

Productivity Commission Inquiry into Childcare and Early Childhood Learning

Submission

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Executive Summary

All children in Australia have the right to access childcare and early childhood learning programs. However, children with disability are currently accessing childcare at a significantly lower rate than other children. It is the opinion of CDA that the present system is unreliable at best and does not adequately meet the needs of many children with disability.

This submission aims to identify the reasons for this discrepancy and identifies the significant barriers in accessing childcare and early childhood learning for children with disability.

This submission also outlines the current inflexibility and insufficient nature of the additional support available to children with disability attending childcare. In addition, this submission examines inclusion within the childcare and early learning sector.

Children with Disability Australia

Children with Disability Australia (CDA) is the national peak body that represents children and young people with disability, aged 0-25 years. The organisation is primarily funded through the Department of Social Services (DSS) and is a not for profit organisation. Additional project funding is also currently received by the Australian Government Department of Education. CDA has a national membership of 5000 with the majority being families.

CDA's vision is that children and young people with disability living in Australia are afforded every opportunity to thrive, achieve their potential and that their rights and interests as individuals, members of a family and their community are met.

CDA's purpose is to advocate systemically at the national level for the rights and interests of all children and young people with disability living in Australia and it undertakes the following to achieve its purpose:

- **Education** of national public policy-makers and the broader community about the needs of children and young people with disability.
- **Advocacy** on behalf of children and young people with disability to ensure the best possible support and services are available from government and the community.
- **Inform** children and young people with disability, families and care givers about their rights and entitlements to services and support.
- **Celebrate** the successes and achievements of children and young people with disability.

Introduction

CDA welcomes the opportunity to make a submission to the Productivity Commission's Inquiry into Childcare and Early Childhood Learning.

It is noted that the terms of reference for this inquiry have a very broad scope. This submission will focus on and discuss the experiences of children with disability and their families in accessing childcare and early childhood learning. CDA has not conducted a specific membership consultation to inform the preparation of this preliminary submission. It is CDA's intention to conduct this consultation following the release of the Productivity Commission's draft report and information obtained will be incorporated into CDA's next submission to this inquiry.

This initial submission aims to inform of the unique and additional barriers children with disability and their families typically face in relation to accessing childcare and early childhood learning. Many families find accessing childcare and early education exceedingly difficult or impossible. It is the view of the CDA that this common experience is due to inadequate resourcing and an entrenched culture of low expectations of children with disability.

The landmark *Shut Out* report (2009)¹ was instrumental in raising awareness and acknowledgement in the Australian community of the deeply entrenched disadvantage and discrimination experienced by people, including children, with disability. The report summarised the exasperating struggle that many children with disability and their families experience.

*Too often people with disabilities struggle to access the very necessities of life—somewhere to live, somewhere to work. All too often they are unable to access education, health care, recreation and sport—the very things most people in the community take for granted. They are denied access to kindergartens (and) schools.... They are often isolated and alone. Their lives are a constant struggle for resources and support.*²

In recent times there has been a raft of reforms in the childcare sector under the Council of Australian Governments (COAG) Early Childhood Reform Agenda. In 2009 COAG agreed to the National Early Childhood Development Strategy, *Investing in the Early Years*,³ which guided these reforms. There were a number of priorities, which included:

- Providing Access for Children to Preschool – All governments have agreed to ensure that all children have access to a quality early childhood education program in the year before entering school.⁴
- Better Childcare and Early Childhood Education – The development and implementation of the new *National Quality Framework for Early Childhood Education and Care*. This new framework replaced the various licensing and accreditation processes that existed previously, increased staff-to-child ratios, provided a national uniform standard in education, health and safety and staffing, and introduced a new rating system for service providers.⁵

Statistics available on participation rates illustrate a disparity between the usage of childcare by children with disability compared to their peers without disability. The Productivity Commission's Report on Government Services 2014 (ROGS) shows that children aged 0-12 years with disability had a lower representation in

¹ National People with Disability and Carer Council 2009, *Shut Out: The Experience of People with Disabilities and their Families in Australia*, Commonwealth of Australia, Canberra.

² *Ibid.*, p. vi.

