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Community Development and Justice Standing Committee
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Submission to the
Community Development and Justice Standing Committee
**INQUIRY INTO THE ADEQUACY OF SERVICES TO MEET THE DEVELOPMENTAL
NEEDS OF WESTERN AUSTRALIA'S CHILDREN**

Submitted by:

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I am prepared to present my case to the committee in person.	

Therapy Focus is a not-for-profit organisation working with families, teachers and communities to help all children learn to walk, talk and grow to reach their unique potential. Over the past 10 years Therapy Focus has grown to become the largest therapy service provider to school-aged children in Western Australia, and a valuable contributor to the disability sector through innovative research and evidence based best practice.

Therapy Focus' Children and Youth Service provides speech pathology, occupational therapy, physiotherapy and specialised equipment services to over 2200 children with disabilities aged 0 to 18 in home, school, and community settings.

Therapy Focus is committed to utilising evidence based practice and to furthering research in the fields of both disability and mainstream children's development. While some of our projects focus on "inclusion" of children with disability and support for their families, we also have projects which focus on building stronger communities through promotion of early childhood development and capacity building of early childhood educators and families. This includes screening and early childhood intervention.

Therapy Focus is extremely supportive of the inquiry into the adequacy of early intervention services for Western Australian children. We believe there are a number of limitations to services available and significant changes are required to improve the quantity and quality of services to this population.

We would like to comment on the following Terms of Reference:

Whether existing government programs are adequately addressing the social and cognitive developmental needs of children, with particular reference to prenatal to 3 years.

- Families are experiencing significant wait times for access to early intervention (EI) services in Western Australia (WA). Additionally, families encounter more than one wait in their journey between the time of referral, initial assessment and commencement of intervention. Extensive waiting time results in children missing months of therapy services during a critical time in their development.

It is recommended that a review is undertaken of the length of wait times experienced between referral, initial assessments and intervention at all early intervention services in WA.

- Families of young children with developmental difficulties currently experience challenges accessing an early intervention service provider in WA if their child does not have a diagnosis. Many early childhood intervention service providers require children to have a diagnosis to be eligible for their service, which raises further concerns regarding the waiting time experienced for 'diagnostic' appointments with paediatricians and then subsequent wait times following referral to EI services.
- It was reported by National Disability Services WA that many families also seek out private early intervention assistance at a considerable cost. This raises concerns regarding the equality and accessibility to services, as prolonged private therapy is not financially viable for many families.
- Enhanced primary care rebates for allied health services are available but only reach a certain target group. For example, chronic disease management is only available for children accessing more than two allied health providers. This means that children accessing one area of allied health are not eligible. For example, a family with a child with speech and language delay would have to self fund through private speech pathology services. This raises concerns regarding equal access to services.
- Therapy Focus provides early intervention services to a very small number of children aged between 0 and 3 years who have, or are at risk of having, a disability. This suggests parents and/or referrers have reduced awareness of the availability to early childhood intervention service providers. Research conducted by National Disability Services WA outlined that parents of young children described feeling "desperate for information and lost at not knowing where to turn at the time their child's disability was diagnosed" (*National Disability Services WA, 2007: Children & Young People with a Disability in Western Australia; pg 37*) and often did not become involved with established support groups until months after their child received a diagnosis.

It is recommended that a central point of contact is established in which parents and/or referrers can consult regarding services available, eligibility criteria and estimated wait times for each.

- Research on early brain development indicates that early stimulation is integral to children's development. Longitudinal studies such as Early Language in Victoria

Study (ELVS) have shown for children aged 0-3 years there are benefits to general promotion of targeting early childhood development.

How to appropriately identify developmentally vulnerable children?

- Research indicates that early intervention leads to better outcomes and has the potential to improve the health and well-being of children with a disability and their families. Considering this, the importance of early detection and intervention is crucial.
- Children aged 0-3 years are infrequently exposed to professionals in the community including child health nurses, general practitioners and child care workers. Currently there are no formal screening processes of children aged 0-3 years, therefore key people often fail to identify delays in development and early referral to services does not occur.

It is recommended that a systematic, standardised screening of children is conducted in the early years of their life. Research indicates that without the use of standardised tools <30% of children with developmental disabilities or mental health problems are identified. This percentage increases to 70-90% when standardised tools are used (*Sand et al., 2005: Paediatrician's Reported Practices Regarding Developmental Screening: Do Guidelines Work? Do They Help?*).

- A central location where early screening and follow up of children at risk is imperative to the success of early detection. On-site health professionals would allow quick screening of children and referral on for further formal assessment i.e., developmental and/or health assessments. For example, the *Communication Capers* program has facilitated close collaboration with community health services to ensure children are identified early and intervention is received in a timely manner.
- Parents/carers need access to information and/or to have an awareness of normal development to be able to identify if their child is at risk. Currently this information can be accessed through child health nurses or local initiatives such as Baby Rhyme Time at libraries. Many disadvantaged communities have limited access to these services. Government funded projects such as *Communities for Children* provide initiatives like local playgroups and mothers groups.
- Therapy Focus, through *Preparing the Path* and *Communication Capers*, has had the opportunity to reach families through childcare centres, family daycare centres, playgroups and preschools. These programs were designed to achieve better communication outcomes for children aged 0-5 years in disadvantaged communities and have enabled allied health professionals to link with the educational sector to aid in early detection and intervention of children with communication delays. Results of this program thus far have indicated strong evidence of positive outcomes with the population targeted.

