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CHANGING CHILDREN’S CHANCES:
CAN AUSTRALIA LEARN FROM NORDIC COUNTRIES?

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PREFACE

Australia has much higher rates of income poverty and inequalities among children than Sweden and the other main Nordic nations. The aim of this publication is to identify what Australia can learn from the Nordic nations’ policies to reduce inequalities, and increase wellbeing, among children. (The term ‘Scandinavia’ includes Sweden, Norway and Denmark while the term ‘Nordic’ includes those countries and also Finland. Thus the term ‘Nordic’ rather than ‘Scandinavian’ will be used in the text of this publication.)

The symposium from which this publication has developed brought together a Nordic expert, and a small number of Australian experts including university academics and professional practitioners from community organisations, to focus on four related policy areas. These were: early, regular monitoring of children’s health; enhanced quality and more equitable early childhood education and care (ECEC) through public provision (including the requisite workforce training and capacity); the provision of extensive paid parental leave and family-friendly working hours; and the provision of more employment to reduce joblessness among families with children so as to reduce child poverty.

The symposium was convened on 26 April 2012 by Deakin University’s School of Humanities and Social Sciences, and Centre for Citizenship and Globalisation, in collaboration with the Centre for Community Child Health at The Royal Children’s Hospital, Melbourne. This publication of the edited proceedings is now provided for policy makers and other interested persons.

Support from the Australian Government’s Department of Education, Employment and Workplace Relations (DEEWR) enabled the participation of Sweden’s Professor Staffan Janson in the symposium which led to this publication. This support, and the input of senior policy makers in DEEWR and other national government departments to the material which follows, are gratefully acknowledged. However, the views expressed in this document are solely those of the identified authors and should in no way be taken to represent the views of DEEWR or the Australian Government.

Guidelines were adopted to encourage a robust discussion in four separate sessions following the initial presentations on child health; early childhood education and care; parental leave; and parental employment. The first presenter in each session was an academic with expertise in the content area whose presentation was designed to provoke discussion by presenting Australian facts on inequalities among children as well as potential solutions based on available evidence. A facilitated discussion followed to enable contributors to respond with constructive criticism; to identify possible constraints on the proposals; and to consider opportunities as well as obstacles in both the current and longer term policy environment to ideas that were put forward.

This publication seeks to advance the debate about how to best build on successive national government policy changes since 2004, when support was first given for the Australian Early Development Index (AEDI). These changes have been shaped by the growing international evidence that investment in children is the most enduring and effective of all the investments which governments can make.
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1 The reasons for looking to Nordic nations to change children’s chances in Australia
Andrew Scott

The proportion of children living in income poverty in Australia is nearly 12 per cent. In the four main Nordic nations – Sweden, Norway, Denmark and Finland – this figure is between 3 and 5 per cent.¹ These nations also have less inequality, and greater wellbeing, among children than do the US, Britain and Australia.²

Australia is by no means the worst in the English-speaking world for income inequalities among children. It has lower rates of child poverty than Canada, for instance, and substantially lower rates than the United States. There are some encouraging trends.³ However, population statistics continue to show a steep social gradient across a range of health and developmental outcomes in Australia which emerge early in life. To maximise Australia’s future potential and prosperity, lessons now need to be learned from the world’s leading nations in this field.

The introduction of some Paid Parental Leave (PPL) on a national basis to Australia in 2011, which followed the lead given by the Nordic nations, provides a crucial starting point for consideration of further Nordic policy options for Australia in the quest to better balance work and family responsibilities. Better balancing work and family responsibilities is one of the essential prerequisites to reduce inequalities and increase wellbeing among children.

In addition, the support by the national government and the Fair Work Australia industrial tribunal in February 2012 of wage rises for low-paid community services workers, who are mostly women, has provided a starting point for improved security, recognition and professional career paths to those involved in early childhood education and care. Such improvements are another essential prerequisite for reducing inequalities and increasing wellbeing among Australian children.

The introduction of the AEDI⁴, of which Dr Sharon Goldfeld has been the National Director, made Australia the first country to have nationwide data on the developmental health of all five-year-olds – covering their physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge – available for all local areas. These provide a new “type of social barometer, showing the outcomes of the first five years of children’s lives and providing a baseline for what might happen next”.⁵ There has also been valuable work done on indicators of child wellbeing, advantage and disadvantage in particular small areas.

³ See e.g. Rebecca Cassells, Justine McNamara, Honge (Cathy) Gong and Sharon Bicknell, Unequal Opportunities: Life Chances for Children in the ‘Lucky Country’, NATSEM/The Smith Family, Melbourne, 2011.
⁴ See Australian Early Development Index website: www.aedi.org.au
⁵ Caroline Milburn, ‘Preschool Key to Happier Futures’, The Age, Melbourne, 8 November, 2010.
The Australian Government Early Childhood Agenda was then developed with support in the 2008 and subsequent Budgets. It recognises the critical importance of the early years and commits to creating a world class system of integrated early childhood learning and care.

This agenda, in addition to the AEDI, includes:

- establishment of 38 Early Learning and Care Centres;
- a National Partnership Agreement on Indigenous Early Childhood Development to halve the gap in mortality rates for Indigenous children under five within a decade; halve the gap for Indigenous students in reading, writing and numeracy within a decade; and ensure all Indigenous four year olds have access to quality early childhood education within five years, including in remote areas;
- the Early Years Learning Framework, a curriculum guide to the principles, practice and outcomes for early childhood educators to develop consistent quality programs to support and enhance young children's learning from birth to five years; and their transition to school;
- an Early Years Workforce Strategy to improve the supply and quality of the early childhood education and care workforce;
- the Home Interaction Program for Parents and Youngsters (HIPPY), run by the Brotherhood of St Laurence, to help preschool children including in disadvantaged communities prepare for school and effectively build parental capacities in support of their children’s development with the focus on families and households who either experience, or are at risk of, deep social exclusion across the life course;
- a National Early Childhood Development Strategy endorsed by the Council of Australian Governments (COAG), further details of which are below;
- a Quality Framework for Early Childhood Education and Care to operate from January 2012 to promote high quality and consistent early childhood education and care across Australia; and
- Universal Access to Early Childhood Education, a commitment to provide access to a high quality, early childhood education program for all children by 2013, delivered by a university-trained early childhood teacher, for 15 hours a week, 40 weeks a year, in the year before formal schooling (i.e. at preschool or kindergarten).  

COAG’s endorsement of a National Early Childhood Development Strategy in July 2009 included a priority to “strengthen the workforce across early childhood.

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6 Further details of the various programs can be seen at: http://www.deewr.gov.au/earlychildhood/policy_agenda/
development and family support services, particularly around leadership and interdisciplinary practice, to better support children with special needs, and to deliver culturally inclusive services. COAG thereby recognised the clear international evidence that investment in the early years of life delivers particularly strong returns for the community through successful outcomes and reduced need for costly interventions in later life.

COAG gave a preliminary update on this agenda in a Communiqué following its meeting of 7 December 2009 under the sub-heading ‘Productivity Agenda’, on ‘Early Childhood Reform’. More now needs to be done, however, to continue, strengthen and realise the full potential of the national government’s, and COAG’s, initiatives.

It is now timely to develop a clearer research base for state and national governments to inform their current and future policy directions. Though a more integrated policy approach to the 'early years' has developed in the last decade in Australia following overseas leads, in order to achieve the full potential of this approach it is crucial now to extend these leads beyond where they have been primarily limited to date, which is to the English-speaking countries. Therefore as an important next step this publication draws on the interactions of a leading Nordic expert, and several Australian experts and policy makers.

A central aim is to identify approaches and programs in the Nordic nations which can inform the introduction of similar programs in Australia, particularly in local areas which the AEDI and other data have identified as disadvantaged.

The landmark recent book by British researchers Richard Wilkinson and Kate Pickett, *The Spirit Level*, shows that child wellbeing is starkly better in those rich countries which have greater income equality. It also highlights the Nordic nations’ achievements in early childhood development and shows how increases in socio-economic equality starting in the earliest years of life promote positive health outcomes for all members of society for many decades to come.

That book is part of a remarkable convergence occurring now in the conclusions reached by researchers in the traditionally very separate disciplines of health, education and political economy. Diverse epidemiologists and paediatricians are increasingly demonstrating the importance of reducing inequality and poverty in order to enhance children’s wellbeing. This publication brings together senior academics from the different disciplines of politics, medicine (specifically paediatrics and public health), social policy and economics to discuss and explore potential local applications of this approach by Australian governments.

It has been previously calculated that reducing joblessness among families towards the consistently low levels of the Nordic nations, through measures including increased workforce participation, could in itself cut income poverty among

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Australian children by as much as one third.\textsuperscript{10} This publication considers the extent to which reducing joblessness among families with children in Australia will reduce inequalities among Australian children; and ways of achieving this reduction of joblessness among particular cohorts of families based on the Nordic nations' experiences.

In a paper commissioned by the Department of Prime Minister and Cabinet's Social Inclusion Unit in 2009, Professor Peter Whiteford points out that critical to the low joblessness in the Nordic nations are “comprehensive childcare systems”.\textsuperscript{11} It is important to consider, from Nordic nations’ experience, whether the increased rapid provision of childcare in Australia as a for profit business in the private marketplace exacerbates inequalities between children: as is argued by Australian childcare expert Professor Deborah Brennan\textsuperscript{12}; and, if so, what alternative approaches to childcare provision are preferable. It is also valuable to consider the possible relevance of Nordic-style policy measures on parental leave and for workforce participation to help reduce high family joblessness rates in Australia.

On 4 September 2009 the Australian Research Alliance for Children and Youth (ARACY) conference issued a Communiqué stating that:

\begin{quote}
Australia must learn from cultures with a positive attitude to children and young people...[and] from public policies that achieve high levels of child wellbeing; adequate support for parents, carers and families; and low levels of child poverty...for example, policies in the Nordic countries.\textsuperscript{13}
\end{quote}

The ARACY conference also outlined a major strategy "to set internationally comparable health and wellbeing targets for children and young people for the next 20 years" with “critical elements of this strategy” to include “raising Australia’s international standing to high levels of child and youth wellbeing, to match the levels achieved by the Nordic countries”.\textsuperscript{14}

It is important to recognise that changes are occurring within the Nordic nations. Their policy context is not static, as Australia’s Professor Gabrielle Meagher and colleagues have recently pointed out.\textsuperscript{15}

The position of the Nordic nations is regarded by many as culturally or historically particular. It is obvious that the specific historic context in which the Nordic policies

\begin{flushright}
\textsuperscript{11} Peter Whiteford, \textit{Family Joblessness in Australia: A Paper commissioned by the Social Inclusion Unit of the Department of the Prime Minister and Cabinet}, Commonwealth of Australia, Canberra, January 2009, p. 56.
\textsuperscript{13} Australian Research Alliance for Children and Youth, Communiqué from conference held in Melbourne on 2-4 September 2009.
\textsuperscript{14} ibid.
\end{flushright}
first came about i.e. the politically planned build-up of a substantial welfare state in Sweden from the 1930s to the 1970s, then the strong policy influence of feminism and children’s rights from the 1970s, needs to be acknowledged.

Yet the notion that national policy directions are ‘path dependent’, that seemingly minor decisions taken decades ago have so multiplied in importance by being enshrined into a set of patterns and routines that they are just too difficult to alter or to contemplate following in other nations should not be pushed so far as to mean that Australia is fated to forever suffer continued rates of child poverty far higher than those of Sweden, Norway, Denmark and Finland. The notion of national ‘path dependence’ also contradicts the fact that we live in more fluid and ‘globalised’ times today.

The Nordic nations are not immune from the worldwide trend over recent decades towards rising inequalities. Nevertheless, the latest evidence indicates that in the four main Nordic nations, income inequalities remain much, much lower than in Australia and other English-speaking nations.  

Inequalities among children start even before birth. Australia has 6.4 per cent of infants of low birth weight, better than the OECD average of 6.6 per cent but not as positive as Sweden where the proportion of low birth weight infants is 4.2 per cent. This underlines the importance of antenatal, as well as maternal and child health, measures.

Further, given that inequalities are substantially determined in the earliest years, before children even go to school, our goal must be to close the developmental gap as early as possible. Here, Finland’s arrangements to provide developmental support to a high proportion of children from a very early age are of particular interest and importance.

In Australia there are, of course, constituencies and influences arrayed against the policies pursued in the Nordic nations. However, there are also powerful constituencies and influences concerned about the high levels of inequalities and poverty among Australian children, which are keen for greater knowledge of the prospects for transfer of those policies, which can be shown to be applicable, here.

There is clear evidence that Australians are very worried about economic inequality. The findings of a major Ipsos Mackay qualitative report, titled Being Australian, released in June 2011 also identifies major “concern about overwork”:

"Being Australian, we want to do our eight hours a day and expect to go home to spend time with the family, our kids and that," said one focus group participant. "Big business has made shops open longer and, even though we might be part-time, our week is stretched out a lot more because they can make the hours any

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time they like and we have to fit our lifestyle around it. So your whole weekend is wrecked".19

The presentations and discussion which follow relate to two National Research Priorities in Australia which are often approached separately: ‘A healthy start to life’ (‘counteracting the impact of social and environmental factors which predispose infants and children to ill health and reduce their wellbeing and life potential’); and ‘Strengthening Australia’s social and economic fabric’ (‘understanding and strengthening key elements of Australia’s social and economic fabric to help families and individuals live healthy, productive, and fulfilling lives’).

It is time to consider how to apply lessons learned from the policies pursued in the world’s most successful nations at combating inequalities among children, to the problems of inequalities among children in Australia.

The publication focuses on comparative data and research findings and seeks to identify ‘intervention levers’ available in Australia. The ideas have been canvassed with some key Australian policy decision-makers on early childhood education and care and their input is incorporated in the following sections.

The Nordic nations’ policies examined are:

- those nations’ arrangements for monitoring of children’s health and the training of those who do that monitoring – in order to answer the question to what extent does early and regular monitoring of children’s health, and substantial training and preparation of the workforce which carries out this monitoring, contribute to better child health outcomes;

- the extent of those nations’ investment in public childcare – in order to answer the question whether a shift towards more publicly provided childcare in Australia will help achieve the government’s goals for greater quality, availability and affordability of early childhood education and care;

- the extent of those nations’ provision of paid parental leave – in order to answer the question whether providing further parental leave in Australia will boost workforce participation and productivity as well as benefit businesses by increasing the return and retention to companies of experienced, valuable employees;

- the extent of those nations’ regulation of working hours – in order to answer the question whether more ‘family-friendly’ working hours in Australia will boost women’s labour force participation;

- the availability and nature of part-time jobs in those nations – in order to answer the question whether part-time jobs which have more security and better career prospects, will better enable work/family balance and would also help to boost labour force participation in Australia.

These last two policy areas are particularly topical with the publication of major new research confirming the greatly increased prevalence of precarious employment in Australia.20

This publication provides new material for Australian governments and other policy makers to consider as they further review policies and develop priorities for early childhood investments and initiatives. It will better inform the policy shift towards greater investment in early childhood in Australia to tackle inequalities by enquiring, from an Australian perspective, into detailed and relevant lessons from the most successful nations in this field.

This will assist in further developing and implementing Australian governmental policies for the early years and in ensuring that investment goes into where it will be most effective.

Investment in the early years is the most effective to way to prevent inequalities. The COAG document from 2009 represented a fundamental shift in the policy approach in Australia, creating a real opportunity to consider children's wellbeing as essential to human including economic development. The authors of this publication are keen to bring momentum back to, and heighten the visibility of, the vital policy initiatives which have been taken in early childhood, through international comparative discussion. The visit of an eminent Nordic children's health and policy specialist has enabled a strong message to be given for more concerted government action, drawing on the policy experiences of the most successful nations in the world, according to the evidence, in reducing inequalities among children; in order to create a brighter and less divided future for the growing generations of Australians and for their children as well.

