

No way. The hundred *is* there. *

The child
is made of one hundred.
The child has
a hundred languages
a hundred hands
a hundred thoughts
a hundred ways of thinking
of playing, of speaking.
A hundred always a hundred
Ways of listening
of marvelling of loving
a hundred joys
for singing and understanding
a hundred worlds
to discover
a hundred worlds
to invent
a hundred worlds
to dream.
The child has
A hundred languages
(and a hundred hundred hundred more)
but they steal ninety-nine.
The school and the culture
separate the head from the body.
They tell the child:
to think without hands
to do without head
to listen and not to speak
to understand without joy
to love and to marvel
only at Easter and Christmas.
They tell the child:
to discover the world already there
and of the hundred
they steal ninety-nine.
They tell the child:
that work and play
reality and fantasy
science and imagination
sky and earth
reason and dream
are things
that do not belong together

And thus they tell the child
that the hundred is not there
The child says:
No way. The hundred *is* there.
(Edwards, Gandini, & Forman, 1998, p. 3)

***Translated by Lella Gandini**

About us

Our Philosophy

We believe that the centre should be a place where children and their families feel comfortable, have a sense of belonging and a sense of ownership.

We believe that the centre is in the community and the community is part of the centre.

We believe that people should be valued and respected, that differences in attitudes and beliefs should be honoured and used to broaden our understanding. We respect cultural values within families and the wider community, and believe that it is our role to be responsive to cultural diversity.

We believe children and their families deserve quality care and that this is best served by Educators and parents sharing this responsibility, sharing their relevant skills and information.

We believe in equal opportunity, equity and social justice for all.

Background Information

Swallow Street Child Care Assoc Inc is a community managed, not-for-profit Early Education and Care Long Day Care centre that was opened in March 1976 in Inala, Brisbane. The centre provides programs for children aged 6 weeks to 5 years and includes a government funded Kindergarten program that is provided the year prior to attending formal schooling. We have 56 places per day [8 under two's (3 places under 15 months and 5 places for 15 months to 2 years)] with two Senior Educators (diploma qualified); 10 two to three's with two Senior Educators [diploma qualified]; 16 pre-kindergarten children (2 1/2 - 3 years) with 2 staff [(one Advance Diploma qualified (also Assistant Director)) and one Diploma qualified; and 22 Kindergarten places (one degree qualified Early Childhood Teacher and one Senior Educator (diploma qualified)). We also have 5 children for whom we receive funding for an additional worker; three in the Kindy room for the whole week, one in the 2 ½ to 3 room for 3 days and one in the 2 – 3s room for 2 days. All our inclusion support workers are Certificate III qualified. We also have floats and relief staff who all have, at least, a Certificate III qualification. Our director (Nominated Supervisor) has a degree in Early Childhood Education as well as a degree in Social Work. One of our administrators also has a Graduate Diploma of Early Childhood Education as well as a Bachelor of Commerce. We provide all meals at the centre ie morning and afternoon tea as well as lunch. We only ask the parents to bring one piece of fruit per day which is shared for morning tea. We also provide all consumables for the children ie sheets, towels, hats, sunscreen etc.

Our fees are kept as low as possible; all being under \$100 per day.

We currently have 89 children at our centre; the utilisation rate being 97.9%. 84 of these 89 children (94.38%) are from culturally and linguistically diverse backgrounds (most parents originally arrived in Australia as refugees). Seventy-five of the children's families are entitled to the maximum percentage for Child Care Subsidy (CCS) or are receiving AMEP (Adult Migration English Program) (84.23%). The families have a diverse range of home languages including English, Pidgin English, Sudanese, Vietnamese, Arabic, Tigrigna, Acholi, Dinka, Kunama, Creole, Rohingya, Swahili, Kiswahili, Mandingo, Lingala, Kirundi, Madi, Tamil, Thai, Mandarin, Maori, Samoan, Cook Island Maori, Tongan, Indonesian, Hindi, Persian, Bengali, & Serbian.