³ Council of Australian Governments (COAG) 2009, *Investing in the Early Years: A National Early Childhood Development Strategy*, Commonwealth of Australia, Canberra.

⁴ *Ibid.*, p. 5.

⁵ COAG 2009, *Investing in the Early Years: A National Early Childhood Development Strategy*, p. 5.

childcare services (3.0%) than their representation in the community (6.6%).⁶ This is the case for both the 0-5 years age group and the 6-12 years age group.⁷

Despite this difference in participation in childcare, children with disability have not been a specific focus of the reform agenda to date. CDA members frequently report significant barriers in relation to access, participation, resourcing, expertise and discrimination in relation to childcare and early childhood education. There are huge variations between individual childcare and early childhood learning providers in relation to attitudes and capacity to meet the needs of children with disability. The present childcare and early childhood learning system is precarious and unreliable for children with disability.

The experience of children with disability and their families

These lived examples aptly illustrate the barriers too many children with disability and their families face when accessing childcare and early childhood learning. These experiences show the impact of the inadequacies of the present system.

Example One

Our daughter is a bright, fun loving and very social little girl who loves to run, play, climb and chase her friends. That is typical of many young children and many of them would not even think about what they are doing but just go ahead and have fun.

Our daughter's situation is a little bit different. She was diagnosed with a brain tumor at two years old. After this tumor was surgically removed she was left with major balance and coordination difficulties. This has affected everything from speech to running around with her friends. Now we are also discovering other little difficulties through her journey at school.

Her little body has to work twice as hard as most other children to do many every day activities including catching a ball, climbing the playground equipment, copying her work off the board and hand writing...

Our first disappointment was when our daughter could not attend three year old kindergarten as there was no funding available for a teacher's aide. All the doctors and therapists at the hospital insisted that early intervention is the key to her improving her skills but it is a little bit hard when our education system does not support this. So she continued with speech therapy, physiotherapy, occupational therapy and other assessments. She would have loved the interaction of other children from three year old kindergarten but without an aide

⁶ Productivity Commission 2014, *Report on Government Services*, Commonwealth of Australia, viewed 14 February 2014, <http://www.pc.gov.au/gsp/rogs>. The most recent data sets available for children with disability's representation in childcare are from 2013, whereas broader community representation figures are from 2009.

⁷ Ibid.

it would have been too dangerous. Her balance restricted her from many activities and she could fall and hurt herself.

After chasing up many reports from doctors, specialists and therapists we started to prepare for four year old kindergarten and applied for funding. It was approved and she started kindergarten. The year went well but it was clear our daughter needed another year of kindergarten to prepare her for school. So the running around started all over again, more assessments, more reports and chasing up doctors' appointments and eventually she was given funding for another year.

Example Two

A problem I encountered while John was at pre-school was that he was funded for an inclusion support assistant for 15 hours a week and then when it came time for him to move into transition, John's hours were reduced to less than five hours a week. After many endless phone calls and meetings, I ended up going to my local Member of Parliament. With her assistance, the 15 hours John was entitled to was given back to him.

Example Three

For most families the pre-school and childcare options for children with disability are very limited. We found the only option in terms of special needs assistance was a local community based pre-school which could only offer two days per week. We were lucky to get a place as the waiting list was over three years long. We had to also place our daughter into a private childcare center the other three days.

Although the intention of the staff was very good there just wasn't the time or expertise to support her. It was heart breaking to watch as she spent most of her pre-school days hiding under a table. We later realised she was experiencing sensory overload and just couldn't cope with the noise when there were over thirty children.

Example Four

I have a child with an extremely rare condition. I tried to enroll him in kindergarten at a government school. The principal refused to accept his enrolment because he had a disability. He advised me that his school was for high achievers not children with disability. After one year of fighting for the right for my child to attend the school the district office made the principal enroll my child.

