report

KEY FINDINGS FROM THE IN HOME CARE PROGRAM REVIEW

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This report uses data collected through a review of the In Home Care (IHC) program, which the Institute of Social Science Research (ISSR) undertook for the Australian Government Department of Education and Training.

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1 INTRODUCTION

In Home Care (IHC) is an Australian Government program that provides financial support and access to quality flexible child care in the family home to families who do not have access to existing child care services or whose needs are not met by such services. As such, IHC was designed to cater for the needs of parents/guardians who live in geographically isolated locations, work non-standard or variable hours, or have children with special needs. Parents using IHC are eligible for Child Care Benefit (CCB) to assist with the cost of child care. In exceptional circumstances (e.g. when children are at risk of abuse or neglect, or families do not have the capacity to pay the usual fees), an additional payment known as the Special Child Care Benefit (SCCB) may be approved for a limited time.

IHC was first implemented in June 2001. In 2005, the Department of Family and Community Services commissioned *RPR Consulting* to undertake an evaluation of the IHC program. Findings from this evaluation indicated that the program was not affordable for low income earners, that SCCB was being used inappropriately to improve the program's affordability, and that the recruitment and retention of educators needed to improve. These findings pointed to the need for a national regulatory framework to improve the quality of child care in the family home. Currently the IHC program is governed by interim standards, leaving it to the discretion of individual service providers on how closely these standards are followed.

In April 2016, the Australian Government Department of Education and Training (DET) commissioned the Institute for Social Science Research (ISSR) at The University of Queensland (UQ) to undertake a new review of the IHC program. This review took place at the same time as an evaluation of the Nanny Pilot Programme (NPP), a new Government program designed to address the evident need of Australian families for flexible child care solutions that allow them to maintain or increase their workforce participation. Collectively, the goal was to ensure that the knowledge generated by assessing the strengths and weaknesses of both programs could be used to inform future policy around child care in the family home.

The main aims of the IHC review were (i) *to profile families and educators*; and (ii) *to provide evidence to support future policies covering home-based care*. The review involved semi-structured interviews with 9 service providers, a survey of 375 families, a survey of 174 educators, and the analysis of administrative program usage data for the month of November 2016. There were also 7 semi-structured interviews with relevant stakeholders which apply to both the IHC review and the NPP evaluation.

In the remainder of this report, we summarise the findings of this review.

2 KEY FINDINGS

The key learnings of the IHC program review can be encapsulated in the following points.

- IHC provides affordable and quality child care in the family home to families that would not typically have access to formal care due to geographical isolation, special needs (e.g. those emerging from illness or disability) and/or the need for flexible care arrangements (e.g. care during non-standard or variable hours).
- A substantial number of families using IHC are vulnerable or disadvantaged families, including families with household incomes of $40,000 or below (19 per cent), families in which at least one parent/guardian is unemployed (32 per cent), and families in which a child or a parent/guardian has an illness, disability or impairment (47 per cent).
- There is variability across service providers regarding their adherence to the IHC interim standards, as well as their interpretation of such standards and of the IHC eligibility criteria.
- In some geographical areas, demand for IHC exceeds the number of subsidised hours that service providers have been allocated. This results in 'bottlenecks' for some families who wish to but cannot access IHC.
- About half of all IHC families recruit their own educators, often because service providers find it challenging to find suitable educators. Service providers find it especially difficult to match educators with families living in remote areas, families seeking variable hours of care, and families with children with special needs.
- About three quarters of IHC educators have attained some child care qualifications, or are currently studying towards a child care qualification.
- Precarious employment conditions (such as job insecurity and a lack of benefits), a lack of professional recognition, and a paucity of opportunities for career advancement negatively impact the retention of IHC educators.
- Professional development is needed in relation to behaviour and conflict management, child development and working with families with special needs.
- The majority of families (88 per cent) and educators (72 per cent) were satisfied with the IHC Program overall.

