EDUCATION AND HEALTH STANDING COMMITTEE

INQUIRY INTO IMPROVING EDUCATIONAL OUTCOMES FOR WESTERN AUSTRALIANS OF ALL AGES

TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 21 SEPTEMBER 2011

SESSION ONE

Members

Dr J.M. Woollard (Chairman)
Mr P.B. Watson (Deputy Chairman)
Mr P. Abetz
Ms L.L. Baker
Dr G.G. Jacobs

Hearing commenced at 10.02 am

WALTER, MRS RAELENE
Chief Executive Officer, Ngala, examined:

BENNETT, MS ELAINE
Director, Services, Ngala, examined:

The CHAIRMAN: On behalf of the Education and Health Standing Committee I would like to thank you for your interest and your appearance before us today. The purpose of this hearing is to assist the committee in gathering evidence for its inquiry into improving educational outcomes for Western Australians of all ages. At this stage I would like to introduce myself and the other members of the committee present. I am Janet Woollard and we are quite happy with first names. Next to me is the deputy chair, Peter Watson, Peter Abetz, Graham Jacobs and Lisa Baker. Our research staff, who will be with us very soon, are Brian Gordon and Lucy Roberts. From Hansard today, we have Liam Coffey and Helen Lunsmann. The Education and Health Standing Committee is a committee of the Assembly. This hearing is a formal procedure of Parliament and therefore commands the same respect given to proceedings in the house. This is a public hearing and Hansard will be making a transcript of the proceedings for the public record. If you refer to any document or documents during your evidence, it would assist Hansard if you could provide the full title for the record. Before we proceed to the questions we have for you today and your submission to the committee, I need to ask you: have you completed the "Details of Witness" form?

The Witnesses: Yes.

The CHAIRMAN: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

The Witnesses: Yes.

The CHAIRMAN: Did you receive and read the information for witnesses briefing sheet provided with the "Details of Witness" form today?

The Witnesses: Yes.

The CHAIRMAN: Do you have any questions in relation to being a witness at today's hearing?

The Witnesses: No.

The CHAIRMAN: Brian sent to you the inquiry's terms of reference. We are looking at e-learning and school partnerships, and one of the key areas that I am hoping you will address with us today is the factors, from your perspective, influencing positive or negative childhood development from birth to year 12. I know that you deal with early years. We are also looking at opportunities to engage students in years 11 and 12, improving access and opportunities for adult learning and, again, back to where I believe you have a great deal of expertise, foetal alcohol syndrome, prevalence prevention, identification, funding and treatment to improve education, social and economic outcomes. I am hoping that maybe you could start, having looked at the terms of reference, by telling the committee a little about Ngala. Thank you for providing us with this documentation.

Mrs Walter: Well, probably —

The CHAIRMAN: I have to admit that we tried last year, a couple of times, to organise for me to come to Ngala and for one reason or another I missed out on that opportunity, but maybe with this

new inquiry, apart from your talking to the committee today, it might be possible for those members of the committee who have not visited Ngala, following on from this meeting, to maybe come along and have a brief visit there.

Mrs Walter: That would be absolutely fantastic. We welcome the opportunity to be here today, but we would also welcome the committee being able to come and visit Ngala, and that is on the basis that we really genuinely believe that we can contribute to the areas of interest of the committee, but also to share with you the experiences that parents have and why they contact an organisation like Ngala. We get something like 40 000 contacts with parents with young children, and 25 000 of those are in direct contact, whether —

Mr P.B. WATSON: Is this a year?

Mrs Walter: A year, yes. So it is significant in the context of the overall system within Ngala, and as we are talking today, one of the things that will come through from our point of view is that we really want to be able to work a lot closer with government. I did an interview with *The West Australian* last week, and described Ngala as a complementary service to the child health nurse network, and as the conversation continued, she said, "Well, you're not a complementary service; you are really very much the backup service and, in some cases, the only service." This is why we want to be able to contribute, I guess, to the thinking and policy development and development of strategies, because we really believe that we are the other part of the story, and a very important part of the story.

We have put together packs for you. We often find that people have a particular view of Ngala—that it is overnight stay, about sleep or feeding problems or whatever it happens to be.

Ms Bennett: It is 120 years old.

Mrs Walter: Nearly 121, so it is a fascinating organisation. In the pack that we have put together there for you, there is a seven-minute DVD. If you do have the time to actually watch that, it will give you snippets of the full range of our services, from our overnight stay right through to our work in Bandyup Women's Prison, as well as work in the community.

Mr P.B. WATSON: With Bandyup, is that with young children?