2 An overview of Nordic policy for children: Lessons for Australia on how to reduce inequalities

Staffan Janson

I would like to tell you a bit about how we try to protect children in Sweden. If that will be a lesson for Australia or not I cannot say but I will try to do my best to tell you how we work. I will just say a few words on prevention because you all know that life starts before delivery and that has been really important to us for a very long time. Midwives in Sweden have been educated since about 1750. We also have registers in Sweden from about that time so we know about deliveries, what happened at deliveries, and what people died of.

Nowadays we see every single mother from the very beginning. If they come later than 10 weeks into their pregnancy this actually alerts the midwives that there might be some social problems. The services are high quality and we have the lowest percentage of all newborns under 2,500 grams in the whole world. Australia is not that bad actually, in this respect, with low birth weights at 6.4 per cent; a little lower than the OECD mean. For instance, Turkey’s is 11.3 per cent and even in Japan the rate is 9.6 per cent. This is naturally not all a question of having good midwives; it is also a question of low poverty and well-nourished, highly educated mothers.

We have had parental group education to prepare for delivery since the beginning of the 1970s and this is not only for mothers, but also for fathers. There is quite high participation of fathers in this antenatal care. We work a lot with breast-feeding. When I started as a paediatrician 40 years ago, Sweden had the lowest level of breast-feeding in the world; and today it is the highest in the world so we have done a lot of work there.

Infant mortality in Sweden has gone down steadily from 1952 to now. Most of that decline has been for perinatal [i.e. of or pertaining to the period comprising the latter part of fetal life and the early postnatal period (commonly taken as ending either one week or four weeks after birth)] causes and malformations. These have probably reduced due to better care of preventable infections. When I was a student of medicine my teachers taught me that the infant mortality rate, which in Sweden at that time was 1.3 per cent, maybe if we were lucky could come under 1 per cent. Today we are below 0.25 per cent, which is just amazing.

Sweden has had low infant mortality compared to other countries for a long time. Since 1950 the rate at which newborn children die in Sweden has been much lower than in France, Germany, the United Kingdom and the United States. Even in the 1880s the rate was lower than it was in France and in the United Kingdom; and that was at a time when Sweden was extremely poor and France and the United Kingdom were much richer. I will come back to what the reasons for that could be. The declines in infant mortality rates in the United States and the United Kingdom have been flattening out since the 1980s. Whereas the number of children born in a specific year who die before reaching the age of one in Sweden is only 2.3 for every 1000 births; in Australia as in Britain it is 4.9; while in the United States it is 6.7.

When the child is born we have what we call "Well Baby Clinics". These began with a 1937 government bill on free preventative health care for mothers and preschool
children, which added to the ‘milk drops’ and earlier advice on nutrition and hygiene which had been given since 1910. 1932 was the time when we had our first Social Democratic government. The Government Housing Commission established in that year was extremely important for Sweden because at that time we had the worst housing situation in the whole of Europe together with Spain. The Social Democrats and the Liberals at that time understood that to achieve any improvement in people’s hygiene and nourishment, there also had to be improvements in housing. The Second World War interrupted, but from 1965 to 1974 there was the “million program” to build a million new dwellings in a ten-year period so that reasonably priced modern housing would be available to nearly everybody. We had 80 per cent of all infants participating in the Well Baby Clinics in 1944 and today 98.9 per cent participate. We started vaccinations for DTP – Diphtheria, Tetanus and Pertussis (whooping cough) – in 1953 and then for Polio in 1957. Then, in the 1960s, we understood that there were a lot of children with disabilities coming to school, which we had not detected. As a result of that there was, from 1969, national regulation of Well Baby Clinics with extended surveillance involving what we called the four year control, whereby we tested more children to see if we had missed any sort of disability. A senior paediatrician was in charge for each county and the Clinics were headed by paediatric nurses, paediatricians or GP consultants.

We no longer require that examination as our staff have now become well enough trained to identify disabilities much earlier. One thing which we do now have problems with, which I suppose you also have, is the newer neuro-psychiatric diseases. In the past we were not actually aware of these autism and attention deficit disorders so we nowadays have another screening just ahead of school. It now seems that we are able to find many of them from two years and above with the help of a newly developed speech screening at two and a half years of age.

Since 1980 we have had national parental education on upbringing and injuries. In 1999 we achieved state-of-the-art mobilisation of parents’ resources and competence directed towards families with special needs; and since 2007 we have provided public support to all parents in Sweden through evidence-based programs.21

I will just say a few words on child injury prevention because that is one of the things on which we have been working in which we have been evidence-based since the 1950s, which has taken Sweden down to the absolute lowest childhood injury rates in the world.22 This has been built on three approaches.

The first is injury surveillance and prevention research. Skaraborg county was a model for the community tracking of injuries. The second thing is legislation and regulation, built very much upon Professor Stina Sandels’ in-depth studies of

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childhood pedestrian behaviour. We learned then that we had to separate children from traffic, which nobody understood at the time: they thought that you could teach small children how to behave in traffic, which we know now is impossible. So what happened is that we made children’s safety an integral part of community planning: separating children from traffic and educating about safety at home, in schools, in playgrounds, with consumer products and also having mandatory swimming training, which helped save many lives. Thirdly, we have broad-based safety education programs particularly when it comes to home safety – for all families and children, not only directed to “accident prone” children.

There have been many contributing factors to the approach Sweden has taken. We were for a long time a small, health conscious, law-abiding population that valued children highly; and we were a relatively homogenous population until the 1980s.

Also important has been urbanisation, because a lot of injuries happen in the countryside. Extended preschool services, limited distances to school, and also a lot of equity-oriented measures from outside the transport field to buffer the negative effects of lower Socio-Economic Status (SES) have been important.

Child mortality (up to 15 years of age) has gone down from all causes in Sweden i.e. from traffic injuries, non-traffic injuries, cancer, heart diseases, cancer and infections.

There is a very strong correlation between income inequality and the death of children. The UNICEF Under 5 Mortality Rate expresses the probability of dying between birth and exactly five years of age expressed per 1 000 births. An income inequality ratio for the years 2001 to 2004 comprising how much of all the country’s economic resources are used by the richest 20 per cent compared to the poorest 40 per cent shows that the higher the income inequality ratio in a given country, the higher is the under 5 mortality. The correlation is very high – 0.76 – and even if you take the United States away is still about 0.7 (where 0 = no correlation and 1 = complete correlation) so it is a definite relationship. This is in wealthy nations: this is not in Africa or South East Asia; and the same evidence shows that Australia is one of the most unequal of these wealthy nations.23

The question then is why do Swedish children have such good survival and health? The welfare state was not fully established until after the Second World War. That became very important later on but maybe not from the beginning because infant mortality was actually half of that in Germany and France already in 1880, even though these countries were much richer then.

Jalil Safaei found, after comparing under 5 mortality in 118 countries, that a few specific factors explain 79 per cent of the variation.24 Factors which decrease the risk of children dying, in order of importance, are: education as a proportion of Gross National Product (GNP); the level of GNP per capita; democracy; and whether there is a public health service.

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GNP does matter (notwithstanding valid concerns about its use as a measure of wellbeing). The richer the country, the better that is for the population. Democracy also seems to be very important, particularly for countries where democracy is new. But what seems to be most important of all is education as a part of Gross National Product.

How does this fit with Sweden? This is one of the most important points because the Swedish people have been extremely well educated compared to many other countries, even compared to richer countries like Germany and France. Most Swedish people, including in the countryside, have been able to read and write since about 1750. The reason for that is that the Swedish King had to negotiate with ordinary people in order to enlist soldiers and so on. The Swedish administration had a direct connection to the people through the State church, the Protestant Swedish Church, which was very close to the Swedish administration, and there was a small and politically weak nobility, which meant that there was practically no obstacle between the central administration and the Swedish people. The priests from the State church taught people how to read and write.

From 1842 Sweden also had public schools for everybody. Even today we have been the first country to spread the Internet, including broadband, to all people, even in the most remote areas of Sweden. I am not sure how well this has been planned or thought through; but this is how it has been in our country and it seems quite important.

Another thing which is interesting is that, if you have a public health service, this means that you decrease the risk of child mortality, whereas if you have private financing of health care this increases the risk of child mortality.25

Child allowances are something which we now see all over the world and are not specific to Sweden. Nor do child allowances nowadays make up a particularly high proportion of Sweden’s GNP. At less than 1 per cent, Swedish child allowances are internationally relatively low (though this is because most families have both parents employed). However, the way child allowances were introduced to Sweden was very interesting. This was also a 1930s idea and the reason was that we had very low fertility rates in the 1930s, probably as a result of the economic Depression at the time.

An important couple, Alva and Gunnar Myrdal, in 1934 wrote a book Crisis in the Growth of Population in which they argued that there was a need for higher fertility, that a modern society needs more employees and that this was not a question just for men, it was a question for women also. They sought to give young adults the opportunities to start to have children even while they might still be studying. They proposed parental leave during infancy, child day care and education to be available, financial support for families and universal child health services. This approach would enable redistribution of money over the life cycle with people paying higher taxes later on. Child allowances were introduced in Sweden as an alternative to wage increases and were seen as providing better welfare for children than wage increases.

25 See ibid.
From 1948 there has been a general child allowance in Sweden which is the same amount for all. At the time the Swedish middle class was itself quite poor and vulnerable to economic fluctuations and thus accepted the idea that everybody should receive the allowance, not just those who were worst off. If you get the middle class on your side they will also be paying the taxes; whereas if you provide benefits only for the most vulnerable people then the rest of the population feel that they are paying for something from which they do not receive any benefits at all.

Sweden’s generous parental leave is aimed at supporting both parents’ possibilities to combine childcare with employment outside the home. It started in 1931 with allowances at delivery. Since 1939, it has been prohibited to sack women when they marry or when they become pregnant. Paid maternal leave from childbirth was introduced in 1955. In 1974 this was extended to fathers. I was at home with my daughter for two months when she was born in 1977 and I was personally one of the first doctors in Sweden to take paternity leave. Total paid leave for parents was then six months. It has been extended since. In 1986 parental leave benefits were made more generous if a second child is born within two and a half years of the first birth; with the effect that most second children have since been born in that time period. The fertility rate went up substantially after this change.

By 1995 there were 480 days paid leave for each child, of which at least 60 days had to be used by each parent – the so-called father’s months. If mothers are working in dangerous or heavy environments, then they can apply for parental leave ahead of delivery. Temporary paid leave is also possible on several occasions if children are sick and this can be transferred to the other care-giver. You are paid 80 per cent of your salary for one year and then it goes down but you can stay home for two and a half years if you want to. Fathers in Sweden are successfully using this time more and more. 40 per cent of fathers are taking leave; and they use 23 per cent of the total leave, while mothers take the other 77 per cent. Mothers tend to take leave from the beginning and fathers a little later on when breast-feeding reduces. Swedish parents do not have to use all these days immediately; they can use some, then leave the rest until later; but they do have to use the leave before the child is eight years old.

This approach of providing money for parents with children and taxing families more later on in life has substantially reduced relative poverty, after transfers.

Olle Lundberg in Stockholm and colleagues wrote a paper in *The Lancet* in 2008 dividing countries into various categories.\(^{26}\) One category is the countries with a ‘dual earner support policy’, which comprises the Nordic countries, based on the idea that both men and women should be able to work. The second is a ‘general family support’ category which involves giving money to the husband who tends to be working while the mother tends to stay at home; and thirdly there is the ‘market oriented family policy’ model in various other countries, of which Australia is one.

The greater family policy generosity in dual earner nations is associated with lower infant mortality. Economic development itself in wealthy countries does not reduce infant mortality; nor does generosity in support of traditional families. Dual earner support is designed to allow mothers and fathers alike to combine paid employment with childcare. General family support relies on a highly gendered division of labor with subsidies to wage earners with a dependent spouse.

The Nordic countries have developed a distinct type of welfare state. Its characteristics include universal social policy programs, gender equality, a large public sector with extensive transfer programs and services, a high employment rate, and high taxes to finance programs. Nordic countries thereby have comparatively low poverty rates among vulnerable groups like children, single parents and the elderly.

The rapid increase in family policy support since 1960 in the Nordic countries has lowered the rate of child poverty. Generosity in dual earner support is connected to low infant mortality also after adjusting for GDP, unemployment rates, and labour force participation of women in child bearing ages. The dual earner approach to family support – combining welfare universalism with an employment orientation – alleviates poverty and infant mortality.

Wilkinson and Pickett, authors of the book *The Spirit Level*, compare in that book infant mortality in the United Kingdom and Sweden.\(^{27}\) They find that the United Kingdom is similar to Sweden in that infant mortality is highest for single mothers. But in the UK there are large inequalities in the rate of infant mortality according to fathers’ different occupational classes whereas in Sweden you do not see this relationship at all now: it has been almost eliminated.

Wellbeing is also important. The authors of *The Spirit Level* earlier published an article in the *British Medical Journal* in 2007\(^{28}\), comparing income inequality with the index of child wellbeing used by UNICEF (which consists of eight comparable components for rich countries: teenage births, juvenile homicides, infant mortality, educational performance, dropping out of high school, overweight, and mental problems). Here again there is a strong correlation between higher income inequality in countries and lower child wellbeing, with Sweden, Norway, Denmark and Finland low in terms of income inequality and high in terms of child wellbeing.

Because Sweden was one of the poorest European countries in the 1930s few people could afford private solutions. Even the middle class was quite poor and had very unsafe times, which might be the reason they accepted a national insurance program. If they had been richer they might have thought it better to have a private insurance program, so consequently if we tried to create something like this today it might not be possible. A majority then supported universal provision financed by taxes.

The positive view of the state continues in Sweden because Swedes have a feeling that they receive something from what they pay in taxes. If you do not do that then

\(^{27}\) Wilkinson and Pickett, p. 179.

you will run into a situation which, for instance they have now in Greece, where many people are not paying their taxes because they know that they will not be well reimbursed. As far as I understand we also have very little corruption in the Nordic countries compared to other countries.

Another relevant thing is that there is a strong sense of individual rights in Sweden as against the central administration. Women and children have long been seen as individuals in their own right which may have helped prepare the ground for Sweden’s decision in 1979 to ban physical punishment of children.

A cultural map of the world at the start of the 21st century from the World Values Studies compared where different countries stand, from survival values to self-expression values; and from traditional or more religious values, to more secular-rational values. Both self-expression and secular-rational values were found to be highest in Nordic nations such as Sweden and Norway.29 (One negative implication of this today may be that some Swedish teenagers and young adults do not really feel that they have any firm values to lean on. Most youngsters will have to find their values themselves: it is estimated to be a fairly small group, 10-15 per cent of the young population who have difficulties with this, giving them at least for some years more existential problems.)

In addition to paid parental leave we built up the Swedish preschool long ago. This was also actually an original idea from the 1930s to make it possible for both parents to earn their living. The Swedish preschool has comparatively high international standards and reaches nowadays an overwhelming majority of Swedish children. The present system of day care was introduced in the 1970s. Municipalities pay 90 per cent of the day care cost, but both parents can work and pay taxes. The net cost is thus not so high. More than 90 per cent of children use daycare and preschool from one year and up and we know that this has positive effects on cognitive as well as emotional and social development30; as well as, through the work of Sven Bremberg and others, decreasing the risk for psychological problems.

A Swedish study showed positive effects on child health lasting to 21 years of age from being in preschools in which there are well educated staff and a staff/child ratio not less than 12 staff for every 100 children.31 Swedish preschools practise a child centered pedagogy which gives enough space for children’s own initiatives as this has the most favorable effects for children from unfavorable environments. The emphasis is on “to learn how to learn”, emotional competence, and mathematic understanding. Outdoor play also promotes social, emotional and cognitive development. In Sweden we actually start school from seven years of age which is one year later than many other countries in the world; yet when they have checked their ability to read and write and other types of education performance when they

are grown up we have been quite successful.

