

Response

Is the activity test still relevant for those not working etc as they can use other forms of care eg occasional but should this attract CCS? Is it a choice, not a necessity as for work or study. This is extra funding which can be redirected in the childcare industry. More hours, more CCS, more work and more taxes paid.

Classification

3) Reclassification of carers to educators insinuates that they are teachers. (Ask any preschool, primary teacher). When did the caring stop? I do believe it was because the Department of Education was given the portfolio.

Child Care centers can take (immunized) babies from 6 weeks of age. These should be classed as "babies" aged until 6 months. A qualified baby health nurse should take care for their needs.

Response

This could be funded from another area and out of work or retired nurses could take the strain off centre staff issues. Parents are clearly charged different fees for different age groups so the staff should be paid accordingly.

Cap

4) All services have a cap to the amount of CCS which is paid to the provider to reduce the parents fees. This cap is the amount set by the government on what is the most it will pay. The withholding is 5 or 10% which is withheld until the end of the financial year and the tax return has processed. Parents could receive an account or a payment. The new 90% reported in the press does not mention the 5 or 10 %. example 50 hours used at the parent % - 5 or 10%. Anything over the cap is added or over the allocated hours is paid at full fee.

Previous payments were: IHC 1st child 85%, 2nd 100% and 3rd 104.51% more 108%. The fee was divided by child child example: fee 30 per hour divided by 3 = 10 per hour. Child one gets child 2 gets child 3 gets.

Traps: Investments deducted at tax time could bring the income to zero and the family received the highest amount of CCS.

Response

Make it easier for parents to understand the differences.

Cost

5) Each year wages and superannuation increase. The insurances also increase. Therefore the fees increase.

IHC can be employees or contractors. Contractors charge a fee (within a scale) and the provider pays the CCS to the contract provider. Superannuation is a grey area.

Response

Increase CCS, use a previous perfectly working system, remove CCS from families who are not working, studying. Studying was previously funded from another area. (Jet)

What are the reasons for voluntary work? Is it to keep government benefits?

Training

6)IHC providers can charge the family or carer for training. AGJ pays it. The support services were to provide training, not to say go to this site and do a free course. They received funding for it

Why does a parent or grandparent who has raised their children need a cert11? A centre carer is supervised and the care is totally different to working in a family home. IHC carers are forced to working in a centre for the practical without being able to earn a wage. This is irrelevant for something that is not necessary in their job. Would you make a vet do practical in a hospital?

Child care centers can have trainees and apprentices as they are supervised. IHC cannot. Centers do not keep the trainees but are given money to provide the experience which they may or may not use. They are now young with a debt is hanging over their head.

Recently I paid for two carers to do their cert 111 and have been asked three times to pay because the carer ran out of time or the course changed. They still do not have a cert for something they will not use.

When a carer walks into the family home, they become family. They help and watch the children grow. They take the responsibility of a pseudo parent.

A course was developed for IHC but it did not get approved and training companies will not do PPL. Carers have the knowledge and qualifications for raising a family. AGJ does so much more, fortnightly visits, supplies crafts, first aid kits, training etc.

When carers meet a family for an interview, they interact with the family including pets. They need to feel the atmosphere of the family eg any children sitting back or parent not listening.

They are there to be part of the family and need to fit in with a family not a bunch of kids running around in a centre.

IHC carers have more qualifications than an NDIS provider/contractor.

Response

Weed out training companies who do not full-fill their obligations and training centers also who do not complete their obligations. Stop them getting the funding. This also can be redirected in the childcare industry.

Funding

7) July 18 was the nail in the coffin for IHC providers, families and carers. A support group was given a four year contract to do exactly what providers already did. They have now been granted an extension until 2025.

The funding, I believe came from the providers funding.

At the inception of IHC state provided support funding and the feds the CCB/SCCB. This then went to all being paid from fed. The buckets of money changed from one place to another. The department of Education being the latest and only CCS and ACCS is provided.

Response

Provider funding needs restoring in some form to support providers who then support the carers and can pay accounts.

Wages, retention of carers

Young carers use child care as a stepping stone. Most teenagers come out of school with no clue of what they want to do, and flit from one job to another for several years. This looks very bad on a resume. Carers leave at the drop of a hat as the interest wears off. Is it worth getting up before dawn to travel 2 hours for work in a center, unless the wage is good or they are really interested? The local supermarket maybe more appealing. Traineeships and apprentices are paid much less.

Response

If a school child does not have an interest in year 11 and 12 do not force them to do it. Let them have a year to find their feet and go from one job to another until they know what they want.

They are still the responsibility of the parent until 22. If they want money to fund their whims, they work.

This leaves older mature people to work. They do not have time off, sickies to go to concerts, late turning up etc.

If a young one does decide on child care they will be on low wages. Ever thought the previous idea of only having a certain amount of services in an area was better?

I personally pay above min award wages which is more than a centre. IHC carers have so much more freedom when they are in the family home. It is not regimented and should not be.

It is a struggle with cost cutting measures in place eg I do not pay myself if the business cannot afford it. Different ages of children require different qualifications which requires different wages. Some can come from different buckets increasing wages for carers.

IHC Support Service

8) The support services are Australia wide. Several states are allocated to the same service. There has been changes since Jan 23. They still control who can have care and how much. There is no consistency in all the support services. One will say yes to a family for something that another will not, even though it is clearly in the eligibility. ex Who is responsible when care is not given or withdrawn and the child is at risk? Families come to IHC as a cry for help. Do not ignore it or turn it away.