Mrs Walter: Yes, it is in the mothers and babies unit, working with the parents in their relationship with their child for the first 12 months of life, while the child is in prison with them. In the packs we also have an overhead presentation. I thought we could just go through this. This will give an overview of the services and there will be some particular points that we could also come to.

Ms Bennett: The other document is really just a discussion document that we put together that provides a bit more information to add to the slides.

Mrs Walter: Perhaps if we go to the third slide, which is the overview of Ngala services.

The CHAIRMAN: We are a very vocal group; would you prefer that I ask members to keep their questions until after your presentation, or are you happy for members to interject?

Mrs Walter: No, whenever. I would really like to be able to interact, so whenever you have a question, please ask it. We have a lot of information we want to get through and limited time, but yes, do ask the questions. First of all, we just wanted to give you an overview of Ngala services, partly about what we are talking about. As you can see, part of it is family services, just on this particular one here. Ngala is registered as a 30-bed private hospital, so that is part of the work that we do, and that is for our overnight stay and day stay. Above that we have early learning and development services, and we have two childcare centres, one that operates in Kensington and the other one that operates at Perth Airport. We put a lot of work into the operation of that service so there is a real engagement with parents and also between parents and the community.

Mr P.B. WATSON: The airport one, is that in the actual terminal?

Mrs Walter: No, it is in the precinct of Perth Airport. One of the reasons we looked at that is partly because it became available, but also because that whole precinct is booming and increasing in terms of being a place of work.

Ms Bennett: It has 16 000 employees, if not more now.

Mr P.B. WATSON: At the airport precinct? So it is not actually part of the airport?

Mrs Walter: No, but it is in the Perth Airport suburb. We also have a whole range of services, across something like 12 locations in the metropolitan area, and also statewide services that are our community services. These include a whole range of services such as a statewide telephone service, the development of an online service—and that is one area that we particularly want to develop in this state, given the nature of the geography of the state—and also parents' needs and work structure, where a number of parents are working away.

Mr P.B. WATSON: Are you looking at the Pilbara and Kimberley and areas like that, where we have found that there is lot of issues with children? Is there any thought of Ngala putting an outreach station up there?

Mrs Walter: We have not actually got an outreach station but we do go to the Pilbara area, particularly with the assistance of Woodside, on a very regular basis; we have now for three years. We are recontracting with them to continue that service. There is significant work in that area. Even though we fly in and fly out, our approach is to work with the communities and also to help resource the communities and sometimes we find we are doing a lot of linking work as well. We do work in Roebourne and other areas there. In the community services we also have a significant education group. I do not have the figure in my head, but it would be something like over 3 000 participants would come to our education groups, whether they are what we call a scheduled group or a community group that the community has said it has a particular need for. We also operate what is called parenting and play; it is not playgroup, it is an informal facilitated session with parents. Sometimes we will get up to 25 parents and their children coming at various locations to a parenting and play group, and it just forms a good way of parents being able to connect with other parents in the community, but also to have experienced staff, usually a child health nurse and an educator, and we also provide child care as well.

The CHAIRMAN: It is not held on a weekly basis, is it?

Ms Bennett: Yes. They are regular connection points that are free, that parents can come to; just drop in.

The CHAIRMAN: Where are they held? Are they at Ngala centres, or are they in other community areas?

Mrs Walter: Sometimes it is at our own facilities, like in Rockingham, and in other places like Mirrabooka, it will be at a local place. In Noranda it would be quite local as well. In that case, we lease the Noranda centre from the Department for Communities, so it is a whole range, but it is around having access for families in an informal and comfortable way, but also having good staff facilitation, because the skill is having staff there who can pick up when to connect people, when to provide further information, when to perhaps use opportunities that come up within the group as learning opportunities for the whole group or a small group of parents.

[10.15 am]

The CHAIRMAN: Will you later discuss a little about your staff? Is that a part of your presentation; in which case I will not ask you to do so now. If it is not, could you cover it now?

Mrs Walter: Elaine can cover the staff.

Ms Bennett: We will cover it because workforce is one of the issues that we want to raise with you. Maybe we can talk in that context.

Mrs Walter: I will just move on. In the pack and the PowerPoint presentation, we have included the strategic directions, and there is also a map that shows the location of our metro services. If you look on the next map, it shows the location of our rural and remote services. We get a lot of requests to go to different locations. We are also linking—that is, we have been endeavouring to link, but it is now becoming more so—the human resources parts of companies, which are starting to become more interested. They are starting to see the link. If the family is functioning well, the workforce is functioning well. So, we are getting quite a number of requests, particularly given the nature of the workforce. In WA the—I was going to say fly in, fly out, but we use the term families working away because it is not only the fly in, fly out workforce, but the contractors, the executives, staff members and others. We did some research about three of four years ago. It is on our website. It was very interesting research into the cycle of fly in, fly out. Our approach is to accept that that is a way of work, and we are interested in how to make that particular lifestyle work well for parents and also work well for children.

