

Thank you the opportunity to speak today.

The Australian Home Childcare Association, AHCA, is the national peak body for the Commonwealth funded In-Home Care programme and Home Based Childcare in Australia. Our members, from both private and community sectors, work in all forms of Home Based Care: In-Home Care, Family Day Care, Nanny Pilot Programme and Private Nanny Agencies. This broad service base allows us to provide well informed opinions on matters relating to the Home Based Childcare Sector.

Today I am going to focus on the most important issue for In-Home Care and the families that use these services: The removal of In-Home Care from the list of Approved Childcare Services in the Bill. I will highlight that, consonant with many of the other submissions to this Inquiry, AHCA also holds concerns about the Activity Test; the design of the Additional Childcare Subsidy; the overall focus of the package on workforce participation at the expense of early education; and the design Community Childcare Fund.

The In-Home Care programme has been successfully operating for more than 15 years. The programme was designed to provide care and support to those children who were falling through the cracks of the formal mainstream child care safety net; including shift working families, rural & remote families and parents and children with an illness or disability. This has since evolved with an additional focus on children who are marginalised and deemed to be at-risk of harm, abuse or neglect through the expansion of the Special Child Care Benefit in 2009. In-Home Care naturally targets vulnerable children.

In-Home Care is currently an Approved Service with strict eligibility criteria and is capped, to approx. 5600<sup>1</sup> Equivalent Full Time places. There are approximately 62 Services Nationally<sup>2</sup> which provide care to more than 6000 marginalised and vulnerable children per week. As many In Home Care placements are shorter term, with eligibility being reviewed every 6 months, the service has the potential to impact a much great number of Australian Children. These are children like Jake:

*Jake has very high medical needs. He requires oxygen and a Bi-pap machine 24 hours a day. Jake cannot attend childcare. His mother is suffering from depression. She has 2 other children that also require daily care including to be taken to and from school which involves huge logistics with all of Jake's equipment.*

*With In-Home Care Jake can be left at home with a trained educator. In-Home Care allows this mother to meet the needs of her other children, and maintain her mental health. In-Home Care also allows Jake to access Early Education that he otherwise may not be able to. The family would not meet the minimum activity requirement of the Nanny Pilot Programme as his mother does not work. NDIS does not provide support for medical needs.*

*Cara is a primary school age child with Autism. Her parents are separated. Cara's therapists indicate that After School Care is not in the interests of her mental health. Furthermore, the OSCH at Cara's school has expressed that they are unable to care for her. Cara's mother was at risk of losing her job multiple times due to having to take time*

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<sup>1</sup> AHCA submission to Minister March 2015. (Social Services Minister at the time)

<sup>2</sup> Search of MyChild database September 2016.



*off to care for Cara. She desperately waited for to In-Home Care for more than 6 months. Cara's mother expressed concern that the Nanny Pilot Programme is too expensive with just one child, and she was unsure about the quality of training the nanny versus the training of her In-Home Educator.*

*Kate had terminal cancer and has just passed. In Home Care was provided on the weekends when no other form of care was available as Kate was unable to meet the children's needs due to her illness. The family would not meet the minimum activity requirement of the Nanny Pilot Programme as Kate did not work.*

*Connie is a single mother with Multiple Sclerosis. She has two children aged 3 and 9 years. Connie does not have family or social supports. Child Protection have been involved with the family and have indicated that the children will be required to be placed in out-of-home care if In-Home Care is unable to supply educators for before school and out-side of Family Day Care hours. In-Home Care supports the family to remain together as a unit.*

We have many other examples of shift working families, refugee families, children with a disability and grandparents who indicate they may give up custody arrangements without In-Home-Care support.

