**Child Australia**

Submission to

the Productivity Commission 2014

# Background

Child Australia is a not for profit organisation dedicated to improving developmental outcomes for children through education, early childhood services, family support and advocacy.

* We have helped build the capacity of the early childhood sector by providing education and inclusion support for early childhood students and professionals across WA and the Northern Territory.
* We engage directly with families and children through our early learning facilities, mobile services and parent support programs.
* We actively pursue opportunities to work with others to integrate early childhood development services across Western Australia and the Northern Territory.
* We are sector leaders in our advocacy for high quality inclusive early childhood development services.

Child Australia has early education and care services, outside school hours care and budget based funded services across Western Australia and the Northern Territory.

The Lockridge Centre in WA is an integrated centre using a multidisciplinary approach, interesting care and education planning and support from family support teams including child health nurse who is embedded on-site as well as external speech, psychological and developmental support such as occupational therapy.

In the Northern Territory, the Farrar Early Learning Centre in the Northern Territory is collocated with a GP Super Clinic and the Nightcliff Centre is collocated on a school site. The Bagot Community Outside School Hours Care offers a specialised indigenous program for the community children and training and employment opportunities for local community members.

# Submission

**Creating a single child based subsidy**

Reference: Draft recommendations 12.2 and 12.4

Child Australia supports in principle, the simplification of child based subsidy as described in the draft recommendation. We are concerned that caution is taken to ensure that linkage of the JET payment into this bundled payment does not create a payment that is only available to parents who are working, studying or looking for work.

Child Australia manages a program which supports a number of families who, due to illness, family crisis or factors beyond their control are unable to work or study at this time. These families and their children need the care and education offered at our services. Access to fee subsidies are integral to the support for these families and allows them to develop strategies and seek support to support their families in the longer term.

**Funding options for ECEC services (diverting funding from the proposed Paid Parent Leave Scheme)**

Reference: Draft finding 12.1

Child Australia is advocating that the period of time parents have with their young children in their first year is supported and recognised for its importance to parent child attachment.

Funding to provide appropriate and flexible support during the earliest years will return benefits to parents and children and better support families whether they are returning to work immediately or seeking support for their children with additional needs

Reference: Draft Recommendations 8.3 and 8.4

Child Australia supports both of these recommendations. They both offer services and parents the opportunity to develop more flexible services that better meet family needs.

**Approval of Nannies**

Reference: Draft recommendation 8.5

The term ‘Nanny’ does not yet have an agreed meaning in the Australian community. Community feedback indicates that there is work to be done to codify an agreed set of skills and an agreed description of the role.

Child Australia notes that the manner of regulation of nannies is also yet to be described. Child Australia sees the role of the regulator as critical in the development of a model that adequately provides protection for the children alone at home with the nanny, reassurance for the families and one that does not create a market imbalance between the regulation of nannies and the regulation of approved services.

**Access of children with additional needs to ECEC services**

Reference: Draft recommendation 12.6

#1 ‘The Special Early Care and Learning Subsidy’: Child Australia supports any initiative which adequately supports the access of children with additional needs to ECEC services. All parents want the best for their child. The extra costs faced by parents of children with additional needs make affordable and accessible all the more important, but these needs are impacted by the ability of services to offer places.

Child Australia offers access to children with additional needs, however is routinely asked to cover a significant proportion of the cost of additional staff and resources to support those children. A number of parents have reported to Child Australia staff that previous attempts to enroll their children at other services have been unsuccessful or unable to be maintained at the other services because of these costs. (Further detail is given below).

#2 ‘The Disadvantaged Communities Program’: This proposal has merit. Child Australia looks for further detail before offering support.

#3 ‘The Inclusion Support Program’ Child Australia looks for further detail before offering comment. Of concern is the reference to ‘once off payments’. Children’s additional needs often become apparent as the child develops over time. This development often brings new challenges and over time, new costs. Any funding system must include the flexibility to recognise and support the child as they grow and develop, particularly where that development throws up new challenges.

Child Australia understands the concept of services that are framed through the lens of a seamless childhood. This service mean that a parent whose child grows and moves from ECEC service to Outside School Hours Services does not face further barriers during that transition and that these children are adequately funded in Outside School Hours Care.

**Access of children deemed to be ‘at risk’ or with diagnosed disability to ECEC services**

Reference: Draft recommendation 12.7 and 12.8

The ongoing support for children accessing ECEC services is critical to their needs being met and families being supported.

