



Submission to the Education and Health Standing Committee

Inquiry into Improving Educational Outcomes for Western Australians of All Ages

There are three things that make me happy: playing with my friends...food in my lunchbox and the activities at school. boy 5¹

1. Role of the Commissioner for Children and Young People

I was appointed as Western Australia's (WA) inaugural Commissioner for Children and Young People in December 2007 pursuant to the *Commissioner for Children and Young People Act 2006* (the Act). Under the Act my role is to advocate for the half a million Western Australian children and young people under the age of 18, specifically having responsibility to advocate, promote and monitoring their wellbeing.

Under the Act I must observe the following guiding principles:

- Children and young people are entitled to live in a caring and nurturing environment and to be protected from harm and exploitation
- The contributions made by children and young people in the community should be recognised for their value and merit
- The views of children and young people on all matters affecting them should be given serious consideration and taken into account
- Parents, families and communities have the primary role in safeguarding and promoting the wellbeing of their children and young people and should be supported in carrying out their role.²

In performing my functions the best interests of children and young people must be my paramount consideration. I must give priority to, and have special regard for, the interests and needs of Aboriginal and Torres Strait Islander children and young people, and children and young people who are vulnerable or disadvantaged for any reason.³ I am also required to have regard to the United Nations Convention on the Rights of the Child.⁴

It is with these responsibilities in mind that I make my submission.

¹ Commissioner for Children and Young People WA 2010, *Children and Young People's Views on Wellbeing*, Western Australia, p.53.

² *Commissioner for Children and Young People Act 2006*, Section 1, 4 (a), (b), (c), (d).

³ *Ibid*, Section 20 (1), (a), (i), (ii).

⁴ *Ibid*, Section 20, (b).

2. Related State Government inquiries

This Inquiry provides a welcome opportunity to review, assess progress and outcomes, and build on the recommendations of three previous Education and Health Standing Committee reports:

- *Invest Now or Pay Later: Securing the Future of Western Australia's Children 2010*
- *Destined to Fail: Western Australia's Health System: Volume 2 – Community Health Sector 2010*
- *Healthy Child - Healthy State: Improving Western Australia's Child Health Screening Programs 2009*

The recommendations of other inquiries and reports relevant to this submission include:

- The Auditor General's 2010 Report: *Universal Child Health Checks*
- The Economic Audit Committee's 2009 Report: *Putting the Public First*
- The Community Development and Justice Standing Committee Inquiry 2009: *Inquiry into the adequacy of services to meet the developmental needs of Western Australia's children*

In 2010, I conducted an independent Inquiry into the mental health and wellbeing of children and young people in WA. I tabled my *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia* in Parliament in May 2011. A number of submissions I received and much of the research undertaken highlighted the critical role that early child development plays in achieving positive educational and other life outcomes.

Given the resources of my office, this submission will address the Inquiry's Term of Reference (2): *Factors influencing positive and negative child development from birth to Year 12*. Specifically I will focus on the early years of child development from birth to eight years of age.

The recommendations I put forward in this submission are reflective of those in my *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia (2011)*, my *Issues Paper on Early Childhood (2009)* and previous submissions I have made to the Education and Health Standing Committee and other inquiries. Copies of these documents are available on my website at www.ccyp.wa.gov.au.

3. Demographic profile of children and young people in Western Australia

In 2010, WA had the fastest population growth rate, 2.2 per cent, of all States and Territories in Australia for the fourth consecutive year.⁵

⁵ Australian Bureau of Statistics 2011, cited in Commissioner for Children and Young People in WA 2011, *Profile for Children and Young People in Western Australia*, p.4.

At 30 June 2010, there were 538,963 children and young people 0 to 17 years of age in WA, representing nearly one quarter (23.5 %) of the State's population. This is the second highest percentage of children and young people 0 to 17 years of all States and Territories, and higher than the national percentage of 22.9 per cent.⁶

The Australian Bureau of Statistics (ABS) projects that within the next 45 years the number of children and young people 0 to 17 years in WA will increase by 64 per cent, from 535,160 to 877,778.⁷

In terms of population growth, from 2000 to 2010, the population of children and young people 0 to 17 years in WA grew by 11.4 per cent. The strongest increase, of 21.5 per cent, was among the early childhood age group of 0 to four years – the result of a high birth rate in recent years.⁸

The latest ABS 2010 data shows that the number of births in WA in 2010 was 31,007, representing the second highest result in WA's history (after 2008 when 31,418 babies were born). Since 2000, the number of babies born in WA has increased by 25.6 per cent and there has been a population increase of 22.2 per cent.⁹

As well as the growing population contributing to the marked increase in births, so too is the higher fertility rate. The total fertility rate for all women in WA increased from 1.8 per woman in 2000, to 2.0 per woman in 2010. Specifically for Aboriginal women, the total fertility rate in WA increased from 2.6 per woman in 2000, to 2.8 per woman in 2010.¹⁰

As highlighted in my *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, and identified by the aforementioned Parliamentary Inquiries and the *Auditor General's 2010 Report*, there continues to be a significant and on-going lack of investment in early childhood services in WA to meet this population growth. See Section 8.

4. Child and young people's views on education

To improve educational outcomes for all children and young people in WA, it is imperative that the views of children and young people are taken into account in the planning, development and evaluation of strategic plans, policies, programs and services.

The *Commissioner for Children and Young People Act 2006*, highlights the importance of government and non-government agencies involving children and young people in decision-

⁶ Australian Bureau of Statistics 2010, cited in Commissioner for Children and Young People in WA 2011, *Profile for Children and Young People in Western Australia*, p.5.

⁷ Australian Bureau of Statistics 2008, cited in Commissioner for Children and Young People in WA 2011, *Profile for Children and Young People in Western Australia*, p.13.

⁸ Australian Bureau of Statistics 2010, cited in Commissioner for Children and Young People in WA 2011, *Profile for Children and Young People in Western Australia*, p.5.

⁹ Australian Bureau of Statistics 2010, *Births, Australia, 2010*, ABS cat.no.3301.0.

¹⁰ Ibid.

making that affects their lives. In particular, the Parliament has provided me with the functions of:

- promoting the participation of children and young people
- encouraging government and non-government agencies to seek the participation of children and young people.¹¹

In 2009, I undertook research to investigate children and young people's views on what was important to their wellbeing. A good education was one of eight things that children and young people said was important. They also talked about the importance of being able to meet and spend time with their friends at school. Younger children said they enjoyed the range of activities available to them at school. Some participants who were experiencing family difficulties talked about school as a place of refuge.

You get to see all your friends even though you have to do schoolwork. girl 14¹²

I don't mind it...it's where I can escape from my family, so I don't mind school. boy 13¹³

There was a significant difference between what non-Aboriginal and Aboriginal children and young people had to say about education. Aboriginal children and young people in the Kimberley spoke of education as an aspiration, rather than a given, while non-Aboriginal children and young people tended to speak of school as a matter of course.

Going to school every day and getting a good education is not easy...but it would be a good thing. Aboriginal boy 14¹⁴

Younger Aboriginal children engaged in the research already had a very clear understanding of the connection between a good education, a job and earning money to buy a house, car and anything else they wanted. The views of younger Aboriginal children are reflected in the following statement:

If you get a good education, you can have a job, you can get lots of money, you can buy a new house, a car.¹⁵

For non-Aboriginal children, the focus of discussion on education was on the school environment.

I like school because all my friends are here and we do all these fun games and activities and we get to do news and free play. girl 6¹⁶

¹¹ Commissioner for Children and Young People Act 2006, Section 19 (b).

¹² Commissioner for Children and Young People WA 2010, *Children and Young People's Views on Wellbeing*, Western Australia, p.53.

¹³ Ibid, p.54.

¹⁴ Ibid, p.52.

¹⁵ Ibid.

¹⁶ Ibid, p.53.

In addition to my research, as I have travelled around WA I have been impressed with the many positive examples of children and young people participating in their local community, including in school projects, with positive outcomes achieved. Children and young people often have unique insights into issues, can offer creative solutions and their involvement can enrich decision-making processes and outcomes.

Recommendation 1

That the views of children and young people on education are sought and taken into account in the planning, development and evaluation of strategic plans, policies, programs and services.

5. Educational outcomes for Aboriginal children and young people

As part of this submission, I consider it important to draw particular attention to the on-going poor educational outcomes for Aboriginal children and young people in WA.

The 2010 National Assessment Program Literacy and Numeracy (NAPLAN) results revealed that Aboriginal student achievement in WA for reading across all age groups averaged approximately 30 per cent lower than for all students. In numeracy, Aboriginal student achievement in WA averaged approximately 25 per cent lower than for all students.¹⁷

Regular school attendance is important for the achievement of numeracy and literacy standards, and for the development of a range of other skills. In 2009, the WA Auditor General released the *Every Day Counts: Managing School Attendance in Western Australian Public Schools* report on school attendance. The report provided sound evidence that irregular school attendance in WA (attending school less than 90 per cent of the time) was a significant problem.¹⁸ Although irregular attendance at school is a problem for both Aboriginal and non-Aboriginal students, the high proportion of Aboriginal children that have low levels of attendance make them over twice as likely to be at educational risk compared to non-Aboriginal children.¹⁹ Given that achieving adequate levels of education is one of the key contributors to overcoming Aboriginal disadvantage, this is of particular concern.

The *Western Australian Aboriginal Child Health Survey 2006* concluded that there were three major factors associated with low levels of academic achievement by Aboriginal students, namely, low school attendance, students with clinically significant emotional and behavioural problems, and students whose parents/carers had lower levels of academic achievement themselves.²⁰ The survey found that for Aboriginal children and young people

¹⁷ Australian Curriculum, Assessment and Reporting Authority, *National Assessment Program – Literacy and Numeracy. Achievement in Reading, Writing, Language Conventions and Numeracy: National Report, 2008 – 2010* [series].

¹⁸ Western Australian Auditor General 2009. *Every Day Counts: Managing School Attendance in Western Australian Public Schools*, Western Australian Government, pp. 6&7.

¹⁹ Ibid.