Dr G.G. JACOBS: Can you just explain the map, rural and remote, because I cannot read it. There are green stars and triangles—I am particularly interested in Esperance and Kalgoorlie area, and what they mean.

Ms Bennett: We have a state coordination role for My Time, which is a commonwealth support program for parents of children with a disability. The marks indicate where those groups are. We now have around 30 groups in Western Australia. We contract out. We have that link. The map shows our networks. The green stars are our concentrated effort around education of both professionals and parents. We have royalties for regions money that we have concentrated in the Wheatbelt, and which really is not indicated here. However, the Pilbara and the Wheatbelt are two areas that we have funding for.

Dr G.G. JACOBS: And the dotted circles? What do they indicate?

Ms Bennett: It is really just the concentrated effort that we have put in in the Pilbara over the past three or four years.

Mr P.B. WATSON: Is it working?

Ms Bennett: It is a slow process. We find, from Ngala's perspective that we are often the regular face to the community, because of the nature of turnover of professionals in that community. Our teams are fairly stable. We have a very stable workforce. I think parents know us now. As far as outcomes, we get a lot of good feedback from both professionals and parents because it is really about capacity building and linking people, and education. It is still a work in progress.

Mr P.B. WATSON: Elaine, has Ngala thought of having a nurse from Karratha or somewhere up north stationed—it could be someone who lives there—to do part-time work?

Ms Bennett: At the moment we have not considered that. It is very expensive for our team to fly in, fly out and that is why the mining companies are useful—because of the resourcing issue.

Mrs Walter: What we have done is, and sometimes it has been funded through the mining companies, bring professionals down to Ngala for a week or two weeks. Our approach is that if we can skill other people in the way that we go about things, and share our approach, the evidence that we use and also develop a good working relationship, that will help strengthen the community. We recognise that there is so much work that we cannot do it all.

Ms Bennett: That links to the other part of our work on the overview; that is, we have just become the Ngala Institute of Education and Learning. As from May, we are now a registered training organisation. We are going back to our training roots—as we were once trainers.

The CHAIRMAN: Is that certificate III or certificate IV training?

Ms Bennett: Certificate III in children's services at the moment and workplace training and assessment. But the longer term plan is to try to package up all the work we do in parent education, community education and family support into an RTO type of package. But that is longer term.

Mr P.B. WATSON: But Elaine, if you do not have the resources—you are training people but you do not have the resources to send them out—is that a problem? Or are you retraining the ones you already have?

Ms Bennett: We started on this venture because we wanted eventually to be able to train our own workforce, because we are going to have huge issues in the long term. But we also want to add capacity to other workplaces and agencies. So it is not just for ourselves.

The CHAIRMAN: Sorry, what does RTO stand for?

Mrs Walter: Registered training organisation. We are already training something like 250 professionals—or more—a year.

The CHAIRMAN: You are already training at certificate III level?

Mrs Walter: Not in a formalised sense. We really got to the stage where we said this is part of our business and we need to formalise that. The RTO is a part of doing that.

The CHAIRMAN: And the RTO is for the certificate III level, at the moment?

Mrs Walter: No; it would be higher than that.

Ms Bennett: It will be eventually.

The CHAIRMAN: So at the moment you are doing certificate III, but you are hoping to do certificate IV or maybe diploma level.

Mrs Walter: Definitely. I would see it going all the way up, quite frankly. I do not see why we would limit our thinking or why the organisation would limit its thinking.

Ms Bennett: We also have good partnerships with universities with our research agenda. We see the RTO eventually, hopefully, providing us with workforce postgraduate courses in early parenting and things like that.

Dr G.G. JACOBS: We have been talking about resources. Can you tell us how much funding the organisation gets and where it comes from?

Mrs Walter: The budget would be just over $11 million for this coming year. About 50 per cent of that we raise in fees or sponsorship. I am sorry; I just do not have the other pieces in my head. The remainder would be from the commonwealth and state government funding.

Ms Bennett: It is about a 30—a one-third split.

Mrs Walter: It is a significant pressure on the organisation in terms of us needing to charge for some services to make them viable. That is quite difficult.

Mr P.B. WATSON: What proportion of the people come from low-income economic areas? Is that even a factor? Or is it across the board?

Ms Bennett: It is across the board.

Mrs Walter: Parenting is across the board.

Mr P.B. WATSON: My daughter and granddaughter have been to Ngala and you guys were absolutely fantastic.

