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**SUBMISSION TO THE INQUIRY INTO THE ADEQUACY OF SERVICES
TO MEET THE DEVELOPMENTAL NEEDS OF WESTERN AUSTRALIA'S
CHILDREN**

NIFTeY (WA) is the Western Australian branch of the National Investment for the Early Years, which emerged out of the National Initiative for the Early Years. NIFTeY has a focus on research and advocacy on investment in early brain development from birth to 3 years of age.

We believe that early brain development is strongly influenced by the nurturing environment and security of relationships surrounding the young child that sets a base for learning, behaviour and health throughout life.

A baby's brain is dynamically developing from birth with most of the essential neuronal connections established by the age of three enabling the child to regulate emotions, communicate, solve problems, and form relationships

For the under fours (and more so the infant), secure attachment is the essential relational ingredient for healthy neuronal connections and brain development as a base for learning, health and behaviour. Secure attachment is the supportive, nurturing, and close relationship between a child and its primary parent/caregiver.

A baby's relationships and the type of care it receives in the first formative years play a crucial role in how the connections in the brain are made. When involved in positive and continuous one-on-one interactions with parents, a baby's brain connections are strengthened.

Furthermore, children learn best by play-based and problem solving experiences rather than structured curriculum-orientated programs, and in this too, with guidance and supportive partnerships, parents are the best teachers and providers of early play based learning. The evidence concerning early brain development and its links to attachment has focused attention on the need for a range of early years' services that support parents from pregnancy and through the first few years of a child's life, until the child has developed self regulation and is participating in rich interactive learning opportunities. Much of the current research has been collated in the text "From Neurons to Neighbourhoods" (1) and in the Thinkers' in Residence report by Dr Fraser Mustard for the South Australian Government in 2008 (2)

Addressing the Terms of Reference

- (a) The Canadian originated EDI (now the AEDI), as a population measure children's development at age 5 was trialed in the Northern suburbs of metropolitan Western Australia in 2003. It revealed that one in four children in

metropolitan Perth were vulnerable and the prevalence of developmental delay was even higher in aboriginal children. Without interventions they are more likely to follow a negative trajectory through their school career decreasing their chances in life. Whilst screening is important to identify which children will benefit from programs to rectify their delayed development, this will not address the underlying multifactorial causes when the extent of the problem is beyond the present resource capacity to respond. A greater investment in preconception, antenatal and postnatal care would assist in preventing a low AEDI score.

For many years Western Australia has had a comprehensive early health and developmental surveillance and screening program offered through Community Child Health and School Health Nurses of the Department of Health. *Surveillance* was the availability for monitoring the health and developmental status of children and offering advice and support to parents at Child Health Centres. *Screening* was the routine use of tests to check specific aspects of health development at specified times. When concerns arose, referral was encouraged to General Practitioners, and for developmental concerns referral could also be made for team *assessment* to the Child Development Centres in various districts, or to the State Child Development Centre for more complex problems, latterly in particular for suspected autistic spectrum disorders. (ASD).

These centres staffed with specialised allied health and paediatric professionals could provide initial and ongoing assessment as initial and sometimes ongoing *management* – or arrange referral to other intervention and management agencies.

However over time the population increase and the changing complexity of developmental concerns outstripped the resources of these services leading to a reduction in availability of access to Community Child Health Nurses, a pruning of the Screening schedule, a closure of the central Health Department Preparation for Parenting program, a restriction of Allied Health services to those up to age six only in most Child Development Centres, as a way of managing the increasing waitlist time. Even so it can for example be a six to nine month wait for Speech Pathology, up to 12 months for clinical psychology, and a 12-month wait for a primary school age assessment for ASD.

As a conservative estimate the prevalence of developmental problems indicates that 1 in 7 will have significant learning problems, 1 in 3 serious behaviour disorder, 1 in 20 one of the forms of ADHD, 1 in 10 language disorders, 1 in 160 ASD, and 1 in 1000 a disorder of vision or hearing. It is also known that Australia has only 17% of its population functioning at levels 4 and 5 of Literacy competency, skills neurologically connected in the early preschool years of life.

Furthermore, we note the increase in parental mental health disorders, alcohol and drug addiction, Foetal alcohol syndrome, child physical and sexual abuse and neglect. Concern is being expressed about the tendency to added risks to children in out of Home care.

Developmental surveillance and screening leading when necessary to comprehensive assessment and early intervention is the least a wealthy State should provide for the developmental wellbeing of its children.

Why then, for example, was the benefit of universal newborn hearing screening not funded?

It is noted that Professor D'Arcy Holman carried out a comprehensive review of Community Child Health in 1989 with recommendations to address the resourcing

needs the identified. However, there has been no essential increase since that time, despite the increase in population and complexity.