The guidelines can be interpreted different ways and depending what state you are in it is very confusing for families when they move.

As school time approaches at the beginning of the year, having to wait for approval from the support group has lead to families giving up work or being sacked as they did not get care in time. Having several weeks holidays is not on at this time of the year. I personally had 24 families contact me for car to begin when school started.

Centers close frequently without telling parents and IHC should be available to help.

Old returning families expect everything to be as they remember. Sadly this is not so, and it also leads to confusion and even anger from families.

The parents can now get the application forms on line, from a provider or the support service. They complete it attach what is needed and return it to either support or the provider to send to support. They then have to wait for an appointment with the support service to complete the process and send the FMP(FAMILY MANAGEMENT PLAN) to the provider chosen by the family.

Response

I have suggested previously in letters to ministers etc: Keep the Support service in a limited way. User pays., New services would be given 12months free to get them up and running. **Providers to be able to approve eligibility for emergencies or for the first 3 months or until the support service can do their part.**

The support service could support itself by the funds used by payments of the providers who want help. The providers can receive funding to support the service and carers. The providers hours should not be capped as this is restriction of trade and restricting families who need care to work and provide for their families. By families contacting providers this opens up: support will not be telling them where to go. Providers can have out of distance families and open up funding applications. Providers cant apply for grants if they fit categories. One of which is thy have a certain % of family's in out of their area which was being blocked. Also transitioning children into mainstream services should be a provider and parent issue not support. They do not the family and the situations. Funding for this also can be allocated to the provider.

IHC worked perfectly well between families and provider. It all went smoothly.

IHC is confused in many areas with aged IHC. **PLEASE** change it to IHCC. After all Child Care centers are not care centers. I hate getting calls from adults who need care for their parents and I cannot help. NDIS only takes them until 65 if they qualify or want to use it.

Other

Before July 18 and PWC were contracted to see what families were eligible providers used 5500 places (1 place is 35 hours). It then dropped to 3000. There was drastic consequences for families at risk because of this PWC decision. They knew nothing about the families or how it worked, and neither did support.

Every three months provider (for the previous three month) usage reports to the support service to see if they are using what they have been allocated. This determines if the provider loses places. If it is over the school holidays usage is less but when school returns it goes back up. This system does NOT show the true usage.

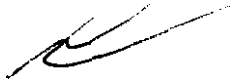
Providers left in droves in July and slowly kept declining. Now the government is being swamped by people wanting to become providers. I actually believe it is because the NDIS now allows individuals to become a provider. To be honest, from where I sit at work I see NDIS staff sit in the car and be on their phone. The person they are supposed to be supporting just goes off shopping even if it is within sight. I even had one lady say she was being "hurt" by the carer. They hurry the person or speak rudely to them. They need basic training and on what is appropriate to each individual needs.

There are so many good reasons to continue IHC(IHCC) but the providers are the ones NOT being listened to. Families confide in them and trust them.

Not providing to the providers, is making them struggle and less able provide the help they did prior July 18.

There are better ways to use tax payer money and this is one.

Thankyou

A handwritten signature in black ink, appearing to be 'Amanda Johnstone', written in a cursive style.

Amanda Johnstone
3/3/23



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History of In Home Care

In home care was launched on the 1st of January 2001 by Prime Minister John Howard, as part of The Stronger Families and Communities Strategy, which was announced on the 16th of April 2000.

Access for this service was:

Who did not have access to a standard child care service or the needs of a child could not be met by an existing service.

Eligibility for this service was:

Parent/child has a disability
Families in rural or remote areas
Shift working or non standard hours
Multiple birth or two or more under school age
Breastfeeding mother working from home

Needs

As parents needed or wanted to return to employment their child care issues needed to be addressed. The traditional type of child care was from family and friends.

Parents working in positions of shift work, such as nurses, police, cleaners, train drivers etc could not access the hours of regular day care centres.

Their individual needs would be met by in home child care.

Fee relief

Cost for child care could be relieved by the CCB depending on the parents combined taxable income.

Responsibilities of the Service

Services had the responsibility to provide a carer who will support the families' needs, nurture and educate the children in their care and to support the family.

The service had the responsibility to support the carer by visiting, providing resources, offer training to further their knowledge in childcare.

The service had the responsibility to the government to show the funds are used correctly. That appropriate insurances, procedures are followed and kept up to date.

Alternative modes of care. England

The current mode of child care, in my opinion is antiquated, and confused.

There is little or no child care available for children under 2 years of age and there is no before school care.

Anyone can look after children, in their home. No registration, no first aid, no qualifications, no working tax credits is available.

Working tax credits (fee relief)

They have eight forms of recognised child care. Most of which attract working tax credits for children aged 3 years to 14 years of age.

This includes registered playgroups, and holiday schemes. As here, nannies and au pairs are not registered, and families receive no working tax credits.

The only working tax credits available for children 2 years and under is for special circumstances. There is no specific fee relief for a parent of children with disabilities.

Only services registered (approved) with OFSTED attract the working tax credits.

It is available to single parents or couples where a parent in prison, hospital or incapable of caring for the children.

Regulatory Authority

OFSTED is their regulatory body and it has the authority to inspect the premises of child care, however this seldom happens unless there has been an issue raised.

