
**Inquiry into the Adequacy of Services to meet the
developmental needs of WA's children**

Ngala

Parenting with Confidence

**Submission to the Community
Development and Justice
Standing Committee**

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About Ngala

Ngala is Western Australia's leading not-for-profit, non-government provider of early parenting services for families with children 0 – 6 years.

Ngala has a proud record of assisting at least 37,000 families per annum through the provision of information, skills development, support and care for children, parenting and professional education courses. Families seek assistance from Ngala with issues such as adjustment to parenting and mood disorders, sleep and settling difficulties, health of children, growth and development of children, nutrition (including breastfeeding, weaning and introduction of solids) and unsettled babies. In addition, Ngala is utilised as a general resource and a way for families to forge links with their communities. It is with pride that most of the referrals to Ngala occur through word of mouth and that most families self refer.

Ngala strengthens families by providing practical, evidence based information and resources in a non-threatening, non-judgemental and caring environment. Families are provided access to professional support via the Ngala Helpline, Consultations, Day Stay, Overnight Stay Services, Child Care and various Community Programs.

What happens to children in the early years has consequences right through the course of their lives. There are many opportunities to intervene and make a difference to the lives of children. The evidence shows the most effective time to intervene is early childhood, including the antenatal period. Ngala staff have a sense of mission and belief in the work they do with families and children, and the importance of the early years as a transition period.

Summary

Ngala provides early parenting services and support to some 37,000 families with babies and young children across Western Australia every year. As a leading non-government family and primary health care service provider for parenting and child health in Western Australia, Ngala is committed to optimising children's physical health and well being and their emotional, social and intellectual development in accordance with the early years research.

Ngala firmly believes that the effectiveness of early childhood intervention and parenting support programs are directly aligned with educational preparation and experiences both for children and parents.

Ngala wishes to emphasise the relevance of early years research and the importance of linking this knowledge to strategies that will achieve improved long term outcomes for children, families and communities. Such approaches acknowledge the importance of:

- Children's brain development and the need for a positive nurturing environment for positive health and wellbeing for all children;
- The relevance of an ecological perspective in positively supporting families and designing services;
- The impact on family functioning of risk factors including alcohol, drugs, mental health and parenting capability, poverty and underpinning issues such as housing;
- Supporting families and children through the development of community capacity and wellbeing;
- The impact of parental anxiety and how this anxiety can influence children's health and wellbeing;
- The importance of play and quality time by parents/ carers with children.

The above factors set trajectories for child wellbeing and parental effectiveness and competency. The early years research that has largely emanated from health, developmental psychology, neuroscience, education and criminology disciplines has provided unequivocal evidence of the relationship between the experiences of early childhood and the impact upon an individual's health, well being and coping abilities across the life continuum including educational attainment. Importantly, this research has illustrated the benefits of positive parenting and early intervention programs for young children and their primary carers in optimising a child's health and wellbeing outcomes.

In addition to the importance of setting strategies within an early years context, Ngala is pleased to have the opportunity to contribute to this important inquiry. Ngala's service model sets the background evidence and context for the work of Ngala.

Ngala's response to the 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

The Importance of the Early Years

Ngala's Early Years focus is based on the underpinning philosophy that the early years of children's lives have a significant impact on their physical, behavioural and social development later in life. Ngala considers that many common problems faced by children are preventable or can be improved if they are recognized and effective intervention commenced early on in a child's life.

There is substantial national and international evidence^{1 2 3 4 5 6 7} that comprehensive prevention and early intervention programs for children and their families have long term benefits for physical and mental health, educational achievement and emotional functioning.