It is also noted that the present Government in 2003 as an election promise undertook to provide an additional 40 child health nurses. None in real terms have been provided. Even though this would not have been sufficient to meet the identified need the honouring of that commitment would have assisted to a considerable extent. In addition it is of concern that no comprehensive screening and assessment service has been provided evenly for indigenous communities. Numerous business cases and proposals for the appropriate resourcing of Child Health Community Services, including indigenous child health, have been made in recent times and none have been successful.

The current evidence is understood, professional skills are available, and identification strategies (eg PEDS and ASQ) are being implemented, staff training for positive relationships with parent (Family Partnership Training) is universal, but adequate resourcing is lacking.

Furthermore, in other Government departments there is an awareness too of the importance of the early years, with early identification and early intervention for identified concerns, but the Education department is mainly focussed on years 4 and above, there is frequently a lack of cooperation and even a tendency to rivalry between departments and agencies without cooperative partnership and shared resources. Many not for Profit agencies are similarly under resourced and tend to work isolatedly or in tenuous relationships. It is noted that the Parent Information Centres of the former Department for Communities have been closed.

(b) As indicated, Community/Child Health nurses are well trained in developmental screening and surveillance. There is a need for more training of general practitioners in similar attitudes and skills. As many families choose or need to utilise Child care it is imperative that staff in Child/Day care are also highly trained in child development and in surveillance and screening, assisted by not for profit agencies already skilled (eg Ngala, Wanslea, Child Australia). The value and contribution of Playgroups is acknowledged and supported as they too emphasise the importance of play based learning and parent-child engagement

(c) (d). There are various models that can be considered. Whatever model is preferred there must at least be recognition of the core importance of secure attachment, play based learning, self-regulation, literacy and emotional literacy. Also we note the importance of parental involvement in early childhood development.

Parents need to have the option of participating in centre-based care when it is required, even if they are also in the workforce. Industry needs to be encouraged to provide accessible early childhood facilities and work rosters that allow for parental involvement in the care and learning of young children who are involved in such centres.

It is clear that health and education have significant roles and as in many instances schools are likely to be significant sites for early years' activities, NIFTeY welcomes the recent decision of the present Government for Early Child Development and Learning to be a responsibility of the Minister for Education. With the assistance of a substantial grant from Lotterywest, NIFTeY (WA) has commissioned a consultant to scope early years services in Western Australia and the report with recommendations containing a range of models is expected to be released in March. We are recommending that there be established a unifying body for Early Childhood - such as an Office for the Child - that is independent of the present Government

Departments but a partnership from the relevant departments and agencies reporting directly to the Minister responsible for Early Child Development and Learning with close links to the Commissioner for Children. We are impressed with the Canadian model in Manitoba where there is an Office for the Child (and a Minister for Children) but the Treasury will allocate funds only when service departments have agreed together as to policy and funding priorities. (e) Access to universal home visiting would also help identify families that would benefit from support, but there is anecdotal evidence that not all families have access to this service. And even if there was the choice of a universal home visiting service, child health nurses are not trained to deliver the home based intervention that has been shown to have evidence based outcomes e.g. the Nurse Family Partnership program that was developed by David Olds in the United States. Whilst recognised as not a panacea, “...*home-visitation programs can be an effective early-intervention strategy to improve the health and well-being of children, particularly if they are embedded in comprehensive community services to families at risk*” quoting from a recent statement by the American Academy of Pediatrics.

The developmental needs of children are of paramount importance but parents are key contributors and need information and support from conception onwards.

(f). The Australian Early Developmental index (AEDI) as mentioned is a suitable, evidence based population measure at school entry to monitor child developmental wellbeing across locations.

(g) Clearly an increase in community child health nursing, allied health professionals and early childhood educators and carer is needed. This also has implications for extended training and professional development, for University curriculum development, business engagement, parental leave, and a different approach to more collaborative Government and interagency partnerships for the developmental well being of children. As a first move it should be affordable and sustainable to establish an Office for Early Childhood and then some four demonstration Integrated Early Child Development and Parenting Centres as collaborative initiatives to commence the programs that are already evidence based. Such facilities need to be co-located, coordinated, cooperative, and integrated as well as universally available, and accessible. NIFTeY would be pleased to assist.

REFERENCES

1. “*From Neurons to Neighbourhoods*”: Eds: Schonkoff JP, Phillips DA: National Academy Press, Washington, DC.2000
2. “*Investing in the Early Years: Closing the gap between what we know and what we do*”, Fraser Mustard. Thinker in Residence. Final report for the South Australian Government. April 2008. [www. Thinkers.sa.gov.au/fmustard.html](http://www.Thinkers.sa.gov.au/fmustard.html)