



COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

**HOUSE OF
REPRESENTATIVES**

STANDING COMMITTEE ON FAMILY AND HUMAN SERVICES

Reference: Balancing work and family

WEDNESDAY, 16 AUGUST 2006

CANBERRA

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

INTERNET

The Proof and Official Hansard transcripts of Senate committee hearings, some House of Representatives committee hearings and some joint committee hearings are available on the Internet. Some House of Representatives committees and some joint committees make available only Official Hansard transcripts.

The Internet address is: **<http://www.aph.gov.au/hansard>**

To search the parliamentary database, go to:
<http://parlinfoweb.aph.gov.au>

HOUSE OF REPRESENTATIVES
STANDING COMMITTEE ON FAMILY AND HUMAN SERVICES

Wednesday, 16 August 2006

Members: Mrs Bronwyn Bishop (*Chair*), Mrs Irwin (*Deputy Chair*), Mr Cadman, Ms Kate Ellis, Mrs Elson, Mr Fawcett, Ms George, Mrs Markus, Mr Quick and Mr Ticehurst

Members in attendance: Mrs Bronwyn Bishop, Mr Cadman, Mr Fawcett, Ms George, Mrs Irwin, Mrs Markus, Mr Quick and Mr Ticehurst

Terms of reference for the inquiry:

To inquire into and report on:

How the Australian Government can better help families balance their work and family responsibilities. The committee is particularly interested in:

1. the financial, career and social disincentives to starting families;
2. making it easier for parents who so wish to return to the paid workforce; and
3. the impact of taxation and other matters on families in the choices they make in balancing work and family life.

WITNESSES

DUNLOP, Ms Barbara, First Assistant Statistician, Social and Labour Statistics Division, Australian Bureau of Statistics	12
McCOLL, Mr Bob, Assistant Statistician, Social Conditions Branch, Australian Bureau of Statistics	12
POSSELT Mr Horst, Director, Family and Community Statistics, Social Conditions Branch, Australian Bureau of Statistics	12
STAPLEDON, Ms Amanda Jane, Private capacity	1

Committee met at 10.31 am**STAPLEDON, Ms Amanda Jane, Private capacity**

Evidence was taken via teleconference—

CHAIR (Mrs Bronwyn Bishop)—I declare open the public hearing of the House of Representatives Standing Committee on Family and Human Services for its inquiry into balancing work and family. Today the committee will take evidence from a working mother about the difficulties of finding child care for children with disabilities and the challenges she faces balancing her work and family needs. Her evidence is to be taken via teleconference. The committee will also take evidence from the Australian Bureau of Statistics. The bureau collects and publishes a wide range of data relevant to the inquiry including fertility rates, child care, family characteristics and the relationship between employment and the availability of child care. Over last 10 years the bureau has started publishing data on how people manage care and work.

I welcome our first witness, Ms Stapledon. Although the committee will not require you to take an oath, I am obliged to tell you that you should understand that these hearings are a formal part of proceedings of the Commonwealth parliament and the giving of false or misleading evidence is a serious matter and may be regarded as a contempt of the parliament. Would you like to make a brief statement to us to begin?

Ms Stapledon—Mrs Bishop, thank you very much for inviting me to speak at your public hearing. I am the mother of a child with a disability. He is 14 years of age. His condition is that he has an intellectual disability, a missing corpus colosum which is the link that joins the right and left sides of the brain. He has a brain tumour, epilepsy, a severe respiratory condition and autism—autism probably being the biggest barrier that we have today in being able to mix with the community. When my son was 2½ years old an old employer, Coles Myer, asked me to rejoin the workforce, and that is when the fun began with trying to access care for my child.

Up until nine years of age I had in-home care paid privately, in-home family day care and a little bit of respite, and there were some external programs that I accessed. This was very hard for my son because he had epilepsy and change is a very hard thing for these children to cope with, and he probably had to cope with more change than the average child at that time.

When he was nine years old behavioural problems occurred and he had a breakdown. His behavioural issues have continued from that time onwards. Since then all services were withdrawn. Now I have minimal respite. School holiday programs are held at community centres but they are very often unreliable. The additional worker that is provided to the program needs funding and if that worker is not available my son cannot attend the program—and I am referring to the period throughout the school holidays. Often the activities are not suitable and he has been put on notice three times because of his behaviour and their not been able to cope with him in an environment like that with so many other children.

Basically, he has been excluded from most inclusion programs since the age of nine. His other friends have also been withdrawn from programs. Parents are having to give up work—either that or downgrade their rate of pay and hours to suit school time only, and that is not an easy

thing to do in itself. Both parents have had to go part time or they simply do not even contemplate working because of the hardships associated with trying to get care.

During school term I am often phoned from the local council to say that the worker is not available and I have to rush home from a meeting immediately to go to pick my son up, otherwise the bus will be sitting there with him in it. He cannot be left on his own. There have been instances where friends have arrived and the carer has simply not been there and they have not been notified.

