

P A R E N T S W O R K C O L L E C T I V E



Submission to Australian Government Productivity Commission Inquiry into Early Childhood Education and Care

19 May 2023

INTRODUCTION

Parents Work Collective is a national, not-for-profit organisation that advocates for the choice to engage in care work and for that care work to be appropriately supported and valued by government and wider society. We are active in the media and on social media, while also contributing to government inquiries relevant to these issues. We have amassed a significant following since the organisation was formed six months ago.

As an organisation, we are concerned about the way in which childcare expansion policy continues to worsen conditions in childcare centres, perpetuates a culture of devaluation of care, exposes babies and children to care which is developmentally inappropriate and of inadequate quality, erodes childhood and family life, increases stress for parents and exacerbates gender inequality.

In developing its recommendations to support affordable, accessible, equitable, and high quality early childhood education and care ("ECEC"), the Productivity Commission needs to ask the difficult questions about what truly is best for families, babies and children. The Commission must consider the tension between delivering developmentally appropriate, high quality care and short term economic gains.

In its current form, the ECEC sector is unable to meet the needs of children and families.[1] Systemic reform and restructure to ensure necessary changes will take decades. Interim support measures are essential to ensuring improved performance of the ECEC and wellbeing of children and families until such a time that high quality care is guaranteed, and staff are entitled to appropriate pay and working conditions.

[1] Senate Select Committee into Work and Care, Final Report, 9 March 2023, page 22, [3.9].



PROPOSED POLICY SOLUTIONS

Parents Work Collective proposes the following solutions to alleviate the staffing and quality crisis currently gripping the ECEC sector and ultimately improve outcomes for babies and children:

1. reduce pressure on childcare providers in the immediate short term by implementing policies which give parents the choice to provide care for their own babies and very young children;
2. implement a priority system which prioritises children in the 3 and 4 year old age groups where the benefits of early learning are most concentrated and well-established in the evidence base;
3. implement a priority system which prioritises disadvantaged children or those requiring early intervention in any age group prior to schooling;
4. ensure the proposed year of full-time 4 year old preschool is not compulsory beyond 15 hours per week, as this is considered the optimal 'dosage' for school readiness and child development. Families can elect to use this service beyond the recommended optimal preschool hours if they wish or as a result of financial hardship. A full review of the proposed full time year of four year old preschool is essential in light of the existing evidence base;
5. commission a review of research pertaining to the developmental appropriateness of institutional care for babies and children under 3 years old;
6. conduct a cost benefit analysis of the long-term costs of the health risks associated with early and extensive use of childcare when compared to parental care models;
7. conduct a comparison analysis of child outcomes within varying childcare business models such as for-profit, not-for-profit, state run and community run care;
8. implement policies to control and counter subsidy inflation;
9. conduct an analysis of family preferences for models of care;
10. implement policies that drive cultural change and improve gender equality thereby increasing the status of care work, defeminizing both unpaid and paid care sectors and drawing more professionals to the childcare sector;
11. improve parent care education and awareness; and
12. invest in preventative policy such as incentivized pre-natal care which has been shown to reduce costs associated with early intervention.



CHALLENGES FACED BY THE ECEC SECTOR

The challenges that the childcare sector now faces are mostly related to the unsustainable expansion of the sector – growth and demand that has occurred much faster than a growth in resources and supply. The staffing shortages, overcrowding and compromised quality of care that is well documented in centres[2] is already having demonstrable impacts on our youngest and most vulnerable citizens.[3] In order for the sector to restructure and reform in a way that will meet future demands and adequately meet the needs of children, it must essentially undergo a short-term period of contraction and consolidation, before steadily expanding in a sustainable way in the long term.

The Commonwealth Government must ultimately prioritise the users of these services – the children – whose wellbeing is being at risk under the current conditions. The Government must aim to alleviate the situation by investigating mechanisms that would reduce demand for childcare places, thereby increasing the quality of care.