²⁰ Zubrick et al 2006, *Western Australian Aboriginal Child Health Survey, Volume 3: Improving the educational experiences of Aboriginal children and young people* [website], viewed 22 November 2011, http://www.ichr.uwa.edu.au/waachs/publications/volume_three, pp. 285&286.

a welcoming and inclusive school environment is particularly important as it helps enable them and their families to engage with the process of formal schooling. Culturally secure educational, learning and support programs were also seen as important.²¹ A positive school environment along with culturally secure programs and supports will in turn have a positive influence educational outcomes.

As I have stated in my Policy Brief, *Speaking out about wellbeing: Aboriginal children and young people speak out about education* (available on my website at www.ccyp.wa.gov.au), WA requires a comprehensive, strategic approach to improve the educational outcomes of Aboriginal children and young people. This approach needs to draw on evidence-based research and consider the expectations of schools, teachers, Aboriginal children and young people, their families and community. Models of integrated early childhood services require establishment as well as partnerships with government and industry to improve education and employment opportunities as Aboriginal children and young people transition through school years.

The *Gumala 0-5 Studio project* (Early Childhood Centre) that opened in June 2011 at the remote community of Wakuthuni in the Pilbara, is an example of an innovative early childhood service for Aboriginal children. In partnership with the University of Melbourne, the project has involved the design and construction of an early education centre, as well as an early childhood education and care program.²²

The *Aboriginal Education Plan for WA Public Schools 2011-2014* is another step in the right direction to address the educational needs of Aboriginal children and young people. The ongoing development, monitoring and review of this plan at a systemic level is however essential. Emerging issues and trends will need to be identified and appropriate responses initiated.

Recommendation 2

That Western Australia develops a comprehensive, across-government strategic approach to improve educational outcomes for Aboriginal children and young people evidence-based and inclusive of the views of Aboriginal children, families and communities.

6. Factors influencing positive and negative child development in the early years

Neurobiological and social science research has established that life experiences in early childhood have a major impact on the development of the brain and social and emotional skills. These experiences play a central role in the health, developmental and educational outcomes for children.²³

²¹ Ibid, pp.78-91.

²² Gumala Aboriginal Cooperation 2011, *Gumala 0 – 5 Studio project (Early Childhood Centre)* [website], viewed 22 November 2011, <http://www.gumala.com.au/our-projects/>

²³ The Commissioner for Children and Young People WA 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Perth, Western Australia, p.96.

The Australian Institute of Health and Welfare in its report *A Picture of Australia's Children 2009*, states that:

*The years from birth to age five are a critical period of development, as learning that occurs during this time has a lasting impact on health, future learning and life success.*²⁴

Similarly, as cited in my *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) state:

*There is now unequivocal evidence that early experiences during the period from birth to five years of age determine the brain architecture and that, once formed, this provides the foundation for all future learning, behaviour, physical and mental health.*²⁵

Influences on positive and negative child development in the early years begin in the antenatal period.²⁶ In the early years of a child's life, parents and the family have the most powerful influence, as they are the primary avenue by which children are taught, nurtured, guided and loved.^{27 28}

Outside of the family, childcare and early childhood education are becoming increasingly important influences in the early years due to increasing numbers of children in childcare and enrolled in pre-compulsory education.²⁹

6.1 Maternal health and wellbeing and child development

Pregnancy has been proven a key intervention point to ensure a child has the best possible start in life.³⁰ For example, using data collected from more than 1,700 children in the WA Pregnancy Cohort (Raine) Study, researchers found that children whose mothers are stressed during pregnancy are at higher risk of developing behavioural and emotional problems.³¹ Analysis of the data also indicated that maternal smoking, low income during

²⁴ Australian Institute of Health and Welfare 2009, *A picture of Australia's children 2009*, Cat. no. PHE 112, Australian Government, Canberra, 44.

²⁵ The Commissioner for Children and Young People WA 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Perth, Western Australia, p.97.

²⁶ The Centre for Community Child Health 2006, *Early childhood and the life course*, Policy Brief No 1, Royal Children's Hospital, Melbourne.

²⁷ Council of Australian Governments 2009, *Investing in the Early Years – A National Early Childhood Development Strategy July 2009*, Commonwealth of Australia, p.4.

²⁸ The Commissioner for Children and Young People WA 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Perth, Western Australia, p.97.

²⁹ The Commissioner for Children and Young People WA 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Perth, Western Australia, p.108.

³⁰ The Centre for Community Child Health 2006, *Early childhood and the life course*, Policy Brief No 1, Royal Children's Hospital, Melbourne.

³¹ Telethon Institute for Child Health 2011, *Maternal stress during pregnancy* [website], viewed 19 October 2011, <http://www.ichr.uwa.edu.au/research/highlights/social/maternal>.

pregnancy, multiple 'baby blues' symptoms after birth and post-natal stress were each associated with poorer behavioural and emotional outcomes in pre-school children.³²

The RANZCP as cited in my *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, state that:

*Maternal depression and anxiety in the antenatal and postnatal periods have long-term adverse effects on the fetus, infant and children, resulting in emotional, behavioural and cognitive problems.*³³

The consumption of alcohol in pregnancy can also have a spectrum of negative effects on the fetus, such as birth defects and negative effects on the development of the brain.³⁴ In turn, such effects will have a negative influence on a child's health and development.

A number of submissions received as part of my *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, raised the importance of supporting parents in the antenatal and postnatal period to maximise positive health and wellbeing outcomes for children in the early years. The delivery of programs during the antenatal period is considered especially beneficial as it is a time when parents are more receptive to accessing services and information.³⁵

*Maternal health and wellbeing during pregnancy with support and advice concerning not only the preparation for birth but also the preparation by both parents for the task of parenting can assist understanding and attitudes in the best interests of children....partnerships [can be formed] for support in breast feeding, nutrition, secure attachment, developmental and child rearing as well as child health and advice – and the linking of new parents into community support groups.*³⁶

The submissions I received also highlighted the need for early intervention, family support and parental education at this time, and for issues specific to mothers who have lower levels of education, who are socially isolated or otherwise disadvantaged to be identified and supported.³⁷

General practitioners are often the first point of contact for women in the antenatal period and through to the postnatal period. They are also a primary referral point for community health professionals when mothers and/or their babies require additional assessment and/or treatment in the postnatal period. Community child health nurses also play a critical role in

³² Ibid.

³³ The Commissioner for Children and Young People WA 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Perth, Western Australia, p.98.

³⁴ National Health and Medical Research Council 2009, *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, Commonwealth of Australia, pp. 71-74.

³⁵ The Centre for Community Child Health 2007, *Parenting young children*, Policy Brief No 9 2007, Royal Children's Hospital, Melbourne.

³⁶ The Commissioner for Children and Young People WA 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Perth, Western Australia, p.98.

³⁷ Telethon Institute for Child Health 2011, *Maternal stress during pregnancy* [website], viewed 19 October 2011, <http://www.ichr.uwa.edu.au/research/highlights/social/maternal>.

supporting mothers in the postnatal period, including screening mothers for postnatal depression.

The following two recommendations acknowledge the important role that general practitioners play in providing antenatal and postnatal care and support for women.

Recommendation 3

That the Commonwealth Government provide for additional training to general practitioners to promote the health and wellbeing of pregnant women thereby ensuring the best possible start in life for children.

Recommendation 4

That the Commonwealth Government supports incentives to ensure general practitioners have longer consultations with women in the antenatal and postnatal periods to support the healthy development of children.

For Aboriginal mothers and babies, culturally secure antenatal and postnatal care is considered an important strategy to address the higher rates of Aboriginal infant mortality and morbidity compared with non-Aboriginal infants.

Although there is limited research on culturally secure antenatal services, a study undertaken by the Telethon Institute of Child Health Research Institute (TICHR) found that, changing the antenatal settings to make them more culturally appropriate with Aboriginal staff in Aboriginal community controlled health services, enhances the community's sense of ownership, increases access by women and improves outcomes.³⁸

Recommendation 5

That the State Government support the development of culturally secure antenatal health services and programs for Aboriginal women.

6.2 Parenting, the family and child development

Research has firmly established that responsive, accepting, warm and consistent quality parenting is associated with positive child developmental outcomes.³⁹ Conversely, poor

³⁸ Reibel T & Walker R 2009, *Overview of Summary Report of Antenatal Services Audit for Aboriginal Women and Assessment of Aboriginal Content in Health Education in Western Australia*, Telethon Institute for Child Health Research, Western Australia, p.6.

³⁹ The Centre for Community Child Health 2007, *Parenting young children*, Policy Brief No 9 2007, Royal Children's Hospital Melbourne, Victoria.

parenting can be highly detrimental and result in poor developmental, educational and other outcomes.^{40 41} As cited in my *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*:

*Hostile, non-affectionate and coercive parenting is related to high levels of problem behaviours. It was four times more likely that children would have conduct problems, emotional problems and hyperactivity associated with hostile parenting. Children were twice as likely to have prosocial behaviours and were 1.5 times more likely to have peer relationship problems.*⁴²

A range of factors can influence parenting behaviours such as lack of social support, limited learning opportunities, stress, depression and tiredness.⁴³ For some parents, the parenting role itself can be a source of anxiety and confusion particularly around sensitive topics such as persistent crying, sleep problems and discipline. The more stressed parents become about their role, the less effective their parenting often becomes and the more negative the outcomes for the child.⁴⁴

Another key factor for healthy child development is the attachment of an infant with a caregiver. The central theme of attachment is that infants establish a sense of security when their primary caregiver (usually the mother) is available and responsive to their needs. The infant knows that the caregiver is dependable, which creates a secure base for the child to then explore the world.⁴⁵ Infants and children who have developed a secure attachment with a caregiver will demonstrate better emotional, physical and cognitive skills.⁴⁶

Conversely, outcomes for children who have been unable to form a secure attachment with a caregiver, as is the case for many children in care, have poorer educational, mental health, social and other outcomes.^{47 48}

As stated by the National Scientific Council on the Developing Child:

The quality and stability of a child's human relationships in the early years lay the foundation for a wide range of later developmental outcomes that really matter - self-confidence and sound mental health, motivation to learn, achievement in school and later life, the ability to control aggressive impulses and resolve conflict

⁴⁰ Ibid

⁴¹ Commissioner for Children and Young People WA 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Perth, Western Australia, p.104.

⁴² Ibid.

