

Submission to the Education and Health Standing Committee Inquiry into the General Health Screening of Children at Pre-Primary and Primary School Level

1 Introduction

This submission has been prepared after discussion with a range of representatives of government agencies as well as non-government agencies who deliver programs and services to support children and their families in Western Australia.

The Committee's focus on the General Health Screening of Children at Pre-Primary and Primary School Level is welcome internationally and nationally there is increased recognition of the importance of early identification and intervention of health and developmental issues for children in our community.

In undertaking investigations and considering submissions in relation to the Inquiry, I encourage the Committee to have regard for Australia's international responsibilities under the United Nations Convention on the Rights of the Child (the Convention). Having ratified this Convention, Australia has committed to ensuring that "in all actions concerning children...the best interests of the child shall be a primary consideration."¹ This is not simply a moral debate; Australia has a legal obligation to the global community to assess continually systems and organisations that provide health and wellbeing services, and to examine whether the "best interests of the child" are being met.

I would also encourage the Committee to consider the issue of screening in the context of an Early Years Strategy for Western Australia. This is discussed in some detail in this submission.

2 Definitions

For the purposes of this submission it is important that specific terms are defined clearly.

Screening is the presumptive identification of unrecognized disease or defect by the application of tests, examinations or other procedures which can be applied rapidly. Speaking in general terms screening tests discriminate apparently 'well persons' who probably have a disease from those who probably do not. A screening test is not intended to be diagnostic. Persons with positive or suspicious findings must be referred for diagnosis and necessary treatment.²

Surveillance aims to optimize the health of children through the ongoing overview of the physical, social and emotional health and development of all children. It includes:

- the measurement and recording of physical growth;
- monitoring of developmental progress;
- the administration of screening tests;
- offering and arranging intervention when necessary;
- prevention of disease by immunization and other means;
- providing information and support to parents; and
- health education.³

Pre-Primary is defined as inclusive of 0-5 year old children prior to formal school entry.

¹ United Nations, *Convention on the Rights of the Child*, Article 3

² National Health and Medical Research Council, *Child Health Screening and Surveillance: A Critical Review of the Evidence*, 2002

³ Ibid.

Early Years is a term also used to define an age period from birth to school entry. This is a term used by early education, health and childcare sector to define a period where particular programs and services are delivered to children.

3 Screening and surveillance

In 2002 the National Health and Medical Research Council produced a comprehensive report *Child Health Screening and Surveillance: A Critical Review of the Evidence* (NHMRC report). The NHMRC report forms the basis of the Department of Health Child and Adolescent Health Service (CAHS) early detection policy. The NHMRC report systematically reviewed the evidence for screening processes for all relevant health and development conditions in children and found that there was little evidence for the effectiveness of screening programs in many domains and scant data about cost effectiveness.

In summary, it was found that screening works well when the conditions targeted are those where a distinction can be readily made for the great majority of children as to whether they have the condition (e.g. some congenital physical conditions such as congenital hypothyroidism). Difficulties with screening processes arise where the conditions being targeted for early detection and intervention are ones where such a distinction could not be readily made. The NHMRC report pointed out that many of the diverse problems in childhood where early support is likely to be of benefit (such as language development, behavior and family psychosocial issues) are complex areas that are not appropriate to categorize into the pass/fail notion of a screening test.

The NHMRC report forms the basis for decisions in the Department of Health as to which conditions or diseases are 'screened' for. This is based on comprehensive medical research, cost benefit analysis, whether a treatment for the condition is available and effective and whether a process of screening does more good than harm.

The NHMRC report recommends a shift in emphasis from screening - which generally involves professionals administering tests to children - to surveillance - which actively elicits parental concerns and makes parents and families a focus of efforts of early detection. The NHMRC report went further to state that there are a number of activities that sit along side of surveillance that prevent problems from occurring or promote or enhance health outcomes. Programs such as immunization, activities to promote early literacy, parental guidance and information are seen to assist good health outcomes. Surveillance also includes a range of screening activities.

