

## **Introduction**

This submission has been prepared by the Resource unit for Children with Special Needs (RUCSN) to provide a context for the role of child health screening processes for children attending CHILD CARE.

Approximately 35,000 children in WA attend child care prior to their entry to pre-primary and primary school. RUCSN believes that their health and developmental needs should be brought to the attention of the Education and Health Standing Committee.

The submission provides information about:

- ❖ RUCSN and its services for young children
- ❖ Child Care in WA
- ❖ The importance of the early years of a child's development
- ❖ Issues relating to the Terms of Reference i.e. general health screening and access to appropriate services for children attending child care in WA

## **Attachments**

- ❖ "Focus on Zero to Three"(Part 1)  
Brain Research – Whats New?  
Resource Unit for Children with Special Needs 2000
- ❖ "Focus on Zero to Three" (Part 2)  
The Brain: Structure and Function  
Resource Unit for Children with Special Needs 2001
- ❖ "Early Childhood Intervention for Children with Disabilities and Developmental Delay"  
ECIA Brochure 2005
- ❖ "Cast the die early and reap the rewards"  
Newspaper article, Sydney Morning Herald, March 22, 2006
- ❖ RUCSN Brochures:
  - ❖ Resource Unit for Children with Special Needs
  - ❖ Professional Support Coordinator
  - ❖ Inclusion Support Agencies

## **ABOUT RUCSN**

RUCSN was established in 1987 to support the inclusion of children with disabilities in Commonwealth funded children's services in WA. The range of programs provided by RUCSN has increased over the years to the point where RUCSN now provides a variety of services. Those relevant to this submission are detailed below:

- ❖ The **Professional Support Coordinator (PSC)** unit in Western Australia which facilitates a range of support services to Australian Government Approved Child Care Services
- ❖ **Inclusion Support Agencies** which support Australian Government Approved Child Care Services (AGACCS) to include children aged 0-12 yrs with additional needs i.e. those with disabilities, those from a CALD or indigenous backgrounds, and any child about whom a caregiver in childcare has a particular concern.
- ❖ **Rural and Remote Playgroup Support** which aims to increase the social links for parents, carers and children (0-5) who are socially and /or geographically isolated, come from an Aboriginal or CALD background and/or have additional needs.

### **Professional Support Coordinator (PSC)**

In WA, RUCSN manages the PSC, which in turn is responsible for the coordination of all professional support for Australian Government Approved Child Care Services (AGACCS) in the state. The PSC runs a telephone 'helpline' service which acts as a "one stop shop" for any advice, information, training or resources which a child care service requires to provide a quality and inclusive program for all the children in its care. The PSC has a constantly updated website which provides a conduit for all information relevant to child care. The PSC thus provides a focal point for receiving and disseminating all information on issues current in the children's services industry.

When a child care service requires professional support, the PSC refers the caregiver to an appropriate agency in the community. A service which has concerns about the development of a particular child, for example, would be referred by the PSC to their regional Inclusion Support Agency. They may also be advised to suggest to the child's parent that the child be assessed by their local child health nurse.

### **Inclusion Support Agencies**

There are 5 Inclusion Support Agencies (ISAs) managed by RUCSN in WA

- ❖ North Metropolitan and Islands inclusion Support agency: north of the Swan River to Yanchep, and east to Maylands, Morley, Wangara and includes Christmas Island
- ❖ South West Inclusion Support Agency: south from Mandurah to Walpole including Bunbury, Augusta and Pinjarra
- ❖ Central Inclusion Support Agency: from Geraldton to Exmouth, east to the WA/SA border, and south through Kalgoorlie to Esperance
- ❖ Pilbara: from Port Hedland and Karratha, Onslow east to the state border, including Newman, Tom Price and other mining towns
- ❖ Lower and Upper Great Southern: south from Narrogin, to Albany, and east to Brookton and Jerramungup

[N.B there are 3 other Inclusion Support Agencies in WA. They are not sponsored by RUCSN and cover east and south metropolitan areas and the Kimberley region.]

