

Parliamentary Inquiry into Child Development Services

Submission by: WA College of Educational and Developmental Psychologists (Australian Psychological Society)

General comments:

Child development services in WA are provided by both the public and private sectors. Children in WA can be referred to the government run (and free) Child Development Centres which are located in various parts of the greater metropolitan areas of Perth. There are few easily accessible supports for regional and rural families. These centres accept referrals from health professionals and parents with a focus on assessment and support for children with general developmental delays or other developmental challenges (prematurity, motor difficulties, speech and language, regulation of behaviour). The Department of Health also provides Child and Mental Health Services (CAMHS) for children up to age 16 years, and there is access to the Neurosciences Unit (NSU) which is a specialist state wide, community based mental health service. This service provides specialist consultation, assessments and support to people who have, or may have, cognitive (thinking) impairment or neurological conditions. Access to this unit is available to children, teenagers, adults and older adults. Targeted services in the area of eating disorders and gender diversity are also available at Sir Charles Gardiner Hospital but it is noted that it is very difficult for families to access these services in a timely way. There are other not for profit organisations which provide services to children in WA including Autism Association, Autism West, Dyslexia/SPELD foundation to name a few. In the private sector paediatricians, child psychiatrists, specialist psychologists, speech pathologists and occupational therapists all provide child development services to children.

In the experience of WA CEDP members that access to both public and private child development and children's mental health services in WA is very limited and targeted, and timely emergency services almost non-existent. Waitlists for public child development and mental health services are very long and intervention supports are limited. For younger children many parents are offered 'handouts' or restricted group (Tier 2) intervention but in the critical early years our CEDP members identify that few children receive the level of intensive support they require to understand and ameliorate the high level challenges they and their family are experiencing. Similarly it is well known by private practitioners in WA that for a child to be seen by CAMHS they need to be expressing suicidal ideation or a similarly critical family challenge. Similarly children with eating disorders are often sent home after a visit to the hospital emergency clinic with many parents commenting they are told the case is not yet 'serious enough'. There is no opportunity to find a practitioner in the public system to comprehensively manage 'lower level' issues that impact both children and families or work with them in the longer term (something that is critical in a child development context).

Waitlists for government services and private paediatricians and psychiatrists are also very long, with many closing their books in the past 12 months. Similarly, appointments with psychologists who have an expertise in child development or are skilled in assessing learning challenges, autism, ADHD or other neurodevelopmental disorders are very long. Many children do not access any services for significant periods of time and it is noted that this goes against the general principal of 'early intervention' (at the time of need) being the most appropriate support for children and families.

Psychological Practice in WA

Psychological services in WA are offered in the public and private domain however targeted post graduate training to work specifically with children with a range of significant needs within a developmental context (rather than imposing a medical model on children's complex needs) is not currently very strong. Targeted course work for working with children, families and schools is embedded within a more general programme

of learning in the current Clinical Masters and Phd courses. The Educational and Developmental Masters course previously offered at the University of WA, which provided a training pathway for specialising in working with children within a developmental context (child, family, and school), was closed some time ago by the University (it was identified as 'not cost-effective'). This has resulted in a very high demand for services by Educational and Developmental Psychologists in WA and waiting lists for this specialty are extremely long. The provision of training opportunities for those who have an ambition to work as a psychologist with children and families is a critical area of need in Western Australia. It is noted that there are only four training courses left in this specialty in Australia and this needs to be a focus for rectification by all state governments (with the exception of Victoria) across Australia. The WA CEDP branch is very keen for this specialist course to be re-established at one of the Universities in Western Australia as it constitutes a very large gap in services for children and their family in WA.

Employment practices by the WA Government

The CEDP WA branch have been very disappointed that despite both formal and informal representations to the Department of Health about restrictive employment practices, this department has decided to only employ Clinical Psychologists in their centres. It is emphasised that this decision to restrict employment to this group does not take account of their often limited training in child development, psychometric assessment, other issues of childhood including neurodevelopmental disorders (e.g. autism, PDD, specific learning disorders, ADHD) and behavioural management challenges that should be identified and supported in childhood. This has meant that many psychologists with direct expertise in these areas are not employed within this important government agency. The group of psychologists who are explicitly excluded (Educational and Developmental psychologists) have been trained specifically in these critical developmental areas have generally completed a postgraduate degree with the same level of University education as clinical psychologists. As mentioned earlier, these practitioners have been trained to take a broader view on the complex needs of children and family and to provide relevant assessment and intervention (usually working with children, parents and schools). It is highlighted to the committee that despite obtaining critical skills and practice during their training (including significant learning in child development, psychometric assessment and management of mental health and behavioural challenges - within a developmental rather than medical context) they have not been able to apply for employment at Child Development Centres or in the Child and Adolescent Mental Health clinics). The WA Branch of the CEDP is very happy to discuss this very significant issue with the members of the Parliamentary Committee if required.