Education is the single most important factor for the health of the population apart from parenting skills. Children who do well at school do better as adults. In Sweden, the schools and social services are managed by 290 semi-independent municipalities. This has given us an opportunity to test what happens when reforms come at different times. There was a natural experiment in Sweden in which some municipalities in the early 1960s extended schooling from 7 to 8 years duration while others delayed this introduction. A follow up study at 40 years of age showed that this extra year at school gave a 19 per cent less risk of self evaluated poor health, a 12 per cent less risk for being overweight and a substantially higher annual income of about 120 000 Swedish Kroners (SEK) in 2003, which is about 15 000 to 20 000 Australian dollars.32

The characteristics of successful schools33 have been known for a long time from the work of well-known psychiatrists and educationalists as being intellectually challenging, with distinct pedagogic leadership by well-qualified teachers and with high expectations of the pupils.34 An emphasis on basic skills is very important as are repeated evaluations and feedback; specific help to children with learning difficulties; working with the self-esteem of children; and parental involvement. Lately, research associated with The Bunkeflo Project on outdoor activities and sport in Sweden has shown that if children, instead of having sport once or twice a week, have one hour every day, then they do much better at school in general, including in mathematics.35

There is another chart from The Spirit Level36 which shows how important equality is: comparing parents’ formal education levels from low to very high with the literacy scores for their children. There are four different countries compared: Finland, Belgium, the United Kingdom and the United States. The lower the schooling of the parent, the lower the literacy score of the child and vice versa. But the most interesting thing is that the higher the equality of the country – as Finland is a country with high income equality, while the United Kingdom and particularly the United States have high income inequality – this follows the child all the way. Not only children of parents with low formal education but also children of parents with high formal education have lower literacy scores in the United States than in Finland. Income inequality is therefore not just important for the poor, it is important for everybody. This is one of the most important lessons: that income inequality is bad for everyone.

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35 See Per Gardsell, ‘Extended Scheduled Sport Activities at School Connected to Higher Marks’, Preliminary Report, Department of Orthopaedics, Malmö University, April 2012.
Attitudes to physical punishment of children have changed dramatically in Sweden since 1960. The proportion of people with positive attitudes towards the physical punishment of children in Sweden in the 1960s was about 55 per cent and it is still at this level today in Australia. Today only 8 per cent of the parents in Sweden are positive about physical punishment of children. There are actually now less parents in Sweden physically punishing their children than have the attitude that this should be able to be done. Less than 3 per cent of all parents have physically punished a specific child during the last year. Sweden outlawed physical punishment of children in 1979 and this has contributed to changing both attitudes and behaviour completely in our country. This is probably the most impressive change in attitudes and behaviour in a population that has ever happened in Europe at any time and we are very proud of this.

Plausible explanations for Sweden’s world-leading 1979 ban of physical punishment of children include: the welfare state, technological developments reducing pressure on parents; early political consensus on the need for protective legislation; early high educational level of the population; high awareness of the positive value of socio-economic equality; preventative health care for all; parental education; greater gender equality between women and men than other countries; the majority of the children being early in the “public space” (preschools); and an increased understanding of the connection between family violence and child abuse.

International comparative analysis shows two extremes.37 Sweden on the one hand places most emphasis on universal prevention. The US on the other hand places least emphasis on prevention of the societal and family risk factors for child maltreatment – particularly social and economic disadvantage – but has high levels of child protection activity and rates of placement of children in out of home care following individual instances of child maltreatment. Britain and Australia are in between. The question is: where do they want to be heading?

These countries appear to be heading towards increasing activity of child protection services and increasing placements into out of home care. Is this the most effective approach? Focusing on identification and responding to children already experiencing maltreatment are important – and we need to improve what we do to prevent recurrence and adverse outcomes – but these measures are unlikely to prevent occurrence in the first place. The case for universal prevention is very strong – reducing societal, family and parenting risk factors for maltreatment is likely to have the biggest impact on child maltreatment (as suggested by Sweden having the lowest rates) and is likely to improve many other aspects of child and family wellbeing. This is not the direction in which many countries are heading at the moment.

It is now very well-known that interventions at a societal and neighbourhood level can be much more cost effective than individual interventions. Parents in neighbourhoods with weak resources including social services and health care have more problems with finances, alcohol and drug abuse, criminality and exposure to violence which are all risk factors for child abuse. Defective housing planning and

weak maintenance give rise to selective migration. Problems in these
neighbourhoods become particularly obvious for teenagers. Children in these areas
have less faith in the future and increased risk for future unemployment. What needs
to be done is to renovate the areas; to strengthen services and security; and to
strengthen neighbour cooperation. 38

Sweden's universal system of mainly free maternal, parenting, child health and
preschool services has been crucial in creating good health and education outcomes
for children as well as reducing income inequality. High quality care costs a lot of
money but what we see in Nordic countries, when we have developed it, is that most
parents are working, which generates the resources to provide the services.
Australia's recent decision to provide access to universal preschool for four-year-olds
is a positive step in this direction.

38 See Claudia J. Coulton, David S. Crampton, Molly Irwin, James C. Spilsbury and Jill E. Korbin,
‘How Neighborhoods Influence Child Maltreatment: A Review of the Literature and Alternative
3 The role of child health systems in reducing inequalities
Sharon Goldfeld

The first thing I would like to do is quote from an Australian book, *Children of the Lucky Country?* in which the authors state that: "A society that is good to children is one with the smallest possible inequalities for children, with the vast majority of them having the same opportunities from birth for health, education, inclusion and participation".\(^39\) This is obviously a useful quote for our discussion. When Andrew and I started thinking about this symposium we were really fundamentally interested in how Australia could get to a place where we did not have the inequalities we see now for children.

I want to start with a little bit of good news, which is that we have actually managed, with much effort, to achieve reduction of some child health inequalities. We should remind ourselves of that. Australia has really put an extraordinary amount of effort into immunising our children. The result of that is that we really do not see the differences we see for many of our other health outcomes when it comes to immunisation. Figures from the Australian Childhood Immunisation Register show that the national vaccination program has reduced inequality in immunisation rates for children from different backgrounds, with almost no difference between indigenous and non-indigenous children. Similarly if we look at five year survival rates for cancer (leukemia) we do not see the inverse care law that we see for many of our other health outcomes (i.e. poorer children receive poorer care despite the same level of illness). We actually see a relatively flat gradient for children on these outcomes. The immunisation results show how important universal early intervention services are in reducing inequalities among children. Australia's successful record in providing universal health insurance and free child immunisations means that it is not unrealistic to aspire to a publicly funded child health service system similar to those in Nordic countries. This would enable us to tackle the many, many examples of child health inequalities which unfortunately we still do have in Australia across subpopulation groups, across geography and across communities.

For example Australia's National Assessment Program – Literacy and Numeracy (NAPLAN) results show outcomes for Indigenous and non Indigenous children for every state and territory. As well as the Northern Territory having extreme examples, there are substantial differences for Indigenous children elsewhere already by year 3 at school. The Gonski review found that results for year 9 remote indigenous students are worse in all NAPLAN domains than for metropolitan non-indigenous students in year 3.

AEDI maps of socio-economic disadvantage show that the geography of where children live makes a difference in terms of their level of developmental vulnerability on one or more domains. There is considerable variation between neighbouring local government areas.

We also know that these inequalities start very early, and not just before birth, as shown by rates of low birth weight. We know that many of the determinants of adult

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chronic disease and social inequalities start in utero. Risks for poor birth outcomes are also distributed along a social gradient. These inequalities then continue right throughout early childhood and into the years at school. As well as smoking during pregnancy being a substantial risk factor for low birth weight children, there are considerable differences for Indigenous compared with non Indigenous; for those in remote locations; and for those of low SES compared with high SES. As Staffan pointed out, we have more low birth weight babies overall than in Sweden, and we also have inequalities within populations with higher rates for Indigenous, remote, very remote, and low SES newborn children.

A terrific paper by Jan Nicholson and colleagues, drawing on a longitudinal study of Australia's children, looks at socio-economic differences from the most disadvantaged to the least disadvantaged across all the areas of development – socio-emotional difficulties, communication, vocabulary and emergent literacy. Fiona Mensah from the Murdoch Children's Research Institute, has done very similar work. Their work shows that social gradients in these areas of development start from a very young age; we can already start to document them in the zero to one age group. We need to remind ourselves that because these inequalities emerge early, this also gives us an opportunity to do something about them early.

AEDI results also show a steep social gradient for each of the domains in the AEDI. We are talking here about the social and emotional domains, not about cognitive domains: so it is not just about reading and writing. By the time children start school we are already seeing substantial social gradients.

The Program for International Student Abilities (PISA) Index of social backgrounds, which is our international measure, shows that Finland has a very flat social gradient whereas Australia has a much steeper gradient. We know that at the top end we do quite well (although you will be aware in the media recently that there is some concern that we are not actually performing as well at the top end) but in fact it is the bottom end that is a particular problem for us.

The other thing is that clearly children do not live alone. They live in their families, who live inside networks and communities and within environments, so one of our challenges is to think about how do we influence the environments in which children are living if we are going to make a difference? Overcoming child health inequalities will inevitably be intrinsically linked to social determinants and particularly those influencing the children’s parents and the communities in which they live. This is the ecology of childhood.

Preventative health measures are fundamental for tackling inequalities. Those that are the most equitable need to be considered first – for example, water fluoridation. We need to do the things that we know work. Fluoridation for example, is probably the most equitable way we can think of in order to improve dental care. Around Australia in general we are doing well in terms of fluoridation but in the Northern Territory, which has the highest proportion of indigenous children in its population, there are much lower rates of water fluoridation than other states and territories.

Indigenous children have absolutely appalling rates of dental care. So even for things that we know about, we are not doing all that well.

If we consider systems thinking about inequalities in health in general or in the area of obesity in particular, then we see the very wide and complex web of interdependencies which determine the condition of obesity for an individual or a group of people. This reminds us that the task is very challenging and that we need to think in complex ways if we are to reduce inequalities. Health service platforms really provide us with an opportunity to reduce inequalities by establishing systems of engagement for prevention, early detection and intervention. In order to remove barriers to care, these systems of engagement should be free, easily accessible, implemented within an evidence based framework and delivered according to the principles of progressive or proportionate universalism i.e. delivered equitably not equally. These systems need to engage with families from before birth right through into schooling. They cannot be limited to a single funded visit.

I want to just quote momentarily from Marmot that “focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism”. The steep social gradient cannot be levelled if all we do is target the disadvantaged. We need instead to act in accordance with the idea of proportionate universalism. That means we need to think about equitable distribution of service delivery, not necessarily equal distribution of service delivery.

Our AEDI results clearly support Staffan’s point that, if all we do is focus on the most disadvantaged children who are developmentally vulnerable, then we miss most of the children in need across the country. That is our absolute challenge if we are going to have a well-educated, well-informed society to take us into the future with the human capital we need as a country with a small population.

Similarly, PISA data shows that if we only seek to support and assist the poorest performing children, then we will not be doing enough for too many other, underperforming children who also need support and assistance. Unless we think in this way, in a much more proportionate universalist way, all we ever end up doing is targeting a small number and then wondering why we have not overcome social inequalities.

Finally, I just want to talk a little bit about developmental and behavioural problems as well. The most common child health morbidity load relates to children with developmental and behavioural problems. In Australia there are insufficient services to meet demand and the service gap is disproportionately large for children living in poorer circumstances, perpetuating the inevitable health and education gap that emerges over time.

We have looked at children who had special needs identified prior to the AEDI. About 4.4 per cent of children are already arriving at school with an identified special

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need, and these are the children that Staffan mentioned i.e. why Sweden took away the four year old check because they now already know about those children’s needs. But another 18 per cent of children are coming to school who have been identified by classroom teachers as having a serious problem that interferes with their learning. That is an extraordinary morbidity load coming into the school system for which we are incredibly ill equipped. Schools are wilting under the burden of trying to help almost 47 000 children starting prep with behavioural and other developmental problems.

You might think they are coming in with problems such as diabetes but the top three most common problems are: speech impairment, behavioural problems and home environment difficulties. These are the types of problems coming into every classroom across the country. The school system is left to try and meet the health needs of these children. That is really difficult to do because the public health system, which should wrap around these children in the schools, is not really there. In Victoria, if you are a school aged child with a learning or behavioural problem, there are almost no publicly funded services for you to attend. The Royal Children’s Hospital provides some clinics and that is about it. Everything else is fee for service other than some ad hoc community health services. The Hospital's clinics cater for children with complex problems. Families referred to these clinics face waiting lists up to six months.

In Finland about 30 cent of children receive additional supports in school in those first few years to meet their health and development concerns. In Australia this is more like 5 per cent. The difference is that big. When we talk about children being disengaged from school: if I asked you to go to work every day, if you were really bad at it, if no one told you were doing anything well, would you keep going to your job? No. And that is what we are asking children with all sorts of developmental learning problems to do, and we are then surprised why they are disengaged. At the moment, while children who struggle with significant problems receive some funding, other children with problems do not receive support. If we do not meet those children's needs then they will keep disengaging to the point where they just leave school.

Australia should consider establishing a universal child health system for preschool and school-age children because the current strategy of targeting services to the most disadvantaged is failing to meet demand, not only among the poorest children, but also those from other income groups. Eventually we are going to have to put publicly funded, readily available community based child health services out there so schools can work with them. Community health centres funded through state

43 This point and some other parts of this presentation by Sharon Goldfeld and the earlier presentations by Staffan Janson and Andrew Scott have been reported by Caroline Milburn in The Age, Melbourne, 7 May 2012 (‘Nordic Nations Could Offer a Model in Dealing with the Learning Difficulties Besetting Australian Children’). Caroline Milburn has also reported further on Finland’s educational achievements for older primary and secondary school students, and the considerable potential lessons these have for Australia, in a subsequent article: ‘With An Eye on the Finnish Line’, The Age, Melbourne, 4 June, 2012.
governments would be a good place to start to deliver integrated, multidisciplinary health services. Schools want to be supported by the healthcare sector. Families need health and education professionals to talk to each other about how to solve these complex child behavioural and development problems.

My view is that the health/education interface represents the best opportunity to influence inequalities through the substantive universal platforms from birth through to schooling. If we can get that right in the early years, then I think we will improve outcomes and we will know, because the AEDI will tell us whether or not we still have social gradients. I think we will achieve substantially better outcomes for our children.
DISCUSSION

Rebecca Cassells: With the homogeneous population that is seen in Sweden, and the very different population we see in Australia in terms of the Indigenous population and the very different outcomes we see for that population, what are your thoughts on how much a homogeneous population is actually affecting the outcomes you see? The cultural norms and attitudes towards women and children that were established very early on including from the 1930s: how much are they driving the good outcomes and how different that is for Australia, the UK and the US?

Staffan Janson: The Indigenous population in Sweden is very small, comprising mainly the Lapps (the Sami people). They are a very special part of the population living in the northern mountains in Sweden, Norway and Finland. They are nomads, sometimes they live in Sweden, sometimes in Norway, sometimes in Finland and that is naturally problematic. In the 1930s we were also influenced by racist and fascist ideas which had an impact on that population because they were looked upon as if they could not develop. I think this has changed very much in the last 20-30 years and most of their children are now in school and I think doing if not just as well as other school children, more or less as well.

The problem we have now is different: that is, we have a very large migrant population. From being a fairly homogeneous country we have had very considerable migration since about 1985 and people have come from very many different countries – from Latin America, the Middle East, Iran, Somalia, Yugoslavia. They are gathering in some bigger towns in southern Sweden such as Malmö, where 35 per cent of all children are born to immigrant parents. That is creating new policy issues.