3 ACCESSIBILITY OF THE PROGRAM

Eligibility criteria for families

IHC eligibility criteria specifies that families can only access the program if they do not have access to formal child care or if the available formal child care does not meet their needs. In addition, families need to fall into one of the following categories:

- **Vulnerable families**, i.e. families in which a child or parent/guardians has an illness, disability or impairment.
- **Geographically isolated families**, i.e. families residing in a rural or remote areas.
- **Families in which parents/guardians work non-standard hours**, including hours during which no other appropriate approved child care service operates.
- **Families with 3 or more children under 5 years of age**, or more than 3 children who have not yet commenced school.

The review identified that all service providers do not interpret these eligibility criteria in the same way. For example, there was disagreement between service providers about whether or not IHC could be used as respite care (i.e. allowing parents/guardians to leave disabled children in the care of an educator to attend everyday activities or take a holiday) when families did not meet the aforementioned eligibility criteria.

In addition, service providers disagreed about whether or not the IHC eligibility criteria were too tight or too loose. Some providers indicated that program eligibility should be tightened (e.g. to restrict long-term access to IHC services to vulnerable families in which neither parent/guardian was employed). In contrast, other service providers reported that the eligibility criteria should be loosened to include other vulnerable population groups (e.g. single mothers with infant twins, families with 3 children under 6 years of age that could access formal care, mothers experiencing post-natal depression, and terminally ill parents/guardians).

Concerning the latter, a view recurrently held by both service providers and IHC families was that requiring school-age children to attend Outside School Hours Care (OSHC) while their siblings received IHC posed issues for both families and service providers. One service provider stated:

> *…we're only charging one fee whether we look after one child or three children, but the parent had to … pay OSHC fees as well as IHC fees because … we couldn't look after those children because alternate childcare was available.* (Service provider)

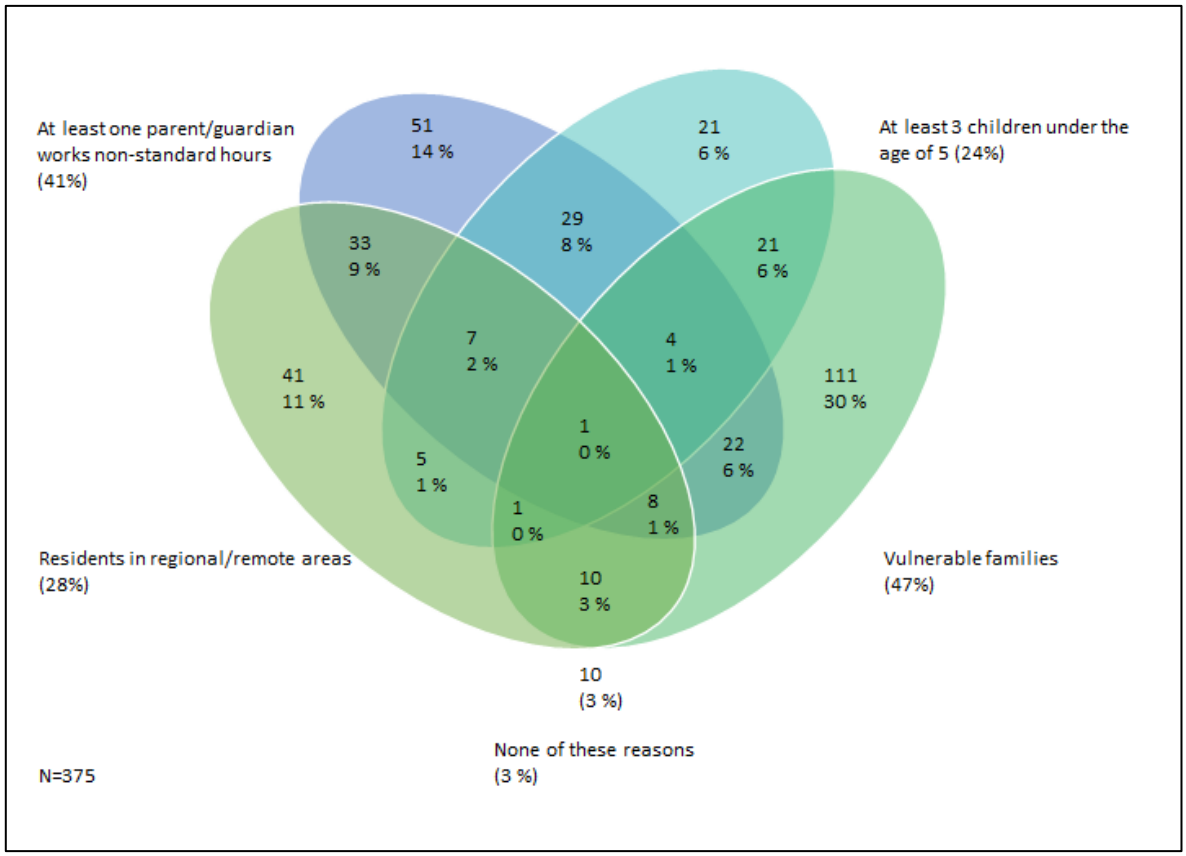
The observed degree of variation in how service providers interpreted the IHC program's eligibility criteria suggests that the program documentation should be revised, and made clearer, more objective, and more transparent.

