

Hon Donna Faragher; Hon Sue Ellery; Hon Peter Collier; Hon Dr Steve Thomas; Hon Stephen Dawson;
President; Hon Dr Brian Walker; Hon Colin De Grussa; Hon Wilson Tucker; Hon Sophia Moermond

**SELECT COMMITTEE INTO THE ADEQUACY OF CHILD DEVELOPMENT SERVICES
AND RELATED PROGRAMS DELIVERED IN WESTERN AUSTRALIA**

Establishment — Motion

HON DONNA FARAGHER (East Metropolitan) [1.02 pm]: I move —

- (1) A select committee is established to examine child development services in Western Australia.
- (2) The select committee is to inquire into and report on —
 - (a) the critical importance of early access to child development services and the impact of delay to accessing these services on a child's overall development, health and wellbeing;
 - (b) the delivery of child development services in both metropolitan and regional Western Australia, including paediatric and allied health services;
 - (c) the role of specialist medical colleges, universities and other training bodies in establishing sufficient workforce pathways;
 - (d) opportunities to increase engagement in the primary care sector, including improved collaboration across both government and non-government child development services, including Aboriginal community-controlled organisations; and
 - (e) other government child development service models and programs operating outside of Western Australia and the applicability of those programs to the state.
- (3) The select committee is to report no later than 12 months after the motion is agreed to.
- (4) The select committee shall consist of three members.

Today, I am seeking the support of the house to establish a select committee to examine child development services here in Western Australia.

I want to start by reading a letter that I received from a family I have met with. I will not name them, but they are very keen for me to read this letter to members today. It says this —

As a father with a child with significant speech issues, the current services provided are very hard to access and unaffordable, especially if going private.

We are a family on a low income and we throwing every single dollar, every hour and every emotion to ensure our daughter doesn't fall behind. Accessing paediatric services in the public system is 18 months plus.

That is one and a half years of schooling my daughter will not be able to complete properly as she won't have an diagnosis, therefore the teachers & other staff won't be able to cater and support her needs if she had a diagnosis.

We are utilising both public & private institutions for my daughters speech therapy. However, living in the outer suburbs of Alkimos, one of these private services we need to access is located in Wembley. Driving there numerous times a week, in these days of tighter budgets due to the cost of living/fuel. It's a real challenge indeed. Sometimes choosing between fuel or paying a utility bill.

Our state government MUST to do better on so many levels with our healthcare system. However this issue of speech therapy does hit home hard.

This enquiry must proceed as what shortfalls, inefficiencies and lacking areas are found. They can be addressed and improved.

By ignoring this issue, you are ignoring our kids. Kids who can not speak or comprehend.

Our kids need to have a clear voice for their futures. Our kids deserve it and we must deliver.

Our kids matter!

Over the past few years and indeed months, I have spoken with many families and read many letters, emails and posts on Facebook with stories that are all too similar to the one I just read out. There is absolutely no doubt—members will know this because I have said it many times, and I will say it again today—that the earlier we intervene, the better the outcome. A report released recently titled, *How Australia can invest in children and return more: A new look at the \$15b cost of late action*, with research partners CoLab, the Telethon Kids Institute, Minderoo Foundation, the Early Intervention Foundation and the Front Project, says this —

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Supporting children and young people is a social and economic priority. Early intervention can improve the lives of children and young people and strengthen our communities, while reducing pressure on government budgets, enabling more efficient and effective spending, and boosting workforce skills and capabilities.

Stepping in early to provide evidence-based support for children and young people can make a significant difference in children's lives and reduce demand for high-intensity and crisis services over time. Early intervention works by:

- preventing problems occurring in the first place
- tackling problems holistically and assertively when they first arise, before they get more difficult to resolve
- fostering the strengths and skills that ensure children and young people have the best opportunity to thrive and can participate in, and contribute to, their communities.

It is neither possible nor desirable to eliminate all spending on late intervention. There will always be a need, so there must be resources in place to respond effectively and help children and young people overcome challenging times throughout their lives. However, the number of children and young people reaching crisis or significant difficulties demonstrates the system is not preventing issues from escalating, nor adequately responding when they first need help.

Despite the evidence contained in this report and many others, focused and sustained attention in this critical area continues to be lacking. I would say that it has improved over a period. But I and many others would also say that there is still, very much, a long way to go.

A couple of weeks ago in my contribution to the budget debate, I reflected on the outcomes of the latest Australian early development census, which was released earlier this year. That census identifies that just over 20 per cent of WA children were assessed as vulnerable on one or more areas of development in their first full-time year of schooling. Those areas can range from language and cognitive skills to physical health and wellbeing. To put it bluntly, President, that is one in five children who have been identified as vulnerable in one or more areas—one in five. Armed with this knowledge, as well as all the research that has been undertaken on the impact of developmental delay, it is incumbent upon governments, departments, Parliament and the community to promote and support initiatives that will have a positive impact on these children and ensure that the services they provide are actually meeting their needs.

I have used this proverb before and I will use it again today: it takes a village to raise a child. That village involves parents, carers, early educators, schools and support networks, but it also includes ministers and their departments because the decisions and the investments that they make have a material impact on the lives of children, their outcomes and their future successes. One of those is the area of child development services.

I have been raising in this place for some time my significant concerns about the ever-increasing wait times for children to access specialist services. I want to be very clear—I say this every time that I speak on this issue and I am going to say it again today—my concerns about these wait times are in no way a reflection on the health professionals who are doing the very best they can with the resources that they have throughout metropolitan and country WA. The system is simply overwhelmed and at crisis point.

I just want to reflect on the figures. The current wait times for children to access services through the metropolitan child development service are 3.2 months to see an audiologist, 8.7 months to see a speech pathologist, 15.1 months to see a paediatrician, 12.8 months to see a clinical psychologist and 8.9 months to see an occupational therapist. These figures represent children; they represent WA children who are waiting far too long to access these vital supports. I talked about the actual wait times, but I will now put the real figures on the table—the number of kids who are waiting. There are 838 children waiting to see an audiologist, 1 722 children waiting to see a clinical psychologist, 3 739 children waiting to see an occupational therapist, 5 154 children waiting to see a speech pathologist and, wait for it, 5 944 children waiting to see a paediatrician. That is in metropolitan Perth alone! If we add the 1 025 kids who are waiting to see a paediatrician in country WA, that amounts to 6 969 kids across WA who right now are waiting to see a paediatrician in the public health system.

These children do not have a voice. They do not have a voice in this Parliament and these children do not vote, but these children and their parents deserve to be heard and they need our support and attention. The government has said to me in answers that in 2021, 32 982 children received services through the metropolitan child development service. I accept, absolutely, that 32 000 kids is a large number, but according to what the government provided me, over 17 000 kids are still waiting. I appreciate that there will be children who are on multiple waitlists, so it will not necessarily be 17 000 per se, but what we absolutely know is that thousands upon thousands of kids in WA are waiting—17 000-plus. They are losing precious time and that is time that cannot be brought back, and it is time that they actually just do not have. The system is completely overwhelmed.

One very experienced paediatrician wrote to me and said —

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As a Paediatrician who has worked in this space for over 25 years I am concerned about the increasing rates and severity of mental health which includes anxiety, Autism (ASD), Attention Deficit Disorder (ADHD) and issues relating to child development. My major concern is that these children are currently **not** receiving the evidence based early intervention they require to reach their potential.

She goes on to say —

It needs to be mentioned that the private system has helped prop up the public system until recently where there is no capacity within the private system to support the public system hence currently there are no available appointments for new patients particularly those with neurodevelopmental disorders.

She goes on to say —

Personally, I get requests to see at least 40 new patients a week, which unfortunately I am not able to do. I have also noted a number of these families in Western Australia are attempting to get appointments interstate which has its limitations with Telehealth where unfortunately they cannot be properly examined or prescribed medication under the current interstate prescriber laws hence children cannot be managed adequately via this novel route.