⁴³ The Centre for Community Child Health 2007, *Parenting young children*, Policy Brief No 9 2007, Royal Children's Hospital Melbourne, Victoria.

⁴⁴ The Centre for Community Child Health 2009, *Caring for Young Children: What Children Need*, Policy Brief No 15 2009, The Royal Children's Hospital Melbourne, Victoria.

⁴⁵ Cherry K 2011, *An Overview of Attachment Theory* [website], viewed 19 October 2011, <http://psychology.about.com/od/loveandattraction/a/attachment01.htm>

⁴⁶ Commissioner for Children and Young People WA 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Perth, Western Australia, pp.103&104.

⁴⁷ Sawyer M et al 2007, 'The mental health and wellbeing of children and adolescents in home-based foster care', *Medical Journal of Australia*, 186 (4), pp.181-184.

⁴⁸ Wise S et al 2010, *Care-system Impacts on Academic Outcomes: Research Report June 2010*, Anglicare Victoria and Wesley Mission Victoria, Victoria, p.55.

*in nonviolent ways, knowing the difference between right and wrong, having the capacity to develop and sustain casual friendships and intimate relationships.*⁴⁹

6.3 Early childhood education and child development

Attendance at early childhood educational programs has been shown to have a number of benefits including better intellectual development and independence, sociability and concentration, language and cognitive development, and preparation for successful transition to formal schooling.⁵⁰ Early childhood education is also associated with a lower incidence of personal and social problems in later life, such as school dropout, welfare dependency, unemployment and criminal behaviour.⁵¹

The transition from home to early childhood education and then onto primary school are important milestones for both children and families, especially as 'readiness' for school is predictive of long-term academic and occupational achievement.⁵²

A child's ability to transition successfully to school depends upon a number of characteristics including those of the child themselves, their parents and the community in which they live.⁵³ Additionally, in Australia, the transition to school has been found to be more challenging for four specific groups, namely, financially disadvantaged families, Aboriginal families, culturally and linguistically diverse families, and families with children who have a disability. Children from these groups are also less likely to attend an early childhood education service before they start school.⁵⁴

Children from financially disadvantaged families appear to be less well prepared for the transition to school due to the impact of financial stress on family relationships that in turn affect a child's social and emotional readiness. In addition, the capacity of parents who are financially disadvantaged to invest in advantageous experiences and environments is constrained, and this may impact on their children's cognitive development and outcomes.⁵⁵

⁴⁹ Commissioner for Children and Young People WA 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Perth, Western Australia, p.104.

⁵⁰ Gorey A 2001, cited in Australian Institute of Health and Welfare 2009, *A picture of Australia's children 2009*, Cat. no. PHE 112, Australian Government, Canberra, p.48.

⁵¹ Ibid.

⁵² Rosier K & McDonald M 2011, *Promoting positive education and care transitions for children*, Communities and Families Clearing House, Australian Institute of Family Studies, Australian Government, pp.1&2.

⁵³ Ibid, p.1.

⁵⁴ Children who have experienced abuse or neglect may also experience difficulties with school readiness. Although there is a lack of research in the Australian context to support this, there is solid evidence to demonstrate the relationship between child maltreatment and learning difficulties and poor academic achievement, and some evidence from international literature to suggest that abused or neglected children in foster care have greater difficulties adjusting to the early years of school than other children.

⁵⁵ Smith et al 2008, cited in Rosier K & McDonald M 2011, *Promoting positive education and care transitions for children* [website], viewed 25 November 2011, Communities and Families Clearing House <http://www.aifs.gov.au/cafca/pubs/sheets/rs/rs5.pdf>, p.1.

As referred to in Section 5, educational outcomes for Aboriginal children have historically been poorer than for children from non-Aboriginal families. These children are also at a greater risk of low school readiness in some cognitive, social and emotional aspects.⁵⁶

Culturally and linguistically diverse families may have individual concerns regarding their children's transitions to early learning and schooling environments in relation to their children's proficiency in English, their vulnerability to isolation or bullying as a result of their skin colour, and a potential loss of cultural and religious values upon exposure to Western cultural values in the school setting.⁵⁷

For children with a disability, the transition to schooling environments can be more stressful and demanding compared to children without a disability.⁵⁸

The *Effective Provision of Pre-School Education* longitudinal study in the United Kingdom (UK) demonstrated that among other things:

- Pre-school experience, compared to none, enhances all-round development
- The developmental benefits of pre-school were similar for both socio-economically and educationally advantaged and disadvantaged groups
- Duration of attendance (in months) is important; and earlier start (under three years of age) is related to better intellectual development.⁵⁹

There are further international examples of early education programs from both the UK and other countries such as Sweden. Reports indicate that these countries are reaping the benefits of universal access to high quality early childhood education in terms of decreased inequality, fewer social problems and increased productivity and GDP growth.⁶⁰

Childcare

In WA, childcare falls into two categories - informal and formal care. Informal care is non-regulated care, arranged by a child's parent/guardian (for example with relatives) in either the child's home or elsewhere. It may be paid or unpaid. Formal care is regulated care away from the child's home. The main types of formal care are before and/or after-school care, long day care, family day care and occasional care.⁶¹

⁵⁶ Anderson 2010, cited in Rosier K & McDonald M 2011, *Promoting positive education and care transitions for children* [website], viewed 25 November 2011, Communities and Families Clearing House <http://www.aifs.gov.au/cafca/pubs/sheets/rs/rs5.pdf>, p.2&3.

⁵⁷ Sanagavarapu & Perry 2005, cited in Rosier K & McDonald M 2011, *Promoting positive education and care transitions for children* [website], viewed 25 November 2011, Communities and Families Clearing House <http://www.aifs.gov.au/cafca/pubs/sheets/rs/rs5.pdf>, p.3.

⁵⁸ Rosier K & McDonald M 2011, *Promoting positive education and care transitions for children* [website], viewed 25 November 2011, Communities and Families Clearing House <http://www.aifs.gov.au/cafca/pubs/sheets/rs/rs5.pdf>, p.1.

⁵⁹ Sylva et al 2004, *The Effective Pre-School and Primary Education (EPPE) Project: Findings from Pre-School to end of Key Stage 1*, University of London, University of Oxford and University of Nottingham, p.1.

⁶⁰ Barnett S 2010, *Economics of Investments in Early Childhood Development* [website], viewed 1 November 2011, National Institute for Early Education Research, Paris, France, <http://www.oecd.org/dataoecd/55/45/45522834.ppt>.

⁶¹ Commissioner for Children and Young People WA 2011, *Profile of Children and Young People in Western Australia*, Perth, Western Australia, p.41.

Childcare attendance in WA varies with age. Based on the *Survey of Childhood Education and Care 2009*, 41 per cent of children in WA under the age of two years usually attend some type of childcare.⁶² Of these children, 11 per cent attend formal care and 23 per cent attend informal care. Seven per cent of children under the age of two years go to both formal and informal care.⁶³

At the age of two and three years, 27 per cent of children in WA usually go to formal care and the majority of these children attend long day care. At the age of four years, when many children start Kindergarten, the proportion of children attending formal care decreases and continues to do so among school-aged children.⁶⁴

Pre-compulsory education

Children in WA have access to two publicly funded pre-compulsory education programs, Kindergarten for four year-olds and Pre-Primary for five year-olds. These programs are attended in the two years prior to entering full-time school (Year 1), but are not compulsory.

In 2010, there were 59,647 pre-compulsory students aged mainly four and five years of age enrolled across both government and non-government schools and pre-schools in WA.⁶⁵

Data on actual attendance rates was not available from the Department of Education at the time of writing this submission.

7. Community child health services

In WA, the Department of Health, Child and Adolescent Community Health, provide universal, targeted prevention, early identification and intervention services for children and their families.⁶⁶ As such, adequate staffing and resourcing of these services is critical to promote positive development in the early years of a child's life and provide for associated positive educational outcomes. These services are also essential for supporting parents and families.

7.1 Child health nurses

Child health nurses are registered nurses with post-graduate qualifications in child and family health. The role of child health nurses is to provide a comprehensive range of health promotion, early identification and intervention services to children and their parents and

⁶² Australian Bureau of Statistics 2009, cited in *Profile of Children and Young People in Western Australia*, Perth, Western Australia, pp.14&15.

⁶³ Ibid.

⁶⁴ Ibid.

⁶⁵ Department of Education Western Australia, cited in cited in *Profile of Children and Young People in Western Australia*, Perth, Western Australia, p.16.

⁶⁶ Child and Adolescent Health Services 2011[website], viewed 8 November 2011, <http://www.pmh.health.wa.gov.au/general/CACH/services.htm>.

families. Child health nurses are also a vital entry point for families with young children into health and social services.^{67 68}

Box 1: Role of child health nurses

Child health nurses:

- Offer all children aged 0 to six years of age universal child health and developmental assessments.
- Screen all new mothers for postnatal depression at the six and eight week, and three and four month checks.
- Provide information on a range of parenting topics such as infant feeding, immunisation and injury prevention.
- Assist parents who are experiencing difficulties in caring for their children.
- Link families to other support networks and services.
- Provide referrals (when assessed as required) to specialist services where speech therapists, podiatrists, clinical psychologists, paediatricians and other specialist professionals are available.

The Department of Health's free universal child health check program is promoted by child health nurses. The child health checks are evidence-based and delivered at critical points in the child's development to ensure developmental problems, including those that may affect educational outcomes, are detected in the early stages. The first check is a home visit by a child health nurse up to 10 days after the baby is born. A further five checks up to three years of age are offered at a child health clinic. A final school entry assessment is offered by a school health nurse.⁶⁹

Additional to child health nurses, it is essential that more intensive and specialist services for particular at-risk babies, children and parents are developed to support universal services.⁷⁰ Although not provided in WA, evidence-based home visiting programs are one strategy for achieving this. An effective example is the South Australian Family Home Visiting Program.

⁶⁷ Community Health Nurses Western Australia 2011, *Community health nurses at work* [website], viewed 7 November 2011, <http://www.chnwa.org.au/communityhealthnursesatwork/tabid/63/Default.aspx>.

⁶⁸ Department of Health Western Australia 2011, *Child health* [website], viewed 25 October 2011, http://www.health.wa.gov.au/services/category.cfm?Topic_ID=18.