Two days after he started at the school my son was so stressed out with the bullying he received from the staff that he ended up in intensive care due to a near fatal asthma attack. Whilst he was in hospital the principal held a parent teacher night where he told the school community that my son had AIDS and to keep their children away from him. On returning to school bullying by the staff,

especially the principal, continued. The principal came to me one day and told me himself that he had been putting my son in the storeroom and closing the door so that the other kids were not interrupted while they did their school work (we are talking kindergarten kids). It started one day when my son could not thread cotton through a needle to sew a button on a sock puppet. I complained to the child welfare section of the education department who investigated the incident and told me that because the principal admitted that he did lock my son in the storeroom they had to drop the complaint.

Every day the principal would call me to the school to ask me to take my son home. When I complained to the district office he then told me that he would start suspending him until I removed him from the school. About every two weeks he would suspend my child for three days increasing to five days over three years...”

Example Five

I am the mother of three year old twins, one of whom has a disability. This year my girls started three year old kindergarten and a lot of preparation had to go into the commencement of kindergarten. This was due to my daughter’s physical disability and also due to the sensory issues both of my girls have due to their prematurity.

Our closest local kindergarten and school just did not provide a safe terrain for my daughter. Major structural work would have been required to the landscape and the access. Even with these changes, due to the steep terrain, there would have still been areas that she would have been unsafe for her without assistance. I felt this would have further isolated my daughter both physically as well as pointing her out as being different to her peers. Acceptance from her peers is something I really worry about for her future.

My husband and I looked further afield to another kindergarten and primary school. At the time, they were in the middle of constructing a new kinder for three and four year olds that met all building requirements for access for a child with a physical disability. This was exactly what we were after. It means a longer drive to the kindergarten and primary school but a lot of our parental concerns were alleviated. She was the first child with a physical disability to go to the new kindergarten site.

Whilst it has only been one month since commencing at the kindergarten, my husband and I have been so impressed with the new kindergarten building and grounds. The access, the interior, toilets and the outdoor area are suitable for children of all abilities. My daughter can access her entire kindergarten with ease. It gives me so much joy to see her being able to get around, do what she wants to do, go where she wants to go and to be just like her peers. All of these things have been so incredibly important to us as a family. Particularly for my daughter’s

happiness, her early school life experiences and her acceptance by her peers as just one of them.

More kindergartens and schools need to be following the example of this kindergarten as it provides parents and students with peace of mind.

Example Six

My daughter is three years old and has a disability. She has limited movement and sensation in her lower limbs. She is also incontinent and has many other medical issues. At present she attends long day care two days a week, eight hours a day. She requires the help of a support worker for those eight hours, who is mostly funded through an Inclusion Support Agency. I return through out the day to catheterise my daughter.

My daughter is very settled in her daycare environment, loves her carer and is very well looked after. The staff and children at the daycare have lovingly accepted my daughter and happily meet her required needs. I had always intended continuing my daughter at the same long day care next year, enrolled in the kindergarten program. However, I have recently been told once my daughter turns three and a half and is the target age for kindergarten, she will no longer be able to access the funding for a support worker.

I was told if she was to attend a stand alone kindergarten, not long day care, she would have access to funding for a support worker. This was limited to \$6000 per annum, clearly not enough to fund a support worker. Unfortunately, it is too late for my daughter to attend one of these kindergartens anyway, because I never intended to send her there never had her name on any of their lists. These kindergartens have already started sending out their placement offers for next year.

I have been told, after a number of phone calls with different organisations that I have two other options - I could try to enroll her into a long day care that doesn't run a kindergarten program or I could try to convince our current day care to allow my daughter to attend the center, without being enrolled in the kindergarten program.

Therefore, the daycare would be able to claim the Child Care Benefit and would also be able to claim the inclusion support funding. However, this avenue could also be declined, it has been successful at other centers, but is up to the discretion of the inclusion support branch.

Apparently this problem came about at the start of the year, when the Queensland Government introduced kindergarten programs into long day cares, along with the Universal Access funding. This funding is allocated to each child and goes directly to the center to employ a kindergarten teacher. The problem is

with the inclusion support program funding guidelines that outline you are not able to access the funding if you are already accessing other funding.

So, basically, if you have a disability and require a support worker, you can't go to kindergarten in Queensland!

My research in the last few months has also enlightened me to the fact that even though there is funding (state and federal) available to kindergarten and daycares for support workers, it is not nearly enough to cover wages. It is then up to the centers themselves to fundraise. And so, having a child with a disability attend your center can be seen as a burden.