Andrew Scott: Rebecca has raised a general point, which often comes up in debate about why the Nordic countries are more egalitarian: which is the argument that, because they are more ethnically homogeneous, people are more willing to pay taxes knowing that they are supporting people like themselves. However, this is hotly debated; and the fact that Sweden and other Nordic countries have become much more multicultural while retaining universalism is part of that debate. The question is, will universalism persist in the future with further multiculturalism? Perhaps we should focus, however, on the child health issues at this stage.

Michael Horn: I was taken with your final point, Sharon, about the health/education interface and the proposal for building a universal child health system into schooling years. The Brotherhood of St Laurence has advocated for a Student Development Service model in schools to ensure better coordinated and integrated support for all students. The Gonski funding review offers potential to deliver this. Health as well as parental support would be a critical component of such a model. I also urge from the Brotherhood's social inclusion work where we are seeing – and it may be one of the key differences that you might like to comment on, Staffan, between the Nordic countries and Australia – in relation to the foundational capacities that families have to support and nurture their children, that housing is a critical policy area. Over a quarter of families in public housing are deeply and multiply socially excluded, so there are particular groups in particular settings who, due to our housing situation, struggle to ensure that their kids can become well connected in their local
communities and attend school regularly. The adequacy of income support is another critical barrier in terms of assisting kids to go to school for example with a decent meal every lunchtime. We have to take those policy settings – and they may be quite different from the Nordic situation – into account and have a more holistic approach in addition to what I think what you are saying is quite right re the health and education side of things.

The other question I have is about parental support. I am interested to hear what is done in Sweden and other Nordic countries in relation to more intensive support for parents who struggle to look after and nurture their children all the way through from the early years up until youth transition stage and whether there is a more consistent, valued approach to ensuring that kids get a decent start in life.

Sharon Goldfeld: We will see what Staffan has to say as well. Michael, you are absolutely right, the issue of how you respond to the specifics of highly disadvantaged families in the context of universalism is not just a trivial issue. We cannot just say: let's do universalism, and I think that is what I really like about this idea of proportionate universalism. In other words, we still supply and provide very strong universal platforms but from those platforms we consider quite deeply and carefully the way we need to meet the needs of specific populations. We still offer them the same things we offer everybody else but we also do things a bit differently in order to engage with those families so that those children with particular needs do in fact receive the same as everybody else. That will be very important if we are really going to make a difference for the children who most need it. I do not know if Staffan has a particular point to make about parental support in helping parents to get their children to school and to support them in their educational ventures.

Staffan Janson: I think universalism has been important and still is important and will continue to be important in Sweden. You will hardly find any families living under bad circumstances in Sweden when it comes to housing. It is actually forbidden to evict people if they have children. Now it happens that some landlords will do it but then social services will fix a new apartment for them, more or less the same day and it should be in the same vicinity because it is important, of course, that children should not be displaced from their community; they should be where they have their friends and school and they should have normality in their lives.

We know this is very important, particularly when it comes to the town of Malmö where there is a commission at the moment due to fears that bigger social inequalities will develop there. The neighbourhood in itself is extremely important for the development of the child because if the neighbourhood starts to run down then what you will see is that you will have selective migration, that people who can afford it will move out and things will just get worse.

Andrew Scott: Staffan mentioned neighbourhoods, and Sharon mentioned the importance of geography with the AEDI findings, which will lead us later into the importance of place-based initiatives.

Existing place-based approaches in Australia in recent years include the Communities for Children program. This is an early intervention and prevention approach to child protection and development. Non Government Organisations
(called Facilitating Partners) are funded in 45 disadvantaged sites throughout Australia to work with local stakeholders to develop and deliver tailored approaches designed to achieve positive and sustainable outcomes for children and families across key action areas of early learning and care; child-friendly communities; support of families and parents and of family and children’s services to work effectively as a system. This was extended with the 2011-2012 national Budget measures re young parents and jobless families in the *Building Australia’s Future Workforce* initiative.

There is also the National Partnership on Preventative Health which invests $872.1 million over six years from 2009-10 in seeking to lay the foundations for healthy behaviours in the daily lives of Australians through settings including local communities and early childhood education and care environments. This includes more than $300 million for the Healthy Children initiative, which is managed at the state level and which has a focus on reducing obesity, delivering programs for children from birth to 16 years of age to increase levels of physical activity and improve the intake of fruit and vegetables in settings such as childcare centres, preschools and schools. This initiative operates at a community level, looking across sectors and across levels of government and it may to some extent recognise the socio-economic determinants of health in the way that it has been framed. It also includes the Healthy Communities Initiative, which works with people who are unemployed or outside the workforce to overcome health barriers to their gaining better employment outcomes; and which seeks to create healthy outdoor spaces in communities so that people have opportunities to exercise.

**Fiona Andrews:** I am interested in Sharon’s comments about all the behavioural issues that children are presenting with when they attend school. I was interested, Staffan, what is the situation in Sweden in terms of what happens prior to school? You mentioned preschooling from age one. In Australia we seem to have a hotchpotch of things that happen once a child arrives in a family. There is a possibility of support through things like mothers’ groups with Maternal and Child Health, but not everyone attends those. There is the possibility of participating in community-run playgroups, but not everybody does that. Then there is the more formal preschool, but not everybody attends that. So there is that time prior to school where it appears that, in Australia, people do a range of different things or maybe nothing. What is the situation in Sweden and how much does that affect those behavioural issues that Sharon was talking about that we encounter here?

**Staffan Janson:** Preschools in Sweden cover 90 per cent of children from one year and up. The municipality pays 50 per cent of the cost so parents only have to pay the other 50 per cent of the cost which means that nearly everybody can afford to have their children there. A positive thing about preschools which differs from health care is that they see the children every day, which means that they have a very great impact on the child’s development and evolution.

**Fiona Andrews:** Does that mean they can pick up some of those learning difficulties and behavioural problems that maybe we are finding later?

**Staffan Janson:** They absolutely do. Pre school teachers pick up children’s developmental problems, and every politician in Sweden asks: what do the
preschool teachers say? Many of the parents will say: I came to you because the preschool teacher said that. We have very interesting research going on at this very moment where we have 3,000 children from two to three years and up where they are given reports from the parents and from the preschool teachers. In the early years the parents are worrying most about physical problems; while the preschool teachers are worrying much more about psychological and developmental problems, and they identify these.

Fiona Andrews: Do you think the socialising aspect of the preschool also – and Sharon might be able to answer that – do you think that might also play a role perhaps in helping identify the type of lower level behavioural issues that you were talking about?

Sharon Goldfeld: The issue in Sweden where children are attending a universal platform more or less from the age of one, it seems kind of logical, does it not, that then you can identify children – and that is without any fancy screening, it is just using the professional acumen of the preschool teachers there. That is why it is really interesting to look at the AEDI results. The results mentioned above are based on teachers being concerned about children; and lo and behold their AEDI results are worse, because teachers actually know about children and it is the same thing; yet our ability to be able to respond to those concerns is constrained. Do we have the right level of professionalism from the age of one in our early childhood education and care? If we did, do we have the sorts of services that are necessary to respond to that level of burden and do we have them distributed equitably across the country in a way that people have access? The answer to those questions is probably no and no. That is a substantial challenge for us. There is evidence that children who are in high quality early childhood education and care do better in their ability to be able to adapt to school, etc. We also know that children who spend long times in poor quality early childhood education and care do worse later. I think there are some really substantial challenges we can either pay lip service to, or start to think about what are the incremental things we can do in order to progress.

Megan Leuenberger: My thoughts are that if we are looking at newborns through to when they start school, in Sweden they are being educated from one year of age. We know that our babies gain access to child health services quite well in their first year of life, and have all their developmental checks; but then they tend not to continue contact with parenting and child health services until they go into preschool at the age of four, so we do have a gap between the ages of one and three. My personal feeling is that the culture we have in Australia does not encourage parents to send their children to be educated early. By contrast, in Sweden and the other Nordic countries there is a lot of kudos in going to school; it is culturally a wonderful thing. In Australia, however, we tend to stand back and have a different perspective on education and care for our children. That is my personal opinion.

Penny Markham: Just a comment, Sharon, on what you were saying about the ECEC workforce. Certainly, from our perspective one of the things that our educators feed back to me quite often is that when they identify children who have additional needs or support requirements, they are not necessarily listened to by parents. The view that is taken is that they are just childcare providers. It is not taken as a professional’s perspective, which is quite different to what Staffan describes as the
situation in Sweden.

Then, on the other side of it, when a parent does act on that information and may visit a GP or another health professional, our culture is a little bit ‘wait and see’. It is: oh, look, they are only one year old, so we do not have to worry about that at the moment. Wait until they are two, when they can have a more formal assessment. We know, now, that by the time you do that it is actually getting to be too little too late. So we have quite a big difference in our cultures in terms of how the ECEC workforce is seen, as professionals with a point of view and a skill base; but also then how services respond. As we know, most of the time those services respond like that partly because there is not enough of them to be able to provide the universal service which is required.

**Peter Whiteford:** I have a question for both Sharon and Staffan, and that is: how does universalism actually work? The evidence from countries is that universalism achieves better outcomes but what are the actual processes by which the universal approach actually produces those better outcomes?

**Sharon Goldfeld:** It will be interesting if Staffan and I have the same view. My view is that it is just about epidemiology actually. If you create non universal approaches the first thing that happens is that you only meet the needs of a small proportion of the population. The beauty of universalism is the reason why we have schools and all those other universal platforms that we always thought were important before we understood early childhood was important. It is that we understand that there is a need for the entire population to be able to have some sort of basic level of something, which is also why we have universal health insurance, for example.

The fundamental population curve for most of the outcomes we are interested in is one in which the majority of people sit in the middle. What universal approaches allow us to do is to meet the needs of the majority of the population and when you do that you start to see the gradients shift. When we are talking about inequalities, we are talking about gradients. You can only change those when you actually affect a substantial proportion of the population.

My argument is that universalism without proportionate universalism is dangerous. You can actually see increased inequality without thinking that through; because you do get disproportionate uptake by the middle class. So proportionate universalism forces you to think through providing a basic level of something for everybody because that is the only way you are going to meet the needs of – and find – the entire population; but if we do not do targeted prevention off that base, then in fact we may see increased inequalities. My view is that universalist approaches which are well implemented in that way decrease income inequality.

**Staffan Janson:** I agree with you on this point. There is something else in addition to that, which is what Wilkinson and Marmot have written a lot about, which is to do with pathways from being a poor person to acting poorly. I think personally, and we have done some research on this too, that it has a lot to do with low self esteem and shame. In a country with a lot of income inequality the idea takes hold that those who cannot manage well for themselves are to blame for their circumstances.
Another thing is that when you work directly with vulnerable populations, you are stigmatising them. You are pointing out a particular group, whether it be Aborigines in Australia or migrants in Sweden: and when you do so it makes it difficult to make progress in working with them.
The importance of high quality and accessible early childhood education and care
Deborah Brennan

In the spirit of my role as provocateur I offer a few observations about Australia’s current approach to early childhood education and care. I want to start by acknowledging that there is enormous work being undertaken by public servants and policy makers, ministers and so on. I acknowledge that there is an incredible amount of hard slog going on behind the scenes.

There has been a range of initiatives since 2008 in early childhood education and care in Australia, particularly with a focus on improving the quality of services, standardising regulations across the country, some initiatives that respond to the issue of affordability, and I am sure that we will hear a little bit more about at least some of those. I have a concern, though, that while many of those policy initiatives are leading us in the right direction some of them are, I think, completely at odds with international evidence and certainly with international best practice as exemplified in the Nordic countries.

I just want to say a little bit about the Nordic countries first and particularly this notion of a ‘Nordic model’. I do a bit of work with a Swedish colleague from the University of Stockholm. We have recently completed a paper on the marketisation of childcare and aged care in Sweden and Australia44 so I know a little bit about Sweden as well as the other Nordic countries. I know enough to be very clear that there is no ‘Nordic model’ in the area of early childhood education and care. There are really quite distinctive patterns of provision of early childhood education and care, of parental leave, child allowances and support for home care that really lead to some quite interesting variations in terms of inequalities. So, I do want to caution against the notion that there is such a thing as a single ‘Nordic model’.

At one very general level there is, though; Sweden, Norway, Denmark and Finland, while they do not all have the same approach in terms of universalism, do all have the same approach to very high quality and largely state funded, tax financed early childhood education and care. That is a really important difference between us and all of those countries, especially between us and Sweden.

There are five issues where Australia really diverges, particularly from Sweden, and where I think there are weaknesses in our current approach.

The first of my concerns is Australia’s continuing very strong reliance on the market to deliver childcare. Although we use and we are enjoined to use the phrase ‘early childhood education and care’, and talk as if there are no differences between the two, the reality is there are big differences between the two in Australia. It is the childcare sector that is marketised, it is not the early education for three and four year olds, by and large, that is marketised. Australian policy situates childcare as a commodity to be purchased by consumers rather than as a public or social entitlement of children or families as citizens. I do think that one of the really

interesting things you see across several Nordic countries is a focus on the child as the bearer of the entitlement; the bearer of an entitlement to a service: so this is not even necessarily mediated by the parents. There actually is a focus on the child.

In this country, with a few exceptions, and some of them are really important exceptions relating to Indigenous communities, governments do not plan or allocate childcare services. The Commonwealth, in particular, assumes that private, for-profit providers will deliver these services where they are needed and that regulation will ensure the very desirable outcomes that have been set out in the various COAG agreements and the National Quality Agenda and so on. I have a problem with that because the evidence does not support the capacity of market based care systems to deliver ‘quality’.

I think it is interesting, too, that the countries that most of us look to as ECEC ‘models’ are never countries that rely on market based approaches to early childhood and education care. Rather, they have ECEC systems based primarily on publicly provided, tax-financed services (though Sweden has moved slightly away from this in recent years). Market theory assumes that consumers will discipline providers by taking their business (i.e. their children) elsewhere if services are inadequate. A strong body of evidence suggests that this assumption does not hold up well in respect of care services.

It is also very interesting that the research base upon which we draw for evidence, particularly evidence about expenditure on early childhood being an investment, is from publicly provided, often universally based, tax financed services with extraordinarily high levels of input, having ratios typically of one staff member/teacher to six children for children aged three to four years. In some of the famous studies – the Perry Preschool study, for example – every staff member had a Masters Degree. We are a really long way from that. I think it is not appropriate to just be critical about the fact that we are a long way from that; we also have to acknowledge that we have come some way towards that. However, I am critical of the implicit notion that providing a service with a ratio of one teacher to more than eleven children is going to achieve the sort of outcome that you read about in the Perry Preschool Project or another example of international best practice. We may have to accept that we are where we are; but I think that there are things we could do to improve the fact that we start from a highly marketised system, less marketised than we were a few years ago though: it is very good that the much more community-oriented GoodStart now operates the former profit-driven ABC learning centres.

The second big problem that I see with the current system is that the Nordic countries generally have a significant focus on gender equality, as well as on children, in their early childhood education and care policies. In Australia, despite the fact that the majority of mothers are back at work before their children start school, the Early Childhood Agenda does not have any targets for providing services to children who are one, two or three years old, or indeed any particular groups of

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45 See ibid. and Meagher and Szebehely. This raises concerns that privatisation in schools and childcare, rising group sizes in childcare and the segregating effect of school choice over time, may affect children in Sweden in such a way that Sweden’s enviable record of socio-economic mobility, so critical to its equality outcomes, may erode.
children of workforce participants. I will say something about the 15 hours preschool in a moment.

