

**EDUCATION AND HEALTH  
STANDING COMMITTEE**

**AN INQUIRY INTO IMPROVING EDUCATIONAL OUTCOMES  
FOR WESTERN AUSTRALIANS OF ALL AGES**

**TRANSCRIPT OF EVIDENCE  
TAKEN AT PERTH  
WEDNESDAY, 23 NOVEMBER 2011**

**SESSION TWO**

**Members**

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

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**Hearing commenced at 10.35 am****RUHL, MR DAWSON****Chief Executive Officer, Child Australia, 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 us in gathering evidence for our inquiry into improving educational outcomes for Western Australians of all ages. At this stage I would like to introduce myself, Janet Woollard. On my right we have Peter Abetz, Graham Jacobs and Peter Watson. On my left is our secretariat—Brian Gordon and Lucy Roberts.

This 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. As this is a public hearing, Hansard will be making a transcript of the proceedings for the public record. If you refer to any 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, I need to ask you a series of questions. Have you completed the “Details of Witness” form?

**Mr Ruhl:** Yes, I believe I have.

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

**Mr Ruhl:** Yes.

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

**Mr Ruhl:** I did.

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

**Mr Ruhl:** No.

**The CHAIRMAN:** Dawson, some of us have had a little more to do with you than others. To start, we might ask you to paint that picture for us so we all know where you fit as a non-government service provider. We are not sure whether you have had an opportunity to look at the terms of reference for this inquiry.

**Mr Ruhl:** Yes, I have.

**The CHAIRMAN:** If you have, you might want to address some of those terms of reference, particularly if you feel there are gaps that need to be filled in to try to improve any of those issues that we are hoping to look at during this committee inquiry. Maybe I could give you the floor first and you could give everyone a background of Child Australia.

**Mr Ruhl:** I thank the committee for giving me the opportunity to provide some information about what I think and we all think is a pretty important issue. I have made a range of notes, primarily around terms of reference 2, but I have a few other things I might say around a couple of other ones as well. I might be able to add some brief comments. Primarily terms of reference 2 is the one that I would be most qualified to give you information on. As I said, I am the CEO of Child Australia. Prior to three years ago, it was called the Resource Unit for Children with Special Needs, RUCSN. We have been around for 25 years. The reason I talk about our previous name is that our focus is on inclusion; that is, ensuring the inclusion of children with special additional needs into early learning and early childhood settings. We have a long history around that, and working in the area of

disabilities. Up until about five or six years ago, our brief expanded to early childhood development generally; that is, improving the outcomes of building the capacity of the early childhood education and care sector generally. Our largest contracts are with the federal government, the Department of Education, Employment and Workplace Relations. They are the professional support coordinator program. There is one PSC in each state and territory. We also have six of the eight inclusion support agencies, both of which are funded by DEEWR. I will probably spend a bit of time talking about what they do in relation to the work that you are doing in this committee. Our focus generally—our mission—is ensuring that children get the best start in life. We focus on zero to eight primarily. They are generally the accepted parameters when we refer to early childhood. Some may go from zero to 12, but most of the literature and research generally looks at zero to eight as those critical years.

In Child Australia we have those two programs I mentioned. Primarily what we have been doing for the last five years is working kind of in line with the federal government's COAG early childhood reforms that are officially due to come in on 1 January. Those reforms are really about building the capacity of the early childhood education and care sector, professionalising the sector and raising the quality of care and education. We also have an early learning centre here in Perth that we started at the end of last year in Lockridge. We also operate in the Northern Territory and we have an early learning centre up there and a range of services as well. We build the capacity but we are also working very specifically with children and their parents. We have play groups in the Pilbara, so contracts again with state and federal governments. We are working in rural and remote areas as well. We have had a long history of working in the Pilbara and around the state. Our inclusion support agencies are located in a variety of regional centres—Bunbury, Mandurah, Geraldton and Port Hedland. We have some experience in delivering services in rural and remote areas as well as in regional services. In a nutshell, they are the services that we offer and the mission that we have—both to build capacity of the sector and to improve the quality for the purpose of achieving better outcomes for children.

I might talk a little about this but my background is psychology and social work. I was a psychotherapist for many years and I worked in the field of family violence, family abuse and child protection. When we are looking at positive or negative factors that influence children's outcomes, family violence, trauma of that kind and other kinds clearly are a huge and ongoing issue. I will just toss that in in terms of my history and where that might weave into our conversations.

**The CHAIRMAN:** Members, shall we let Dawson present his thoughts on our terms of reference or do you want to ask questions and come back to that? I am happy either way.