Families trying to get support via interstate means is a significant issue and a really big problem. She goes on to say —

I do feel that the situation is at crisis point and needs an urgent Select Committee to look at how the programmes can be delivered in Western Australia.

In saying all this, I absolutely recognise that this issue cannot be resolved easily overnight. I have previously acknowledged in this place that governments, irrespective of their political persuasion, have experienced challenges in this area. I also know, and expect the Minister for Education and Training to mention this as part of her response, that the workforce challenges are an issue for not only the public sector, but also the private sector. I accept that. However, I also know that we have to be big enough and bold enough to say that the system is not working and is not meeting the needs of these children. When there are 17 000-plus children waiting for services in metropolitan Perth, that tells me that these services are not working.

What can we do? We can increase resources. Irrespective of the outcome of this inquiry, I will continue to argue that more resources need to be put in. I was disappointed in the answer the government gave me yesterday on the additional funding for the metropolitan Child Development Service in the current financial year. I think it is around \$700 000. It is certainly less than \$1 million. We need more investment in this area, but I also believe that we need to be prepared to think outside the box. We need to hear from the experts in the field from both the government and non-government sectors, because there are opportunities. I am hearing that even with the available resources there are opportunities for improvement. The Minister for Education and Training will know that I, along with a number of other people, am advocating, for example, for the provision of speech pathology services directly in schools. We lag behind the other states in that regard. There is an opportunity for that to be considered. In an article in *The Sunday Times* recently, Dr Elizabeth Green, a respected paediatrician, called for fast-tracked specialised and supervised developmental clinics. Let us look at it. Others have referenced the opportunities that are presented with child health nurses and opportunities to provide greater information and support to parents to support their children while they are still on the waitlist.

These are just some of the many options that need to be considered, and that is why I am calling for the establishment of this committee. It is a call that has received strong support from many organisations and individuals, including Ngala, the Telethon Kids Institute, Early Childhood Australia, Catholic Education Western Australia, the Community Kindergartens Association, the Australian Childcare Alliance and the Commissioner for Children and Young People. I want to thank them for adding their support to this call. It has also received the support of 3 750 members of the Western Australian community who, in just three weeks, signed a petition supporting the establishment of an inquiry. I want to acknowledge the president of the Community Kindergartens Association, Jo Matthewson, who is in the gallery today. Jo, as the principal petitioner, wanted an opportunity to demonstrate to this house that this is a real issue for many families in this state. It is a real issue for children, parents, schools and health professionals. I think the overwhelming response to that petition very clearly tells us that this is a real issue. It is a real issue that needs to be addressed.

In bringing my remarks to a close, I want to reflect that the motion that we are now dealing with is an amended motion to the one that I gave notice of prior to the winter break. I will clarify for members and anyone else who is listening to this debate that the amended motion reflects, certainly in part, the discussions that the Leader of the House and I have had behind the chair. I think it is also fair to say that we are still not entirely agreed, but I sincerely hope that we have an outcome at the end of this debate. For me, the outcome is the most important thing and that is—I hope—that this house will agree to the establishment of a select committee. That is the outcome that I want to see, irrespective of what might happen in the next two hours. That is the final outcome that I want to see, so I put it to members—I have said it before and I will say it again—let us remember that we are talking about children

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today. When a child is not hearing properly in the classroom, they are not learning; it is as simple as that. When a child is having difficulty with their speech and language, and they are having difficulty communicating, that will have an impact. It will impact on how they communicate with their family and how they interact with their teachers. It will impact on their ability to make friends in the playground. It is really hard for these kids, and it should not be. I do not accept, and I do not think anyone in this house accepts, that it is okay that thousands upon thousands of kids in Western Australia are on these waitlists.

If members support this motion, we will have an opportunity to look in a bipartisan way at the ways that we can improve the system. It is important that we are prepared to think outside the box so that we can make an improvement—whether that is in 12 months' time, five years' time or 10 years' time and regardless of whether we are sitting in this Parliament. Taking an opportunity to properly look at these services and see where we can make changes for the better will surely be a better outcome for Western Australia's children. With that, President, I urge the house to support the motion.

HON SUE ELLERY (South Metropolitan — Leader of the House) [1.22 pm]: I want to acknowledge at the outset that the honourable member gave notice yesterday of an amended form of words to reflect, for the most part, the conversations she and I have had behind the chair to try to reach an agreement on how we might go forward. The outcome will be that there is a select committee at the end of this, unless I cannot count—and I can!

Hon Donna Faragher: But we want it on the record.

Hon SUE ELLERY: Yes. The outcome will be that a select committee will be established. There are two points of difference, but I will talk about those in a minute when I move an amendment to give effect to them. I want to flag that I will be moving an amendment, but I will explain that when I get to it.

It is not the everyday practice of government—really, any government with the numbers we have—to agree to an opposition motion to establish a select committee. In the cut and thrust of politics it is generally assumed that it is not the job of the government to give the opposition a platform to provide a critique of the government. In this case, as I have indicated, we will support the establishment of a committee because there is a genuine workforce issue and there has been for some time. I think there have been debates about the efficacy and the adequacy of the services available in the child development area pretty much the entire time that I have been in Parliament, which is some 21 years.

Although it is certainly the case that we currently have skill pressures that are amplifying issues in the child development sector, that is not new to the sector. The government welcomes assistance to resolve the workforce issues. However, it is not just a question of resource priorities. It is not just a case of “allocate more resources and they will come”. We could throw billions of dollars at this area today and we would still not meet the need. People may still not be able to get an appointment within a reasonable period with a child psychiatrist or a paediatrician, for example. I think Hon Donna Faragher herself made the point that it is not about whether people go public or private; there are not enough professionals delivering the services. There are not enough people in the pipeline at universities and training facilities to produce the number of professionals that we need to meet the demand for the services. It is not about the government chronically underfunding a service; that is not the case. It does not matter what someone's income is; today, they would struggle to find a timely appointment in some of those areas in particular, and it is harder in some areas than in others. Obviously, because of my portfolio, I, too, am familiar with the circumstance of paediatricians and child psychiatrists, for example, who have closed their books. They will not take new patients; they will not take referrals. This is about how we address those workforce issues. Parts (2)(c) and (d) of the motion before us as it currently stands go to those matters that I have just outlined.

We are supportive of establishing a select committee. The house will recall that the honourable member gave notice of this motion before the winter break. Our conversation started when the house resumed in the week of 9 August, and I indicated to her that if we were able to reach agreement on the wording, I would have been happy to put the motion to the house then, and this committee could have been established in that first week. I take no issue with a disagreement about the wording—people are entitled to have a different point of view—but this committee could have been already underway.

This is not the first time that the house has debated this matter. The house will recall that back in April, Hon Donna Faragher moved a motion similar to this, and I provided the government's response in that debate. I do not normally follow the practice of quoting myself, but the points I made in that debate included —

It is certainly the case that this government recognises the increased demand for child development services, and we have made significant investments accordingly ...

Wait times for child development services are certainly lengthier than anyone wants them to be. A range of factors impact on that ...

I also said that the government wants to continue to support all, but especially regional and remote communities, in ensuring that children have access to high-quality early childhood education and development services. I outlined then a number of the government's initiatives, some of which Hon Donna Faragher has referred to already, but

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they included: from November 2021, an additional \$2.5 million a year for the delivery of those services, including additional FTE for paediatric registrars, paediatric consultants, clinical nurse specialists, senior speech pathologists, clinical psychologists and case coordinators, and there had been a reduction in wait times as a result; reducing the cost of training for early childhood educators and an investment in a whole range of school-based activities; \$5.1 million to improve early childhood education and care for regional families in particular; and the Early Years Initiative, which is a \$49.3 million 10-year partnership between the state government and Minderoo Foundation to improve child health services. However, as Hon Donna Faragher just pointed out, there is a range of workforce levers that are outside the realm of the state government.