The emphasis on parents' workforce participation in relation to childcare accessibility fails to recognise the essential nature of unpaid labour and care work which is critical to the healthy and productive functioning of society. Considering that stressed and depressed parents are unable to perform at full capacity at work[4], it seems unsuitable for the Productivity Commission to be solely tasked with focusing on devising measures that expand childcare services with the ultimate aim being both parents working longer hours.

Without measures that also support the \$650.1 billion unpaid care work industry in Australia,[5] the daily unpaid labour that underpins the entire market economy is at risk. Without unpaid care and support, paid workers will be less able to engage effectively and productively in their work. Families will continue to experience time pressures like no other generation has before.[6]

[2] See eg <https://www.smh.com.au/politics/federal/the-pay-does-suck-why-it-s-so-hard-to-get-a-childcare-spot-20230126-p5cfr2.html>; <https://www.news.com.au/lifestyle/parenting/kids/horrible-problem-being-faced-by-parents-across-the-country/news-story/e05c9c5b44b6ea951b7ab51e3a49c64>;

[3] Melhuish, Edward & Ereky-Stevens, Katharina & Petrogiannis, Konstantinos & Ariescu, A. & Penderi, Efthymia & Rentzou, Konstantina & Tawell, Alice & Slot, Pauline & Broekhuizen, Martine & Leseman, Paul (2015), A review of research on the effects of Early Childhood Education and Care (ECEC) upon child development, CARE project; Curriculum Quality Analysis and Impact Review of European ECEC, pg 63.

[4] Noreena Hertz, *The Lonely Century*, pg 138 -145.

[5] Workplace Gender Equality Agency, *Unpaid Care Work and the Labour Market: Insight Paper*, 2016.

[6] Barbara Pocock, Natalie Skinner, Philippa Williams, *Time Bomb*, 2012, "The majority of Australian working women are often or almost always rushed or pressed for time. Constantly feeling rushed and short of time increased risk of depression, particularly in women."



DETAIL SUPPORTING THE PROPOSED POLICY SOLUTIONS

Policy solution 1: Policies which give parents the choice to provide care for their own babies and very young children

Utilising parental and private care arrangements as part of a holistic ECEC system will be critical to alleviating the crisis conditions currently gripping the sector. It will also improve family well-being and ease circumstances in which both parents are often forced to engage in paid work despite a preference to see their children during the day and provide care themselves. A situation where parents are forced to choose between day care or poverty resembles financial coercion.

An expansion of the Child Care Subsidy (CCS) to include parental and private models of care will reduce financial pressure on families who do wish to use formal childcare but are unable to find appropriate institutional care within a reasonable distance from home, that is to an acceptable quality standard or care which meets diverse needs such as disability, disadvantage or mental illness. Evidence to the recent Senate Select Committee Inquiry into Work and Care estimated a high quality care guarantee would not be possible until at least 2030.[7]

Expansion of the CCS will also address the serious ethical issue government currently faces of incentivising the use of a childcare system that is understaffed and cannot guarantee quality care for every child.[8] Incentivising institutional care models that many researchers consider to be developmentally inappropriate for children under 3 years, a time of immense developmental vulnerability, also poses an ethical problem that government seems unable to address.[9] The short term financial gains of group care seem hardly justifiable given the long term costs of increased physical, cognitive and psychological health risks associated with early and extensive non-parental care.[10]

[7] Senate Select Committee into Work and Care, Final Report, 9 March 2023, page 28, [3.33].

[8] For example, according to the latest data from Australian Children's Education and Care Quality Authority, more than 1 in 7 long day care services in Australia hold a staffing waiver which allows them to operate even though they cannot meet the legal minimum staffing requirements: Australian Children's Education and Care Quality Authority, NQF Annual Performance Report Summary (2022).

[9] See below section titled 'Policy solutions 4 and 5: Research reviews.'

[10] See below section titled 'Policy solutions 4 and 5: Research reviews.'



Negotiating appropriate pay and working conditions for educators is a process that may in part be legislated but will inevitably be underpinned by many decades of cultural change whereby wider society begins to place appropriate value and importance on care work. Childcare policies paradoxically undermine this cultural change, as they demonstrate governments' clear preference to prioritise paid work over care work, and an ongoing failure to acknowledge the latter as an indispensable societal function. It's a contradictory case where policy incentivises parents to avoid unpaid care work, but then seeks to draw more people into the care work sector.