It doesn't sit well with me that as soon as a child with a disability is old enough to attend formal education, they are unable, due to Government funding guidelines.

Rights and legislative framework

The following summary is drawn extensively from CDA's submission to the Review of Funding for Schooling, March 2011.⁸

The United Nations *Convention on the Rights of Persons with Disabilities*⁹ and the *Convention on the Rights of the Child*¹⁰ clearly establish the need to ensure children with disability be given the same rights and freedoms on an equal basis with other children. Australia has signed and ratified both of these international human rights treaties, thereby demonstrating its commitment to protect and respect the rights, standards and obligations contained in both international treaties.

Accordingly, Australia must ensure that its domestic laws, policies and programs are compatible with the rights contained in these treaties. Under *the Convention on the Rights of the Child*, article 2 states

State Parties shall undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention. With regard to economic, social and cultural rights, Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation.

Specific reference is made in Article 23 to the rights of children with disability to

⁸ Children with Disability Australia 2011, *Review of Funding for Schooling*, viewed 14 February 2014, <http://www.cda.org.au/cdasubmissions>.

⁹ UN General Assembly, *Convention on the Rights of Persons with Disabilities: resolution / adopted by the General Assembly*, 24 January 2007, A/RES/61/106, viewed 14 February 2014, <http://www.refworld.org/docid/45f973632.html>.

¹⁰ UN General Assembly, *Convention on the Rights of the Child*, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3, viewed 14 February 2014, <http://www.refworld.org/docid/3ae6b38f0.html>.

“enjoy a full and decent life, in conditions, which ensure dignity, promote self reliance and facilitate the child’s active participation in the community.”

Article 24 specifically relates to education.

State Parties recognize the rights of person with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, State Parties shall ensure an inclusive education system at all levels and life long learning directed to:

1. *The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental rights and human diversity;*
2. *The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential; and*
3. *Enabling persons with disabilities to participate effectively in a free society.*

In essence, both the *Convention on the Rights of Persons with Disabilities* and the *Convention on the Rights of the Child* clearly identify the Australian Government’s legal responsibility to ensure that children with disability have equal access to all services including childcare. Adequate support for children with disability is an essential aspect of Australia ‘undertaking all appropriate measures’ to ensure that all Australian children receive access on an equal basis with others.

The primary legislative instrument which promotes the rights and entitlements of people with disability in Australia is the *Disability Discrimination Act 1992 (DDA)*.¹¹ It has the aim of eliminating discrimination. The DDA makes it against the law for providers of services, such as childcare, to discriminate against a person because of their disability. Further state and territory legislation exists with similar objectives.

In accordance with the DDA, the Australian Government formulated the *Disability Standards for Education* in 2005.¹² These Education Standards provide a framework to ensure children with disability are able to access and participate in education, including preschool and kindergarten on the same basis as other children. The DDA makes it unlawful to contravene a disability standard, and compliance with a disability standard is taken to be compliance with the DDA.

In February 2011, COAG endorsed Australia’s first *National Disability Strategy*¹³ to

¹¹ *Disability Discrimination Act (Cth) 1992*, viewed 14 February 2014, <http://www.comlaw.gov.au/Details/C2012C00110>.

¹² *Disability Standards for Education (Cth) 2005*, viewed 14 February 2014, <http://www.comlaw.gov.au/Details/F2005L00767>.

¹³ COAG 2011, *National Disability Strategy 2010-2020*, Commonwealth of Australia, Canberra.

show their commitment to providing a unified, national approach to improving the lives of Australians with disability, their families and carers. Six outcome areas were identified as requiring policy action due to evidence of inadequacies or inequalities for people with disability.

Significantly, one of these six outcome areas relates to “Learning and Skills” for people with disability, clearly demonstrating that current policies are not adequately addressing this issue.¹⁴ Overall the policy directions identified in the National Disability Strategy under this section focus on a commitment by the Australian Government to improve outcomes and educational programs for children and young people with disability.