The child development service is just one pathway of many in which children with developmental concerns and their families can access support or referrals. Other settings include general practices; community-based health services, including those that are controlled by Aboriginal community-controlled organisations; and private specialist practices. Although some of those services collaborate well, there is clearly a need to explore opportunities for increased collaboration, particularly in the regions where there are fewer service providers, which may be able to offer alternative pathways alongside child development services. The motion that was originally put to the house did not include a particular focus on workforce development and training pathways, so I am pleased that we could reach agreement on including those elements.

As a government, we are using the levers that we have to address workforce shortages in those services. We are increasing the funding to child development services to provide an 11.6 per cent uplift in developmental paediatric services and, of course, we have slashed fees for relevant TAFE courses, including allied health assistants and nursing. Specialist medical colleges determine the number of training places they provide and the commonwealth determines the number of university places that are available. To explore further opportunities to develop and expand the workforce, we also need to look at the universities and the specialist medical colleges, and it is for those reasons that the government suggested a change to the terms of reference, which is reflected in the motion that is now before us. I thank Hon Donna Faragher for accepting that. We think the changes that have been made strengthen the terms of reference, and I thank the member for that. However, there are two points of difference between us and I want to canvass those now.

In a minute, I will move an amendment that will have the effect of doing two things. Currently, at paragraph (2)(a), the motion calls for a select committee to inquire and report into —

the critical importance of early access to child development services and the impact of delay to accessing these services on a child's overall development, health and wellbeing;

The importance of early access and the impacts of delay are accepted—in fact, the house debated this back in April and we all agreed—so there is no need to establish a committee to investigate those things. We want to focus on establishing a committee to help us find solutions. The committee will not need to investigate whether or not early access is important—we all agree that it is. It will not need to investigate the impacts of delay because we know what those are. The honourable member outlined some of them, but they have been outlined in this place many times before and we understand what those things are. What the committee can do is set out the role of these services and assist in identifying how we can best address improving delivery either—it is probably an either/and—through the institutional providers of the workforce, such as the universities, for example, and/or the models of care, and any other insights from other jurisdictions. The amendment that I will move in due course will be to paragraph (2)(a). It will seek to delete the words and insert —

the role of child development services on a child's overall development, health and wellbeing;

The second amendment, which is to paragraph (4), goes to the membership and the chair of the committee. The amendment will seek to insert after “members” —

Hon Dr Sally Talbot (Chair); Hon Donna Faragher; and Hon Samantha Rowe.

The government intends to move the amendment to specify those members. I made the point earlier that it is not the government's job to provide a platform for members of the opposition to critique the government. The first amendment that I will move seeks to emphasise the focus on the workforce issues; and, if that passes, it is appropriate that the government chair the committee. There will be a debate about that. Hon Donna Faragher, understandably, is not entirely comfortable with that proposition, if I can paraphrase her point of view. I understand that, but I take her at her word when she said that what she wants is the outcome. We have shifted the focus around those workforce issues. That is what the government wants the committee to focus on and I think it is appropriate then that the government chairs the committee.

Amendment to Motion

Hon SUE ELLERY: I move —

To amend the motion as follows —

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- (1) To delete paragraph (2)(a) and insert —
 - (a) the role of child development services on a child’s overall development, health and wellbeing;
- (2) In paragraph (4) — To insert after “members” —
 - : Hon Dr Sally Talbot (Chair); Hon Donna Faragher; and Hon Samantha Rowe

It has been circulated now, but to help members, the amended motion will read —

- (1) A select committee is established to examine child development services in Western Australia.
- (2) The select committee is to inquire into and report on —
 - (a) the role of child development services on a child’s overall development, health and wellbeing;
 - (b) the delivery of child development services in both metropolitan and regional Western Australia, including paediatric and allied health services;
 - (c) the role of specialist medical colleges, universities and other training bodies in establishing sufficient workforce pathways;
 - (d) opportunities to increase engagement in the primary care sector, including improved collaboration across both government and non-government child development services, including Aboriginal community-controlled organisations; and
 - (e) other government child development service models and programs operating outside of Western Australia and the applicability of those programs to the state.
- (3) The select committee is to report no later than 12 months after the motion is agreed to.
- (4) The select committee shall consist of three members: Hon Dr Sally Talbot (Chair); Hon Donna Faragher; and Hon Samantha Rowe.

I seek members’ support for the amendment.

The PRESIDENT: Members, the question is that the words to be deleted be deleted. Before I give the call back to Hon Donna Faragher, essentially there are two parts to this amendment. I will accept debate on both parts, unless it gets complicated. I have the capacity to divide the question, but at the moment the question is that the words to be deleted be deleted.

HON DONNA FARAGHER (East Metropolitan) [1.36 pm]: To assist, I intend to say a few short remarks in a general sense about the amendment in totality. I cannot speak for other members, but that is the way I intend to do it.

I appreciate the comments that have been made by the Leader of the House and yes, it reflects discussions that we have had behind the chair. However, I indicate that the opposition will not support the amendment, and we do so for two very clear reasons. The first is in relation to the committee. Once again, we are seeing the trashing of the conventions of this house by this government. I accept that the Leader of the House has said that it is not the government’s job to provide a platform for the opposition to critique the government, but I also say to the government that it is its job to uphold the conventions of this house. Let us be very clear: the long-held convention of this house is that the mover of a motion to establish a select committee is in almost all circumstances the chair of the committee. If we go back 20 years, between 2000 and 2021, 20 select committees were established. Of those 20 select committees, with the exception of a couple that dealt with matters of privilege—quite appropriately, they were referred to the President, as chair, and I have no issue with that—only four committees have been chaired by another member, and there were valid reasons for that. There is absolutely no basis for a change of convention with this particular committee. It is just an opportunity for the government to flex its muscles and its numbers, because we know it has the numbers, to ensure that the normal process is not followed. It will ensure that the government has the chair and that it has the majority on the committee.

The Leader of the House said that it is not the job of the government to enable the opposition to critique it through this process. I put to the Leader of the House that she knows that, as chair, I would have—I am obviously not going to—absolutely ensured that the committee dealt with the matter appropriately. She knows that. I have been in this place for a long time and so has the Leader of the House. I want to see a committee established and I want an outcome from this committee, but the government should not say that it does not want the opposition to critique. The amended terms of reference are bipartisan. They provide an opportunity to see how we can do things better. I say to the government: there will be a day when members opposite are sitting on this side of the house. One day, one of the members opposite will want to establish a select committee, and I can tell them right now that on that

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day they will be reminded, through the *Hansard* of 31 August 2022, that on this day the conventions of this house were trashed.

With regard to the amendment at paragraph (a), I have to say that I think it is unnecessary. I really do. We actually know the role of child development services; we do not need to inquire into that. As part of an overall review and examination of these services, we want the opportunity to look into the impacts of timely access and delay on these children. That is the issue. That is the entire reason we are talking about this today and why, as the minister said, we talked about it a few months ago. There is actually nothing sinister in paragraph (a) as it currently stands. There is no problem with that wording. All this amendment seeks to do is to unnecessarily constrain the committee at paragraph (a), and for those reasons, the opposition will not support the amendment.

HON PETER COLLIER (North Metropolitan) [1.41 pm]: I stand to oppose the amendment, for very valid reasons. I cannot believe the Minister for Education and Training wants to take out a line that acknowledges the critical importance of early access to child-relevant services. The portfolio has obviously changed since I held it. When people think they know everything about education, it is time to go fishing. If the minister thinks she knows everything because she has had one debate on this, quite frankly, it is time for the minister to go into the departure lounge.

Several members interjected.

Hon PETER COLLIER: No, I have five minutes. I am not going to take interjections.

Several members interjected.

The PRESIDENT: Order! I suggest that if interjections are not being taken, they should not be put out there.

Hon PETER COLLIER: I cannot believe an education minister would want to do that. What on earth is she fearful of? We have a committee here that should be one of the best committees —

Hon Stephen Dawson: I can't believe "The Clan" would make appalling comments about —

Hon PETER COLLIER: Will you be quiet! It should be one of the best committees that has ever been established, but it will not be.