In this sense, the ECEC sector itself is a function of cultural devaluation of care as its purpose has been to enable women to avoid the oppressive circumstances that arise from little or no pay or status, rather than addressing the conditions that make care work oppressive. Addressing the devaluation of care more broadly would no doubt improve conditions for unpaid and paid care workers alike, and improve staff conditions and job satisfaction within ECEC sector.

Childcare policies also paradoxically undermine cultural change that could improve gender equality, by facilitating women to share unpaid care work with the formal sector rather than their spouse. Childcare reinforces full time male working patterns and enables men to continue undertaking minimal care work. It simply enables both parents to equally disengage in caregiving roles, rather than both parents equally engaging in caregiving roles. A society with better gender equality would see the defeminisation of the ECEC workforce, which would in turn increase pay and status associated with this industry.

Specific measures which would support the choice for parents to care for their own children include the following:

- a) a universal parenting payment which would subsidize either parental or institutional models of care for children under three years of age. Given that the structural reforms required to train and deploy tens of thousands of additional educators with adequate pay and working conditions will likely take decades, government is obligated to give parents the choice to provide care themselves until such time that a high quality care guarantee is delivered in the formal care sector. The high quality guarantee was estimated to be delivered in 2030 according to the report issued by the Senate Select Committee on Work and Care;
- b) increase Commonwealth-funded Paid Parental Leave period to at least 12 months (to be used flexibly) with an additional 3 month 'use it or lose it' component for both parents. Again, in the context of the staffing and skills shortages evident across the ECEC sector, government is obligated to subsidise informal and private care arrangements to ensure each child has access to quality and suitable care in the interim;
- c) immediately implement the Senate Select Work and Care Committee's recommendations to pay superannuation during Paid Parental Leave and award carer credits to parents performing unpaid care contributions thereafter;



- d) abolish the CCS within the Paid Parental Leave period. This will also ease pressure on service providers in the immediate short term through reducing the number of babies in formal care who require much more intensive staffing ratios. This will enable more centres to operate at the legal minimum staffing requirement, at the very least, and hopefully lead to staffing levels that ease stress on educators. It could also enable better staffing ratios for youngest age groups and create conditions for improving the ACECQA's National Quality Standard for carer ratios for babies and toddlers under 2 years old from 4:1 to 3:1, as recommended by the NSW Governments Cross-Sectoral Taskforce in 2006;
- e) increase the minimum statutory entitlement to unpaid parental leave to a period of 24 months (currently 12 months of unpaid parental leave plus the right to request a further 12 months of unpaid leave). Many Australian families would prefer to care for their own children[11]. Eliminating workplace barriers which professionally and financially penalize families for providing this care would have dual benefits of both easing pressure on the childcare sector while also ensuring families have genuine choice in who cares for their children;
- f) reform the current work test for parents wishing to access Commonwealth Paid Parental Leave such that it does not require parents to return to paid work in between children;
- g) legislate greater flexibility of paid work for parents and an enforced limit on performing excessive paid working hours;
- h) expand the In Home Care scheme to include all children who cannot access daycare or who have additional needs, an illness or disability that renders childcare inappropriate and parent care preferable; and
- i) legislate to cap home mortgage interest rates for families with children under 5 years old.

Policy solutions 2 and 3: Priority systems

If the childcare industry is to improve quality of care by reducing quantity, a priority system will need to be devised to ensure children with the highest need for ECEC receive quality care. We propose that all 3 and 4 years olds be given priority access to suitable preschool facilities within a certain distance from home before positions for younger toddlers and babies are made available based on staff availability. Disadvantaged children or those requiring early intervention in any age group prior to schooling must also be given priority. ECEC would rely on cross-agency information sharing with the Department of Health, Social Services and Family and Community Services to identify highest priority babies and children.

[11] Emma Phillips and Paula Baron, Parent-only Care in Australia, Page 1.