IHC family profiles

The most prevalent family groups using IHC are vulnerable families in which a child, sibling or parent/guardian has an illness, disability or impairment (47 per cent) and families in which parents/guardians work non-standard hours (41per cent). These were followed by families residing in rural or remote areas (28 per cent) and families with three or more children under five years of age (24 per cent).

However, families tend to use IHC for complex combinations of reasons, with 39 per cent of the families falling into more than one family group (see Figure 1).

Figure 1. Reasons why families use the In Home Care program



As a means of profiling the characteristics of families participating in IHC, we compared these families to those who applied to participate in the NPP.

Families who accessed IHC are more likely than families who applied to the NPP to be:

- vulnerable families in which a child has an illness, disability or impairment (29 per cent in IHC, compared to 10 per cent in the NPP[1]). This figure is almost doubled from that reported in the 2005 evaluation of IHC (15 per cent); however, the definition used in the 2005 evaluation considered only *disability*, and not *illness* or *impairment*.
- vulnerable families in which a parent/guardian has an illness, disability or impairment (24 per cent in IHC and 3 per cent in the NPP) – with the percentage of IHC families with a parent/guardian with an illness, disability or impairment having increased since 2005 (11 per cent).
- families in which parents/guardians work in the farming industry (20 per cent in IHC, compared to 3 per cent in the NPP).

In contrast, families applying to the NPP were comparatively more likely than IHC families to:

- be single parents (24 per cent in the NPP, compared to 17 per cent in IHC); and
- families in which parents/guardians work in emergency services, e.g. nurses, paramedics, firefighters and police (30 per cent in the NPP, compared to 4 per cent in IHC).

Almost one third (32 per cent) of the IHC families have at least one parent/guardian who is unemployed. This is comprised of families who have a work exemption (15 per cent of all IHC families), families who do not have a work exemption (9 per cent of all IHC families) and families who do not know whether or not they are exempt (8 per cent of all IHC families).

Allocation of places to service providers

IHC is a capped program. Each service provider is allocated a set number of subsidised *places*, where each place consists of 35 weekly hours of subsidised care. Any hours used beyond the allocation are not subsidised (although a child may use more than one place). Overall, just 59 per cent of IHC places are currently being used. However, the rate of utilisation varies dramatically across service providers, from 6 per cent to 95 per cent.

[1] Note, the NPP vulnerable families do not include illness for children or parents.

The capping of places causes significant problems for service providers, some of which report recurrently running close to their allocation. These service providers reflected that the current weekly capping is more challenging to manage the former capping based on calendar quarters. One states:

> *We're very conscious of not going over our EFT [Equivalent Full Time], which can mean that we do have some places that aren't utilised.* (Service provider)

Service providers were aware that other providers used considerably fewer than their allocated places, and some believed that unused places should be recalled and reallocated.