Several members interjected.

Hon PETER COLLIER: Regardless, that is the government's call. I say to all the members over there who have carried on about early intervention—there are a number of them—that they are about to vote on this, and it will be on their conscience.

Several members interjected.

The PRESIDENT: Order!

Hon PETER COLLIER: The second thing is —

The PRESIDENT: Order!

Several members interjected.

Hon PETER COLLIER: Oh, grow up.

The PRESIDENT: Okay, I have called order, and I expect order to be observed.

Hon PETER COLLIER: The second amendment, with regard to the chair, is extraordinary. The government is not going to provide a platform for the opposition. Give me a break. There is a thing in this place called precedent. As Hon Donna Faragher said, the government comes in here on a daily basis and trashes the conventions of this house. I have absolute no problem with Hon Dr Sally Talbot and Hon Samantha Rowe being on the committee; they are outstanding parliamentarians. But Hon Donna Faragher is the member who initiated this committee and she, by design, should be the chair. It does not mean anything. The government won; get over it. It won 18 months ago; it actually won. It should stop treating us like the enemy and treat us like the opposition. I promise the government it could actually learn a bit. Hon Donna Faragher has an enormous amount of experience in this area. She is an extraordinary parliamentarian and she would be a great chair. This is just pure politics. As a tennis coach, a teacher or a parliamentarian, I always say that one will always be judged on one's values. I would say to the kids I taught, "Whether you want to be a good tennis player or get a good ATAR score, you are judged on your values." I return to the analogy of the phone book. A phone book cannot be ripped in half.

Hon Sue Ellery interjected.

Hon PETER COLLIER: Will you be quiet!

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The PRESIDENT: Order! Honourable member, I will do the chairing, including calling “order” rather than it being requested across the chamber.

Hon PETER COLLIER: If people want to stand for something and if they want to have values, we have to have conventions. Excuse what may seem like a bizarre analogy, but it is like a phone book—we cannot rip it in half. But as we take out one page, when we ever so succinctly and methodically destroy conventions or destroy the fabric of what one stands for as a tennis player with their standards or as a student with their study habits, and every time we rip out another page, that phone book becomes narrower and narrower until it gets to the point that it can just be ripped up. That is exactly what you guys are doing to this place.

We do not have a bicameral system in Western Australia anymore; we have a unicameral system. Whatever the government over there says goes. Members opposite should look at the numerous select committees that were established in the last Parliament. They did really good things. When a select committee is established that has a uniform, altruistic motive, it actually achieves something. Believe it or not, guys, you do not know everything. After the next election, I really hope that we get some reason back into this place and that there is a hung Parliament because that makes a government much more accountable to the public than just bulldozing legislation and ideas through this place on a day-to-day basis.

This is not an unreasonable request. The government has a majority. It will still have two Labor members on the committee, so the government will have a majority. The government will get whatever it wants. At the very least, there might be a minority report. Hon Donna Faragher has been following this issue for years. She has asked for this select committee. She has done all the work. All we are asking is for her to be the chair. But all we hear is, “Oh, no; tut, tut, tut. It’s our way or the highway”, as it is with everything. Day in, day out, you guys are ripping pages out of your values, which are the conventions of the Parliament. There is no way on this earth I will support this amendment.

HON DR STEVE THOMAS (South West — Leader of the Opposition) [1.46 pm]: I wish to make a brief contribution to the amendment moved by the Leader of the House. I do not propose to deal with the membership of the committee, although I note that Hon Dr Brian Walker moved a motion to establish a select committee and, indeed, chaired that select committee. I do not know whether he was honoured by that or not considered a part of the opposition.

Hon Sue Ellery: Well, he’s not.

Hon Dr STEVE THOMAS: That may be the critical point.

I want to address the proposed change to the first part of the motion in the amendment moved by the Leader of the House. I want to read exactly what the government seeks to remove and what it wishes to replace it with. I think we need to be very clear about the change. Paragraph 2(a) of the original motion moved by Hon Donna Faragher states —

the critical importance of early access to child development services and the impact of delay to accessing these services on a child’s overall development, health and wellbeing;

The government is seeking to amend that to —

the role of child development services on a child’s overall development, health and wellbeing;

The wording might be moot to some people, but I guess the question that the house should consider is: what is wrong with the words that the government is seeking to delete, which are —

the critical importance of early access to child development services and the impact of delay to accessing these services ...

That is what the government is proposing to remove. Does the government disagree with “the critical importance of early access to child development services” or does it disagree with “the impact of delay to accessing these services”? I am not entirely certain which part the government objects to. I would have thought that it was fairly obvious that early access to child development services is critically important. I would have thought that it would be hard to argue with that concept. I would have also thought, perhaps a little more controversially, that equally hard to oppose are the words “the impact of delay to accessing those services”. The amendment before the house is effectively either that the services are not critical or there is no impact in delay to those services. I do not think that the Leader of the House believes that for a minute. I really do not believe she believes that. In reality, I think the house faces a question of whether the wording is simply deemed to be too political to be acceptable. That is a shame because I think if we all sat down one on one, I doubt a single member of this house would stand and say that access to early childhood development services is not critical and that a delay in that access is not problematic. For those reasons —

Hon Sandra Carr interjected.

Hon Dr STEVE THOMAS: Is that what the member is saying? Sorry; which one is she saying does not matter?

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Several members interjected.

Hon Dr STEVE THOMAS: They are not saying which one does not matter.

Several members interjected.

The PRESIDENT: Order!

Hon Dr STEVE THOMAS: For those reasons, I think it is perfectly reasonable to oppose the amendment and the opposition will —

Several members interjected.

Hon Dr STEVE THOMAS: I think we have touched a nerve, President. It is a logical argument that they are struggling with. We have touched a nerve.

Several members interjected.

The PRESIDENT: Order! Hansard is having a hard time catching up with your interjections. Make them clearer if you are going to do it.

Hon Dr STEVE THOMAS: I do not think a single member here believes that it is not important and that delay does not cause an issue. For those reasons, every member should oppose the amendment and go with the original motion. We will see what vote happens in a few minutes.

HON STEPHEN DAWSON (Mining and Pastoral — Minister for Emergency Services) [1.51 pm]: I stand to make a few comments on this amendment before us today as a parent of an almost eight-year-old child who has not been able to access childhood development services. I am in a very privileged position in that I can afford to pay for these services, but in this state we cannot pay for these services because the people do not exist. The waitlists are there. This is an important motion brought forward by Hon Donna Faragher today and we are trying to facilitate it. For honourable members to stand and say we are breaking convention is absolute “horseship”, let me tell members—absolute!

Hon Tjorn Sibma: What’s the name of the ship?

Hon STEPHEN DAWSON: Check *Hansard*.

Over the years, various committees have been created in this place and different people have chaired them. Governments of all persuasions have made that decision. It is not breaking with convention, when the chairing —

Hon Donna Faragher: It is! Four out of 20 years. Four!

Hon STEPHEN DAWSON: Convention is every single time, and it did not happen every single time. This is a good committee to start up, and the opposition is voting against what the parents of the community are asking us to do: get a committee started and look into the issues.

Several members interjected.

The PRESIDENT: Order!

Hon STEPHEN DAWSON: Instead, the opposition is trying to play politics today. I argue and contend that by putting a government chair on the committee, the government is taking this issue seriously. We want the issues addressed and we want to report back to this place. We want a good collaborative committee that listens to the people of Western Australia and brings back some solutions for this issue, because, as I said, as a parent of a child who needed these services, I could not get the services and I could not pay for the services. The issue is out in the community. I hope this committee comes back with some positive recommendations.

In terms of some of the other comments that other members have made, the only way we will have bipartisanship or bigger parties on the far side of the chamber in this place is if the Liberal Party cleans up its act, quite frankly. “The Clan”, what it said, and the misogynistic comments made about members on this side of the house are appalling. Until it changes those —

Several members interjected.