Policy solutions 4 and 5: research reviews

The Productivity Commission must recommend the Government undertake a comprehensive review of research pertaining to the developmental appropriateness of institutional care for babies and children under 3 years old. It must also commission a current analysis of research pertaining to optimal preschool dosages (hours per week).

Viewing 15 hours of preschool per week as a 'minimum' dosage for the general population does not reflect the research which has been unable to establish benefits for children beyond 15 hours per week unless they come from neglectful or disadvantaged homes.[12][13] A thorough reading of the research would suggest that 15 hours per week of preschool is in fact optimal exposure for 3 and 4 year old children in the general population, particularly in part-time, sessional attendance models.[14] Until such a time that research is able to establish firm findings that all children benefit from more intense preschool attendance, policy must assume that 15 hours per week is optimal for child development.

It would be appropriate to further consult a panel of research experts who have authored research papers in relation to outcomes resulting from ECEC exposure, both positive and negative. Psychiatrists, psychologists and health professionals also need to be consulted with regard to physical and mental health ramifications of early and extensive group care.

Advocacy for ECEC consistently misappropriates research to claim that more hours in formal care at any age from birth improves cognitive and socio-emotional outcomes. This simply is not the case. There is a strong and extensive body of evidence which shows that, for the general population, ECEC often has either no effect on these outcomes, negative effects or positive effects that fade out quickly.[15][16]

The current proposed year of full-time 4 year old preschool is at odds with large parts of the evidence base which suggests time in preschool beyond 15 hours per week presents no added benefit for the child. If 15 hours per week is widely considered the optimal 'dosage' for school readiness and child development, an immediate review must be conducted of the proposed year of full time four year old preschool which seems directly at odds with the evidence base.

[12] AIHW, Literature Review of the impact of early childhood education and care on learning and development, 2014

[13] Stacey Fox and Myra Geddes, Preschool: Two Years are better than one, 2016

[14] Susanna Loeb, Margaret Bridges, Daphna Bassok, Bruce Fuller, Russell W. Rumberger, How much is too much? The influence of preschool centers on children's social and cognitive development, Economics of Education Review, Volume 26, Issue 1, 2007, Pages 52-66,

[15] Little CW, Larsen S, Byrne B, Logan JAR, Olson RK, Coventry WL. Exploring the Influence of Early Childhood Education and Care on the Etiology of Achievement. Behav Genet. 2020 Nov;50(6):387-400. doi: 10.1007/s10519-020-10013-z. Epub 2020 Aug 14. PMID: 32797343.

[16] Sammons, P, Sylva, K, Melhuish, E, Siraj-Blatchford, I, Taggart, B & Elliot, K 2002, The Effective Provision of Pre-School Education [EPPE] Project: Technical Paper 8a - Measuring the Impact of Pre-School on Children's Cognitive Progress over the Pre-School Period, Department for Education and Skills and Institute of Education, University of London, London.



This erroneous reading of the evidence is a highly unsuitable foundation on which to base policy costing tax payers billions of dollars. A new analysis of the research must be performed which takes into account the lack of high quality childcare currently available in Australia. Policy development and subsidy spending cannot take a 'cart before the horse' approach and claim benefits associated exclusively with high quality care when the childcare sector in Australia is yet to achieve quality standards required to attain positive outcomes for children.

The new analysis must also consider that benefits of ECEC are mostly observed in children from neglectful or disadvantaged home environments, the inconclusive data on the amount of ECEC exposure that is optimal, the many studies that find insignificant or negative effects of ECEC, including preschool, for the general population, and the tendency for most benefits of ECEC exposure to fade out in primary school.

The new analysis will need to inform funding models and the development of a public health directive that ensures parents are aware of both the benefits and risks of using institutional childcare for children under the age of 3 years. This directive must include recommendations for the amount of childcare (hours per week) that is considered developmentally appropriate at each age from birth to five years to ensure parents are able to make an informed decision about their use of institutional childcare in their child's earliest years.