Ms Bennett: We have a sliding scale: those who can pay, pay, and we try to subsidise services from other services. That is how we do it.

The CHAIRMAN: Your website suggests that Ngala is in contact with approximately 50 per cent of families giving birth in Western Australia every year. This seems a high number of families. If

you are in contact with this number of families, is this because of outsourcing of service delivery by the government or is it because of gaps in existing government policy?

Mrs Walter: Gaps.

The CHAIRMAN: In which case, can you expand a little bit on what those gaps are and about the large number of calls that you receive?

Mrs Walter: We complete about 23 000 calls in our helpline system. I am just saying that because —

The CHAIRMAN: Who takes those calls?

Mrs Walter: They come to our helpline and are taken by child health nurses and —

The CHAIRMAN: Child health nurses?

Mrs Walter: Predominantly; and social workers and sometimes early childhood educators. All our staff members on the helpline are highly experienced and very skilled in listening to parents' needs. The number of phone calls that come through, come through without us advertising that service. If the service was advertised and we were able to resource it, I suspect that we would be looking at about 60 000 calls a year. To be quite honest, I must admit that is a frustration, because I see that as being a very big need. In a state like Western Australia we need to be thinking about access and that is a very important part of our work.

The CHAIRMAN: When a child health nurse or a social worker takes a call from a family in crisis, for example a young mum who is going to rattle her baby because she cannot cope anymore, apart from offering advice on the phone, how do you deal with that type of situation?

Ms Bennett: All calls are worked on a 15-minute benchmark, but obviously some take a longer and some take a shorter time. The immediate need is: what prompted that call today? If there is a crisis, we listen and work out with the client what the issues are and then link them back to their community or to a referral source. Or it might be that we can link them into one of our services. It is really a facilitation role as a frontline helpline service.

The CHAIRMAN: So Ngala does not have someone in a metropolitan area who could go out?

Mrs Walter: We do not provide any service of that nature. Generally, we find that what you describe is not unusual. Our staff would probably be dealing with crisis calls on a day-to-day basis. We have quite close links and protocols to refer to crisis care, for those reasons. I think it comes down to the skill of the staff, who are absolutely fantastic. The fact is they can hold a person—that is, hold a call—and refer to crisis care, and still have the parents feeling comfortable to come back to Ngala as a safe place.

The CHAIRMAN: This is our inaugural hearing for this inquiry. You are starting to put the bits and pieces together for us.

Mrs Walter: We would be happy to come back once you have some more of the pieces, and we can give you the other part of the story!

The CHAIRMAN: When you mentioned crisis care—is that child protection?

Mrs Walter: Yes.

The CHAIRMAN: Is that child protection staff? Does the department then send someone out?

[10.30 am]

Mrs Walter: They could respond. Again, that would be an assessment of the particular situation and would be decided around the safety of the child.

But in all cases I think it is the skill of our staff in being able to engage, and we have a particular practice framework which is based around how to engage with someone so that people are able to

come down from that crisis level so they do not pick up the baby and throw it. But parents will often say, "I feel like"—you know—and if you are a parent you know what that is like, because there is an emotional trigger point and that is part of the reality of the phone service. So, I think it is down to in those sorts of services you really need highly skilled people in being able to adequately resource and to help support parents. Also in the system we do have a flagging, so if a parent has rung before and there are concerns or is ringing back multiple times, then also our staff can look very quickly at the system, and it is all computerised so there is a data record there. So, when you come and visit, we could show you just how that works.

The CHAIRMAN: My question was going to be about the evaluation message. Do you want to go first?

Ms L.L. BAKER: I remember well the problems with the interface between the departments and NGOs on this issue. Is that still a problem? Do you want to talk a little bit about the gap between that referral of information between clients when somebody rings and where they have been and how you track it? Can you do that quickly?

Mrs Walter: There are several things going through my head at the moment.

Ms Bennett: While you think of that, a couple of things is we have tried to do a bit of work with Health on that as well as Child Protection, and I believe we have over perhaps five years got good relationships happening.

Ms L.L. BAKER: Can you just explain to the rest of the committee what the problem is?

Ms Bennett: Do you want to do that because you were part of what Lisa is talking about?

Ms L.L. BAKER: Just my history of this issue with you guys. It has been quite an intense one, that whole stuff between how when you pick up the phone and you get somebody on board or when you refer somebody, how you actually get the case history or the information you need to deal with that person.