With all that I have had to cope with with my son's disabilities—and all he has had to cope with as well—nothing has been more gruelling than trying to secure dedicated, reliable care for my child. It is a cause of constant stress and, but for a good employer, I would have been dismissed many times over. There is no doubting that; I have been just too unreliable. They have been absolutely wonderful about it—but of course that only has a lifespan of its own. I do not know how much longer they will maintain that tolerance towards my unreliability.

Along with writing to your committee, I have also written to the state and federal governments and I have been handed from one to the other on many occasions. What we have identified is a void between respite care and before and after school care, and at this stage I have not been able to capture the imagination of either government to support us in assisting with a suitable program. What we have done is capture the imagination of the local community and service providers. We have formed a very unofficial committee and we have developed a model that we feel is suitable, a centre based, dedicated, reliable program that is suitable for our children, one where workers can manage our children's school behaviours and complex care needs. For that we were allowed a one only pilot program. A local organisation funded a pilot program that ran out of my son's school. Since that time we have been able to secure additional funding but only to run the program three days a week as opposed to five and that has to be at a different location. We have been very active in trying to provide the answer to this big dilemma. Certainly we did not want just go in and say, 'You do all the hard work,' but at this stage we have not been able to secure anything ongoing with regards to the program.

In the area of disability we have got the responsibility for our children for life. It is not something that all parents have responsibility for, though certainly they have their own issues with securing care. I think that the support and services set up in the early years and onwards are the things that will determine our health and the mental wellbeing of us and our families. I hope that is enough information for you.

CHAIR—Thank you very much. We appreciate hearing that story. The frustration that I can hear in your voice and identify with is something that is so unfair both to your child and to you. Could you tell us a little more about this pilot program that you have going?

Ms Stapleton—The pilot program ran last term. It is called Casey Kids Club and it accommodates, we are hoping, up to ten children, though it can certainly accommodate seven families per night. Effectively, if you multiply that by the number of days that we are running the program, we can reach quite a substantial number of families in the area. We ran it for five days last term as a pilot program. As an ongoing program we have secured just half the funding we require so we are running it for three days at a different location.

CHAIR—Who gave you the funding?

Ms Stapleton—We were provided the funding for the pilot program by Wresacare, which is a respite organisation in Cranbourne. The current funding we have is from the carer respite centre in the south-east region of Victoria.

CHAIR—So it came out of the federal funding for the respite centre.

Ms Stapleton—I do not where that came from, but I know it came from the carer respite centre. I am not sure if that was federally funded.

CHAIR—They are federally funded.

Ms Stapleton—No-one wants to call it what it is. We have called it a social activities program, but we see it as respite because the void exists—there is not sufficient respite care for our children. I am afforded three hours week; the rest I have to pay as agency fees. And I am considered one of the lucky ones. When I address the out of school care issue, trying to work on both sides to meet somewhere in the middle, I am referred to programs that I have already identified as totally unsuitable for our children. They cannot cope with out of school programs that have a high volume of children; they cannot cope with some of the activities. It is not that the parents are excluding the children from the programs; the program providers are saying, ‘I’m sorry, but we can’t accommodate your children.’

CHAIR—What you are saying is that the program will provide for the more able disabled but they will not provide for what you might call the more disabled disabled.

Ms Stapleton—Yes. The biggest area we identified was for children over the age of 12 and the ones who have behavioural issues and complex care needs. For the ones who are easier going, they are able to provide some leniency.

CHAIR—So people who might for instance have children with Down syndrome would have a very much easier time than you do?

Ms Stapleton—Absolutely. And they do are not denied the service. Very often, they go through until 18.

CHAIR—You said that you had in-home care until he was nine years old. Did you pay for the care? Was it provided?

Ms Stapleton—I paid for some of it. I had a private carer come in. I also had in-home family day care through the council. That was one of my initiatives. I asked whether we could convert the home based family day care into in-home family day care, and that was approved. But these carers were not equipped to handle the kinds of behaviours that my son was exhibiting from nine years onwards, and they simply could not continue. But even before that there was a rotation of carers. I was constantly advertising in the paper. I would interview 40 people in a week to try and find a suitable carer to take some other carer’s place. This would be a rotation of once every two years or once every year—that sort of thing. The hardest thing was that to prepare my son for change I would have to provide a social story, which is drawing pictures and writing words.

For every new event, carer, situation, I would have to write one, so I would be up until all hours on a regular basis writing these social stories to help my son cope with the change that he had to embrace.

CHAIR—Who paid the payment for the private carer?

Ms Stapledon—I did.

CHAIR—Did you get any taxation relief for that?

Ms Stapledon—No, I did not get any taxation relief. I know that at one stage I was getting some assistance through Medicare. It might be similar to what they have with the Family Assistance Office now, but that ceased when Pete was about eight or nine. That would have been about five years ago. I could take my invoices to Medicare and get a certain amount back. It was not substantial, but it was helpful.