Altogether, the uneven use of IHC places across service providers suggests that the allocation of places is not adequately matched to demand and may create a barrier to access for families in local areas in which demand exceeds allocation.

4 PROGRAM AFFORDABILITY

Around 28 per cent of the children using IHC during November 2016 were subsidised through SCCB, which means that these families had few or no out-of-pocket costs. This figure constitutes a significant increase since 2005, when just 3 per cent of IHC families were subsidised through SCCB.

The pre-subsidy child care cost varied considerably depending on the type of benefit families claimed: families claiming SCCB were charged an average hourly rate of $27 per child and $56 per family, while families claiming CCB exclusively were charged an average hourly rate of $11 per hour per child and $28 per family). The mean out-of-pocket cost of IHC to families claiming CCB exclusively was $5.40 per hour per child and $14.15 per hour per family. The IHC Family Survey data showed that on average the pre-subsidy child care fixed rate was $25.09. Overall, 60 per cent of the IHC families were satisfied with the fees they pay.[2]

For families claiming CCB exclusively, the affordability of IHC was contingent on the fees charged by service providers, which varied from provider to provider. One parent described how her family could only afford to access the IHC program through a specific service provider which charged comparatively less:

> *My service provider only adds a small margin onto our educator's hourly rate, meaning that the cost of care when the rebate is applied is about $15 an hour.* (Parent)

To determine how much families are willing to pay for child care in the family home, surveyed families were provided with a range of increasing hourly rates. On average, respondents were willing to pay $16 per hour before subsidies and rebates. As a point of comparison, families who applied for participation in the NPP were willing to pay $14 per hour of out-of-pocket expenses. This difference can be explained by the fact that families who applied to the NPP had higher incomes than IHC families: 73 per cent of NPP families had household incomes of at least $80,000 per annum, compared to 41 per cent of IHC families.

[2] The family rate is the sum of the hourly rates across all children receiving care at a certain time.

5 ABILITY OF THE PROGRAM TO PROVIDE FLEXIBLE CARE

Flexible child care is child care that accommodates the diverse needs of families, with specific focus on non-standard and variable hours of care. For some families, accessing flexible care involves using a combination of subsidised child care modes.

The proportion of IHC families (67per cent) in which at least one parent/guardian works non-standard hours is higher than for Australian families as a whole (26 per cent)[3]. About 80 per cent of IHC children receive some IHC during non-standard hours (defined as any care used during the period 6pm-8am). A majority of the IHC that occurs during non-standard hours takes place between 6am and 8am and between 6pm and 8pm Figure 2). In addition, a moderate percentage of IHC children receive IHC during the weekend, when most other subsidised care options are not operative

Figure 3). Many jobs require workers to work rotating shifts, go on business trips, and/or be available on call, and parents/guardians working in these jobs need access to irregular child care. Often, their child care needs will change with short notice. A seemingly large percentage of IHC families require this type of child care flexibility: in almost half of the IHC families at least one parent/guardian reports not having the same work pattern each week (45 per cent), unpredictable or irregular work patterns, such as rotating shifts (12 per cent), split shifts (2 per cent), working 'on call' (19 per cent), and travelling away from home for work purposes (28 per cent). Consistent with this, about 43 per cent of the IHC

[3] Where possible, we also established comparisons with a broader sample of Australian families. This came from the 2014 wave of the Household, Income and Labour Dynamics in Australia Survey, and included families in which at least one parent had an Australian permanent residence or citizenship, with at least one child under 13 years of age, and with an annual taxable couple income below $250,000.

children (54 per cent of the IHC families) do not have the same pattern of care over the four attendance weeks.

In addition, 33 per cent of IHC families use IHC in combination with other subsidised care; 22 per cent in combination with Long Day Care (LDC), 5 per cent in combination with OSHC, 3 per cent in combination with Family Day Care (FDC), and 3 per cent in combination with both LDC and OSHC.