Maternity Leave

England has statutory 39 weeks paid maternity leave. This is paid by the employer or the government.

Working tax credit

Working tax credit is paid to the registered child care scheme/provider.

Employer sponsored voucher are used in some areas. These can help with the cost of extra hours.

Ratios

Ratios of carers to children differ from service to service.

Out of school care ratios are:

Min ratio is 8 – 1 for children 4 years to 8 years and 10 – 1 is 8 years to 14 years.

Centres:

8 – 1 adult if all are over 2 years of age and 6 -1 adult if all are under 2 years of age.

Free Care

All children 3 years and over have 15 hours per week of free care in the early years education for 38 weeks per year until they reach the statutory school age.

2 year olds can get the free care at registered centres if disadvantaged.

There is a promise of hours to be increased to 25 hours for 3 and 4 year olds if labour wins the elections.

The Contribution of Child Care to the Workforce Participation.

The issue of care

Is it worth returning to work after having children? This is a question many parents ask themselves. Do I get more benefits staying at home?

This issue is often stressful and unnecessary.

After asking family and friends to help with care the next step is to see if a service has available places.

If the child is under 2 years of age the answer is likely to be no. Long waiting lists for children are expected at services as there is not enough places to cater for the growing population.

Australia's unemployment rate is not necessarily the lack of work or skills, but the lack of child care places.

Employers can be flexible to a certain extent.

Cost

As service charges cover not only the ever growing wage, but superannuation, insurances and costs to run the service the cost of child care may not be feasible.

Jet is available to some parent's, however it is limited to singles and for short terms.

Current and Future Needs for Child Care in Australia.

The population growth by natural means, refugees and immigration needs to be accounted for in the child care industry.

As employment is created the positions need to be filled. They may not be standard hours.

Parents are being told to find jobs which fit in with school hours for 15 hours per week, once the youngest turns 8 years of age to keep benefits.

The likely hood of work in these times is not impossible, but not likely either.

Suggestions:

- 1** Jet funding needs to be tailored to the individual circumstances more thoroughly.
- 2** It should be available for couples on low incomes and longer.
- 3** A training company could oversee the training and find employment.
- 4** If the parent drops out at any stage the money will need to be repaid. There would be no penalty to the child care service as care has been used.
- 5** Free child care option for children starting school in the next year. This would be available for all forms of child care.
- 6** Parents not working/studying should not receive government child care. This opens places.
- 7** The introduction of means testing for the \$7500 per child. Parents over the amount can claim this as a deduction at tax time.
- 8** This \$7500 should be higher to fit the increase in child care costs.
- 9** Parents can claim for a house keeper at tax time. This could be extended to cover nannies and au pairs.
- 10** No baby bonus. This could be used to pay for the child care.
- 11** Higher ratios of carers for older children.
- 12** Increase in hours for families of parents working in essential services.
- 13** More casual care places.
- 14** More In Home Care places to all services who ask.
- 15** Higher ccb for the essential services parents.
- 16** The service only who supplies the care can receive the payments.

Yours faithfully

Amanda Johnstone
24/1/14

arrangements if they were available. That's where we're not exactly sure to what degree that would shift if more quality childcare was made available. I think it's a constrained choice, actually.

Historically, we've had a system - and here we can talk about past dependency of policies - that has really assumed that it is the mothers who will do that care, so, from the first unpaid parental leave decision, it was a recognition that women were participating in the workforce more but that, at the time when they were having children, they needed to be able to leave work but have that job guarantee. You could argue that those policies have set in train now certain other policies that reinforce that pattern, so that, by the time we get to the '80s and '90s, the part-time or the one-and-a-half model has really become entrenched, except for a group of women who are now becoming primary breadwinners. I think that's a critical shift that has happened that we haven't really picked up on that much in our policy framework, and these are an increasing number of households, especially in the inner cities of Melbourne and Sydney, probably Canberra, sort of correlates with, or is associated with, the demand for childcare in those cities too. These women are now the primary breadwinners, up to 25, 27 per cent in those areas; 11, 12 per cent, I think, is the latest stats for Australia-wide. That trend is noticeable in the UK and the USA, where it's expected to increase to somewhere between 30 and 40 per cent over the next 10 to 20 years. That is an enormous shift and that will then have repercussions for childcare.

One thing I would like to say is, when we think about designing a childcare system now, we also have to think about what the demand is going to be in 10 years' time. I think that shift will come through fairly quickly now.

DR CRAIK: I suppose the other side of that, and it's partly related to women being primary breadwinners, is the number of women who leave an employer and go and set up their own business so they can work from home.

PROFESSOR BAIRD: Yes. You're probably familiar with that - I have a PhD student who's studying this and her results are quite interesting. Going back to your choice issue, they also show that there's sort of a gradation of choice that goes on, and we certainly can't say all women who set up their own businesses do it, or choose to do it; they're a group who are pushed out of the workplace because they cannot get the flexibility that they need to look after their children. An overriding feature of all those women is that they do want to combine being a good mother with some good work that they can do. That's where the fastest growth in self-employment is happening, is amongst those women. That is another issue.

They still need some sort of childcare facilities, often. They might combine it with their work at home but you can't work all the time and have the children with you; so, some childcare for them is still necessary.

DR CRAIK: Thanks.

MR COPPEL: Among the women that are primary breadwinners, is there any work that's observing what the impact is on the man, as the secondary breadwinner, in terms of response to high effective marginal tax rates?