Key points from the literature indicate:

- ◆ Brain development in the period from conception to six years sets a base for subsequent learning, behaviour, relationships/attachments and health over the life cycle;
- ◆ Biological embedding of early life experiences contributes to socioeconomic gradients in health and wellbeing outcomes and affects subsequent responses to stressful circumstances;
- ◆ Low birth weight and poor infant nutrition are associated with chronic disease later in life;
- ◆ Social disadvantage has a detrimental effect on health throughout the lifespan;
- ◆ Children who are better nurtured in early life are healthier and do better in adult life;
- ◆ Health problems in children reflect a complex interaction between children and their family as well as their social, environmental, cultural and economic circumstances;
- ◆ Early childhood development programs appear to reduce a range of risk factors (or enhance a range of protective factors) and have the potential to influence outcomes related to physical health, child abuse, crime, drug use and mental health problems.

A number of reports have considered summaries of the known risk and protective factors for children^{8 9 10 11 12 13}.

¹ Barker D J P, 1992, (Ed) *Fetal and Infant Origins of Adult Disease*, British Medical Journal, London.

² McCain & Mustard, 1999, *Reversing the real brain drain: Early Years Study*, The Canadian Institute for Advanced Research, Ontario.

³ Keating DP and Hertzman (ed), 1999, *Developmental Health and the Wealth of Nations – social, biological and educational dynamics*, The Guildford Press, New York.

⁴ Cohen N and Radford J, 1999, *The Impact of Early Childhood Intervention on Later Life*, Prepared for Health Canada, July.

⁵ Shonkoff JP and Phillips D, (ed), 2000, *From Neurons to Neighbourhoods – the science of early childhood development*, National Research Council Institute of Medicine, National Academy Press, Washington DC.

⁶ Acheson D, Baler D, Chambers H, Graham H, Marmot M, Whitehead M, 1998, *Independent Inquiry into Inequalities in Health Report*. Report for the Blair Government available at <http://www.official-documents.co.uk/document/doh/ih/synopsis.htm>

⁷ Heckman J, 2007, *The Economics, Technology and Neuroscience of Human Capability Formation*, IZA Discussion Paper No. 2875, June, University of Chicago.

⁸ Centre for Community and Child Health, 2001, *Best Start: Effective intervention programs*, Report prepared for Victorian Department of Human Services.

⁹ National Crime Prevention, 1999, *Pathways to prevention: Developmental and early intervention approaches to crime in Australia*, National Crime Prevention, Attorney-General's Department: Canberra, Commonwealth of Australia.

¹⁰ Ibid Cohen and Radford, 1999.

¹¹ Zubrick SR, Williams A, Silburn S, Vimpani G, 2000, *Indicators of Social and Family Functioning*, Department of Family and Community Services, Commonwealth of Australia.

Key risk factors include:

- ◆ low birth weight,
- ◆ abuse or neglect,
- ◆ family instability and
- ◆ socio-economic disadvantage.

Key protective factors preventing adverse outcomes include:

- ◆ social skills,
- ◆ breastfeeding,
- ◆ small family size and
- ◆ positive social networks.

These factors form part of a preventative and an early detection system with complementary intervention programs aimed at reducing risk factors and increasing protective factors for child health and wellbeing.

Ongoing development of effective models and tools are being identified so that there is a clear relationship between each activity and resulting interventions.

There have been a number of papers and reports in relation to early childhood interventions^{14 15 16} that highlight common characteristics of successful and effective interventions which include:

- ◆ Comprehensive, intersectoral and flexible;
- ◆ Community based and within the context of family and community;
- ◆ A balance of interventions across the service continuum, including balance between population based and targeted services;
- ◆ Are based on prevention and are planned for the long term;
- ◆ Adequately resourced and take account of capacity building for sustainability;
- ◆ Maximize continuity of care/services through interdisciplinary teams.

Supporting parents in understanding the physical, social and emotional needs of key transition periods is critical. Evidence at these times suggest that families and children are most vulnerable or at risk. Preventative and early intervention strategies prevent long term impacts in a number of domains.

Evidence shows that the key transition periods in the early years, are:

- Immediately following birth and the first year;
- Transition from infancy to toddler;
- Transition from toddler to preschool years;
- Preparation and transition to school.

Government Services

Services for children in WA are not even keeping pace with the basic population growth.

