

Select Committee into Child Development Services:
Inquiry into Child Development Services

Terms of reference

(a) The role of child development services on a child's overall development, health and wellbeing;

Child development generally refers to the inter-related physical, social and emotional, cognitive, and linguistic changes that occur in early life, specifically the first five years. While differences in rates of development are usual, some children show delays in development of sufficient severity to warrant investigation with a view to treatment. The literature on early intervention clearly articulates the need for focused programs to teach skills that are lagging as soon as they are identified. Early treatment serves several purposes. Not only does it provide an opportunity for explicit and targeted teaching of explicit skills to reduce delays in children in comparison to their peers, it also enables relationships to be built with parents and carers that may serve as protective factors, such as through parental advice and counselling. When child development services are inadequate, inaccessible, or lacking altogether the potential outcomes for the child later may be severe. These can include underachievement in school, poor self-esteem, behavioural problems, and concerns with mental health and wellbeing. Therefore, it is of particular concern that WA families report lengthy waiting lists for services at this critical time in their child's development. The shortage of child development specialists in a range of professions is a particular problem in WA and this impacts the development of some of the most vulnerable children.

Even when an appointment with a health professional has taken place, anecdotal reports would suggest that the state public services often lack the capacity to provide a full assessment of a child and a treatment plan with an appropriate professional, such as with speech and occupational therapists. Some families receive home programs that rely on the parents' ability to deliver these programs with integrity to sufficient dosage. Even excellent home programs may not be useful in bringing about change when parents or carers do not have the time or energy in busy lives to work on these programs with their children. More public services to provide direct therapeutic interventions with children are necessary.

When families are able to secure the services of a private health practitioner interventions can be expensive and also costly to sustain over a period of time. However, this is often necessary if therapies are to address adequately the child's needs. Similarly, families may have to choose between which service they can afford if their child requires interventions from different practitioners.

(b) the delivery of child development services in both metropolitan and regional Western Australia, including paediatric and allied health services;

In many regional areas, there may be few options for services, leading parents to travel long distances to appointments, all of which is hard to maintain. Of particular note is the availability of paediatricians in regional areas. Families have reported having to wait 6 months to a year to see a paediatrician in the South West of the state and that the fee for this service is high, especially if repeat visits are necessary. The pressure of waiting for services, the potential inadequacy of services, and the costs involved are likely to take a toll on parents and carers who are already worried about their child. Consequently, this may also have a negative impact on the child. Therefore, it is important that public child development services are prioritised for expansion to ensure that early intervention takes place for children with developmental delays and difficulties.

Further from a school learning point of view, the access to Speech Pathology services for language disorders are particularly challenging for primary school-aged children. Services are focused on early intervention while ongoing language disorders continue to impact educational and later workforce outcomes.

(c) the role of specialist medical colleges, universities and other training bodies in establishing sufficient workforce pathways;

Universities are obviously crucial in training the psychology and medical workforce. There is no longer a specialist Educational and Developmental Psychology course in Western Australia. General Psychology registration will require 5 years of university training and involve work placements with board approved supervisors, as the 4+2 pathway is phased out. This will place additional strain on the existing training pathways with limited university places.

The severe shortage of Paediatricians and Child Psychiatrists continues to frustrate many families as frequently reported by schools when trying to access diagnostic reports for support services funding. These pathways will obviously involve training beyond initial university degrees and similarly to psychology demand workplace training programs.

(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;

No comment provided as beyond scope of knowledge of this group.

(e) other government child development service models and programs operating outside of Western Australia and the applicability of those programs to the State.

No comment provided as beyond scope of knowledge of this group.