Point of Order

Hon DONNA FARAGHER: Point of order, President.

Hon Sue Ellery interjected.

The PRESIDENT: Order! I would invite the minister to bring his comments back to the nature of the question before the house, though I recognise the comments were in relation to an interjection made earlier.

Debate Resumed

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Hon STEPHEN DAWSON: Thanks, President. As I was saying, it is an important motion, it is an equally important amendment. I will support the amendment this afternoon. I urge other members to do the same.

HON DR BRIAN WALKER (East Metropolitan) [1.54 pm]: First of all, I have to say I really welcome the understanding that I am not a member of the opposition!

Hon Stephen Dawson: You're the crossbench.

Hon Dr BRIAN WALKER: I am the crossbench—although, technically, I am on the other side.

Hon Stephen Dawson: So is Hon Stephen Pratt.

Hon Dr BRIAN WALKER: We are brothers!

Although I could not really comment on the conventions of the chamber, I take it that, out of the previous 20, four were not the proposers, which is about 20 per cent of the committee. I really could not comment on that, although I understand that it is appropriate for the mover of a proposal to be the chair. However, what I have a problem with is the question here of the critical time, which has been deleted from 2(a). In medical contexts—emergency medicine, for example—we have the “golden hour”. If a person in an emergency situation has not been given proper medical care within that hour, they have a far worse chance of surviving. It is the golden hour of recovery, which the Minister for Emergency Services would know very well.

Last week, I had the privilege of visiting Banksia Hill Detention Centre and Casuarina Prison's unit 18 to see what happens when we fail to manage the many issues that face our population right now. It is very distressing, especially when we realise that the appropriate time for managing the young people in Banksia Hill is actually before they are born. The earlier we can get help in there the better. Speaking as a medical practitioner, I appreciate what a parent has said about the child, but on the other side of that table is a doctor who sees this happening and sits there distressed, as we wait month after month, with a child missing 12, 15 or 18 months of schooling and deteriorating in every aspect of their life, knowing that the child's future life is going to be very much more difficult than it could have been.

This is something that we are responsible for, so I hope and pray that this house will show bipartisan support for this matter. It is very important. This morning I was at the University of Western Australia listening to a discussion about elections and the need for universal voting and how politicians are being held in disregard because of their inability to work on behalf of the population without bickering and fighting. I ask that we not bicker over this matter. If we do not make a change to what happens to our children now—and I hope this committee will be helpful in leading that change—we are planning injury to our children, and that is unforgivable.

We could talk about the metro-versus-regional aspect, and I will perhaps speak about my personal experiences later. The costs to the child, the family, the school and, indeed, society are such that we are going to end up with Banksia Hill and Casuarina unit 18, and that is simply unforgivable. We have wasted resources and we have wasted time. We ought to revert to our task of serving the people of Western Australia, and this committee will be an excellent tool for that task. I wish that the critical care aspect had not been removed; I make that point very clearly. Critical care is fundamental not just to the child but, ultimately, to every aspect of our society.

Division

Amendment (deletion of words) put and a division taken with the following result —

Ayes (19)

Hon Dan Caddy	Hon Lorna Harper	Hon Stephen Pratt	Hon Dr Sally Talbot
Hon Sandra Carr	Hon Jackie Jarvis	Hon Martin Pritchard	Hon Dr Brian Walker
Hon Stephen Dawson	Hon Ayor Makur Chuot	Hon Samantha Rowe	Hon Darren West
Hon Sue Ellery	Hon Kyle McGinn	Hon Rosie Sahanna	Hon Pierre Yang (<i>Teller</i>)
Hon Peter Foster	Hon Shelley Payne	Hon Matthew Swinbourn	

Noes (10)

Hon Peter Collier	Hon Sophia Moermond	Hon Dr Steve Thomas	Hon Colin de Grussa (<i>Teller</i>)
Hon Donna Faragher	Hon Dr Brad Pettitt	Hon Neil Thomson	
Hon James Hayward	Hon Tjorn Sibma	Hon Wilson Tucker	

Pairs

Hon Kate Doust	Hon Nick Goiran
Hon Alannah MacTiernan	Hon Martin Aldridge
Hon Klara Andric	Hon Steve Martin

Amendment thus passed.

Hon Donna Faragher; Hon Sue Ellery; Hon Peter Collier; Hon Dr Steve Thomas; Hon Stephen Dawson;
President; Hon Dr Brian Walker; Hon Colin De Grussa; Hon Wilson Tucker; Hon Sophia Moermond

Amendment (insertion of words) put and passed.

Motion, as Amended

HON COLIN de GRUSSA (Agricultural — Deputy Leader of the Opposition) [2.01 pm]: I rise now to speak to the amended motion to establish this select committee. From the outset, the establishment of this select committee is an absolutely excellent idea. I thank Hon Donna Faragher for bringing this motion to the house. Obviously there have been some negotiations behind the chair that have resulted in the motion before us. Hopefully, at the end of this debate, we will have a select committee that will look into this very important issue.

I want to talk in particular about a couple of aspects of this motion—that is, parts (2)(a) and (2)(d). We are now talking about amended part (2)(a) that states —

the role of child development services on a child's overall development, health and wellbeing;

And paragraph (d) that states —

opportunities to increase engagement in the primary care sector including improved collaboration across both government and non-government child development services, including Aboriginal community-controlled organisations ...

I will try to focus the majority of my remarks this afternoon on those two aspects of the amended motion. I want to start by looking at some of the findings in the *Final report—Ministerial taskforce into public mental health services for infants, children and adolescents aged 0–18 in WA*. I will also focus a lot of my remarks around mental health because that is an area that, firstly, I am passionate about and, secondly, that I have some experience in having three children who have had to deal with the various different types of child development services in relation to mental health. This is a very common occurrence with our young people today, in particular with young girls. I am the father of four girls and one transgender child. As a result, we have had to manage some significant mental health issues throughout the years, and accessing those services has been challenging. The Minister for Emergency Services spoke about that just moments ago. The *Final report—Ministerial taskforce into public mental health services for infants, children and adolescents aged 0–18 years in Western Australia* makes a number of critical points. One of those is —

Approximately 14 per cent of 4–17-year-olds in WA experience a mental health issue, with prevalence being even higher for children in regional areas and from vulnerable communities.

Further on, the chair's foreword goes on to say —

... although children make up almost 25 per cent of the WA population only eight per cent of all mental health funding goes to services for infants, children, and adolescents.

I think that is really important: Only eight per cent of that funding goes to those infants, children and adolescent services, and yet they are 25 per cent of the Western Australia population.

The consequence is that these services are much harder to access than they were ten years ago, with less than one in five children being accepted into treatment programs.

...

Children in regional and remote WA are more likely to attend an emergency department regarding a mental health condition, however, are less likely to receive community treatment when referred and even less likely to access Perth-based specialised services.

I will not go on with too much more from the chair's summary, but it is really important that we acknowledge the significance of the requirement for mental health services across the state and the difficulties in accessing them. A select committee such as this has a really fantastic opportunity to investigate those development services, their location and their accessibility, and then try to develop the models that are needed to improve those services. I do not think anyone in this place would disagree that we need to look at those things.

Moving on to wait times, Hon Donna Faragher spoke at some length about the wait times and, indeed, has a lot of good data, so I will not go into too much detail on that. In particular, I want to talk about where data is lacking or has gaps; I think it is important. A question on notice asked in the other place by the Leader of the Opposition was about providing a breakdown of the current waitlist periods for children aged under six for the following services, broken down into WA Country Health Service subregions. It went into detail on audiology; speech pathology; ear, nose and throat; and developmental paediatrician services. It also asked about the current waitlist, in months, for children aged over six for the same services. I am not making a criticism; I am just identifying the opportunity here for improvement, and I hope the committee can review these things as part of its inquiry. The response from the Department of Health to those two questions was —

The Department of Health has invested significant effort through the Sustainable Health Review Implementation program to address a wide range of critical reforms, including comprehensive Outpatient

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Reform Projects that involve extensive work to improve the quality, consistency and accuracy of outpatient data. This will enable accurate reporting of wait times for outpatient appointments to assist clinicians and the public in accessing appropriate care. Further work is occurring to identify and remediate identified quality issues. Until such time as these reforms are complete, reliable outpatient waiting time data is unavailable.

