# Submission

Inquiry into child development services in WA

7 November 2022



## Select Committee Inquiry into child development services in WA

The Western Australian Council of Social Service Inc. (WACOSS) welcomes the opportunity to contribute a submission to this inquiry.

<u>WACOSS</u> is the peak body for the community services sector in Western Australia and works to create an inclusive, just and equitable society. We advocate for social and economic change to improve the wellbeing of Western Australians, and to strengthen the community services sector that supports them. WACOSS is part of a network consisting of National, State and Territory Councils of Social Service, who advance the interests of people on low incomes and those made vulnerable by the systems that have been put in place.

WACOSS regularly convenes the <u>Children's Policy Advisory Council</u> (CPAC), which brings together member organisations to ensure a cohesive whole of sector response is developed around children's policy in Western Australia. Input and insights from attendees at the regular consultative forums are used to directly shape WACOSS policy agenda, engagement with key decision makers, and advocacy to improve outcomes for children, young people and families in Western Australia.

CPAC recently convened a public forum that may be of interest to the committee on *Early Childhood Development, Disadvantage and Wellbeing* with the WA Social Research Network and the Life Course Centre, Telethon Kids Institute. The forum discussed the latest evidence in early childhood development, disadvantage and wellbeing in Western Australia. Speakers included Prof. Fiona Stanley AC, UNICEF; Jacqueline McGowan-Jones, Commissioner for Children and Young People WA; Dr. Rosemary Cahill, Principal Senior Research Fellow, Telethon Kids Institute; and Gail Clark, AEDC Coordinator, Department of Education. Presentations can be found on the WACOSS website at: <a href="https://www.wacoss.org.au/networks/childrens-policy-advisory-council/">https://www.wacoss.org.au/networks/childrens-policy-advisory-council/</a>

#### **Attachments:**

WACOSS (2013) *Integrating services to support the mental health of infants & young children: Developing the Concepts,* Western Australian Council of Social Service: Perth, Western Australia.

WACOSS (2014) *Integrating services to support the mental health of infants & young children: Applying the Concepts,* Western Australian Council of Social Service: Perth, Western Australia.

Priddis, L.E., Matacz, R.A., Kiely, D., Bayes, S., Barratt-Pugh, C., Pooley, J.A., Lauren, C., Thornton, J., Fitzgerald, H.E. (2018), *Better Together: Supporting Perinatal and Infant Mental Health Services.*Bankwest Curtin Economic Centre.

Cassells R., Dockery M., Duncan A., Kiely D., Kirkness, M., Nguyen T., Seymour, R., and Twomey C., (2020), *The Early Years: Investing in Our Future*, Focus on Western Australia Report Series, No. 13, August 2020.

Zubrick, S. (2018) *Presentation to WACOSS Early Development Forum*. Telethon Kids Institute. Note a version of these slides were part of the Commissioner for Children and Young People WA's 2018 *Early Vulnerability Series*. See CCYP (2019) <u>Improving the Odds for WA's vulnerable children and young people</u>.

#### Recommendations

- Commission an independent report on child development services in WA that specifically addresses the issues of:
  - Current and future population need & service planning
  - Service models, costs and outcomes in comparison to other jurisdictions
  - Wait times and waiting lists, and what alternative support should be offered in the interim
  - Access and outcomes for at risk population groups (eg low SES areas, Aboriginal, CALD, regional & remote) relative to population need.
- Develop outreach strategies and priority referral pathways for families in crisis or recovering from trauma, including family violence, child protection and homeless services.
- Review screening and referral pathways for early developmental delay, including child health nurses, child and parent centres, and early education and care services. Include simplified referral pathways to speech pathologists and occupational therapists for confirmation and treatment.
- Develop principles and practices for active outreach and effective communication with parents of children experiencing developmental delay to enable them to be part of a sustainable and effective solution.
- Review rates of intellectual disability and neurodiverse diagnoses within WA schools by location in comparison to school services & resources and referral pathways.
- Develop programs for young people whose needs were not identified earlier and no longer fit the priority age range for child development services.
- Increase access to maternal, child and youth mental health services.
- Develop policies and incentives to retain existing skilled early education and care staff, including greater job certainty and improved employment conditions.
- Prioritise the development and provision of childcare services in regional areas as a key support for regional development outcomes.
- Address barriers to childcare access for parents seeking work, particularly single mothers.
- Progress universal access to quality education and care as an economic development priority.