Child Australia is concerned that the ‘deemed cost’ of services in the funding model more accurately reflects the actual costs of services. It is important to note that services such as ours provide support to multiples of children and an inadequate ‘deemed cost’ formula for 10 children for example, provides an accumulated burden for the service.

**Related costs of providing services to children deemed to be ‘ at risk’**

Reference: Information request 8.1

As discussed with the Commission, Child Australia is happy to provide further information to the Commission on the real world costs of providing services to children deemed to be ‘at risk’ or with a disability and invites any further questions that relate to this request. Please see the information at Attachment 1.

**Integrated ECE services**

Reference: Draft recommendation 13.1

Child Australia is a provider of integrated services and strongly supports the greater use of these in disadvantaged metropolitan and rural/remote communities.

**Related costs of providing integrated services to disadvantaged metropolitan and rural/remote communities**

Reference: Information request 8.2

As discussed with the Commission, Child Australia is happy to provide the Commission further information on the real world costs of providing integrated services to disadvantaged metropolitan and rural/remote communities and invites any further questions that relate to this request. Please see the information at Attachment 2.

**Qualifications**

**The Commission has discussed the value of qualifications and their value and impact on children.**

Child Australia submits that birth to three is the most rapid period of brain development in life[[1]](#endnote-1).

There are many factors related to providing quality education and care that can influence children’s development but it is teacher education and training that is most effective in promoting optimal child outcomes (Burchinal, Howes &  Kontos, 2002).

Educators with an undergraduate degree in early childhood education or a related field have been shown to be more responsive to individual children’s needs and provide more stimulating curricula (Burchinal, Cryer, Clifford, & Howes, 2002; Dwyer, Chait, & McKee, 2000; Weaver, 2002).

Furthermore, developmentally appropriate practices improve developmental outcomes for children and these practices have been observed on a more consistent basis when educators receive specific training (File & Gullo, 2002).

The Commission has requested further relevant references to support consideration and discussion of issues related to qualifications. Dr Sharon Davies at Child Australia submits the following:

* Burchinal, M., Howes, C., & Kontos, S. (2002). Structural predictors of child care quality in child care homes. Early Childhood Research Quarterly, 17(1), 87-105.
* Burchinal, M., Cryer, D., Clifford, R. M., & Howes, C. (2002). Caregiver training and classroom quality in child care centers. Applied Developmental Science, 6(1), 2-11.
* Dwyer, C. M., Chait, R., & McKee, P. (2000). Building strong foundations for early learning: Guide to high-quality early childhood education programs. Washington, DC: U.S. Department of Education, Planning and Evaluation Service.
* File, N., & Gullo, D. F. (2002). A comparison of early childhood and elementary education students' beliefs about primary classroom teaching practices. Early Childhood Research Quarterly, 17(1), 126-137.
* Weaver, R. H. (2002). Predictors of quality and commitment in family child care: Provider education, personal resources, and support. Early Education and Development, 13(3), 265-282.

Further to the above, the following international policy statements are particularly relevant:

* From Canada: <http://www.google.com/url?sa=t&rct=j&q=first%20duty%20charles%20pascal%20outcomes%20for%20children&source=web&cd=1&ved=0CBwQFjAA&url=http%3A%2F%2Fywcacanada.ca%2Fdata%2Fresearch_docs%2F00000001.pdf&ei=h3f1U6GeE8eLOfjdgdgB&usg=AFQjCNGM4HD7QFfYj-86EqyRDFlVVzZKjg&bvm=bv.73231344,d.bGQ>
* From the United Kingdom:

<https://www.gov.uk/government/news/childcare-qualifications-overhaul>

* Other -

Oberklaid, F and Moore, T (2014). Childcare and early childhood learning. Presentation to Public Hearing of the Productivity Commission’s Inquiry into Childcare and Early Childhood Learning

<http://www.google.com/url?sa=t&rct=j&q=%E2%80%A2%09burchinal%2C%20m.%2C%20cryer%2C%20d.%2C%20clifford%2C%20r.%20m.%2C%20%26%20howes%2C%20c.%20(2002).%20caregiver%20training%20and%20classroom%20quality%20in%20child%20care%20centers.%20applied%20developmental%20science%2C%206(1)%2C%202-11.&source=web&cd=1&ved=0CBwQFjAA&url=http%3A%2F%2Fwww.community.nsw.gov.au%2Fdocswr%2F_assets%2Fmain%2Fdocuments%2Fresearch_qualitychildcare.pdf&ei=qHn1U6i0HNSiugSil4K4Aw&usg=AFQjCNHwSZAg8UCJHeaiZ6h5qOF6y53WYw&bvm=bv.73231344,d.dGc>

Research and program staff from Child Australia are available for further discussion on this issue.

