Catholic Education Western Australia (CEWA) Ltd

CATHOLIC EDUCATION
WESTERN AUSTRALIA

Submission to the Government of Western Australia; Legislative Council 'Committee into Childhood Development Services'

SUMMARY OF KEY POINTS OF THIS SUBMISSION

1. The instances of health, wellbeing and special learning difficulties amongst young people have increased dramatically over the past ten years, more so with the advent of COVID-19. In addition to this, a significant divide in socio-economic groups has not only impacted educational opportunities and outcomes, but also on timely and affordable access to health support services. As such, CEWA sees this Inquiry as one of urgency.

2. The importance of early, authentic, and sustained intervention with younger children – including from birth – is paramount. This imperative is strongly evidence-based, not only as a community health issue, but also as a student learning issue. The link between early years development and learning is well established.

3. Schools are a significant point of contact with parents/caregivers. Schools and systems provide limited support in some areas. The cost of these services is funded by systems and/or schools additional to teacher and other staff salaries. The Standing Committee may benefit from expanding their broad Terms of Reference to consider constructive processes that include schools to a greater degree in assisting parents. Greater resourcing to schools is the most obvious method; better information flows and partnership arrangements with private and public health providers can also be considered. Processes currently developed by CEWA outlined later in this submission should provide confidence to child health practitioners and organisations that schools are well qualified to be partners in various processes and should be resourced accordingly.

4. Schools and central consultant perspectives indicate that child development services are broadly inadequate in terms of providing timely access to services, and face issues in the provision of mental health services. They can be overly bureaucratic in terms of the processes and time delays involved and challenging for parents from different cultural backgrounds to engage with. They can also be inequitable in terms of socio-economic and geo-locations. Like the health sector generally, significant reforms are needed.

BACKGROUND

CEWA is a significant education system in Western Australia with 158 schools and 75,000 students located across four regions (Bunbury, Broome, Geraldton, and Perth). CEWA has a strong focus on early childhood education. Many of our schools provide Out of School Hours (OSH) care facilities. Additionally, about 20 schools operate the Aboriginal Families as First Educators (AFaFE) program which focuses on Aboriginal parents/caregivers and children in pre-kindergarten. These interfaces provide schools with opportunities to offer learning, developmental and wellbeing support.

CEWA also has a significant presence in Aboriginal education, with 240 Aboriginal boarding students and 13 schools in the Kimberley region, seven with 100% Aboriginal enrolments. CEWA has a strong focus on educational provision for the marginalised and vulnerable families, including migrant and refugee families; students in specialised Curriculum and Re-engagement Education (CARE) schools; and several school-based centres catering for students with disability. St Kieran Catholic Primary School in Tuart Hill operates an early years specialist Students With Disability (SWD) program.

CEWA, like other education systems, is often the first point of contact for parents regarding childhood development needs.

THE CURRENT SITUATION

For some time, children have been routinely identified by schools and parents as requiring developmental support. COVID-19 has seen a significant increase in wellbeing and developmental issues with children, often exacerbated by economic pressures and dysfunctional home environments. The impact of social media has also contributed to an increase in wellbeing issues across all age groups, most significantly amongst adolescents.

Two broad trends exist. Firstly, the number of children requiring educational support has increased, and schools have needed to take on a greater role in both identifying issues and liaising with parents to assist access to the necessary clinical supports. The second trend is a serious economic divide, where less affluent families find it difficult to access the limited services available.

Schools and school systems have attempted to increase the provision of certain holistic therapeutic services. In the case of CEWA, these include but are not limited to;

- support from nearly 21 FTE Students with Disability (SWD) Consultants in addition to school-based staff;
- 4 FTE Wellbeing Consultants that deliver professional learning and offer case management services;
- school and system climate surveys of students to track issues and trends;
- school psychology services with a student to psychologist support ratio of over 4500:1;
- a child safety team; and
- specialist language support consultants and school-based intensive English centres.

Individual schools have school-based staff based on their available resources, including:

- psychologists;
- social workers, youth workers, counsellors or equivalent;
- student coaches/mentors;
- nurses and other health workers; and
- family/community liaison officers.

All schools have well developed pastoral care and wellbeing processes and trained staff in these areas.

CEWA runs specialised professional learning for school staff such as those listed above. In November, a two-day mental health symposium with expert speakers will be provided with the aim of developing understandings of current research-based approaches and practice. CEWA has also developed a best-practice student wellbeing framework in collaboration with a tertiary provider. This links to school practice and reflects a strong emphasis on student voice. CEWA is also piloting an annual student wellbeing survey which will provide school-specific feedback to participating schools in a very timely manner. This survey was developed

in collaboration with an experienced tertiary institution and will provide some broad diagnostic indicators to assist schools in developing internal and/or external support strategies.

There is a significant research base that highlights the urgency of providing child development support from an early age. This gives children the best opportunity for a healthy life, which in turn has positive outcomes for lifelong learning. Whilst CEWA has invested heavily in early childhood education the success of our efforts depends on the provision of targeted and complementary health and development services.