**Mr P. ABETZ:** Peter seems to be keen to ask a question.

**The CHAIRMAN:** We will have a few questions and then we will come back to our terms of reference.

**Mr P.B. WATSON:** We can do that first.

**Mr Ruhl:** I am very happy with questions. That is usually beneficial in terms of jogging ideas. That is not a problem.

**The CHAIRMAN:** If you have looked at our terms of reference, you specifically referred to 2. I do not have the terms of reference in front of me.

**Mr Ruhl:** Factors influencing positive or negative childhood development from birth to year 12.

**The CHAIRMAN:** In relation to factors influencing positive or negative childhood development from birth to year 12, I appreciate that you are mainly zero to eight, although I hope you are from conception to eight now. We are now starting to think of conception to eight rather than zero to eight. Could you tell us where you see the major gaps for those years and where you can fill those gaps or where you believe other people can fill those gaps?

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**Mr Ruhl:** I think the biggest one is around our policy. I will begin with a macro level and then look at policy and then look at programs. We still think very much in terms of our service delivery and our policies, which are changing worldwide but slowly, in my opinion, toward early intervention and prevention. The focus is too much on remedial. I worked with children and families and adults for many, many years so I saw the results and the consequences of a whole range of problems associated with poor parenting. For instance, I developed an attachment clinic when I was running a program in Canberra. To me poor attachment is an enormous issue, so it has to do with post-partum depression, for example, and a whole range of issues. Poor attachment sets the trajectory for a child's life on a terrible pathway. That is just one area. We need to identify those issues early and intervene as early as possible. We still tend to want to intervene at the remedial level. It seems as though we have that desire to deal with the crisis, as opposed to the issues upfront in prevention because we all know that governments respond to crisis and they have to necessarily. It is important to be able to have those remedial services. But if you really want to make a difference, if you want to reduce the enormous financial, social and personal burden on families, it is about starting early. We know the economic arguments; there are a range of arguments for early intervention and prevention.

**The CHAIRMAN:** What do you mean by early intervention?

[10.45 am]

**Mr Ruhl:** From conception in utero. I think the first three to four years are absolutely critical in being able to identify a whole range of issues that may come up in early learning centres or wherever children and families are presenting. There are myriad opportunities to pick that up. So for instance in our childcare service, we are working very closely with a range of allied health services so that when we pick up developmental delays in children, or speech issues, we can refer them as quickly as possible.

I would like to talk about integrated service delivery and the value of that, because I think that taking a holistic approach is another area where there is a gap. We work in silos. The history of service delivery generally around the world in developed countries is that we operate in silos. But we know now that families are too complex and too diverse, and one organisation, one sector and one program is insufficient; it just does not address the complexity that is there and the diversity within families. So to me, when we are talking about gaps, that is a fairly significant gap.

So the first one is a mindset and a policy that is around the need to intervene early, and often. That does cost. But we know it is a fraction of what the cost would be down the road in all kinds of health costs, people not working, people in prison, et cetera. Those costs far, far outweigh the kinds of early intervention services and programs that we know are working around the world. There are some excellent programs. Your previous standing committees that you have chaired, Janet, I think are excellent. All the recommendations of those previous standing committees I applauded at the time and would still hope that they can be implemented, and they are related to what I am talking about now.

**The CHAIRMAN:** In relation to what you said about people working in silos, one of the battles that we believe is out there at the moment, and which is causing a problem, is where is that first point of contact. We have in WA what is meant to be universal visits with a child health nurse. We know that they are not being funded. So we are trying to get the government to fund those seven universal visits, because we know that if the child sees the child health nurse, the child health nurse will pick up that maybe the mother and child have no family support, so the nurse might put them in contact with a MOPS group or a playschool group; or it might be that the child has a speech impediment, and the child might go off to child development services. How do you get your referrals to Child Australia, and how do you work with child health nurses, and maybe with the zero-to-eight child health nurses and maybe school health nurses?

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**Mr Ruhl:** And community health nurses, yes. Just in terms of programs and initiatives that are developing in line with what you are saying, in our Lockridge early learning centre we negotiated with the health department to have a health nurse who will be located there, and we will also have other allied health services, whether it is OTs, physios or psychologists, who will be there as well. This is the beginning of a broader integrated service delivery model within the Lockridge–Altone area, which is in the Swan council district. We are getting referrals into our service from a variety of different sources. I mean, we market ourselves directly to families and parents within the community, so it is engaging the community. I do not think we engage parents and the community enough. But we have a close relationship with the child health services that are right behind us. We have a whole range of social services around us, from Aboriginal services to family support services and so forth, that would refer and work with us in a collaborative way. So there should be no wrong door. Parents come into this particular service, and it is important that there is a formal relationship with the other related services, a referral pathway, and formal MOUs. So in a sense what I am describing is what we are going to be doing for the next three years at Lockridge.