Figure 2. Percent of children who used IHC, by time of day

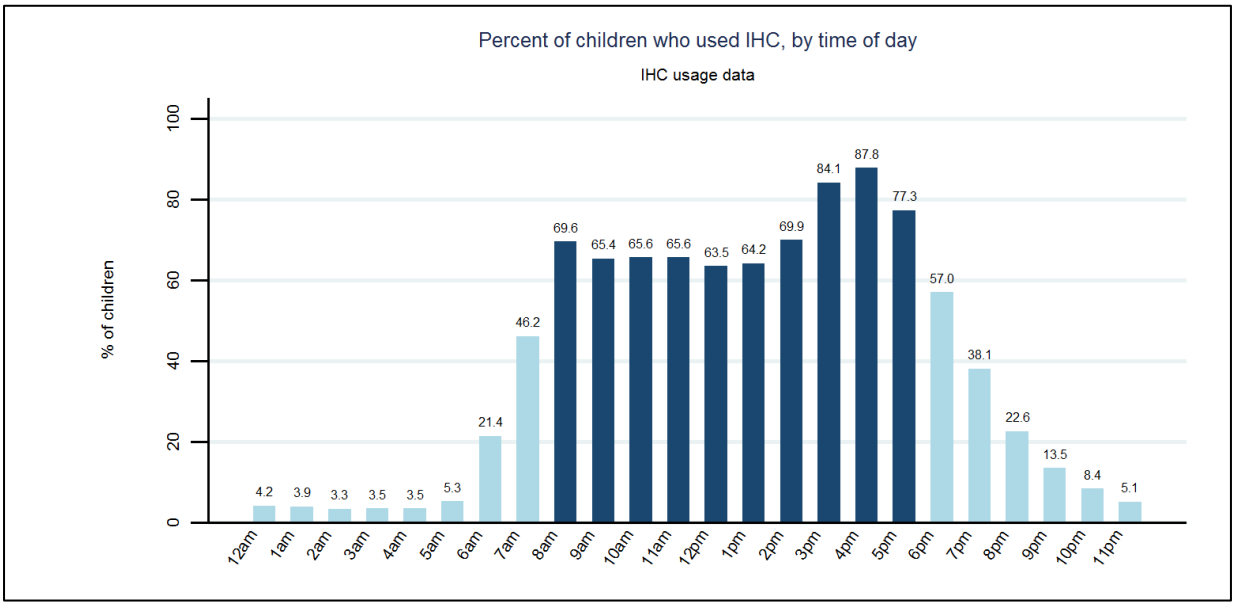
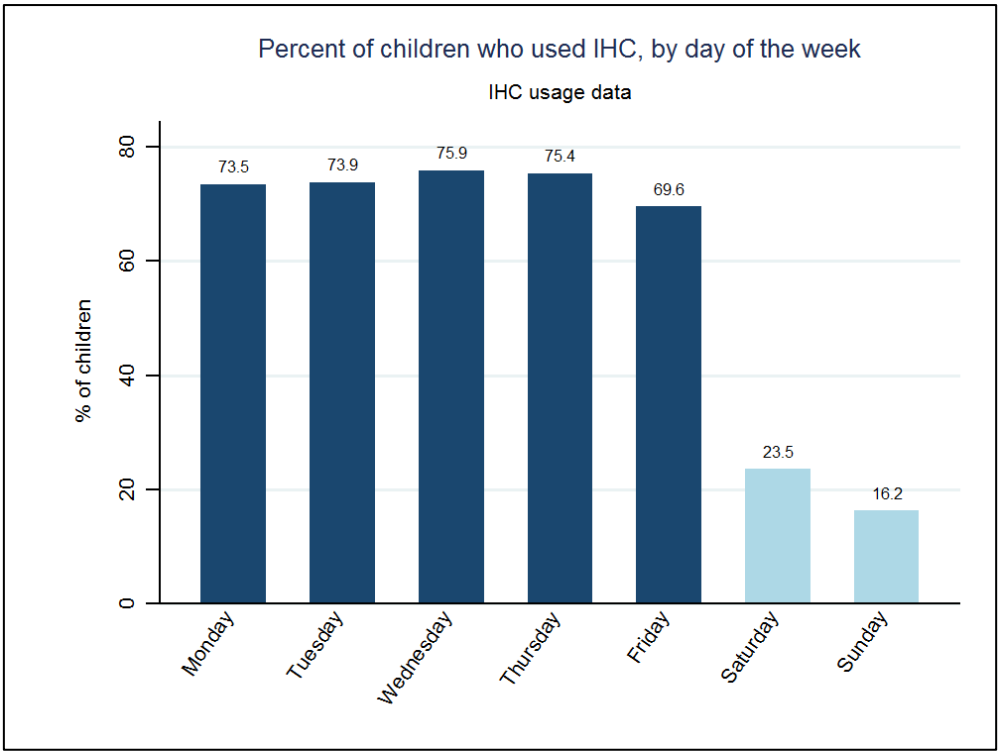


