

As a mother and grandmother, I welcome the opportunity to comment on child development services in Western Australia.

I have 4 children born between 1980 and 1989 (all in WA) and 4 grandchildren born between 2002 and 2017 (again all in WA).

What I notice most as regards access to child development services is a significant escalation of difficulty involved.<sup>1</sup>

This troubles me greatly because at the same time pressures on families have increased dramatically. Of course, this is especially true during and in the wake of the pandemic.

Raising children in the 1980s and early 1990s I depended heavily on

- Child Health Centres
- Experienced GPs and continuity of care from them
- School visits by professional staff able to diagnose areas of concern
- Timely access where necessary to publicly funded services providing services such as speech therapy, and assistance with psychological well-being.
- School programs that provided valuable support in various areas such as motor skills
- A school reporting system that was personalised and helpful
- A school curriculum and classroom style that put less stress on students and (at least in my experience in both public and small private schools) acknowledged and celebrated difference.

For all these reasons there was in my experience far less need for many of the specialist services that are (understandably) now so much in demand as parents struggle to support their children through the difficulties of childhood and adolescence, a struggle that is made more difficult by the need for both parents to work full time and the lack of wider family support in many cases.

**My observation is that what has been lost is a system that offers holistic support to children, parents and families.**

This is tragic given the increased needs emerging during and after the pandemic.

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<sup>1</sup> I note the comments made by the Hon. Donna Faragher in calling for the inquiry: <https://www.waliberal.org.au/state-news/select-committee-into-child-development-services-established/> but would suggest that simply providing statistics does not adequately identify fundamental inadequacies..

I would also add that it is very disturbing to see how little has been achieved in the last decade or so.

An inquiry 2008-2009 adopted the following parameters:

**Both nationally and internationally early childhood years are seen to cover the ages from birth to 8 years. Children in this age range are characteristically different from children at older ages. This definition of the early years forms the context of the Committee's report with particular reference to 0-3 year old children. As defined by the Terms of Reference, the Inquiry focuses on the adequacy of the Western Australia State Government services in providing support to their families and carers and meeting the social and cognitive needs of children in Western Australia. The assessment of 'adequacy' has been made in relation to:**

- **accessibility of services;**
- **quality of services;**
- **effectiveness of services; and**
- **the application of constrained resources.**

**In so doing the Inquiry considered aspects of health, care and early development as well as the needs of supporting families and carers. The Committee makes Findings and Recommendations in relation to the above based upon the research, briefings and evidence received by way of submissions and hearings.**

and concluded that

**This is the first report of the Community Development and Justice Standing Committee of the thirty eighth Parliament. This Report finalises the Committee's Inquiry into the Adequacy of Services to Meet the Developmental Needs of Western Australia's Children.**

**As a community we are investing heavily into researching and understanding the extraordinary reality of a child's development in utero and during its first few years of life.**

**At the same time there is strong evidence that the complexities of modern living and family structures are resulting in many children achieving fewer developmental milestones in those early years.**

**This entrenches a disadvantage that undermines the child's capacity to enjoy a secure and fulfilling life. Disadvantage and vulnerability impact**

**our community, reducing our productive capacity, increasing crime and affecting the community's sense of well being.**

**There are a range of causes suggested for the growing number of children with developmental vulnerability, including the role of television suppressing conversation in the home, pressures on working parents and the impact of family breakdown.**

**This Report makes it clear that whatever the cause of these problems we need to make more effort to share the growing knowledge of child development with parents and other child carers and to support parents in strengthening their skills.**

**Universal support programs delivered by child health nurses need to be restored to the levels enjoyed twenty years ago. The medium used in providing information to parents also should be updated.**

**At the same time vulnerable populations will need more targeted and resource intensive help, both in parenting skills and in preparation for school.**

**Childcare must be more highly valued and childcare workers properly trained and remunerated. Coordination of the government delivery of early years services needs much greater attention.**

In my view we have failed in virtually every area identified above, even though our knowledge and understanding has increased.

I am aware that this is at odds with the results of the Australian Early Development Census, which has routinely indicated a good performance for WA across the various indicators<sup>2</sup>.

I am unsure how these results can be reconciled with the current long waiting lists and would suggest this needs to be investigated as a matter of urgency. In particular, is there reason to believe that developmental issues are developing in slightly older children here in WA?

Certainly, the situation with waiting lists suggests that children are being identified by schools, parents or both as in need of accurate assessment and appropriate treatment whilst at the same time almost nothing is available in the short term in the way of either timely assessment or support for either

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<sup>2</sup> <https://www.aedc.gov.au/early-childhood/findings-from-the-aedc>

children or their parents. In this situation problems rapidly escalate for both children and families<sup>3</sup>.

It is important to bear in mind the impact on the whole family in terms of both the financial burden of seeking private assessment and treatment, and the time that needs to be allocated in hectic family schedules.

For many families accessing private support is of course out of the question.

To take an area all too familiar in my own extended family, two decades ago the phenomenon of school refusal was virtually unknown in the general community.<sup>4</sup>

Sadly, it is still not recognised and addressed either generally within schools (both public and private) or as regards counselling services.

As Jill Sewell notes in the article referenced

**School refusal is a not uncommon problem and has major social, emotional, and educational implications for the child. Associated psychiatric disorders of anxiety and depression are common and may progress to adulthood.**

I have observed first-hand the impact on the wider family of this situation.

I well remember the comment of one such young person in relation to his school experience:

**No- one cares.**

As noted in 2009, what is required is recognition by the whole community of the need

**to share the growing knowledge of child development with parents and other child carers and to support parents in strengthening their skills.**

If the community recognises this failure, then I believe this recognition will engender support for a far more holistic approach to the urgent issues in child development services.

Without that recognition, we as a community will inevitably see a growing gap between need and provision, and it will be the families most urgently in need

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<sup>3</sup> <https://mforum.com.au/emagazines/> June 2022.

See also Sunday Times 10 July 2022 pp28 and STM p.12

<sup>4</sup> <https://www.racgp.org.au/getattachment/c3e1167c-8547-418d-89f7-cbf45202c20f/200806sewell.pdf>

of better services who will be least able to access them in a timely and affordable manner.

The long-term effects of this will be felt by the whole community, and I commend the government for its recognition of this in the terms of reference for the current Committee.

**I strongly support the following initiatives as a matter of urgency.**

- **An urgent in-depth review of the background to long waiting lists, focussing on the extent to which they represent a response to pressure from schools to seek assistance for students experiencing difficulties<sup>5</sup>.**
- **Significant escalation of support programs in schools that address the needs of children who have already been diagnosed as neurodivergent. I welcome the recent announcement of additional support for ASD students<sup>6</sup> and believe this model could be the basis for a wider range of support services on the ground in schools.**
- **An urgent comparative review of service models in different Australian jurisdictions. This can be underpinned by the comparative data provided by the AEDC.**

Thank you for the opportunity to comment. I wish the Committee well in its important task.

**MARGARET KER**

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<sup>5</sup> In this connection I recall being asked by a psychologist within CAMHS why my child's school had insisted on a formal assessment (possibly of ASD). She rightly identified the possibility that this was to enable them to seek additional funding support. In fact, a subsequent assessment in the private system ruled out ASD but indicated severe depression possibly linked to a culture of bullying.

<sup>6</sup> <https://www.mediastatements.wa.gov.au/Pages/McGowan/2022/10/Autism-Specialist-Learning-Program-expanded-to-additional-schools.aspx>