We also have a range of other sites around the state that are community-based. I believe the Department of Education is going to be developing a cluster of school-based sites that also will have preschool, child care and a range of other services as that community will need. So over the next five years, we are going to see these new models for service delivery, which is how services can work together for the purpose of giving families and children a better opportunity to be picked up early, and then to have an appropriate referral, so that everybody knows what is going on with this family, whether it is a crisis or whether it is just something that needs to be attended to but is less critical.

**Mr P.B. WATSON:** Is there any group that deals just with zero to three? You say you deal with zero to eight, and there are other groups that deal with zero to 12. Is there any group that narrows into that first couple of years, which I consider, and a lot of the experts that we have spoken to consider, are the most important years? No-one just targets that area. Is there a reason for that?

**Mr Ruhl:** Probably historically it is because we did not see it as important; or that they are still children, and they are not going to be affected by this, this or this, so it is not until the wheel begins to squeak that we do something. So it was more of a mindset. But you are right, Peter. There are very few services out there that would work with that age group, except for child health nurses, for example, that are seeing the child at birth, and the mother before. So I suppose it is health-related services that would primarily focus on that. There would not be many non-profit services or programs that I can think of right now. It would be pretty rare. But you are right, because in that first couple of years of life, any kind of trauma, or just an emotionally impoverished, psychologically impoverished et cetera environment is going to interfere with the child's brain development. I know that you would all know the importance of that brain development. If the brain does not get used, if you do not have an enriched sort of environment, then —

**The CHAIRMAN:** The pathways do not develop.

**Mr Ruhl:** That is right. We are managing a program called HIPPY—the Home Interaction Program for Parents and Youngsters. It is a long one!

**The CHAIRMAN:** Back to the seventies!

**Mr Ruhl:** Yes! That is the name that they give it. The Brotherhood of St Laurence manages it, and I think DEEWR funds it. We have the program here in Western Australia, and it is in Geraldton. Again, this is a good example of what is in your first term of reference, which talks about partnering with schools. I think HIPPY is an excellent program in the sense that it is working with children in the year before they go to school. There is a tutor, or several tutors, who work with parents, primarily Indigenous and/or disadvantaged families. So we identify, locate and sign them up, and we then work with them to assist them to increase their educational outcomes. So it is learning how to read; it is learning how to stimulate them intellectually and cognitively. There is an evaluation

just coming out now. In fact, I heard the CEO of the Brotherhood of St Laurence on media just recently. That is a good example of intervening, still at the age of four, but it is assisting disadvantaged families to think about what their child needs to be able to prepare them for the transition to school, and just to be able to improve the outcomes. The research is very clear. There is a whole range of programs around the world, such as the EPPE study in the UK, and the Perry preschool study in the US, that clearly show that if you intervene early, you enrich the environment in a range of ways, and you will get better outcomes in terms of employment, in terms of school and finishing school, and a whole range of areas. So that is why we were very interested in the HIPPY program.

**The CHAIRMAN:** Brian just said that it has just been evaluated, and they are coming up with similar results to the Perry program, where for \$1 prevention you are saving \$4 remedial. So it is proving to be a very effective program.

**Mr Ruhl:** Yes, and we get good value for money. It is not a terribly expensive program to run as well. So it is a small investment for a very big dividend down the road. But I think politically it is very hard for governments around the world to be putting a lot of money there when they also have hospital waiting lists et cetera, et cetera.

**Dr G.G. JACOBS:** Thank you, Dawson. We are just grappling with the issue of early childhood education and childcare centres, and the COAG agreement about guidelines and qualifications for staff. We recognise in the state of Western Australia the requirement for childcare centres to have 50 per cent of their staff qualified—that being diploma and higher—by 2014. There is then the issue of the introduction of an early childhood teacher by 2016. I would like you to comment on this. None of us would oppose improvements in childhood education and qualified staff. But there is also the issue of cost drivers in the system, and how that can affect the cost of child care to parents, and the effect of that in the long term.

[11.00 am]

Do you think the introduction of an early childhood teacher into childcare centres does or will make a difference on top of certificate III and diploma and graduate diploma courses? This is one of the things that we as a government grapple with. If we drive up the cost of child care, a lot of people probably will not use it or will use their friends down the road and drop little Johnny off, and someone will just babysit him and they will throw them a bit of money for doing it rather than going to a formal childcare centre where obviously the child would get all this stimulus. Can you just make a few comments about the dilemma that we have? I think we have the desire obviously to improve the quality of child care, but of course we have these other commercial and cost realities and the effect that that will have.