That is obviously a huge gap. If we do not know how long people are waiting for these services and we cannot get an accurate answer on that then, as they say, we cannot change what we cannot measure. Again, I hope the committee will understand some of the gaps that exist and look at ways that we can improve the collection of data and the wait times for those services.

I want to talk about the importance of early intervention, and I want to talk a little bit about my own experiences in dealing with child developmental services over the years. A number of different things have cropped up. Kids are all different; they all have slightly different challenges and problems that afflict them. My experience with those services is that I have been lucky enough to get into the services that we have needed, but not easily.

I cannot speak more highly of the people who work in our mental health services, in our child and adolescent services at Perth Children's Hospital, for example. They are absolutely wonderful professionals who do a tremendous job of attending to our children's needs whenever they can. Obviously, they are under a tremendous amount of pressure and not just because of resourcing. The Leader of the House's remarks earlier focused a bit on resourcing and the need to train people and bring them up through the ranks; that is a problem, but the other issue is, of course, the prevalence of some of the things that are occurring now in our young people, particularly around mental health. A number of studies have shown the effects of COVID on mental health. Our kids are doing all sorts of different things today—that certainly were not prevalent when I was at school, a long time ago—that really impact on their health and mental health. We do not understand all those things. We have this kind of wave of stuff, if you like, that is increasing the prevalence of those issues and at the other end we have a bit of a bottleneck of people trying to get into services to treat those issues our kids are having. I wanted to make the point that it is not all about one side of it, of bringing more people in. It is certainly about identifying why these changes and trends are occurring, and I do not think we fully understand that yet.

As I was saying, I was lucky enough to get into the services. One of my kids, my eldest stepdaughter, recently started having seizures that we could not explain. It turned out to be a combination of things. She got into Perth Children's Hospital to see one of the excellent paediatricians and the full team of mental health professionals and others there, but the only reason she got into that service and was not put on the waiting list is that she arrived at the hospital in an ambulance. She went straight in and got access to those services simply because of the serious situation she was in. On top of that, we are throwing everything at it that we can. We have also got her private services. They are very difficult to get into, as others have said. There are not enough of those services around and increasing demand—all that sort of thing. We are very lucky that we can afford to pay for those services for a start, and have been able to find them, and by luck more than anything, the services that we have found collaborate really well. They all seem to know the person who is a great neuropsychologist or a great psychiatrist. The paediatrician at PCH knows them all. That happened by luck more than anything, and that is fortunate from my point of view, but also indicates the challenges that other members of the public have when trying to access those services.

Hon Donna Faragher read out a letter in her contribution earlier today that I think really highlights the challenges for people. Finding services that are close to home, available and affordable is really, really hard. We have been lucky in that respect, but we still have a long way to go. Even when people get into those services, being able to see them on a regular enough basis is one of the challenges, particularly with the public health system. The whole booking process makes it very, very difficult for a person to know when they will get to see the doctor. A letter will arrive to tell them they have an appointment. If they cannot make it, it is very hard to change and they cannot ring the service directly. It is a very convoluted process that makes it hard. I wonder whether that contributes to the number of people who are unable to attend appointments once they have booked them. Further on in the response to the Leader of the Opposition's question there are some figures from November 2021 for the proportion of people who have missed or did not attend appointments. They are quite significant. In the Kimberley, it was 25 per cent for medical services. Obviously, there are a lot of reasons why that happens. In a lot of categories missed appointments are over 10 per cent. People wait for ages for their appointments and are then not able to attend for some reason. I think identifying why people cannot attend their appointments, for whatever reason, and making access easier is incredibly important.

Hon Martin Pritchard: Member, will you take an interjection?

Hon COLIN de GRUSSA: Sure.

Hon Martin Pritchard interjected.

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Hon COLIN de GRUSSA: Possibly. But I will give the member an example about appointments from my own kids. My youngest child is in Esperance. Sometimes they get a letter from the department or Perth Children's Hospital saying, "You have got an appointment on this day in Perth." If, for example, it is not a telehealth appointment and has to be in person, one can try to change that appointment, but often those letters do not arrive until a day or two before, or even after, the appointment because it takes so long to get out there. It is not necessarily a COVID issue, but an issue with the way those things are communicated. For whatever reason, people are not turning up. If it is just COVID, I would be surprised, but I absolutely agree that that will have had an impact on those did-not-attend rates. It is still important for the committee to consider why people cannot attend those appointments.

One of the other issues was when my eldest daughter a few years ago had some mental health challenges at school. Again, she was 16 years old at the time. We went to PCH and they just said, "Sorry, we can't see her. She is 16. She's too old for Perth Children's Hospital." Okay, fair enough. We tried to get her into a number of different services, but none of them would see her because she was not over 18, so we were kind of at a nexus. Others have spoken about this. I am well aware that people are aware of the challenge. When one has a child—who is still a child—between the age of 16 and 18, it becomes really hard to find the services for them just by virtue of their age and nothing more than that. Again, there are some fantastic private providers out there, but we just cannot access them.

Looking at that challenge overall, what can we do? I do not think the minister spoke about this, nor did Hon Donna Faragher. Access to these services for people is important, but why is it that we are finding that access to these services is higher than it has been? What can we do to try to prevent that? What programs can we put in place to try to reduce the requirement for our young people to access these services?

My youngest, down in Esperance, has had a number of appointments. Because of her rural context, she has had a lot of those appointments by telehealth. That has been an absolutely brilliant way to access the services. She has been able to speak with the experts that she needs to at a convenient time and get the assistance that she has needed. As well as that, she has been able to access a private provider in Esperance for the other services as well. Again, it is lucky in the sense that she has been able to access those services, but it is really important to have that facility, like telehealth, around.

This brings me to another point, and that is access to services in remote areas. I am sure many members will be well aware of the Earbus program, which really does a tremendous job out in the regions. I will quote from their information, which states —

Earbus Foundation of WA was set up in 2013 to address the disastrous state of Aboriginal hearing health.

I think one of the great things about this is that it is an example of lateral thinking. The services are not available remotely or in many communities, so let us take the service to the communities. Obviously, I would think, there are opportunities in services like this to try to amalgamate and have a few more services available all in one so that there can be a kind of one-stop shop. We have to think differently about how we provide those services and how we allow people to access them in those remote areas.

Another reason this committee is of great importance and we really need to charge it with the work of trying to find solutions for these issues, is that we are talking about our kids. That is incredibly important. Collaboration is a key part of the motion in part 2(d), and I think this is one of the real opportunities to do so. As I said before, we have been lucky enough to see not only the public providers from PCH and so on, but also private providers for a number of our children, who collaborate incredibly well. They have done that through luck more than anything. As I said before, they knew each other, for whatever reason. They knew a good person who was referred to them and they accepted them in and so on. It is about being knowledgeable of who is out there and taking a collaborative approach. They all talk to each other so we know that what the neuropsychologist is doing is being fed to the psychiatrist, which is getting back to the paediatrician. There are really important opportunities for collaboration. I think that could be one of the big areas for this inquiry because it offers opportunities to try to spread the load across a number of different areas. Perhaps there is a real opportunity there.

I want to talk a little about the Commissioner for Children and Young People, who referred to the decline in wellbeing of Australian girls in the August 2021 report. Being a father of girls, I am very interested in these sorts of things because I see it firsthand at home. I think it is critical that we realise that young girls are suffering from these effects and that we need to address them as a society. Some of those effects include a big decline in adolescent emotional wellbeing since 2012, particularly among girls. Why is that the case? Again, this committee will not be able to do everything in the world, but it certainly should be able to ask what is creating these challenges for our young girls in particular, and our young people in general, and what services in the future will best address the issues that we are having. For example, in 2015, almost 20 per cent of young Australian females between the ages of 16 and 17 met the criteria for a major depressive disorder compared with eight per cent of males.