Mrs Walter: I think over time our staff have become really, really very good at explaining why information is really needed. I think, Lisa, what you are talking about is where confidentiality is being used as a barrier in providing information, which is crucial to the carer to be able to work well with the family. I think that issue has had more airplay, which I think is good, but I do not know that it will be necessarily totally resolved and not necessarily understood. But I think the skill in our staff is that they are quite clear when they are contracting. For example, we have families that come to Ngala from the Department for Child Protection, to our overnight stay that is, and sometimes our day stay. So, the contracting with the department and with parents needs to be really, really clear. But that has taken probably years of work and I am sure there is still a lot of work to be done in that regard, I would say, across the sector. I think the conversations on that in our organisation are not as frequent but I think also it is because we say we actually need this and do not take no for an answer as well.

Ms L.L. BAKER: There used to be big problems.

Ms Bennett: And I think what has helped is we have a much more solid intake service or function now, which has sort of helped that liaison well.

Ms L.L. BAKER: A solid intake function?

Ms Bennett: Intake function.

Ms L.L. BAKER: Do you mean the department is referring under contract to you in a more stable way?

Ms Bennett: No, in what we provide. Within our own resources we provide an intake function, so that coordination model has assisted a little bit.

Ms L.L. BAKER: So that just means when somebody contacts your organisation, you have a more rigorous process for them coming in, defining what their needs are, whether they have been before and how to help them into the future?

Ms Bennett: Yes.

Mrs Walter: Yes.

Ms L.L. BAKER: Okay, thank you.

Mrs Walter: And I was just thinking something else, just perhaps in terms of the overview. Our wait list, given we are the first people you have talked with, at the moment for our overnight stay service, which is our most specialised and intensive of services, that has medical practitioners, social workers, clinical psychologists and a whole range of nurses including mental health, mothercraft and child health nurses —

Ms Bennett: And midwives.

Mrs Walter: — and midwives as well. The wait list is four months.

The CHAIRMAN: Sorry, tell me again.

Mrs Walter: The wait list is four months.

The CHAIRMAN: Four months to come to Ngala for assessment?

Mrs Walter: For the overnight stay for our intensive service. So, if a family contacting us now has a four-month-old child or a three-month-old child, you can see by the time we are seeing the child, the family have had —

Ms L.L. BAKER: Almost at high school!

Mr P. ABETZ: It has already outgrown the parents!

Mrs Walter: They are in the next stage. What we do in any case is we do not just admit people into the service, other than Child Protection families where that is a particular contract with the Department for Child Protection. But in the other sense, the families are coming through a range of services, which could be our education groups, it could be a consultation, which again is an intensive one-on-one consultation. It could be by Skype, it could be by phone or it could be a face-to-face service as well as day stay and overnight stay and linking with parenting groups. So, really, what I am trying to say is that we try to resource the families or provide other interim services because it also helps to give families information and to build on their strategies and confidence, because there is a time process as well.

Ms Bennett: And it stops the escalation of issues; so, earlier intervention.

Mrs Walter: However, that wait list is unacceptable. Our response is partly what we need to do, but that time gap is totally unacceptable.

The CHAIRMAN: How did the funding this year in the budget affect your service? How much extra was it?

Mr P. ABETZ: The 25 per cent increase for the NGOs.

Mrs Walter: What the increase has been able to do is to allow us to pay reasonable salaries to staff, and that is part of the need. The other part of the need with an organisation like Ngala, it has a whole range of compliance issues and as we are ISO accredited as well, which means you need a certain quality and standard of service, I believe, for it to be able to work well.

The CHAIRMAN: And, again, the ISO?

Mrs Walter: International Organization for Standardization. So we are internationally accredited as an organisation in our systems to maintain good-quality systems. So some of the funds went not only to some of the staff, but also to the sustainability of the organisation. It did not solve the

problem that we have closed our residential service for one week in every three because of inadequate funding, and this is well known to government. This is well known to the Minister for Health and the Minister for Community Services and Child Protection. This is the only facility in Western Australia providing this service.

Mr P. ABETZ: It is one week in three, is it?

Ms Bennett: One week in four.

Mrs Walter: One in four, yes.

Dr G.G. JACOBS: What do you mean closed?

Ms Bennett: We do not take children in.

Mrs Walter: We do not operate the residential service.

Ms Bennett: And overnight service.

Mrs Walter: And overnight service. What we do provide is, and we have put more people through day stay so that bit works, but it certainly does not solve the —

Mr P.B. WATSON: What was that?

Mrs Walter: Day stay.

Ms Bennett: Just a day; a long consultation.

Mr P.B. WATSON: So you do not take them during the night for one week in four?

Mrs Walter: Yes.

Mr P.B. WATSON: And you tend to put those people, if they need it, into the day care type place?