**Mr Ruhl:** It is a good point, Graham, and topical in terms of the COAG reforms coming in formally in January. I have spent a fair bit of time overseas looking at a range of programs, so I kind of have a broader perspective as well as just knowing the evidence over years of looking at a range of different research and studies and stuff. The answer to your first question is: yes, I do believe and I am convinced that one of the main factors for improving outcomes in children and quality is improving the qualifications of staff. I am in centres a fair bit. I know what the quality is. For decades now, we have had early learning centres, or childcare services as they are known, basically staffed by young or older unqualified women, and it has been sufficient for our community. But when you said they are being babysat by someone down the road, quite frankly, I would say they are still being babysat in many childcare services in ways that do not address in a professional way the pedagogical learning requirements of a child. In other words, if you are not trained, if you do not understand whether it is anything from early childhood development issues and/or if you have not been trained as a pedagogue, as they would use in Europe—a teacher—someone who really understands from looking at the evidence and being trained in how to actually stimulate this child, what do you fall back on? What do any of us fall back on? We fall back on what we know—how

we were parented. We all have a philosophy about children and children's development and what is proper discipline and how children should grow up, and that philosophy comes primarily from how we were raised, unless you go to university—I will stress university and four-year qualifications, because I think that is the optimum. It does not mean that everyone has to have that, but it is not until—think about your own experiences—you go to university where all kinds of preconceived notions could be challenged and you could look at evidence and go, “Okay; I thought this was how people grew and developed and why they did what they did, but actually it's not.” It is not until we are challenged in those sorts of new environments and then learn new ways of teaching that we can actually make a difference.

Much of what we are doing now is still babysitting. We would never have this kind of argument or discussion about teaching or nursing. To me, child care is a public good. I think it is really important to see it as a public good, no less than the education system or the health system. It should be there. I think it is unfortunate, in my opinion—I am just giving you my opinion—that many years ago the for-profit mindset intervened and took root. It is here now, so we all work with that; that is not a problem. But I think it sees the bottom line as the primary issue—that is, it is a commercial certain—whereas to me, as someone coming from a community background where the rights of the child and social justice principles are primary, it is primarily about improving developmental outcomes for children rather than it being a business. Can you actually have a business with well-qualified people and be mission driven? Yes, of course. I know lots of for-profit services that are mission driven in the sense that they really want the best for the children who come to that service and they want a surplus at the end of the year. So, that is okay. We all do actually. I want a surplus too, but that should not be driving our approach.

**Mr P.B. WATSON:** But if you get a surplus, does it not mean that you get less funding next time?

**Mr Ruhl:** No, not at all. It is a fee for service. I do not use the word “profit”; I use the word “surplus”. A surplus just means you are running a good business. We are running a business, so it is a business; there is no doubt about that. If we do not make a surplus, I am not going to have a service and I am not going to be able to do what we want to do. I am not trying to bag being able to make a surplus, but I am just trying to make a distinction between a mindset that says that this is a commercial endeavour as opposed to a public good. I see it as a public good.

Going back to COAG, I have been in the human service field for over 30 years. I have been in the early childhood sector for half a dozen years. I know my colleagues who have been here for decades have been waiting for these kinds of reforms, and they are not that radical compared with what is going on around the rest of the world; for example, in Europe. In the Scandinavian countries, three per cent of their GDP is focused on this area as opposed —

**The CHAIRMAN:** When you say “this area” —

**Mr Ruhl:** Early childhood.

**The CHAIRMAN:** It is GDP from zero to what? Is it according to age? How do they break that down? If you look at our budget, childhood and adolescent health comes under PMH and the communities and are all lumped into one sum. Many, many years ago in the budgets —

**Mr Ruhl:** No separation.

**The CHAIRMAN:** There used to be a separation for public health and community health. Now it all comes under the one. So the ambulance ramping and the equipment at hospitals tend to get the funds rather than child health services. When you say that the funding is different in other countries, can you tell us a bit more about that? I do think that something needs to be done about the funding here so that we can try to ensure that money goes where it needs to go.

**Mr Ruhl:** I think that is why I always advocate that, if you decide that these are early childhood programs that we as a community or society are going to focus on, you do not link it with, for instance, child protection. Do not have it in the same department; do not get anywhere near it,

because if you do, you know where all the funding is going to go. It is the same way with hospitals. You have got long waiting lists and critical incidents, and that is what gets the funding. You are right, Janet; having that separate is important, because then you can say, “Okay; we are going to prioritise here. We have critical priorities over here, but we also can prioritise and see what percentage of our total budget is going to that.” A significant part of the budgets of the Scandinavian countries goes toward the early years. You can look at Finland and Sweden. The outcomes are there for everyone to see; it is just so obvious. In Finland, you almost have to have a master’s to work with children in what we consider childcare services today. The expectations of your level of qualification are much higher. It is competitive to get there. We have a hard time actually recruiting just people with a certificate III. In our service, the expectation is that if you do not have qualifications, you will be working towards them—having qualified people. Going back to your question, Graham, I really think that qualifications do make a difference.