For many years Western Australia had a comprehensive early health and developmental surveillance and screening program offered through Community Child Health and School

¹² Commonwealth Department of Health and Aged Care, 2000, *Promotion, Prevention and Early Intervention for Mental Health – A Monograph*, Mental Health and Special Programs Branch, Commonwealth of Australia, Canberra.

¹³ Shonkoff & Phillips Ibid 5.

¹⁴ Karoly L, Greenwood P, Everingham S, Hoube J, Kilburn M, Rydell C, Sanders M & Chiesa J, 1998, *Investing on our Children: what we know and don't know about the costs and benefits of early childhood interventions*, RAND Report. <http://www.rand.org/publications/MR/MR898/>.

¹⁵ Barbour J, 2000, *A Healthy Start to Life: a Review of Australian and International Literature about Early Intervention*. Paper prepared for the South Australian Child Health Council.

¹⁶ Ibid Centre for Community and Child Health, 2001.

Health Nurses of the Department of Health. This was a front line universal service to support parents following the birth of their baby.

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.

Ngala provides a complimentary service to the Child and Adolescent Community Health Service. Over time Ngala too has been flooded with demand with no resources to increase services as population demand rises. The Department Of Health fund Ngala for the after hours component of the state wide Parent Helpline Service (until 8pm). The Helpline is a good indicator of issues and needs being presented from families in WA. Many Child Health Centres are now not responding to new parents following birth until about 2 months, in quite a number of cases. Ngala surveyed 31 Child Health Nurses (metropolitan) recently to ascertain the level for unmet need. The immediate weeks following birth were highlighted as urgent and showed demand as well as support for services in the 2-3 age group.

The 2-3 year age group demonstrates a gap for services overall and anecdotally only about 30% of families access Child Health Centres during this period. Developmental issues for this age group such as behavioural manifestations require extensive community education and early intervention programs to facilitate effective family functioning in the years leading up to the transition into school.

It is noted that a comprehensive review of Community Child Health was carried out by Professor Darcy Holman in 1989 with recommendations to address the resourcing needs the identified. However, there have been no essential increases since that time, despite the increase in population and complexity. The Tasmanian Department of Health introduced a workload planning tool a number of years ago to plan and monitor the child health nursing workforce. Disadvantaged weightings were given to areas using the same formula as the Department of Education. ***The WA Child and Adolescent Health workforce does not have a planning tool and this could provide an evidence-base around socio-demographics and populations of families with young children.***

It is also noted that during election cycles, Governments undertake election promises to provide an additional complement of child health nurses but in real terms they have not been provided. ***Services for families with young children need to go beyond the political election cycles and bipartisan commitment to the importance of care and education of children in WA demonstrated through adequate planning associated with long term services funding.***

The antenatal period is a crucial opportunity for services to be engaging with parents. Ngala is providing some input into antenatal education programs at KEMH and Osborne Park Hospital. Due to limited funding this is ad hoc. ***Ngala believes that antenatal services need to be adequately resourced and include families, particularly fathers, during the pregnancy to enhance the outcomes for child health and well-being for the child.***

All Government departments have an awareness of the importance of the early years, with early identification and early intervention for identified concerns. Ngala has concern re the silos that exist particularly with Health, Education and Child Protection continuums. Ngala are developing quite strong links with the Health Department in some areas. The Education Department is mainly focussed on 4 years above and there is frequently a lack of cooperation and even a tendency to rivalry between departments and agencies without

a shared vision, cooperative partnership and shared resources. This issue is also magnified with the different layers of Commonwealth funded Local Government and regional services. Many not-for-profit agencies are similarly under resourced and working in partnership takes considerable time, resources and commitment. This situation points to the need for adequate planning and services funding referred to above.

Parenting is a socially constructed role that is influenced by a wide range of personal and contextual factors interacting in complex ways. Accordingly, approaches to parenting information, education and support need to acknowledge this complexity, and the variation that occurs from family to family.

Some parents because of social or personal circumstances need more resourcing and access to education than others as well as strategies to broaden parenting skills and that focuses on personal coping strategies, how to establish and maintain positive social supports and how to work effectively with the service system.