Many of our children have to deal with multiple disadvantages, the most obvious disadvantage being poverty. Many of our families suffer from trauma due to the situations that occurred resulting in them being granted refugee status. Seventy-seven (86.52%) of our children meet the criteria for the first two categories of the Priority of Access list ie child at risk or working/looking for work or studying (or with an exemption from meeting the Work Activity Test for numerous reasons eg child with a disability) with all our children under two meeting one of these two criteria and only 1 child over two but under 3 years of age not meeting the first two categories of the Priority of Access. Forty of our children (44.94%) have a disability or suspected disability (including speech and language and learning delays) and 32 children (35.96%) experience other disadvantages including:

Immediate family member with a disability;

Parent with mental health issues;

In foster/grandparent care due to dysfunctional/abusive home situations;

Child at risk due to home situation including abuse, parental use of alcohol and drugs, lack of supervision and are being monitored by Child Safety;

Exposure to domestic violence;

Homelessness;

Families in high stress situations; and

Families experiencing social isolation.

(The above list does not include children of parents experiencing difficult separations and sole parents who have limited financial and practical support).

Thirteen children (14.61%) of the total children attending our centre are under both of these categories ie have a disability/delay and other disadvantages as stated above (not including poverty and refugee status). Therefore, 59 children (66.29%), who currently attend our centre, experience multiple disadvantages.

Only 3 of the children with a disability/under assessment for a disability were identified prior to attending this centre. The rest were identified at this centre by our qualified staff (diploma and degree qualified educators) and referred to an appropriate medical practitioner/therapist. Most of our families rely on the public health system for medical assessments and identification of delays or disabilities and may wait up to 2 years before being seen by a specialist and three years before a diagnosis has been completed.

We did connect with a Brisbane University to undertake a Speech and Language assessment clinic at our centre (free) based on our referrals to the clinic. However, since COVID, we have not been able to access this support.

Our service is located in a Low Socio-Economic Area

<https://www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/latest-release>

	Productivity Commission Statics	Our Centre Statics
Low Income Families	23/100	86.52/100
Non-English-Speaking Background	19/100	94.38/100
Have a Diagnosed Disability	5/100	7/100
Have a suspected Disability or significant delays	?	37.94/100
Total Percentage experiencing disadvantage/vulnerabilities/risks not including low income and/or CALD Background	?	80.9/100

AEDC

Summary Report Comparing Inala to Australia, Queensland, North-West Outer Brisbane community.

<https://www.education.gov.au/early-childhood/early-childhood-data-and-reports/australian-early-development-census-aedc>

		Number and Percentage of children developmentally vulnerable(N (%))							
North West Outer Brisbane community		Number of children	Physical health and wellbeing †	Social competence	Emotional maturity	Language and cognitive skills (school-based)	Communication skills and general knowledge	Vulnerable on one or more domains of the AEDC	Vulnerable on two or more domains of the AEDC
Australia		305,015	28,341 (9.8%)	27,788 (9.6%)	24,271 (8.5%)	21,107 (7.3%)	24,064 (8.4%)	63,264 (22.0%)	32,718 (11.4%)
Queensland		64,983	7,148 (11.6%)	6,536 (10.6%)	6,110 (10.0%)	5,127 (8.4%)	5,596 (9.1%)	15,143 (24.7%)	8,088 (13.2%)
North West Outer Brisbane community		5,137	499 (10.1%)	504 (10.2%)	466 (9.5%)	320 (6.5%)	422 (8.6%)	1,097 (22.3%)	603 (12.3%)
Local Community									
Inala		251	53 (22.6%)	39 (16.7%)	33 (14.1%)	39 (16.7%)	49 (21.0%)	92 (39.3%)	66 (28.3%)