CHAIR—So that is the CCB. You might have been under that in-home carer program.

Ms Stapledon—I got the CCB for being with the in-home carer program. But I did not get any rebate for the privately paid carer—other than what I submitted to Medicare. Maybe it was classed as CCB. She had to register through Medicare.

CHAIR—Yes, it was registered care.

Ms Stapledon—But it certainly was not the kind of rebate I would get for sending him to the in-home family day care. It was not quite that much.

CHAIR—How did that affect your earning capacity? How much of your wage did it take?

Ms Stapledon—At this point in time, it is substantial. Back then, at times it could take up to a quarter of my income, because, if Pete was not able to be accommodated during the school holidays, there are only so many days I can tell my employer that I cannot come in. I was paying between \$28 and \$35 an hour to have someone come in—that is if the carer was available, which was not always possible. I received some assistance through Windermere, which was a crisis centre in Narre Warren, but not the full amount. I had to pay some of that. It was quite substantial, and it still is today.

CHAIR—If you had a magic wand and could create your ideal situation, what would it be?

Ms Stapledon—The very model that we have put forward to the state and federal governments; that is, the centre-based, appropriate dedicated social activities program—one that could accommodate our children after school and cover the school holidays. My market research has told me there is not a great deal of need for before-school accommodation at this point. I just do not know how people think we can maintain our employment if there are no services in place to assist us.

CHAIR—Would that model cover your son when he became an adult?

Ms Stapledon—No. Actually it is even harder at that point. When he reaches 18, that is when there are even fewer services. It is very hard indeed.

CHAIR—So, you can see that there would be an ongoing need from time to time for a carer to come in and look after him while you work?

Ms Stapledon—Yes, on a regular basis, and I do not think that is going to be possible. At the moment I am getting, as I said, three hours a week from the local council. I pay agency fees on the other night. That is subsidised. But I am only allocated a certain number of hours for that particular—

CHAIR—Respite hours, yes. If you had a carer who came in, and you could have a tax deduction for what you paid the carer, would that help you?

Ms Stapledon—It would help financially, but finance is not the biggest issue. It is one of them. The biggest issues are the reliability and the appropriate carer. If someone could say, ‘Look, I can provide you with a carer to accommodate your working hours. Tell us what they are and we will have someone come in,’ that would be great. But I do know from experience that because they are unreliable—because they might get sick or they might have their own family commitments—and there might not be someone to replace them, the unreliability factor creeps in there. Choosing the right carer is the other thing. You do really have to have very specialised people who know how to deal with the behavioural issues, who understand autism and obsessive compulsive disorder and all those issues. The average carer—even though they might have experience in special needs—might not have experience in that area.

CHAIR—Would they take your child into assisted accommodation?

Ms Stapledon—Do you mean on a permanent basis?

CHAIR—Yes.

Ms Stapledon—(a) that is not an option that I choose at this point, but (b) if I wanted to, no. There is nothing available. Human services stated clearly that they are not going to put any money into bricks and mortar; that they are just going to run the houses they already have.

CHAIR—Who said that?

Ms Stapledon—The Department of Human Services.

CHAIR—Is that the state government?

Ms Stapledon—The state government; yes, that is correct.

CHAIR—They said that to you?

Ms Stapledon—They did not say that to me; they said it at a respite committee meeting.

CHAIR—So, they will not build any more accommodation?

Ms Stapledon—Yes, that is right. I have had meetings with the Department of Human Services over this issue and they said they would look into creating a social activities program but would not put any money whatsoever into the very program that we have up and running because they do not deem it to be respite. But they cannot tell me why they do not deem it to be respite. They have been quite difficult, actually, over the whole thing.

CHAIR—What do you see as the prognosis for you?

Ms Stapledon—I fear that I will end up on a pension, which means that I cannot provide the external therapies that I now provide to my son. I cannot give him the specialised diet and vitamins that have been working so well to build up his immune system. And depression. I am a sole parent, as you know. That is a result of the disability. But I see parents—

CHAIR—Could you just go over that? Did your marriage break up because of your child's disability?

Ms Stapledon—I believe that was the last nail in the coffin, definitely. We couldn't cope with the constant trips to hospital. We were often being rushed to hospital. I have had to revive my son more times than I care to remember. That put a lot of stress on me. It also put a lot of stress on my husband but he simply could not cope with all that was involved. It is all-encompassing, Mrs Bishop. I cannot tell you. It consumes, every day, every waking hour of my day.

CHAIR—How long did the marriage last after he was born?

Ms Stapledon—I was with my partner for 10 years and the marriage lasted seven months, I am embarrassed to say. I lived in Cairns and we moved to Melbourne. Obviously my partner, who is Peter's father, had second thoughts. We moved to Melbourne because of the medical requirements. We could not access those in Cairns, so he came down and we decided to make a go of it in Melbourne and he just could not cope. So, seven months and he moved back to Cairns.