If the health of children can be imagined on a continuum with children from well functioning families with little environmental risk at one end, and at the other end of the spectrum are those children and families where deficit or delay clearly exists (e.g. down syndrome or other chromosomal disorder), many children and families are at the lower end of this continuum where poor outcomes are frequent. These children may suffer a range of disadvantage and many have needs that would not be identified in 'one off' screening tests. The NHMRC report proposes that *by virtue of their position on the normal curve, they are usually more numerous than those who have a clearly defined disorder*. Surveillance therefore needs to occur universally for young children, to identify and intervene with the greatest number of vulnerable children.

I support the important concept of establishing and maintaining a system where children's development can be monitored in an ongoing way. It is also important to ensure services are provided which can help prevent developmental problems occurring.

4 Current practice in screening and surveillance

4.1 Before school entry

A key element in ensuring appropriate surveillance and addressing any developmental issues are existing services provided to young children and their families. A critical service is that provided by the Child Health Nurse.

The Community Health Policies, Procedures and Guidelines (Department of Health 2007), identify that *"Community Child Health Nurses are exceptionally well positioned to implement the kinds of practices indicated by the new (brain development) evidence"*. Nurses have regular contacts which provide an opportunity to address key issues including infant feeding, child development, maternal physical and emotional wellbeing, injury prevention and safety, child abuse and immunization. Child Health Nurses are critical for the monitoring and surveillance of young children's development.

Some non-government agencies working with families consulted in the preparation of this submission raised concerns that Child Health Nurses services are not taken up to the extent that they have in previous years because of high demand on the nurse role. Whilst basic screening practices are still occurring there is less opportunity to build relationships with families or with other services, particularly in high growth metropolitan areas. The ability to undertake longer term home visiting contact is diminishing because of the demands caused by population growth. The opportunity to identify and provide support for the psychological well being of mothers and children is also reducing.

Different demands, such as working parents and the impact of fly in fly out workers on communities, may have led to the service being less accessible. There is also an increased growth in the number of children in Western Australia. Both of these factors require an enhanced and strengthened service response.

We need to learn from these and other programs that have been evaluated and shown to be effective.

Some of the initiatives already underway include:

- Child Health Nurses engaging with *Best Start* and *Best Beginnings* programs.
- visits of the nurse to childcare centres.
- participation of nurses in other early years initiatives such as the Communities for Children programs; and
- Relationships are being developed in informal play based activities.

4.2 At school entry

Currently general health screening at school entry is conducted by school health nurses employed by the Department of Health Child and Adolescent Health Service (CAHS). CAHS has a current School Health Service Early Detection Policy which aims to ensure that the majority of children in Western Australia have access to basic health assessment as required. This policy identifies that all children receive health screening as early as possible after school entry – kindergarten to year 1 - for hearing and vision problems. Where there is a specific concern for language

development, behavior or general development at school entry, children receive an assessment as to the need for further intervention.

Groups who might have special needs such as Aboriginal or refugee students, children who require education support, children with a family history of hearing or vision impairment, children living in out of home care and children who have parents with a mental illness or substance abuse issue are monitored on a regular basis. Information to families is provided on scoliosis and colour vision in year 7 and 8.

If adhered to, this policy provides for identification and services to be provided to children with health and developmental problems. Other conditions are disclosed through the identification of teachers who refer the student for further assessment through a school health nurse. This process is dependant on the teacher identifying issues and being able to access the assistance and advice of a child health professional.

When these health issues are identified, further assessment occurs through referral to a range of services provided by the Department of Education and Training, or to other community based services such as the State Child Development Centres or other public or private health providers.

4.3 During school

Continual monitoring and surveillance of children's health and wellbeing through primary school is also critically important, as children can develop conditions whilst attending school which may not have been evident at school entry such as recurrent ear infections leading to the development of hearing deficits.

As teachers are a primary point for the identification of health, wellbeing and behaviour problems of children, they need training and professional development in child development. This would help with appropriate identification of developmental and other health issues and conditions, including mental health issues. Where these are misinterpreted as behavioral issues, it is a missed opportunity for early intervention. Agencies consulted for this submission saw teacher training as a very significant area needing to be enhanced along with teachers and schools needing to be made aware and have access to the support services in the community.