⁶⁹ Child and Adolescent Community Health [website], viewed 28 September 2011, <http://pmh.health.wa.gov.au/general/CACH/ACH>.

⁷⁰ Commissioner for Children and Young People 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Perth, Western Australia, p.103.

Box 2: South Australian Family Home Visiting Program

The Family Home Visiting Program is available to all children identifying as Aboriginal and/or Torres Strait Islander, who are considered more at-risk. For example, the mother is less than 20 years of age, socially isolated, has a current or past mental health issue, or alcohol and drug problem.

The program aims to provide children with the best possible start in life and to assist families in providing the best support for their children. The program focuses on the child's health and development, and maternal-child attachment. Families in the program are offered 34 visits by a qualified child and maternal health nurse over the first two years of the child's life. Further multidisciplinary support is available as required.

The program was recently evaluated by the Australian Centre for Child Protection and the University of South Australia. The majority of Aboriginal families who participated in the focus groups and interviews as part of the evaluation gave the program extremely positive feedback. The evaluation also showed that the confidence and knowledge of new Aboriginal mothers in caring for their infant was increasing.⁷¹

7.2 Child Development Service

The Child Development Service, as part of Child and Adolescent Community Health, provide specialist early child development intervention and/or treatment. The Child Development Service is an essential referral point (when children are assessed as requiring this service) for child health nurses and other universal service providers.⁷²

Box 3: Child Development Service

The Child Development Service provide further assessment and treatment services for children (when assessed as required) with a wide range of developmental or behavioural concerns and associated difficulties, and their families. Developmental difficulties may include problems with coordination and movement (eg crawling, walking, writing and drawing), social/emotional skills, behaviour, speech and language, and learning and attention.

The Child Development Service provides access to a multi-disciplinary team of consultants that includes paediatricians, speech pathologists, occupational therapists, physiotherapists, social workers, clinical psychologists, audiologists and podiatrists.

⁷¹ University of South Australia 2011, *Supporting Aboriginal Families from the very beginning* [website], viewed 1 November 2011, <http://www.unisa.edu.au/news/2008/110708.asp>.

⁷² Child and Adolescent Health Service 2011, *Child Development Service* [website], viewed 26 October 2011, Department of Health, Western Australia, http://pmh.health.wa.gov.au/services/child_development_service/index.htm.

7.3 School health nurses

School health nurses visit primary schools on a regular basis and undertake a range of roles that promote the healthy development of children and young people in primary and secondary school.⁷³

Box 4: Role of school health nurses

School health nurses:

- Offer the final universal child health check when children first commence school.
- Provide parents with information about health, development, immunisation or other child or family health-related issues.
- Undertake health promotion and wellbeing programs within the school.
- Provide support, advice or referral for secondary school students on adolescent health issues.

8. Lack of investment in community child health services

As I have stated in previous submissions, my *Early Childhood 2009 Issues Paper*, and my *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, the lack of investment in community child health services to keep pace with population growth is an on-going problem in WA.

The four Parliamentary Inquiries referred to in Section 2, have between them previously identified:

- Services in WA have not kept pace with the State's population growth and are under-resourced.
- Health, education and care services lack integration, creating potential gaps in and duplication of services.
- Specialist assessment and treatment services (Child Development Service) waitlists for therapy and treatment of identified developmental delays are too long.^{74 75 76 77}

⁷³ Department of Health WA 2011, School health nurses [website], viewed 31 October 2011, http://www.health.wa.gov.au/services/category.cfm?Topic_ID=6.

⁷⁴ Education and Health Standing Committee 2009, *Healthy Child-Healthy State: Improving Western Australia's Child Health Screening Programs*, Report No. 2 in the 38th Parliament, Legislative Assembly, Parliament of Western Australia, Perth, pp.xix-xxxi.

⁷⁵ Education and Health Standing Committee 2010, *Invest Now or Pay Later: Securing the Future of Western Australia's Children*, Report No. 5 in the 38th Parliament, Legislative Assembly, Parliament of Western Australia, Perth, pp.xvii-xxxi.

⁷⁶ Community Development and Justice Standing Committee 2009, *Inquiry into the adequacy of services to meet the developmental needs of Western Australia's children*, Legislative Assembly, Parliament of Western Australia, p.xvii-xxix.

⁷⁷ Education and Health Standing Committee 2010, *Destined to Fail: Western Australia's Health System: Volume 2 – Community Health Sector*, Report No.6 in the 38th Parliament, Legislative Assembly, Parliament of Western Australia, Perth, pp.179-181.

The 2010 Auditor General's Report, *Universal Child Health Checks*, similarly found that irrespective of the rise in birth rate, and the increase in migration to WA with the resources boom, there has not been a corresponding increase in child health and school health nurses to service the growing population.⁷⁸

As a direct result of the lack of investment in community child health services, the Auditor General's Report found that the provision of the universal child health check program had been significantly compromised.⁷⁹ For example, based on 2009-10 Department of Health data from the metropolitan region, although 99 per cent of newborns had the initial home visit check, only 46 per cent were visited within the optimal 10-day period, and only 30 per cent of 18-month old children and nine per cent of three-year old children were checked. Due to school health nurses promoting the final universal check when children commence school, this situation improved with 84 per cent of children checked.⁸⁰

The Auditor General also found that many children in WA were missing child health checks or not getting them at the right time, with the first four checks being prioritised at the expense of other checks.⁸¹ As a direct result, it was found that developmental delays in children were being detected late.⁸² The Department of Health could not provide any evidence of whether the benefits of prioritising some checks over others out-weigh the consequences of missed checks.⁸³

In response to the Auditor General's Report, the Department of Health commissioned research by TICHR to assess whether current child health services meet the needs of Western Australian parents, and to identify why parents are not accessing child health services at two key developmental ages (18 months and three years). The research report is scheduled for completion in July 2012.

Similar to the Auditor General's Report, the Community Development and Justice Standing Committee in their Parliamentary Inquiry in 2009, found that:

*The child health nurses' visitation program is, in practice, no longer universal, as the number of child health nurses has declined, on a per capita basis, across the State of Western Australia. The reduction in available support restricts access to this key link in early childhood services. Given the child health nurses' role in our community, as an early warning and intervention system in identifying a wide range of early childhood disorders, this is a major shortcoming and indeed a regression in the provision of services to young children.*⁸⁴

⁷⁸ Western Australian Auditor General 2010, *Universal Child Health Checks*, Report 11, November 2010. Government of Western Australia, p.14.

⁷⁹ Ibid, p.7.

⁸⁰ Ibid, pp 17-21.

⁸¹ Ibid, p.7.

⁸² Ibid.

⁸³ Ibid.

⁸⁴ Community Development and Justice Standing Committee 2009, *Inquiry into the adequacy of services to meet the developmental needs of Western Australia's children*, Legislative Assembly, Parliament of Western Australia, Perth, p.92.

In undertaking my *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, I received a number of submissions that highlighted the importance of the role of child health nurses in monitoring the health and wellbeing of infants and parents. Submissions also raised concerns about the lack of child health nurses across the State, for example:

*Community and child health nurses have a major role...in preventative and supportive activity but need to be available and accessible. It is an ideal time too for partnerships that go beyond the pregnancy and delivery time - for support in breastfeeding, nutrition, secure attachment, developmental and child rearing, as well as child health advice – and the linking of new parents into community support as required...many more Community Child Health Nurses need to be available in all areas and everyday of the week to provide regular home visiting and developmental monitoring at least in the first three years of life.*⁸⁵

I welcome the State Government's investment of \$49.7 million over four years in the 2010-11 budget to improve access to the Child Development Service, with a focus on speech pathology, occupational therapy and physiotherapy.

As reported to Parliament by Dr Hames in August 2011, the waiting time for:

- Speech pathology has decreased by 50 per cent, from 18.8 months to 9.4 months
- Occupational therapy has decreased by 51.3 per cent, from 15 months to 7.5 months
- Physiotherapy has decreased by 57.3 per cent, from 12.4 months to 5.3 months
- Clinical psychology has decreased by 42.7 per cent⁸⁶
- Social work has decreased by 33.3 per cent.^{87 88}

This decrease in waiting times represents a significant improvement in the delivery of community child health services in WA. However, given the population increase in WA, unless there is on going sustained funding any gains will quickly be eroded.

Further investment is also required to allow for immediate access to specialist assessment and treatment services thereby ensuring children have the opportunity to reach their full developmental and educational potential. Allowing children to reach their full educational potential is consistent with Article 29 of the *United Nations the Rights of the Child*, to which Australia is a signatory.⁸⁹

⁸⁵ Commissioner for Children and Young People 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Perth, p.102.

⁸⁶ This decrease equates to approximately four months as per the Commissioner for Children and Young People 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Perth, Western Australia, p.112.

⁸⁷ This decrease equates to approximately four months as per the Commissioner for Children and Young People 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Perth, Western Australia, p.112.

⁸⁸ Dr K D Hames, Parliament of Western Australia 2011, Legislative Council, 11 August 2011 Hansard – Daily Transcripts, p. 5746.

⁸⁹ United Nations Rights on the Convention of the Child [website], viewed 8 November 2011, <http://www2.ohchr.org/english/law/crc.htm>.

As well as the increase in funding for additional specialist staff, now provided by the State Government, *Invest Now or Pay Later: Securing the Future of Western Australia's Children* also called for additional funding for 105 community child health nurses and 135 school health nurses. To date this funding has not been provided.

Another finding of *Invest Now or Pay Later: Securing the Future of Western Australia's Children* was that the additional resources, including additional community health nurses, required for the implementation of annual health plans for children and young people in care had not been factored into the Department of Health 2010-11 business case:

*With more than 3,000 children in care, the development of health plans will have a significant impact on child health nurses' capacity to deliver services to children and families. This was not factored into the Department of Health's business cases and further demonstrates the urgent need for additional community child health resources.*⁹⁰

In comparison with other Organisation for Economic Cooperation and Development countries, Australia is falling dramatically behind in delivering services to young children and families. In 2008, the UNICEF Report Card identified Australia as 23rd out of 25 participating countries in meeting minimum standard benchmarks for childhood services. The UNICEF report card is based on a range of indicators, including one per cent of GDP spent on early childhood services, near-universal outreach of essential child health services, and the existence of a national plan on early childhood and education and care.⁹¹

Closer to home, evidence suggests that WA's lack of investment in community child health services is having negative impacts on the health, developmental and educational outcomes of children, for example:

- The rate of immunisation in WA is lower than the rate for Australia overall at each of the first three immunisation stages.⁹²
- In 1995, more than one in six children in WA aged four to 17 years had a mental health problem, and in 2005, 24 per cent of Aboriginal children aged four to 17 years were at high risk of clinically significant emotional or behavioural difficulties.^{93 94}
- Overall children in WA are considered 'on-track' in each of the five developmental domains of the AEDI however, the percentage of children 'developmentally vulnerable'

⁹⁰ Education and Health Standing Committee 2010, *Invest Now or Pay Later: Securing the Future of Western Australia's Children*, Report No. 5 in the 38th Parliament, Legislative Assembly, Parliament of Western Australia, Perth, p.38.