Given the multiple needs of families today, it is important that a range of professionals with different disciplines are able to work together with individuals, groups and communities, in varying locations and contexts. This has implications for the service system, tertiary training institutions and professional development overall. For example, Ngala has been working on a small project with KEMH and DCP to help improve the referral and communication system to enhance the likelihood of parenting support and education for a parent with multiple needs and where the child may need protection. Ngala has also been providing early intervention programs at Bandyup prison to advocate for children of women prisoners. After 3 years there is evidence of change in this system to enable more effective transition of a parent prisoner to the external environment.

Effective intervention will address issues that are a barrier to parents learning through their own experience, such as anxiety or a lack of personal sense of efficacy. Importantly, parenting intervention should aim to enable parents to solve problems for themselves.

There is no universal standard of “good” or “effective” parenting, and in considering the effectiveness of parenting, it is appropriate to examine the function of the behaviour for the child rather than its form. Parenting practices that result in positive outcomes for children can take many forms and are influenced by many factors, such as the child’s temperament, environmental circumstances, culture, social expectations, parents’ gender, and parents’ own experiences of being parented.

Parenting is more likely to be effective when parents adapt their practices to meet their children’s changing needs – when they are perceptive of these needs, responsive to them, and flexible in this responsiveness. Many factors can affect a parent’s capacity to do this, creating vulnerability for the child. What is helpful will vary according to the factors that lead to the circumstance. Where a child’s behaviour is challenging and parents lack ideas on appropriate strategies to manage the situation, there is a need for parenting skilling. Where personal or social adversity factors predominate, the emphasis may most appropriately be placed on addressing these factors. Where there are multiple risk or adversity factors, a multi-faceted approach is needed.¹⁷

Services for Indigenous families and communities with young children have been slowly increasing over recent times. Ngala has been funded during 2008 by the Commonwealth, and this is an area of work Ngala is committed to for the long term. ***There are scant WA Government resources in this area of work in comparison to the level of unmet need.*** Ngala finds this area of work needs time for trust to develop and the resources are not sufficient for this. The major Departments of Health and Child Protection (DCP and DFC) provide some Indigenous teams with specific roles for metropolitan areas, but it is hard to engage and work in partnership currently because of stretched resources for all parties- Government and non-Government.

¹⁷ FACS, 2004, *Parenting Information Project Vol 2: Literature Review*, National Agenda for early childhood, Canberra.

The Perinatal period, infant mental health and parent – child attachment

The perinatal period is defined as the period from conception to 24 months post-delivery.¹⁸ Affective/mood disorders occurring antenatally and postnatally are part of the spectrum of anxiety, depression and low self-esteem that are lifelong problems for many women.¹⁹

Murray, who has followed up on a cohort of children whose mothers experienced PND, reported an adverse and “enduring influence on child psychological adjustment”.²⁰

They also noted that “the child’s relationship with the mother appeared to be mediated by the quality of the infant attachment at 18 months”. The relationship between mother and child is clearly affected by maternal mood.

John Bowlby elaborated a theoretical basis for understanding how babies develop emotional relationships, known as “attachment theory”.²¹ He surmised that babies create an inner working model of all human relationships on the basis of the earliest relationships in their lives. This may be modified gradually in the light of later experiences but, once the template is set, it is more difficult perhaps to change it than it is to ‘lay it down’ beneficially in the first instance.²²

When parents are emotionally available and sensitively tuned to their infant’s needs, a baby is more likely to develop secure attachments which can reliably be measured by the age of one year.²³ Insecure attachments can be observed in about one-third of infants by this age.

Follow-up studies suggest that insecure infants are more likely to have behavioural and learning difficulties by the time they commence school; they are also at risk of having greater difficulties in interpersonal relationships throughout their lives^{24 25}.

Children whose parents have depression and anxiety are six times more likely to develop these problems themselves²⁶.

Ngala has been working over a number of years with KEMH and over more recent years with the KEMH Mother and Baby Unit (as a step-up/step-down facility) and WA Perinatal Mental Health Unit. This area of work has been enhanced due to the National Beyond Blue Initiatives and increase in mental health funding generally.