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HON WILSON TUCKER (Mining and Pastoral) [2.22 pm]: I rise to make a few brief comments in support of this motion. I state for the record that I opposed the amendment because of the changes in the conventions that we are used to in this house.

Hon Pierre Yang: You may want to consider standing order 41.

Hon WILSON TUCKER: Is the honourable member seeking a point of order? No. Okay. I will quickly allude to the changes to the conventions of this house that I have witnessed in the last year and a half, and this was another example of that. That is it.

I support the motion. I thank Hon Donna Faragher for raising it and also for her advocacy on this issue, which should be commended. The honourable member has approached this in a bipartisan way to look for better outcomes rather than political pointscoring. That should be commended and acknowledged. The Leader of the House spoke about throwing billions of dollars at the issue of the lack of childhood development services in Western Australia and said that would not necessarily solve the problem. That speaks to the need for this committee.

I will use another tech term because I know members enjoy them a lot, and that is scaling up and scaling out. When an issue is not fixed by throwing billions of dollars at it, it is similar to the analogy of scaling out infrastructure in the tech world to solve a complex problem that needs a lot of computing power behind it. Another approach is to scale up by looking at efficiencies within the system and not necessarily using extra computer power and throwing more hardware at the problem.

That is exactly what this committee is looking at. It is looking for efficiencies in the existing system. Given the numbers in the house right now and the rubberstamping that we have seen, I am a firm believer in committees. Committees are a really effective tool and a way for this house to advance issues and produce better outcomes for Western Australia. On that point, I will give a shout-out to the Standing Committee on Public Administration for the recent report it produced into ambulance services. That is a good example of some really good outcomes produced by that committee. I believe that 47 of the recommendations put forward were taken on board by the government. Hopefully the report of this select committee will be equally as effective.

Hon Dr Brian Walker spoke about the recent trip to Banksia Hill Detention Centre; I was on that trip as well. Childhood development is certainly a complex area and this is taking the lens of childhood development services within the judicial system. I have said previously that the longer that members are in this place, the less of an excuse they have to not talk about these issues. We have a lot of resources available and the area of childhood development is a very important one. It is certainly one that I am trying to get across more and more. As a single member, there is a lot to speak on and to get across, but I hope to educate myself more in this area and speak on it more at length. With that, I will finish my remarks. I thank the honourable member for this motion and I wish her well in the select committee. I look forward to reading the report when it is available.

HON PETER COLLIER (North Metropolitan) [2.25 pm]: I stand to enthusiastically support this motion. I commend Hon Donna Faragher for her advocacy on the part of child development services throughout Western Australia, not just recently, but over a number of years. I wish the committee well; I have no doubt whatsoever, given the composition of the committee, that it will do a very, very good job. As I said, I have great respect for Hon Dr Sally Talbot, Hon Samantha Rowe and Hon Donna Faragher. I wish them well in their endeavours.

Child development is a massively complex issue; it is a massively complex area that has evolved considerably, particularly over the last 20 to 30 years. We have become a much more complex society over that period and that has put enormous stress on the fabric of the development of a child. Gone are the days when the education system basically prepared a child for either an apprenticeship or university and life post-compulsory education. I want to reflect a little bit on that before I talk about the issues with child development services within Western Australia that we are currently confronting. We have come a long way; both parties and previous governments have done a considerable amount over the last 10 to 15 years, in particular, to try to address the very real issues that exist in the development of a child. When I went through school and right through until about the 2000s, our education system was fundamentally geared towards university entrance. Our whole education system was being led by the nose by the universities because it was all geared towards a four-digit university entrance. If students were lucky enough to get into university, so be it, but, fundamentally, 70 per cent of our students were never going to go to university; they did not aspire to go to university. Some of them may have got an apprenticeship, some of them may have worked in the bank and some of them may have worked on farms or whatever, but the question that we are all starting to ask now is whether we best prepared them for life.

The complexity of our society and the issues and social issues that exist for children are becoming more and more prevalent. We have to make sure that we, as a society, do all that we possibly can for every child, not just those who go to university or get an apprenticeship, or even work in a bank, but for those students and children who have missed out for years: students who are on the spectrum and students who are autistic, who have complex needs in

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our society; students with a disability; Aboriginal students; and those from low socio-economic backgrounds who do not have support mechanisms around them. That is what we have to do as a community. I like to think that this committee will make sure that we are addressing those very real needs of all Western Australians, not just the families with the white picket fence, the dog and the children, but all children, particularly those who have very real social and developmental issues.

When we were in government, and certainly when I was the education minister, I was very attuned to the fact that we wanted to make sure that our education system was the best it possibly could be for all children. Our government introduced a magnificent system of child and parent centres. We opened 16 of them and they were terrific. They were designed for the holistic development of the child and were spread throughout the length and breadth of Western Australia. I opened the very first one in South Hedland many years ago. They provide meaningful literacy and numeracy, psychological and mental health support and parenting workshops across a range of social areas. The child and parent centres are stationed primarily in primary schools. One centre may service 10 or 15 schools, so, in essence, they can be accessed by tens of thousands of children. They assist students, particularly those in need, in their development. We are talking about not only very young children, but also the parents who need that support, particularly single mothers or fathers. The child and parent centres are magnificent for those children who really do not have the normal support systems around them. We had 16 child and parent centres, and the former federal government, in its wisdom—it was my mob; I was not very happy with them at the time—decided to copy our model and developed five child and family centres, four in the regions and one in the metropolitan area. The federal government ran out of money at one stage. I remember speaking to the director general at the time and saying, “What a wasted opportunity!” The government had built those things and then was just going to close them because it had run out of money, yet those centres were providing these great services for those communities. Dare I say it, the director general found a bit of money in the bottom drawer, and we were able to add those centres to the list, which increased the number of child and parent centres in Western Australia to 21. They service hundreds of thousands of children and their parents. That is what we need, as an addition to the normal pathway through school, for those parents and children who need that leg-up and those support mechanisms.

In addition to that, I was very mindful of the fact that our First Nations people are some of the most disadvantaged in the world, and a lot of that stems from a lack of support and a lack of educational and social development opportunities, so I introduced the KindiLink program—37 kindergartens spread throughout Western Australia that provide early intervention, literacy and numeracy support and parenting workshops for three-year-old Aboriginal children and their parents. They are absolutely extraordinary. I am pleased that the current government has retained both of those initiatives. It has added one child and parent centre—I would have thought that those guys probably could have done a bit more than that with the surplus; I think they need to take a look at that, it is a good model and it is working—and has introduced a number of new KindiLink centres. Those initiatives look at the development of the child. As I said, we cannot just assume that every child who comes to primary school or kindergarten has everything they need. We cannot assume that they have normal learning opportunities and normal behavioural stability—they do not. We cannot ever be that naive to assume that education is one size fits all, because it is not. Every single child is significant. That is why I introduced those two initiatives in particular.

I also introduced a kindergarten curriculum—the first in Australia—which was called for by those in the kindergarten sector to ensure that they had some frameworks for development, so that kindergarten teachers could find out at a very early age whether the students who come to see them have any learning disabilities or deficiencies. That curriculum was applauded. We did it with the consent and support of the sector. As I said, we were the very first state and nation to introduce that. The Court government introduced 11 hours of kindergarten a week, after which we increased it to 15 hours a week. One of the first things I did when I became the Minister for Education was to make preprimary compulsory. I felt that it was very, very important that no student of preprimary age would fall through the filter. In that way, if a child has some learning difficulties, they are identified at a very early age. In addition, if there are areas within the family fabric of the child’s development that need assistance, we are there to offer a leg-up. That has worked very well.

