

## **Submission to the Productivity Commission in relation to the Childcare and Early Childhood Learning Productivity Commission Issues Paper December 2013**

Campbelltown City Council's Access & Inclusion Advisory Committee is pleased to be able to respond to the Productivity Commission in relation to Childcare and Early Childhood Learning. The Committee's aim is to identify access and inclusion barriers which impact on someone's ability to participate in community life.

The Committee has raised the barriers for parents with a child with a disability to access the support they need and in particular for OSHC (Out of School Hours Care) when their child turns 13 years of age. This will be the focus for the response in relation to the question posed by the Productivity Commission issues paper:

- *how well the needs of disadvantaged, vulnerable or other additional needs children are being met by the ECEC sector as a whole, by individual types of care, and in particular regions*

### **Introduction**

In response to the Productivity Commission Issues Paper on Childcare and Early Childhood Learning published in December this response would like to refer specifically to Out of School Hours Care (OSHC) for children with a disability beyond the typical age of children using this service (13y.o. +). As the Issues Paper suggests on p. iii, families are struggling to find quality child care that is flexible and affordable enough to meet their needs and to participate in the workforce. This submission will show that research and anecdotal evidence from local families that this is true for families with children who have disabilities and exacerbated for single parent families.

This paper is based on national and international research, exploration of the policy environment and an understanding of the practice wisdom of local parents / families and service providers. Utilising the research / policy / practice base enables a full understanding of the issue and to share recommendations to further improve services for individuals and their families.

### **Research**

Childcare has been identified as a critical component of the economy and a driver of economic growth, stated as necessary to ensure that ALL adults that are willing to work are given the opportunity to do so, with flexibility and affordability of childcare vital in an environment where work days are no longer 9-5 and living costs are increasing (Ley 2011).

A report on Outside School Hours Care for Teenagers (OTD) conducted in 2011 revealed that there is an unmet need for care of children and young people with disabilities between the ages of 12 and 18 years, with an increasing demand for holiday/ vacation care and after school care, with the report suggesting around 60 400 young people nationally experiencing an unmet need (Courage Partners 2011, p. 6).

There are a number of themes identified in the research for providing OSHC for children with disabilities including:

- **Service providers needing to provide additional supervision and care**

Research indicates that children with disabilities may require closer supervision and care well into their middle and secondary years, proving to be challenging for parents in securing appropriate childcare placements (Jinnah and Stoneman 2008, p. 969). With childcare places already competitive, research suggests it becomes significantly more challenging for parents of children with disabilities to find appropriate placements, particularly as service providers may be reluctant to take on children with disabilities or additional needs with one study stating three major reasons for refusal of service being, a lack of knowledge, concern for the welfare of typically developing children and fear of expenses for special equipment (Ceglowski et al. 2009, pp. 497 and 498).

Key challenges and barriers for the OTD service have included funding limitations and future uncertainty, inability to meet the high level demand for services and implications of differing requirements or obligations with other sectors. Recommendations support the view that more funding is needed to increase the number of places and days of operation and opening hours at current services and establish new services (Courage Partners 2011, p. 7). Additional to this it was stated that a better understanding is needed around demand for services as some places in the OTD were unable to meet the high demand, while others had empty spots, resulting in wasted resources (Courage Partners 2011, p. 9).

OSHC providers tend to only accept children up to around 12 years of age, despite children with disabilities potentially needing such a service well into their adolescent years. With the current OSHC systems geared generally towards servicing typically developing children within the 5-12 year old bracket families can find it difficult to find services that are willing to cater to their children's needs, with anecdotal evidence finding that services generally use their own discretion when accepting children with disabilities and do not necessarily ensure that they are equipped or include children with disabilities in their planning.

Although most services use state based disability standards, combined with adherence to National Childcare Accreditation Council (NCAC) requirements, many services also use their own policy and procedure documents to support their operations (Courage Partners 2011, p. 78). Along with this, many of the guidance and factsheets provided to services to assist them with their self-study and development of improvement plans by the NCAC are not suitable interpretations for providers of OSHC for young people with a disability, with comments made by service providers that childcare standards provided are generally aimed at younger children (Courage Partners 2011, p. 78).

To summarise, the key issues identified around OSHC can include (Jinnah and Stoneman 2008, p. 971):

1. Absence of OSHC for children with disabilities, especially older children beyond 12 years.
2. Providers refusing care for children with disabilities.
3. Providers terminating care due to behavioural or other issues around children with disabilities.
4. Parents removing their child from the care setting due to concern around appropriate care.
5. Unstable placements for children with disabilities, particularly as they "age out" of the setting.
6. Lack of suitable training for staff.

- **Benefits for children with a disability participating in OSHC**

*'We have observed significant improvements with one child in particular who has been accessing this vacation care service since January 2009. He now seeks interaction with other children consistently. His school has also noted the changes with him and spoke to his mother who directly attributed these changes to Vacation Care'* - (Courage Partners 2011, p. 28).