⁹¹ UNICEF 2008, *The Child Care Transition*, Innocenti Report Card 8, UNICEF Innocenti Research Centre, Florence, p2.

⁹² Data has been supplied by the Australian Childhood Immunisation Register based on reporting by immunisation providers (unpublished).

⁹³ Zubrick S et al 1995, *Western Australian Child Health Survey: Developing Health and Wellbeing in the Nineties*, Australian Bureau of Statistics and Telethon Institute for Child Health Research, Perth, p.35.

⁹⁴ Zubrick S, et al 2005, *Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*, Curtin University of Technology and Telethon Institute for Child Health Research, Perth, p. 25.

on one or more domains is higher in WA than it is in all other Australian jurisdictions except Queensland.^{95 96}

- The percentage of children in WA who are developmentally vulnerable (24.7%) on one or more AEDI domains when they enter school is higher than the Australian average (23.6%).⁹⁷
- The NAPLAN results for 2010 showed that a smaller percentage of students in WA achieve the national minimum standard than in Australia as a whole. This applies to the subject areas reading, writing and numeracy in all assessed year groups.⁹⁸

Article 24 of the *United Nations of the Rights of the Child* requires:

*State parties: (i) to recognise the right of the child to the enjoyment of the highest attainable standard of health and facilities for the treatment of illness and rehabilitation of health; and (ii) strive to ensure that no child is deprived of their right to access such health services.*⁹⁹

In light of the above evidence and Article 24, I have consistently called for an increase in the number of child health nurses to promote the healthy development of children that in turn will improve educational outcomes.

Recommendation 6

That the number of community child health nurses be increased to provide a comprehensive, universal health service to parents and children across Western Australia.

Recommendation 7

That intensive and specialist services for particular at-risk babies, children and parents are developed to support universal services.

⁹⁵ Results for the Northern Territory have been excluded following the decision that the ABS SEIFA geography for the NT did not sufficiently match the AEDI NT geography. This problem is rectified with the 2011 Census, and will be applied for the 2012 AEDI census. [Centre for Community Child Health, email communication, 17 November 2011]

⁹⁶ Centre for Community Child Health and Telethon Institute for Child Health Research 2009, *A Snapshot of Early Childhood Development in Australia – AEDI National Report 2009*, Australian Government, Canberra.

⁹⁷ Ibid.

⁹⁸ Australian Curriculum, Assessment and Reporting Authority 2010, *National Assessment Program – Literacy and Numeracy. Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*, Australian Government, Canberra.

⁹⁹ United Nations Rights on the Convention of the Child [website], viewed 8 November 2011, <http://www2.ohchr.org/english/law/crc.htm>.

9. Parenting programs

In the research I undertook in 2009 to investigate children and young people's views on what was important to their wellbeing, family was identified as one of the top eight things. Although the love, care and support of a family was accepted as normal by some and envied by others, it was always considered important.

A loving caring family is what everyone needs. girl 9¹⁰⁰

I feel happy when I go to the pool with my Mum. boy 7¹⁰¹

Family conflict was a source of stress for children and young people who participated in the research.

We [kids] don't like it when our family fights, especially when your Mum and Dad do because when your Dad or your Mum goes away you don't see them much, only on weekends. girl 10¹⁰²

Some Aboriginal children and young people specifically spoke of feeling sad and scared when parents fought and referred to drunken people who messed up the house.¹⁰³

Parents play a critical role in determining educational outcomes for their children, including language and cognitive development. Some parents however, experience difficulties, for a range of reasons, in parenting their children and these difficulties can affect a child's overall development and influence their educational outcomes.

As such, the provision of accessible evidence-based parenting programs is essential to support parents in their role. Effective parenting programs can also break the cycle of multi-generational trauma and resultant disadvantage. Research shows that adults who have had inadequate parenting are more at-risk of being inadequate parents themselves.¹⁰⁴

Kids need to grow up in an environment that is loving, learning and nurturing; however many parents have not themselves had these parenting behaviours role modelled for them by their own parents. This means that despite best intentions, the lack of opportunity to learn these behaviours can result in a perpetuating cycle of disadvantage and poor health and wellbeing outcomes.¹⁰⁵

In economic terms, the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) commissioned a cost benefit analysis of a number of Commonwealth programs. The purpose of the cost benefit analysis was to quantify, in economic terms, the value of 'goods and services' provided by positive family functioning

¹⁰⁰ Commissioner for Children and Young People WA 2010, *Children and Young People's Views on Wellbeing*, Western Australia, p.29.

¹⁰¹ Ibid, p.31.

¹⁰² Ibid, p.32.

¹⁰³ Ibid.

¹⁰⁴ Commissioner for Children and Young People WA 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Perth, Western Australia, p.105.

¹⁰⁵ Ibid.

and to establish the returns to government and society for investments made in supporting family functioning. The *Positive Parenting Program*, one of the best evaluated family functioning programs, was analysed as part of the cost benefit analysis.

Evaluation of the *Positive Parenting Program* shows that it improves family functioning outcomes in parental sense of competency, the dyadic adjustment scale, the Strengths and Difficulties Questionnaire emotional and conduct scales, the Eyberg Child Behaviour Intensity score, parental depression, parental laxness, parental over-reactivity, and parental verbosity. The benefit: cost ratio of this program was estimated as 13.8:1, a substantial 1,283 per cent return on investment.¹⁰⁶

Although a range of evidence-based and effective parenting, programs and services are offered by government and non-government organisations in WA, there is a need for more collaboration, coordination and integration across and between these programs and services.

The 2009 Economic Audit Committee's report recommends strengthening the capacity of the public sector to work collaboratively.¹⁰⁷ Relevant to this recommendation, one of the strategic objectives of Parenting WA, Department for Communities, is to strengthen the parenting sector:

*Parenting WA will establish and maintain a recognisable leadership and coordination role within the national and Western Australian parenting sector.*¹⁰⁸

It is my view that the Department for Communities is ideally placed to be the lead agency in WA for the provision of parenting programs and services.

Recommendation 8

That the Department for Communities establish a mechanism across government agencies – including the Departments of Education, Health and Child Protection – to coordinate, collaborate on and deliver effective parenting programs across Western Australian for parents of children and young people.

¹⁰⁶ Access Economics 2010, *Positive Family Functioning* [website], viewed 8 November 2011, http://www.fahcsia.gov.au/sa/families/pubs/functioning/Documents/Positive_family_functioning.pdf, p.ii.

¹⁰⁷ Economic Audit Committee 2009, *Putting the Public First: Partnering with the Community and Business to Deliver Outcomes Summary Report*, ISBN 978-0-7307-4535-8, Government of Western Australia, p.24.

¹⁰⁸ Department for Communities 2011, *Parenting WA: Strengthening Parenting in the Community* [website], viewed 1 November 2011, <http://www.communities.wa.gov.au/childrenandfamilies/parentingwa/Documents/Strategic%20framework%20A320summary%20final.pdf>.

Recommendation 9

That significant funding is provided to increase the delivery of evidence-based parenting programs for parents of children and young people. Programs must be universal and targeted, accessible across the State, with some tailored to children and young people who have particular needs.

10. Commonwealth Government initiatives

The vision of the *National Early Childhood Development Strategy 2009* is that:

*By 2020, all children have the best start in life to create a better future for themselves and for the nation.*¹⁰⁹

Support for children, carers/parents and communities and responsive early childhood development services are promoted by the strategy as two key action areas. Other key action areas include quality evidence-based service provision and regulation, workforce and leadership development, and appropriate infrastructure to provide integrated and responsive services.¹¹⁰

The strategy's *Early Childhood Development Services and Support Model* provides for universal, targeted and intensive services, across maternal, child and family health, early childhood education and care, and family support, delivered in a way that is accessible and seamless from the user's perspective. Consistent with the recommendation of the 2009 Economic Audit Committee's report, *Putting the Public First*, the model provides for integrated services and a responsive system where there is no 'wrong door'.^{111 112}

As previously mentioned, attendance at early childhood educational programs is considered to have a number of benefits (see Section 6.3), and there are increasing numbers of children 0 to four years of age in WA attending childcare centres and enrolled in pre-compulsory education (see Section 6). The *National Partnership Agreement on Early Childhood Education*, the *Early Years Learning Framework*, and *National Quality Standards for Early Education and Care*, provide a sound platform for the provision of evidence-based early years education programs. These programs have the potential to enhance the healthy development of children in WA, and provide the opportunity for improved educational outcomes.

In recognition of the importance of the early years, the *Healthy Kids Check*, another initiative of the Commonwealth Government, has recently been made available to all children from three years of age. Previously, the check was only available to children from

¹⁰⁹ Council of Australian Governments 2009, *Investing in the Early Years, a National Early Childhood Development Strategy June 2009*, Commonwealth of Australia, p.13.

¹¹⁰ Ibid, pp.17-21.

¹¹¹ Ibid, p.18.

¹¹² Economic Audit Committee 2009, *Putting the Public First: Partnering with the Community and Business to Deliver Outcomes Summary Report*, ISBN 978-0-7307-4535-8, Government of Western Australia, p.28.

four years of age. The *Healthy Kids Check* can be claimed under Medicare when undertaken by a medical practitioner, or on behalf of a medical practitioner, by a practice nurse or registered Aboriginal health worker. The aim of the *Healthy Kids Check* is to improve the health and wellbeing of Australian children by promoting early detection of lifestyle risk factors, delayed development, illness and by providing the opportunity to introduce guidance for healthy lifestyles and early intervention strategies.¹¹³

The introduction of Commonwealth funded paid parental leave in 2011 has also been an important step forward in terms of positive child development. Paid parental leave provides parents with the opportunity to be more available and involved in the early years of their child's life.