Mrs Walter: Or a day stay; what we call a day stay. That, again, helps to bandaid the problem, but it does not actually solve the problem. So, I think in answer to your question, the needed increased government funding was well overdue in my view. For organisations such as Ngala, it did not actually deal adequately with the inadequacy of the baseline funding, and that is still an issue. So, we welcome it with one hand and at the same time we say, "Look, this needs to be better."

Where we are coming from—this is where I get a bit passionate about all this stuff, but I really believe working and resourcing families early on in the life of their child makes a significant difference. It helps in the adjustment to parenting. When families ring our service, they usually ring about sleeping, feeding and crying. What our staff are working with is a whole range of issues, which could relate to perinatal mental health; to depression; to family of origin issues, including sexual abuse or other forms of abuse that the parent has experienced and are coming to the fore with the birth of their own child; and a whole range of other factors. So, that is why we staff the service as it is with experienced staff.

Mr P.B. WATSON: And all-round knowledge.

The CHAIRMAN: I wonder if I might get you to come back, because you have obviously put a lot of work into this presentation.

Mrs Walter: Yes.

Mr P.B. WATSON: Can I just ask one thing, Rae? What age groups do you deal with; from birth to what age?

Mrs Walter: Really we go through a whole range up to 18, but the focus of our service is really up to three years of age, and predominantly under two years of age. So, it really is very much that it is that transition time and adjustment to parenting. One of the other points is we wanted to talk about the early years. We have some slides here, but perhaps one way I can show it to you best, and we came along with the dilly bag —

Ms L.L. BAKER: You brought the brains!

Mrs Walter: We brought the brains.

Ms L.L. BAKER: Excellent!

Mr P. ABETZ: Can I have one of those!

Ms Bennett: Yes. I will bring them up then.

Mrs Walter: It is good to feel them.

Ms Bennett: This is the size of the real brains. This is at birth, this is at three years and this is an adult about 30 years old; so that is just to sort of signify the breadth of growth that happens.

Mrs Walter: We really wanted to bring that along to demonstrate those first three years. If you look at the very small brain and look at the three-year-old's brain, really there is not a lot of growth between the three year old and the adult size in the brain.

The CHAIRMAN: This is just amazing! I wish we had had this for that grievance the other week!

Mr P.B. WATSON: Too many people would have claimed them!

Mrs Walter: We could leave those with you, if you like.

The CHAIRMAN: I think they would come in very useful.

Mrs Walter: This is the sort of information that we also provide to parents. So when parents are coming to our groups, we can share around with them the growth and development of their child's brain. And really what we are saying is also those everyday experiences that children are learning while their brains are developing is a really, really important time. And that is the first part really of what we are talking about in the brain development stuff there.

The CHAIRMAN: But that says it! Looking at this is not to me as meaningful as seeing and feeling those brains.

Mrs Walter: Yes.

The CHAIRMAN: How are we going to get this into *Hansard* for the other members who read this later? Actually, you could tell us, because you would know the weight of those three, because it does not say on them.

Mrs Walter: It must not have come out then. I will get back to Brian with that information. We do have it and usually it is on the slide.

The CHAIRMAN: Thank you; that would be wonderful.

Ms Bennett: One of the things we would like to suggest as a follow-up from this is that a group of our very experienced educators and child health nurses are available to do a focus group with you to get a bit more of the application around the importance of child development and what is actually happening out there in the field.

The CHAIRMAN: You have obviously run those before. How much time does that focus group take?

Ms Bennett: It is a suggestion that you might like to ask the questions of the group on specific questions that you might have.

The CHAIRMAN: Okay, so it is not them giving us a presentation; it is for us to go and ask them.

Ms Bennett: They could, but —

The CHAIRMAN: At this stage we are absorbing.

Ms Bennett: Yes.

The CHAIRMAN: Maybe in some months' time we might be better placed to ask the questions.

Ms Bennett: It is a suggestion because we are at a different sort of level.

Mrs Walter: What we felt could be useful is if some of our staff, who are really in the field and come across the day-to-day experience of what parents are saying and also are actually applying this information as part of their knowledge, if you want to hear directly from practitioners, then we could arrange that through your secretariat at a time that would suit based around that.

[10.45 am]

Ms Bennett: We have a strong interface with other practitioners working in this area.

The CHAIRMAN: It would not be possible for all members of the committee, but possibly one or two members of the committee might be able to come out and do some work with the child health nurses and other staff and then report back to the full committee.

Ms Bennett: Yes, or when you come to Ngala.

Mrs Walter: There is one other PowerPoint slide that relates to that. It is the one that has the three panels. The first panel shows the child's brain at birth. The next panel shows the child's brain at six years of age.

The CHAIRMAN: We actually saw these three slides in a presentation from Dr Jack Shonkoff, in Melbourne.