Figure 3. Percent of children who used IHC, by day of week



6 QUALITY OF CARE

Overall, the vast majority of families were satisfied with their IHC educator (94 per cent) and with the quality of care their children received through IHC (91 per cent).

However, some stakeholders argued for the need for increased quality standards for care provided in the family home. These claims were made on the grounds that research evidence has shown that early childhood development is crucial and shapes children's outcomes into adulthood. Some suggested that such standards could be a modified version of the National Qualification Framework (NQF), with allowances made for rural and remote locations where child care options are limited. One stated:

> *Child care in the family home should fall under the National Quality Framework which provides nationally consistent standards for all early childhood services and is based on the research evidence around early childhood development in the first five years in particular, and the importance of children's learning and development during that period of their life.* (Stakeholder)

Most service providers agreed that the IHC quality standards had been 'interim' for a long time, that they were too vague and open to interpretation and that they could be much stricter. For instance, service providers indicated that the IHC quality standards should dictate in greater detail what is required from educators to ensure that they are providing high quality care. Most agreed with bringing the IHC standards under the NQF, with service providers envisaging that this would be feasible. However, a couple of service providers felt that the NQF was not an appropriate tool to benchmark care in the family home, particularly care provided during non-standard hours. They based their arguments on the premise that it is not necessary to provide an educational component during care sessions that occur during non-standard hours.

Service providers noted the importance of quality standards in supporting their role, arguing that stricter standards would make it easier for them to enforce the requests that they placed upon educators. However, they disagreed about the extent to which the quality of IHC could be governed by similar standards to FDC. Some service providers offering both FDC and IHC stated that they used the same standards across the two services. Others argued that the standards required for FDC are not applicable to families receiving IHC. For instance, it was stated that it would be difficult to influence how clients have their homes set out, e.g. implementing home modifications to adhere to glass safety requirements in the own home can be very costly to families.

Several providers reported that they currently supplement the interim standards with the guidelines for FDC educators or the NQF guidelines, while others reported that they used the same guidelines across all their child care services (FDC, NPP and IHC).

Service providers, educators and families are in agreement about the importance of high quality care and good working conditions for educators. However, there is less consensus about the degree to which IHC standards should require parents/guardians to undertake adaptations to the family home to take the educator's safety and responsibilities into consideration. For example, there is disagreement about whether or not it can be realistically expected of parents/guardians to put safety film on their windows or to devise fire evacuation plans.

7 RECRUITMENT AND RETENTION OF EDUCATORS

Service providers are responsible for verifying educators' qualifications, registering educators in the IHC program, and completing educators' induction. However, they do not always recruit educators. This was particularly so in regional and remote areas, where it is harder to identify and recruit educators.

