qualification you hold (or are studying for) *that is relevant to your work in child care?*

- no formal qualifications.....
 studying for certificate
 certificate.....
 studying for diploma.....
 diploma.....
 studying for degree.....
 degree.....
 studying for postgraduate qual..
 postgraduate qualification

other or studying for other (please specify) _____

Survey

This part of the survey is about quality of care.

4. At your centre, do you feel there is time to develop individual relationships with the children you care for?

- always.....
 usually.....
 about half the time.....
 rarely.....
 never.....

5. At your centre, does the program accommodate children's individual needs and interests?

- always.....
 usually.....
 about half the time.....
 rarely.....
 never.....

6. At your centre, how would you describe the variety of the equipment for children?

- good.....
 adequate.....
 poor.....

7. At your centre, are the children provided with *nutritious* food?

- always.....
 usually.....
 about half the time.....
 rarely.....
 never.....

8. At your centre, are the children provided with *enough* food?

- always.....
 usually.....
 about half the time.....
 rarely.....
 never.....

9a. Are the staff-to-child ratios at your centre usually:

- below legal minimum.....

Please continue to next page. Thanks!

at legal minimum
above legal minimum

9b. At your centre, how often, if ever, do the staff-to-child ratios drop below the legal minimum?
never.....
once a month
once a week
once a day
more than once a day

9c. In your opinion, are the staff-to-child ratios legally required in your State or Territory adequate to provide high quality care for children?
yes⇒ Q. 10
no⇒ Q. 9d & 9e
don't know.....⇒ Q. 10

9d. If no, please circle the staff-to-child ratio you believe would be adequate to provide high quality care for each of the following age groups.
under 2 years
1:4 1:3 1:2 other _____
2-3 years
1:8 1:6 1:4 other _____
3-5 years
1:14 1:11 1:8 other _____

9e. In your opinion, what aspects of high quality care do children currently miss out on as a result of inadequate staff-to-child ratios?

10. How many primary contact staff are employed at your centre at a time when all the children are present? _____

10a. At your centre, approximately how often does a primary contact staff member resign or leave?
more than once a month.....
once every 1-3 months.....
once every 3-6 months.....
once every 6-12 months.....
less than once every 12 months
don't know.....

10b. How would you describe this level of staff turnover, relative to the long day care industry as a whole?
high.....
average.....
low.....

don't know.....

10c. Do you feel this level of staff turnover affects the quality of care the children receive?
yes
no
don't know.....

Please comment some more on your answer:

11. In your view, what is *the single most important* factor in providing quality care? (Please tick one)
well qualified staff.....
low staff turnover.....
high staff-to-child ratios.....
warm staff personality.....
pleasant physical surrounds.....
range of activities for children...
other (please specify)

12. What would you change at your centre, if anything, to improve the quality of care provided?

13a. If you have or had your own children aged under two, would you be happy to enrol them at the centre where you work or one with comparable quality of care?
yes.....
no.....
don't know.....

13b. What are the main reasons for your answer?

14. In which year did you first start working in long day care?

15a. Since you have been working in long day care would you say that overall, the quality of care has:

- improved a lot ⇒ Q. 15b
- improved somewhat..... ⇒ Q. 15b
- stayed the same..... ⇒ Q. 16
- declined somewhat..... ⇒ Q. 15c
- declined a lot..... ⇒ Q. 15c
- don't know..... ⇒ Q. 16

15b. If you think quality has **improved**, please tell us about what you think has helped.

15c. If you think quality has **declined**, please tell us why you think it has.

16. Is there anything else you would like to say about working in long day care or quality of care?

Thank you very much for helping our research

The researchers may hold some focus groups to explore the issues raised in this survey. Would you be interested in taking part in a focus group, or elaborating on your views over the phone?

yes no

If you would like to receive a copy of the final report, please provide an email address.

Please return the completed survey to the Australia Institute in the reply paid envelope:

Child Care Project
The Australia Institute
C/- PO Box 8236
Australian National University ACT 0200

Please return the survey by:
Friday 18 November 2005



The Australia Institute promotes a more just, sustainable and peaceful society through research, publication and vigorous participation in public debate.

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