# Attachment 1

**Related costs of providing services to children deemed to be ‘at risk’**

TYPICAL CASE (Example)

Child history

John is a 3 year old child with a preliminary diagnosis of global development delay. He has minimal speech, is unable to feed himself, plays alone and is subject to significant swings in behavior related to frustration. John cannot self settle and is reluctant to sleep. His approaches to other children and staff rapidly evolve into John hitting, scratching and biting.

Family history

Dad is unable to work due to his caring for his son and his own health. John has two siblings who are struggling to cope with their brother. Dad is unable to allow any of the children’s friends to visit. The siblings are unable to attend after school activities such as sport as Dad is unable to afford the cost and unable to guarantee that John’s needs will not override transport requirements or parent attendance rules.

Centre based care history

Dad is seeking child care while he seeks treatment for depression and arranges specialist intervention for his child. One previous child care service asked John’s dad to remove him as their staff were not able to cope with John and his needs, and the inclusion support funding available did not adequately cover the cost of a support staff member.

Centre and family plan for John

Enrolment to the Centre: The Centre has received a referral from the family support team at the local heath service. The referral includes diagnosis and an offer of information only. No other support is available. The Centre is advised that before a support package can be designed, John is wait listed for assessment for a high needs support unit but this assessment is still 6 -8 months off.

John starts at the Centre and as John is seen to have high needs – he cannot be left alone at any time for any reason - an educator is allocated to be his primary carer within 24 hours of enrolment. The compulsory 4 week observation and orientation period begins where his strengths, needs and his parent’s wishes for his child are documented. An initial plan is put in place.

The Centre contacted the relevant local Inclusion Support Provider. Flexible support funding is available for 100 hours only. During this period an application can be made for the Inclusion Support Subsidy. This funding lasts 12 months before a whole new application has to be made. This process is begun.

Table 1.1 gives the real staffing and funded staffing costs.

**Table 1.1: Staff costs for John**

|  |  |  |  |
| --- | --- | --- | --- |
| **Flexible support funding for the first 100 hours** | **Inclusion support subsidy for the 12 months** | **Hourly wage****Cert III 1 year experience\*** | **Real cost to Centre** |
| $17.19 per hour | $17.19 per hour | $19.72 per hour | $2.53 per hour |
| 100 hours cappedUsed up in 4 wks. | Attended hours Avg. 6 hours a day | Attended hoursMin 4 hours  | $15.18 per day$303.60 per mth. |

\*Full wage figures are given in Attachment 3

The Centre costs incurred for John’s care and education require an outlay above budget and this requires us to make a decision whether to limit John’s access to the Centre per day.

This is an enormously difficult decision as John’s family is attempting to cope with a parenting and family picture that is daily impacting on the dad and John’s siblings, and placing each at risk. Put simply, such a decision could mean that they don’t get a break and a critical chance at time for their own development and healing; and John will miss out on vital early education and care intervention.

Child Australia is a not for profit organisation. If there are incurred costs above the funding then they have to be borne by the Centre and passed on to other parents through their fees.

**The issue is…**

In this Centre we have 4 John’s.

The impact on the service of taking the additional children is $**1214.40** a month.

**In addition …**

The time taken for the application for additional funding, which involves a completely new set of paperwork in addition to the Centre’s already comprehensive documentation kept as required under the National Quality Framework. The impact of this is set out in Table 1.2 below:

**Table 1.2: Cost of making an application for inclusion support funding**

|  |  |
| --- | --- |
| **Action** | **Time and cost** |
| Application form  | 1 hour |
| Time to discuss with parents | 1 - 2 hours |
| Initial observations documentation | 6 hours |
| Inclusion support subsidy documentation  | 8 hours |
| Total  | 16 -17 hours |
| Rate (Diploma qualified senior educator)  | $24.25 |
| Cost of funding specific documentation **per child** | $388.00 |

# Attachment 2

**Related costs of providing integrated services to disadvantaged metropolitan and rural/remote communities**

**Definition**

There are a range of ideas as to what an integrated service is. The consensus is now that the integrated service is defined as a range of services tailored to a local community of any definition, including cultural, geographic or need type. The components of the integrated service share a management or share a purpose, not necessarily both.

