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West Leederville 6007
Western Australia

25th February 2009

Community Development and Justice Standing Committee

Re: Inquiry into the adequacy of services to meet the developmental needs of Western Australia's children

Dear Honourable Members

Thankyou for the opportunity to submit to this Inquiry. I commend the Committee for their interest in this critical matter.

The Committee would have received many other submissions and therefore, will be aware of the enormous importance of the developmental period of childhood. I wont repeat those assertions, but I will focus on providing a direct response to the specific matters that the Inquiry wishes to examine. I hope and trust that you will ensure that the recommendations of the Committee become a reality.

I am a Western Australian trained Paediatrician and I have undertaken significant additional training here and abroad in the area of Child Development and Developmental Disorders. I represent the Royal Australasian College of Physicians (Paediatricians) on a number of matters in the area of child development and am a member of a number of Honorary Boards and Committees pertaining to the delivery of developmental services for children.

I write this frank submission as a Paediatrician in private practice. I also hold a senior clinical position in the public health service. I have contributed to the Health Department submission to this Inquiry.

In most surveys, about 15% of young children are identified as having a neuro-developmental difficulty that would benefit from intervention. Neuro-developmental difficulties include problems with language development, motor development and cognitive skills. In most surveys, between 40-50% of Australian parents indicate that they would like or have sought professional assistance for their child's behaviour problem. Usually, a child will have a mixture of neuro-developmental, behavioural and emotional issues. There may be associated family or community dysfunction. If these factors co-occur, then to varying degrees, these children will go on to have higher rates of subsequent school failure or academic under-achievement, medicational use, emergency department attendance, delinquency, substance abuse, teenage pregnancy, unemployment, mental health disorders, welfare use, criminality (including arson) and incarceration.

A simple relevant recent case example, to illustrate the importance of identification and early intervention, would be the tragedy of the Victorian bushfires. If a great deal of that destruction was perpetrated through an arsonist or through several arsonists, you would understand that the arsonists were once children who would have had identifiable risk factors and whose life course (and the life course of all those bushfire victims) would have been different if adequate identification and intervention services had been in place.

The specific scope of the Inquiry is in relation to government programs. However, Government funded service programs are only one way in which the Government can support young children. Government can also support young children through legislation, through

incentive programs and through thoughtful infrastructure and community development. That which is required is strong political statemanship in order to think beyond the outcomes of a three year term of government.

With regards to Government funded services, the Child Development Service of WA is not able to identify its full operational budget, as accounting methods previously used did not allow identification of CDS specific budgets. You can be assured however that the CDS budget is a fraction of total Health Department costs, and is infinitesimal compared to the total education, welfare and justice costs incurred by society as children's needs remain unserved.

The private sector of developmental therapists, counsellors, psychologists and doctors are not able to meet the needs of the most complex children. There is limited scope for the development of private sector services within the current confines of Medicare Australia, Private Health Funds and pay-for-service systems with families experiencing significant financial "gaps". There is a significant difference between the developmental services for the relatively wealthy compared to poor families of our society.

There is no doubt that the Department of Health, Child Development Service clinicians and immediate managers are trying hard with the resources that they have to reach the developmental needs of Western Australia's children. There are multiple service agencies in this field, including private organisations and not-for-profit groups. Only the Department of Health services are uniformly "free" to the public. The clinicians working in the Child Development Service of the Department of Health are highly motivated and caring individuals, effective team players and are passionate about the developmental needs of Western Australia's children.

You will have learnt that recently the Child Development Centres of suburban Perth have come together as a joined-up service. Through the extraordinary efforts of clinicians and the Reform team this has been achieved without additional funds. Soon, the joined-up clinical database, the Child Development Information System will be implemented. The funds for this software program came from the PMH Foundation – not WA Government Funds. Previously, the individual Centres had paper-based or non-uniform, limited capacity electronic systems. In the absence of administration staff, some Centres used volunteers to maintain these "systems". When a Centre was asked, via Parliamentary Question, for their waitlist, there would be a clinically wasteful scurrying through paper-based systems. The clinicians would furnish the response, usually a "lengthy waitlist" response, and the response would be doctored on its way back up the bureaucratic chain. With a joined-up state-of-the-art database system the Service will be able to generate answers to Parliamentary Questions in a much more accurate fashion. Unfortunately, the bureaucratic political doctoring of the figures is likely to continue.