The principles in the key document, which is called *Investing in the Early Years*, include ‘a focus on the whole child’, a focus on the whole service system, and ‘a focus on respect for diversity and difference’. However, there are no references to ECEC and gender equality. That is a real omission. It could be, in part, a reaction to the perception that the Commonwealth’s focus on childcare has in the past been excessively workforce-oriented and insufficiently focused on the interests of children; but I think we have now really swung back the other way. The absence of even the smallest gesture towards gender equality is noteworthy. The strategy refers in a general way to ‘outcomes for families related to workforce participation’ and the childcare reform package is featured as a gender equality measure in other government documents such as the *Women’s Budget Statement*. However, there are no mechanisms that compel governments to follow through on these statements or to enable the tracking of progress towards goals.

The third problem that we have is the enduring legacy of federalism in this particular policy area. Broadly we have Australia’s national government focusing on childcare services that meet the needs of working parents while we have states delivering educationally focused preschool programs. I am fully aware that that kind of shorthand characterisation does not do justice to either level of government. Both are doing more than that; but I think that is a reasonable summary of the differences between the two.

I think it is unfortunate that funding mechanisms, subsidy structures and various eligibility rules continue to drive home this division between services provided by each level of government rather than services being driven by the needs of parents and families. So we have Childcare Benefit (CCB) and Childcare Rebate (CCR), for example, which are the main subsidies provided by the national government that assist parents with the costs of work related care, are only available to people who are using approved services. (Approved services means services that are approved by the national government to receive childcare benefit on behalf of families for which they have to meet certain conditions. They have to be open for a certain number of hours a day, weeks a year, and various other things.) But if you are a parent in the State of New South Wales using a preschool service for 30 hours a week and you are paying $300 or $350 for that, and you are not eligible for Childcare Benefit this does not make sense to you at the local and family level. That is not a problem created by our current policy makers; yet it is one that I think more needs to be done to overcome.

Fourthly, and again this is an issue that really makes Australia very different from Sweden and the other Nordic countries that I know something about, is the ongoing tension that we have between paying fair wages to our educators and keeping fees manageable for parents. I think that if Australia aspires to a universal and accessible early childhood system, governments are going to have to take more responsibility for funding fair and appropriate staff wages. I have heard government ministers saying that they think parents are going to have to dig deeper in their pockets if they want quality services. However, at the moment, providers face a constant trade-off between decent wages for staff and manageable fees for parents. If staff wages go...
up, then the provider has to have a way of funding that and essentially that will be by increasing parents’ fees. While the Commonwealth will meet a significant proportion of those through Childcare Benefit and Childcare Rebate, I have sat in on enough meetings where management committees are actually debating whether they would pay wage increments to their staff, or undertake the necessary refurbishment of a centre, to see that this is a really unacceptable funding approach. It is indeed an important point that the Australian government and Fair Work Australia industrial tribunal have now supported wage rises for low-paid community services workers, who are mostly women (in ECEC 97 per cent of the workforce is female). That support needs to be followed with policies that provide improved security, recognition and professional career paths for those involved in ECEC.

Sweden provides an interesting contrast. There is a service guarantee from the time that children are one year old and there are fees, indeed, as Staffan was mentioning earlier, particularly for families who need hours beyond the three hours [per day] that are provided to all children. Families requiring additional hours are charged 3 per cent, 2 per cent, or 1 per cent of combined household income for the first, second and third child respectively. Fees are capped at approximately SEK 1260 ($180) per month for the first child; SEK 840 ($120) for the second and SEK 420 ($60) for the third. Under Sweden’s Education Act, children are entitled to 15 hours per week free preschool from the autumn term of the year they turn three until they start school. Modest fees apply for any additional hours of care and education required.

Finally, another issue that I would like to mention is the present lack of integration between our approach to early childhood education and care and other policies, notably parental leave. We have a national parental leave scheme which supports eighteen weeks paid leave at the minimum wage for eligible families. However, there are no entitlements to care or education until the child reaches the year before school begins. At this point, there is an agreed goal that every child should have 15 hours of preschool education in the year before formal school begins – but even this is not guaranteed.

So we have a huge gap, we have no guarantees, we have nothing for children who are one, two or three years old, and we do not really have a guarantee for children who are four years old. We have an agreement between the Commonwealth and each of the states that Australia is moving towards providing 15 hours preschool for every child, 15 hours a week for every child, in the year before they start school regardless of the setting that they are in. However, this is not couched as an entitlement, it is not as strong as an entitlement, and I think that would be a really good change to make. Having just completed a review for the New South Wales government of how it is going to implement universal access I am very well aware how far away that agreement is from being an entitlement.

The final point I would make is that when we talk about inequalities we need to be clear about which of the inequalities matter to us: class inequalities, gender inequalities, or inequalities between different ethnic groups. I think all deserve their place on our agenda.
DISCUSSION

Fiona Andrews: An increasing number of families are using informal childcare, mainly grandparents caring for their children, so I have two questions about that. To what extent does that happen in Sweden? And: how do we support grandparents who are raising grandchildren or providing significant childcare in terms of ensuring quality?

Deborah Brennan: Care by relatives and friends is a really minuscule proportion of what is provided to young children in Sweden. For children aged one and two in Sweden, 2 per cent are cared for by relatives and friends; and for children aged three to five, 0.5 per cent. It is, as Staffan has been emphasising to us, such a different culture. It is almost a complete de-familialisation of the experience of early childhood. It is one where children are in fact cared for in a more congregate way. Not for 24 hours a day but typically for a significant portion of each day. With the high levels of labour force participation that are required and expected and are the norm in Sweden, there are not that many grandparents around to be providing the care. Whereas care by grandparents is the single largest form of care for children below school age in Australia\(^4\), which is a huge difference.

Andrew Scott: That reflects the strong public nature of the early childhood experience in Sweden, which is very different from Australia currently; but Staffan has shown us that Sweden is a country with which we can legitimately compare ourselves. It is not off the planet. Sweden and the other Nordic nations have reached where they are now by pursuing particular policy options, some of which may also be available to us.

Deborah Brennan: I have not answered the part about how we do support grandparents and other relatives, and I do not have easy answers. The Australian government is doing some good things. There is a special childcare benefit for grandparents so that they do not have to jump through the same hoops as parents do in order to gain access to full-time care for grandchildren for whom they have responsibility, and I think that is an excellent, positive initiative.

The other set of issues is how we are supporting parents in the community, what kind of support we are offering for playgroups, parenting education, community facilities and so on. That is interesting because it is not an area that is had much policy or, for that matter, academic attention.

Fiona Andrews: I asked this because, if we are talking about inequalities, my understanding is that families that use grandparents are often from lower income or lower to middle income areas so perhaps we should be thinking about providing more support for those grandparents to ensure more equality.

Deborah Brennan: Yes. Grandparent care is happening across the income spectrum for different reasons actually. In the higher income groups there is sometimes resistance by grandparents to public childcare for their grandchildren. In

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\(^4\) More than one quarter of all children (26 per cent) in Australia are cared for by their grandparents according to the Australian Bureau of Statistics, *Childhood Education and Care, Australia, June 2011*, Canberra, 4 May 2012.
lower income groups there is often a different set of reasons such as no money to
meet the gap fee, or cultural barriers that make formal services effectively
inaccessible even if they are not literally inaccessible. Again, I think that is an
important area for further attention given how significant it is for Australian children. It
also resonates with the debate at the moment about whether or not Australians
should consider subsiding individual nannies in the home (on which there may soon
be a Productivity Commission investigation).

Sharon Goldfeld: One of the tensions that we have in Australia if we compare
ourselves to Sweden, where there is relatively high quality early childhood education
and care from the age of one, compared with where we are now, is that we need to
reconcile getting on with things, versus the ideal of a universalist approach. I worry
about the “rabbit in the headlights” problem. If we have to raise the bar to universal
high quality for all children from the age of one in Australia, we will all be old and
grey and still sitting around this table. So I wonder what some of the opportunities
might be to make some incremental steps forward but without necessarily thinking
that where we have so far reached in terms of four year old preschool being
universally available – which is not the same as universal – is where our journey
ends. Because the gap between where we are and where we probably ought to be if
we plan investment in children the same way that we plan investment for dams or
other physical infrastructure over 50 to 75 years, is very large. I worry that we may
be paralysed by the extent of that gap, and I wonder if we are to make incremental
changes where would we be best to start? Do we target high quality from age one in
certain areas? Do we move back from four years universal preschool to three, to two
to one? Where is the most effective expenditure in terms of reducing inequalities if
we are to make incremental change?

Deborah Brennan: We are starting to do that now. Despite all the criticisms that I
am ready to make about the broad directions of policy, I think we are making
significant improvements in quality. By 2014, every person working in a preschool, a
long day care centre or a family day care scheme, has to have a qualification or be
working towards a qualification. That is actually more than a baby step, it is huge. Of
course, we have to be able to attract, recruit and retain people into those positions.
We have the regulations but we have to be able to make sure that we are doing
enough to actually keep people there. I do not madly like the 15 hours commitment,
for a whole range of reasons, but, again, it is one of those things you accept that we
have it, you work with it and you say that is a starting point, maybe we could build
that out for kids who are more disadvantaged, shift it from 15 to 20, and move it back
to three year olds.

Another thing is that the level of investment now in children's services in Australia is
close to $5 billion in the latest Report on Government Services, and that is up
massively from just a few years ago.47 I know that I make all these critical points and
I think it is important to make them because I think we should keep in mind where we
could be and where we would like to get to. But your question also brings up the
other side of that, which is: let's acknowledge that big changes are happening and
we are on the way in some important respects.

47 See the Steering Committee for the Review of Government Service Provision, Report on
5 Paid parental leave as a basic tenet of a child friendly society
Andrew Scott

The introduction of some paid parental leave on a national basis to Australia in 2011 followed the lead given by the Nordic nations, and provides a crucial starting point for consideration of further Nordic policy options for Australia in the quest to better balance work and family responsibilities: which is one of the essential prerequisites to reduce inequalities and increase wellbeing among children.

We need to recall that Australia was the second last Western nation to introduce paid parental leave on a national basis; and that our arrangements remain minimal. To realise Australian governmental goals to increase workforce participation, we need to heed the evidence from the Productivity Commission report on parental leave that, during the years in which they are most likely to become parents, Australian women’s workforce participation rates are still significantly lower than many other OECD countries. For example, in 2005, labour participation rates for females aged 25 to 44 years were more than 80 per cent in Sweden, Denmark and Finland, compared with less than 75 per cent in Australia.

The Productivity Commission also noted data from Norway and Sweden that “parental leave in both countries prompts higher rates of return to work in the longer run”. The data, when analysed using statistical methods which controlled for factors like education, age and parity, showed that women eligible for paid leave resumed employment twice as fast as other people in Norway; and women eligible for paid leave resumed employment three times faster than other women in Sweden. Sweden, Norway and Denmark have consistently had much higher labour force participation rates than Australia. Australia’s employment and workforce participation rates are higher than the OECD average; but they remain below those three Nordic European nations, which always feature among the very few with the highest workforce participation rates.

Counter-intuitive though it may seem for those with particular views about the consequences of providing welfare support in a market-oriented economy, the provision of more paid parental leave actually prompts higher rates of return to work in the longer run. The four principal Nordic nations (Sweden, Norway, Denmark and Finland) have also been consistently assessed as among the most economically efficient or internationally economically ‘competitive’ nations in the world by the World Economic Forum. The Nordic European nations are not experiencing the same economic difficulties currently as nations in southern Europe. This is because Nordic nations have productivist cultures. The culture in those countries is that work is good, work should be enjoyable and work should be able to be balanced.

49 ibid. pp. 5.7-5.8 (following Joanna Abhayaratna and Ralph Lattimore, Workforce Participation Rates – How Does Australia Compare?, Staff Working Paper, Productivity Commission, Canberra, 2006).
51 See the Statistical Annexes to OECD Employment Outlook 2010 and OECD Employment Outlook 2011, Table B.
throughout one's life with other key events, of which the arrival of children is obviously one.

Family-friendly policies which would boost Australia's participation rate to the Nordic levels could substantially increase Australia's national productivity, without further work intensification or further imbalance between work and family. National productivity will obviously rise with a higher workforce participation rate; without putting the extra productivity burden upon those who are currently in the workforce and without thereby exacerbating inequalities between those already in, and those who are outside, the workforce. Comprehensive paid parental leave will make more of an impact on workforce participation than minimal paid parental leave. The provision of more extensive parental leave in Australia towards the levels and durations of parental leave in the Nordic nations would boost workforce participation and productivity here; as well as benefit businesses in the private sector, by increasing the return to, and retention by, companies of experienced, valuable employees.

Business makes a contribution to paid parental leave in the Nordic nations; whereas the Australian parental leave arrangements which started last year do not require any substantial contribution from the many businesses which are beginning to benefit from the new arrangements. Businesses, of course, with some exceptions, are not going to put their hand up to volunteer to make more of a financial contribution to measures such as paid parental leave. There was opposition from some businesses initially (in the 1970s) to the parental leave arrangements in Nordic nations too. However, many private companies, particularly the more strategically far-sighted companies, have since benefited from the long-term positives of that change, by having a large supply of experienced workers who want to return to work because they have been given consideration in their family lives.

This is part of a tradition of greater cooperation in the Nordic countries, known as social corporatism, which has led employers to participate in discussions about the long-term economic outcomes of policy moves.

In both Sweden and Norway more than twelve months’ paid parental leave is now available and a minimum of two months of the substantial paid parental leave provided must be taken by fathers. This is positive in promoting parental gender equality including towards the much-needed more equitable distribution of housework tasks between men and women, as well as in positively promoting paternal and child relationships. Staffan Janson has indicated that he was one of the first doctors in Sweden to take paid parental leave. The role of fathers as parents and their relationship with their children is something we need to look at again in Australia. Paternity leave is still only a very minor part of our arrangements (legislation has just been passed in the Parliament to enable a two week paid paternity leave component to be available, to be called Dad and Partner Pay and to commence from 1 January 2013). The Nordic nations’ experiences have shown that both men and women in many cases do want to work and play a role in raising children.52 The figures Staffan provided, that 23 per cent of parental leave in Sweden

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is now taken by fathers, indicate significant progress in that direction there. According to the Swedish Institute\textsuperscript{53}, there has been a very clear effect in terms of the increase of the father's role in their children's upbringing making it now almost as common for fathers as it is for mothers to pick up and drop off the children at preschool and school.

Internationally, from the “1990s to the present…[there has been] growing attention to fathers' participation in parenting and parental leave”.\textsuperscript{54} However, this aspect has not yet received adequate attention in Australia. Many fathers juggling the work-life ‘time bomb’ in Australia are struggling to nurture bonds with their children. Even though many men do want to be more involved in raising and caring for their children, and children also want more time with their parents, pressures from work are pulling them away from one another. Half of fathers with young children in Australia work more than 45 hours a week, regarded as "long hours", compared with 29 per cent of workers overall. For working fathers the hours are getting worse: for those with preschool children, paid work rose by an average 5.7 hours in the ten years to 2006.\textsuperscript{55} This is putting further time pressure on fathers with preschool children in Australia.

I also reiterate the point Deborah Brennan made that we need to articulate paid parental leave into Australia’s arrangements for early childhood education and care. The gap between the 18 weeks paid maternity leave which mothers can now receive in Australia, and the time when a child starts preschool at four years of age, is huge.

Nordic style parental leave arrangements need to now be actively considered in Australia. There must be consideration to further expand paid parental leave; beyond our very modest, belated initial first step – welcome though it was – to catch up with the rest of the developed world in supporting parents with children.

\textsuperscript{55} See Pocock, Skinner and Williams, \textit{Time Bomb}, pp. 34-36.
DISCUSSION

Deborah Brennan: I have a comment and a question. The comment is about the fact that the new national system is not actually parental leave in that it does not actually give you any leave, it gives you pay. If you do not already have leave then the new national scheme is of no benefit to you so you need to qualify for your leave independently under other industrial provisions. If you qualify for unpaid leave then you can use the national government's new system to give you pay. I have noticed a change in the way this provision has been described lately: more as pay, which it is; rather than leave, which it is not.