Mr FAWCETT—We have a couple of schools in South Australia that cater for children with special needs, and we find that, because there is not a huge number of them, the schools tend to get located within a very large catchment area. People have to travel significant distances to access a school and the programs associated with it. From your experience, how far would people be prepared to travel to centres? Would we be better off to try to have an add-on, if you like, to existing programs, where the needs of children such as Peter could be catered for more locally?

Ms Stapledon—Both ideas have merit. When we were exploring the model that we have put forward, we agreed that ideally the location of the program would be in the special schools system. We have two in the city of Casey, the Dandenong Valley Special Development School and Marnebek, a specialist school. The Marnebek school exists in Cranbourne and the Dandenong Valley school exists in Narre Warren. The distances that people travel can be far. Those two schools are in close proximity to each other—within about 10 kilometres.

CHAIR—You can probably hear those bells ringing. We are going to have to go and attend a division. Would we be able to call you back when we come back from the division?

Ms Stapledon—Yes. Could you give me an idea of what time that would be?

CHAIR—It could be in 20 minutes—it depends on how many successive divisions we have. The quickest is 10 minutes; it could be 20.

Ms Stapledon—All right. I will wait here for you to call.

CHAIR—Thank you very much. Our staff are here, and they will keep in touch.

Proceedings suspended from 10.51 am to 11.17 am

CHAIR—We will resume the hearing. We were talking about the difficulties in dealing with your son's disability and how they had resulted in the break-up of your marriage.

Ms Stapledon—It certainly was a major contributor.

CHAIR—You have coped on your own since then?

Ms Stapledon—That is right.

CHAIR—We were also going over your ideas about the ideal solution, and we touched on the question of respite. Would you mind talking to us about emergency respite? Do you have call for that very often? Is it available?

Ms Stapledon—I believe that it is available through the carer respite centre. That is the only emergency respite that I know of. To be honest, it is something that has eluded me, and I have been reminded that it is there to be used. I believe that you can use up to about \$500 worth a year. In the scheme of things—

CHAIR—Just a moment; we need it a bit louder.

Ms Stapledon—Okay. We can utilise about \$500 worth of respite per year, but that depends on the availability of the carer. Given that you are usually calling at the last minute, you have to be sure that there is a carer available. If I was at work and I received a phone call to say that there was no carer to meet my son off the school bus, then the carer respite centre would not be able to accommodate that need because of the time factor. In the school holidays I could call them, but again there would have to be a worker available. That is available.

CHAIR—Would it be fair to say that in the existing services there is almost a bias towards the more able disabled? There are services that the more able disabled can more readily access. Children like your son—those who are very much more disabled—find it much harder to access services and to find care.

Ms Stapledon—Without a doubt. I think they are actually ignored. They are hoping that we are now conditioned to the fact that there are no services and that we will not be seeking them because we have adapted our lives around what is available and what is not. Certainly our local council is the best illustration there; they only provide programs for children with mild to moderate disabilities. In some cases you have to provide your own worker, so either you have to

go yourself or you have to pay for someone to attend the programs. They are inadequate. Apart from that, there is literally nothing. Wresacare do run a school holiday program and you might be allocated one or two days, but they are only funded to run them between 10 and three, which still does not accommodate a working parent. There are no carers available to fill the gap either side; even if there were, that in itself becomes expensive. That would be \$15 for the day for that particular program, and then if you were lucky enough to secure someone either side, you are then paying the additional costs for that as well. But apart from that, there is nothing to accommodate our children, and I think it is tragic.

Mrs IRWIN—Firstly, thank you very much for such a wonderful submission and for coming before the inquiry today, and I hope that there will be light at the end of the tunnel for you.

Ms Stapledon—Thank you.

Mrs IRWIN—I was very interested in some of the opening remarks that you made about when your son was nine years of age, I think it was, that services were withdrawn.

Ms Stapledon—Yes.

Mrs IRWIN—Who withdrew those services and were alternatives offered?

Ms Stapledon—The services were withdrawn by the private carer that I paid to be in the home. Family day care through our local council and even respite were denied. To give you a bit of background, my son had a beautiful disposition. He was hard work, but he had a beautiful disposition, and he was at a special school. They had five to six students in that class. He was placed into a class of 15 students and he was expected to cope, and he did not. There was a lot of pressure placed on him, including from myself, and this is when he had his breakdown. Since then, he has not been the same, with behaviour issues and the levels of anxiety that this caused him. It could have been bad timing as well—something happening in himself—but that was the contributor.

From that time, there were reasons why people did not want to attend the home and care for him. To give you an illustration of how bad things were: we had to hospitalise him for a week. But from then on I was just not able to get people with the right qualifications. I spoke to the Department of Human Services and on this occasion they were sensational. They sent a behaviour intervention specialist, who helped me with behaviour management strategies—all very time consuming, but very effective. And from there, we have got him on a level where I can access the three hours of council respite and the other couple of hours from the other agency. What I did not mention is that I am one of the fortunate families that actually get weekend respite every fortnight under a Recharge program from Oz Child. That was as a result of that, so there were things put in place to assist me, but there has been nothing really to assist with regard to my work.