**Dr G.G. JACOBS:** Have you got a nice little study from Scandinavia or somewhere that shows that qualified staff do make a difference and here are the outcomes?

**Mr Ruhl:** Yes. There is a whole range of ones. Am I able to send that to you?

**Dr G.G. JACOBS:** That would be lovely, Madam Chair; thanks.

**Mr Ruhl:** I am happy to. What you are looking for then specifically is evidence of —

**Dr G.G. JACOBS:** Evidence-based stuff in and around the issue we are dealing with at the moment—that is, qualifications of staff give you obviously improved outcomes longitudinally in a cohort of kids or something.

**Mr Ruhl:** There are quite a few studies. That is why that is one of those criteria that are there—small group sizes. The smaller the group size, the more attention a child gets.

**The CHAIRMAN:** Following on from that, it has been a few years since most of us sitting at this table have gone to kindy groups and things. Peter and I have because both of us have grandchildren. How do the numbers for those early childhood services here compare with those services? We might ask that about early childhood and also preprimary and primary. Is there anywhere you can see that smaller numbers have had more effect than here? We need to think not only what the gaps are now in services, but also where we should be heading. What should we be heading for in five years’ time? What should we be heading for in 10 years’ time? One of our recommendations might just sow the seeds for someone to come back in a few years’ time and say, “Yes, we need to push more.” We need to be able to plant those seeds by saying, “This is the way it has gone elsewhere and this is where we should be heading now.”

**Mr Ruhl:** The COAG reforms are trying to address the lack of uniformity around the country. Every state and territory has different sorts of numbers. For instance, in WA we have one staff member to four children aged zero to two. I think South Australia is one to seven. The reforms really are going to have very little impact in that regard on WA.

**Dr G.G. JACOBS:** Because we are doing it a bit better than most?

**Mr Ruhl:** Yes. We are already there in terms of what the research and evidence would say is the maximum number of children a staff member should have. We are ahead there.

Going back to qualifications, the workforce issues are going to be massive. In my opinion, that will be the biggest challenge in making these reforms work, because we just do not have people who are qualified. And we do not have people who are qualified because we do not have people who want to do this work. They want to become a teacher, but there is a very poor estimation of the childcare sector and industry. Until we have a Finland, which really wants to be there, and until people see it as a professionally desirable qualification and place to get to, it is really hard to get qualified people—getting a teacher over 25 for any service. You have got this gap between care and education and different pay and conditions. Why would someone want to go into care and make



\$15 000 less a year, or more, and not have the same kinds of conditions in terms of holidays et cetera? What incentive is there for someone to actually want to get a teaching degree or qualification and work in a childcare service? We have a teacher and she loves it and she is there because that is important to her. So, it is a personal decision. But to do this as a market across the nation is going to be a huge challenge and probably a 10 or 15-year plan.

[11.15 am]

**Mr P. ABETZ:** On that very issue, with the ageing of the population and our critical shortage of nurses, doctors and engineers right across just about all the professions, the fact we are saying for child care we need to significantly increase the number of people working in that field and they need to be skilled people, it will be a huge challenge to recruit sufficient people to run our childcare centres at that kind of level. At the moment my impression is that a lot of girls who love kids, who have not done well academically, they see working in a childcare centre as something to fill in the years until they get married and have their own kids.

**Mr Ruhl:** Yes. It is a step to something else—yes, I agree. We are recruiting for all of our staff in a new early learning centre in Darwin right now, as we speak. We may get lucky, but it is a real challenge. Whether it is Darwin or whether it is Perth, it is still a big challenge. My organisation hosts a biennial conference. We started it a couple of years ago. It is the WA Early Childhood Education and Care Conference. We focused on bringing the care sector and the education sector together. We do not want to distinguish any more. We do not call them “carers” any more; we call everyone “educators”. You can use that language but there is a difference. There is a difference in terms of background and qualifications, and the motivation for why people are in one sector, the care sector, as opposed to the teaching sector. Until they blend together and there is no difference between working with a child at the age of three and working with a child at the age of nine or 10, and pay and conditions are so different, we will continue to have problems. I can imagine a day when there is just a continuum. You will be highly qualified working, and know that you are teaching this three-year-old and just do it differently. We use play-based sorts of approaches as opposed to an eight or nine-year-old. It is still as equally critical to have someone who is professionally qualified and understands: how do I actually talk with this three-year-old and teach this three-year-old? What are good pedagogical approaches to that as opposed to the eight-year-old? Why should there be a difference in terms of your ability and qualifications from one or the other? We know it is just historical. Child care has been about assisting women into the workforce. It has not been about for the sheer purpose of actually improving outcomes for children. Poor quality child care does have a negative impact on children. I am absolutely convinced of that. I hate to say it and I hate to see it, but poor quality child care has a negative impact on children; there is no doubt in my mind.