A *National Framework for Universal Child and Family Health Services* is also in development by the Commonwealth Government. This framework will articulate a vision, objectives and principles for universal child and family health services for all Australian children aged 0 to eight years, and their families. The framework will include promoting the availability and the role of universal child and family health services to parents, the community, and health, education and welfare professionals.

I fully support the above initiatives the Commonwealth Government have implemented. To date however, I have not seen an adequate response by WA to these initiatives.

I have repeatedly called for reforms in the delivery of early childhood services in WA, for example in my *Early Childhood 2009 Issues Paper*, and via recommendations in my *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*. I will discuss these reforms in the following section of this submission.

11. Reforms in the delivery of early childhood services

11.1 Integrated Early Childhood Services

With the increasing complexity and diversity of families, research indicates that existing early childhood and family support systems are no longer meeting the needs of all families promptly and effectively.¹¹⁴

Integrated early childhood services provide a new approach to working with and supporting children and families. Although limited research has been undertaken in this area, the research that has been undertaken shows positive benefits for children, families and professionals as a result of integrated service provision.¹¹⁵

¹¹³ Department of Health and Aging 2011, *Healthy Kids Check Fact Sheet* [website], viewed 8 November 2011, Australian Government,

http://www.health.gov.au/internet/main/publishing.nsf/Content/Health_Kids_Check_Factsheet.

¹¹⁴ Moore T 2008, *Supporting young children and their families: Why we need to rethink services and policies*. CCCH Working Paper No. 1 (revised November 2008) [website], viewed 13 October 2011, http://www.rch.org.au/emplibrary/ccch/Need_for_change_working_paper.pdf

¹¹⁵ Centre for Community Child Health 2009, *Integrating Services for Young Children and their Families*, Policy Brief No 17, The Royal Children's Hospital, Melbourne.

Internationally, the *National Evaluation of Sure Start* in the UK found benefits for children in areas where the Sure Start program, an integrated child and family service hub, was provided, compared with children living in similar areas without a service hub. Similarly, the evaluation of the *Canadian Toronto First Duty* program that combines childcare, Kindergarten and family support services at schools, found that children benefited.¹¹⁶

In economic terms, the cost benefit analysis undertaken by FaHCSIA, referred to in Section 9 also analysed the *Communities for Children* program as an example of an integrated service. The *Communities for Children* program targets pre-school and primary school aged children and is one of the major Commonwealth Government investments in families.

Evaluation of the program has shown that it improves outcomes in various family functioning areas including hostile parenting, parenting self-efficacy, parent mental health, quality of the home learning environment, parental relationship conflict, child total emotional and behavioural problems, childhood overweight, receptive vocabulary achievement and verbal ability. The cost: benefit of this program was estimated as 4.8:1, a 377 per cent return on investment.¹¹⁷

Integrated Services, Western Australia

The 2009 Economic Audit Committee's report, *Putting the Public First*, found that:

*Services for those vulnerable Western Australians who are most at risk or in the greatest need of support are not well integrated, with individuals facing multiple entry points, possessing inadequate information and repeatedly referred between agencies and waiting lists.*¹¹⁸

The report identified community hubs as the concept with the greatest potential for individuals and families with multiple service needs, whereby seamless support would be provided based on the principle of 'no wrong door'. Features would include co-located services, information sharing networks, a common assessment framework, and shared corporate services.¹¹⁹ The report recommended that six demonstration projects of community hubs in metropolitan, regional and remote areas be conducted.¹²⁰

On 15 December 2010 the Premier, Hon Colin Barnett, announced that schools would be receiving increases in resources to enable them to become one-stop-shops for a range of early childhood services including childcare, playgroups, Kindergarten for three-year-olds, community child health services, health services for young mothers and parenting services.¹²¹

¹¹⁶ Ibid.

¹¹⁷ Access Economics 2010, *Positive Family Functioning* [website], viewed 8 November 2011, http://www.fahcsia.gov.au/sa/families/pubs/functioning/Documents/Positive_family_functioning.pdf, p.ii.

¹¹⁸ Economic Audit Committee 2009, *Putting the Public First: Partnering with the Community and Business to Deliver Outcomes Summary Report*, ISBN 978-0-7307-4535-8, Government of Western Australia, p.28.

¹¹⁹ Ibid.

¹²⁰ Ibid.

¹²¹ Commissioner for Children and Young People 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Perth, Western Australia, p.57.

In his opening statement to Parliament on 15 February 2011, the Premier reinforced his commitment:

*Early intervention to ensure that children start school healthy, ready, and able to learn is not just an option; it is a moral imperative.*¹²²

More recently, on 2 November 2011, the Hon Norman Moore stated in Parliament that:

*The Liberal-National government is continuing to focus on progressing more early childhood centres on school sites, particularly in geographic areas where more children require early intervention and support. The report of the Early Years Collaborative Project Team proposed a draft outcome framework to assist and support on-the-ground collaboration between service providers, the community sector and other stakeholders in the health, education and care sector.*¹²³

Several schools in WA have already demonstrated the benefits of early childhood 'hubs', for example the Challis Early Childhood Education Centre and the Linking Education and Families program.

Challis Early Childhood Education Centre

Challis Early Childhood Education Centre is an integrated and comprehensive multi-agency school and community resource focused on early learning and family support located on the school premises. It provides programs for children 0 to three years of age and support programs and services for their parents/guardians. It is a model of interagency collaboration and is being developed as a hub of service delivery.

The vision for Challis Early Childhood Education Centre is that children residing in the Challis School boundary will enter school with the health and developmental readiness to become proficient in literacy and social competency, leading to a positive pathway of optimal social and emotional wellbeing, physical health and success at school.

Linking Education and Families

The Linking Education and Families (LEAF) universal program is another innovative approach to integrating early childhood services. The LEAF program is for any family with children aged 0 to four years of age. Both the family visits and the Play Cafés referred to below, provide opportunities for early intervention and referral of children when required, for example, speech delay, difficult behaviour or sleeping problems.

The program also provides opportunities to understand family issues that could be affecting the child's progress at school, for example, chronic family illness or parental mental health problems. A formal opportunity for the three to three and a half year old universal child health check is provided by the child health nurse at the Play Café.

¹²² Hon Colin Barnett, Premier, Legislative Assembly, Tuesday 15 February 2011, Hansard-Daily Transcript, p.161.

¹²³ Hon Norman Moore, Legislative Assembly, Wednesday 2 November 2011, Hansard - Daily Transcript, pp. 8759d-8760a.

Parents involved in the program report social benefits for themselves and their children. Evaluation shows that LEAF:

- reduces anxiety about the transition to school
- promotes positive social development in children
- encourages children's independence and self-regulation prior to school
- positively influences the home learning environment
- increases use of services designed to support child and family development
- facilitates early intervention for a range of issues including speech, hearing, behavioural problems health problems and delayed development
- increases opportunities for parent support
- provides opportunities to promote the importance of the early years.
- facilitates opportunities for interagency collaboration benefiting families with young children.¹²⁴

Box 5: The LEAF Program

As part of the LEAF program, the early childhood teacher is released one day a week and undertakes the roles outlined below.

Family visiting: The teacher (facilitator) is available to visit each Kindergarten child at home to enhance relationships between themselves and the child and parents in the home environment.

Play Café: The facilitator organises a regular opportunity for parents and children of the pre-Kindergarten age to come to the Kindergarten on a morning when there are no Kindergarten children (non-contact day) to participate in play-based activities and meet local resource people including, for example, the child health nurse.

Training: The facilitator is trained in partnership-focused practice, child development, health resources and community involvement.

Community collaborations: The facilitator actively pursues collaborations in the community and develops a 'Welcome Pack' of useful parent information (relevant to their community) to be given to each family when they attend their first Play Café.

Integrated Children's Centres, Victoria

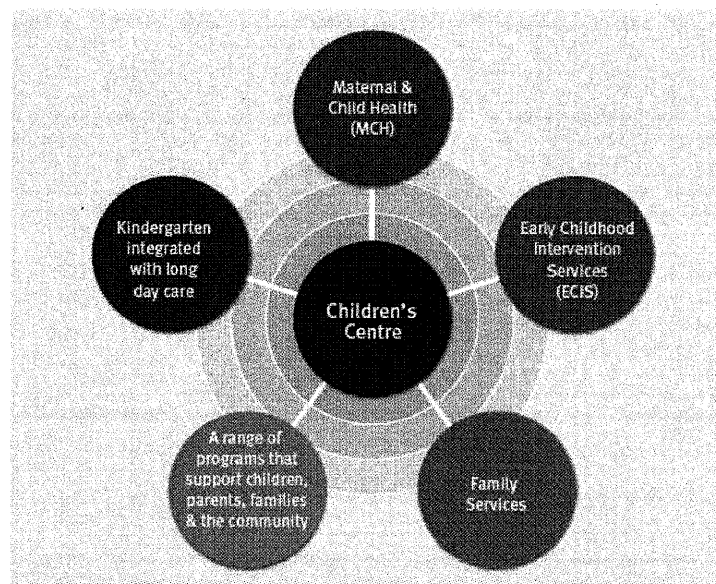
The Victorian Integrated Children's Centres model, developed in 2009, enables children and families to receive high quality Kindergarten education as well as long day care, with ready access to early childhood intervention services, maternal and child health services and family support services. The model also allows for a range of complementary services to be available within each Centre such as supported playgroups, parenting groups or programs,

¹²⁴ Gregg C & Farren F 2011, *Linking Education and Families (LEAF): Project brief* [website], viewed 1 November 2011, <http://www.investinginouryouth.com.au/content/documents/Research%20Reports/LEAF%20Project%20Update/LINKING%20EDUCATION%20AND%20FAMILIES.pdf>, p.6.

occasional care, outside school hour's care and the availability of community space for local activities.¹²⁵

Improved family engagement, streamlined service delivery and earlier diagnosis of children's health and developmental problems are direct outcomes of the Victorian Integrated Children's Centres.¹²⁶ The Victorian State Government is committed to providing 108 Children's Centres. A majority of these are operational.¹²⁷

Figure 1: Victorian Integrated Children's Centre model



To support the Integrated Children's Centres, the University of New England offers a *Graduate Certificate in Integrated Early Childhood Service Delivery*. The course is designed for professionals from a range of disciplinary backgrounds who are working in the Integrated Children's Centres.¹²⁸

Children's Centres, South Australia

Children's Centres in South Australia bring together care, education, health, community development activities and family services for families and their young children from birth to eight years of age. Children's Centres help parents and children get the support they need,

¹²⁵ Department of Education and Early Childhood Development 2011, *Integrated Children's Services* [website], viewed 26 October 2011, Victorian Government, <http://www.education.vic.gov.au/ecsmanagement/integratedservices/default.htm>

¹²⁶ Ibid.