Summary of draft recommendations

1. Affordability and availability gaps need to be addressed to achieve universal access

- We believe that all children should have access to at least three days a week due to the following reasons:
 - We believe that all children have a right to access quality education and care;
 - We believe that for young children, their social/emotional development prior to formal schooling is crucial and that it takes many years for children to learn to share, play co-operatively with other children and make a friend. A significant number of children do not have opportunity at home to socialise regularly with children of their own age;
 - Many parents are not aware that their child/children has/have delayed development or a disability until their child attends child care and a qualified educator makes them aware that their child needs a lot of extra support to grow and learn;
 - At our centre a high number of parents/families are just trying to survive and cope with their difficult home circumstances, and thus, they desperately need a break from caring for their children;
 - It is frequently not until a child attends an ECEC that a qualified educator determines that the child is at risk of neglect or abuse;
 - The Department of Child Safety regularly uses qualified educators at ECEC centres to monitor the safety and progress of children who are at risk and contacts them for updated reports;
 - The vast majority of the families from refugee and C.A.L.D. (Culturally & Linguistically Diverse) backgrounds have had limited opportunity to access formal education in their home country, have a home language that is verbal only (and not written) and have never previously held a pen or pencil in their life. Therefore, these families along with some parents who are born in Australia but are not literate, are not able to model or support the development of English speech and language for their child/children;
 - A significant number of our families are disadvantaged due to having very little or no family support outside of their immediate family, which also can result in social isolation; and
 - Domestic violence, abuse, depression, and many other risk factors are **not** limited to low socio-economic backgrounds. In fact, families dealing with these issues in more affluent areas may have even further difficulties as the community does not expect these things to happen in “rich”, educated or “well-off” families.

Consequently, we believe the best option is option 2 under modelled Child Care Subsidy policy options with an amendment. We think a limit to how low CCS tapers down should be capped to eg 25 or 30%. The reason for this is because with cost of living, mortgages etc, middle- and high-income families may struggle paying full fees, especially if they have more than one child at a ECEC centre (**DR 6.2**).

Option 1 does not support low-income families relating to affordability. As we are not allowed to discount child care fee gaps, many of our families struggle to pay their debts.

Options 3 and 6 may make ECEC affordable for families but unaffordable for the federal budget. Also Option 6 would be the least preferred as we see it as unfair and not socially or financially responsible.

Option 4 would be our second choice as there are many difficulties that families experience that they would not reveal to a government department. However, ECEC centres pick up on many things relating to family circumstances and in many cases at our centre would confide in us but no-one else.

Option 5 would be difficult to achieve as centres would have to agree to capping their fees. It is also unfair and not socially or financially responsible.

Information provided for families should be as simple as possible and in as many languages as possible. For example, at the moment, the Queensland Government is promoting "Free" Kindy, but it is only free for 15 hours a week for 40 weeks. Many of our families do not understand the concept even those for whom English is their first language (**DR 6.3-6.6**). For a significant number of CALD families who have oral rather than written languages this information needs to be in a form that they can listen to. Even if the information is in English it is much easier for these families to comprehend if it is in an oral form.

We agree to the other recommendations under this category.

2. Availability can only improve if workforce challenges improve

We are extremely lucky at our service that most of our staff have worked here for, at least, 15 years; the majority more than 20 years. However, most of our staff are over 50; seven being over 60 years old. In 5 years, our situation will not be very good if there are not more qualified staff available.

When Kindergarten started to be funded in Long Day Care services, I made a suggestion to the government that a course should be developed where diploma qualified staff with considerable experience could do an intense period of study (for example) for 3 months and then become a provisionally qualified ECT (Early Childhood Teacher). Also I suggested they would be allowed to be the ECT for the Kindergarten program with a further 2 years study with a mentor to obtain their full degree.

The staff member at our centre who is the best educator/teacher has an Advanced Diploma in Children Services. She cannot teach the Kindergarten Program. If a course had been developed in 2010 for these situations, she would now be the ECT. However, she is now 60 years old and there is very little chance that she would now undertake further studies, especially for 6 years part-time.

Pay and paperwork are the main issues impacting staff at services.

The only way we can see an improvement in the pay conditions of ECEC staff is for the federal government to pay for the increase, similar to the Age Care sector. Or increase the hourly capped rate for CCS by the percentage wages rise. We certainly couldn't afford to pay much more than the Annual CPI increase plus the increased percentage payable for superannuation even though we would want to if we could as we do value our staff.

The amount of paperwork that the administration staff (including the nominated supervisor (director)) and Educators have to do is out of control, and sometimes, unnecessary. We feel like we have to justify everything we do and say. Our centre wants to provide a home-like environment, but it is looking less and less like a home-like environment and more like an institution. Visual pollution is taken to another level in ECEC services. And the worse thing about this is most of our families cannot read what we are required to put on display and the ones who can are not interested.

The amount of paperwork the educators have to complete is becoming so much that it impacts on the quality of the programs delivered and puts supervision at risk of not being optimal.