Mrs Walter: That is just to show exactly what happens, so again it is just reinforcing the importance of that time.

The CHAIRMAN: It is interesting to look at these models of brains. I do not know whether you are able to answer or you are able to point us in the right direction. But I was looking just this week at the NHMRC report that was done several years ago on screening. They went through heart murmurs and hips. It was the whole caboodle.

Ms Bennett: I am familiar with that.

The CHAIRMAN: But what I think we need to know as a committee in particular is the science behind the standard screening assessments that have been identified for children in Western Australia, and for children in other states. So between birth and two months or three months, when that first screening assessment is done, what is the science behind saying, "This is what should have happened in these three months, and therefore, as part of this assessment, the scientific evidence shows that these pathways should have developed, and therefore we are looking to see A, B, C and D"? The reason I am asking you that is because I raised a grievance with the minister two weeks ago, and the minister acknowledged in the house that children are getting the assessments up until the first year, but then there are not enough child and community health nurses for the 18-month check. The 18-month assessment is a standard assessment in each of the states. So I would like something in terms of the science that is behind the first assessment, the second assessment and the third assessment—for each of these assessments. Do you have something along those lines from that review? I have not gone into that in detail.

Ms Bennett: I am sure we could locate something. I know that when that review was done with the NHMRC, there were certain parts of what was done in the child health nurses' role, and in some of the screenings, that had some evidence around them, but there was not a lot of that evidence other than knowing the transition points. We know that the first three years of a baby's life is crucial, and the parents are adjusting. So it is really that regular support. We know that around five to six months, there is an adaptation around sleep, and that is when issues around perinatal mental health, depression and anxiety come to the fore, because the family is not coping because the baby is not coping. We know that from nine to 12 months, the child is moving from a baby into a toddler. Then we know that around the toddler years, that is when all these things are happening for a child and they are learning to speak and they are moving and they are adapting in a social environment, and that goes through to three, when they can control their words. So really the transition points around

screening are to do with that developmental trajectory, if you like. Another transition point is starting school. Other transition points are around when families start to work. There are lots of different factors now for parents working and adequate child care. I do not think there has been an official document since that one, but I am sure that nationally there has been some evidence that we should be able to get hold of.

The CHAIRMAN: I would be interested, and I am sure the committee members would all be interested, in following that up with you, because we really need that information.

Ms Bennett: Child health nurses have been very historical, because the first centre in Western Australia started in 1922, and in the first part of the century it was really around infant mortality and morbidity, reducing that. And then once that declined, the role of the child health nurse expanded—that is my background; child health nursing. The next part of the century was more around all the other issues that came to the fore, such as societal issues around the awareness of mental health, child protection, drug and alcohol issues, and a whole range of societal factors that have impacted on families. So the complexity of the role has gone whoosh. Along with other practitioners in the field—GPs and others—we have found that it is very difficult to keep up with that. So we believe at Ngala that not one discipline can actually focus on families today. It has to be an interdisciplinary approach. I think we need to re-think that. We need a universal platform. But how we actually do that is another thing. I think we need to be creative. At Ngala we are working on how we can articulate what the role of the nurse is within an interdisciplinary team. But then there is a bit of an overlap. What is that overlap? Disciplines add to that early parenting context. But what is it that we can all do together rather than rely on one particular workforce to do this, that or the other?

The CHAIRMAN: You are aware that last year there was a funding boost for child development services over last year and the following three years. However, I was told by child and community health nurses that probably for the last 10 years, or more, 30 per cent at least of the referrals to child development services would have come from child and community health nurses. Therefore, although we are seeing positives from that injection of funding and we are seeing waiting lists cut from 18 months to 12 months, and maybe even less than that—nine months—because it is those referrals that lead to those assessments, until we get the child and community health nurses to do the assessments, we are losing those children who need help. It is for that reason that I believe we need to be able to put the science behind why those assessments are so important and why the role of child and community health nurses and school health nurses is so important. So I look forward to maybe following that up with you.

We will now come back to the presentation, because we have only a few minutes left with you. As this is our first hearing with you, we would appreciate, if you are happy with that, the opportunity to bring you back when we have had a bit more of a chance to learn about this area.

Ms Bennett: If we can move to the end of the presentation, over recent years what we have been noticing is that the universal platform has just gradually disintegrated over time. So, yes, having the child health assessments as a first point of contact is important. But we also feel that nurses themselves cannot be that to all people. So we feel that with the social media, the online and how younger parents approach the world, we need a range of strategies that would support that.

Mrs Walter: Just on the online stuff, last year I visited Toronto. We are hoping to bring out a program to pilot test in Western Australia and then maybe to roll it out. It is an online parenting program that starts antenatally. What we are looking for in a place like Western Australia is solutions for a state that is geographically remote and in some places people are quite isolated. So the whole development of a social media response, we are putting a lot of effort into that.

