

Quality and safety of Australia's early childhood education and care system

The Alannah & Madeline Foundation (the Foundation) thanks the Education and Employment References Committee for the opportunity to participate in this inquiry.

We are a leading national not-for-profit charity dedicated to keeping children and young people free from violence and trauma. Our Care programs support children through the journey of healing and recovery from trauma and are designed to reach and support those who might otherwise be overlooked. For example, our Trauma Consultancy Service (TraCS) supports early years educators working with children experiencing vulnerability and trauma to create safe and supportive environments in early childhood education and care (ECEC). Last year, TraCS expanded its support to 181 early years services.

The Foundation also worked with Monash University's Health and Social Care Unit to create the Trauma Informed Early Childhood Education and Care Organisations (TIO) [project](#). This was born from a need – identified through years of work with early years educators – for trauma informed approaches to be embedded within whole services, not just adopted by individual educators. Through the TIO project, we have provided ECEC services with a blueprint to ensure all staff have the skills, training, resources and authorising environment to practice and embed trauma informed approaches.

The issues

The Australian Child Maltreatment Study (ACMS), a world-first national [survey](#) on the experiences and associated health and social outcomes of neglect, physical abuse, sexual abuse, emotional abuse and exposure to domestic violence, found that that child maltreatment is tragically widespread in Australia and that the related harms tend to begin early and persist throughout the life course.

These findings, along with [research](#) on neuroscience and toxic stress, point to the need for safe, positive universal early childhood settings. When ECEC services are safe, they can reduce the embedding of adversity and support children's neurological, social and emotional development. (This is one reason child protection agencies may recommend a vulnerable child is enrolled in and attends an ECEC.) ACMS researchers [concluded](#) 'intensified support is needed for parents in prenatal and postnatal periods, and in early childhood'; 'access to childcare and early childhood education ... can ameliorate social determinants heightening the likelihood of some types of maltreatment'.

However, there is much more to be done to build children's safety in ECEC services. Safety must encompass both protection from physical harm and the creation and maintenance of consistent, caring, responsive relationships and predictable, calming environments and routines in order to buffer adverse experiences, reduce re-traumatisation, and build emotional safety and the child's regulation.

It is vital that ECEC services not only avoid risks to children's immediate physical safety, but also identify and implement factors which build and strengthen children's emotional safety. This cannot occur in environments which the child experiences as unwelcoming, unresponsive or uncaring – e.g. where all physical contact is avoided. Rather, we want ECEC services to become trauma informed, meaning they realise the widespread impact of trauma and understand potential paths for recovery; recognise the signs and symptoms of trauma



in clients, families, staff and others involved in the system; respond by fully integrating knowledge about trauma into policies, procedures and practices; and seek to actively resist re-traumatisation.

To create trauma informed ECEC services, emotional safety and relational quality must be treated as priorities through regulation, resourcing and compliance. This will require addressing the many barriers to these positive outcomes, which include workforce instability (e.g. high turnover and casualisation); heavy workloads and poor child:staff ratios; educator stress and burnout; under-resourcing and funding models which reward occupancy over quality; inadequate training and professional support for staff; and families' experiences of poor communication, linguistic or cultural barriers, lack of cultural safety or lack of meaningful choice.

Recommendations in line with the inquiry's terms of reference

(a) 'The health and safety of children in childcare services across the country':

1. Ensure that safety standards encompass emotional safety as well as protection from physical harm. A blueprint is provided by the standards for self-assessment and quality improvement in the Trauma Informed Guide for Early Childhood Organisations by the Alannah & Madeline Foundation (available on request).
2. Mandate evidence-based child-safety and trauma-awareness training for all staff and leadership, refreshed regularly.
3. Improve family-engagement approaches to safety to recognise family stressors and focus on supporting caregivers, rather than blaming them.
4. Establish and implement trauma-competent intake and monitoring processes so that signs of unmet developmental or safety needs prompt timely, supportive referrals rather than punitive responses.

(b) 'The effectiveness of Australia's childcare regulatory system, including the performance and resourcing of state and territory regulators and the Australian Children's Education and Care Quality Authority, in maintaining and improving quality':

5. Ensure regulators are resourced to assess relational quality. Fund authorised officer training in trauma-informed observation and strengthen assessment criteria to include trauma-aware indicators – e.g. consistency of key educator, response to distress, family partnership.
6. Make trauma-informed practice an explicit part of the National Quality Standard guidance and ACECQA resources and build trauma-informed indicators into rating systems, with validation research.
7. Create a transparent, national dashboard that includes indicators of relational and wellbeing outcomes – e.g. staff stability, unplanned absences, complaints relating to emotional safety – alongside current compliance metrics.
8. Fund the development of trauma-informed practice guidance and provider supports – e.g. tools, exemplar policies, training modules – and run second-tier reviews focused on services working with highly-vulnerable cohorts.

(c) 'Early learning providers' compliance with quality standards and legislative requirements, including compliance with workplace laws and regulations':



9. Ensure compliance occurs alongside capacity-building: when non-compliance is identified, regulators should offer supported improvement plans that include funded training, mentoring and access to specialist trauma informed practice and child-development consultation and expertise.
10. Require written, service-level trauma-informed policies – including intake, behaviour support, family partnership, and privacy – as part of quality documentation.
11. Prioritise inspections and necessary supports for services with high-need populations – e.g. refugee, regional, low-SES – rather than reactive and punitive 'one size fits all' penalties.

(d) 'The impact of childcare providers' employment practices on quality and safety':

12. Incentivise stable staffing by linking portions of funding to workforce retention measures – e.g. paid professional learning hours, regulated minimum contracts, career pathways.
13. Provide funded supervision/reflective practice time in service staffing models so educators can process challenging incidents, reflect on and develop their practice, receive coaching and maintain wellbeing as a core part of their work.
14. Prioritise workforce pipelines, pay parity, reflective supervision and funded allied support in recognition of their important role as preventative child-safety measures.

(e) 'The role of worker compensation and pay on childcare quality and safety':

15. Make service funding conditional on the provision of paid release time for training, supervision and family engagement.

(g) 'Transparency within the ECEC system, including access to information and data':

16. Include trauma-relevant indicators – e.g. staff continuity, training completion rates in child safety/trauma, access to support services – in data collection.
17. Publish anonymised, de-identified data on incidents and follow-ups and ensure parents can access plain-language information about how services handle disclosures and support children.
18. Fund a national research dashboard with longitudinal evaluation linking ECEC quality data to child wellbeing outcomes (with strict privacy protections) to inform policy. Use ACMS findings to target prevention and early intervention approaches.

(h) 'The suitability and flexibility of the funding of early education and care across Australia':

19. Allow flexible, cashed-out funding for trauma-informed professional learning and supervision time.

(i) 'The choice of care options available to parents and families':

20. Provide families with accessible information on which services have trauma-informed training and supports.
21. Support flexible hours and outreach programs so families under stress are not forced into options that undermine relationships such as fragmented care with multiple caregivers.

(j) 'Any related matters':



22. Continue to promote positive male participation in the ECEC workforce in recognition of the value of safe male role models especially for boys from vulnerable family situations.
23. Ensure centres serving First Nations, refugee and culturally diverse communities are supported to build co-designed, culturally safe responses and resourcing for trauma informed approaches.
24. Use ECEC funding levers to support family wellbeing – e.g. parental leave, income support linkages, home-visiting connections – in recognition that ECEC alone cannot offset the drivers of child maltreatment identified by the ACMS.

We would welcome any opportunity to discuss our work and insights further. _____