It should be noted that the pay rates and entitlements for an ECT in LDC are greater than what the Director (nominated supervisor) is paid. This is wrong. The Director or nominated supervisor has responsibility for the whole centre, staff, children, and families whereas the ECT is only responsible for delivering the Kindergarten Program and the children within that program.

Standard of Qualifications

It is imperative that the standards of training and education for Educators be consistent throughout Australia. Originally a Certificate 111 required studying for one-year full time or two years part time and a Diploma required studying for two years full time or four years part time. Over the years this requirement along with the standards of these two courses has been eroded through the deregulation of Training Providers and through many of these Providers attracting students by offering courses that are far cheaper, far less work and that take far less time ie. fast tracking. We believe there are many disreputable Training Providers and have observed firsthand a number of students coming to placement at our centre and being expected to complete a multitude of competencies in, for example, just five days. (In five days, a student can barely get to know the children, the Educators, and the routines.) Of course, we have only marked off the competencies that the student has genuinely achieved and have refused to mark off any others.

We have also experienced quite a few Training Providers not taking on their training responsibilities of marking off competencies, assisting students with assignments and monitoring students on placement but rather putting all of these responsibilities

onto staff at our centre. Some Training Providers have not even visited the students once during their placement. One Training Provider lied by saying that there were no competencies to be marked off, but a week after the student commenced placement a thick workbook of competencies to be completed was dropped off at our office.

We are extremely concerned about Educators who are fast tracked not being competent with safety and health issues; not knowing the basics like how and why you wash your hands and change nappies using required techniques; not being able to prepare paint and make playdough; not having resource folders for songs, finger plays and stories; not being able to program correctly: and most importantly not being able to interact positively with children, their families and other Educators.

For these reasons, we believe that the only way to maintain and improve standards of education/training and the only way for Educators to be seen as professionals would be for all education/training to be under TAFE or University.

We agree with all the Commission's other recommendations under this category.

3. A universal ECEC system has to be inclusive of all children

We recommend that Inclusion Support funding should be assessed similar to the NDIS Early Childhood Approach.

<https://www.ndis.gov.au/understanding/families-and-carers/early-childhood-approach-children-younger-9>

It takes us considerable time to gather the information required, apply and claim for inclusion support funding. The legislation and policies are tedious and time consuming. We can go 2 months before we are advised of the result of the application. The cases are reviewed constantly which is also time consuming. The IS Portal is not easy to use and glitches many times. Most of our families when asked to get evidence of a delay or disability do not agree with us (this is not uncommon for parents to feel there is no developmental issues with their children). This then makes it even more difficult to obtain evidence. For example, we had one family that it took us 2 years to convince them to take the child to the doctor with a letter from us explaining the developmental issues. Towards the end of his final year with us we received funding for an additional worker. That child has now been diagnosed with Level 3 ASD.

We cannot apply for funding for a child before they start even if the child has a known disability.

The Inclusion Support Fund for an additional worker is only available to be used to improve the educator/child ratio and to support all the children in a particular room. However, we are only entitled to one additional worker per room regardless of how many children have additional needs. For example, our Kindy room has more than half of the children who are displaying learning delays, some quite complex. This does not include that most children in the Kindy room are from culturally and linguistically diverse backgrounds. We have heard other services are in a similar situation.

The main barrier for inclusion at our service is there is only so much 3 staff (including an additional worker) for 22 children per day can do with multiple children with additional needs. We have had a lot of children with additional needs at our service over the years and our staff are burnt out.

Poverty and English not being the families first language creates the greatest barriers for our families and children, especially when dealing with CCS requirements.

Families with one or both parents being casual workers also have additional barriers because currently they have to “estimate” the highest number of hours they will be working in a 13-week period. What more can I say!!!!

The complexities of the Child Care System also create barriers for services being inclusive of all children as addressed under Information Requests.

We, as an ECEC service, are not entitled to free interpreter service. We rely on staff and other families to support us with communication with most of our families. This is a definite barrier.

We agree with the other recommendation proposed under this category.

4. ECEC services do not consistently respond to family needs

We believe we are responsive to our families’ needs regarding use of their hours and their ECEC needs. We provide several different hours and fees to support families to access ECEC. Currently, we have 6-hour, 7.5-hour, 9-hour, and 10-hour fees sessions ranging from \$83.00 per day to \$95.00 per day. We have had no requests or demand for occasional ECEC for the hours not utilised by our families with their bookings eg 6am to 8am or 3.30 – 6.00pm.