4.4 At a community level

As well as identifying problems at an individual child level, there are methods of surveillance that can identify vulnerabilities in whole communities of children. As a result, programs which improve development and reduce risk for whole groups of children can be put in place, based on the needs identified.

The Australian Early Development Index (AEDI) provides information for communities on the particular vulnerabilities of their children so that issues can be addressed at a local and broad level. The AEDI is a measure of young children's development based on the scores from a teacher-completed checklist undertaken in the first year of school. The AEDI checklist measures five domains of child development:

- physical health and wellbeing;
- social competence;
- emotional maturity;
- language and cognitive skills; and
- communication skills and general knowledge.

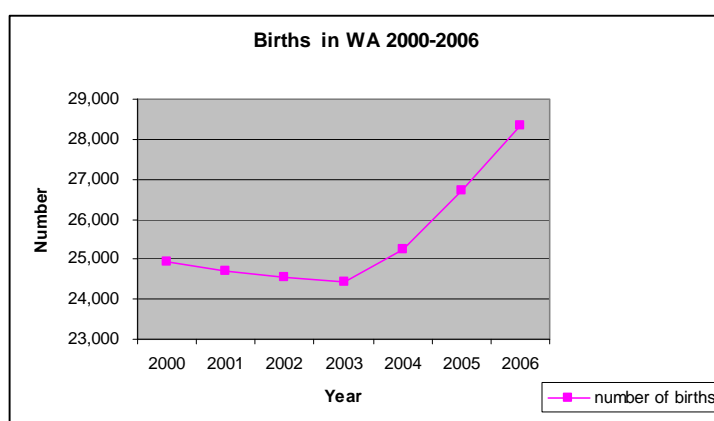
The AEDI identifies the numbers of children who are at a level which indicates 'vulnerability' or 'progressing well' in each of the domains. As it is a community based tool, the AEDI *can not* diagnose specific learning difficulties in individual children, recommend specific teaching approaches for individual children or reflect the performance of the school and the quality of teaching. The AEDI can however provide an evidence base for actions in a community over time. **Attachment One** indicates where the AEDI has been implemented in Western Australia and reports are available for each of these locations.

An Indigenous AEDI Validation Study is being undertaken by the Kulunga Research Network. This study will examine the cultural validity of the AEDI for Indigenous children.⁴

5 Meeting demand

It appears that mechanisms already in place to monitor the health and development of children may not be operating as effectively as they could be. Increased population demand has not been matched with increased service provision.

Population and birthrates for Western Australia have increased significantly in the last three years and there are indications of this trend continuing. The number of births has gone from 22,832 in 1983 to 28,326 in 2006. Increases in birthrates have occurred in all Australian jurisdictions.



Data Source: Epidemiology Branch, Analysis & Performance Reporting, DOH, WA March 2008

Since 1983 there has been a consistent increase in the number of births in WA each year. Since 2003 there has been a significant increase. However, there appears not to have been concomitant planning for and increase in the number of Community Child Health Nurses and Aboriginal Health workers. The increased demand and burden on the existing numbers of Child Health Nurses is placing limitations on their ability to fulfill the potential of their role. There is less capacity for nurses to identify and build relationships with vulnerable families and to provide the appropriate level of support and involvement with families which is identified as part of their role.

The shortfall in resource provision to address these rising numbers of births is having an impact. Consultation with non-government agencies highlighted some deficits in the current system of surveillance especially in the low take up of the two year old screening check for infants. For example, agencies reported children with undiagnosed autism coming into the formal childcare system. Childcare workers are making contact with support agencies when they identify children with health issues,

⁴ Kulunga Research Network, Telethon Institute for Child Health Research, *Looking Forward, Looking Black*, December 2007.

as parents may not be aware of some health and developmental issues with their children.