Overall, 43 per cent of IHC families recruited their own educator, with the figure raising to 80 per cent in regional or remote areas. Some families preferred to find their own educator. A parent recalls:

> *I got to choose my own educator. This was an extremely important aspect of the Program. I was able to get a very experienced educator who lived in my local community and she really became an extension to our family.* (Parent)

Other families found the process of locating and recruiting an educator challenging, and would have preferred the service provider to have done so. One parent reflects:

> *The service provider was unable to provide an educator that was suitable for an eight day rolling shift work roster. Educators only wanted to commit to our family if we offered set days. We also only require 4.5 hour on a regular basis every 8 days and the service provider did not have any educators who were interested. We ended up finding our own educator who then registered through the service provider. (Parent)*

Service providers have more difficulties recruiting educators for families living in rural or remote areas, who require variable care hours, or who have children with an illness, disability or impairment.

8 EDUCATOR QUALIFICATIONS AND EMPLOYMENT CONDITIONS

Almost two thirds (64 per cent) of the educators have a child care qualification (ranging from a certificate to a degree), with a further 8 per cent currently studying towards a child care qualification.

Service providers were largely in agreement that the IHC program should require that educators have a minimum of a Certificate III qualification, basing their arguments on the fact that there is a high and increasing responsibility placed upon educators. One argued:

> *They are working autonomously within a family environment… the responsibility of a person in In Home Care is higher than that of a child care service [LDC].* (Service provider)

However, not all service providers currently require this, and one provider argued that imposing this qualification restriction might make it hard to find educators.

Educators earn on average $26 per hour, with those who have child care qualifications receiving a higher average rate of pay ($28) than those who do not ($22). These pay rates vary across the service providers. Just 18 per cent of educators indicated that they are dissatisfied with their rate of pay.

The majority of the surveyed IHC educators (86 per cent) are employed as independent contractors or casual workers. Almost two thirds (61 per cent) report working some non-standard hours and 16 per cent report working exclusively non-standard hours. Most educators were satisfied with their usual hours of work (78 per cent), and only 13 per cent indicated that their work hours were unpredictable and 11 per cent were dissatisfied with their ability to balance work and family.

About 80 per cent of the IHC educators stated that they would like to continue working in home based care for the next two years. However, almost a quarter (24 per cent) were concerned about job security. Perceptions of job insecurity amongst IHC educators were often tied to concerns about families becoming ineligible for SCCB due to changes in their circumstances and no longer being able to afford IHC. Forty-three per cent of IHC educators work additional hours outside of IHC, of which 27 per cent work in other child care employment and 16 per cent in non-child care related employment. Around 18 per cent of educators were dissatisfied with the public perception of their work.

9 SUPPORT AND PROFESSIONAL DEVELOPMENT OF EDUCATORS

To ensure that high quality care is provided to IHC children, educators need to be supported and provided opportunities for professional development. However, there was substantial diversity between service providers in the amount and nature of support they provide to their educators. Some service providers provide recurrent support, with one such provider reflecting:

> *We are available by phone all the time, they can come in the office, we visit on a monthly basis to monitor them.* (Service provider)

Another service provider described a typical home visit as follows:

> *They have discussions with the educator about making sure all of her requirements … are up-to-date, what might be up for renewal and the process of renewing that. They talk about how they're recording their curriculum and what they're doing with the children. They talk about their relationship with the family and the children. We also talk to the family about how things are going… is there any sort of behavioural things that we can support them with … and we usually also take out some sort of activity or leave something for the educator to do as an activity with the children. Some of our educators have very limited experience. So we want to support them and build their skills.* (Service provider)

Most of the service providers monitor the educators by asking the parents/guardians for feedback, and complement this with monthly to bi-annually home visits.

A large share of the IHC educators were satisfied with:

- Their service provider's provision of professional development opportunities (59 per cent).
- Their service provider's level of support (70 per cent).
- The on-going training provided by their service provider (65 per cent).
- The initial training provided by their service provider (64 per cent).