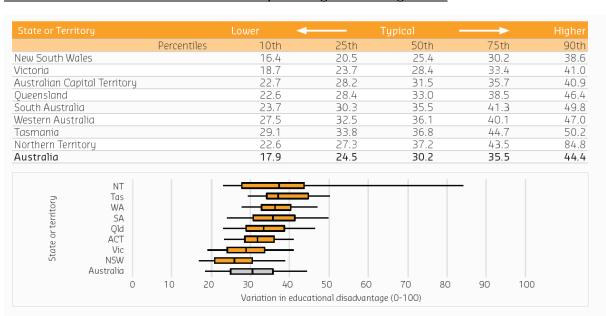
## The importance of early child development

The early years are the most critical time in our life. It is when our bodies and brains are developing at their fastest rate and laying the foundations for lifelong development and wellbeing.

Early investment in healthy development is the best way we can ensure our children thrive. Happy, healthy, safe and connected kids grow into well-balanced and resilient young people and into productive and caring adults with fewer health and mental health problems, barriers to social and economic participation. Early development is critical to lifelong capability and potential, and the evidence is very clear that early disadvantages can accumulate to have an impact through the lifecourse. The sooner we are able to identify and address developmental concerns the better the developmental outcomes.<sup>1</sup>

We contributed to the development of the report *The Early Years: Investing in Our Future* released by Bankwest Curtin Economic Centre in August 2020 (attached) which provides a demographic profile of the number and share of children in WA from pregnancy through infancy and toddlerhood to preschool. It covers health and mental health outcomes for mothers and children as well as language development and access to early education and care to develop and present an Early Learning Disadvantage Index.

Table 1 – Within State variation in BCEC Early Learning Disadvantage index



Notes: The Statistical Area level 2 (SA2) classification has been used as the spatial unit to assess early learning disadvantage across Australian regions. Estimates are weighted by the number of children in each SA2.

Source: Bankwest Curtin Economics Centre | Authors' calculations from BCEC Early Learning Disadvantage Index.

The report highlights the incidence and depth of child poverty within WA, revealing how poverty increases the risk of early developmental delay and creates barriers to access to early learning opportunities and early development services.

<sup>&</sup>lt;sup>1</sup> William Teager, Stacey Fox and Neil Stafford, (2019) <u>How Australia can invest early and return more</u>: A new look at the \$15b cost and opportunity. Telethon Kids Institute. See also BCEC (2020) The Early Years (attached), CCYP WA (2019) <u>Improving the Odds for WA's vulnerable children and young people</u>.

Children living in the most disadvantaged areas in Western Australia are less likely to be accessing the benchmark of 15 hours of preschool each week in their year before school, than the national average. Around one-third of enrolled children are not attending preschool for 15 or more hours each week, compared to only 12.3 per cent of children in the most advantaged areas. Children in the most disadvantaged areas in WA also have high rates of developmental vulnerabilities, with 1 in 3 children assessed as developmentally vulnerable on one or more domain and 1 in 5 developmentally vulnerable on two or more domains.

The report found that 16% of toddlers in WA had socio-emotional competence problems, 24% had behavioural problems and 20% had delayed language development. These numbers increased to 44%, 44% and 40% respectively if the infant was growing up in an environment with limited parental affection or engagement. Approximately 30% of toddlers from households living in severe poverty were estimated to have delays in language development, which is twice the rate of those not living in poverty. 50% of children living in the most disadvantaged areas in Western Australia are developmentally vulnerable on two or more domains, compared with national average of 11%.