**The CHAIRMAN:** We are hearing now that stresses affect their brain development. Following on from what Peter was saying, in relation to having to move towards more staff and better qualified staff: it will be very threatening for some people who are currently working in the area who do not have the qualifications that are needed. Maybe they can see the writing on the wall for themselves in five or 10 years’ time. What has been done as part of the transition to help those people? We know that having more staff and better qualified staff will assist children. If we are going to have more staff and better qualified staff, the money has to come from somewhere. At the moment who is activating that? This may be my union background, but people in these areas need to get decent award rates to attract people. I guess the question is: what is happening in terms of that transition period? As money is everything, who are the people out there advocating for higher salaries now so that we can try to get those increases within five or 10 years’ time?

**Mr Ruhl:** We are. Those of us in the sector are advocating for it. It was interesting the recent Fair Work judgement for that poorly paid group of mainly women. That was really heartening because that group are on really low wages. I know employer groups cringe at this. If that particular group

can get a sizeable and important increase, then I think, “Geez, there’s a chance for this particular sector as well.” In terms of the transition, there is a grandfathering or grandmothering clause. There is a knowledge base that many of the mainly older women who have been in the field a long time offer a lot of. They provide a lot. We are grandmothering them along, but there is still an expectation that they will increase their qualifications as well. There is a fair few years for people to do that. There is a lot of flexibility; we know that. It is just going to take a while for that in terms of getting people there.

**The CHAIRMAN:** That fits in with our terms of reference. Our fourth term of reference is improving access and opportunities for adult learning in regional and remote WA, but that is adult learning opportunities. What you are discussing now is where there may be a gap. We were looking at this in terms of trying to see what could happen in regional areas. People who maybe did not have qualifications may be moving into towns. What could be done to skill or reskill some people? From what you are saying now, there is a gap in this early childhood sector—what funding is being put in to fill this gap?

**Mr Ruhl:** I know that the federal government is subsidising places. They are making it as easy financially as possible and attractive for people to actually go into the field in the first place. RTOs—registered training organisations—many of which are good, some of which I think are quite poor, do a big disservice to the sector in terms of you can get a diploma in a matter of weeks depending on the RTO you go to. There are some poor RTOs out there. Most of our universities here in WA, in their schools of education, have early childhood programs. It is attracting people into them, but again, where will they go? They are not going to go into child care with its pay and conditions. Going back to the issue of quality costs, I do not know how you get around that. Quality costs. If you want university-educated people, they are going to expect to get a competitive salary and conditions. It does cost —

**Mr P.B. WATSON:** In Scandinavian countries, do they pay them according to their qualifications?

**Mr Ruhl:** Yes, absolutely. They are paid very well. As I said, their general budget, GDP, goes to it. It is three per cent in Sweden. That is an enormous amount. They figure they are going to pay it up-front rather than pay at the other end. They also pay their educators accordingly. It is like nurses and many critical positions: how much do we value what they do? If we value education, we value children getting appropriate learning and stimulus, then, I think, going back to what I said, quality does pay. Who is going to have to pay for that? I know that there is a very big push by certain advocacy groups to slow the whole reform process down. They are saying our services will have to put these costs onto parents. If you believe the federal government, it could be \$20 or \$25 a week more to actually pay the additional costs for services. I also think that the subsidies that parents already receive—they are fairly generous—but if you make a certain amount, then —

**Dr G.G. JACOBS:** They are capped at \$7 000 or \$7 500.

**Mr Ruhl:** It depends. Many people in Lockridge come from disadvantaged families. They get a fairly large percentage of their fees paid for. If you make over a certain amount, you are going to be paying for it yourself. I do understand the angst around that. I would not want to see people not being able to get their children in, but it will not be the poor and disadvantaged that cannot get in because they will be subsidised. They are the ones who want to get in. We know from research as well—I will send articles and research—it is the children who come from disadvantaged backgrounds that benefit the most from early intervention and good quality early childhood services. I do not want to make any generalisations here because you can come from an intellectually, cognitively, impoverished home and be quite wealthy, be middle class, but generally homes that have more advantage have more capacity to stimulate their children and give things that will stimulate their learning, and growth and outcomes. Poor disadvantaged children that do Head Start in the United States, Sure Start in Britain, and a whole range of other evidence is demonstrating that poor and disadvantaged children benefit the most from early intervention.