We have always kept our fees low. We only can do this by the management committee or admin staff volunteering time for admin work. I am currently writing this on weekends and my holidays. We would be keen to increase our fees a little more than usual if the Commission’s recommendations are implemented.

5. Quality is paramount to achieving the benefits of ECEC

We believe that the current National Quality Framework is more a barrier than a tool to improve the quality of Early Childhood Education and Care. There is a lot of paperwork that really does not contribute to the quality of ECEC and assessments are not done in a timely manner.

6. New coordination mechanisms will support universal access

We do not know what to discuss in this section. I am sure other submission writers have provided a wealth of information and suggestions. However, it would be a good idea.

Information Requests

1. Other Issues relating to affordability and availability of ECEC and Potential measures to reduce CCS administrative complexity

Allowable Absences

Families, in general, are entitled to 42 absences (including Public Holidays) and still have CCS paid to the centre. After the 42 days they will only be entitled to CCS if they meet certain conditions eg they have a medical certificate, there is a parenting plan <https://www.servicesaustralia.gov.au/child-care-subsidy-if-your-child-absent-from-child-care?context=41186>.

However, in the first 42 days no reason for the absence can be offset with the additional allowable absences' conditions.

Consequently, their child might have been ill, and they had medical certificates during the first 42 days, but then they want to go on holidays. They would have to pay full fees if they have used their 42 allowable absences (there are some exemptions).

We urge the Commission to recommend that if there is evidence for an absence in the 42-day period, that this can become an additional absence rather than a normal allowable absence allowing the families to have access to allowable absences for other reasons eg holidays.

AMEP (Adult Migrant English Program)

The information provided by the Federal Government Department of Home Affairs states that free child care fees are available when studying English under AMEP.

<https://immi.homeaffairs.gov.au/settling-in-australia/amep/about-the-program>.

However, Queensland TAFE limits the amount they pay per day for child care fees. Consequently, we either must reduce our fees for the AMEP families or they have to pay a gap. TAFE also will not generally pay for absences without a medical certificate, even for one day. The parents are expected to pay. They will not pay for school holidays if the child attends and don't pay for the holidays from end of term 4 and the beginning of Term 1 the following year, although it is expected by both families and TAFE that we keep a place for those children. This causes issues for the child if they are kept at home. Many, when they return, have to be re-settled causing more issues.

They do not pay for a settling-in period for a child which we require all families to do. Our settling-in period typically takes 1 to 2 weeks. An unsettled child is not the best way to start at an ECEC centre. Many times we have had to call TAFE to ask them to ask the family member to collect the child because they were distraught.

These families are treated very differently to those who access CCS.

We have never understood the philosophy behind paying AMEP under a different system although I'm sure that someone from the relevant department would be able to explain the reasoning behind it. However, although we support AMEP and the fact it covers the general costs of childcare for certain circumstances and types of care, I do not understand why it cannot be part of CCS. This would save considerable administrative time and costs both for the service provider, the government and the AMEP provider. AMEP families would access 100% CCS to provide what the government promises ie Free Early Childhood Education and Care.

Consequently, the best solution would be (if the families meet all the other eligibility criteria for CCS) for these families to access CCS and for AMEP to just pay the gap (if any).

Centres and family dealings with Government Departments and Agencies – Centrelink and Non-Government Organisations

I actually am finding it difficult to describe our dealings with government departments, their agencies and other non-government organisations (Inclusion Support Providers and Agencies). Obviously, by its very nature when you are dealing with bureaucracies it can be frustrating and exhausting. There has been a greatly reduced level of service for both us as a centre and for our families. I suppose because we have such a high number of families from culturally and linguistically diverse backgrounds it is compounded. However, when basic entitlements are not processed correctly, it is of great concern especially when this can result in a multiple number of contacts to try and resolve the issue.

The reason why I bring this up is many recommendations assume that eligibility and entitlements will be processed in a timely and correct fashion and that most families can do their business on-line. I'm sorry to tell you that this usually does not occur. We have families that can wait for months for their CCS to be granted and

sometimes, the grant is not even correct. Most of our families don't understand MyGov and I have to assist them which takes a lot of time and energy.