Each Inclusion Support Agency (ISF) consists of a team of Inclusion Support Facilitators whose role is to assist child care services to provide quality inclusive early childhood programs for all children. The focus of ISF support is to empower services to enhance their service by identifying the capacities and skills within both their childcare service and within their community. They are then encouraged to make use of these resources, to meet the needs of all children in their care. Thus, caregivers may contact their local child health service if they have concerns about a child's development.

The ISFs employed by RUCSN all have tertiary qualifications in Early Childhood Development and most also have extensive experience in working with children with disabilities and developmental delays. For this reason, child care services frequently request ISFs to observe children whose development appears atypical. It is not the role of the ISF to screen children for developmental delay, but the ISF is often in the position of confirming with the caregiver that there is cause for concern.

The ISF then assists caregivers in developing a Service Support Plan (SSP) which identifies how the caregivers can most effectively support the child and group. It is not uncommon for the child to be a priority due to developmental concerns, and this requires the ISF to make a referral to an appropriate health service e.g. for speech/language; vision, hearing, cognitive and or motor skills assessment.

At this point it is relevant to note that child health screening for children between 9 months of age and kindergarten entry must be initiated by the parent, and can only be undertaken if the parent has concerns about their child's development. Caregivers and ISFs are sometimes placed in the invidious position of being aware that a child is at risk of a developmental delay in one, or several areas, but are unable to convey the need for prompt intervention to the parent. In such cases, regular developmental checks by a child health nurse of all children in child care may help caregivers in ensuring children in their care receive a developmental assessment at least once before school entry.

### **Playgroups (rural and remote)**

RUCSN is funded by the state Department for Communities and the Commonwealth Department for Families and Housing Community Services and Indigenous Affairs (FaCSIA) to support playgroups for children and families in the Midwest Gascoyne and Murchison and the Pilbara. The focus of the RUCSN support is for families who are socially isolated, or in some way challenged by their circumstances.

These playgroups provide culturally and developmentally appropriate activities for the children and social and community networking opportunities for their families. The RUCSN playgroup leaders have early childhood qualifications and are thus aware of, and responsive to, children's development. The playgroups provide an opportunity for observations of each child's development, and play leaders talk with parents and support referral for developmental assessment where appropriate. However, the outcome depends on the parent's motivation to follow through with the referral and on the availability of an assessment service.

### **About Child Care in WA**

There are 505 AGACCS in WA of which 478 are Long Day Care (LDC) Services, 24 Family Day Care (FDC) providers, and 3 Multifunctional Aboriginal Childcare Services (MACS). There are also 50 Occasional Care (OCC) Services. [After School Hours and Vacation Care are also AGACCS but are outside the scope of this enquiry]

**Long Day Care** provides group care for children, usually in 3 age groups (0-2yrs, 2-3yrs, and 3-5yrs), in purpose built facilities. Daily average attendance ranges from 40 – 120 children, depending on the size of the service. There is a least one qualified caregiver in each age

group and the remainder of the staff have a Certificate III in Child Care or are untrained. Children in LDC attend on a regular basis, between one to five days per week and between the hours of 7am – 6pm. Children can attend child care 55 hours / week up to 52 weeks of the year.

All AGACCS must meet standards set by the State Licensing Division of the Department for Communities and also adhere to the 7 Principles of Quality Assurance established and monitored by the National Child Care Accreditation Council (NCAC). Under the Principle 3 of NCAC, caregivers are obliged to undertake regular written observations of each child and maintain a record of each child's progress/milestones/activities.

Thus, there is within child care a system of “surveillance” of each child. However, there is no consistent system to ensure that information pertaining to a child's development leads to a referral, when necessary, to a more formal level of assessment i.e. within the child health system.

**Family Day Care (FDC)** is a system of child care where a small group (usually of 4-5) children are cared for in mixed age group in a private home. Standards of care in each home are monitored by a Family Day Care Scheme Field Officer who visits the carers' homes to ensure standards of care are met and that the program provided is developmentally and culturally appropriate. FDC carers often have a qualification in early childhood development (Cert III or higher) and Field Officers also have appropriate qualifications. FDC is subject to state Regulations and NCAC standards, which require that children's developmental progress and needs regularly are observed and recorded by caregivers.