**Our service**

* Early Child hood

o Centre based care and education (60 place)

o Community Health Nurse

* + Mothers group
	+ Parent and child mental health support

O Pre-kindergarten

O Kindergarten

O Hub Services for children who have a therapy team

        Middle Childhood

O Outside School Hours Care (30 place)

O FIFO parent support

O Sibling support for children with a sibling with additional needs

O Hub Services for children who have a therapy team

         Leadership and management teaching and learning

O Emerging leader Professional Development program and support sessions

O Management Professional Development program and support resources

         Research

* + Emerging multi partner program
* Development
	+ A real and a virtual place and space devoted to the understanding of early and middle years (policy, professional learning and practice)

The cost of the integrated service is given in Table 2.1 - 2.2 below:

**Table 2.1: Costs of an integrated service additional to a normal education and care service which are directly related to the integrated service**

| **Normal education and care service centre budget checklist** | **Requirements additional to a normal education and care service which are directly related to the integrated service** | **Costs additional to a normal education and care service which are directly related to the integrated service** |
| --- | --- | --- |
| **Income** |  |  |
| Fees | Early Childhood Centre and Outside School Hours Care are the only budgeted fee paying services.  | Lockridge is a lower socio economic community. No further fees are charged |
| Grants | Grant funding is needed for each area of the service that isn’t receiving an income:Early Childhood* Community Health Nurse
* Mothers group
* Parent and child mental health support
* Hub Services for children who have a therapy team

Middle Childhood* FIFO parent support
* Sibling support for children with a sibling with additional needs
* Hub Services for children who have a therapy team

Research* Researching systems and management processes, as well as professional practice issues, requires grant applications

Development* Funding the development of the real and IT based place and space that can respond to the needs of the local and professional community.
 | Current grants include:Development Grants (Child Australia)Communities for Children Plus (Australian Government) |
| Fundraising | Fundraising is done through the Centre drawing on its expert team for consultancy work | Frequency varies, this work is just beginning, current projects include:Developing role statementsTeaching management and leadership |

| **Normal education and care service centre budget checklist** | **Requirements additional to a normal education and care service which are directly related to the integrated service** | **Costs additional to a normal education and care service which are directly related to the integrated service** |
| --- | --- | --- |
| **Expenditure** |  |  |
| Coordination staff salaries and management costs | Associate Director needed to manage service while Director manages the programs (integrated service) and program development | $60 000 per year(programs are part of total salary cost)  |
| Program staff salaries | Staff required to cover Centre based staff who support the programs (integrated service) including The mothers group (4 hours a week) Other programs (total 38 hours per week) Resource development | $50,395.00 per year(for wage calculations please see Attachment 3 below)  |
| Rent |  | $600.00 per yearNo rent is charged (this was identified as a barrier to getting the integrated service open) |
| Utilities |  | $150.00No fees are charged (this was identified as a barrier to getting the integrated service open) |
| Phone/ Internet | Access for staff who support the programs (integrated service)  | $234.00E.g.: the Community Health Nurse (1 day a week)No fees are charged (this was identified as a barrier to getting the integrated service open) |
| Vehicle | Vehicle access for resource gathering and meeting set up as well as access for children to programs | Average 15 hours per month |
| Insurance | For staff as noted | $100.00 per year |
| Equipment (large)  | For the programs (integrated service) including the mothers group  | Mothers group $500.00Other groups $1000  |
| Stationary and printing | For staff who support the programs (integrated service)e.g: FIFO resource development (3 reams, 1 toner, 2 hours machine use) | $250.00 per year |
| Food | For staff who support the programs (integrated service) | Mothers group morning tea 12 people 1 morning a week Parent meetings various topics 6 - 30 people a month |
| Furniture | Office space for staff who support the programs (integrated service)  | $450.00Eg: the Community Health Nurse (1 day a week) |

**Table 2.2: Child Australia Lockridge Current Fee Structure (as at June 30 2014)**

|  |  |
| --- | --- |
| **Area** | **Fee** |
| Early Learning Centre | $76.00 per day |
| Before School Care | $23.00 per session |
| After school care | $25.00 per session |
| Vacation Care  | $60.00 per day |

# Attachment 3

**Staff wages calculations**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   | Fortnight Base | Superannuation 9.5% | Annual Leave           (20 days) | Sick leave (2 days) | Training (1 day) | Increment 3.5% | CPI 3% | TOTAL |
| **Educator (Cert III)** | $1,546.50 | $146.92 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Yearly Costs | $40,342.00 | $3,832.00 | $3,093.00 | $309.30 | $154.65 | $1,412.00 | $1,252.00 | $50,395.00 |
|  |  |  |  |  |  |  |  |  |

1. Shonkoff and Phillips 2000 [↑](#endnote-ref-1)