Which government agency or agencies should have coordinating and resourcing responsibility for the identification and delivery of assistance to 0–3 year old children?

- Research conducted by National Disability Services WA revealed that both families and service providers have expressed concern regarding the absence of any framework for the coordination of services to children and their families (*National*

Disability Services WA, 2007: Children & Young People with a Disability in Western Australia).

- An active early years network is required to build collaboration between health, disability and child care/education sectors, to facilitate effective identification and delivery of early intervention services. Additionally, it is important this collaboration occurs among service providers to assist families in finding information and supports they need before their situation reaches crisis point within the family unit.
- Achieving collaboration is an enormous task as agencies currently function as separate entities. Ideally a common link is required. For example, the recruitment of the recruitment of a project officer/team dedicated to researching how each agency works and designing an approach whereby they can work collaboratively to provide an effective and time efficient early intervention service to families.
- A relatively new national initiative in England has been the development of “Children’s Centres”. These centres are designed to provide integrated services for children aged 5 years and under and their families in local neighbourhoods. The aim of Children’s Centres is to develop the capacity of children and parents to be competent users of services. It aims to move forward from ‘clients’ passively receiving services to become equal and active partners in developing and reviewing the effectiveness of what’s on offer.

Children’s Centres are designed to be a “one stop shop” where a variety of services are available to families in their local communities. These centres offer early childhood education together with childcare, support for parents and families, on-site access to health services and links to other services such as children’s information, libraries and employment. Another important focus of these centres is to ensure that ALL families are able to access services equally.

- An Early Years Study comprised by Margaret McCain and J Fraser Mustard (1999) outlined other countries, including the United States and Europe that have similar initiatives to provide access to children and families in the community.

This report states that “over time, increased community-based initiatives and investment (public and private) in early child development and parenting, will pay off through a population with better competence and coping abilities for the new global economy” (*McCain & Mustard, 1999: Early Years Study – Final Report; pg 111*).

What is the best model to ensure interagency and intergovernmental integration of developmental programs delivered to 0–3 year old children?

- To ensure interagency and intergovernmental integration a common framework needs to be utilised by all parties. Therapy Focus currently uses the International Classification of Functioning, Disability and Health for Children and Youth (ICF-CY, 2007) which is the World Health Organisation’s framework for health and disability. This is a universal model, focusing on a person’s level of health rather than emphasizing their disability. It is useful for treatment planning, service development, designing health policy and in research. ICF appreciates that health and wellbeing can be enhanced by maximizing a person’s capacity to perform and also by modifying the physical and social environment to support performance. Concepts of community participation and quality of life are paramount to the planning and delivery of quality health and social care services.

- Local communities would benefit from access to developmental screening from community therapy services prior to referral to the health system. This would reduce pressure and waiting times within the health system and ensure referrals are warranted. Once a child is identified “at risk” they could then be referred to the health system or if financially viable, to private therapy services for formal assessment and intervention.

Therapy Focus utilises a similar model of service delivery which has shown positive outcomes to date:

- (1) Through the *Communication Capers* program, therapists have been able to access children in their early years of life through playgroups, home, kindy and in the community. This contact has enabled therapists to screen children’s language development, refer children onto appropriate services for formal assessment and intervention, provide education programs to parents/teachers and provide programs for implementation within the home environment. As previously outlined, this government funded project has shown positive results for young children and their families.
- (2) Therapy Focus also provides screening of children’s speech and language development in kindergarten and pre-primary at the request of education providers. If children are identified “at risk” in this screener they are referred onto Child Health Services or private Speech Pathologists for formal assessment and intervention.

What is the most appropriate measure of program outcomes?

- Key indicators of program outcomes can be measured by increased activities and participation in the community, enhanced family quality of life, reduced parental stress and families empowered with a more sustainable daily routine.
- McCain, Mustard & Shanker (2007), reviewed population-based evaluation tools and their use in Canada to monitor changes in child development. Four useful tools were outlined in their early years study including: (1) Longitudinal Surveys & Birth Cohort Studies, (2) Measuring early child development through use of an Early Development Instrument, (3) Community Early Child Development Reporting, (4) Integrating health, education and social services databases to collate information. Their study stated that it is imperative that outcomes are measured at community and/or population levels as “What gets measured improves and what gets measured gets attention” (McCain, Mustard & Shanker, 2007; *Early Years Study 2*, pg 73).

Further information can be obtained from the Early Years Study 2 – Putting Science into Action at www.councilecd.ca

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