**Multicultural Aboriginal Child Care Services** provide a range of child and community services, primarily for indigenous families. MACS operate in a similar way to LDC, and where possible employ both qualified early childhood staff and untrained caregivers.

**Occasional Care Services** are similar to LDC, providing care in purpose built facilities, for children 0-5 yrs, but offering the option of irregular or short term attendance for children. Many children in Occasional Care only attend for one half day per week, making it more difficult for caregivers to maintain regular or complete records of children's “progress”.

### **The Importance of the Early Years**

In recent years, much has been written on this topic, and it is not our intention to re-iterate this information in the submission. However, two Attachments have been included to indicate RUCSN's commitment to ensuring that young children receive high quality support and intervention in all aspects of their life in the early years.

Another Attachment reflects on the importance of early intervention for young children with developmental delay or disability; and yet another outlines the long term economic value to our community of positive early support in young children's lives. All these articles emphasise the importance of attachment and positive nurturing in supporting children's development, and how these can be adversely affected by stress. In this context it should be recognised that lack of timely intervention for young children causes stress for their families. This stress in turn impacts on how effectively a family can cope with their child's developmental challenges. It is widely accepted that family breakdown is common amongst families of a child with a disability. Difficulty in accessing appropriate support services can only serve to exacerbate the family's stress.

### **Terms of Reference –**

#### **General Health screening**

- ❖ At present, it is not unusual for a child to experience a delay of up to 9 months for speech, occupational therapy or physiotherapy assessments. This is unacceptable. The importance of early intervention in leading to better outcomes for young children is not disputed, and if "today's children are tomorrow's future", then it is important that government invests in young children by providing adequate early intervention services.
- ❖ Timely and thorough assessment of a child's developmental progress is essential if the best outcomes are to be achieved by the child. A child will be disadvantaged throughout his/her pre-school and school years if underlying problems in any area of development are undetected; or are not detected at the time when the child's developmental potential coincides with the right "window of opportunity".
- ❖ In the long-term, our society will be negatively impacted upon by the limitations of those young adults who were not able to have their developmental challenges identified and responded to in a timely manner in their early years.

- ❖ RUCSN Inclusion Support Agencies have worked in Child Care Services in WA since 1987. At that time, and for some years thereafter, Inclusion Support Facilitators (ISF) found the support of Child Health Nurses (CHN) in child care services invaluable. If a caregiver or ISF had concerns about a child's development, the CHN was able to assess the child within the childcare service (with the parents' permission). It was also common for the CHN to regularly visit childcare services to screen all the children in care, and maintain their records for use in referrals for more in-depth assessments as necessary. This child care health service provided a useful safety net for those many children in child care who may otherwise never have had the opportunity to be seen by a CHN.
- ❖ The CHN visits to child care services were also helpful in situations when parents were reluctant to follow up on caregivers' concerns about specific children. The "mass screening" of all children in a service was more acceptable to some parents than the need for an individual visit to the CHN
- ❖ At present, identification of a developmental delay or any specific concern e.g. language difficulty, by a caregiver in childcare, cannot be promptly confirmed through observation or assessment by a Child Health Nurse visiting the child care service. Parents are instead advised by the child care coordinator to take the child to their local CHN. This can be a problem for working parents or for parents who are finding the concerns difficult to cope with.
- ❖ Between the ages of 9 months and Pre School, developmental checks by a CHN are not actively promoted or encouraged. Requests by parents for a health check are accepted only when the parent has specific concerns about their child's development.
- ❖ The experience of RUCSN ISFs is that some parents are not able to recognise the developmental challenges their child is facing. This is particularly the case with children with a Pervasive Developmental Disorder (PDD). These children's problems may only become evident in a group or social situation such as child care. Furthermore, the signs of PDD are subtle and often only discerned by an experienced health worker. Parents may be unaware that their child requires specific support. A health check at two years (about the age where PDD becomes evident) may prevent delays in accessing appropriate intervention.

- ❖ The 'Wilstar' and CHAT' assessment tools carried out by CHN, provided a successful model in the past for screening young children at risk of language delays and autism. These early checks alerted parents and health professionals to the need for further assessment and/or intervention.