PROFESSOR BAIRD: I haven't seen that. Most of our work around that has been more qualitative, trying to really pick up on what's happening in the household. We haven't done the impact on their decisions, economic decisions, around tax rates, and choosing or not choosing to work because of that, yet.

MR COPPEL: Do you think it would be the same between a man and a woman, or are there factors that are influencing - - -

PROFESSOR BAIRD: That's a good question. It's a good question because, culturally, Australian households, when they talk about the cost of childcare, they talk about as a cost on the mother's income. Even though in the report you talk about parents, I know what happens in households is that they talk about that as, "By the time I take childcare out and other expenses, why is it worth me going to work?" I think we'd have to test that, whether it would have - I don't necessarily think it would be exactly the same for men because there is still such a strong male-breadwinner understanding in Australia that I'm not sure that they would do that adjustment.

What we found in our qualitative research was that (a) it was very hard to find participants who fitted what we would call the ideal type, in a model sense, female breadwinner, male stayed at home, about a quarter of our sample were of that, but even those men, over time, started to return to work, in a similar way to women who return to work once the children get older. Most of them had found the mother, or the female, either was in a better job or more career-orientated and they had made the decision, as a unit, to go that way, and his career had sort of stepped back a bit, but none of them discussed taxation as one of the reasons for making those choices.

DR CRAIK: Is there anything that defines women who work on through terrible EMTRs; are there any characteristics that - - -

PROFESSOR BAIRD: I think it is what you have described in the report, actually, is that notion that in the longer term it's important to stay in the job and maintain your connection with either your career, your employer or the labour market, in order to sort of realise those benefits down the track.

DR CRAIK: Do we know anything about the kind of the relative percentage of those in, say, highly-educated women, who do choose to do that, or - because there are always exceptions and we've had lots of submissions - - -

PROFESSOR BAIRD: I haven't got that note to hand, I'm sorry, no.

DR CRAIK: But is there data on that?

PROFESSOR BAIRD: I don't know that there is. We could go and look at Jenny Baxter's work; it may help us there.

DR CRAIK: It would be interesting to know kind of roughly what percentage of well-

educated or well-paid women will actually do that, because we've had many submissions on both sides of the question.

PROFESSOR BAIRD: We could get some of that data from the parental leave evaluation because we know women's income and occupation. You could sort of track how many of them return to work and when they return to work.

DR CRAIK: Okay.

PROFESSOR BAIRD: We're doing a study now called Millennium Mums, which is actually following that group of women, as their children grow up, to see what decisions they are making, but those results aren't in yet, I'm sorry.

DR CRAIK: It's always the way.

PROFESSOR BAIRD: Yes.

MR COPPEL: Thank you.

DR CRAIK: Thanks very much, both of you; that's been really interesting.

PROFESSOR BAIRD: Thank you for the opportunity.

DR CRAIK: Thank you. Our next presentation is from Amanda Johnstone. When you're ready, if you could state your name, position and organisation, and, if you're like to make a brief opening statement, we'd be happy to hear from you. Thank you.

MS A JOHNSTONE: My name is Amanda Johnstone. I'm from In Home Child Care in Mayfield. I actually have it all written down for you but now I've just got to find it.

DR CRAIK: Lost your piece of paper. That's all right. When you're ready.

MS A JOHNSTONE: I have that many pieces.

MS J JOHNSTONE: My name is Josephine Johnstone, and I'm the coordinator for In Home Child Care. We service Newcastle and the Hunter.

DR CRAIK: Are you in the same family?

MS A JOHNSTONE: Yes. Josephine has been my daughter-in-law since 24 May.

DR CRAIK: Congratulations.

MS A JOHNSTONE: That's why we've got the same last name. Good morning, ladies and gentlemen and Commissioners. As explained, I'm the owner of In Home Child Care in Mayfield. I've actually been working with the government since 2001 but, privately, I began in 1993 because I actually had twins and I already had a two-year-old. I went to my

workplace to introduce my twins and my boss actually said, "I'm glad you came in. Can you hand in your keys? You can't work and have three children." So then I started up my own childcare. That was mainly for people like your nurses, your cleaners, your doctors, all the early starters, so we have all (indistinct) the work hours and all that sort of thing for the staff and, over quite a few years, I actually sent letters to ministers, saying, "Hey, look, you need to do something about this; it's not fair."

At the moment we have looked after 505 children and, since the CCMS system started, in 2009 - I'm not sure if you are familiar with the CCMS.

DR CRAIK: Yes.

MS A JOHNSTONE: At the moment we have, currently, 32 weekly families, and 105 children in our care per week. Those ages range from birth to 12, and we have special-needs children as well. We have six families who are using occasional care. 15 families have special-needs children. We have 22 families all together, we have a mixture of special-needs children and special-needs parents - some of them actually have both, unfortunately. We go 24 hours a day seven days a week and we go every day of the year, so we cover your before and after-school care, we cover your holiday care. We cover the families that - the nurses that are going on practical and - the same sort of thing - so we cover everything.

MS J JOHNSTONE: We also have a significant amount of culturally and linguistically diverse families at the moment as well.

MS A JOHNSTONE: Which is really hard because the government is not really giving them any help whatsoever; it's like, "If you come from another country, we don't want to know about you." That's the opinion that the people actually are getting and so are we, as a service.

I have a couple of comments here for recommendations.