We are also concerned that politicians and advocates are misappropriating evidence of the benefits of preschool to include babies and small children. Claims about the benefits of ECEC routinely fail to distinguish between the evidence based needs of babies and toddlers (aged up to three) and pre-school children (three to five years).[17] The developmental needs of a 6 month old baby are vastly different to a four year old child and policy discussion around ECEC must reflect this. We recommend using the terms ECEC (0-3) and preschool (3-4) for clarity.

In the terms of this Inquiry, the Commonwealth Government appears to be in favour of not just better access to quality preschool or kindergarten programs for three and four year old children, but for more access to long daycare for babies and small children under the guise of early learning benefits associated with preschool. All of this appears to fall under the banners of 'early learning and education' or 'early childhood education and care' and is said to greatly benefit small children. It is quite clearly conflating research to suit an agenda that seeks to increase parents' paid work hours.

There is considerable research in support of the position that the best learning and developmental opportunities for small children, particularly up to the age of three, come from spending time with a loving parent. Long periods of time in institutional childcare, no matter the quality of that childcare, cannot meet the developmental needs of babies and small children in the same way.[18]

[17] See, for example,

https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/024994/toc_pdf/FinalReport.pdf;fileType=application%2Fpdf;
<https://thrivebyfive.org.au/>; <https://cpd.org.au/wp-content/uploads/2021/11/CPD-Starting-Better-Report.pdf>.

[18] Anne Manne, *Motherhood*, 2008, Allen and Unwin.



There are many credible experts who argue that long periods of time in institutional childcare is not in the best interests of small children, including Dr Peter Cook (child and adult psychiatrist, and author of 'Mothering Matters'),[19] Steve Biddulph AM (psychologist and internationally-renowned parent educator, author of 'The Secret of Happy Children', 'Raising Boys' and 'Raising Girls')[20], Penelope Leach OBE (world-renowned child psychologist and author of 'Baby and Child'), Allan Schore (psychologist and researcher),[21] Jay Belsky (psychologist and internationally-recognised child development expert)[22] and Robin Barker (author of parenting book 'Baby Love', retired midwife and child and family health nurse).[23]

Experts in attachment theory such as Gordon Neufeld PhD (clinical psychologist and author of 'Hold Onto Your Kids') discuss the benefits of close physical and emotional attachment with parental figures, particularly in the early years of children's lives.[24] Dr Neufeld is clear that it is not the content of what small children learn, but the relationships with their primary caregivers, that predict outcomes in adulthood. There is well-regarded research that universal childcare programs may not benefit most children.[25] There is evidence that small children remain in a state of high stress during periods of separation from their parents at childcare.[26] Penelope Leach conducted a large survey of infant mental health professionals in 1997, most of whom believed that it is best for infants to be cared for mostly by their mothers.[27]

The overarching position of this extensive and varied body of work, if it were to be summarised, is that children have better developmental outcomes if they are cared for predominantly by a willing and able parent in their early years rather than spending significant amounts of time in externally provided childcare. Psychologists and parenting experts such as Steve Biddulph advocate for delaying introducing children to paid care until they are three.[28]

[19] Dr Cook's roles included whose roles included consultant in child psychiatry with the New South Wales Department of Health at the Queenscliff Health Centre in Sydney, and adviser on child mental health to the Regional Director of the Northern Metropolitan Health Region). See generally https://www.naturalchild.org/articles/peter_cook/.

[20] See generally https://www.stevebiddulph.com/Site_1/Home.html and file:///C:/Users/36808/Downloads/http___www.aphref.aph.gov.au_house_committee_fhs_workandfamily_subs_sub217.pdf

[21] See generally <https://www.allanschore.com/>.

[22] See, eg, Belsky J. Developmental Risks (Still) Associated with Early Child Care. *Journal of Child Psychology and Psychiatry* (2001), 42, 845-860.

[23] <https://www.robinbarker.net.au/the-incompatibility-of-childcare-for-the-under-threes>

[24] See generally <https://neufeldinstitute.org/>.