There are also Centrelink requirements to continue to receive CCS eg immunisations, 4-year old health checks, tax return lodgements for current and past tax years and advising both Centrelink and Tax Department if they don't need to lodge a tax return that our families have to comply with. If they do not, their CCS is cancelled. We receive requests from Centrelink (that are sent to all services) to remind families about these requirements. This is very difficult for us because of the language barrier and most of our families not understanding what they need to do. We personally have to speak with all families about these issues and support them to comply. This is very time-consuming that many other services do not have to deal with in such high numbers. Sometimes our Director has even had to go with the Parent/Carer to Centrelink in order to help them to find out what the issue is and how best to resolve it.

In fact, we have to support a majority of our families with pretty much everything both ECEC related and other matters eg housing, domestic violence.

One way that centres could be "used" to support the processing of CCS claims and changes is by giving centres the ability to submit an enquiry through CCMS for families. This enquiry would register a transaction on the Centrelink database which could be selected by staff at Centrelink who process the enquiry thereby ensuring that the correct details are processed. This would be extremely helpful for families, the centre and Centrelink, especially if the centre had the ability to put notes into the transaction. There would be no issue with the Privacy Act as the centre would not be receiving any information other than that they already receive through CCS.

Another suggestion would be if families could give permission at time of the claim for ECEC centres to make enquiries on behalf of families (relating only to CCS).

A more creative suggestion, which I believe is workable, is maybe one service in each Centrelink area could be an agent for Centrelink for CCS purposes only. Obviously, confidentiality and access to records would have to be assessed.

Another suggestion that may support a more efficient processing of CCS would be to automatically grant CCS at the time the family claimed FTB (which a majority of families would do). As CCS is only paid when the family utilises ECEC, there would be no extra costs associated with this recommendation (except for a change in software). Families already have to notify Centrelink of changes so if both FTB and CCS was updated then, in most cases, the current information would be correct. This would mean that when a family uses ECEC the centre can advise the family immediately when the fees are payable.

CCS Debts

In the last year or so, Centrelink has been recovering CCS Debts from the family's CCS entitlement paid to the centre. This is usually 20% which again impacts our families greatly. Centrelink is basically using us as debt collectors, and we have nearly a 0% likelihood of collecting monies owed to us. Centrelink is in a much better situation. This is a highly complex thing to explain to parents/carers of CALD backgrounds with English as a second or third language and even if they do eventually understand what we are explaining to them they sometimes don't believe us that they have a Centrelink debt.

We ask the Commission to recommend that debts should be recovered in other ways and certainly not at the rate of 20% of entitlement.

CCS Payment Cycle

Currently, CCS is based on a fortnightly cycle. This causes us many difficulties. If a family's hours change in the second week of the fortnight to less than the hours in the first week of the fortnight, the hours they were booked in the first week are taken off their entitlement in the second week resulting in the family not having enough hours in the second week to cover their new bookings. For example (based on the current CCS) if a family is entitled to 100 hours per fortnight in the first week and the child is booked in for five 10 hour days, and only 36 hours per fortnight in the second week and booked in for two 9 hour days, they would be paid 36 hours CCS for the first week and will owe 14 hours in the first week and 18 hours for the second week. Consequently, they will need to pay for 32 hours of full fees and this makes it unaffordable for families.

We request that CCS returns to a weekly payment.

Children with Additional Needs

We also have considerable dealings with Inclusion Support Providers and Agencies. The government is constantly changing criteria as well as the forms, formats of reports and documents we need to provide when we are applying for Inclusion Support Subsidy (ISS). Sometimes it is not made clear by ISS as to the range of documents that are acceptable and the precise wording of an Evidence Letter that is acceptable. This can result in even more time being taken for the application to be approved. The following is an example of the cumulative delays we experience on a regular basis. A week after it was requested a paediatrician provided an Evidence Letter regarding a child who was still waiting for their assessment. However, the wording of that letter was not accepted for the IS Application. Then, even though I emailed a request for another letter to the correct email address, this request was collected by a different section who held onto the email for a week and did not pass it on to the relevant section. Following this week's delay, due to the paediatrician only working part time at that location and being extremely busy, it took a further

two weeks for the paediatrician to provide a letter that was deemed to be acceptable.