¹²⁷ McBeth T 2010, *Integrated Children's Services* [website], viewed 9 November 2011, Department of Education and Early Childhood Development, Victorian Government, http://www.rch.org.au/emplibrary/isd/DEECD_Integrated_Children's_Services_in_Victoria_presentation.pdf

¹²⁸ University of New England 2011, *Graduate Certificate in Integrated Early Childhood Service Delivery* [website], viewed 26 October 2011, Victoria, <http://www.une.edu.au/for/future-students/landing/integratedearlychildhood.php>

when they need it, within their own community. There are 14 established Children's Centres in South Australia and 10 in development.¹²⁹

The services and programs available at the Children's Centres vary as they reflect community needs. Children's Centres may include the following:

- Playgroups for very young children with opportunities for parents and very young children to learn and play together, with parenting assistance provided if required.
- Early education and childcare that may include occasional and respite care, long day care, pre-school, family day care, out of hour's school care, and a crèche.
- Early learning programs such as pre-school programs including those that focus on language development, communication skills, literacy and numeracy, and play based learning.
- Specialist services such as baby and health care programs, parenting advice (eg nutrition, hygiene and play resources), family support and therapy programs, and family/community programs.
- Family support such as parenting support groups, fatherhood support and programs for extended families.

Given the robust international evidence, the evidence of economic benefits, the success of the early childhood integrated services in Victoria and South Australia (and similar services in other States and Territories), and the success of the Challis Parenting and Early Learning Centre and LEAF program in WA, I strongly recommend the development of integrated early childhood services in WA as a matter of priority and urgency.

Recommendation 10

That integrated early childhood services on school sites be implemented as soon as possible. These services could include playgroups, early education and learning programs, maternal and child health services, mental health and family support services.

Recommendation 11

That the model of integrated services on school sites be established as pilots in a number of primary and secondary schools across Western Australia.

¹²⁹ Children's Centres 2011, *Children's Centres for Early Childhood Development and Parenting* [website], viewed 8 November 2011, Government of South Australia, http://www.childrenscentres.sa.gov.au/files/links/2010_03_16_Children_s_Cent.pdf

11.2 Office of Early Childhood and State plan for early childhood

Based on the finding that Victoria and South Australia have established portfolio responsibility for early childhood education and development and that the experience in these states has shown benefits for children and their families, the Education and Health Standing Committee's 2010 Report *Destined to Fail: Western Australia's Health System*, recommended:

*That the Government establish a Department with a Minister with portfolio responsibility for early childhood education and development, family services and childcare.*¹³⁰

This report also recommended that the State Government establish a Children's Services Coordination Board, consisting of senior executives from relevant Government agencies to assist in developing a whole-of-government approach to child health issues.^{131 132}

The Education and Health Standing Committee's report *Healthy Child — Healthy State: Improving Western Australia's Child Health Screening Programs*, and the Community Development and Justice Standing Committee's report *Inquiry into the Adequacy of Services to Meet the Developmental Needs of Western Australia's Children*, also recommended that the State Government reform the management of early childhood health and education policies along the lines undertaken in South Australia and Victoria.¹³³

I have consistently called for the establishment of an Office of Early Childhood and State plan for early childhood. As stated in my 2009 Issues Paper titled *Early Childhood*, it is my view that the Office of Early Childhood would bring together the key elements of early childhood health, childcare and education. The role of the Office of Early Childhood would be to:

- develop, implement and monitor the WA plan for early childhood
- work with other agencies and provide advice on early childhood policy and programs
- become a central location for the coordination of parenting support programs, playgroups, and other programs for the support of families and young children
- be responsible for the liaison with the Commonwealth, non-government organisations and the private sector on early childhood matters
- function as a 'one-stop-shop' for industry, providing advice and support for companies wanting to invest in early years projects and programs

¹³⁰ Education and Health Standing Committee 2010, *Destined to Fail: Western Australia's Health System: Volume 2 – Community Health Sector*, Report No.6 in the 38th Parliament, Legislative Assembly, Parliament of Western Australia, Perth, p.183.

¹³¹ Ibid, p.184.

¹³² Membership of the Coordination Board was proposed to be Department of Health; Department of Education; Commissioner for Children and Young People; Department of Planning; Department of Communities; Department for Child Protection; Disability Services Commission, Department of Indigenous Affairs; Department of the Premier and Cabinet; Department of Treasury and Finance; Mental Health Commission, WA Police.

¹³³ Education and Health Standing Committee 2010, *Destined to Fail: Western Australia's Health System: Volume 2 – Community Health Sector*, Report No.6 in the 38th Parliament, Legislative Assembly, Parliament of Western Australia, Perth, p.181&182.

- identify the best research and evidence for 'what works' for young children and families, evaluating programs and translating research into practice for parents and workers.

Recommendation 12

That a central Office of Early Childhood is established and a State plan for early childhood is prepared.

Recommendation 13

That pending the establishment of the Office of Early Childhood, the Directors General of the Departments of Health, Education and Communities establishes a working party mechanism to ensure collaboration and coordination in the area of early childhood services.

12. The Middle Years

Although the focus of this submission is on the early years, the middle years (from nine to 14 years), is also an important time in a child's on-going development and a time in which educational outcomes will continue to be influenced.

The Australian Research Alliance for Children and Youth (ARACY) describes the middle years as being associated with:

- major physiological, neurological, cognitive and psychosocial changes (the transition from primary to secondary school is of particular significance)
- changing relationships with parents and families as children seek greater autonomy and independence from parental oversight and control of their lives
- an increase in the importance and influence of peer relationships (as children seek to establish their own personal and social identity).¹³⁴

A paper jointly produced by Anglicare Victoria, Brotherhood of St Laurence and Melbourne's Royal Children's Hospital's Centre for Adolescent Health emphasises that 'connectedness' to family and to school in the middle years is central to the emotional wellbeing of children:

*The period of transition from primary to secondary school...[is] an opportunity to build resilience and self esteem but for some young people it is a time of disengagement from school and a decline in motivation, achievement and self-perception.*¹³⁵

¹³⁴ Australian Research Alliance for Children and Youth 2011, 'betwixt and between': A Report on ARACY's Middle Years Project, Australian Government, Canberra, p. 5.

¹³⁵ Butler H et al 2005, *Doing it Differently: Improving Young People's Engagement with School*, Anglicare Victoria, Brotherhood of St Laurence, Centre for Adolescent Health, p.5.

The nature of the transition from primary to secondary school will influence ongoing engagement with school and academic achievement, as well as mental health and wellbeing outcomes.¹³⁶ As referred to in Section 6.3 this transition period has been found to more challenging for financially disadvantaged families, Aboriginal families, culturally and linguistically diverse families, and families with children who have a disability.

In this transition period and throughout the middle years, parents and family are vital as a source of support and advice.¹³⁷ Parents can also play an important role in modelling positive behaviours, involving children in family life and responsibilities, teaching self-reliance and resilience, and acknowledging that many of the challenges their children face are normal developmental transitions.¹³⁸

As with the early years, it is crucial that appropriate services are available to assist parents in this role. My *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia* identified that although some targeted parenting programs exist that address the needs of specific groups of young people, there is a substantial gap of such programs for parents of primary school aged children and adolescents.¹³⁹

As I have highlighted in my *Middle Years, 2011 Issues Paper* (available on my website at www.cyp.wa.gov.au), the challenges and issues facing children as they transition into adolescence make the middle years a period of heightened risk (for example through the use of alcohol, development of mental health problems and so on), particularly for disadvantaged children and young people. The middle years however, are also a key intervention point at which risks can be addressed and more serious social, emotional and behavioural problems prevented. Such intervention can also assist in the achievement of good educational outcomes.

Overall, the developmental needs of children in the middle years have been relatively neglected in Australian policy and practice.¹⁴⁰ For example, although there are national strategies and frameworks for the early years and for youth (12 to 24 years) there is currently no equivalent for the middle years.

Along with other jurisdictions, WA lacks a strategic, coordinated and collaborative approach to the middle years. The Middle Years Forum held in July 2011, jointly hosted by myself, the Department for Communities and ARACY was an important first step in developing a response across all levels of government and sectors of the community. As I have consistently stated, WA requires:

¹³⁶ Commissioner for Children and Young People 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Perth, Western Australia, p.112.

¹³⁷ Ibid.

¹³⁸ Bennett D 2011, *The Middle Years: Developmental Challenges for All Concerned* [unpublished], presentation given to the Middle Years Forum 1 July 2011, Perth, Western Australia.

¹³⁹ Commissioner for Children and Young People 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Perth, Western Australia, p. 118.

¹⁴⁰ Australian Research Alliance for Children and Young People 2011, *'Middle Years Symposium, betwix and between* [website], viewed 22 November 2011, <http://www.aracy.org.au/index.cfm?pageName=Symposium>

- An informed understanding of the developmental needs and issues facing children in their middle years in WA.
- A coordinated approach to policy and program development. This should have a focus on programs that are proven to strengthen protective factors that support healthy development and/or reduce the risk factors that contribute to adverse outcomes for children in their middle years.
- Funding or service agreements that cater to the needs and interests of children in their middle years and enable evidence-based programs to be sustained.
- An accurate demographic profile of the health and wellbeing of all children and young people, in particular those nine to 14 years.

Recommendation 14

That the State Government develops an evidence-based strategic, coordinated and collaborative across-government approach to addressing the needs of children and young people in the middle years.