Then the question, which I am sure you think about too, is about the leap that would be required to get Australian fathers to take leave. We know from the Nordic countries that the things that encourage men to take leave are: one, having a period of leave that is designated for fathers – that has been critical in achieving take-up in Sweden; and, secondly, income replacement. So we are talking about a minimum wage, whether it is for mothers or fathers. I think that is going to be a hurdle in Australia and I just wonder have you started to think about that?

Andrew Scott: They are very good points and in part they reflect the dilemma that Sharon alluded to before: where do we start? When you have a targeted welfare system rather than a universal one you have to have an order of priorities. The gender inequalities in our workforce make it harder for men to stop work because that would mean the household, of which the new child is part, would have less income than if the mother stopped working. But then how do you move out of that vicious circle of inequality?

Clearly the decision on the wages of community sector workers recognising gender was a major step forward and will affect early childhood education and care workers. That has only happened recently. I would not be surprised if that had followed some of the actions of the Swedish unions too. For some time Swedish unions have been re-evaluating skill so that skill is defined in gender-neutral terms or without male dominated notions of skill. I think that we do still live in a very masculinist country in contrast to Sweden.

In terms of extending parental leave, the evidence from the work of Barbara Pocock and her colleagues is that there are many fathers of young children who are being pulled away from the time they want to spend with their kids. This brings us back to the debate on working hours and regulation of the labour market, which Peter will also talk about. That is more controversial than some of the other areas we will talk about; but it is one that we cannot avoid because it does come back to time, the time we spend in paid work vis-à-vis the time we spend at home. We have that out of balance in Australia; whereas they have retained a better balance in Sweden and several other Nordic nations.

Sharon Goldfeld: Staffan, you mentioned in the 1970s when you took time off that you were the first doctor in Sweden to do so; and then you mentioned statistics to show that there are now more fathers taking parental leave. They are not overwhelming statistics but certainly a much higher proportion of men are taking paid parental leave in Sweden than in Australia. Are you seeing the same issues with
men in Sweden? There is obviously still a big divide between men and women even though they are have very similar entitlements. Also, how did people in Sweden come to see paid parental as a human good, as opposed to just another government policy.

**Staffan Janson:** I think that one of the things which we did quite well in Sweden was undertake well thought out public information and education for the change. At that time we did not have the internet nor other new technology but young people went a lot to see films, for instance, and there was advertising there about taking parental leave: films of young fathers walking around with their children enjoying their time together and so on.

That reminds me of the time of the law against physical punishment of children when, for instance, we used the milk packets which every single family in Sweden had – the Tetra paper milk carton packets, a Swedish invention of the 1960s. At a certain time we had the information displayed on those packets about the new law against physical punishment of children; and then we used them also to convey information about parental leave. Trying to use these things that people see every day is one important approach. Today there are other ways of doing this such as through the internet. But I think that the main point, which you touched upon, was that in the 1980s fathers started to be entitled to enough money to take parental leave. It is now up to 80 per cent of what you earn; and that was the turning point for more men to stay at home.

We have talked a lot about men but we also need to discuss what it means for women. In southern European countries where they do not have this extended parental leave, in Italy and Portugal for instance, the fertility rate has fallen down to extremely low levels. Young women all over Europe do want to work nowadays, they want to be independent and they want to be equal. Then they realise that if they marry in these countries, they have to stay at home, they will not be able to go on with their careers, they will most likely have to leave that to the man and they do not want that. So they become less likely to marry or have children and the fertility rates decline. Australia might run into the same problem.

**Michael Horn:** Just a point on fathers’ working hours. We need to understand the different drivers that determine whether fathers stay in long working hours or not. Clearly there is the casualisation of our labour market and insecure work. That is one driver; but there is also again the household budget side of things. With more and more households trying to become home owners and incurring high mortgages in outer suburban settings, they have higher costs of living and they have high mortgages to cope with. That is a strong driver to maintain your working hours as part of the old male breadwinner approach: there is an economic logic or pressure for men in particular occupations to keep working long hours.

**Sharon Goldfeld:** One of the things that Staffan has brought up is what seemed like a necessary precondition in Sweden at least was taking the community on board first, through public information initiatives. One of the things that worries me, even when we do these sorts of sessions and we have all the learned people around the table, is whether we have brought the community along with us? Or are we too far ahead of the rest of the community? Are we preaching here to the relatively
converted and we are just simply not seeing the same demand or interest from others in the community? Should we be spending more time thinking about the necessary groundswell to create social change?

**Rachel Robinson**: It has certainly been my findings from working with the community on issues of universal access that there is a fundamental mismatch between community perceptions of the rate of female participation in the workforce and what the actual rate of participation is. The people that are responsible for designing early years services often perceive participation to be much lower than it actually is. Some of those fundamental misunderstandings really play out in ways that maintain the status quo in terms of male breadwinner models. If we perceive that something is the norm then we act in ways that maintain it. There is a whole range of institutional reasons why that remains the case here. Changing, and better informing, public perceptions are fundamentally necessary for changing behaviour.

**Peter Whiteford**: I also have a comment relating to the fact that people's perceptions of what has happened in Australia are not necessarily accurate. It is often thought that under the Howard Government there was a vast expansion of Family Tax Benefit Part B which was all about reinforcing the single earner family. However, in that period there was also actually an enormous increase in the number of two income households, particularly couples.

We still have a situation where much of that work for women is part-time yet we have actually had a very significant change in patterns of household earnings. The question is whether that can continue or not. I do not think that this dramatic change which has occurred is really recognised in much of the debate. Perhaps it has set in train changes that will support some of the broader sort of policy objectives that you allude to. We are not in a single earner household model anymore.

**Andrew Scott**: I think that is probably also related to the fact that, when you come to talk about joblessness, there is a component of jobless families i.e. in which neither parent works, of the male former manufacturing industry workers over 45 who no longer have a working future. In terms of public opinion, I do not think there is any lack of desire for a better work/life balance nor lack of concern about the extent to which, partly because of the encroachments by new technology, we cannot put boundaries around our working life anymore. You come home from work and then you start to check your work e-mails. I mean, you used to come from work and then go back to work the next day. I think there is a real concern about this. People do regret the fact they have not been able to spend more time with their children. If they were given a genuine policy option to have the opportunities that are available in Sweden and the other Nordic nations, then I think many would take it. Of course, this leads to the political debate about regulation of working hours and we had a debate, WorkChoices versus Fair Work. Yet there is a sense that although WorkChoices was stopped we cannot possibly go any further in regulating the labour market, because that would interfere with businesses' flexibility. I think it is essential to have more debate about regulation of the labour market; and it is interesting that the Greens Party has put a bill forward for greater regulation of working hours.

**Deborah Brennan**: In terms of whether we are moving ahead of public opinion, something that I have been thinking about in relation to Australian parental
leave/pay, and we will have evidence about this in a couple of years: I am really interested in whether fathers will take it up. There are many reasons why they might not, as well as why they might. If you look at the Swedish evidence, fathers typically take the two months to which they are entitled towards the end of the parental leave period, as Staffan said. It is when the children are closer to being toddlers than infants.

We not only have a less egalitarian gender culture and a culture where I think people have a lot invested in being a mother, being a breadwinner, etc., but we have a really short period of paid leave. So we are talking about Dad stepping in when these are quite young infants. That is really quite different to countries where there is a much more extended period of parental leave. We will want some good research on what actually happens with the uptake of parental leave in Australia because there are many determining factors: there are the rules regarding eligibility, there are the rates of pay, and there is the age the child is at and how each parent feels about that.

I am not saying that men are not capable of caring for infants; but I am saying that the international evidence is that men, and perhaps their partners too, prefer to wait until that child is a bit older. So we should not be too quick to judge ourselves if fathers do not rush to care for infants who are only eighteen weeks old.

Bonnie Yim: I would like to make a comment and raise a question; and link what Andrew has presented back to Deborah's presentation. For example, in Australia 97 per cent of the childcare workers are female. Is that the same in the Nordic nations? And also the image of childcare workers is still very feminine here in this country. It is very hard to attract a man to work in the childcare industry in Australia. Is there a similar situation in the Nordic countries in terms of the image of childcare workers?

Staffan Janson: Childcare workers in Sweden are mostly female. We had a development where more men were working in preschools actually in the 1970s and in the 1980s, but then something very nasty happened. There were two or three cases in Sweden where a few men working in preschools acted improperly, sexually, towards some children and that stopped the whole development. The men who were at university for education as teachers felt that people looked upon them all as potential sexual harassers of children. Why, for instance, in health care do we have a lot of male nurses, and in schools a lot of male teachers without any such problems? The reason is probably that small children are defenceless. However, this could be handled by checking whether intending preschool teachers have any criminal record of assaults.

Sharon Goldfeld: Were you putting forward the hypothesis that a female-dominated childcare workforce reinforces the stereotype that it is the woman's role to look after children and men have some other sort of role? Because it would suggest from the Nordic experience that is not necessarily true in and of itself?

Bonnie Yim: I think it is hard to just say yes or no. There is really a whole package of issues. For example, if we have, let's say, higher salaries in the childcare industry this might be a better attraction to attract high quality educators in the field. Approximately 15 per cent of my students come from low SES backgrounds and also they are female so the cycle of people from those backgrounds educating the next
generation of children keeps running and repeating.

This actually links back to parental leave and the image that it is the woman rather than the man who mainly looks after young children. This is seen not only in Australia but in many other cultures present in Australia’s very multicultural society.

**Andrew Scott:** There has long been a debate about whether wages for men are higher because the wages happen to be higher in the types of jobs in which men have chosen to work; or whether they are higher because ‘skilled’ jobs are defined in a way which reflects the kind of work which men are doing. Another interesting question – there is still clearly gender segmentation in the Swedish labour force as there is in Australia, though not to the same extent, as reflected in the fact that more men have gone into nursing there than here – is how well early childhood education and care workers are paid in Sweden compared with Australia. Clearly, as Staffan said, the move to have more university-qualified early childhood teachers in Australia now is a step in the right direction; but valuing the skills of childcare workers, valuing attributes like patience, care and empathy, which I think are vital for doing their job well, and paying for those attributes, is also necessary now. People often seem to think that a childcare worker is a low skilled person: as long as you can leave the kid somewhere and she or he is still there at the end of the day, everything is fine. Yet the importance of quality, and the important learning that kids do in that environment that the research is showing, means that we need higher standards of care and higher pay must be part of that. The question is: what are the steps to get there. I think the trade unions in Sweden have played a very important role in helping to redefine skills in a less male gender biased way and thereby have those skills valued more appropriately.

My attention has been drawn to an initial baseline evaluation of PPL commissioned by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and undertaken at the end of 2010. It shows what mothers had done 13 months after having their baby. 71 per cent of the mothers who gave birth in late 2009 who had been working prior to the birth had returned to work by the time their baby was 13 months old. However, only 56 per cent of the women who were in casual employment contracts prior to the birth had resumed work. Women working 20 hours a week or more before the birth were more likely to have returned to work in that 13 months; and three quarters of the women in managerial or professional occupations had returned to work compared to two-thirds of women in other occupations. 56 So there are inequalities between the women who go back to work in the first year or so after the birth of the baby.

In terms of the level of generosity and the length of paid parental leave, that debate is underway. The Coalition parties have proposed 26 weeks at higher pay i.e. at the replacement wage, and with superannuation included. The Greens have a similar view. It is thus very likely that there will be changes to our initial Paid Parental Leave scheme in the future and that it will become more generous.

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6 The central importance of parental employment in reducing child poverty in Australia
Peter Whiteford

I want to speak briefly about how Australia’s overall employment performance compares with other OECD countries and focus on the relationship between family joblessness and child poverty. Despite an overall very strong employment performance in Australia, we have one of the highest concentrations of joblessness among families of any OECD country. In Australia, a relatively high proportion of families with children live in households where no adult is in paid employment.

A Productivity Commission report in 2006 adjusted for some of the statistical differences between countries. One of the statistical differences between Australia and some Nordic countries relates to the role of parental leave. In some countries people on parental leave are counted as employed; whereas in Australia they are not, and that can make a difference. After adjusting for those and other differences the report found that Australia in 2006 had the fifth highest employment rate overall of the 34 OECD nations. Following the GFC in 2010, not making the same adjustments, Australia had the seventh highest employment rate. (Sweden, Denmark and Norway were sixth, fifth and third highest.)

We have been very fortunate, with well-designed policies going back over quite a number of years, which have meant that we have largely avoided the negative impacts of the Global Financial Crisis, which is among the reasons that we do have the seventh lowest official unemployment rate in the OECD. At the aggregate level we are doing quite well because we have comparatively very high employment among people under the age of 25: the second or third highest in the OECD. To take two extremes, about 60 per cent of people in Australia under the age of 25 have a part-time job, whereas at the other extreme, in Belgium, it is 20 per cent. And in a lot of southern European countries it is also around that level. Our high aggregate employment is because we have very high youth employment.

We have a great deal of part-time work: the third highest in the OECD. However, having said that, we also have the distinction of having the highest involuntary part-time employment in the OECD. So while we have low unemployment we have much closer to average underemployment if you count people who are working part-time but would prefer to work longer hours. 30 per cent of part-time workers would like to work longer hours.

Australia’s employment rates among lone parents are still among the lowest in the OECD, even though they have improved significantly. If you look at total joblessness i.e. both unemployment and people not participating in paid work this is among the highest in the OECD.

In Australia, half of the individuals who do not have paid work live in households where there is nobody in paid work. By contrast, in Sweden and the USA only a quarter of the individuals who do not have paid work live in households where there

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57 Abhayaratna and Lattimore, Workforce Participation Rates – How Does Australia Compare?
58 Statistical Annex to OECD Employment Outlook 2011, Table B.
is nobody in paid work. So what we have is a comparatively good overall employment performance but a very poor distribution of jobs. This has improved somewhat since 2005 but we still have a long history of this to overcome.

The employment rates of lone parents have fallen since 2008 because they were disproportionately affected by the job losses resulting from the GFC. While the immediate impact of the GFC was to drop the employment/population ratio overall for Australia by about one percentage point, for lone parents the employment/population ratio dropped about four percentage points.

While we have had a big increase from about 48 per cent of lone parents having been in paid work to close to 60 per cent, we are a long way behind a number of countries. In Sweden and Denmark for instance the proportion of lone parents in paid work is 80 per cent or more. We also have a relatively high proportion of couples with children where neither parent is in paid work.

In a country like Japan, which has higher child poverty than Australia, virtually all children who are poor live in households in which there is a parent working. That is also true, to a lesser extent, in the USA. Child poverty rates are much higher among households where there is nobody in paid work across all OECD countries. Two-thirds of children who are poor in OECD countries in aggregate live in households where somebody has a job. In Australia it is the reverse of that. In Australia, more than 60 per cent of our child poverty – relative poverty, below 50 per cent of median income – is in households where people are jobless.

If we compare Australia, Denmark and the United States, Denmark is the most equal OECD country. The USA is the least equal rich OECD country. In terms of the individual earnings of people working full-time, both men and women, Australia is more equal than both Denmark and the US. When you add in part-time work, inequality rises but we are still more equal than Denmark. This is just for individuals. When you put full-time and part-time earnings together, the level of inequality in Australia is the same as in Denmark and much less than in the case of the United States. However, when you add in the jobless, i.e. people who live in households where there is nobody in paid work, inequality in Australia rises very substantially and we become more unequal than even the United States in terms of distribution of earnings.

So from a very compressed distribution of earnings, if you have a full-time job, the major impact is the addition of joblessness. So joblessness is not only a major cause of child poverty, it is also a major cause of inequality in Australia. We still end up much more equal than the United States because we have a more effective tax system and a much more effective social security system which reduces inequality.