In 2009 COAG agreed to the *National Early Childhood Development Strategy* which aims to improve outcomes for all children and their families.¹⁵ This includes the *National Partnership Agreement on Early Childhood Education*, which aims to achieve universal access to quality early childhood education for all children in the year before full time school by June 2013.¹⁶

The legislative and policy context relevant to the care and education of children with disability is comprehensive. It clearly articulates and promotes Australia’s commitment to all children receiving a quality and inclusive education in a manner conducive to a child achieving the fullest possible social inclusion and individual development.

¹⁴ Ibid., p. 10.

¹⁵ COAG 2009, *Investing in the Early Years: A National Early Childhood Development Strategy*.

¹⁶ COAG 2008, *National Partnership Agreement on Early Childhood Education*, viewed 14 February 2014,

http://www.federalfinancialrelations.gov.au/content/npa/education/early_childhood/national_partnership.pdf.

KEY ISSUES

Funding

The primary source of additional financial support for children with disability in childcare is the Inclusion and Professional Support Program (IPSP) which has a number of components which aim is to:

*promote and maintain high quality, inclusive education and care, for all children, including those with ongoing high support needs, in eligible early childhood education and care settings. This is achieved by increasing the knowledge and skills of educators, and the capacity of education and care services, through providing professional development, advice and access to additional resources as well as inclusion support.*¹⁷

The subsidiary components that are relevant to children with disability consist of the following:

- Inclusion Support Subsidy (ISS) — assists eligible services to improve their capacity to include children with disability or ongoing high support needs, for example by contributing to the cost of an additional carer or educator. Eligible services include those approved for the Child Care Benefit (CCB) and those funded under the Budget Based Funding (BBF) Program.
- Inclusion Support Agencies (ISAs) — provide practical support and advice, via local Inclusion Support Facilitators (ISFs), to build the capacity of childcare services to provide a quality inclusive environment for children with additional needs.
- Flexible Support Funding (FSF) — subsidy to assist services to be more responsive to families and children with additional needs. It can assist a service to employ an additional educator or carer on a short term basis (for example to allow release time for staff to attend training). It can also be used as a financial contribution to family day care educators and in-home carers to attend specialist training after hours.
- Professional Support Coordinators (PSC's) — advise services on access to professional development and support; resource library and specialist equipment for loan; subcontract Professional Support Service Providers (PSSPs) to deliver support and facilitate customised professional development that is requested¹⁸.

The above programs are capped at differing annual amounts as outlined within the program guidelines. The payment for direct support under the ISS is currently capped at a fixed rate of \$16.92 per hour. Children can access up to a maximum of

¹⁷ Department of Education 2013, *Inclusion and Professional Support Program Guidelines 2013-2016*, Commonwealth of Australia, Canberra.

¹⁸ Productivity Commission 2013, *Childcare and Early Childhood Learning Issues Paper*, Commonwealth of Australia, Canberra.

25 hours per week, 52 weeks per year based on five-day attendance¹⁹. This funding available through the ISS program is to be used ‘to contribute to the engagement of an additional educator to increase the staff to child ratio when a child or children with ongoing high support needs are in care with typically developing peers’²⁰.

CDA is concerned at the inflexible nature of the additional ISS funding under the current guidelines. Often, providing for the additional early learning and care needs for children with disability requires more than just an additional staff member in a room to narrow the ratio of staff to children. Some children with disability will require individual assistance during the day and the current guidelines do not allow for this. CDA would like to see additional flexibility in these guidelines to accommodate the broad range of needs and support required by children with disability.

Further to this, having an arbitrary amount of additional support for all children who receive funding is using a blunt policy solution to a complex issue. All children with disability have individual needs and learning requirements with some being very complex and resource intensive. CDA would like to see a more individualised approach to providing additional support for children with disability which takes into account the variability of needs for each child.

There are number of streams of the IPSP which aim to promote inclusive settings and increase staff training and skills, for example, Flexible Support Funding. CDA is encouraged by the intention of these programs but is yet to see the full impact that they are having in promoting high quality inclusive education.

A review of the IPSP was carried out in 2011. There is very little information easily locatable about the review including; the terms of reference; the structure the review took; and the outcomes. CDA was critical of the process as there was no engagement for parents or families within the review, which made it very difficult for a consumer perspective to be taken into account.

