

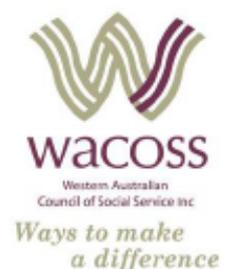


Issues Paper – Excerpt

Companion to the WACOSS Pre-Budget Submission

Investing in Outcomes
Making it Count for the People of WA

**Part One – Issues and Funding Pressures in the Community Services Sector
Children and Families**



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*Part One – Issues and Funding Pressures in the Community Services Sector
Children and Families*

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CHILDREN AND FAMILIES

Background

Children who are healthy, well educated, nurtured, and have access to services when they need them are more likely to remain out of contact with the justice and state care systems, less likely to live in poverty or experience disadvantage, and more likely to remain in the education system for longer. It is incumbent on us to invest in our kids' wellbeing now in order to reap the benefits as a community later.

High quality services which support families and children, providing childcare, health advice and early education should be well coordinated, financially supported and integrated across Government Departments.

As well as the benefits to children, there are strong economic arguments that an investment in early childhood leads to benefits for the entire community. Such investment reduces spending in future years by limiting the number and complexity of problems that need to be addressed later.

Issues

Early childhood services

The provision of early childhood services in WA has suffered significant under-investment for a number of years. Numerous parliamentary committee inquiries¹ have exposed the inadequacies of the system, particularly in terms of health and developmental outcomes for children.

We know for example that in January 2010 there were 6,405 children in the metropolitan area waiting for child development services and waiting times are getting progressively worse.² We know that birth rates have increased by thousands yet there has been no comparable increase in child health nurses to enable them to support families.³

While WACOSS welcomes the \$50 million investment in child development services in the last budget, and we acknowledge that it will in part address current gaps that exist, there is still a long way to go in meeting the needs of a growing number of Western Australian children.

Figure 12 below shows some of the gaps in the provision of developmental services across the state.

¹ *Healthy Child - Healthy State: Improving Western Australia's Child Health Screening Programs* (2009); *Inquiry into the Adequacy of Services to Meet the Developmental Needs of Western Australia's Children* (2009); *Invest Now or Pay Later: Securing the Future of Western Australia's Children* (2010); *Destined to Fail: Western Australia's Health System. Volume 2: Community Health Sector* (2010).

² Education and Health Committee Inquiry Report. (2010) (p.ix). *Invest Now or Pay Later: Securing the Future of Western Australia's Children*

³ Education and Health Committee Inquiry Report. (2010). (p.xi). *Invest Now or Pay Later: Securing the Future of Western Australia's Children*

Figure 12: Changes in waiting times for child development services, 2008-09⁴

Waiting time between referral and assessment (months)				
Discipline	Oct-08	Sep-09	Dec-09	Change 2008-09
Speech pathology	8	15	16.6	108%
Occupational therapy	8	11	13	62%
Paediatrics	9	9	10	11%
Physiotherapy	6	10	11	83%
Clinical psychology	6	9	9	50%
Social work	4	4	5	25%

A lack of investment in child health, education and care has impacts on the developmental outcomes of our children. According to the AEDI, 12.2% of WA's children are developmentally vulnerable across two or more of the five domains (physical health and wellbeing; social competence; emotional maturity; language and cognitive skills (school); communication skills and general knowledge). This percentage is higher than the ACT, NSW, VIC, SA, and Tasmania.⁵

Various parliamentary committee inquiries have recommended that the Government establish a Department with a Minister with portfolio responsibility for early childhood education and development, family services and childcare.⁶

Those inquiries have shown that in Victoria and South Australia especially, a coordinated response to the early years is successful.

Both the *Healthy Child - Healthy State: Improving Western Australia's Child Health Screening Programs* report in May 2009 and the *Inquiry into the Adequacy of Services to Meet the Developmental Needs of Western Australia's Children* report in August 2009 recommended that the Western Australian Government reform the management of early childhood health and education policies along the lines undertaken in South Australia and Victoria⁷.

We are looking to the state government to make a leadership decision about the future of early years in WA. We need a shared understanding of the outcomes we want to see for West Australian children, and some agreement on what will best achieve these outcomes. We also need a way of measuring and monitoring our progress so we can assess the impact we are having on children

⁴ Education and Health Standing Committee. Invest Now or Pay Later: Securing the Future of Western Australia's Children Report No. 5 in the 38th Parliament.