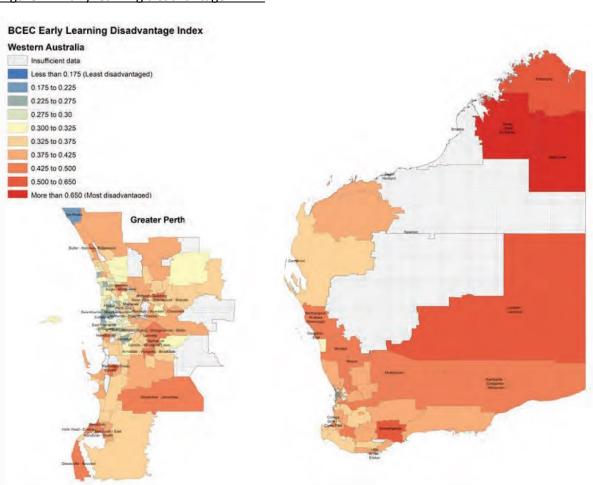


Figure 1 – Early learning disadvantage in WA

Note: The Statistical Area level 2 (SA2) classification has been used as the spatial unit to assess early learning disadvantage across Australian regions. Data are broken using natural breaks, which classifies the data by maximising the differences between each class. Source: Bankwest Curtin Economics Centre | Authors' calculations from BCEC Early Learning Disadvantage Index.

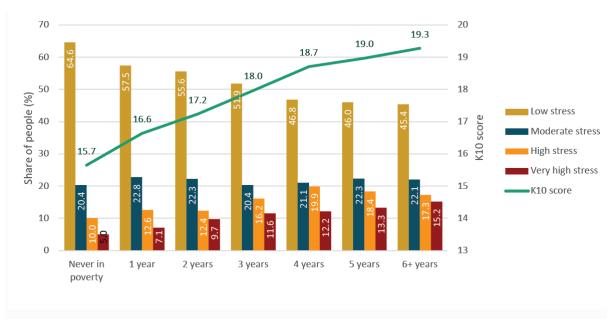
Table 2 – Most and least disadvantaged areas in early learning in WA