Recommendation 12.2, which is a combination of benefits. My concern is the matter for the JET payment. My information for the eligibility of JET is a parent has to be single, studying or starting a new job. There is no flexibility in JET. A parent who has shifts which change weekly or even daily, may not be covered for their childcare at that time. With this new payment, will this new payment correctly address the needs of the client, will it be able to ask for changes - sorry, will a parent be able to ask for changes, how long will it take and often. Can the service provider change it to suit the needs?

Draft recommendation 12.4: To determine annual hourly cost for non-centre based care would be virtually impossible. All services charge different fees in the whole of Australia. So, it would be virtually impossible to do that, unless you looked at the highest fee, which I believe could be \$68 an hour per child. I don't charge that though.

There are many variables in the parents' hours and needs and an hourly cost would not be appropriate, an annual hourly cost would not be appropriate. In a bygone era of childcare, we completed duplicate forms with childcare usage. These were submitted and were paid on

this claim. These were done every three months. The problem was we were paid on the previous three months claim. There may have been new families which began here and in the new quarter there was no money for their use. If previous payments were more than was actually used in the previous quarter, then that payment actually deducted from the one that you were given. Either way you are disadvantaged by that system. With the introduction of the CCMS, this stopped the problem and usage could be updated and payments made accordingly within a few days.

The Commission recommends 100 hours per fortnight per child of paid care, with the aid to be used as needed. What happens if they go over 100 hours in that fortnight? Will they still receive any benefit to cover extra usage?

The Commission recommends that the payment go to the service of the parents' choice. We have a really big problem with this and I am guessing many other services do too. Can this be changed and how often and how long will it take? If a family use more than one service and the hours coincide, who gets paid. Will the parent receive a benefit for the hours used from the other service? Some services can charge 12 hours a day now, whether or not those hours are used. The parent may not want their child going to care at 6 am and in-home care covers that gap and takes the child to care at eight. This is where the services cross. Now the person getting paid is the one that gets the hours in first.

Recommendation 8.4, the removal of the occasional care gaps: Will occasional care receive the new payment and how do you propose to do annual fee for them. In-home care has been promised for hours to be uncapped for many years and we are still waiting.

Recommendation for nannies becoming eligible service: A nanny or au pair is usually a choice made by a family because they do not want to place their children in to a centre. The nanny is expected to do everything for the children, from doing the shopping, looking after the children, paying the bills. They are employed by that family. The family usually has an income which enables them to afford a nanny. In-home care offers this type of service but without the extra duties of a nanny.

My in-home care coordinators usually visit the families every two weeks, do the home safety inspections. We have a play group and we have excursion days to take the children out. We have a toy library. We do interviews with the parents every three months as well. They are also employed by the service and they are covered by WorkCover, superannuation and other insurances.

If in-home care had uncapped hours, we could employ the nannies, we could monitor them and pay for them. Is the Commission looking at nannies doing the same as in-home care or in-home care becoming nannies? The Commission recommends using the family day care ratio for nannies and in-home care services. Families have a different amount of children and different ages. We actually have one with nine children. They cannot pick and choose what children come to their service as family day care do. Do you propose a family has two nannies? If so, who's going to pay for the second nanny?

Recommendation 5.1: This is the portion of the Family Tax Benefit A taken if the child doesn't go to 15 hours of pre-school. Is this going to be seen as a punishment? Some families may not be able to take the children to pre-school for various reasons.

The recommendation 12.6, ISS funding, is available now as an extra payment. It is to the carer. It is not to the service. It is not flexible for the parents' roster which can change. A service receiving a payment for items which you are proposing for special needs children would be most welcome. This could be quoted for and paid for directly to the supplier or the service can be given the money and it can be claimed as an income and an expense.

In-home care has now been going for 14 years and is a very necessary service. Many people don't even know it exists. When parents find out the care is available, it often reduces them to tears. But imagine how we feel when we have to say, "I'm sorry, we don't have any places available." Please uncap our hours.

Did you know that in-home care is not represented on the Ministerial Council for Child Care? In-home care has its own association called NICA, which is now in its tenth year. I am sure with our history and knowledge, we can bring a wealth of ideas to you. Just ask.

The recommendation for Certificate III for all carers and nannies would cause issues with our grandparents and older carers who come to us and will no longer actually be able to care for these children, as they may not be able to study. They are not has-beens and are very much needed to teach the children and share their knowledge and experiences. Do you propose to deny the children of this because their nanny or carer is over 30 and doesn't have a piece of paper from college? Can you organise a prior learning certificate which can be developed for these staff?

Being a mum of four children and now two and three-quarters on the way, I have used several types of childcare while my children were growing up and I know that not all families fit one type of care. We need to encourage parents who choose to work and those who have to, to be comfortable with the type of care they choose. Please stop the daily job losses for parents who cannot get care by allowing services to expand and uncap in-home care.

Thank you.

DR CRAIK: Thanks very much for that. I am not sure we will get to all those issues today.

MS A JOHNSTONE: That's all right. I only did a few for you.

DR CRAIK: We will do what we can. In relation to the issue of special needs, how do you define special needs? I guess my question is why is there 24-hour care required and is that all covered by childcare in-home care subsidies under childcare.

MS A JOHNSTONE: We do have criteria that's given to us by the government which we have to follow.

DR CRAIK: In special needs?

MS A JOHNSTONE: In special needs, yes. So we have to follow that appropriate documentation and the parents can be given whatever care they need.

