

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

Professor Margaret Sims, University of New England

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a. Services for children prenatal to age 3 and their families

The research evidence is clear that support services need to be offered in this age range to maximise long term impact on outcomes. All the lessons from early intervention and family support programmes over the past 20 years makes this abundantly clear. Fraser Mustard in his various reports clearly demonstrates this and I do not intent to repeat what is already easily available. We know that we need to get services right in the early years and yet it is the time that is currently the most poorly serviced and the present federal and state agendas are still not addressing this.

There are academic debates about the efficacy of universal versus targeted support services for children and families in this age range. There is no doubt, however, that universal services designed to be sufficiently flexible to meet different needs are by far the better option. However concern arises about the cost of these and proponents of targeted services point out that it is better to direct limited resources to those most in need. The consequences of this latter approach are that some families miss out through (1) patchwork service delivery – availability in some areas and not in others, (2) stigma associated with receiving service and (3) eligibility criteria - eg families live in the wrong street, or do not present with the requisite number of risk factors, the right presentation of risk or present with multiple risk.

I have always argued that cost is not the barrier we make it to be – that there is sufficient money available to ensure ALL our children have the best start to life. However, it is our beliefs about the relative importance of supporting our children and families compared to our beliefs about other spending priorities that are the stumbling block to increasing funding for the early years. For example, Arias (2000)¹ demonstrated that it would only have taken 5% of the money spent around the world on military armaments and training in 1999 to have fed, clothed, and provided basic health care to EVERY human being on the planet for a year. We CHOOSE to spend our available money on things other than our children and families. We could choose other funding priorities.

¹ Arias, O (2000) Conference Keynote Address. *TASH Newsletter* 26/27 (12/1), pp 13 – 16.

That choice requires an extensive PR plan targeted both at politicians and the community, focused around increasing understanding of the importance of the early years.

In a socially just, inclusive world ALL women who are pregnant would have access to whatever services they needed to ensure a healthy pregnancy. ALL families would have access to whatever support they needed to ensure that ALL children had a good start to life. In reality this could be operationalised by having community workers available at the local level (one on every street) who would act to (1) build family and community capacity and (2) link families to support services where this was needed. The proposed Child and Family Centres (hubs) are another option and these are useful if (as demonstrated in Sure Start in the UK) they are in push-chair-walking distance of every family and/or the service is resourced appropriately to enable it to reach out to families in their homes.

Building family and community capacity requires workers to have a flexible role in order to meet the needs of their families. There are some families whose needs would best be met by having a resource person available to answer questions and provide advice. There are other families who might benefit from role modelling particular parenting practices whilst others might find support in managing on a low budget more useful. Working to link families and create an informal social support network would be effective for many families (eg helping develop friendships through informal local community activities), whereas other families may benefit more from being linked into more formal support networks (eg playgroup, babysitting clubs, adult education classes). I have discussed in my book² a range of family support activities worth considering in building family support programmes.

Existing government programmes, being targeted, already suffer from the limitations identified above because of their very nature. Despite these inherent limitations there are programmes (eg Best Beginnings, Family Support operating out of DCP, Parent Link operating out of DoC) doing excellent work. However, if we want to create substantial and sustained change, we need to seriously consider developing a universal approach that is appropriately funded to enable services to meet the needs of all families, including those with high needs.

b. Identifying developmentally vulnerable children

One of the problems with targeted services is that by the time children are identified, much of the damage has already been done. If we have to have targeted services, then the focus has to be on the earliest identification possible, and this means BEFORE the children themselves show signs of vulnerability. We have to improve our ability to identify families at risk and ensure services are in place before children are born. We know many of the risk factors for eventual poor child outcomes. We have to have much more systematic identification through GPs, maternity hospitals, community centres, employment services and all the other myriad of services potentially pregnant women may access. The challenge is then to have a response to identification that encourages long term participation in services being offered and we certainly do not have that at present.

² Sims, M (2002) *Designing family support programmes. Building children, family and community resilience*. Altona, Vic: Common Ground Press.

c. Government agency responsible

Currently service delivery crosses Departments of Communities, Child Protection and Health, (and in states outside WA, Education as well). In some ways I wonder if we would not be better served to create a new Department for Children which oversaw all the various departments and agencies working with children in any area.

d. Best model

I think that a Department for Children (with children participating on a Board of Management) could co-ordinate the integration of services for children and families

e. Prioritising resources

f. Measures of programme outcomes

Measures of outcomes depend on what you are trying to achieve. Presumably the long term aim is to improve outcomes for children. Thus measures should focus around indicators of child health, wellbeing, development and inclusion. There are many publications investigating appropriate measures in these areas so there is no point recapturing these. The recent ARACY report card (see www.aracy.org.au/reportcard) is an excellent example of some of the work being done. This covers material wellbeing, health and safety, educational wellbeing, peer and family relationships, behaviours and risks, subjective wellbeing, participation and environment.

g. Other related matters

We need to ensure that:

- i There are a RANGE of services available to families to meet a diverse range of family need. Families should have access to a support worker who can provide simple capacity building family and community support but who can also link them into other services. Other services should include non-parental care options (such as child care), health supports, budgeting, drug and alcohol programmes, adult education and employment programmes etc.
- ii ALL services working with young children and their families should be appropriately resourced so they can deliver the best possible services to prevent accumulation of long term risk. That means examining pay and conditions in those support services currently existing. For example child care workers are currently paid less than those who collect our garbage – a very sad comment on how we currently value children. Family support workers are often part-time, casual or volunteers. We need to ensure these programmes are resourced appropriately, so that staff can be paid appropriately in recognition of the importance of the work they do. At that point we can then require much more rigorous training in recognition of the importance of the work being done. We cannot continue to demand more and more quality in service delivery (as we are currently doing to child care workers) when the workers are under-resourced, under-paid, under-trained and significantly under-valued.
- iii At a federal level we need to advocate for the development of a new profession – Early Child and Family Worker/Pedagogue. This will create a workforce with the knowledge of

child development, parenting, community and family capacity building. Such workers would be qualified to work across the range of community-based child and family programmes (including child care, family support, the proposed hubs etc). Specialist qualifications could be added (an extra 1 or 2 years) to the core 3 year degree (eg teaching, nursing, counselling, social work). WA is in a special position here because such a course has been operating at ECU for the past 20 years (Bachelor of Social Science major in Children and Family Studies). This course is now poised to become a model upon which other states will call as they struggle with the training needs of the workers employed as the early childhood hubs roll out.