The reform of the Child Development Service attracted the Health Department prize for Healthy Leadership in 2008. At that time, the Minister was interested in the Service Business Plan for growth of the service. Many Business Plans have been submitted through the years. Unfortunately, the most recent business plan has again recently been put aside. If the Labor party had regained power at the last election, there was an election promise of significant growth in the Community Health sector. Unfortunately the Liberal party did not match that promise, although no doubt the Liberal party must have had a policy of some kind in relation to matters of early childhood. Perhaps the economic times have contributed to the most recent disappointing decision.

Honourable Committee Members, the bottom-line is that the Child Development Service has not received significant growth in staff or infrastructure for over fifteen

years. In that time, the population of WA has grown dramatically, parenting philosophies and communities have continued to change, and the complexity of child developmental problems has increased. The Child Development Service has evolved a large range of services in order to spread the funds as effectively and as far as possible. These excellent innovations in service delivery are presented in the Health Department submission. I don't think that the Child Development Service can be spread any thinner. I don't think that existing resources can be further reshuffled to meet the needs of WA children. Additionally of course, the CDS, along with other Health Services is currently expected to find 3% savings!

To turn to the specific scope of the Inquiry:

- a. Existing government programs are adequately addressing the social and cognitive needs of most children. There are excellent examples of collaborative partnerships in Western Australia. However, about 10-20% of all children need some additional supports, and probably 5-10% of all children require a great deal more support. (personal perspective, but some support for this view is found in local audits and international literature)

The concept in developmental services is to provide both universal and targeted programs. There is room for improvement in both areas, but at the moment, there is a severe deficit in resources for targeted programs. The most significantly underserved 0-3 year olds are:

- Indigenous children
 - CALD (Culturally and Linguistically diverse) children
 - children with severe disorders of language development,
 - the children of substance abusing parents
 - the children of intellectually handicapped parents
 - the children of mentally unwell parents
 - the children of lower socioeconomic areas
 - children with other risk-factors (such as early fire-lighting, aggression, violence, cruelty to animals)
- b. The appropriate identification of developmentally vulnerable children should be the role of all members of our community, and should occur through a number of methods. There are standardised instruments of developmental screening and emotional screening. These are available now for implementation through the "free to the public" Community Health Nurse program. This is a commendable improvement in screening. However, there are three major deficits of the program. That is, firstly, not all children are required to be screened. By 12 months of age, only about 10-20% of WA's children are still attending the Child Health Nurse. Secondly, there has been no increased funding to the Child Development Service – the service to which identified children are referred. Thirdly there are insufficient community nurses to provide ongoing support to children and families identified "at risk".

There are other red-flags that identify developmentally vulnerable children, such as those characteristics listed above. This is the responsibility of all of our community, but is a particular responsibility for health, welfare and education professionals. Such

vulnerable children should be targeted for developmental screening and comprehensive services.

- c. The Child and Adolescent Community Health Service should have coordinating and resourcing responsibility for the identification and delivery of assistance to 0-3 year old children. There are significant opportunities for collaboration with other governmental services including DCP, DCD, DET, CAMHS, and for collaboration with a range of non-governmental agencies.
- d. The best model to ensure interagency and intergovernmental integration of developmental programs, is to have a mandated and funded Central governing group with Regional (Community) operationalisation. The Central group would establish frameworks for cooperation including Memorandum of Understanding, Governance, Models of Program delivery, Key Performance Indicators, Funding models and Outcome measures. The Regional (Community) Group would have the opportunity to modify some aspects of the programs in order to meet local needs, could source additional local community funding and would be responsible for local auditing, reporting and governance.
- e. Models of prioritisation have been developed in the Child Development Service. There is still not enough resources to meet the needs of the most highly-prioritised children.
- f. The most appropriate measure of program outcomes is a combination of standardised and non-standardised instruments. Firstly, it is important to measure certain aspects of any program such as: various matters of governance, child attendance rate, indigenous and CALD engagement. Secondly, it is appropriate to measure the efficacy of service delivery itself. This can be measured at community level with instruments such as the AEDI (Australian Early Development Index). Individual child and family measures must also be undertaken and include: Measurement of parental and child satisfaction of service and Measures of Adaptive and Developmental Skills.

Finally, I again commend the Committee in its resolve to examine these critical issues of early childhood. As part of its Recommendations the Committee might consider that a collaborative Implementation Committee be formulated. The Implementation Committee should be appropriately funded from new funding sources. The Implementation Committee should have direct reporting lines to the relevant Ministers who in turn debrief the Premier. It would be a great message to the people of Western Australia if the Premier take personal responsibility for the outcomes of young children in Western Australia. The relevant Ministers in turn must be able to secure dedicated and new funds for the improvement of child development services in our State.

Thankyou for the opportunity to make this submission. Please contact me if I can be of further assistance in your deliberations.

Yours sincerely

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Paediatrician