The focus has been predominantly on the health and well-being of the mother and importantly the evidence base supports the need for interventions to lead to successful outcomes in terms of children, partners, families and community health and well being. Intervention programs in this area are limited and ad hoc. These programs need to take into account the adult caregiver/ child attachment relationship in the first three years otherwise there are major consequences for a child’s functioning and development outcomes. A good example of best practice is Ngala’s Tuned in Parenting (TIP) Program where over 9 weeks the parent/child attachment is enhanced through play and reflection on interactions.

¹⁸ Barnett B, Fowler C, Glossop P, 2004, *Caring for the Family’s future*, 3rd edition, National Library of Australia.

¹⁹ Ibid Barnett et al, 2004.

²⁰ Murray L, Sinclair D, Cooper P, Ducournau P, Turner P, 1999, *The Socio-emotional development of 5-year old children of postnatally depressed mothers*, Journal of Child Psychology and Psychiatry, 40: 1259-1271.

²¹ Bowlby J, 1969, *Attachment and Loss*, Vol 1: Attachment, London: Hogarth Press.

²² Williams A, 2001, *Early parent-infant attachment*, Medicine Today, 2(9):71-77.

²³ Ainsworth M, Blehar M, Waters E, Wall S, 1978, *Patterns of Attachment: a psychological study of the strange situation*, Hillside, New Jersey: Lawrence Erlbaum Associates.

²⁴ Main M, Hesse E, *Parents’ unresolved traumatic experiences are related to infant disorganized attachment status*. In Greenberg M, Cicchetti D, Cummings E (Eds), 1990, *Attachment in the Pre-school years: theory, research and intervention*. Chicago: University of Chicago Press, 161-182.

²⁵ Murray L, Cooper P, 1997, *The role of infant and Maternal factors in postpartum depression, mother-infant interactions and infant outcome*, In: Murray L, Cooper P (Eds), *Postpartum depression and child development*, New York: Guildford Press.

²⁶ Beardslee W & Wheelock I, 1994, *Children of parents with affective disorders: Empirical findings with clinical implications*. In WM Reynolds & H Johnston (Eds), *Handbook of depression in children and adolescents*, p 463-479, NY: Plenum Press.

KEY RECOMMENDATIONS:

- Increase universal community child health services with extra resources for referral capacity to child development centres
- Adequate funding for a 24 hour Ngala Parent Helpline
- Adequate resourcing for parent education and skill development in the antenatal period, particularly the engagement of fathers
- Adequate resourcing to increase capacity for Indigenous workers in the early parenting and early childhood contexts to work effectively with their communities
- Ensure adequate funding for perinatal mental health services to focus on appropriate interventions for the needs of children and their attachment with their primary carer when the mother is experiencing depression and anxiety disorders. For example the Ngala TIP Program.
- Improved funding to services to enhance both government and community service organisations.

(b) how to appropriately identify developmentally vulnerable children, and (f) what is the most appropriate measure of program outcomes

Neurobiological research demonstrates the impact of prolonged stress on children's developmental outcomes. Developmental vulnerability is therefore a complex issue which links to a variety of micro systems in which children directly participate.

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 such as Ngala.***

Being in group child care can contribute to considerable amount of stress experienced by children. However, research by Gunnar²⁷ and colleagues (2001) demonstrates that high quality centres for infants and toddlers contribute to the reduction of stress levels. Therefore, there is a need to identify centres of low quality, where children are emotionally distressed due to the lack of positive interactions and programs which are not stimulating and play-based. It is of prime importance to put in place strategies to prevent such centres from operating to reduce the risk of children's negative developmental outcomes.

Providing adequate support to disadvantaged families by providing them with opportunities to develop networks of support within their local communities and linking them to available resources is also necessary to prevent developmental disadvantage for children. This can be done through developing service models that allow for co-location of services needed in each individual community. Early learning and care services could play an important role in identifying children's developmental vulnerability and actively assist families in developing their social capital.