One of the areas that has become much more, dare I say it, public—for want of a better term—in the last 20 years is the diversity of students, particularly those with a disability. Gone are the days when a child with a disability was ostracised or alienated. It is such a wonderful step forward as a society that we can acknowledge that a child with a disability is no less special than a child without a disability. I went through my entire education years—I am sure that most older people here will remember this—never having had a child with a disability in my classroom. There was a never a child with a disability in any of my classes at North Kalgoorlie Primary School or Eastern Goldfields Senior High School. I never went through school with any Aboriginal students in, believe it or not, Kalgoorlie, yet I grew up with Wongis. I spent so much time with Wongis on country. I had my horse and I used to go out and spend so much time with them. But do you know why, Mr Acting President (Hon Peter Foster)? It was because they were segregated from us. They were educated away from us at the back of the school. They had recess and lunch at different times to us. It was the same with children with a disability. Does one assume that there were no children

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with a disability in the 1960s and 1970s? Of course not; they were there, but they were alienated. They were actually kept away from mainstream students. Fortunately, as a society, we have moved on from that. But we have to make sure that the development of these children is just as significant as those in mainstream schooling.

The development of education support centres over the last 20 years has increased at a phenomenal rate, which is wonderful. Those students with high needs have access to extraordinary facilities and support. In addition, inclusivity has meant that students with a disability are now included in mainstream schooling, which is so good for children with a disability and children without a disability because it helps to develop students' awareness. We have come a long way as far as children with a disability are concerned, but we have a long, long way to go still. We also have students for whom English is a second language who have enormous learning problems, particularly in their early years. There was no access to accelerated learning for those students until the last couple of decades. Again, we have come a long way, and that is great; it is testament to the fact that we now acknowledge that there is no one-size-fits-all education system—not everyone is going to go to university, not everyone is going to get an apprenticeship and not everyone without a disability does not have learning issues. But every child is important and that is why this motion is so important to ascertain whether we need to improve.

I was very conscious of the fact that there was no integrity behind the funding of our education system. We were funded quite well when I started off. Our education system was one of the lowest-funded of all the states, but, by 2017, our education system became the highest-funded of all the states in the nation—by far. Indeed, no other state came close to us. But the problem was that the funding of our education system was fundamentally flawed. Each school was allotted a certain amount of money. Can members imagine a school with five students with a disability and another school with 30 students with a disability, with some schools with no Aboriginal students and some with 30 or 40 Aboriginal students? The resources required for each student with special needs is significantly more enhanced, which is why we introduced the student-centred funding model in 2015. That meant that the money followed the child. Every single child was important. Funding was provided according to the early years, the middle years and the senior years, and then students from the regions, students with a disability, Aboriginal students, students with English as a second language and students in low socio-economic areas got a special allocation. That meant that those schools got additional resources. Again, we were ensuring that the development of the child was paramount. Each child was significant. It was really great. We gave the schools autonomy over that. Through the independent public school system, schools were allocated funding in a one-line budget. The schools had a service agreement; they could not just spend the money wherever they wanted to. They had to show that the money was being spent to enhance the learning of Aboriginal students, students with a disability or students in the regions, where it is much more expensive to educate a child than it is in metropolitan Perth. The student-centred funding model has been really good in enhancing the development of children. We then increased funding for the very early years by \$43 million in our last year, because it was quite evident that those children needed a lot more. It was becoming much more obvious, certainly through the early NAPLAN results, that we needed to do more as a community and as a state to assist with the early learning years for a child's development. That is exactly what this motion is about.

Having said that, it concerned me when I saw the figures on the issues that we are still confronting, some of which were read in by Hon Donna Faragher. This is not a political statement. These are facts. This is something that we need to address as a society. It is unacceptable that the wait time for child development audiology services is 3.2 months and 838 children are on the waitlist; the wait time for a paediatrician is 15.1 months and 5 944 children are on the waitlist; the wait time for speech pathology services is 8.7 months and 5 154 students are on the waitlist; the wait time for clinical psychology services is 12.8 months and 1 722 children are on the waitlist; and the wait time for occupational therapy is 8.9 months and 3 739 children are on the waitlist. All those figures are completely unacceptable, and I think everyone in this chamber would agree with that. The wait time for occupational therapy from the WA Country Health Service in the great southern region is 5.3 months. A child cannot wait 5.3 months. A child just cannot wait for that length of time for a service. We have to do something about it. The wait time for audiology services is 6.9 months and for clinical psychology services it is 5.6 months. These are essential child development services that are required. In the Pilbara, the wait time for clinical psychology services is 11.4 months and in the midwest, the wait time for audiology services is 4.6 months.

I am not standing to make a political point; I am standing to identify an issue as a former education minister. As an educationalist, I know that our role is to ensure that every single child is best prepared for life after compulsory education, and that is what we must do. We should not assume that our role is to best prepare those who want to go to university. That is great for the 27 or 30 per cent of students who do, but we also have to look after the other 70 per cent who do not. A number of students within that 70 per cent have enormous learning challenges or a disability. We have to make sure that we do all we possibly can so that they do not have to wait months on end for diagnosis and then support for their early years of development.

The role of this committee is extraordinarily complex and, dare I say it, very, very challenging. I genuinely wish all three members of the committee all the best. I would like to think that, at the end of it, the committee will

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produce a report that will enhance the already existing services and provide recommendations for enhancing and improving those services to ensure that students who are missing out at the moment are captured. Every single child in Western Australia, regardless of who they are, where they are or what they are, should be given the same opportunity. I wish the committee good luck, and it has my full support.

HON SOPHIA MOERMOND (South West) [2.45 pm]: I thank Hon Donna Faragher for moving this excellent motion. Happy, healthy kids make a happy, healthy society, and the flow-on benefits are numerous when there are children with fewer health and behavioural issues, who are more stable and better able to function in school and further study. Although I am well aware of my lack of experience in committees, to my mind, the chair of any committee needs to be the most knowledgeable person available, to make it the most effective of committees. It is obvious to me that Hon Donna Faragher is very knowledgeable about child welfare, as has been demonstrated by her many questions and speeches in this Parliament on that subject. That is in no way to say that Hon Dr Sally Talbot is not suitable as chair of the committee, as her experience in this place is very obvious. It is just that the knowledge and passion displayed by Hon Donna Faragher would provide a great basis for this select committee.

HON DONNA FARAGHER (East Metropolitan) [2.46 pm] — in reply: I thank members for their contributions today. I want to particularly thank Hon Colin de Grussa, Hon Peter Collier, Hon Wilson Tucker, Hon Sophia Moermond and the Leader of the House.

I said in my first contribution to debate on this motion that the ultimate goal I wanted to achieve today after two hours' debate was the establishment of this committee. Everything that has been put forward today by the Leader of the House and all other members who contributed, from both the crossbench and the opposition, indicates very clearly that it will be established, and that is a very good thing. It is certainly my very strong hope that this committee will provide a real opportunity to examine the delivery of these services in this state, whether in metropolitan Perth, regional Western Australia or the most remote parts of our state. I also want there to be a real opportunity for us to be able to investigate, identify and give people opportunities to put forward options for improvement. That is what this committee is all about.

Hon Dr Sally Talbot and I have sat on a number of committees before. We do not always agree here in the chamber, but I find that when we are in committee, we actually have a lot of common ground, particularly when it comes to children. I know that Hon Dr Sally Talbot, Hon Samantha Rowe and I will work together on this committee in a bipartisan way to get those outcomes for children. Ultimately, whatever decisions and recommendations are made, the government will decide whether it agrees with them. However, today we are making a decision to focus on children and their families.

I will conclude by saying that today represents a win for Western Australian children, their families, health professionals and educators. These are all people who have raised with me, and continue to raise with me, their concerns about the adequacy of these services and whether they are meeting the needs of children. This is a real issue for mums and dads, health professionals, educators and, most importantly, children. I thank the house for enabling focused attention to be given to the present and future needs of children. That is a very good thing, and I am thankful for the support that has been provided by the house today.

Question put and passed.