We currently spend well above the OECD average on cash benefits to families with children, which is Family Tax Benefit and also Parenting Payments. We also target more to lower income families than most other countries. When you look at the impact of our social security and tax system on child poverty we are actually one of the most effective countries in the OECD at reducing child poverty – but this is “after the event” i.e. it is poverty alleviation, not poverty prevention.
Because we target welfare to low-income families, and in particular because we also pay the same amount of money in family payments to low-income families who are in paid work as those who are not in paid work, we have very low rates of in-work poverty. If you have a full-time job in Australia you are very unlikely to be in relative poverty. Work does pay in Australia.

On average, the Effective Marginal Tax Rates (EMTRs) for parents moving into low-paid or part-time work are comparatively low in Australia, but for those already in low-paid or part-time work they are comparatively high. Therefore, Australia appears to have a “low wage trap” rather than a “poverty trap”.

When you add in childcare costs, this raises effective tax rates on work in the OECD models, though not significantly more than other countries. We know that there is a significant issue if you are in public housing. Public housing raises EMTRs and may impede mobility, but only 28 per cent of lone parents are in public housing in Australia.

Are there other explanations for high family joblessness? Until relatively recent changes, the qualifying age for children before parents are required to undertake a work test was among the highest in the OECD. My explanation in the paper which I did for the Social Inclusion Unit is that we did not require parents to work until their children were teenagers. That has changed in the last six years. I think that part of the increase in employment among lone parents that we saw in part of the past decade is probably related to some of the policy changes; but employment of lone parents was increasing before those policy changes.

All the Nordic countries with very low child poverty rates have achieved these because they have both effective redistribution and low rates of family joblessness. Australia has very effective redistribution; but very high rates of family joblessness. Therefore family joblessness is a major reason for child poverty in Australia.

Overall, the Australian welfare system is well targeted to the poor and it appears effective in reducing child poverty, but – although this is in the process of changing – it is still orientated to passive income support and income supplementation.

So how do we make the system more supportive of parental – and, in the case of lone parents, mothers’ – employment? Like Andrew, I think the introduction of paid maternity/parental leave is likely to help but I suspect that will be a long-term impact. We have a lot of accumulated disadvantage. This requires further work along the lines of some of the place-based policy initiatives which DEEWR is now doing; along with expanded childcare availability, and a reduced role for family income-testing.

Australia also needs more services to support families in making the transition to work, including intensive case management for referrals to suitable jobs, and basic remedial or vocational training in relevant cases. Better understanding of the dynamics of social exclusion and the transmission of disadvantage will also be important. A simple model shows that reducing joblessness in Australia has a very large impact on poverty. However, this assumes that those moving into paid work

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enter jobs that have the same average characteristics as existing jobs; and this may not in fact be the case.

I think in particular, like Andrew, that we really need to have a serious debate about the nature of casual jobs and underemployment. We also, if we are to have a more effective employment policy, need to ensure that the new jobs created are at least as effective in alleviating poverty as the jobs which we have currently.
DISCUSSION

Rebecca Cassells: The points you raise about the EMTRs and how the tax transfer system can impact on labour supply decisions and jobless families are interesting. We have been doing a little bit of work recently on EMTRs and then putting childcare costs on top of that. For those of you who are not familiar with EMTRs, essentially they express the amount of money you lose in every dollar from increases in tax and/or reductions in transfer benefits when you increase your hours of work.

One of the things we found was really interesting is the EMTR effects in a minimum wage scenario when you move from 19 hours of work. These calculations were conducted at average childcare costs of around $8.00 an hour, which is on the lower end, compared to Sydney or other capital cities. But at that 19 hours per week margin, the EMTR when you throw childcare costs on top of it is about 80 per cent; which is a huge disincentive to work. I do not think it is a coincidence that the average part-time working hours for women sits at 19 hours in Australia. To actually alleviate poverty in Australia, changing the tax and transfer system is really important.

Peter Whiteford: We have a system where entering part-time work incurs lower EMTRs. Moving from part-time to full-time work incurs much higher EMTRs.

A National Centre for Social and Economic Modelling (NATSEM) paper a few years ago by Ann Harding and others showed that over the last decade there had been an increase in the number of people exposed to high Effective Marginal Tax Rates. That is a good thing actually because the reason why a proportion of the population is exposed to higher effective tax rates was that more people are in work. If you have no earnings your effective marginal tax rate is zero, so when you increase the average – it depends on the distribution – but when you increase the average, this is actually a sign that you have policies that are helping people into paid work.

As to whether the forthcoming increase in the tax free threshold will make a difference, I have very mixed feelings about that. I think it is good for removing some part-time workers completely out of the tax system because, as a parent of part-time workers I know that currently there is a low income tax offset which means that you pay tax while you are working and you receive it back as a tax refund at the end of the year, which is a good way of saving. However, if you are trying to get by on it as an income it might not be quite such a good idea. So I think there is that positive element of it that it is probably good for some people who are on benefits and that are at the point of interaction between the benefit and the wage system. The problem is that it becomes very expensive to continue to increase the tax threshold. The low income tax offset had the advantage that you could actually push up the tax threshold for low-income workers and you did not pass it onto the rest of the working population, so I am slightly divided about it. But I think it probably will be good for some people at that interaction range.

Michael Horn: I support entirely your proposition that jobless families are the key

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group that we have to assist with targeted approaches. 14 per cent of kids in Australia are in jobless families so it is a big group: about 600 000 children under the age of 15. We have a very fragmented set of policy levers that actually create disincentives for people to take up work opportunities. Why is it that parents cannot take up job opportunities? Partly it is the supply side of the available jobs, and where they are located and what skills are needed. If we want to overcome the skills barrier we have to look at the education of parents to prepare them to take up work opportunities. Compared with Nordic nations, we underinvest in education and especially for the more disadvantaged, so we have to change that.

There are also some smaller scale things – you talked about public housing. One of the examples that we have looked at in our work with integrated services in the City of Yarra here in Melbourne is that work does not pay for parents in public housing: not only while they are in public housing but before they get there. You are encouraged to go on an application list for public housing so you can escape domestic violence or another cause of homelessness. Our service system encourages that; but you then wait. You cannot take up work while you are on the waiting list because that will affect your eligibility for public housing. So there is a disincentive to look for and take up work. You may get into public housing a year or so later in Victoria, on average – some have to wait longer – and that is on the priority waiting list. Then there are still disincentives to taking up work because your rent goes up straightaway with very little encouragement to take up more working hours. So there are a whole range of fairly small scale issues that, if we could resolve with a more coherent or integrated set of policies, could positively benefit the situation of jobless families. The key issue is prevention. We have to think about health, family violence and education for parents in jobless families and tackle those issues preventatively.

Peter Whiteford: Several years ago we conducted some focus groups for DEEWR with jobless people in Broadmeadows, Goodna, and Mansfield Park, areas in which DEEWR has since developed some small-scale place-based programs as part of its Family Centred Employment Project. Another program starting as of 1 July 2012 is the Supporting Jobless Families Trial, which seeks to build on the strengths of jobless parents and reduce their isolation as part of improving their work readiness. This operates in the same ten disadvantaged locations as the Teenage Parents trial which has been run since January 2012 as part of the Building Australia’s Future Workforce package announced last year and which has sought to improve those young parents’ educational and employment prospects.

In terms of jobless families, there are now (as of November 2011), approximately 632 000 families with children receiving some form of income support. Some of these do have earnings. Of those on Parenting Payment (Single), for example, about 35 per cent have some earnings. But there are approximately 256 000 families who are not just jobless, but persistently jobless, because they have been out of work – there has been no earnings in that family – for more than 12 months.

That number has stayed fairly consistent over the last couple of years. There have been some slight improvements but what is of particular concern is that there are approximately 139 000 families who are very persistently jobless: that is, they have not had any earnings in those families for more than three years. Families in this
group tend to have very complex, multiple needs. They are facing many barriers to workforce participation such as domestic violence and homelessness. There is usually intergenerational joblessness as well.

Several years ago the Australian Government started making significant changes to income support arrangements (since consolidated in the 2012-2013 Budget). Parents with children who have an oldest child over the age of six are now required to look for or do fifteen hours of part time work a week. Before that parents did not have to do anything until their oldest child was sixteen years of age, at which point they generally went onto the full unemployment benefit and were required to look for full-time work, which was quite a sharp shock at that point. Parenting Payment has also been cut so that now you cannot receive it if you have a child over the age of six; or, if you are single, if you have a child over the age of eight. That has had a noticeable effect on parents' income support receipt patterns. Parents are not coming onto Parenting Payment in quite the same number as before these changes and they are moving off income support quicker. A lot of this is probably due to their gaining employment although there might be additional reasons that they are moving off income support.

In the focus group discussions we did for DEEWR several years ago, of the jobless parents who have been out of paid work for more than a year, 40 per cent had not finished Year 10. What parents spoke about was public transport and whether the neighbourhood was safe: they were the two biggest things. The fact they just could not rely on public transport to get to jobs and they did not like their school-aged kids walking home from school unsupervised. Effective Marginal Tax Rates were well down the list. I think State governments have to clearly hone in on transport and safety.

Andrew Scott: That comes back to federalism of course. I would like to make the connection between what you are saying, Peter, about concentrations of joblessness in particular families and particular places, and the comments that Staffan made at the outset about what he referred to as “weak social neighbourhoods, neighbourhoods with weak resources”, and children with little faith in the future and about how interventions on a societal and neighbourhood level are more cost-effective than individual interventions.

That, I think, also links up closely with the points revealed by the AEDI about particular geographic concentrations. That, of course, then leads to the possibilities for place-based measures. There seems to be a strong argument from the three presentations – yours, Sharon's and Staffan's – for a geographical approach to tackling concentrations of joblessness.

The example that Michael gave of the situations for people on public housing waiting lists, where we discourage them from working otherwise they will lose their public housing spot, brings us to the lack of coherence of the welfare system in Australia. In Peter’s paper commissioned by the Department of Prime Minister and Cabinet’s Social Inclusion Unit in 2009, among the important points he made there is that “the Nordic countries have welfare states oriented towards high levels of employment” and that “their welfare programmes both support and require people to have jobs…In countries with low levels of joblessness such as the Nordic countries, the public
policy framework is based on encouraging and facilitating participation in paid work by mothers when their children are still quite young, and also providing the extensive *support* that is sometimes required to achieve this objective*.⁶¹

So the Nordic countries have welfare programs which both “*support and require*” people to have jobs. The emphasis that I would give is to the “*support and*”: so it is not just to require, it is to *support and* require. The question is whether we do enough of the *support* in Australia. Support for – as well as requirement of – the people in those disadvantaged geographic areas which we know from the AEDI and NATSEM’s work and also Professor Tony Vinson’s work⁶²; perhaps this is how we can we best approach place-based interventions in those areas.

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Conclusions and potential priority actions

Sharon Goldfeld: What are the priorities that we may be able to go forward with? Partly this involves deciding what comes first: the cart or the horse; and what are the challenges concerning incremental change versus more radical change. I think what we have heard is that there is a lot of opportunity: it is far from being all despair. I think there are extraordinary opportunities, the question for us is are there opportunities that we are not capitalising on that we could be capitalising on; and are there changes that we could be thinking about in the future, either in the short or long term, for which the seeds could be planted now? Maybe we will not see the fruit of those trees for a while but maybe the seeds could be planted now. The final thing we could do is to challenge ourselves to identify to which of those changes we give priority if our aim is to see inequalities for Australian children diminish in the coming years.

Andrew Scott: It follows from Staffan's presentations about neighbourhood disadvantage, Peter's points about joblessness, the AEDI work in Australia, and the beginnings governments have made with place-based approaches that we really should seek details of practically successful local approaches or programs in the Nordic nations which could inform the discussion about the introduction or trial of similar programs in particular areas in Australia which the AEDI and other data have identified as disadvantaged. I would be interested to research further those 290 separate municipalities in Sweden to hear what different efforts have been made in those to tackle areas of disadvantage: which have been most successful, and what approaches have been involved.

Sharon Goldfeld: One of the things that struck me is that in order to have parental leave policies, or parental payment policies, that are taken up and with which, when parents go to work, they feel comfortable, the ECEC platform becomes more and more important. Similarly, if we are talking about poverty prevention measures and the ability for parents with young children to go into the workforce the same point emerges: you need to have quality early childhood education and care.

Then it struck me that you need to have something that early childhood education and care can have to refer and respond to. So if we are going to have this enhanced early childhood education and care and identify all the many children that may need some extra help, then clearly the responsiveness of the health care system becomes really important.

I want to get a view whether people think that there is a kind of cart and horse, a kind of causal pathway with some preconditions that need to be met and from which subsequent things can flow. Is there some sort of chronology to effort or should we be putting effort into all four areas which we have covered? Could we potentially attempt policies in all four areas together as part of a particular place-based approach which is very purposeful and experimental?

Rachel Robinson: The Fair Work Australia decision is really an important precursor to ongoing action, it is the thing that makes the discussion change from women's work being lower paid than men's work; and the quality of ECEC services
really depends on an understanding that it is not women’s work as such but it is a highly valued and highly valuable contribution to society.

It is obvious to me that in order for poverty to be reduced we need higher quality ECEC services. We also need the workforce in those ECEC services, which is still predominantly women, to be a workforce that women want to return to when they have children. As well we need the ECEC services to be services which women who return to work in other industries want to use when they return to work. That is why I think that in some ways we do now have a horse that has been set off on an avenue. The Fair Work decision will make a difference in the long run. It is fundamental for change that we maintain all of the effort that is been put into raising the quality of early childhood education and care services. In, for example, the Supporting Jobless Families Initiative in the Communities for Children sites and in the Family Centred Employment Projects sites, those trials will not work if the quality of the care available to people involved in the trials is not high enough to make a difference so that the children enter school on an equal footing with children from other families. Quality is fundamental to the success of the outcomes.

**Michael Horn:** I think the most effective expenditure in the longer term is on the foundational preventative issues. We must have affordable housing that gives people and families a foundation for participation. Housing policy including rent assistance and supply side issues is a big challenge.

I think the other big issue is education, and that applies not just to parents now who have children; but if we think of the kids who are at risk of disengagement, or are disengaging from schools, they are in Year 9, 10 or 11; they are the group who are going to be the next teenage parents or the next parents, slightly older, but who are going to struggle to get back into work. That is clearly a key policy area.

Given the proportion of kids who grow up in family conflict situations, we need to act in a far more preventative way against family violence. These are three core areas that set up the foundations for a better start for all young kids.

In terms of some of the other areas, they are not really place-based, we probably should consider them to be universal services. One, for example, concerns labour market policy and employment assistance. Our current employment assistance model fails highly disadvantaged job seekers. We are not achieving positive outcomes for far too many disadvantaged job seekers so a ‘place-based’ response would be positive for trying to work out more effective and integrated models. But ultimately those practices and learnings should be expanded and built into the Job Services Australia and Disability Employment Services models. But to do that, of course, means more investment and resources. It all comes back to the political will and the importance of persuading people that it is valuable for child development and wellbeing in the longer term to invest in decent services.

**Peter Whiteford:** Partly I think the reason why we are where we are, and Nordic countries are where they are, is about what is regarded as normal in society. You cannot run a welfare state like Sweden or Denmark’s, unless you have very high employment. You just cannot afford it. So you have a welfare state that supports employment because employment supports the welfare state. Part of what we need
to do is to change social norms in Australia to shape them to be more positive in a widespread way about participation in work and in education.