DR CRAIK: And any number of hours they need?

MS A JOHNSTONE: Yes. Currently what our definition of special needs is, currently in our service we have children with oppositional defiance disorder, ADD, ADHD, cerebral palsy, autism.

DR CRAIK: Are they all diagnosed?

MS J JOHNSTONE: All diagnosed, every single one of them. Mothers with severe post-natal depression or other mental health issues, parents with substance abuse, children with physical disabilities like club foot. We've got one boy who is paralysed. We have a very broad range of children with additional needs.

DR CRAIK: But they're either diagnosed for the children and/or the parent?

MS J JOHNSTONE: For every single person, yes.

DR CRAIK: Okay. The issue of providing 24-hour care, because in our recommendation we're saying that it shouldn't be any more than 100 hours a fortnight because we see childcare as childcare, not kind of 24-hour, not around the clock.

MS J JOHNSTONE: Of course. We have also got recommendations from Family and Community Services.

DR CRAIK: So, we're saying only the 50 hours, yes.

MS J JOHNSTONE: We get recommendations from Family and Community Services who don't yet want to remove a child, but we had to come in – and that parent may not physically even be allowed to touch their child. But our carer has to be there for that child to remain in the home. So that's an issue that needs to be taken into account and that's why our service is good in that way. That these children get to stay at home, but there needs to be supervision; we provide that.

DR CRAIK: Does the carer then have to stay for 24 hours in the home?

MS J JOHNSTONE: Yes.

MS A JOHNSTONE: We can have two or three - - -

DR CRAIK: And you inspect the homes and everything first.

MS A JOHNSTONE: Yes.

DR CRAIK: You're saying every two weeks or something.

MS J JOHNSTONE: I meet with the carers every two weeks to touch base, see how things are going, developmental checklists, all sorts of different things. Then we meet with the parents minimum of three months but we'll often converse over the phone more regularly than that.

DR CRAIK: Can I ask how much you charge?

MS A JOHNSTONE: \$26 an hour, that's by family, not per child. But if there's children with special needs, it can go up to 40 an hour. But we only have one that fits into that, a boy that's paralysed.

MR COPPEL: How many coordinators do you have relative to in-home carers?

MS A JOHNSTONE: Four, and one special-needs coordinator.

MR COPPEL: And the number of in-home carers?

MS A JOHNSTONE: Thirty-five.

MR COPPEL: Are there qualification requirements?

MS A JOHNSTONE: No, there's nothing.

MS J JOHNSTONE: For the coordinators, we need diploma-trained - - -

MS A JOHNSTONE: Coordinators, yes, one of them has to be - has to have a diploma.

MS J JOHNSTONE: Then the rest have to be Certificate III working under.

MR COPPEL: The rest of the coordinators.

MS J JOHNSTONE: Yes.

MS A JOHNSTONE: Our child carers themselves have to have a first aid certificate with anaphylaxis and asthma. They have to have a letter from the doctor to say they're fit and healthy work with children, working with children's check and we ask for a few other things as well. But they don't have to have a Certificate III.

DR CRAIK: Do you think that - I mean we would see in-home carers coming under the kind of nannies program in what we propose. Do you think that coming under the NQF is a good idea?

MS A JOHNSTONE: For the younger ones, yes. For the old ones, no.

DR CRAIK: You'd like to see them grandfathered or something or grandmothered, whatever the right term?

MS A JOHNSTONE: A lot of them have parents saying, "Have you (indistinct) a teacher" this, that and the other. We just want them to be loved and to be taught like we were taught. Show them how a flower grows. Take them out for a walk. Just do all the normal things that they do with children.

MS J JOHNSTONE: I think in my experience with the difference I think both bring very good things to the table. A grandmother who has raised her own children has raised – can care for her grandchildren as opposed to, on the other hand, a very strong education in children's needs. From my experience though, I found that a lot of younger people who have gone through and done their Certificate III previously haven't had training with children, I mean a more practical sense. Because it's unsupervised and in-home childcare, you can't send them off to an infant, they don't know what to do. They don't have that practical experience of caring for a younger child on their own. So grandparents in that sense are fantastic.

MR COPPEL: You mentioned that many of your kids have got a diagnosed disability and a number of them are at risk. What's the interplay between those kids with a diagnosed disability and the support through the National Disability Insurance Scheme?

MS J JOHNSTONE: Nothing.

DR CRAIK: Do you get any support for anything?

MS J JOHNSTONE: No, we don't as a service. Some of the parents do though.

MS A JOHNSTONE: A couple of the parents do though. Unfortunately, what I have seen of that it's very bare minimum.

MR COPPEL: What proportion of your kids that you're looking after are with a diagnosed disability or from a family that is – in a family at risk, kid at risk?

MS J JOHNSTONE: We didn't do all of the kids. We just did 22 families out of currently 50 have additional needs. But in those families some – up to four children in one family – will all be diagnosed with something.

MS A JOHNSTONE: What we find is usually they're the ones that are with the grandparents.

DR CRAIK: You mean they live with their grandparents?

MS JOHNSTONE: And it's because the parents have said, "Hey, we don't want the kids any more." If you're going to take that free care from the grandparents, they shouldn't go back to stay, end of story.

MS J JOHNSTONE: As said before, we have one grandmother who's looking after nine of her grandchildren, all from the same child too.

DR CRAIK: Do you provide in-home care to her?

MS J JOHNSTONE: We provide assistance, yes.