Lack of consultation is an ongoing issue with the structures in place of the IPSP. There is no structured engagement or feedback mechanism for parents, families or key stakeholders to allow feedback on how the program is working.

Families of children with disability have a key role to play in providing information on all aspects their child’s needs and family experience must inform programs for children with disability. Best practice in relation to children with disability is viewed as a collaborative approach between the child, family, education providers

¹⁹ Department of Education, *ISS Payment Rates*, Commonwealth of Australia, viewed 14 February 2014, http://docs.education.gov.au/system/files/doc/other/iss_rates_for_centre_based_services_ipsp_factsheet.pdf.

²⁰ Department of Education 2013, *Inclusion and Professional Support Program Guidelines 2013-2016*.

and other professionals involved.

There are cases known to CDA where centers have accepted enrolments of children with disability but service providers have been reluctant to apply for additional funding. It appears that these service providers wish to avoid the associated responsibility, accountability and scrutiny associated with the funding.

In summary, there are number of barriers that the current system of additional funding for children with disability in childcare creates. These include the inflexibility of the current program to provide the individualised supports and levels of funding that children with disability require. Further, a lack of engagement and consultation with parents and families in the review process and the associated responsibilities that accompany the support funding create additional barriers to children with disability receiving the individualised support they need.

Social Inclusion

Given the terms of reference of this inquiry provide scope to consider ‘the needs of vulnerable children’ and ‘to improve accessibility’ it is important to examine the role that inclusion plays in breaking down the barriers for children with disability accessing childcare.

It is unfortunate in Australia that we are still striving to demonstrate effective inclusion for all children within our education system. Inclusive education has been a central focus of the work of CDA.

CDA recently commissioned Macquarie University to complete an issues paper titled *Inclusion in education – Towards equality for students with disability*. This report should be used as a reference for the Commission in their deliberations regarding how the practice of inclusion needs to be reinforced within the childcare sector.

Inclusive education ‘requires recognising impairment as one of many forms of human diversity, and welcoming and viewing diversity as a resource rather than a problem. Inclusive education, therefore, creates a situation where all children can be valued and experience a sense of belonging and where all children are encouraged to reach their full potential in all areas of development.’²¹

The main findings of the issues paper were:

- All children have the right to an inclusive education at all levels but there are many barriers to realising this right; and
- The barriers to inclusion include:
 - negative and discriminatory attitudes and practices towards

²¹ Kathy Cologon, cited in Sally Robinson, Julia Truscott 2013, *Belonging and Connection of School Students with Disability*, Children with Disability Australia, Melbourne, p. 7.

- children with disability,
- a culture of low expectations towards children with disability;
- lack of support to facilitate inclusive education,
- inadequate education and professional development for teachers and other professionals.

Fundamental to inclusive education is the development and fostering of a workplace culture that values the diversity of all children, including children with disability. CDA believes that it is imperative that inclusion should be made a quality area in the current National Quality Standards. This would provide the opportunity for providers to be measured on how inclusive their services are. It would also allow clear visibility for prospective parents and families to see how the service rates in comparison to others in this area.

CDA believes that this amendment to the National Quality Standards would progress broader systemic changes within the community and the attitudes towards disability. This would also align with the *National Disability Strategy 2010-2020* and provide a baseline data set for which inclusion of children with disability in childcare can be measured.

Choice

Families of children with disability should be allowed to choose a childcare service for their child with the knowledge that the child will receive care on an equal basis to others.

CDA members commonly report significant difficulty in locating a center willing to accept the enrolment of their child. Families are often directly told that their child is unable to attend a service because of the child's disability or they are left with a feeling that their child would be such an inordinate burden on a particular service that they seek other options.

Although finding a childcare place is difficult for all families due to inadequate number of places in the community, this experience is greatly magnified for families of children with disability as they have the additional barriers, including entrenched discrimination to contend with.

CDA would like to note, as this inquiry is looking at alternative forms of care such as nannies and au pairs that if there is to be an increase or further incentives of these forms of care that children with disability are not further discriminated against. CDA would be concerned, for example, that if a long-day care center refused a child with disability and suggested an alternative form as a more appropriate type of care.