Mrs IRWIN—From the submission that you put in, I gather that you would like to work full time. I admire you—being a single mum with a child with a disability—greatly. You are only working now 25 hours a week; is that correct?

Ms Stapledon—I am working 29 at this stage because of the pilot program that we have had running for the last two terms. That has enabled me to work 29 hours, but once that finishes—and I fear that it will finish at the end of this term with no further funding to accelerate it—I am going to have to go back to my 25.

Mrs IRWIN—What do you see is the big picture here for you? Do you think you will be able to keep up that part-time work, or might you have to leave the workforce altogether if there are no suitable programs or child care in place for your child?

Ms Stapledon—I am hanging on by the skin of my teeth. As long as my employer is understanding, I can foresee my keeping my 25 hours a week, I think, whilst my son is at school; that is my hope. I have been faced with situations where I did not think that would be possible. When my son leaves school, I have no idea what will be ahead of me. It gives me anxiety attacks to think about it. The reason I say this is that, if he were to attend a program, either I would have to transport him—transport is a real issue in these circumstances—or he would have to be picked up at about a quarter to nine in the morning and dropped off at a quarter past three. It means that, effectively, I can work only between 9.30 am and 2.30 pm. I do not know of anyone who will accommodate those hours.

Mrs IRWIN—Thank you very much. Keep up that determination and the fight.

Ms Stapledon—Thank you very much.

Mr CADMAN—The most common theme that I hear from people is finding respite care. That seems to be what you are saying, too, Amanda. Is that right?

Ms Stapledon—Yes. If respite were available, I never would have gone down the path of writing to you and the federal and state governments and then to looking at a suitable model.

Mr CADMAN—I understand that the logjam is created by respite places being filled on a permanent basis by disabled or other individuals rather than being released on a regular basis so that people like you can get a bit of a fair run. It does not seem to be working: state governments do not seem to be moving people through the system.

Ms Stapledon—We seem to be adapting our lifestyles to the limitations on respite, which are tight, rather than respite enhancing our lives. I thought it would have been the other way round, but it is not. The state governments have clearly said that they have no responsibility in the area that I have raised with them.

Mr TICEHURST—Amanda, what type of work do you do?

Ms Stapledon—I work in IT. At the moment, I am a hardware coordinator for all the Coles-Myer brands. We liaise between the vendor and the business to make sure that services are delivered within the agreed times and all the relationships are nice and happy. In saying that, it is a very worthwhile and satisfying role; it is also very demanding. The current program that we have running for my son and the few extra hours that I can work have enabled me to work in this position in a secondment capacity. That may lead to it being more permanent, which would be wonderful. If it does not, I will have to go back to my previous role.

Mr TICEHURST—Is there any possibility of doing part of that work from home?

Ms Stapledon—Not to accommodate the out-of-school hours, because I have to attend a lot of meetings. All the information that is available to us is not just on line; it is in hard copy documentation. I would be able to do some of it from home, but it would be done during the day rather than after school.

Mr TICEHURST—The reason I suggested that is that I am thinking of the future. As your son gets older, the child care may not be appropriate or even available, I guess. Forty-five per cent of micro-businesses are run by women working from home. There may be some opportunity for you in the future to retrain in one of those roles, because you are certainly going to have an ongoing problem.

Ms Stapledon—Yes, I agree with you. On a couple of occasions, I have explored the idea of working from home. But, if you could appreciate it, I am already socially isolated. We do not get many visitors—in fact, we get very few.

CHAIR—This saves her sanity.

Ms Stapledon—It does. It is the interaction. I have worked here for 10 years, and the people here are like a family. To come to work, to be dressed in a suit, to put on my make-up, to do my hair—it probably sounds insignificant to someone else, but it is important to me—and to interact with so many wonderful people keeps that isolation down. I feel that if I were at home—probably working is a better alternative to not working—I could become depressed. I often try to fight that.

Mr TICEHURST—Yes. You certainly need that social interaction, whatever you do.

Ms Stapledon—Yes.

CHAIR—Ms Stapledon, we are very grateful to you. It seems that there is a big gap in the provision of services: there is no provision for people who have very disabled dependants as you have. People seem to think that, if they are supplying services for the more able disabled, they are meeting their responsibilities—but that clearly is not the case. You said that Coles, your employer, has been a very good to you.

Ms Stapledon—Marvellous.

CHAIR—I think that is a very important point in our inquiry, too, because by their meeting the work-family balance they are showing that they are a first-class employer to you. We are grateful to you for spelling out those problems and also for highlighting again that your son is entitled to receive assistance to live the best life he can as well.