We ask, what will happen to these children should this Bill pass? Is a token assurance from the Department to the sector that the "Minister's Rules" allowing a possible new Home Based Programme to receive Child Care Subsidies enough to guarantee that some of the most vulnerable children in Australia will not be left without access to Early Childhood Education and Care? AHCA believe it is imperative that the In-Home Care Programme continues to be a legislated inclusion as an Approved Service, and be provided access to the CCS and ACCS subsidies as other currently Approved Services will be under the Bill.

Furthermore, approved In-Home Care forms an important contribution by the Federal Government to the greater National Child Protection Framework. Services cite instances where child protection authorities utilise In-Home Care as means to protect children and keep families together as a unit. The Government is in effect abandoning this marginalised segment of the community.

It is our understanding that when In-Home Care was set up, it was done so in recognition that all Australian Children were deemed to be equal, and as such, each child no matter whether marginalised, at risk, suffering from a serious illness or incapacity, has a fundamental "right" to have access to the Child Care System belonging to, and provided by the Federal Government.

AHCA understands that the Nanny Pilot Programme is a trail towards increasing flexibility in Early Education and Care options for families. We support investment into the ability for more families to access home based care. However, we question the efficacy and logic behind designing a new programme with lower quality standards, when the current programme, with an expansion of capped places and revision of eligibility criteria, can meet the needs of shift working, rural, remote and vulnerable families. AHCA has long advocated for the expansion of the programme to satisfy unmet demand and also to be included under the National Quality Framework.

In-Home Care is a very small, but very important part of Australia's Childcare system and we urge you to consider the importance of the In-Home Care Programme. We ask you to question the legality its removal from the list of Approved

Email: [secretary@ahcca.com.au](mailto:secretary@ahcca.com.au)

PO Box 307, Jindera NSW 2642

[www.australianhomechildcare.com.au](http://www.australianhomechildcare.com.au)



Childcare Services in Australia, from a Human Rights – “Rights of the Child” point of view; as a measure of social justice for a marginalised and at risk child; and perhaps from a good common sense viewpoint that a programme that represents just one half of one percent of the National Child Care Budget should be so arbitrarily struck from the list of Approved Services available to Australian children. Surely this is a retrograde step for us as a nation.

4/10/2016.

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**Who is AHCA:**

The Australian Home Childcare Association, AHCA, is the national peak body for the Commonwealth funded In-Home Care program and Home Based Childcare in Australia. We are a volunteer representative organisation that provides advocacy for the In-Home Care community and representation for our members from both community and private sectors. Our members work in all forms of Home Based Care: In-Home Care, Family Day Care, Nanny Pilot Programme and Private Nanny Agencies. This broad service base allows us to provide well informed opinions on matters relating to the Home Based Childcare Sector.

**IHC should remain an Approved Provider:**

Why has this not been considered? What was the rationale for removing the programme? There has been no consultation with the IHC sector. No consultation with AHCA who are the peak body for 90% of IHC services nationally.

6000 children and their families who currently utilise the service because they are unable to access mainstream services or mainstream services do not meet their needs.

To the best of our knowledge the RIS has not covered In-Home Care. It is our understanding there has not been an assessment into the impact of removal IHC.

Has the department any information regarding any type of review, enquiry, evaluation whether, quantitative or qualitative effect that this programme has on?

1. The reduction of intergenerational transfer of familial patterns of child abuse, or neglect.
2. Any examination what so ever of the efficacy of the In-Home Care Programme at all? (other than that is An expensive programme).
3. Has the department ever asked the Australian Institute of Family Studies to make any enquiries into the value of the IHC programme and its effects on the outcomes for marginalised families?

**AHCA/ IHC is open to consultation and discussion about re-design of the programme:**

We do not feel that the department has provided adequate consultation, given there is little more than mention of the 'evaluation against Nanny Pilot Programme', or just the recommendation by the PC that IHC be removed once Nannies brought in to mainstream system. At this stage nannies are NOT in, so why is IHC being removed?