A limited take up of the two year old check means there is quite a long gap between milestone screening, so that some conditions might not be identified and the opportunity lost to intervene and provide services. There is a need to identify issues as early as possible. For example, speech and hearing deficits left undiagnosed can be later misinterpreted as behavioral problems and the child might receive delayed or inappropriate intervention.

The increase in population demand is also resulting in increased demand for formal childcare. Rises in rates of use of formal childcare in 2002 are 44.5% of children 0-4, compared to 34% in 1993. Ninety-six percent of four year olds attend formal childcare or preschool in Australia. This is therefore a key opportunity to undertake universal monitoring for these children.

The increase in demand currently experienced by Community Child Health Nurses and the childcare sector will continue through primary schools. The first cohort of children from 2004 the first year of increase will be coming into the four year old pre primary system in 2008/2009. This will increase demand for some schools, school health nurses and the need for intervention programs.

Vulnerable children are found in all socio-demographic groups but populations are not evenly distributed between groups. The largest numbers of children overall are found in the middle groupings. The lowest socio-demographic group has a greater percentage, but a smaller number, of vulnerable children. Children in the middle socio-demographic groups are less likely to be vulnerable, but because of the size of the group, this is where the most vulnerable children are found. Restricting programs to vulnerable children in the low socio-demographic group therefore misses the majority of children experiencing difficulties.⁵

Special programs that target at risk groups also need to continue. The Best Beginnings program is a good example of early intervention with teenage and other high risk mothers. This program provides intensive home visiting and has been evaluated to have good outcomes.⁶

6 The need for an Early Years Strategy

It is proposed that the development of a comprehensive **Early Years Strategy** for all Western Australian children is the best way forward and that the specific terms of reference of this Inquiry are seen in the context of this strategy and service delivery framework.

An Early Years Strategy is a plan which identifies and gives priority to responses and services directed to children in the 0-5 (sometimes 0-8) age group. It provides planned responses to the needs of families with very young children. An Early Years Strategy could comprise the following types of activity:

- clear governance and lead agency role is established;
- a partnership between all levels of government and non-government organisations to support early childhood services and initiatives (these partnerships would include central coordination, as well as local community

⁵ McCain, Mustard and Shanker *Early Years Study 2: Putting Science into Action*, Council for Early Child Development, 2007

⁶ Robson, Anna & Clark, Kim *Best Beginnings Evaluation Report* Telethon Institute for Child Health Research and Child and Community Health Branch, Department of Health, June 2004

- representation of health, education, and human services, childcare, the non-government and recreation agencies);
- resources made available for identified services and programs to families;
 - planning undertaken collaboratively for programs which enrich the development of children in areas of motor skills, literacy, emotional and cognitive development;
 - mapping of all existing services is undertaken to identify gaps in service for families;
 - comprehensive coverage is provided of key services which can be accessed by all families;
 - integration of existing programs across education, childcare, community and health sectors;
 - evidence based programs developed to target disadvantaged families or at risk children;
 - research and evaluation to determine outcomes of programs and to identify any changes;
 - local communities input into the actual design of the early child development environments and the delivery of programs;
 - quality standards of practice are developed and adopted;
 - priority to recruiting and train professionals in the early childhood area and give value to their role;
 - local coordination systems for early childhood services established and supported; and
 - ongoing support, information on program improvement and professional development.

The need for an Early Years Strategy for Western Australia was identified in the Ford Report on the Review of the Department for Community Development in 2007.

Recommendation Three: The Department of Communities, in partnership with communities, the non-government sector and other departments develop an Early Years Strategy for Western Australia that is evidence based and community focused.

An example of an Early Years Strategy is South Australia's Plan for Reforming Childhood and Child Care, which has three policy directions to:

1. Improve antenatal care
2. Strengthen the health development and learning of children from birth to five
3. Enhance the provision of early childhood education and care services for early childhood development and parenting.⁷

South Australia, Victoria, and Queensland have invested significant resources into programs and interventions directed to children in the 0-8 age group. Victoria has established a Minister for Children. Several other States have a Department or Office for Children, sometimes linked to the Education or Communities Departments. States have established early childhood education and care centres and a variety of other programs which target young children.