Ms Stapledon—That could also determine the outcome of who he is as a contributing community member.

CHAIR—On behalf of all of us, I thank you very much. We are very grateful for your testimony this morning.

Ms Stapledon—Thank you very much. I really appreciate the opportunity.

[11.31 am]

DUNLOP, Ms Barbara, First Assistant Statistician, Social and Labour Statistics Division, Australian Bureau of Statistics

McCOLL, Mr Bob, Assistant Statistician, Social Conditions Branch, Australian Bureau of Statistics

POSSELT Mr Horst, Director, Family and Community Statistics, Social Conditions Branch, Australian Bureau of Statistics

CHAIR—We welcome you back. Would you like to make an opening statement?

Ms Dunlop—We did provide an opening statement—

CHAIR—Is there anything that you would like to add this morning?

Ms Dunlop—We have now provided responses to the questions we took on notice at the last meeting. Also since then we have released the 2006 edition of *Australian Social Trends*. The committee might be interested in several of the articles that are in that particular publication. For example, there is one relating to work and family balance for men, another relating to trends in working hours, and one on trends in women's employment. All of those articles, and maybe others in the publication as well, may be of interest.

CHAIR—I might go firstly to the changes in fertility. We have talked about a decline in fertility. It was about 1.73 children per woman. We have now gone up to about 1.78. One of the questions that is foremost for me is whether there is a causal link between what we might call the pro natal policies of the government in making a large baby bonus payment—I think it is now up to \$4,000 and it goes up to \$5,000 in the next budget—and the policies we have put in, the very substantial family tax benefits parts A and B. In your charting, are you able to make a connection between those pro natal policies and the increase in the fertility rate going up to about 1.78?

Ms Dunlop—I do not think we are able to do that from the evidence we have.

CHAIR—You cannot.

Ms Dunlop—No.

CHAIR—You have evidence that it is trending up, haven't you?

Ms Dunlop—Slightly, yes.

CHAIR—Have you done graphs with the introduction of these payments? Did they coincide?

Mr Posselt—We talked a little about this at the last meeting. The upturn preceded the introduction of the baby bonus. We saw a slight upturn in the previous births figures. But it has

continued to rise. I think there are a number of explanations being looked at for that. I note that Bob Birrell's submission provided some interesting insights into possibilities for drivers. But I think it has to be an influence.

CHAIR—Certainly Bob Birrell's contention is that in a society the availability of part-time work and those sorts of indicators are important. But also, presumably, with growth in the last 10 years the contingent of people who have children out of wedlock or who are basically at the lower end of the socioeconomic scale have also moved up in terms of being wealthier individuals. Does your research show that?

Mr Posselt—Living standards have generally increased for all levels in the community in terms of incomes. Real incomes have increased over time.

CHAIR—Yes, so that even incomes at the lower end have risen and could indeed make people more willing to have children because they are that much more affluent than they were previously, which could tie in with the rise in the birthrate.

Mr Posselt—Yes.

Mrs IRWIN—I understand that you are currently finalising a survey on pregnancy and work. It is a transition survey that was done in November 2005 and you hope to release that in August of this year. It is 16 August now. When should we be able to see a copy of that? Can you give us an outline of the survey?

Mr McColl—That publication is scheduled for 23 October, not August. So, my apologies if—

Mrs IRWIN—Was it a typographical error? Why is it now being released in October and not August?

Mr McColl—There was an original date of August when the survey was first proposed and that had not been updated in documentation. But it has not been possible to produce the publication in that time. We are only starting to pull together the data from that survey now, having processed it. I think we reset that publication date some time ago, so my apologies for misleading you on that.

Mrs IRWIN—Can you explain how you collect the data for unpaid work? Do you find any difficulties in collecting that data?

Mr Posselt—The main source of data for unpaid work is the time use survey. That was last conducted in 1997. The time use survey is a diary based survey. There are two components: the household form and a diary in which respondents record their daily activities. They record every action that they take during the day, whether it is looking after children, doing domestic activities of any variety—providing care for others and doing voluntary work as well as paid work, personal care, sleeping and so on. With that information we use a classification that orders those activities into types of unpaid work.

The next survey, the 2006 time use survey, is currently in the field and results from that will be available in August next year. That is a key source of data on actual time spent. In the recent

census, we asked some questions about unpaid work. Those questions go to involvement in voluntary work, domestic work, looking after children, and providing care for others.

Mrs IRWIN—My final question is regarding the cost of child care. We have heard a number of complaints about the high cost and the availability of child care. Have child care prices increased over the last five years? If so, by how much? What have been the drivers of these increases?

Mr McColl—I am afraid I do not have the actual amounts over the last five years of child care. Prices have gone up. We can get you the childcare component of the consumer price index, which will provide you with that information.

Mrs IRWIN—That would be good, so could you take that on notice. Is it possible to indicate possible price movements in the future as well?

Mr McColl—Not from that source, no.