**CCS:** AHCA supports single simpler payment we are open to receiving a fee cap under this system.

- ACCS: According to PC commission report 30% children enrolled in IHC using SCCB in 2013.
- AHCA believe the ACCS would need to cover more than 120% of the fee cap if we assume that the fee cap would be something similar to that of the Nanny Pilot. We would need more information about the proposed fee cap. We however do not agree with a small contribution by all parents.
- Question tightening of service self-approvals (e.g. 6 week approvals and ability revoke the service approval of "at risk") instead of increasing compliance measure and training for services. What impact will this have on children at risk accessing care?
- At this time some important factors of the ACCS are missing from the design and are subject to Minister's Rules. E.g. the definition of "at risk" AHCA believe the definitions for At Risk should be in line with those expressed in the National Framework For Protecting Australia's children 2009 -2020.

**Attachment**

#### Activity Test:

The Activity test should be simplified to allow ALL children to access two full days of early education. 18 hours? -24 hours? Irrespective of parental income.

But if an income limit must be set before both parents need to meet the activity requirements a higher limit of for example 100K p.a. might be more appropriate to ensure that children with parents who work on a casual basis or just one parent working, do not miss out.

#### Nanny Pilot Programme:

AHCA is not opposed to the premise behind the NPP. But we cannot see the value in running a trial of a programme that could be efficiently created by reviewing eligibility criteria and expanding the existing In-Home care programme. AHCA understands from media reports, that uptake of the programme has not been as significant as the government expected. We highlight that many of our services do experience excess demand.

AHCA also notes that the NPP is not guaranteed by the department to continue under the new package and that again, these families may be left without early childhood education and care options.

#### Cost of Care:

Yes, care provided in the child's home, often in complex environments requiring further training and support appears more expensive than other forms of care. If comparing the cost of IHC it should be compared to other forms of care in the home not group, centre based care.

For example, NDIS base rates of payment is approx. \$42/hour,

Comparison to Aged Care Services, Cash – in – hand or private nanny services?

AHCA understands that the IHC programme as a whole makes 0.5% of the whole childcare budget and there for has no material impact.

- We question the comparison of costs between supply of an In home Educator and the process and placement of a child in foster care. Has consideration been given to this?
- Note the PC report indicated IHC prices had significantly inflated. Is this correlated with move to "employment model" and associated costs incurred by more agencies and also expansion of SCCB after 2009?

**NQF – greater regulation for Home Based Care.** AHCA and the majority of our members are ready to work towards this.

#### Quality of IHC VS NPP Interim standards, programming requirements

Notes on size of IHC.

0.5% of childcare budget.

<4% of the sector made up for FDC and IHC providers (Productivity commission report)

References to the benefit of Early Childhood Education – especially for vulnerable children.

-Early Learning Everyone benefits Campaign.

-Australian Research Alliance for Children and Youth, 2006, Early Childhood and Long-Term Development. The importance of the early years.

We are not experts, but the Questions is raised, is the Government is in breach of "Protecting Children is Everyone's Business National Framework for Protecting Australia's Children 2009–2020"? - **See attached.**

This was in a direct response to the COAG agreement signed by all States and Territories, which resulted in the "National Child Protection Agreement". This was an agreement principally by the Federal Government that Child Protection should be a shared responsibility, in which the Federal Government takes an active role.

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Community Childcare Fund: We are concerned about the ability for smaller services to compete against larger services for grants in the Community Childcare Fund.

#### The Way Forward:

As the peak body for IHC, Australian Home Childcare has the experience and the skills to work with the ACECQA and the Government to put in place the regulations and address the red tape for a new Home-Based Childcare sector.

We recommend that:

1. IHC is included as an Approved service in the Bill.
2. The IHC eligibility criteria be revised to better suit the needs of families so that families can use a more flexible combination of IHC and mainstream services.
3. The IHC programme (current form or new Home Based Care form) is expanded by removal or expansion of the capping of places.
4. The programme is adapted to sit under the National Quality Framework to ensure quality care for all children.