13. Creativity, culture and education

Specifically in relation to the development of innovative programs for children and young people, I recently hosted my inaugural Thinker in Residence program titled 'Unlocking Creativity'. Paul Collard, Chief Executive of the UK non-government organisation, *Creativity, Culture and Education*, was appointed as the inaugural Thinker.

Creativity, Culture and Education has delivered over 8,000 Creative Partnership projects in schools across the UK. These projects have reached approximately 1 million young people, over 90,000 teachers, over 54,000 parents have been involved, and 51,000 teachers have been provided with continuing professional development.¹⁴¹

The UK Office for Standards in Education, Children's Services and Skills, in their 2010 report on the projects, *Learning: creative approaches that raise standards*, found that creative learning practices had a perceptible and positive impact on student's personal development, academic achievement and their preparation for life beyond school. Schools in challenging circumstances showed the greatest improvements in student's ability in these and other key areas.¹⁴²

An independent survey of head teachers found that:

- 92 per cent had seen an improvement in student's confidence
- 91 per cent had seen an improvement in student's communication skills

¹⁴¹ Creativity Culture and Education 2011, [unpublished data]. For further information see <http://www.creativitycultureeducation.org/about-us/our-people/smt/rachel,2,AR.html>

¹⁴² Office for Standards in Education, Children's Services and Skills 2010, *Learning: creative approaches that raise standards* [website], viewed 23 November 2011, United Kingdom, <http://www.ofsted.gov.uk/resources/learning-creative-approaches-raise-standards>

- 87 per cent had seen an improvement in student's motivation.¹⁴³

In WA, Paul Collard held over 40 sessions with the government, non-government and private sector, including sessions with school principals and teachers. Eight workshops were also facilitated with children and young people to understand their views on creativity.

The questions Paul Collard will answer in a report from his residency are:

Developing creativity: How are culture and the arts being used across the education curriculum in WA and what potential do arts and culture education programs have in improving the wellbeing of children and young people?

Growing creative industries: How well are the arts, culture and education systems raising awareness among children and young people of the creative industries and looking at opportunities for them to work in this area?

Preparing for the world: To what extent are cultural opportunities being offered to children and young people to support and enable them to build relationships and work with different countries, including those in the Asia-Pacific regions?

In summing up the Thinker in Residence program, Paul Collard stated:

It has become clear to me that children and young people in WA know about the educational and personal benefits of engaging creatively...the challenge now is to foster this understanding in parents, educators and government so that characteristics such as creativity and confidence are not only valued, but also actively championed and invested in.

The Thinker in Residence report will be available on my website in early 2012 at www.cyp.wa.gov.au.

Recommendation 15

That the model of teaching creatively across all educational subjects be further developed and expanded in Western Australian schools, building on existing Western Australian, national and international examples and research.

¹⁴³ Creativity Culture and Education 2011, personal communication. For further information see <http://www.creativitycultureeducation.org/about-us/our-people/smt/rachel,2,AR.html>

14. Wellbeing Monitoring Framework

I have consistently called for a set of agreed outcomes for all Western Australian children and young people to be developed, with a report produced every two years. A report on these outcomes would:

- enable better targeting of service
- provide the State Government with evidence of where progress is being made
- promote accountability where improvements are not being seen
- promote sustainability where improvements are being seen.

The Parliamentary Inquiry *Invest Now or Pay: Securing the Future of Western Australia's Children* similarly found that:

*The development of an annual report card for Western Australia's children is critical to enable the Government to monitor the progress of children's health and wellbeing, and identify future priority areas for action.*¹⁴⁴

In 2011, I commenced a major project, the *Wellbeing Monitoring Framework* (the Framework) (Appendix 1) for children and young people in WA, similar to those already in place in Victoria, South Australia and Tasmania. The components of the Framework are:

- a profile report of children and young people in WA
- a range of measures informing eight domains of wellbeing, for on-going monitoring
- a report on best and promising practice interventions that contribute to the wellbeing of children and young people.

The Report, *Profile of Children and Young People in Western Australia*, a copy of which is available on my website at www.ccyp.wa.gov.au, was released in August 2011. The measures report, and best and most promising practice report are planned for tabling in Parliament in early 2012.

The 33 measures have been developed in consultation with an expert reference group and are based on the ARACY *Report Card on the Wellbeing of Young Australians*.¹⁴⁵ The measures developed use existing WA data as well as Australian and international data to allow for comparisons. All data used can be regularly updated to allow for monitoring of Western Australian children and young people's wellbeing.

It is anticipated that the Framework will assist government and non-government agencies to make informed decisions concerning policy development, service provision and resource allocation for children and young people and their families.

¹⁴⁴ Education and Health Standing Committee 2010, *Invest Now or Pay Later: Securing the Future of Western Australia's Children*, Report No. 5 in the 38th Parliament, Legislative Assembly, Parliament of Western Australia, Perth, p. xxxi.

¹⁴⁵ Australian Research Alliance for Children and Young People 2008, *Report Card: The Wellbeing of Young Australians*, Australian Government.

Recommendation 16

That the Wellbeing Monitoring Framework be used by the State Government to monitor the wellbeing of Western Australian children and young people, inform policy development and evidence-based practice, identify gaps in service provision and allocate resources appropriately.

Another source of valuable data on the wellbeing of children and young people is the TICHR *Child Development Survey*. In 2007, the Department of Health funded TICHR to undertake preliminary planning and development work on the 2008 *Child Development Survey*.¹⁴⁶

TICHR's submission to my *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia* stated that the survey would:

*Examine the development of children within their spheres of influence (including families, other carers, peers, communities and schools) and apply this developmental framework to questions of current importance for children and their families, including mental health problems, childhood obesity, diet and nutrition, asthma and diabetes. The study will measure educational experiences and outcomes, psychosocial determinants including family functioning, parenting and individual self-efficacy, relationships with peers and social exclusion. The study will also explore patterns of antisocial and delinquent behaviour and connections between delinquency and child victimisation.*¹⁴⁷

Despite completing tool development, trialling and establishment of governance structures, the *Child Development Survey* was not funded. This has contributed to the chronic shortage of quality data on the health and wellbeing of children and young people in WA.

Recommendation 17

That the State Government provides funding for the regular conduct of the Telethon Institute for Child Health Research's Child Health Survey and for this survey to be conducted in Western Australia every three years.

15. Conclusion

As I have highlighted in this submission, key factors that influence positive early child development are maternal health and wellbeing, parenting and the family, and early childhood education. These factors in turn exert a strong influence on short- and long-term educational outcomes for Western Australian children.

¹⁴⁶ Commissioner for Children and Young People 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Perth, Western Australia, p.64.

¹⁴⁷ Ibid.

Reinforcing the major impact experiences in the early years have on development and learning, one of the principles of the *National Partnership Agreement on Early Childhood Education* is:

*Early childhood is a critical time in human development. There is now comprehensive research that shows that experiences children have in the early years of life set neurological and biological pathways that can have life-long impacts on health, learning and behaviour.*¹⁴⁸

As I have repeatedly stated in this and other submissions, my *Early Childhood Issues Paper* (2009), and my *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, positive child development and consequent improved educational outcomes are dependent on evidence-based universal early childhood services that are readily accessible and available to all Western Australian children and families. Specific services for at-risk children and families to support universal services are also required.

Although some progress has been made in improving the provision of early childhood services in WA, there remains a substantial and on-going lack of commitment and investment by the State Government in this area. For example, as outlined in this submission, no additional funding has been provided to increase the number of child health nurses even though the *Auditor General's Report 2010* clearly identified that children were missing child health checks and developmental delays were being identified late as a direct result.¹⁴⁹

Without doubt, WA is lagging behind nationally and internationally in the provision of evidence-based early childhood services that promote positive child development and improve educational outcomes. That Western Australian children and families are not provided with such services and opportunities should be of concern.

Some of the recommendations I have put forward to promote positive child development and improve educational outcomes require an increase in funding by the State Government. Other recommendations require State Government agencies providing services to children and families to begin working in a more strategic, collaborative and coordinated manner, for example, via the establishment of an Office for Early Childhood and the development of an associated State plan.

As I have also covered in this submission, the middle years continue to be important in the on-going development of children and will influence educational outcomes. As with the early years, a strategic coordinated and collaborative approach is required by the State Government to promote positive developmental and educational outcomes for children in their middle years, and to support their parents.

¹⁴⁸ Council of Australian Governments 2009, *National Partnership on Early Childhood Education*, Australian Government, Canberra p.3.

¹⁴⁹ Western Australian Auditor General 2010, *Universal Child Health Checks*, Report 11, November 2010, Government of Western Australia, p.7.

The Wellbeing Monitoring Framework I have developed provides an ideal opportunity for investment and reform in the delivery of early childhood and middle years services. Educational and other outcomes for children and young people that result from these reforms will be able to be monitored on an on-going basis, and the State Government will be provided with the information they require to make informed decisions.

Appendix 1: Wellbeing Monitoring Framework for Children and Young People in Western Australia

Domain	Health and Safety
Measures	Birth weight
	Infant mortality
	Child health checks
	Immunisation
	Smoke-free pregnancy
	Alcohol-free pregnancy
	Body weight
	Physical activity
	Treatment for a mental health disorder
	Exposure to family and domestic violence
	Substantiations of abuse or neglect of children and young people
	Children and young people in out-of-home care
	Hospitalisations from injury and accident
	Deaths from injury and accident
Domain	Education
Measures	Pre-compulsory education
	Children developmentally vulnerable on entering school
	Students achieving at or above the national standards (NAPLAN)
	Pathways for leaving school
Domain	Material Wellbeing
Measures	Dependent children living in low-income homes
	Families where resident parents are jobless
	Overcrowded households
	Homelessness
Domain	Family and Peer Relationships
Measures	What children and young people value
	Obtaining advice and support to manage personal problems
Domain	Participation
Measure	Participation in sport or cultural activities
Domain	Subjective Wellbeing
Measure	Concerns of children and young people
Domain	Behaviours and Risks
Measures	Smoking
	Alcohol consumption
	Teenage pregnancy
	Youth justice: prevention and diversion
	Youth justice: community-based sentences
	Youth justice: detention
Domain	Environment
Measure	This measure is to be developed as no relevant data in WA currently exists