A number of early years commitments have been made by the Federal Government including:

- by 2013, all children in the year before formal schooling will have access to 15 hours of Government-funded, play-based early childhood education;⁸
- Healthy Kids checks which will take the form of a Medicare rebate for a general health check for four year old children;⁹

⁷ Government of South Australia *South Australia's Action Plan for Early Childhood and Child Care*, 2007

⁸ Rudd, Kevin *Labor's Plan for Early Childhood*, Election 2007 Policy Document

⁹ Rudd, Kevin *Labor's Plan for Early Childhood*, Election 2007 Policy Document

- the development of Early Childhood Education and Care hubs as a main initiative from the 2020 Summit. This is a preferred model for the coordinated delivery of early childhood services.¹⁰

The Federal Government's approach provides Western Australia with a unique opportunity to focus on the early years.

An Early Years Strategy views the child at the centre of families, communities and services. Services respond to the child and the family in an integrated manner rather than a disconnected approach. It places the importance of children firmly on the agenda. In a recent article for the Australian Institute of Family Studies, Professor Fiona Stanley points out:

The amount of GDP alone does not predict good outcomes for children and young people. In fact the wealthiest countries performed relatively poorly compared with those with lower GDPs but whose policies focus more on family support, valuing parenthood (e.g. very good parental leave provisions), early childhood services and on reducing inequalities.¹¹

In its submission to the *Families, Communities and Social Inclusion* stream of the 2020 Summit, the Australian Research Alliance for Children and Youth (ARACY) chaired by Professor Fiona Stanley, argued that children's needs should top the national agenda:

Much is already known about the factors that facilitate optimum child development. However there is a wide gap between what is known and what is done.... Strengthening families and communities requires a sustained long-term effort that involves all sections of the community to enhance protective factors.¹²

As Professor Stanley points out, significant evidence is accumulating that addressing the health and wellbeing needs of children will result in a vast range of benefits to the community as a whole. This research confirms what most of us would regard as "common sense". Savings which result will be indicated both economically and socially. This early intervention needs to be strongly led and coordinated by government, with collaboration of all agencies who have a role with and responsibilities for families and children.

Significant research about the health and wellbeing of Aboriginal children has been undertaken by the Telethon Institute for Child Health Research, through the *Western Australian Aboriginal Child Health Survey (WAACHS)*. Primary recommendations of the WAACHS are:

- *develop and implement an evidence-based Aboriginal child health policy which targets early child development, identifies strategic areas for action; and*
- *implement prevention interventions that reflect the relationship between maternal and early child development, adult health and levels of human and social capital.¹³*

There is growing recognition that programs and strategies targeted to children's health and development have benefits not only to the child and family but also to the community. There are significant cost benefits in providing early years programs for

¹⁰ Rudd, Kevin *Sighting the future: Australia in 2020 Media Statement* - 17th April 2008

¹¹ Stanley, Fiona *The importance of caring for children in Australian society* Family Matters No 76 Australian Institute of Health and Welfare, 2007

¹² Stanley, Fiona. *Excerpt from ARACY submissions to the 2020 summit.* Australian Research Alliance for Children and Youth Newsletter April 2008

¹³ Zubrick SR et al. *The Western Australian Aboriginal Child Health Survey: The Health of Aboriginal Children and Young People.* Perth: Telethon Institute for Child Health Research (2004)

children and many of these cost benefits have been identified in actual dollar terms, as pointed out by a senior economist:

*Investing in early years programs is good economic policy. If society intervenes early enough it can affect cognitive and social emotional abilities and the health of disadvantaged children. Early interventions promote schooling, reduce crime, promote workforce productivity and reduce teenage pregnancy. These interventions are estimated to have high benefit-cost ratios and rates of return.*¹⁴

For example, evaluations of the Perry Preschool Project (conducted in the 1960's) found that for every \$1 invested \$7.16 of government money was saved by the time the participant turned 27. When the children in their study reached the age of 40 years a total benefit/cost ratio of \$17.07 for each \$1 was found.¹⁵