### **Access to Appropriate Services**

- ❖ Anecdotal reports indicate waiting times of up to 9 months for assessment and/or services in some health regions. Actual times cannot be determined due to the reluctance of health administrations to provide this information. Parents, however, report difficulty in getting a prompt appointment and many then seek services of private practitioners. Access to these has been facilitated by the Medicare "Enhanced Primary Care Program", which is organised by the family's general practitioner. However, the use of a private therapist or psychologist is limited to 5 sessions per annum and still incurs costs to the family. Thus, families with sufficient money and motivation are at an advantage. Children from lower income or disadvantaged families are less likely to be able to access this option for therapy services.

**NB** Some private speech pathologists in Perth's northern corridor are currently not accepting any new clients to their program, their waiting lists are closed.

- ❖ It is evident from the research into brain development, that a stimulating and supportive environment is a key factor in promoting optimal outcomes for young children. It therefore follows that families and the community are significant players in the combination of nature and nurture which will shape a child's potential. Research has also identified "windows of opportunity", when appropriate stimulation and support of the developing child will be most effective. Given these facts, one must accept that early identification and intervention through access to appropriate services, for a child with a delay in any developmental area will provide short and long term benefits for the child, the family and the community.
- ❖ It should also be recognised that a delay in one developmental domain can impact negatively in other areas. It is not uncommon for a child with a language delay to develop some challenging social behaviours, possibly as a result of their difficulty in communicating their needs. Similarly, a child with a

gross motor delay may not receive the stimulation gained through exploration of the environment and essential to their cognitive development. Thus, identification and intervention for seemingly minor delays is important in avoiding problems in other areas of development.

- ❖ It is recognised that government funding may never be sufficient to provide immediate access to all the services a child may require. However, it is important that the health department accept the responsibility and consider alternative and innovative options for children on waiting lists for services.

Such actions might include:

- “Resource Kits” for parents which could contain information on playgroups and childcare; information about library sessions for young children; details of the “Enhanced Primary Care Program”; and play activities to enhance development in all domains.
- “Supported” playgroups with therapy and child health input.
- “Screening” playgroups, where priorities for intervention can be assessed by child health nurses.
- “Language enrichment programs” provided by speech therapists in child care services (should be universal, but could be targeted).

**NB:** speech and language delays are common in children in child care, possibly as a result of high incidence of ear, nose and throat infections associated with group care

- ❖ Both the Health Department and Disability Services Commission (DSC) should investigate barriers in their services that prevent the prompt referral of a child from one agency to another. It is understood that children who may be eligible for DSC Early Intervention are sometimes retained in the health system until a vacancy occurs in a disability agency. This then leads to increased waiting times for new clients trying to access health services.

## **Key Points**

- ❖ Child Health checks between the ages of 9 months and pre-school should be actively encouraged and not limited to children whose parents have concerns about their development.
- ❖ Health checks should include observation by a CHN of motor, cognitive and language skills, hearing and vision, as well as parental responses
- ❖ Child care could provide an opportunity for screening by a CHN of children aged from 0 – 5 years. This would be particularly useful for working parents who may be unable to access child health clinics due to their limited opening times.
- ❖ Child care provides the opportunity for identification of “at risk” children through observation of developmental skills by caregivers trained in child development. It is important that those children can then access a child health team for formal assessment without delay
- ❖ A prolonged delay between the identification of a developmental concern and follow up formal assessment and / or intervention impacts adversely on the child and family.
- ❖ Where assessment of a child is necessary there should be a seamless transition from child care to health service, with the health service seeking the observations and records by child care staff.
- ❖ Given that it is now accepted that later outcomes for children are determined largely by their experiences in their early years, it is imperative that young children have access to early intervention as soon as a problem is identified.
- ❖ Given parents fragility at the time developmental concerns are raised by childcare staff the importance of immediate follow up by CHN or other health service is crucial to the family and child's well-being.
- ❖ An agency such as the RUCSN PSC could provide a channel for disseminating information on general health screening for young children to all child care services in WA