As outlined above we see from ROGS that the number of children with disability attending childcare is a very low at 3% compared to the number of children with disability in the community 6.6%.

The ROGS also shows that other ‘special needs groups’ such as non-English speaking background, indigenous background, low-income families and regional and remote locations are also under represented in childcare.²² Children with disability may also belong to one or more of these groups, thereby compounding their disadvantage in accessing childcare.

It is the experience of CDA members that due to the unavailability of childcare places for children with disability, families often use respite services to bridge this gap. Respite services provide families and unpaid carers of a person with disability with planned, short-term, time-limited breaks from their usual caring role. They are services that assume the caring role during the period of respite with the intention that families or carers resume care at the end of the respite period. All governments to a varying level through the disability specific service system currently provide respite services.

Respite is not intended for the purpose of simply being a ‘care’ option. Families often have an ongoing need for respite. Respite should be used to provide families with the reprieve that they need to help maintain their health and wellbeing and to sustain family life, not as a default care option. This use of respite for ‘care’ further demonstrates the inadequacies of the present care system for children with disability.

Educational outcomes

Early education has a vital role to play in preparing all children to enter into primary school, and as presented below the quality of that early education can affect a child’s educational trajectory. It is vital that children with disability have the same access to early education as all children.

Extensive research shows that the educational outcome of children begins at an early age. The Australian Early Development Index (AEDI) is a population wide measure of young children’s development and measures five key areas of early childhood development that are closely linked to the predictors of good adult health, education and social outcomes.

AEDI data confirms that educationally disadvantaged students are more likely to be developmentally vulnerable when they arrive at school than their peers. Children who are developmentally vulnerable in two or more of the AEDI domains are also more likely to have difficulty learning.²³ Evidence supports the importance of early intervention to help these students as it is more effective to address underperformance early, before poor academic performance becomes

²² Productivity Commission 2014, *Report on Government Services*, Commonwealth of Australia.

²³ Brett Hart, Sally Brinkman, Sally Blackmore 2003, *How well are we raising our children in the north metropolitan area? Results of the early development instrument*, Population Health program, North Metropolitan Health Service, Perth.

entrenched. Therefore strategies to address educational disadvantage in schools must be integrated with approaches to support early childhood development, to help ensure that students with disability start school with the skills and capabilities they require to participate in schooling.

Currently 26% of children with disability do not go past Year 10, with 36% going onto complete Year 12 compared to a Year 12 completion rate of 60% for people without disability.²⁴ This then flows through into employment participation with only 53% of people with disability in full time employment compared to 83% of the rest of the population²⁵

The value that an effective educational experience at a young age for any child will continue to reward them through their lifetime – this is no different for children with disability.

Workforce Participation

Parents and families of children with disability are sometimes referred to as carers as they provide unpaid care and support to their child. The most recent statistics available from 2006 show carer workforce participation is much lower than the rest of the community. The majority (62 per cent) of mothers who were primary carers of children aged 0–14 years with disability were not in the labour force. This compares with 36 per cent of other mothers of children of the same age.²⁶ CDA members frequently report difficulties with gaining and keeping employment.

Many families report a strong desire to undertake paid employment. The overwhelming lack of care options for children and young people with disability creates a barrier to achieving this. Most formal respite services for carers cannot be used to enable paid employment and there is a severe shortage of well-run care options.

Overall, the lack of care options for children with disability is a key concern of families and seen as the primary barrier to paid employment.

Outside School Hours Care

The issues about access, inclusion, workforce participation and funding are all key considerations for families with disability accessing outside school hours care.

Although outside of the scope of this inquiry there are some children with disability aged 13 that require care outside of school hours. There are instances where these children have been inappropriately placed in care programs that are

²⁴ Australian Bureau of Statistics 2013, *Disability, Ageing and Carers, Australia: Summary of Findings*, Commonwealth of Australia, Canberra.

²⁵ Ibid.

²⁶ Australian Institute of Health and Welfare (AIHW) Bulletin, Issue 47, 2006, *Disability updates: children with disability*, Commonwealth of Australia, Canberra.

targeted for younger children, this is clearly not an adequate response to this need for care.