Another strong argument for services and strategies to be provided in the early years is that of the recent and compelling research and findings on brain development. Children's brains are still physically developing in the first few years of life and the quality of their environment has a huge impact on how this development occurs. Good experiences early in life will act against psycho social problems and the later development of health issues. This process is well described by Shonkoff:

*Throughout life, but particularly during sensitive periods in early childhood, children's experiences are integral to the stimulation, formation and reformation of neuronal circuits in the brain. It is the first two to three years in particular when the neurons and synapses in the brains of infants and toddlers become progressively specialised in the type of information they process, integrate, and store. Thus, in the early childhood years, learning and development takes a particularly large role, relative to performance. These findings have fundamental and significant implications for child rearing and childcare. For this reason, among other, early childhood is high on the political agenda of many countries.*¹⁶

In summary:

*"It's better to get it right the first time than to try to fix it later."*¹⁷

One of the areas most important to 'get it right' is school readiness. Children entering school not ready to learn do less well, have lower education levels and are more likely to have poor employment and other social problems in adulthood. School readiness involves cognitive, physical, social and emotional development. This type of problem is not something that you can necessarily "screen" for on entry to school. Rather, communities need to have in place the best opportunities for young children to become ready for school, including playgroups, parent support, quality childcare, community reading programs and accessible health professionals such as child health nurses and general practitioners.

An Early Years Strategy would enable government agencies to be clear about and prioritise the funding for services required to meet the needs of this growing number of young children including both universal and targeted programs.

¹⁴ Cunha, *Investing in Disadvantaged Young Children Is Good Economics and Good Public Policy*, presentation to Business Leadership for America's Youngest Citizens: The Economic Promise of Investing in Early Childhood, April 2008.

¹⁵ Ibid

¹⁶ Shonkoff, J. P. & Phillips D.A. (Eds.). *From Neurons to Neighbourhoods: The Science of Early Childhood Development*. (2000).

¹⁷ Ibid.

7 Provision of services

The provision of accessible and high quality services to children and families where health and developmental issues are identified is critically important. These services need to be provided at the earliest possible opportunity to have the greatest impact. There needs to be careful consideration of where and how services are offered as part of a planned response to early childhood. Experts in early childhood development point out:

*At present, there is very limited evidence that special education programs once children enter the school system improve their literacy performance to the same extent as produced by a good preschool program. To achieve high population performance and equity in literacy (and reduce the incidence of anti-social behaviours and to improve the mental and physical health of their populations), it appears that societies will have to make a larger investment in early child development programs.*¹⁸

Professor Dorothy Scott of the University of South Australia explains that an holistic system needs to be built to protect children centering on a 'think child, think family, think community' framework. Professor Scott suggests that problems such as poverty, domestic violence and parental alcohol and drug abuse need to be reduced at a population level if children are to do well. Prevention as well as service delivery needs to be considered.¹⁹

Early Childhood Education and Care Centres have been established in many other jurisdictions and centres on school sites are being proposed by the Federal Government.²⁰ It will be important for Western Australia to partner with and capitalize on any federal government initiatives.

A 'one stop shop' approach has significant benefits for families and children as school readiness is enhanced and services are provided in an integrated way. Families can access a range of support, childcare and education services through the development of a 'one stop shop'. Children and families are less likely to fall through gaps as assessment of need and appropriate referral can take place and schools can be part of a helpful, community based system.

There is considerable enthusiasm for this initiative within both government and non-government agencies. It is also anticipated that the models:

- are developed in consultation with the schools where they will be implemented and with the community groups that will ultimately operate and support them;
- are based on a 'child in community' focus;
- include a range of community based and government funded services; and
- are underpinned by strong coordinating structures.

8 Accessible services

Non-government agencies advise that when children are identified as having health or developmental issues, most forms of support or treatment services have long waiting lists. They report that therapeutic services such as speech pathology can have a waiting list of six to twelve months for an initial assessment. Valuable opportunities for timely intervention are being missed.

¹⁸ McCain, Mustard and Shanker *Early Years Study 2: Putting Science into Action*, Council for Early Child Development, 2007.