Specific discussion of terms of reference

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

- The provision of linked and comprehensive child development services are crucial to a child's overall development, health and wellbeing, with research demonstrating that early assessment, intervention and targeted support has a lifelong and positive impact on outcomes for the mental health, education and social engagement of the child and their family (parents and siblings), and for the community more generally. I note that early assessment, intervention, and support does not just mean when the child is very young but is linked to the provision of services **as soon as possible after the a problem is identified**). For example timely speech pathology services as soon as a family identifies that a child has language difficulties not only has an impact on language skills but also has a lifelong impact on reducing anxiety levels, enhancing self-esteem, and improving both education opportunities and social engagement. Similarly, timely medical and psychological services at a later age when a child is first identified as experiencing problems with executive function

(often in the middle years of primary school) is also very necessary for ensuring academic engagement, improved behavioural regulation and social development.

- It must be emphasised that Uri Brofenbrenner (a very significant academic figure in the child development field) changed the perspective of most health professionals working with children through his Ecological Systems Theory. This theory views child development as a complex system of relationships affected by multiple levels of the surrounding environment, from immediate settings of family and school to broad cultural values, laws, and customs. To ensure a child's health and wellbeing we must not only look at the child, but consider his/her immediate environment, and the interaction of the larger environment as well. In more general terms it is clear that child development services can't be offered in silos or in a piecemeal approach but involve collaboration with all stakeholders – child, family, school and community. The resources to do this are currently not available.
- The provision of parenting services within a general developmental context is also critical to ensure children are well supported, develop effective emotional regulation and social skills. There are many offerings of group parenting programmes but psychologists, paediatricians and child psychiatrists see more serious cases that require ongoing and individualised support for families. This long term and consistent support does not appear to be readily available in WA.

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

- In Western Australia the public provision of mental health services for children and families appears to end at age 16 years. Most adult services do not accept clients until 18 years. There is a significant gap of 2 years where most families struggle to find services (unless they have been working with some private psychologists who offer long term psychological and transition support. Families of individuals with long term developmental needs including autism and ADHD are frequently caught up in this issue in terms of the smooth transition from paediatrician to adult psychiatrist.
- Access to telehealth has generally improved the provision of services in regional areas to some extent. However it is also noted that telehealth can't replace face to face engagement with young children as they find it very hard to simply do 'talk therapy' (they need developmentally appropriate practices which are often directly play based and include role play). In addition the formation of a relationship with a child is a critical component of change and this is very difficult to do online.
- The WA branch of the CEDP has been concerned that other allied health specialties (particularly Occupational Therapy) are stepping into the mental health field with little or no training in this area. This is likely to be associated with two factors – a lack of appropriately trained psychologists to meet demand and increased funding opportunities to access services which OT have sought to fill. It is very important that allied health specialties work together to support a child and family but it is also essential that areas of skill are respected in this process.
- Emergency services for mental health issues are particularly problematic with most parents reporting that when they attend emergency services with their children (for suicidal ideation, eating disorders, panic attacks) they are told to go home again with little or no follow up.

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

- Universities play a critical role in training the psychology and medical workforce. As noted above there is currently no dedicated postgraduate course in Western Australia which trains 'child' psychologists as the generalist clinical programmes tend to have an adult focus. This is an increasingly significant issue in WA with wait lists for assessment reaching more than 12 months even in private clinics. From the point of view of the WA CEDP it is most disappointing that UWA closed the Educational and Developmental Masters programme and there are now very few endorsed Ed and Developmental Psychologists working in WA (despite the demand).
- Similarly medical training does not appear to be providing graduates who are interested/skilled in working in the specialty areas of paediatrics or psychiatry. It is extremely hard to get a timely appointment in the private system and even more difficult in the public services.
- Psychologists now need at least 5 years of training to be registered with AHPRA on a provisional basis and a further two years of systematic 'supervisor' to achieve full registration. Without such registration it is very difficult to work in private practice (as provisional practitioners do not attract Medicare or health rebates) and supervision is limited in public services due to the very high demand for services. This is placing significant pressure on the provision of services for children in particular and Universities and governments need to move to increase the number of places available for training in postgraduate programmes that offer a child development and mental health focus.

(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;

- The WA branch of the CEDP does not wish to comment on this as they do not have the breadth of knowledge required.

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

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