MS A JOHNSTONE: To the grandparent. And she's single on her own.

DR CRAIK: With nine kids.

MS A JOHNSTONE: Yes, 18 months to 14 years.

DR CRAIK: You said there's a wide range of prices that in-home carers charge.

MS J JOHNSTONE: You mean by other services, yes.

DR CRAIK: You said it'd be impossible to set a fee.

MS J JOHNSTONE: We charge the lowest fee because like we're in the Newcastle area. So we know the people's incomes. You can't afford - - -

DR CRAIK: What sort of range? What's the upper range of hourly fees?

MS J JOHNSTONE: Sixty-eight dollars an hour.

MS A JOHNSTONE: Sixty-eight dollars an hour is the highest that we have heard of.

MR COPPEL: Is that overnight?

MS A JOHNSTONE: The majority is in the 40 and 50 an hour, yes.

MS J JOHNSTONE: And this is per child too.

DR CRAIK: So you charge \$26 a family and they would charge \$68 an hour per child.

MS A JOHNSTONE: That's just what we've been told. And if the government wants to put an annual fee, how are you going to work that out?

MS J JOHNSTONE: I think it's better expended in metropolitan city areas. You would expect that the price would be higher but we're a bit more regional and therefore the price should be lower. It should reflect what is – reflect the wages of the families that are working. And Newcastle is very much a tradie town, it's working class.

MR COPPEL: What is the average number of kids per in-home carer that you're looking after? You mentioned one with nine kids.

MS A JOHNSTONE: That's more carer because the grandmother is there. She's there on her own. The grandmother doesn't want anybody else. Josie can probably give you more information on her.

MS J JOHNSTONE: But the average of children to carers across the board - - -

MS A JOHNSTONE: Is one to two, depending on what the issues are.

MS J JOHNSTONE: Probably two is average because you've got some families with four but a lot of families just with one. So I would average two to three.

DR CRAIK: Do you have many with over four kids?

MS J JOHNSTONE: Yes, the majority.

DR CRAIK: With over four kids?

MS J JOHNSTONE: There's quite a few.

MS A JOHNSTONE: But they've come and gone. Not currently. They've come and gone.

MS J JOHNSTONE: Most families get one child into a day care centre. But once you get over one or two, you could get - - -

MR COPPEL: Those fees of \$26 an hour, does that include the cost of the coordinator?

MS A JOHNSTONE: It does, yes.

DR CRAIK: Do you get additional funding from the government?

MS J JOHNSTONE: We do, in-home care, yes. So that helps.

DR CRAIK: So you get the sustainability funding on top of the - - -

MS A JOHNSTONE: Yes. I think it's about 74 cents an hour per child. It's not a lot. But it helps. Everything helps. Because we have a small office, we do very little, bare minimum, and keep everything in the local area. We have a carer, a coordinator who works in one area and everything is sort of like kept to a bare minimum for us. So far we find it works very well. I know there'd be some very upset families if their carers couldn't work for them.

DR CRAIK: How do you assess the safety of a home?

MS J JOHNSTONE: In assessing the safety of the home what we mainly look for – we've sort of got a checklist and we're looking to make sure that your – it's a fine line because it's got to be lived in, it's their home but it's got to meet safety stuff for us too. So we want to make sure that all their chemicals are up higher or they're locked and they're stored correctly, that there's appropriate fencing, that it's generally tidy and free of vermin and it's got fire

alarms that are functioning, they don't have firearms, that they've got evacuation plans in place, that kids' toys, clothes and nappy-changing facilities are all accessible and easy for the carer, and that they have suitable ventilation and suitable vision of the outdoor area and that there aren't any high railings, that they've got to be sufficient as well or retaining walls pose a problem. So we look at quite a range of things.

DR CRAIK: Do you knock back many houses on the basis that they don't meet all those requirements?

MS J JOHNSTONE: Yes, and we do home safety inspections. It was every six months, it's just gone to every three, to make sure that they continue to comply. And we have just suspended two people because their houses didn't comply.

MS A JOHNSTONE: They were also passed on to DOCS.

DR CRAIK: So you no longer provide care. Is that what you're saying?

MS J JOHNSTONE: They've been advised that until their home meets compliance with our home safety check, they will not receive care.

MR COPPEL: What sort of insurance arrangements do you have to cover your in-home carers?

MS A JOHNSTONE: We have WorkCover for all the staff. We just have our million dollar public liabilities and all that sort of stuff that we have to have. We actually have an agreement about this big.

DR CRAIK: With who?

MS A JOHNSTONE: With government. We have to.

DR CRAIK: Federal government?

MS A JOHNSTONE: With the federal government, which we have to follow all their policies and actually provide them with the proof that we have all those insurances.

MR COPPEL: How big a cost is that in the scheme of things?

MS A JOHNSTONE: My WorkCover one is about eight grand this year.

DR CRAIK: You asked why we suggested that family tax benefit A would be linked to preschool attendances. It's meant to be an incentive, not a punishment. Try to get them - - -

MS A JOHNSTONE: Are parents going to think of it that way though?

DR CRAIK: Well, the idea was to try to encourage them to put their kids to - - -

MS A JOHNSTONE: Not all families can get to the preschools. You need to make more preschools, make more places for them.

DR CRAIK: Is there insufficient places in some areas?

MS A JOHNSTONE: In our area, yes.