¹⁹ Cashmore, Scott and Calvert *Submission to the Special Commission of Inquiry into Child Protection Services in NSW*, March 2008.

²⁰ Rudd, Kevin *Labor's Plan for Early Childhood*, Election 2007 Policy Document

Discussions with non-government agencies also highlighted that mental health services for children through Child and Adolescent Mental Health Service (CAMHS) are stretched with long waiting lists. Where this occurs behavioural problems can compound. The agencies advise that CAMHS is increasingly directed to a number of very high risk children with other children missing out on a much needed intervention.

9 Coordination

There is a lack of coordination in the planning of service provision. There are occasions when different government departments, at both a State and Federal level, plan the provision of separate but similar services in the same locations. This can occur at the same time as non-government agencies providing or planning a service in the very same location without collaboration or discussion. This lack of coordination can lead to duplication or a failure to consider gaps in areas of service provision.

Resources need to be provided for extensive mapping of early years education and care services as well as health, parenting and other family support by a lead agency, with support from other government departments. Appropriate data collection should be occurring so that the take up of services is properly measured and gaps identified.

10 Community involvement in services

In introducing programs for surveillance and improving children's development, it is likely that the best outcomes will occur when local communities are able to integrate their cultural values and local realities. Local ownership has been shown to increase participation, build social connection and retain relevance in that community. How the community can adapt a screening process to local needs is outlined in the following example:

http://www.rch.org.au/australianedi/edi.cfm?doc_id=8716 - Top#Top

Accelerated Child Health Screening Checks was a Council of Australian Government initiative in 2007 designed to fund teams of specialist health professionals being flown into Halls Creek to undertake Indigenous child health screening of children in the community. The goal of a check for 75% of eligible children was set and a range of data was to be collected. Yura Yungi Aboriginal Medical Service was approached to support this program. Yura Yungi staff were concerned that this program would fail to engage the community, and that there was a perception that it was about identifying deficits in the Aboriginal Community and potential child abuse, rather than building local capacity to engage with families and children around health issues.

To ensure the effectiveness of this initiative the medical service negotiated to use local health workers from larger health sites in the Kimberley such as Derby and Kununurra. This meant that health staff in the program were familiar with local issues and conditions. Some of the funding was also negotiated to employ a Child Health Nurse who now works from Yuri Yungi. This integration has meant better identification and contact with children, the opportunity for follow up and the development of relationships with families. Local families understand involvement with integrated Aboriginal Primary Health services. Yuri Yungi has the ability to slow the assessments so that staff can keep up with follow up to provide services where health issues are identified. There is confidence that good outcomes will be achieved because the program is based on local health services and capacity.

11 Where things are working

Simply identifying a health issue will not ensure that the child and family will be able to utilize services in the most effective and efficient ways. However, there are many

good examples of how services are being provided and agencies are reaching out to “hard to reach” families and children.

An example of a program working well is the Warmun Early Learning Centre in the East Kimberley, part of a 2006-2009 strategy to link schools and families. Recently evaluated by Edith Cowan University, this early childhood initiative is designed to identify and deal with issues for children in a community with great challenges.

Evaluation found that the program is meeting many of the performance indicators:

*The children have made marked observable improvements in their general health and wellbeing as well as overall development. During the May visit the majority of children were not toilet trained, spoke only in Aboriginal English, were shy and reticent to take part in challenging activities. During the December visit children were much more confident, competent in self care and routines, engaged in challenging activities and were able to converse in Standard English as well as Aboriginal English. The appointment of full time local Indigenous Early Childhood Worker is a very exciting development. This person is mature, capable and willing to take over the running of the program when the current coordinator leaves in approximately eighteen months. This is an excellent outcome with regard to the sustainability of the program.*²¹

The evaluation identified strengths of the program including that it is highly valued by families (evidenced by regular attendance of children); it is holistic – combining children’s health, nutrition and early learning; there are good relationships and evidence of collaboration with other service providers (allied health team, women’s centre and primary school); and, importantly, that there are marked improvements in children’s wellbeing and development.