Developing support for parents and caregivers and providing access to services that are appropriate and non-judgemental are vital in supporting the emotional development of young children and their families. Supportive and safe communities and after school programs have been found to help prevent problem behaviour, as well as promoting the health, wellbeing and development of young people (Eccles 2002, pp. 19 and 20). Such programs can create opportunities for young people to develop interpersonal, as well as problem-solving skills, build positive relationships and create strong sense of self and belonging, along with this making psychosocial support available in schools and other community settings, such as OSHC, can promote mental health, providing youth with the detection and management of mental health issues by caring and trained health workers (Eccles 2002, pp. 30 and 96).

It has been acknowledged that children with special needs have just as much right to play as other children and therefore should also have the same opportunities to do so (DECD 2007, p. 53) Access to OSHC has been considered an important step in ensuring this right is met (DECD 2007, p. 53). Parents of children with a disability report preferring their children to be included in mainstream services as it creates opportunities for typically developing peers to provide role modelling, language and age- appropriate behaviour, while improving attitudes of acceptance and tolerance of difference (Mohay and Reid 2006, p. 35). Research suggests that involvement in OSHC and Vacation Care programs provides opportunities for children with disabilities to participate in developmental, social and recreational activities (Courage Partners 2011, p. 4). Other benefits of including children with disabilities in OSHC consist of:

- Early intervention for families reducing incidents and severity of families in crisis
  - Providing much needed respite for parents/ carers
  - Increasing community awareness and support of people with disability
  - Opportunities for community engagement that may otherwise not exist
  - Development of life skills that may reduce further dependence in the future and enhance productivity in people with disability and carers/ parents who are then freed up to work
  - Provides social networks for children with disabilities
  - Provides role modelling opportunities
  - Provides parents and carers with information, networks and support
  - Providing parents and carers with quality time to spend with their other children
- **Transport to and from OSCH**

A significant barrier in accessing OSHC is the need for transport causing increased stress for parents, particularly in order to meet work commitments on time (Ceglowski et al. 2009, pp. 497 and 501). Evidence suggests that parents who wish to access after school care services often can't because they have no way of transporting their children to the venue due to work commitments and do not have access to enough financial support, such as cab vouchers to cover the costs (Courage Partners 2011, p. 39).

- **Impact on labour force participation of parents**

Some research suggests that labour force participation of parents, particularly mothers of children with disabilities is significantly lower than that of mothers having children without disabilities, further increasing financial pressure on already strained funds, with research proposing that parents of children with disabilities are more likely to work part-time, earn less money and take leave to care for children, incurring costs approximately three times greater than those incurred by raising typically developing children (Jinnah and Stoneman 2008, p. 967; Ludlow, Skelly and Rohleder 2011, p. 703).

A study by Cuskelly, Pulman and Hayes in 1998 found that 100% of Australian mothers of children with disabilities were in the work force because of economic need rather than choice, leading parents to use care that may not be the type or quality they desire (Jinnah and Stoneman 2008, p. 968). For those who do want to be employed, research indicates that the inability to find appropriate child care as a major barrier preventing parents, particularly mothers from entering or re-entering the workforce, or entering occupations that are less-career orientated and underutilise their skills (Jinnah and Stoneman 2008, p. 968). With participation in the workforce found to be important for mental health and wellbeing, being unable to do so may prove detrimental to parents with children that have disabilities.

- **Difficulty in accessing information**

Lack of information of what is available to parents with children that have a disability or special needs has also been noted, with research and anecdotal evidence suggesting that parents often don't access services or funding due to a lack of awareness and knowledge around what is available (Ceglowski et al. 2009, p. 500; Ludlow et al. 2011, p. 703). This can be seen in parents who do not claim entitlements although they are eligible due to lack of knowledge of what is available to them (Courage Partners 2011, p. 4).

### **Policy environment**

In researching the current social policy environment at both the State and Federal level it became apparent that much of the policy did, in fact, support children with disabilities to attend DECD OSHC services. Despite the policy being in place, however, there were particular areas that needed improvement, predominantly in relation to access of information and knowledge around OSHC policy and guidelines.

The following points reflect the inclusive nature of OSHC policy:

- Federal and State level policy supports inclusion of children beyond 12yo with a disability to participate / attend OSHC services i.e. Priority of Access Guidelines (DECD 2013; Government of Australia 2012, p. 25).
- Outside of School Hours Care for Teenagers with a Disability Activity is an Australian Government Initiative, managed by Department of Social Services, to provide adolescents with a permanent disability appropriate OSHC, including before and after school as well as during school holidays.

Evaluation of the Outside of School Hours Care for Teenagers with a Disability program suggests that the model could be rolled out to other sites, but at this stage there has been no indication of this happening. Novita is the only service that implements this framework in South Australia, with one OSHC currently operating in Regency Park. However, this location is not easily accessible for families from the Campbelltown City Council area.