The Standing Committee may be aware that CEWA recently made a submission to the Western Australian Parliament Standing Committee for the Commissioner for Children and Young People regarding Food Insecurity. The Standing Committee may find it useful to cross-reference the findings which overlap with this Standing Committee on Child Development Services, in particular:

- the inability of many students to access food;
- the direct impacts on their health;
- the role of schools in providing food – which is sometimes the only food children access;
- the need for schools to be supported;
- the inequalities that exist between socio-economic circumstances, culture and geographical location;
- the link between access to food and education outcomes; and
- the need for interagency support and collaboration on what is a community health issue.

COMMENTS REGARDING THE TERMS OF REFERENCE

The short time frame and its coinciding with the school holidays meant that it was not possible to widely canvas CEWA schools. CEWA would like to identify schools that could provide specific examples either by written submission or in person/video link. This would be especially compelling with some of the isolated Kimberley communities where CEWA is the sole education provider.

Term of Reference 1 - the role of child development services on a child's overall development, health and wellbeing.

The State Child Development Centre play a critical role in supporting children and their families with all matters related to children's health and wellbeing. However, the excessive wait times to access this service requires addressing. Additionally, when a child is then referred to a specialist - for example Speech Therapy, Psychology or Occupational Therapist - the waiting period could be 15 months or longer – during critical periods of time for the developing child. In relation to autism or ADHD, the delay in appropriate intervention may result in the child not being able to engage fully within their community or school. This has significant impact on their immediate and continuing education journey.

Making the Child Development Centre's services more accessible to families by providing these services in partnership with early childhood education and care services, playgroups, general practitioners and child health clinics would go a long way to capturing children and families in the early stages for intervention.

It is essential there is timely and effective early intervention and support to properly transition into formal schooling. Additionally, a confident and trustful relationship needs to be established between the parents/caregivers and the school community.

CEWA recognises that many of these issues can be appropriately addressed through direct school resourcing and the strengthening of interagency and school partnerships. Whilst addressing those supports directly related to student learning are a priority, all child wellbeing issues have an impact on learning engagement.

Term of Reference 2 - how child development services are delivered in both metropolitan and regional Western Australia.

Rural and remote locations

Access to child development services in rural and remote Western Australia is limited. Indigenous communities' access is further limited based on their remoteness and lack of culturally appropriate resources. Not having ongoing access to these services in rural and remote Western Australia is prohibiting some families from engaging services, as the expense of travelling to Perth regularly for ongoing support is financially constraining.

The issues in some Kimberley communities are of particular concern. As a sole provider in six of these communities, the school often assumes additional responsibility which not only extends to individual students, but also to other students and families. The current health services in these communities are under-resourced and despite their best efforts are unable to access specialist support. In the case of one community, CEWA has needed to employ additional senior wellbeing staff and social worker support.

Aboriginal boarding facilities attached to schools also have significant challenges.; Many students attending boarding at considerable distances from their community; when a wellbeing issue arises, the school is often challenged to access appropriate services at short notice. These schools often liaise with private health providers at considerable expense to the school and/or family.

CEWA believes the Standing Committee may benefit from specific submissions from these communities, preferably provided in camera.

Metropolitan and Regional locations

Access to paediatrics, speech therapy, occupational therapy, and psychology providers/centres can vary in access wait times, but it can be up to two years for paediatricians and 15 months for other allied health services. There has been a significant increase in centres referring applications from schools back to them to request that school psychologists complete a cognitive assessment before they can assess eligibility. This puts undue strain on school psychology services because they do not have the capacity to meet individual assessment demands on this scale. This approach also shifts the waitlist problem onto education, where current student to psychologist ratio is already high. Schools are not resourced to attend to what is effectively a transfer of responsibility.

Given the long wait times, by the time some of these students are offered a service they have aged out, i.e., they are too old for the service they were referred for. Examples are early intervention speech and occupational therapy where there is an age limit to be eligible.

Where schools are trying to support families from Culturally and Linguistically Diverse (CALD) backgrounds, parents/carers may have limited additional support to navigate the system. Some find it difficult to understand and complete forms and may have little or no internet access. The Child Development Service may send correspondence to the family to offer an appointment, but the family, having little English and no knowledge of how to navigate the system, may not understand the process. A service may close a file for non-attendance or no

response, when the family simply did not understand what was required to engage. This is despite schools doing their best to assist and is yet another example where the whole system would benefit from a more recognised and appropriately resourced involvement by schools.

In relation to the Child and Adolescent Mental Health Services (CAMHS), it is understood they are reviewing referrals and intake processes. Wait times are also very lengthy – often one year or more. It is very difficult to get students into the service unless they are a high-risk level (suicidal or self-harm). This is no doubt a consequence of inadequate staffing and resources.

