

To  
The Principal Research Officer

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Community Development and Justice Standing Committee  
Legislative Assembly  
Parliament House  
PERTH WA 6000



Submission to the  
Community Development and Justice Standing Committee  
INQUIRY INTO THE ADEQUACY OF SERVICES TO MEET THE DEVELOPMENTAL  
NEEDS OF WESTERN AUSTRALIA'S CHILDREN

Submitted by

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| Name<br><i>Emma Birch</i>  | Postal Address<br><i>PO Box 884<br/>Northam WA 6401</i> |
| Organisation (if relevant)<br><i>WA Country Health</i>   | <i>(but also answering as a mum)</i>                    |
| Contact phone number<br><input type="text"/>   | Email Address<br><input type="text"/> <i>(work)</i>     |
| <input checked="" type="checkbox"/> I am not prepared to present my case to the committee in person. |   |

1. Brief Summary of my submission

*An early year taskforce is required. It makes the child the focus, not health or education of that child.*

*We need excellent data which demonstrates the first few years of life are critical, not just treading water until school.*

2. I would like to comment on the following Terms of Reference

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

My general view:

I find Health provides a limited focus, but not at a population level. Education does a little, but relies on external funding. Other initiatives are not government funded.

My reasons/my experience: I have 2 young children. I attended mum's group which was limited to 6 weeks then sent on ? to where? Some pre-kindergarten school programs ceased due to lack of funding from schools. Mostly attended playgroup, Anglican church group, kindy gym run at PCYC.

My recommendations: Have ongoing programs with reliable funding for parents to attend. Ad hoc programs relying on intermittent funding don't get good attendance as people don't know if they are running or not.

b) how to appropriately identify developmentally vulnerable children;

My general view: few people trained to identify vulnerable children.

My reasons/my experience: Child Health Nurses can I.D.

not normally developing children, however if attend G.P for appointments they don't know norms for speech, language, motor skills. Too late when they hit school, but even then school health nurses don't have norm information.

My recommendations: Have professional development of health & education → parents on normal development milestones.

Specific questionnaires for parents. eg. is your child x years old and can they do y? If can't, refer on.

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

My general view: special early years taskforce who  
lenses with health, education, DCP, DSC etc.  
Maybe Health because most issues fit under the determinants  
of health...

My reasons/my experience: one neutral person can incorporate  
all goals of all agencies, rather than having a  
slant to health or police etc.

My recommendations: some people in gov. departments  
have FTE quarantined for Early Years Taskforce.

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

My general view: confidentiality, freedom of information laws are the biggest barriers to government liaison, for individual clients. Center agency around outcome - eg: mum's group for 0-1 babies looking at optimising development.

My reasons/my experience:

So many factors affect development - should focus on child rather than what need is required.

My recommendations: Early Years Task Force would find community, determine need and get all agencies to contribute to that need.

e) how to best prioritise the resources available for meeting the needs identified;

My general view: consider those ready for change, those who most need change, those who can't access resources for change.

My reasons/my experience:

Targeting a population who may need service, but don't value it, is a waste of resources. However, don't want to 'preach to the converted'.

My recommendations:

Work with population wanting change while identifying strategies to engage other communities.

f) what is the most appropriate measure of program outcomes; and

My general view: need to be long term + short term.  
School readiness, adult health, literacy + numeracy  
rates, no accessing treatment should be  
considered Also incidental feedback at  
programs.

My reasons/my experience:

Canada does this really well. follow-up is  
essential long-term. Also AEDI data can be used.  
Language delays can be traced back from prisoners  
and unhealthy people.

My recommendations: outcome measures of the program  
offered from parent feedback, as well as monitoring  
child's development.

3. Any other Comments

Northam has an Avon Early Years reference group which has interagency & community contributions. However, need a mentor to find funding to provide services.