[25] <https://ifstudies.org/blog/measuring-the-long-term-effects-of-early-extensive-day-care>

[26] M Simms, Children's cortisol levels and quality of care provision, 2006.

[27] Leach P. (1997). Infant care from infants' viewpoint: the views of some professionals. *Early Dev. Parenting* 1997; 6: 47-58.

[28] file:///C:/Users/36808/Downloads/http___www.aphref.aph.gov.au_house_committee_fhs_workandfamily_subs_sub217.pdf



Considering this body of research, in addition to the development of a public health directive and ensuring the proposed full-time year of four-year old kindergarten is not compulsory, the Productivity Commission is obliged to investigate ways to minimize separation trauma and chronically stressful environments in ECEC, both within the centres and in childcare policies that actually improve a child's access to parents in their earliest years.

Possible strategies within centres may include:

- a) training staff in the grief babies and children experience on separating from their primary caregiver;
- b) the most effective ways a secondary caregiver can support a baby or child during this time;
- c) enforcing the introduction of gradual and incremental transition programs for babies and children to reduce separation trauma and toxic stress;
- d) improving conditions for staff that would improve the way they relate to babies and children; and
- e) reducing staff turnover to minimize the separation trauma when a baby or child does form an attachment of sorts to their substitute caregiver at the centre.

Policy solution 6: Cost benefit analysis of childcare when compared to parental care

The long term economic savings of parental care in the earliest years are well documented and must also be considered.[29] Parental care facilitates practices with proven health benefits, such as secure attachment and breastfeeding,[30] that extend well beyond the first year of a child's life. Parental care results in much lower rates of infectious disease than in group care,[31] it can be deduced that less time spent unwell increases quality of life for children and parents alike. Parental care can improve cognitive and emotional development by increasing the face-to-face interactions with a primary caregiver throughout the day and creating a less stressful environment than in group care situations.[32]

In light of the evidence base and in order to determine appropriate funding for the ECEC sector, the Productivity Commission must conduct a cost benefit analysis of both parental and institutional care models. This may justify more access to parental care in the earliest years as a cost saving measure by avoiding the public health cost burden of chronic physical and psychological illness as a result of early and extensive separation from parents.

[29] Dr Peter Cook, *Mothering Matters* (2011) Freedom Publishing.

[30] Australian Government Department of Health and Aged Care, <https://www.health.gov.au/topics/pregnancy-birth-and-baby/breastfeeding-infant-nutrition>, 16th August 2022.

[31] JP Collins, *Infections Associated with Group Childcare*, 2008.

[32] M Simms, *Children's cortisol levels and quality of care provision*, 2006.



Policy solutions 7 and 8: Comparison of business model analysis

We propose that the Productivity Commission analyses relevant research to determine childcare business models that deliver the best outcomes for children and use this analysis to inform the restructure of the industry. This analysis should also guide government subsidy strategies and improve the effectiveness of investment in the sector as subsidy dollars are prioritised for centres with business models that deliver the best outcomes and capped for businesses that typically deliver the worst outcomes. This practice can already be observed in Canadian childcare subsidy systems and was a result of well documented poor outcomes delivered by a hastily set up, for-profit childcare system in Quebec.[33]

It would also be pertinent to investigate the broader market failures within the childcare sector, such as scarcity of childcare places being built into the business model of for-profit and not-for-profit centres alike resulting in affordability issues and childcare deserts. Childcare businesses are extremely high cost and rely on scarcity, high demand and low supply, to drive up prices to cover their costs. Businesses often cannot justify opening centres in rural areas where the demand is low. This market failure is contributing to further widen education gaps and further disadvantage populations that already struggle to obtain services.

The Productivity Commission must consider the role of increased government investment in the sector to incentivise businesses to build childcare centres in less populated or lower demand areas. It must also considered the expansion of state run day care as a way to ensure more equitable geographic distribution of care.

Subsidy inflation is well documented within the childcare sector and the Productivity Commission must investigate ways to construct the subsidy to better help the intended beneficiaries, families, while minimising the increase in the overall costs of childcare. If subsidies were paid directly to parents who were not required to disclose whether they received the subsidy or the amount, childcare businesses would be less able to inflate prices in response to each subsidy increase. If government wishes to subsidise childcare centres from a business perspective, this must be in the form of a separate subsidy.