⁵ AEDI A Snapshot of early Childhood Development (p.24). See http://video.wch.org.au/aedi/A_Snapshot_of_Early_Childhood_Development_in_Australia-AEDI_National_Report_2009.pdf

⁶ Education and Health Committee Inquiry Report. (2010). (p.183). *Destined to Fail: Western Australia's Health System. Volume 2: Community Health Sector*. See [http://www.parliament.wa.gov.au/parliament/commit.nsf/%28Report+Lookup+by+Com+ID%29/DB2BFDA0BA-DC32E54825771B0012CC7F/\\$file/Report+6-+Vol+2-+CtyHealth+Care.pdf](http://www.parliament.wa.gov.au/parliament/commit.nsf/%28Report+Lookup+by+Com+ID%29/DB2BFDA0BA-DC32E54825771B0012CC7F/$file/Report+6-+Vol+2-+CtyHealth+Care.pdf)

⁷ Education and Health Committee Inquiry Report. (2010).(p.181). *Destined to Fail: Western Australia's Health System. Volume 2: Community Health Sector*. See [http://www.parliament.wa.gov.au/parliament/commit.nsf/%28Report+Lookup+by+Com+ID%29/DB2BFDA0BA-DC32E54825771B0012CC7F/\\$file/Report+6-+Vol+2-+CtyHealth+Care.pdf](http://www.parliament.wa.gov.au/parliament/commit.nsf/%28Report+Lookup+by+Com+ID%29/DB2BFDA0BA-DC32E54825771B0012CC7F/$file/Report+6-+Vol+2-+CtyHealth+Care.pdf)

WACOSS acknowledges that the EAC process offers opportunity for the community sector to be engaged with state government about service delivery reform. A dedicated project team for the early years will be established to explore new ways of coordinating the work between different government and community sector service providers to achieve better outcomes for children in the early years.

The community sector continues to recommend the establishment of a centralised coordinating body in the form of an Office for Early Childhood. WACOSS recommends that such an office should be informed by the lessons arising from the work of the EAC Early Childhood Project Team.

Services that are co-located and well integrated often deliver better outcomes across a range of social wellbeing indicators. Especially in rural, regional and remote areas, there is great benefit to be had from co-locating health and education services.

In WA, Children and Family Centres are an example of targeted service delivery, designed to address the needs of Indigenous families and their young children. The Centres provide a range of services to all families in the community, including child care, early learning, and parent and family support programs. They use existing community strengths and resources to help establish the centres and make sure every centre responds effectively to its community. As well, they connect with other services in the community to ensure families can easily access the services they need, for example, maternal and child health services, playgroups or family literacy programs.⁸

Other issues

Children in care and young people leaving care

When West Australian children are taken into State care, it is usually under extreme circumstances. They have often faced a number of traumas and need comprehensive and therapeutic support. It is of vital importance that children in care are provided with services to assist them with any immediate needs, as well as adequate ongoing resources to provide them with the same standard of living that most other West Australian children enjoy.

This includes ensuring that their basic needs, such as food, clothing and education are met, but it also means ensuring that children in care are encouraged to actively and willingly participate in society. Children and young people in care are vulnerable, and at-risk of being unable to access services which would support them to embark upon successful adult lives.

Many young people who leave care at the age of 18 do not have access to the adequate resources and support to successfully make the transition into adulthood. Without having access to comprehensive support, either through a care plan or not, young people leaving care are more likely to be homeless, unemployed, and to find accessing mental and general health care services difficult.

⁸ See http://www.deewr.gov.au/Earlychildhood/Policy_Agenda/IECD/Documents/CFCFactSheet.pdf

Mandatory reporting

Mandatory reporting was implemented on 1 January 2009. Teachers, nurses, doctors, midwives and police officers are required by law to report to the Department of Child Protection any belief that they have of child sexual abuse, in the course of the paid work. The implications of introducing such legislation are significant. The process of mandatory reporting is new to the 90,000 mandatory reporters subject to its requirements, and as such, there are a number of issues that have arisen. Some of these are around fear of reprisal and confidentiality, others are around making sure that staff are appropriately trained to deal properly with the added responsibility they now have.

In 2012, legislation for the mandatory reporting of child sexual abuse will be amended to include child neglect and all forms of abuse.⁹ It is anticipated that while many of the families coming to the attention of the mandatory reporting system will require assistance, their situations may not always need ongoing tertiary child protection intervention. When a child protection response is required, a referral to the local family support hub may be made.

To manage the increased demand on these services, significant reforms have taken place. These reforms will change the way in which services assisting vulnerable children and families are delivered in this state.

Whereto.org is WA's State-wide network of integrated services that support children, individuals and families. These family support hubs will assist families to address any identified needs, but keep them out of the child protection system when their involvement is not necessary.

While an increased focus on delivering more integrated, higher quality services is welcome, it will come at a cost to the community organisations who will be delivering the services. To effectively manage the increase in demand, the State government must provide adequate funding commensurate to this significant reform measure.

As a baseline, ChildFIRST, the Victorian equivalent, received \$4.7 million in funding to provide services to up to 1760 families under stress.

In addition, \$3.8 million was provided for the child protection department to pilot an early childhood development worker in every ChildFIRST catchment, to build stronger partnerships between ChildFIRST/family services and early years service providers.

This provided targeted intervention for vulnerable babies and infants aged 0-5 years through the appointment of early childhood development specialists within each of the 24 ChildFIRST/family services catchments.¹⁰

⁹ Secondary Family Support State Plan 2010-2013. See <http://www.whereto.org.au/files/StatePlan-15June2010.pdf>

¹⁰ See <http://www.dhs.vic.gov.au/about-the-department/news-archive/?a=434594>