Anecdotally, students with Autism Spectrum Disorder (ASD) type presentations and other challenging behaviours are not always accepted by CAMHS for support. There are few other options for such students. Given the rapid increase in students presenting with mental health issues, particularly since COVID-19, this is now a serious challenge for community health, with under-resourced schools often doing the best they can to support the child and families.

In relation to Language Development Centres, intake processes are overly laborious and highly specific criteria apply. There was a high volume of requests from CEWA schools for access to speech therapists – over 50 for 2022. Each student requires a series of tests as well as inventories from both teachers and parents, which makes each case time intensive. It would be useful if a more streamlined referral process could be formulated in negotiation with schools.

It is important to note that the system is largely geared towards Government school support. In the Government system, when a student does not meet criteria for entry, students still get access to an outreach service. CEWA schools cannot access this.

Families with English as their second language are particularly vulnerable and may not access the Child Development Services for language or cultural reasons; some of these children may go through early childhood care and education without being diagnosed or receiving the support they require.

Child development flags are the basis for families being advised to seek referrals for their children. However, there is currently a 15 month wait for referrals. CEWA understands there is a parliamentary inquiry looking into this.

Term of Reference 3 - the role of specialist medical colleges, universities and other training bodies in establishing sufficient workforce pathways.

Medical colleges and universities could incorporate a requirement for students to complete a 12-month placement in rural and remote communities at the completion of their studies as a condition for receiving reduced or free training. Alongside this, accommodation for these professionals in rural and remote areas must be provided.

There has been a short history of degrees addressing the limited workforce within education and occupational therapy.

Curtin University used a model whereby speech therapy students who were clinically ready in their final two years of training worked in schools under the supervision of a qualified speech therapist. While the service typically operated in a school for two terms and involved a small cost, it was embraced by many primary schools where services were otherwise not readily available. CEWA suggests that the Standing Committee may find benefit in examining models such as this, which could be expanded to other health support areas and schools.

While not necessarily the remit of Child Development Services, CEWA continues to note that many Initial Teacher Education providers do not adequately prepare teachers in areas of classroom behaviour and management. For example, trauma-informed learning processes and practices are rarely covered. This type of background training will continue to provide teachers with the skills needed to support vulnerable students and cohorts and may serve to reduce some of the wellbeing issues.

Term of Reference 4 - how to increase engagement with, and collaboration between, government and non-government child development services including Aboriginal Community Controlled Organisations.

It is important to establish partnerships with respected services in local communities where the following services can be accessed:

- general practitioners
- early childhood education and care services
- child health clinics,
- and Aboriginal community services (e.g., the local art centre or health service).

It would be important to ensure these partnerships are not time-sensitive, as community trust is diminished when a service is only offered for a short period of time and then removed because funding has ceased. Families may not engage in these services when they become transitory, based on a funding model, rather than a community need model.

It is also important to establish pathways for more holistic methods of support such as early engagement via child health nurses or equivalent; services on site or visit early childhood education and care to support access and develop trust in the services. The AFaFE model is a good model for engagement of Aboriginal parents, carers, families, and communities.

Term of Reference 5 - how child development service models and programs outside of Western Australia could be applied in Western Australia.

In countries like Sweden and Denmark, speech and occupational therapy services visit schools and early childhood education and care facilities on a monthly basis. These services are provided (and funded) by the Government and are available to all systems.

Sure Start programs operating in the United Kingdom and Ireland provide support to families during the critical early years in targeted areas/locations. These services could be provided to children and their families through early childhood education and care centres or parent and child centres where families already have a trusting relationship with staff.

These two examples are consistent with CEWA's view that schools need to be more involved in service provision, or at least a smoother, more agile approach to assist parents and families. In most cases, schools have the capacity to diagnose the support required for young people. Educators have seen the child daily and in context. Communication has occurred with parents. With the input of CEWA's specialist consultants it is often possible to determine the level of urgency. As highlighted previously, some parents who experience language difficulties rely on the school for assistance.

CONCLUSION

The extent of the problem for families accessing child development services is cause for concern. Investment in early years health is not only a community obligation, but also an

important investment in student learning, engagement, and wellbeing. Early intervention represents a cost saving compared with later – and often chronic – ongoing support.
Schools are assuming a much larger role in overall student wellbeing. While some government support is provided, it is nowhere near enough.

The current system of child development support – and that significant part provided by schools – is challenged by unacceptable equity issues, not just on socio-economic grounds, but noticeably on cultural and geolocation grounds. The situation in many Kimberley communities is at crisis point.

This submission therefore proposes that schools are currently important players in this space and this should be a foundation for systemic reforms. Centrally employed consultant specialists must support schools, and educators must be more experienced in the area. For this to occur, schools will require significantly more resources and better agreed processes with providers to continue to build capability and support young people.

NOTE;
Should the Standing Committee require further detail, including specific case studies, this can arranged. CEWA is also willing to participate in direct representation if needed.