**Mr P. ABETZ:** Would you agree that the evidence suggests very much that children who do not attend child care but where mum is a stay-at-home mum, she interacts with her kids and all that, that some of the research, until fairly recently, has shown that those kids do equally well or better than those in child care? I guess it points to what you were saying earlier about the socially disadvantaged get the most benefit from going into proper child care. My wife and I had five kids and she was a stay-at-home mum. All our kids have gone on to uni et cetera. There was no need for child care in that setting, we were able to provide that in the home, in terms of the cost issues that governments are looking at. I think Scandinavian countries have a very different attitude to taxation to what we do in Australia where they kind of think that is their responsibility for the community; they do not whinge about higher tax rates. If we paid the amount of income tax they do, it would be political suicide for any government that tried to do that here in Australia. We somehow need to look at targeting our government funding perhaps to those who would actually most benefit from that. Have you any thoughts around that?

**Mr Ruhl:** It is interesting the whole taxation mentality that we have got. We have one of the lowest taxing governments here in the world, actually. People think we are highly taxed but we are not at all. It is a very low tax threshold and rate. I think that if we could see what we were getting for our taxes—obviously there was an argument made, and won, at some point along the way that government will look after us, and it is our responsibility as governments to actually look after a whole range of social and health requirements. In terms of the stay-at-home mums, I guess it depends on the mum; it depends on the person. I am taking a guess that your wife actually spent a fair bit of time and nurtured in ways that enriched their environment so that they were ready to go school. They were already prepared for what school was going to offer them. For those people who were raised in impoverished backgrounds and are trying to raise their children, they are going to replicate what they have until we have programs like HIPPY, for example, where someone can come in and actually talk to them about the value of reading to your child. There are no books in many of the homes in the Lockridge area where we are. They do not have books in their homes; they do not read. How is a child supposed to develop their language skills and so forth?

[11.30 am]

I guess that it depends. I am not particularly favourable toward children being in care before the age of 12 months myself. That is just my own view. I think there is too much evidence that says that is not good for the child; they should be with their primary parent for that first 12 months and getting the kind of nurturing attachment that they need. I have children in our service who are six months old and are there for eight hours a day. You can give them as much as you can. You want to make sure that that staff member has got a good attachment with that child, so that child has some kind of attachment with somebody else for eight hours a day. So, emotional attachment is really important. I think we need to argue for more taxes going to this particular area to support it, because, if not, your taxes are going to go at the other end and you will spend two or three times the amount. I am sure you would have seen James Heckman's research. He has a Nobel prize for economics. If you look up James Heckman and his work, he clearly demonstrated the economic benefits. You used the term earlier: one dollar to \$7; one dollar to \$16. That is where that came from. His work clearly demonstrated that you will get the benefits two or three times.

**The CHAIRMAN:** A good investment.

**Dr G.G. JACOBS:** On another matter, we heard previously, Dawson, about interagency communication in delivering services—if you like, the Department for Child Protection and government agencies versus NGOs. The issue I couched before with another agency was privacy and sharing information about a child in a particular situation. Do you find any issues with communication between agencies and privacy and what you share with these agencies and how we deliver best the services for an outcome for kids?

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**Mr Ruhl:** I would like to approach that; it is close to me, in terms of interagency or multiagency approaches, as well as confidentiality. I was the director of a family court counselling and mediation service here in WA for several years. I remember when I first went there, our mediators and counsellors, just down the hall, were not able to communicate about the very same people to the magistrates and lawyers down the other end. Now why would that be? If all of us in this room have an oath of confidentiality, we are working with the same clients, why should not I be able—when I am dealing with some clients here and which you are going to deal with later in a judicial sense—to communicate about that? And they do now, because we created a whole family service model that allowed for magistrates and counsellors to work together with lawyers, social workers and so forth. We addressed this whole issue of confidentiality. To me, I think it is a bit of a furphy. I will use Lockridge as an example. I worked in the domestic violence field. We developed integrated collaborative projects before everyone was in their silos, “Oh, we can’t communicate about that.” But we had magistrates, the police, Corrections, women’s refuges, and male and children’s services all coming together and developing formal protocols and MOUs that allowed us to be able to work together, make referral pathways and communicate about clients, and to do that in a way that we respected the confidentiality and the rights of those clients because the client was at the centre of the whole process. So, if you see the client at the centre and all of us related services working to achieve a good outcome for that child and that family, why would we not want to share information that is a critical part of getting from where they come in and where you want to get to? I think that as long as you put in safeguards, as long as you have formal agreements and protocols amongst the various organisations that are participating in a formalised integrated service delivery initiative, then I do not see any problem, because if I as a social worker or you as an OT or early childhood educator are all working with the same child in that family, then what is the problem? It is just a matter of making sure that notes and information—you have to have appropriate protocols and approaches. I think the more we move away from the silo approach to integrated service delivery, like in the Family Court—it became a nonissue there, because we all realised that we are kind of all working for the same purpose. I do not think it should be a problem.