Non-government agencies have identified a number of other initiatives that are intervening early to assist children’s development including:

- *Communities for Children* - a Federally funded program that has many strong local initiatives which are building community capacity in early years often with the involvement of schools. Early Childhood Centres, coordinated and collocated are operating in Mirrabooka, Kwinana, and Armadale;
- *Best Beginnings* - a successful nurse home visiting program for vulnerable families. The Telethon Institute for Child Health Research has evaluated the *Best Beginnings* program and found it is effective. The Ford Report recommended its expansion across the State.

In its report on Overcoming Indigenous Disadvantage the Productivity Commission has noted things that work can add up and successful programs for Aboriginal people include:

- cooperative approaches between Aboriginal people and government, and indeed the private sector;
- community involvement in program design and decision-making – the local solution as opposed to the imported solution – what’s called a ‘bottom up’ approach;
- good governance; and
- ongoing government support with human resources as well as financial ones.²²

²¹ Hutchins Teresa. *Local evaluation of East Kimberley initiatives for children and families - Phase 3 Formative evaluation February – December 2007*. Centre for Social Research, Edith Cowan University Unpublished report.

²² Steering Committee for the Review of Government Service Provision 2007, *Overcoming Indigenous Disadvantage in Australia Key Indicators 2007* Productivity Commission, Canberra

12 Conclusion and recommendations

Monitoring and surveillance of children's health and well being is critically important. Screening for particular conditions needs to be seen as part of an overall surveillance strategy. Good services which are adequately resourced need to be put into place so that the monitoring of young children's development can occur both universally and with attention to disadvantaged and high risk groups.

Where problems in children's development are identified either at an individual or community level, appropriate evidence based programs need to be developed and funding provided to support their operation. These programs need to be developed and supported through an integrated approach by all levels of government in partnership with non-government agencies.

As previously stated screening, surveillance and the provision of services and programs need to be provided in the context of an overall holistic integrated approach.

I therefore recommend that a comprehensive Early Years Strategy is developed for Western Australia. This should include the following key elements:

- The provision of adequate numbers of child health and school health nurses to meet increasing population demand.
- An emphasis on early intervention, with a focus on collaborative approaches and "joined-up" solutions across sectors, disciplines and between all levels of government and the non-government sector.
- A set of principles and standards which guide collaborative and high quality services.
- Existing services and government agencies of Education, Health and Communities to dedicate resources to building the capacity of the workforce to deliver early years outcomes.
- The provision of Early Childhood Centres or hubs; the location of the services initially targeted to areas of disadvantage and high need but ultimately the Federal and State Government should aim for universal provision.
- The mapping of early years services to achieve a good understanding of demographic demand, information on the location of existing services and gaps in service provision.
- Engagement of and contribution from local communities in the design, delivery and governance of programs after being provided with evidence based information (such as the AEDI).
- Strong leadership to be provided through a dedicated department or office which moves forward with the responsibility for early childhood. This could include the creation of a Ministerial portfolio for children or early childhood.

The ability to adequately support children in their earliest years will ensure the best outcomes for them in health, education, socially and as productive workforce participants as well as contribute to significant savings for government.

Attachment One:

Implementation of the AEDI in WA locations - reports are available for each of these areas.

Armadale	2005
Ashdale	2005
Bridgetown-Manjimup	2004
Busselton Dunsborough Nannup	2006
Carnarvon	2004
Central and Eastern Wheatbelt	2006
Central Great Southern Area	2005/2006
City of Cockburn	2006
Collie	2005
East Metropolitan Perth	2004
Foothills	2006
Gosnells	2004
Greater Bunbury Region	2005
Kalgoorlie/Boulder	2004
Kwinana	2005
http://www.rch.org.au/australianedi/results.cfm?doc_id=11606 Lower Great Southern	2007
Midwest Murchison Region	2005
Mirrabooka and surrounds	2004
Northampton/Chapman Valley	2005/2006
Pilbara communities	2007
Rockingham	2005
Upper Great Southern Area	2006
Western suburbs, Perth	2006