[33] Cleveland, G., What's the position of the federal government on for-profit child care?<https://childcarecanada.org/documents/research-policy-practice/21/06/what%E2%80%99s-wrong-profit-child-care>, 21 Jun 2021



Policy solution 9: Family preferences

When developing recommendations to improve childcare services, the Productivity Commission must consider the preference of Australian families to delay a child's entry into formal care. There is a large body of research that has examined the care preferences of families with young children, with most families preferring parental care in the earliest years.[34]

Families are likely to be dissatisfied with ECEC if their first preference is to care for their children themselves. Part of the solution to improving the care experience for families may lie in enabling families to delay entry into the ECEC system until such a time that they feel is suitable. A universal parenting payment, to subsidise either formal or informal care, will give parents more choice and control in how they engage with the ECEC sector - how early and often they outsource care.

When early and extensive separation from a baby in order to participate in the paid workforce is not considered in the best interests of a family unit it also has the potential to negatively affect mental health and paid work productivity.[35][36]

Mothers, in particular, express diverse preferences in how they balance work and care, with most preferring to devote a significant amount of time to caring for babies and young children.[37] ABS statistics released in November 2022 reveal that for women for whom childcare was a barrier to performing paid work, the biggest reason it was a barrier was because they preferred to care for their children themselves.[38] Due to birthing and breastfeeding hormones it is likely that both mother and baby will experience some form of separation anxiety. It can be acute and episodic or chronic and long term.

Breastfeeding is a major reason many women choose to engage in caregiving roles for an extended period, with the World Health Organisation recommending breastfeeding for 2 years and beyond due to considerable health benefits and protective factors against chronic disease. Early cessation of breastfeeding against the wishes of the mother has also been linked to higher rates of depression and anxiety.[39]

[34] Australian Institute of Family Studies, Parent-only care in Australia, 2016.

[35] Noreen Hertz, *The Lonely Century*, pg 143, 2020

[36] Paid Leave Works: Evidence from State Programs, [chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://nationalpartnership.org/wp-content/uploads/2023/02/paid-leave-works-evidence-from-state-programs.pdf](https://nationalpartnership.org/wp-content/uploads/2023/02/paid-leave-works-evidence-from-state-programs.pdf), 2022

[37] Catherine Hakim, *Work-Lifestyle Choices in the 21st Century: Preference Theory*, 2000, Oxford University Press.

[38] Australian Bureau of Statistics, *Barriers and Incentives to Labour Force Participation*, Australia, (November 2022).

[39] Post-Weaning Depression Is a Thing, And It's Time We Start Talking About It. <https://www.parents.com/baby/breastfeeding/weaning/post-weaning-depression-is-a-thing-and-its-time-we-start-talking-about-it/#:~:text=Post%2Dweaning%20depression%20is%20a%20term%20used%20to%20describe%20depression,the%20psychological%20stress%20of%20weaning,> 2019



Policy solution 10: Cultural change and gender equality to improve ECEC workforce

In a more gender equal society, the gender imbalance typically seen in care industries should be reduced. The defeminization of the ECEC sector is paramount to raising the status of this work, improving pay and working conditions, normalizing men in caregiving roles and challenging the gender stereotypes – thus policies that promote gender equality serve to benefit the ECEC sector in the long term.

The current dominant thinking with respect to gender equality is problematic for the ECEC sector because it requires both parents to equally disengage from caregiving roles which necessarily devalues that role as work that is to be subjugated in favour of paid work. This notion is underpinned by the misconception that care work is easy, unimportant or not ‘real work’. Australian society continues to subscribe to ‘sameness equality’ which seeks to assimilate women into the working patterns of men in order to achieve equal paid workforce participation and hence, gender equality.[40]

Rather than actually valuing and acknowledging care work or changing the conditions that make it oppressive, government policy and advocacy groups simply encourage women to avoid it. Equality that is conditional upon following a typically male work-life cycle, career status and individual achievement fuels widespread abandonment of paid and unpaid care roles in society. This trend has had a devastating effect on aged, disability and childcare industries, but also undermined the fabric of community and contributed to a sense of ‘villagelessness’ and loneliness. The very industry that we rely upon to achieve equal paid workforce participation, childcare, is simultaneously undermined by the fact that care work still isn’t considered real ‘work’ or prioritised in government policy.