In the draft report many references are made to children with additional needs. Unfortunately, in the world of the public health system, obtaining a diagnosis for a child with additional needs is very drawn out. We have many families who are on the waiting list with the developmental unit at the local community health centre or at the children's hospital and have been for over a year. If entitlements to extra support, whether that be through extra child care subsidies or extra funding, for the centre to support a child with extra needs is dependent on a diagnosis then many children and their families will be placed in a situation of great disadvantage.

I propose that instead of looking for a label to place on a child, that an emphasis be placed on what a child can do compared to what would be expected of a child of that age - similar to how eligibility to Carer Payment and Carer Allowance are assessed under Centrelink <https://www.servicesaustralia.gov.au/sa426>

As you see the form is completed by a medical practitioner. It looks at the highest level a child can achieve under certain developmental milestones (this is used if the child doesn't have a disability that entitles the carer to an automatic eligibility to Carer Allowance – these disabilities are also listed on the medical report form). Centrelink then compares these answers to what would be expected for a child of that age, and this determines whether the carer is entitled to Carer Allowance. I do not know about the comparison levels used by Centrelink and I think it is processed through computer software. However, obviously the government would be able to access this information enabling them to utilise this same system for support for families using ECEC. If this form is good enough to grant Carer Allowance, why is it not acceptable for funding under Inclusion Support?

The downside of implementing this recommendation is that more people may then be able to access Carer Allowance and therefore, increasing the cost of that funding program.

Payment of arrears of CCS

Currently, most of CCS arrears are paid to the family on the assumption that they were paying any extra amount themselves to services. However, our families cannot afford full fees or higher gap fees. Consequently, they will have a large debt to us, and we have to rely on the families to pay us when they receive the arrears. Most do not. Living in poverty or near poverty makes using the monies for other purposes very real and tempting.

Option 1 - Pay all arrears to services with the condition that any excess above what the family owed is paid to the family by the service provider.

Option 2 – Have the CCS software advise Centrelink the date families are paid up to and pay any arrears (that has not been paid by them) to the service provider.

Our Recommendations (Other than those proposed by the Commission)

- 1 CCS to be made a weekly payment with increases in entitlement to take effect from the Monday of that week and decreases in entitlement to take effect from the Monday of the following week.
- 2 Free Interpreter Service for ECEC.
- 3 A system to support services to support families as discussed under *Centres and family dealings with Government Departments and Agencies – Centrelink and Non-Government Organisations*".
- 4 For services to be paid the arrears of CCS in most circumstances.
- 5 For a form similar to the form used by Centrelink for Carer Allowance to be utilised to assess eligibility of funding under Inclusion Support.
Option 2 under modelled Child Care Subsidy policy options be adopted with amendment. We think a limit to how low CCS tapers down should be capped to eg 25 or 30%. The reason for this is because with cost of living, mortgages etc, middle- and high-income families may struggle paying full fees, especially if they have more than one child at a ECEC centre.
- 6 A bridging course (for those who have a diploma and at least 10 years' experience in ECEC and would like to obtain an Education Degree in ECEC) delivered by a University where they do an intense course for 3 months then be given a provisional Teacher status. After they do this, they would continue their studies part time with a mentor for two years. It would be optimal if the government supports this by the payment of wages during the 3 months.
- 7 CCS Debts should not be recovered from CCS entitlements paid to the service providers.
- 8 More support for services that have a high number of children from CALD background or have risks or vulnerabilities in either their development or home situation.
- 9 Include AMEP in CCS so there is equitable treatment of families accessing ECEC.
- 10 Change how Allowable Absences are used as discussed in **Allowable Absences**.
- 11 Decrease the amount of paperwork including what needs to be displayed.
- 12 Change how many additional workers can be in one room.
- 13 To fund services (both with capital and on-going funding) with our situation or similar to provide a HUB service with therapies, provide support regarding Centrelink and other government departments requirements and assist them with complying with governmental requirements, social work services, and parenting programs.

Conclusion

We plead with you in your deliberations over the final draft that when you consider whose interests are the most important ie service providers, taxpayers, parents/guardians and children, that you will put the best interests of the children before anyone else's economic concerns.

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