**Penny Markham:** Already in the early education and care sector there is the capacity to identify when children may have higher support requirements. However, there is not necessarily an understanding of the right referral pathways for them to gain access to the right services in particular communities. There is a culture of childcare workers not being perceived as having a professional point of view. This is so different to what Staffan described earlier in Sweden (where “preschool teachers pick up children’s developmental problems and their professional point of view is respected” to the extent that specialists ask “what do the preschool teachers say and many of the parents say to health professionals: I came to you because the preschool teacher suggested it”). That certainly does not happen here. Also, our health sector, particularly in early intervention, is overburdened and there are very strict criteria about the different types of services that are available to children and families. Coupled with that, there is a wait and see mentality; rather than a commitment to work with this family and this child now to provide them with the support that they need i.e. to take a truly preventative approach. For example, speech impairment was given as one of the top three additional needs that children have in this country yet there is just not the early intervention support available to meet that demand. But I think there is considerable opportunity from a universal service base for early childhood education and care services to learn how to respond to the needs of those children. I see the capacity development more at that level rather than identifying the need in the first place, it is about how we respond in an early learning setting to children with additional needs and how do we support that happening? We talked about the interface between ECEC and health being hugely important and I really agree with that. There needs to be much more overlap there.

**Rebecca Cassells:** If I could just add to that quickly. In terms of early childhood education and care, and how health could be better integrated with it, which I think is a fantastic idea, we do that somewhat in the education system already with screening, where nurses come to the school and test the hearing at kinder and children receive their immunisation shots all the way through school. But with early childhood education and care we know that it is not accessed by the most vulnerable kids at the moment; so we are missing that really important segment. We need those kids to access ECEC; if we are going to use that as a platform for prevention or intervention then these kids need to be in there, they need to be seen.

**Rachel Robinson:** But the ECEC services need to be high quality as well. In the Supporting Jobless Families Initiative in the Communities for Children sites, there is a need to ensure that the care is of sufficient quality so that issues can be identified and seen up front.

**Sharon Goldfeld:** One of the things that we need to think about is what can we do in terms of seed sowing over the next decade or more, because I do not think any of us think that we will simply eliminate child health inequalities in the next few years. But we do have to make a start and if we want to reduce inequalities, as all contributors here do, then what should we start doing now? So that, if not us, then at least at the next generation coming through will see some differences. I will hand over now to Andrew to make the final comments.
Andrew Scott: Thank you. The chart from page 122 of *The Spirit Level*, like many of the charts we have referred to, shows the amazing difference between the Nordic nations – which are the most equal in terms of income, have the highest childhood wellbeing and also have the lowest rates of teenage pregnancies – and many other nations including Australia.

Concern about teenage birth rates being high can come from a moralistic conservative perspective; or it can come from an egalitarian perspective. I just want to quote briefly from that book on that issue. Wilkinson and Pickett write that: “Teenage birth rates are higher in communities that also have high divorce rates, low levels of trust and low social cohesion, high unemployment, poverty and high crime rates…Unequal societies affect teenage child bearing in particular… [In such areas] Motherhood is a way in which young women in deprived circumstances join adult social networks…supportive networks which help them transcend the social stigma of their lives’ which have been shaped by the inequalities they have experienced from an early age.63 I think that is a really powerful point, it brings us back to inequality explaining so many things which is a central message. The effects of inequality are seen in the experience of different countries and therefore we have to make international comparisons. I think that we will do that as a result of this discussion and particularly as a result of Staffan’s generous participation in it.

Values can be changed through policies as Staffan indicated in relation to Swedish attitudes to the physical punishment of children. Many Australians’ high valuing of children may not be adequately expressed in current policies in this country. And one country can learn from another’s positive values and policies: that is the hope of comparative politics and policy.

I would also make the general comment, re the “rabbit in the headlights” problem, that some people do feel genuinely overwhelmed by the large differences between the situation of Australia now and the Nordic nations and find it hard to know where to start to move towards those nations’ positive achievements. It is easy, and sadly some other people do prefer to do what is easy, which is to proclaim despair at possibilities for positive change in Australia, to find excuses for neither acting nor even supporting action for better policies, claiming that we need to change everything before we change anything; indeed that Australia’s entire political culture needs to change before we can even push for further paid parental leave, for instance! What that type of position fails to see is that steady, incremental policy changes themselves change a nation’s political culture. The Swedes did not sit down in 1932 and plan completely in advance to reach where they are today. They built up with steady, incremental effort the policy achievements which Staffan has now outlined to us. Australia has recently started to develop more positive policies for children based on clear international evidence. In my view the discussion we have had shows that Australia should continue to do so, drawing on, and learning in particular from the considerable achievements of Sweden and the other Nordic nations.

63 Wilkinson and Pickett, *The Spirit Level*, pp. 121, 125, 128.
Key policy recommendations

Australian governments should study in closer detail the world-leading achievements which Sweden, Norway, Denmark and Finland have made in reducing income poverty and inequalities, and increasing wellbeing, among children.

This will be essential to fully realise the economic potential of the increased preventative investments in the early years which Australian governments have commenced.

Among the particular policies which Australian governments need to actively consider are:

- establishment of a universal, publicly funded child health system for preschool and school-age children, based in local communities, which works closely with schools;
- associated measures for closer communication between health and education professionals about meeting children’s behavioural and development needs;
- reducing the considerable gap between newborn children’s access to child health services in their first year of life and their later contact with child health services when they go into preschool at age four;
- enhancing the quality, and the more equitable availability, of early childhood education and care through greater provision of public childcare services than exists in the current, predominantly marketised Australian arrangements;
- further bolstering the early childhood education and care workforce and its standing including by further tackling gender inequalities, which inhibit fair valuing and recognition of the skills and vital role of this workforce;
- placing central importance on the principle of gender equality;
- taking steps to overcome the problems of fragmentation caused by the national government being responsible for childcare whereas state governments are responsible for educational preschool and kindergarten programs;
- providing more extensive paid parental leave, to improve the possibilities for both parents to combine childcare with paid employment, to increase female workforce participation and to improve fathers’ participation in parenting;
- overcoming the lack of integration between parental leave and early childhood education and care i.e. between when the 18 weeks maternity leave pay ends and when a four year old child becomes entitled to 15
hours preschool;

• greater regulation of working hours to achieve more family-friendliness, or work/life balance, in employment arrangements and to tackle the problems caused by the prevalence of casual jobs and underemployment;

• creation of job opportunities which will increase the employment rates of lone parents in order to reduce joblessness among families with children, which is a major cause of child poverty in Australia;

• more extensive place-based initiatives for job pathways, skills development and support services for families in places of high joblessness, to overcome obstacles to those families' take-up and retention of paid work;

• development of better integrated models of support to overcome systemic factors that prevent social and economic participation and which impact on child development, including homelessness, family conflict and parental health issues;

• recognition that preventative interventions on a societal and neighbourhood level can be much more cost effective than individual interventions in improving children’s wellbeing;

• seeking of details of practically successful, local, multi-faceted, child health, parenting and employment programs in the Nordic nations which could inform the discussion about the trial of similar programs in particular locations in Australia which have been identified as disadvantaged.
Authors/presenters

Andrew Scott
Associate Professor Andrew Scott is Associate Head (Research) of the School of Humanities and Social Sciences, and an Executive member of the Centre for Citizenship and Globalisation, at Deakin University. Author of three books, four book chapters, six peer-reviewed papers and numerous newspaper articles on politics, he was a Visiting Researcher at the Institute of Contemporary History, Södertörn University College, Stockholm in 2007. He gave an invited Keynote Address on Lessons for Australia from the Nordic nations’ positive achievements for children to the Australian Research Alliance for Children and Youth Conference in 2009. He is actively researching into, and advocating, the lessons for Australia from the continuing policy achievements of the nations of Nordic Europe including through their: reduction of child poverty, adoption of more family-friendly workplace arrangements and provision of comprehensive paid parental leave.

Sharon Goldfeld
Associate Professor Sharon Goldfeld is a paediatrician at The Royal Children’s Hospital, Melbourne Centre for Community Child Health (CCCH). She currently leads the Australian Early Development Index Research Program at CCCH and until recently was the Principal Medical Advisor in the Victorian Department of Education and Early Childhood Development after ten years in state government. Sharon has combined a substantial research career (including competitive grants and peer-reviewed papers) with that of an influential policymaker. She therefore understands the importance of working effectively and strategically across research, policy and practice boundaries. Her research interests, including developing data and indicators, have aligned with her substantial policy experience focusing on projects that keep child health on the policy and political agenda in Victoria and nationally. Her leading role in this initiative with Deakin University aims to strengthen the intersection between health, education and social policy for children.

Staffan Janson
Professor Staffan Janson has been Professor of Public Health at Karlstad University, Sweden since 2002 and Professor of Social Paediatrics at Örebro University, Sweden since 2009. He has degrees in Psychology and Medicine from Göteborg University and a Doctorate of Medicine from Uppsala University. He worked for the Red Cross in Cambodia after the fall of the Red Khmers and as a team leader in maternal and child health for Swedish Save the Children in Jordan and Palestine. He has been an advisor to the Swedish Government on child abuse and neglect, and child injuries. From 1997 to 2005 he was Editor of the European Journal of Public Health; and he is a member of the editorial board of the Nordic Journal of Social Research. Author of approximately 100 international scientific publications in the fields of child health, child abuse and neglect, child accidents and public health in general, Staffan was especially invited to the symposium from which this publication has been developed.

Deborah Brennan
Professor Deborah Brennan, from the Social Policy Research Centre at the University of New South Wales (UNSW), is one of Australia’s leading researchers in comparative social policy, early childhood education and care, and gender and politics. Deborah has held visiting positions at the London School of Economics, Oxford University and Trinity College Dublin. She was the Inaugural Convenor of the National Association of Community Based Children’s Services (NABCBS). Deborah serves on the editorial advisory board of: Social Politics: International Studies in Gender, State and Society; Families, Relationships and Societies; and the Journal of Poverty and Social Justice. She is a member of the Feminist International Institutionalist Network (FIIN) and the International Network on Leave Policies
and Research. Deborah leads the UNSW component of a Commonwealth funded Collaborative Research Network that links the Social Policy Research Centre (UNSW) and the Centre for Children and Young People (Southern Cross University).

**Peter Whiteford**

Professor Peter Whiteford is Director of the Social Policy Research Centre at UNSW. He previously worked as a Principal Administrator in the Social Policy Division of the Organisation for Economic Co-operation and Development, Paris. Peter is an expert in family assistance policies, welfare reform, and other aspects of social policy, particularly ways of supporting the balance between work and family life. He has published extensively on various aspects of the Australian system of income support. In July 2008, he was appointed by the Australian government to the Reference Group for the Harmer Review of the Australian pension system. He was an invited keynote speaker at the Melbourne Institute-Australia’s Future Tax and Transfer Policy Conference held in June 2009 as part of the Henry Review of Australia’s Future Tax System, and he participated in the Tax Forum held in Canberra in October 2011.
Contributors to discussion

Fiona Andrews
Dr Fiona Andrews is a Lecturer in the School of Health and Social Development at Deakin University. Her research interests are in the field of ecological influences on parenting and children’s health. Current and recent research projects include: partnerships with the City of Maribyrnong and the City of Wyndham comparing parents’ perceptions of inner and outer suburbs as good places to raise a family; exploration of low-income parents’ perceptions and experiences of primary health care for their children; and the influence of parents’ working arrangements on managing their children’s day-to-day health care. Dr Andrews has also been involved in program planning and evaluation projects for a number of different public health organisations including: integrating health promotion into children’s services for Plenty Valley Community Health and evaluating the City of Whittlesea Best Start program. She has published on several of these themes in the journals *Health and Place*; and the *Australian Journal of Primary Health*.

Rebecca Cassells
Ms Rebecca Cassells is Principal Research Fellow and leader of the Children and Families team at the National Centre for Social and Economic Modelling. Rebecca has a strong understanding of issues affecting Australian families and children and has a diverse portfolio that deals both with research methods and policy evaluation. Her principal areas of research include: childcare affordability and availability; disadvantage, including child poverty and housing disadvantage; social exclusion, neighbourhood effects; and gender divisions. Rebecca has published extensively in academic and policy journals, and through commissioned and public reports. She has led major commissioned research reports for a number of clients including the Australian Government’s Office for Women and The Smith Family. Her work has been influential in driving public debates and influencing policy and legislation. She has provided evidence to parliamentary inquiries on childcare availability and affordability and the Productivity Commission’s recent investigation into the childcare workforce. Most recently, her work on gender wage gaps in Australia was cited as evidence used to determine a new legislative ruling on equal remuneration by Fair Work Australia.

Michael Horn
Mr Michael Horn is Senior Manager, Research and Policy at the Brotherhood of St Laurence, with responsibility for the school-to-work and working years transitions. He is also an Honorary Research Fellow at the University of Melbourne in the School of Social and Political Sciences. Michael has over 20 years’ experience as a social researcher, policy analyst and project manager, primarily in the not-for-profit sector. He has conducted a wide range of research, evaluation and developmental projects responding to social exclusion and disadvantage. His current research interests include employment assistance and welfare to work strategies; integrated models of assistance to overcome multiple disadvantage; inclusive education policies; social exclusion; and homelessness.

Megan Leuenberger
Ms Megan Leuenberger is National Manager of the Australian Early Development Index. As such she is responsible for ensuring the implementation and management of the national census of all five year olds living in Australia. Prior to this role Megan was the Senior Research Officer for Child Health, and Project Manager for the Blue Sky Project, in the Child and Adolescent Health and Wellbeing Division of the Office for Children in the Victorian Department of Education and Early Childhood Development. Megan has a Masters Degree in Public Health and a Bachelor Degree of Health Sciences, as well as other qualifications including in nursing, lactation and midwifery. Megan has held several child health nurse management positions along with academic roles at the University of Newcastle and has
extensive experience working in the community and coordinating service delivery for families.

**Penny Markham**
Ms Penny Markham is the Social Inclusion Coordinator for GoodStart Early Learning in South Australia, contributing to the development and implementation of long-term social inclusion strategy and programs. Penny started her career as a speech pathologist working in early childhood settings largely in the disability and health sectors. She has extensive experience in senior roles in the health sector including as director of a community health service where she was responsible for the strategic and operational management of universal and targeted services for vulnerable children, young people and their families. Penny has also held the position of Director of Clinical Governance for Southern Adelaide Health Service. In this role she implemented a regional clinical governance service focused on consumer participation in the development of higher quality, safe health care for the community. Penny also has extensive experience in managing complex projects in health and other government departments.

**Rachel Robinson**
Ms Rachel Robinson (BEd, MA Public Policy) has worked as a Project Manager at the Centre for Community Child Health, The Royal Children’s Hospital, Melbourne since 2007. Rachel brought to this role fifteen years experience working in federal government and a variety of roles in community organisations spanning family support, housing, education, environment and the arts. At CCCH, Rachel works on policy, service development and evaluation projects and has been responsible for several major initiatives concerned with service integration. In 2012 Rachel will commence work on a PhD using AEDI data as a basis to further the understanding of neighbourhood effects and consider the potential to isolate governance factors that can ameliorate the impact of disadvantage on early outcomes and may be amenable to social policy change.

**Bonnie Yim**
Dr Bonnie Yim is a Senior Lecturer and course coordinator for the Bachelor of Early Childhood Education (BECE) and BECE (Hons) programs at Deakin University. Bonnie has worked at the University of South Australia (UniSA) and the University of Southern Queensland (USQ). She was awarded a UniSA Teaching Excellence Award in 2008. In 2010, with a UniSA transnational team that had worked in Singapore, she received an award for Best Collaborative Partnership. Bonnie has been conducting joint research with UniSA, USQ, the SEED Institute in Singapore, and the Hong Kong Institute of Vocational Education. Bonnie’s research interests include child development, cross-cultural studies, research methods, active learning engagement, arts education, and health education. She is an active researcher and has published widely in these areas. Bonnie is also an early years consultant in Australia, Singapore, Hong Kong, Mainland China, and Indonesia.