- Funding and practical support exists to assist services and families to include children with a disability in OSHC services i.e. Intervac funding exists where the need exists for additional staffing to facilitate the inclusion of children with additional needs or disabilities (Department for Education and Child Development 2013, p. 1; Ministerial Advisory Committee 2006, p. 20). Also families can access the Inclusion Support Subsidy which can be used towards improving inclusion, including hiring additional staff.

Within the policy environment the following has been identified as areas that need attention in order to implement a more inclusive environment for children with disabilities in OSHC services:

- Services still have the autonomy to accept or decline children to their service based on whether they feel equipped in terms of staff and the physical environment which may lead to exclusion for some children.
- Some service providers were concerned about insurance and the inability to accept children with disabilities based on their policies not covering the inclusion of these children. This is not stipulated in OSHC policy, and discussions with policy makers demonstrated that they didn't understand that this was an issue either and therefore requires more clarification.
- Lack of knowledge and access to information, not only among family and service providers but also State and Federal agencies. It appears that services are not always aware of policy and guidelines and therefore provide families with information that is misleading and confusing. Contact made with State and Federal agencies on behalf of these families by a qualified Social Worker supported this experience, with agencies unable to answer all questions around OSHC policy, suggesting calls be made to Federal agencies, only to find the Federal agency recommended discussion with State agencies. It became evident that if State and Federal agencies are not fully aware or understand their own policies that families and service providers will struggle to obtain reliable and accurate information.

### **Practice Wisdom**

In consultation with local families, particularly those with children with autism parents have voiced their concerns about:

- Lack of OSHC for children with disabilities that are older than 13 years. Parents of children with disabilities have commented on being rejected by OSHC services due to services not feeling well enough equipped, having age limits that they adhere to and having insurance concerns around accepting children with a disability.
- Inability to transport their children to and from care and make it to work on time.
- Appropriateness of placing older children with disabilities into care with younger children. Some parents fear that services are not accepting of older children with disabilities because of the appropriateness of mixing such different age groups.
- Lack of willingness of services to take on children with special needs who are beyond the usual 12 years old.
- Lack of knowledge and understanding by parents and services about OSHC policy and guidelines.

Discussions with local OSHC providers found that a selection of services were willing to accept children with disabilities, while some services were unsure whether they could or were allowed, further reflecting the lack of knowledge around OSHC policy and guidelines.

### **Recommendations**

The Committee strongly supports the following recommendations:

- 1. Information, training and resources about inclusion be developed by the Department of Social Services and provided to all OSHC services***

There is a need for consistent, relevant and timely information and training for all OSHC services about meeting the needs of families of children with a disability. Discussions with the

Federal Government, State Government and Services revealed a level of confusion and uncertainty about responsibilities in providing services and who is best placed to provide information.

**2. *Local OSHC services be better informed about running a service for children 12-18 years including children with disabilities; and parents to be better informed about their right to access appropriate services.***

There seems to be a level of confusion, misinformation and misunderstanding from some OSHC providers about their ability to provide services for children with a disability aged over 12 years of age. The main issues identified include services understanding their insurance provisions, their ability to access additional support for children with disabilities and developing local policies and guidelines to support children with a disability.

Linking to Recommendation 1 parents and services would benefit from ongoing training and a 'one stop shop' to access information about OSHC policies, guidelines and accessing additional support.

**3. *The Outside of School Hours Care for Teenagers with a Disability program be rolled out regionally.***

Given the success of the 'Outside of School Hours Care for Teenagers with a Disability program' the model could be rolled out across South Australia. The Eastern area of Adelaide would benefit from a program that is inclusive for teenagers of all abilities. This program would be age-appropriate i.e. not blending 5yo with 14yo, sensitive to the specific needs of teenagers with a disability but accessible for all teenagers. The benefits for teenagers with a disability accessing this type of service would develop their life skills, social skills, physical and emotional health.

One of the considerations for a regional teenagers program is the need for transport, particularly where a parent(s) may be working and not able to transport if the OSHC service is located regionally, rather than on the child's existing school site.

**4. *The Commonwealth 'Priority of Access Guidelines' be retained in any new service delivery model for OSHC***

It is important to retain the Priority of Access Guidelines to ensure equitable access for all families and within the guidelines to ensure that children with a disability continue to be considered a priority.

There is a need to train OSHC providers in the delivery of the Priority of Access Guidelines to ensure they understand and adhere to them as there have been examples where services have prevented children with a disability accessing their service due to insurance, lack of appropriate support and perceived financial costs to provide additional support.

**5. *Ensure respite is not affected by the changes in the Child Care System***

Ensure that any changes to the child care service model do not affect the provision or access of respite to families of children with disabilities. Respite has been considered by some parents and service providers as vital for family health and wellbeing.

## References

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