Sameness equality also appears to have a hierarchical effect among women – if equality with men is based upon a woman’s presence in the workplace, then women in the workplace achieve a higher status than women in unpaid caregiving roles. Using men as the measure fuels hyper-individualism and over-functioning specifically among women. It also favours a small group of elite, often wealthy, well educated women who are better resourced to leverage this brand of equality to their own advantage, while failing to truly empower women from diverse backgrounds and particularly those who remain in caregiving roles.

[40] Mary Becker, *Patriarchy and Inequality: Towards a substantive feminism* (1999).



In order to achieve a more equal society without devaluing critical care work, we advocate for policy that affords families time with infants and very young children while also facilitating men and women to engage more equally in unpaid care work. This will only be possible if unpaid care work is valued appropriately and elevated in status through better financial support, policy frameworks that support the choice to care and gender equality discussions that include both childcare and parent care models. The single biggest lever we can pull in empowering all women is simply valuing the paid and unpaid work they already contribute.

For the above reasons, we also believe gender equality is best achieved through equal policy and tax treatment of both single and dual income families, without which women and families raising young children cannot have genuine choice and are instead presented with government sanctioned choice architecture which presumes to know what is best for all families.

Policy solutions 11 and 12: Preventative measures to reduce pressure on childcare

Recognising parents as a vital part of ECEC model must be accompanied by concerted efforts to ensure education, awareness and support for primary caregivers. This could be in the form of public education campaigns around parenting best practice, the developmental needs and stages of children, how to identify delays and when to seek help. It would also require vast improvements to current maternal and child health care services as well as access to parents groups and community playgroups. Public health facilities that include sessional preschool programs, similar to the Open Kindergarten model in Norway, will address shortcomings in parental support.

Incentivising pre-natal care has also been shown to reduce costs associated with early intervention and reduce demand for specialized ECEC.



CONCLUSION

In developing its recommendations to support affordable, accessible, equitable, and high quality ECEC, the Productivity Commission needs to ask the difficult questions about what truly is best for families, babies and children. The Commission must consider the tension between delivering developmentally appropriate, high quality care and short term economic gains. ECEC cannot be improved without consideration of the broader social, cultural, economic and political framework which has led the sector to a state of crisis. The Productivity Commission must consider the complex interplay of formal and informal childcare – the role families and parents can play, a readily available and highly skilled workforce with years of experience with individual children – in reducing the pressure on formal ECEC sector and improving care quality.

Recommendations must address both problems within the formal ECEC sectors and problems in the context in which it operates. As this submission demonstrates, truly family-friendly policies can improve conditions in both formal and informal care sectors. Valuing all care work that promotes and supports societal wellbeing is the foundation for improving formal childcare.

At Parents Work Collective, we believe that childcare expansion policy reduces the overall quality of care and actually serves to devalue care by incentivising parents to disengage from care work in favour of paid work. We assert that the wellbeing of children, and indeed individual, familial, societal and economic wellbeing, is best served by policy that both delivers quality childcare and supports parents to have more choice in how they care for their children.

Formal childcare is important, but valuing and supporting unpaid care work must be recognized as the cornerstone of equality, wellbeing and economic performance. In its current form the childcare sector is unable to meet the needs of children and families. Systemic reform and restructure to ensure necessary changes will take decades. Interim support measures are essential to ensuring improved performance of the ECEC and wellbeing of children and families until such time as high quality care is guaranteed and staff are entitled to appropriate pay and working conditions.

P A R E N T S W O R K C O L L E C T I V E



We would be pleased to discuss this submission in more detail if that would be of assistance.

19 May 2023

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