**Mr P.B. WATSON:** Dawson, your annual report makes mention of the Albany districts early childhood network group, which was developing a model providing for seamless transition for children moving from one environment to the other; for example, from child care to school or school to school. Has that been done and what does it look like?

**Mr Ruhl:** There is a whole range of networks around the state, and that is particularly vibrant.

**Mr P.B. WATSON:** I am from Albany.

**Dr G.G. JACOBS:** He is the member for Albany.

**Mr P.B. WATSON:** I had not heard of it, so that is why I was interested.

**Mr Ruhl:** We have early childhood networks all around the state, and Albany is just one of them. I could not tell you offhand how far the referral networks—specifically I think that is what you were asking —

**Mr P.B. WATSON:** I will find out. Do you have a contact there?

**Mr Ruhl:** I do.

**Mr P.B. WATSON:** Could you get us that contact?

**Mr Ruhl:** I will.

**The CHAIRMAN:** I am sorry we have to rush because of Parliament’s start time today. Could you summarise, or if there is anything from the questions we put to you—anything that has been flagged with you that you think, just in two or three minutes, you could point us in that direction, we would appreciate. We are still leaving the door open for you, when you go back and you look through the

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transcript and the questions, to provide us with supplementary information. You might say you wanted to look at this and this. Would you like, just for two or three minutes, to sum up now?

**Mr Ruhl:** Sure. I guess the main messages I want to make are: intervene early and often; that doing so makes economic sense, but it is also just a moral imperative in terms of being able to give children the best opportunity for a successful outcome in their own lives. And I guess I wanted to say something, which I did not, that I think we need to be promoting and facilitating holistic approaches to the child. We should not be working with a child in isolation to all the many other influences in their life, from parenting to the other services and organisations around there. I would really like to advocate for a whole of government approach, which we do not have now; we have a fragmented approach. We have very well meaning government and public service. I work with the executive directors in Health, Communities and Education and they are excellent. They are well meaning and they work well, but they work within their own systems, and those systems do not work together. Even in the Northern Territory—I say “even”! Even in Darwin, the Northern Territory, care and education are in the same department. I can tell you it makes it a lot smoother to work with, because they have it all under one roof. They can actually collaborate and coordinate their services between education and they will reduce that gap, simply because they are developing policies and programs together. I think that integration has to be at all levels: at a governance level, whether it is a whole of government approach—and to me there should be a minister for early childhood that would be able to have within their brief the capacity to create, to develop policy and develop services that are consistent and coherent with each other. Right now, it is almost competitive.

I would, for the record, mention positive early childhood development begins in utero; it is inextricably linked with peri-natal, mental and physical health; that optimum development occurs when children and families are within a supportive environment that actively contributes to social and emotional wellbeing, physical health, sound nutrition, positive attachment. Access to and participation in universal and targeted services is important. There is stigmatisation of families that come to targeted services. That is why I think integrated service delivery models are preferable, because you come in to a universal service like a preschool or a child care service and if my staff pick up developmental delays, then we can then, with respect, move that child and refer that child somewhere else. People do not want to be stigmatised, for obvious reasons. None of us wants to think of our child and ourselves as failures.

So, universal, targeted—often most of the funding goes to targeted, but I think universal services need to be funded appropriately. There needs to be appropriate access and participation in quality early childhood education and care programs.

Early intervention programs and support for early parenting and child development; and parent awareness of risks, protective factors. I just mentioned coordinated, universal and targeted services. So, building the capacity of parents to be able to be the first teachers; I think that is a message that I would like to get across, as well as then building capacity of a sector so that the early childhood, education, care and health sector are able to respond appropriately to children and families. Right now, as I think you mentioned earlier, Janet, we do not have anywhere near enough child health nurses. We have the poorest record in the country in terms of when we can respond, when someone can get to those new children that are being born. Our record is pretty deplorable. I think that is it.

**The CHAIRMAN:** I might have to close.

**Mr Ruhl:** That is okay; I appreciate being able to give those final points.

**The CHAIRMAN:** I thank you 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 10 days from the date of the letter attached to it. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added by 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 transcript of evidence.

Once again, thank you very much for coming.

**Mr Ruhl:** I appreciate the opportunity.

**Hearing concluded at 11.43 pm**