Ms Bennett: And also, if we can relate that to where we start, we feel that there needs to be a better linkage system between the data. We have started a small project with the Institute of Child Health Research, trying to get a mapping of what we have got, so as to try to contribute to government data

around getting that interface a lot better. That will help with a universal system of information, because that is really lacking.

The issue of parents working away has really, as you know, exploded. We have a number of parents who are not even based here and are not even part of the child health network birth notification because they are coming from other places, but who contact us because they know about us. So we have not just an increasing birth rate here, but also we have families with children that are coming to this state and often do not know about Ngala. But there is a gap. Parents working away, we have talked about that.

The other one is around the fact that we are very short-term intensive in the work that we do, and we would like to see services somehow being able to support more vulnerable families in that longer-term work. There is a lot happening, but there needs to be a lot more coordination across the different sectors, because that relates to the last point there. There is also a lot of work being done in the state around perinatal depression and anxiety. There is the beyondblue focus. But nevertheless, today's parents are very anxious. We know that from our helpline services; GPs know that; accident and emergency know that. Parents come in because they are basically anxious. So they are clogging up a lot of those systems around their anxiety. That is an issue. That is why we are hoping to do this Toronto stuff, because we feel that some groups of parents who can cope with an online service could manage that, and that would be one strategy.

Another issue is cross-government sector coordination. I know there are attempts at that from government. The main sectors that we cross with are Education, Child Protection, Health, Department for Communities, and Corrective Services. There is a lot more awareness now to work with our sector. But it is still fairly early days. We feel that as an NGO we would like to have a greater voice and feel that we can contribute to some of that help and coordination.

The CHAIRMAN: I want to give each of you two minutes to sum up. I am sure we will invite you back later, because this has been a wonderful start for us. Unfortunately we have another hearing, and Parliament sits at 12.00 pm. So I will ask you to sum up now, but you have both said that you are happy to come back.

Ms Bennett: We have talked about the data, so getting better data to be able to contribute to more evaluation and research and better interrogation of what is happening in the services. We also need a more coordinated government–NGO response, and there have been attempts to do that around higher level government meetings that I know we have been involved with. But it is still fairly what seems to us to be tokenistic, because we are such a small player, or seen as a small player. I mean, government is a big wheel. But big wheels are not talking to each other either very well. So we would like to see at ministerial and other levels a lot more coordination across the sectors. Resourcing is always an issue. We try to do that ourselves in the best possible way. But to be able to make an impact I believe in this sector means that we are going to have to invest quite a bit of resource into this area. The primary health care strategy that has just come out is one example of where we were really excluded from that whole development. That interface with GPs is so crucial. But the monopoly of GPs seeing themselves as the conduit for families is a problem. GPs have seven minutes in summary to see a family. So we need to have GPs, and others, really solidly working together for that local community, because GPs have a focus, but the recognition of nursing and allied health services has to be there around universal access and information and education.

[11.00 am]

Mrs Walter: Look, we really appreciate the opportunity to be here today and to be the first I think is even more marvellous, I suppose. It is perhaps the reverse of where we felt we have been. Just to give you an idea, we have something like 50-odd child health nurses and the Department of Health —

Ms Bennett: About 200.

Mrs Walter: — have a couple of hundred, so we are a significant player in this sector. The point I would really like to make is we want to be in there playing. We believe we can bring a lot of that; we have 20 years of data we can bring to that. This is the conversation we are already having with the Telethon Institute, without worrying about government departments, but surely we can interrogate data better, and we can do it if we can bring it together. So I think there could be some good strategies and ways forward that in the early years will have that impact right through to the system that you are talking about. One of the YouTube videos that we have in there that is talking about adult health actually goes back to when the medical practitioner is asked what would they suggest they do. They said they would start back with parenting skills. Look, I am saying we are really willing to be able to work with other people to break down the fragmentation that exists not only in the government sector but also the NGO sector, because that is not perfect either. But I think the science is there. I do not think we need any more science. I think it is really, really, apart from those bits you were talking about a moment ago, but we know that is there and we know that it is important. I think what we need now is a really decent plan of action and implementation.

The CHAIRMAN: I thank you both for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned within 28 days from the date of the letter of attached to it. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added via these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee's consideration when you return your corrected transcript of evidence.

We have accepted these documents, which we can then post as part of your submission to the committee. Hopefully, we look forward to, if not all of us, some of us, catching up with you at Ngala and maybe meeting with you next year, if not this year.

Hearing concluded at 11.02 am