Mrs IRWIN—What source, then?

Mr McColl—We do not have a data source that would provide information on potential future price increases. That will be dependent upon a whole range of supply and demand factors—supply of labour as well as facilities.

Mrs IRWIN—This is my final question. We have heard a lot about salary sacrificing. Does the bureau have any data on the use of salary sacrificing by the Australian population, especially for child care?

Mr McColl—We have data on the use of salary sacrificing by the Australian population, and we have it for some particular types of expenditure, but I will need to check whether we can extract data for childcare purposes from that information.

Mrs IRWIN—What do you mean by ‘particular types of expenditure’?

Mr McColl—For superannuation and motor cars, which are overwhelmingly the most significant components, we separately identify those. I am fairly sure that we would have captured child care and other things in there, but they would be very small components of the total and may not be separately extractable.

Mrs IRWIN—If you could take that on notice, it would be very helpful for this inquiry.

CHAIR—Following up on that, is it possible to draw from your research the behaviour and use of formal child care in the public sector versus the private sector?

Mr Posselt—We have not done any analysis on that. I am just wondering whether we have sector of employment of the person in the childcare survey.

Mr McColl—If it is a question of the provider of the child care, we do not capture that—

CHAIR—No, I would like to know what percentage of people in the public service with children use formal child care versus the percentage of people in the private sector with children who access formal child care. The numbers are: 771,000 children use formal care and 1.1 million use informal care. That is in the nought to 12 group. I might add: we are also concerned about children who are 12 to 15 or 16. Mrs Markus has a particular concern about that, which I share, and yet we seem to think that by the time children are 12 they are okay to leave alone. I think that those of us who are mothers do not agree with that. So we would be interested to hear what happens to the 12- to 16-year-olds too. Do you keep any data on them?

Mr Posselt—From what I can see on this data item list, we do not have sector of employment in the childcare survey; so it is not possible from that source. However, from the survey of income and housing, I think there may be possibilities in the future.

CHAIR—Is that for both of my questions—my concern about public and private—

Mr McColl—It is public and private. We will need to have a look at that because we do capture that aspect of employed persons, but it may not be in the same month that we have captured the childcare activities. So it may not be extractable, as Horst said, but it may, so I will check.

CHAIR—You will have a look for me?

Mr McColl—Yes, we will have a look. The issue may be that where you have two parents employed you may have one parent in the public sector and the other in the private sector. We will need to differentiate.

CHAIR—If you get that situation, I would like them to be counted in the public sector.

Mr McColl—Separately. I understand.

CHAIR—Or separately. It does seem that they might have more opportunities.

Mr McColl—On the children above 12 who are in care—

CHAIR—What sort of care do they get? With both parents working there is likely to be no-one home when they come home from school.

Mr McColl—The use of care drops off very dramatically towards the age of 12, so we are talking about a fairly small number of people, and a lot of that will be informal care. But some of it will be after-school care.

CHAIR—That is just the age at which they start to get into trouble.

Mr McColl—I have a 13-year-old daughter.

Mrs IRWIN—I remember when my daughter was 12 years of age; there is no way she would have gone into care. She was very independent.

CHAIR—But you had to make some provision?

Mrs IRWIN—Yes.

Mr McColl—Does the time use survey identify those activities?

Mr Posselt—The time use survey collects information about all persons aged 15 and over. It misses that group in between.

CHAIR—Going back to these figures on informal care, in answer to my question last time you said that most of that 1.1 million—661,000—get it from their grandparents and 304,000 get care from other relatives. That could be a brother or sister, presumably.

Mr Posselt—Indeed; it includes brothers and sisters. They are a small minority. They are identified separately. You can see that in table 1 on page 14 of the childcare publication. The table shows the type of child care used. It is broken down into formal and informal care. On the left-hand side it shows brother and sister. There are 59,500 children aged nought to 12 who have a brother or sister looking after them.

CHAIR—Do we have figures on disabled children?

Mr Posselt—Not separately in this survey.

CHAIR—I do not know whether you heard any of the evidence given at the last hearing, but it is a heart-rending story. We need statistics desperately on disabled children, and in two categories: the more able disabled and the less or very disabled. Regarding that last category, one witness's words to us were, 'I think they hope we will just get used to what is there and we won't ask any more.' That is dreadful. If you have a child with Down syndrome you are much more likely to get some assistance than if you have a multi-handicapped child, as our witness had, with autism and other challenging behaviour disabilities. You are shut out of the programs because it is too hard. We need data on those. That was from someone who has a good employer working with her. She can work 25 hours a week. I asked her, 'What is the future for you?' She said, 'If my employer cannot do it anymore, the pension.' And that will lead to depression because she will never get away from it and she will not have that social support from the people she works with, whom she describes as like a family; they give her support. Needless to say, the husband walked out—as so many of them do. We need data on that. We need to know how many children and how many parents are in that category, and the incidence of marriage break-up where, usually, the mother is left with that child because the other parent walks away.