MS J JOHNSTONE: Very insufficient. I also think that it overlooks some families that are at risk, especially mothers who are suffering severe post-natal and they lack the motivation or the ability to get their children off to school. We deal with quite a few of those families. So getting them off to school, day care, whatever the service may be, that's a struggle for some people. To then withdraw funding is just an added pressure for them.

DR CRAIK: Do you think under our proposal in any arrangement that your service would -- do you think it would work?

MS A JOHNSTONE: If in-home care looked after the nannies, yes. But will the parents agree to how in-home care works?

DR CRAIK: I guess what we were thinking was that there'd be agencies, like yours I suppose, that would look after the nannies. So you have all the superannuation, the tax and everything is properly done as to be expected. But our suggestion was that to receive the government subsidy they would need to come under the National Quality Framework. Now, the National Quality Framework would then need to be tailored to the particular kind of service.

MS A JOHNSTONE: To the home, particularly to the home. With the different languages and the backgrounds and all that sort of -- but nannies also do their cooking, their shopping, their cleaning. They do everything, where that's not - - -

MS J JOHNSTONE: We would need to significantly raise our - - -

MS A JOHNSTONE: That doesn't come within in-home care. They're not covered by WorkCover if they do any of that because it's not part - - -

DR CRAIK: But if they were getting subsidised for childcare the focus would be -- the idea would be the focus would be childcare.

MS J JOHNSTONE: We don't offer that service now and our carers are constantly harassed to do housework. It's already an issue.

MS A JOHNSTONE: "Get tea ready for me when I get home. You haven't put the washing out." "The washing got wet. Why didn't you get it off the line?" Well, the child could have drowned by then.

MS J JOHNSTONE: If we start calling them nannies there's an automatic inference that we will start taking care of their home.

MS A JOHNSTONE: How would you work out their wage? I mean - - -

DR CRAIK: That's up to the nanny agency. That needs to be the agency that's employing them, same way you guys work out - - -

MS J JOHNSTONE: But we're governed by certain rules on what – and family has to have the same charge. You cannot charge a different family a different rate because of where they live, how many children – don't know about the how many children. But if they're on special childcare benefits or if they're on grandparent benefit, you have to charge the same rate. You cannot change it.

DR CRAIK: But you're saying that different services charge different amounts, hourly rates.

MS A JOHNSTONE: Yes. But if we had nannies come to us, we could only charge what we charge. Each family couldn't have a different rate. But that nanny might say, "I want more money. I want \$30 an hour." We can't do that. So then does the family give them the cash in hand? Then the family then misses out on that funding. So how do you make that fine line work?

DR CRAIK: Good question.

MR COPPEL: Just one last question from me. You mentioned that there's that distinction when you talk about in-home carer and a nanny in terms of what's expected. Do your in-home carers take care of washing the kids' clothes or preparing food?

MS J JOHNSTONE: They will prepare basic meals like sandwiches and snacks, but they won't cook. So at dinnertime the parents are required to cook that throughout the day and we will reheat it. We'll tidy up after the mess that the children have made in the home. So the home is to be left at the same standard that it was when the shift started. Nappies and things are disposed of appropriately. It's just to leave the home in the same way that it was when the carer arrived.

DR CRAIK: How long is the average shift? Is that usually 10, 12 hours?

MS A JOHNSTONE: Ten to 12, yes, depending on whether it's - - -

MS J JOHNSTONE: Because they've got to get to and from work as well. Some of them work in the mines of course, their money is fine. But they can do 16-hour days. So there we try and have two separate carers that come in.

DR CRAIK: Do the carers take the kids to preschool or whatever?

MS A JOHNSTONE: Yes, wherever they need to go. They take them to activities.

DR CRAIK: In their own vehicle?



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D Brennan
Associate Commissioner
Early Childhood Education and Care
Enquiry

As the longest surviving IHC provider since its inception under the Stronger Families and Communities Strategy Program 16th April 2000, I believe I am well qualified to comment on the issues presenting IHC. (Some issues mentioned do involve centers as well as IHC.) Please change the IHC to IHCC so there is no confusion with aged care in the home. I cannot help them.

CCS

1) Parents who participate in paid, voluntary work or study should have the choice to access CCS and ACCS to reduce costs of childcare fees.

Reducing the cost of childcare through the CCS is the blood line to affording to work and providing for the family.

If the CCS is not high enough to make a difference, why work? Government **benefits** cover the basic food expenses with help for rent, electricity, water, and many more extra payments for this and that. The amount the CCS is raised in July in line with the CPI is so miniscule that it is not even noticed.

Fees raise because of super, insurances and wage increase. The July 2023 increase of 85% to 90% is all smoke and mirrors for IHC families.

Response

Raise the CCS in line with inflation. Different CCS amounts for different time frames eg weekends, after midnight.

Hours

2) Parents should be able to work where and when they can. Not being restricted to 30 or 40 hours because of the activity test at the time of applying or the amount the support services seem is warranted. eg a nurse is single and has 3 children school age. She works 4 shifts 10pm to 9am each week. (44 hours) She is offered an extra shift at the weekend, but will be paying full fee for part of the time. Is it worth it?

If the activity test does give them 100 hours per fortnight, it does not mean the support service will give the 100 per fortnight. (families are confused by this)

ACCS is another payment for children who are at risk. This is also limited. How a child can only be at risk for only a certain amount of hours unless there is another adult to take over. There are 24 hours in a day.