Only a small fraction of educators indicated that they have never received the following forms of support from their service provider:

- Home visits (18 per cent).
- Newsletters (18 per cent).

- Educational resources (15 per cent).
- Phone calls, text messages, emails (4 per cent).

Service providers reported heterogeneous approaches to training. Some service providers sought to primarily provide training in-house, e.g. by arranging for social workers to give a talk on recognising mental health problems in parents/guardians, and providing strategies on how to approach these individuals. This was sometimes complemented by educator-initiated webinars and external training on other areas such as child protection. Some service providers expected educators to attend around three training sessions per year. In contrast, other service providers indicated that, as independent contractors, educators should be in charge of their own training.

In practice, less than half of the IHC educators (41 per cent) reported attending training that was either paid or organised through their service provider and where they were given time off their usual work duties to attend. On average, these educators received five days of training per year.

IHC educators stated that they would particularly want to receive additional training on behaviour management (40 per cent), conflict management (38 per cent), and child development (38 per cent). Other training needs identified by a smaller percentage of educators included developing skills on working with children with special needs (e.g. disabilities, mental health, post-traumatic stress disorder, autism, palliative care) and program planning and development (including Early Years Learning Framework, teaching skills, learning activities and making your own resources).

10 CONCLUSIONS

IHC provides affordable and quality child care in the family home to families that would not typically have access to formal care due to geographical isolation, special needs (e.g. those emerging from illness, disability or impairment) and/or the need for flexible care arrangements (e.g. care during non-standard or variable hours). In addition, a substantial number of families using IHC are vulnerable or disadvantaged families, including families with low incomes $40,000 or below, families in which at least one parent/guardian is unemployed, and families in which a child or a parent/guardian has an illness, disability or impairment. The majority of families (88 per cent) and educators (72 per cent) were satisfied with the IHC Program overall.

The following key findings, which may be used to inform changes to the IHC program, emerged from this review:

- **Finding:** There is variability across service providers regarding the adherence to and interpretation of the IHC interim standards and eligibility criteria.

  Recommendation: Implement quality standards for IHC and provide additional clarification to assist with the consistent application of the eligibility requirements.

- **Finding:** The IHC program can be unaffordable when families have a mix of eligible non-school-age children and ineligible school-age children.

  Recommendation: Revise the eligibility criteria so that school-age siblings of IHC children who have access to formal care are also eligible for IHC.

- **Finding:** The capping of IHC places causes significant problems for service providers, some of which report constantly running close to their allocation.

  Recommendation: One option would be to revisit how places are allocated within the IHC program, and to introduce recurrent re-assessments of these allocations based on observed utilisation rates across service providers. A second option would be uncap the program.

- **Finding:** The recruitment of educators is challenging for rural and remote areas, families using variable or short care, and families with special needs.

  Recommendation: Provide incentives to current and prospective educators in rural and remote areas, and to educators to provide care to families using variable or short care, and families with special needs. Incentives can include higher pay rates in compensation for work done with these families. Simultaneously, service providers located in rural or remote areas, or receiving disproportionate demands from families requesting variable or

short care and families with special needs could receive extra help from the Department in attracting and recruiting educators.

- **Finding:** Educators are satisfied working in the IHC program and 80 per cent would like to continue providing care in the family home in the next two years. However, a moderate percentage of IHC educators expressed dissatisfaction with their employment conditions, a lack of professional recognition and the scarcity of opportunities for career advancement.

  Recommendation: To attract and retain more educators, the working conditions and career pathways of IHC educators should be revised and strengthened. For example, efforts should be made to raise and standardise the quality of child care by implementing a minimum child care formal qualification, refer to workers as 'educators' rather than 'carers', and run public campaigns that stress the educational benefits of professional educators.

- **Finding:** More than half of the educators did not receive on-the-job training and a number of them requested further training in areas such as behaviour and conflict management, child development and working with families with special needs.

  Recommendation: Encourage service providers to offer professional development opportunities to their educators and incorporating the professional development of IHC educators within the IHC standards.