

Inquiry into the Adequacy of Services to Meet the Developmental Needs of Western Australia's Children

- (a) *Whether existing government programs are adequately addressing the social and cognitive developmental needs of children, with particular reference to prenatal to 3 years;*

There are a number of programs available to families with children aged up to three years. Many of the current services provided to this age group are not government programs but are provided through the non government sector.

The service delivery models provided are usually decided by government, sometimes with community consultation, and will include a range of sources of State and Federal funding. Wanslea operates a number of services that address the needs of this group across metropolitan, regional, rural and remote WA.

- childcare services including Long Day Care, Family Day Care and In Home Care
- emergency and medium term foster care
- family support services for vulnerable families where children are at risk of entry into care
- mobile parenting hubs in the Great Southern
- Aboriginal Early Years Program (Mt Barker)
- Healthy Start addressing the parenting needs of children 0-3 years where parents have an intellectual disability
- Grandcare for grandparents who have the full-time care of their grandchildren

These give Wanslea a sound understanding of various groups of children where there are gaps in service delivery.

It seems that some of the universal programs are meeting the needs of children when they are very young. The Health Department's home visiting service for families with a newborn is to be commended as is the role of Child Health Nurses located in various community settings to assist parents with health and other needs.

However, children with an identifiable area of risk are not being picked up and services for this group are sadly lacking. Examples include:

- speech therapy
- aids and supports of children with disabilities
- support services for parents with a disability where children are more likely to come to the attention of the child protection system

- children with chronic or recurrent illnesses
- children at risk of abuse or neglect
- children of parents who misuse substances

There is a lack of access to secondary support services for families of these children, where early intervention may prevent more costly long term services required in future years. For some, access is geographic with small towns and communities unable to provide the same range of services that a regional centre may be expected to provide. Governments have systematically cut back on local innovation as they seek to put services into 'programs' to ensure accountability and control which have further limited access and responsiveness to need.

Given that there is growing concern about the readiness of children for school and evidence to show that WA children are behind their counterparts in literacy and numeracy it seems access to early childhood learning opportunities are critical. For children to engage with these they need to have achieved their milestones from early development: attachment, gross motor skills, beginning to achieve fine motor skills, learning through play activities, speech development, recognition and social play. It is imperative that these are provided through structured and unstructured environments that foster individual development. Government support for organisations such as Playgroup WA, programs like PAL, Sing and Grow can assist with this.

(b) How to appropriately identify developmentally vulnerable children;

Developmentally vulnerable children can be identified through accessing primary health programs such as Good Beginnings, antenatal and post natal checks, adequate resourcing of child health nurses, immunisation programs, supported playgroups. These methods do rely on families accessing these services and having them easily available across the state. Geographic constraints may prove limiting.

Specialist Child Health services are under resourced. There are long waiting lists for therapy services, specialist medical services and the costs of these from private practitioners can be prohibitive for some families.

Child care services can also be a point of identification for developmental vulnerability. Staff in these services are aware of milestone development, health issues, social development and physical delays for the children in these venues and may assist families in understanding the needs of their children. Access to appropriate services may then be an issue.

(c) Which government agency or agencies should have co-ordinating and resourcing responsibility for the identification and delivery of assistance to 0-3 year old children;

The needs of children fall across a number of government departments areas of responsibility:

- health/mental health

- education
- local government
- communities
- disability services
- child protection
- Aboriginal affairs

A co-ordinated approach across government is required to ensure efficient and timely use of resources. The initial concept of the Department for Communities could have fulfilled a co-ordinating function, however it appears to have found difficulty finding a role and is being gradually dismantled with the movement of some policy areas into other departments.

Health has a large role to play in addressing the needs of early childhood and perhaps a Community Health model could be developed to take the lead in pulling resources together. Health is the one government agency with some presence everywhere. The role of non government community services agencies should not be overlooked in service delivery capacity and capability; innovation and ability to connect at the local level.

The concept of Parent and Child Centres with multidisciplinary teams operating under a coordinated model of management can also be explored. These Centres are emerging as best practice models both interstate and internationally and work well in offering integrated services to families. It is important that WA doesn't just use the collocation of centres on school sites as the only model for operation.

The Committee is referred to Wanslea's Mobile Parenting Hubs that operate throughout the Great Southern region with Communities for Children funding (Commonwealth Government – Stronger Families). This program has been very successful in encouraging parent interaction, children's social development, encouraging skill development and offering referral services and information to parents where there is observed vulnerability. This program has operated over the past three years and has engaged with 1,640 adults and 2,385 children in the small towns throughout the region. It is highly valued by the users and has incorporated a range of strategies to meet the needs of families and children who are often isolated by geography and the size of the potential group.

- (d) *What is the best model to ensure interagency and intergovernmental integration of developmental programs delivered to 0-3 year old children;*

There is no one model that will meet the needs of every family with children under three years. Models need to be flexible, local and developed with potential participants.

Some elements that should be considered:

- Co-ordination role must be funded and adequately resourced
- inclusion of non government agencies
- one stop shop model that is inclusive of a range of services
- no one agency be seen as more important than any other
- welcoming environment for children
- takes into account the needs of families with other children
- has an evaluative function built in from beginning

(e) *How to best prioritise the resources available for meeting the needs identified;*

Priorities for services need to be based on evidence rather than political expediency - examples include:

- AEDI reporting
- census data
- national longitudinal study conducted through Stronger Families research
- population demographics
- immunisation reporting
- social trends
- birth rates
- existing programs/services that work

If the potential services are well co-ordinated they should be able to use a consultative process to ensure that the priorities set meet the needs of their community.

(f) *What is the most appropriate measure of program outcomes;*

An evaluation component must be built into models of service delivery and this must occur prior to the commencement of services to ensure appropriate data collection systems are in place. A partnership with a University is essential to this, enabling the use of sound and tested measurement tools as well as the credibility of the results. Outcome measures could include:

- school readiness to include social development, skill development, emotional maturity as well as literacy and numeracy
- health measures, particularly around speech and hearing; sight; dental health; language; immunisation; cognitive development and physical skills set

development. Other health measures could include age at diagnosis, tracking and wait lists analysis of referral and treatment services.

- workforce development strategies to ensure training programs are available and accessible to practitioners and families
- where best do these services fit is a question that needs to be asked and answered. The integration of service delivery should be considered to minimise fragmentation and duplication.
- measures of family well-being are important – parent/child attachment; family social networks; family structure and composition; parent characteristics and health issues – as they impact on children’s well-being. Evidence suggests that parental relationship stability, health, employment and income have direct impact on children’s development across all spectrums. A whole of family measurement could give researchers indicators of likely future events in a child’s life that will have positive or negative consequences.

(g) Any other related matter deemed relevant by the Committee

Wanslea believes the keys to ensuring young children’s developmental needs are met are:

- integration of service delivery
- a balance of preventative, targeted and specialist services
- that children’s voices are heard in the processes (Research in this area includes work by Professor Margaret Sims at the University of New England, previously Edith Cowan University for her ground breaking work in early brain development and stress levels in young children)
- workforce development issues as without a well trained and supported staff group there will be no outcomes for children. This needs to include examination of training programs, entry levels, professional development and appropriate remuneration.
- quick and easy access to specialist services for families and children who are vulnerable
- specialist programs for children needed intensive support
- including non government service agencies in the service delivery mix
- support and development of tertiary education programs that contain common elements across all disciplines involved in working with this age group
- services that can be accessed by families living in regional, rural and remote WA that encourage social connectedness, are universal with options for targeted services
- all services must be evidence-based