²⁷ Gunnar & White, (2001) Salivary cortisol measures in infant and child assessment. In L.Singer & P. Zeskind (Eds.), *Biobehavioural assessment of the infant*. pp. 167-1890. New York: Guilford Press.

Investment in early parenting and childhood education and child care must be embedded in cultural and societal beliefs about young children where children are seen as part of a family, community and society. Children must be understood as a community of intuitive learners with both nurturing and educational needs and rights.

The child is central to an environment which is stimulating and nurturing and consists of facilitated play experiences. Learning opportunities are created for each child based on his/her unique interests, needs and context. The quality of children's interactions with adults and the environment plays an important part in the quality of their learning. All settings, indoor and outdoor, provide educational opportunities including those where infants and toddlers spend time.

Ongoing assessment through observations by appropriately qualified early childhood professionals will also identify vulnerable children. Early childhood professionals should have a comprehensive knowledge of child development and the ability to assess the qualitative dimensions of children's learning environments. They must be able to conduct observations as a tool for assessment and have a good understanding of working with communities and families. The child grows and learns within a family and community and it is important that early childhood professionals understand the importance of developing relationships and supporting families. The co-location of local services is important as it supports families' access to services close to home, particularly specialist services such as occupational therapists or speech therapists. Where services develop integrated approaches, families can be provided with opportunities to develop a personal network of support through, for example, easy access to playgroups or Ngala's Play and Parenting Time in key locations through the metropolitan areas. ***In this regards, Ngala over recent years has been developing an Integrated Services Framework.***

KEY RECOMMENDATIONS

- Increase professional development opportunities for all staff skill mix working in the early parenting and early childhood contexts
- Investment in integrated service frameworks
- The **Australian Early Developmental index (AEDI)** is a suitable, evidence-based population measure at school entry to monitor child developmental wellbeing across locations.

(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

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

There are various models that can be considered. Whatever model is preferred there must at least be a 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 and parenting 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 in many instances, schools are likely to be significant sites for early years' activities.

Ngala welcomes the recent decision of the present Government for Early Child Development and Learning to be a responsibility of the Minister for Education.

NIFTeY (WA) recently commissioned a consultant to scope early years services in WA and the report with recommendations contained a range of models (expected to be released in March).

It is recommend 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.

The Western Australia Commissioner for Children and Young People, Michelle Scott²⁸ outlines this very well. She correctly highlights that “it is impossible for communities and families to break up the everyday challenges they face to fit neatly into government structures”. What is needed is a Western Australian Office of Early Childhood “with responsibility to develop, implement and report on a plan for improving services to our youngest citizens”....and, this means “developing new ways of thinking and creating new methods of funding that encourage of demand coordinated services”.

KEY RECOMMENDATIONS

- Instigate a Western Australian Office of Early Childhood Development which will set up cross Agency coordination of effort for children in the early years.

(e) how to prioritize the resources available for meeting the needs identified

Every effort should be made to improve the overall quality of young children's lives and environments. Mainstream collaborative and integrated services will result in improvements across the population of young children and within that context vulnerable children will be supported with additional services as required.

Clearly an increase in community child health nursing, allied health professionals and early childhood educators 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 integrated demonstrated early development and care services as collaborative initiatives to commence the programs that are already evidence-based.

²⁸ Commissioner for Children and Young People, Western Australia. Increased investment in children critically overdue. January 2009.

Any other related matter deemed relevant by the Committee
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There is an urgent need to have an Early Years Strategy and Plan for Western Australia. In Victoria the *Blueprint for Education and Early Childhood Development* forms the basis for strategic planning. This provides a framework for macro public policy development in relation to Commonwealth State negotiations; local government authorities; government and non government agencies; universities and training bodies; parents and communities. All the other jurisdictions have similar plans in place but in WA there is a policy vacuum.

The above Strategy and Plan together with the creation of a collaborative Office of Early Childhood Development will provide the foundation for families and children in WA to build the important foundation of the early years of life.