Mr Posselt—We would have some of that data from our disability and ageing carer survey. I am not sure about the childcare arrangements for those children, but certainly there is data on the numbers of children in situations and whether or not they are living in a sole parent family situation.

CHAIR—We need to know the care question, because there is no care for them. She gave evidence that the Victorian government has said that it will build no more bricks and mortar, so if you are without respite or anything, it is too bad, and that is just not acceptable. So we need

hard data. You have stats on the number of carers we have across the board in various categories, don't you?

Mr Posselt—Yes.

CHAIR—Could we have those?

Ms Dunlop—Yes, we could get those for you. The other survey we have, which may be relevant to you, is our National Health Survey, which covers children as well as adults. We are looking at including a disability module in that, so I think some information will become available through that survey. It will not be available at the moment, but I expect we will be collecting information which will throw some light on this.

Mr McColl—It is this linking up between the incidence of disability and the fact that the parents are caring for them and recapturing all of that, and then we do not have information about whether or not they are accessing any formal care out of the home or coming into the home.

CHAIR—Her evidence was that up until the child was nine they had in-home care for which she paid—there was no tax relief, and yet it was a necessary expenditure for her to earn income. The child was then moved from a class of five in a special school to a class of 15 and could not cope and had a breakdown, and, after that, there were more challenging behaviours. Then no carer will come consistently and there is no continuity—and autism does not respond to change. We need that data to see how many of those people we are dealing with, because something has to be done.

Mr McColl—There may be information in the administrative data sets, as well, around disabled children. We can have a look at what is there, as well.

CHAIR—Do you also have stats on caring for elderly parents?

Mr McColl—The Survey of Disability, Ageing and Carers captures that information.

CHAIR—We, of course, have a much better system; we actually have somewhere for them to be.

Mr CADMAN—I have just browsed through the responses you have given us to previous questions, and I would like to thank you for the scope of what you have attempted to provide us with. Some of the statistics you have gathered are not from your own resources—you have gone more widely than I would have expected—and you have been cautious with your interpretation. Your contribution on child care—the types of child care, formal and informal, working arrangements and the role of single or both parents—is very helpful to our inquiry. To tell you the truth, I need to do more work on what you have submitted, but I want to thank you for your contribution so far.

CHAIR—I think that the information I have asked for will be enormously helpful in getting a picture on it. Whereas child care has featured very prominently in our submissions, we are also hearing about other forms of care that affect how people can return to the workforce. I would

like to confirm from the research and the stats we have gathered in that the workforce participation of men is still dropping.

Mr Posselt—Yes.

CHAIR—Is there any indication that it may curtail?

Mr Posselt—No.

CHAIR—And participation of women is still growing.

Mr Posselt—Participation of men is rising in older ages again.

CHAIR—That is good. But it is not in the younger ages?

Mr Posselt—No.

CHAIR—So men are hearing the message about the need to stay longer. That must mean employers are hearing it too.

Mr Posselt—That would be one explanation. There is certainly an increase in staying on.

Mr McColl—And in education.

CHAIR—Have you done any statistics that show the effect that demography, the lessening birthrate, has had on the slowdown of unemployment?

Mr Posselt—Not that I am aware of. I am not sure if our submission to one of the questions last time looking at the numbers of 15-year-olds—

CHAIR—The graph that shows the changeover when the number of 55-year-olds becomes greater than the number of 15-year-olds is indeed one of my very favourite graphs. I have been using that graph for a long time. But it does not extrapolate that information. My understanding was that the Wyndham report back in the sixties was largely in response to the fact that they suddenly had an enormous number of school leavers which could not be accommodated in the workforce. They said everybody should stay at school a year longer and that would ease the pain. That is why the Wyndham report came in in New South Wales. It basically made people repeat sixth form, as you said, and then they adapted the curriculum. We could probably go back to five years instead of six. That is a question for another day. That is why I would be interested to know if any work has been done. If you have anything there I would be very grateful to get it.

Mr Posselt—We will have a look.

CHAIR—Were you involved in the preparation of the intergenerational report?

Ms Dunlop—Not directly, but our demography area certainly had input into the working groups.

CHAIR—Did you work with RIM, the retirement and income model?

Ms Dunlop—I cannot tell you specifically.

CHAIR—There are some movements that have occurred. I wonder if you could find out for me which unit did it and if we could talk with them to see what impact the projections of the 2002-03 report have for—

Ms Dunlop—There was involvement from our demography area. I think Patrick Corr, who was here at our last session, was involved. We can take that on notice and get back to you.

CHAIR—If you took that on notice it would be terrific. Thank you very much for your attendance and thank you also to Hansard.

Resolved (on motion by **Mr Cadman**):

That this committee authorises publication, including publication on the parliamentary database, of the transcript of the evidence given before it at public hearing this day.

Committee adjourned at 11.58 am