There is currently a number of programs that deliver specific care for this cohort of children with disability. The *Outside School Hours Care for Teenagers with Disability* program delivered by the Federal Government is intended to assist with this shortcoming. The program is for students with disability aged between 12 – 18. This is one option that has assisted in meeting the particular care need but other inclusive options need to be established.

Many disability specific schools, also referred to as special schools, provide transport to and from school. Many special schools do not provide an out of school hours program. Some families speak openly about the use and reliance of school provided transport provision as a much needed form of out of school hour care provision. Transport guidelines vary from each state or territory but some systems have children travelling for up to 2 hours before and after school. This is not just confined to rural areas where distance is a major factor but also occurs in urban areas where distance between schools and student homes are minimal.

Students with high physical and medical needs often enroll at special settings so that they can access therapies to address their functional needs. Sitting strapped into a bus seat for four hours a day negates the intention of these therapies and is especially problematic for these children. Medical and behavioral issues have also been attributed to these inhumane conditions. School transport thus raises significant issues and families should not be forced to rely on this as a default option for out of school hours care so they can meet employment or other obligations. It is vital that other options be established for families in these circumstances.

Occasional Care

The role of occasional care can vary but it is often utilised by families when something unexpected happens and they need to place their child in care, often at short notice. Service providers of occasional care more often than not have in built capacity to take these children.

Members have reported to CDA that this is option is difficult to access, particularly if care is required with late notice. For children with disability with high and specific care requirements access is even more problematic.

Emergency respite services are available to assist families in emergency situations to assume their caring responsibilities can be accessed through the network of Commonwealth Respite and Carelink centres. Unfortunately the availability of emergency respite is very limited and difficult to access and is a last resort and can be problematic, as options of care provision can carry no established knowledge or relationship with the child and their family.

Interaction of funding streams

CDA members have raised an issue that is specifically relevant to the provision of support to children attending kindergarten in Queensland. Currently children with disability in Queensland that are four years old and attending the Queensland Government's kindergarten program are not eligible to receive any additional support to assist them attending the program. As this is a state-funded program they are unable to access the ISS funding.

This is also compounded by the fact that the Queensland Government currently provides additional subsidies for kindergarten providers for regional and remote and low socio-economic areas but no subsidy for children with disability, making access to the program incredibly difficult. Unfortunately this has also had a detrimental effect on this child's education as they are not fully participating in kindergarten. This is also contrary to the national partnership agreement on universal access to early childhood education to provide all children to 600 hours a year education in the year before school.

In contrast to Queensland, the Victorian Government provides additional support for children in kindergarten through *Kindergarten Inclusion Support Packages*. This program has two streams one for children with disabilities and the other for children with complex medical needs. This program provides individualised support and coordination support for children along with transition assistance into kindergarten.

Given that Australia also recognises importance of early education through its universal access commitment, it is unacceptable that this right is being denied to some children who live in this jurisdiction because of a loophole created by opposing state and commonwealth funding guidelines. It is imperative that this situation be addressed as soon as possible.

Conclusion

The Australian community places great importance on access to childcare and early childhood learning and in providing a safe learning environment for children. In line with Australia's international legal obligations, this must include providing equal access to early childhood learning services for children with disability.

The difficulties in accessing childcare and early childhood learning for children with disability and their families are substantial. This is evidenced by data showing that children with disability are underrepresented in childcare and early childhood learning centers.

We have provided examples of the challenges and barriers that too many children with disability and their families face in relation to accessing enrolment and in ensuring the child's needs are adequately met.

The challenges faced by families of children with disability in accessing childcare create significant secondary effects. Inadequate early education places children with disability at a distinct disadvantage compared to their peers without disability as they enter primary education. In addition, parents of children with disability face specific challenges reentering the workforce, causing negative impacts on their careers and the overall productivity of the Australian workforce.

CDA views the inquiry as an opportunity to address many of the issues that are inherent to the current childcare and early learning system for children with disability.

CDA looks forward to providing further information following the release of the Productivity Commission's draft report in July, at which point CDA will engage with members to provide more extensive feedback.

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