			Pre-school attendance					Child development		School				Economic resources									
Local area (SA2)	State/Territory	Remoteness	Share in YBFS errolled in pre-school, not accessing 15+ hours	Share not in YBFS enrolled in pre-school, not accessing 15+ hours	Share of 3 year olds not attending pre-school	Share of 4 year olds not attending pre-school	Share of families with no internet access	Share of children vulnerable on AEDC	domains	Pre-school student- teacher ratio (SA3)	Share of ATSI 0-5 year olds	English non- competency among 0-5 year olds	SEIFA score	Average equivalised household income	unemploy-ment rate	Average number of children in family	Share of one-parent families	Share of households under rental stress	Share of households under mortgage stress	Homeless-ness rate	Share of people who care for own children	Population of children in pre-school	Population of 0-5 year
Most Advantaged			%	%	%	%	%	1+ domain d	2+	ratio	%	%	#	\$pw	%	avg.	%	%	%	per 10,000	%	Total	Tota
1 Cottesloe	WA	Major City	4.8	6.8	64.6	49.3	0.7	10.4	1.5	9.4	0.0	3.2	1.166	1.739	1.4	1.9	7.0	9.7	5.9	9.8	19.9	107	40
2 Two Rocks	WA	Inner Regional	4.9		78.0		4.4	5.4	0.0			0.0	970	787	9.7	1.9	9.6	9.9		24.1	21.9	87	23
3 Swanbourne - Mount Claremont	WA	Major Citu	11.5	26.8	62.4	45.5	1.3	7.0	0.9	9.4	0.6			1.496	1.8	2.0	6.7	5.5	6.8	5.9		160	
4 Claremont (WA)	WA	Major City	8.4	20.3	71.7		1.1	12.6	5.7	9.4	0.0		1.119	1.349	2.9	1.8	9.5	12.1	5.1		15.4	154	
5 Jandakot	WA	Major City	0.0	37.5	70.6		1.9	10.0	10.0		0.0		1.101	1.217	3.0	1.9	6.2	4.2	9.7	0.0	16.9	25	
6 Mosman Park - Peppermint Grove	WA	Major City	24.0	15.0		54.8	1.7	7.3	1.8		1.9	7.2	1,122	1,320	3.3	1.9	8.2	13.3	6.2	10.8	18.8	164	53
7 Floreat	WA	Major City	32.4	25.4	54.4	47.0	1.1	8.1	4.0	9.4	0.0		1,177		1.3	2.0	6.2	3.5	7.8	0.0		176	
8 Bull Creek	WA	Major City	0.0	10.7	67.4	43.5	1.9	21.5	10.3	16.3	0.0	13.4	1,086	969	2.9	1.8	7.0	5.8	5.2	19.7	18.7	134	42
9 Winthrop	WA	Major City	10.9	39.0	68.1	34.5	0.9	17.9	3.0	16.3	0.0	12.9	1,121	1,134	1.9	1.9	6.0	2.1	5.2	0.0	19.2	87	27
10 Nedlands - Dalkeith - Crawley	WA	Major City	25.7	27.9	59.2	44.3	1.3	11.4	3.8	9.4	0.5	11.9	1,150	1,465	2.0	1.9	6.3	15.2	5.5	14.0	18.4	302	93
AVERAGE			12.3	22.1	66.8	43.3	1.7	11.2	4.1	13.5	0.7	7.5	1,117	1,312	3.0	1.9	7.3	8.1	7.3	9.6	19.9	140	43
Most Disadvantaged			%	%	96	%	96		2+ lomains	ratio	%	%	#	\$pw	%	avg.	%	%	%	per 10.000	%	Total	Tot
1 Halls Creek	WA	Very Remote	24.6	16.7	96.5	70.9	54.1	70.3	50.0	20.3	90.3	14.9	718	493	41.0	2.2	26.7	8.2	0.0	711.5	14.6	79	350
2 Derby - West Kimberley	WA	Veru Remote	34.5	23.3	84.0	68.1	39.9	45.5	26.5		79.7	13.1	796		32.5	2.1	19.5	7.1	1.9	444.7	18.9	149	79
3 Withers - Usher	WA	Inner Regional	25.5	24.3	92.5	57.7	12.7	47.7	40.9	18.8	13.0	2.8	853	638	14.6	1.8	19.5	17.4	8.0	33.7	19.4	92	38
4 Kununurra	WA	Very Remote	32.6	0.0	86.2	64.2	30.6	39.8	24.4	20.3	48.2	3.2	941	1,107	12.2	2.0	15.8	10.5	3.9	233.1	18.0	184	66
5 Geraldton - East	WA	Outer Regional	38.7	64.1	100.0	57.0	13.1	29.1	17.9	12.9	27.4	2.4	918	782	11.9	2.0	15.3	9.0	9.4	27.4	19.4	158	57
6 Leinster - Leonora	WA	Very Remote	31.6	52.6	79.7	65.3	45.2	0.0	0.0	19.6	73.9	27.8	790	763	17.0	2.0	16.5	5.7	0.4	321.1	16.3	57	34
7 South Hedland	WA	Remote	70.8	14.0	94.8	57.5	11.1	26.0	16.6	34.7	25.8	4.2	993	1,567	7.3	1.9	10.0	10.0	2.4	115.6	23.7	259	99
8 Gnowangerup	WA	Remote	9.1	100.0	100.0	66.7	8.6	22.4	12.2	20.2	10.7	0.0	1,011	886	2.1	1.9	7.1	4.0	2.9	24.7	21.9	38	23
9 Newman	WA	Very Remote	37.4	32.8	92.3	51.3	5.8	41.3	23.1	34.7	22.3	4.7	1,014	1,688	8.6	2.0	5.3	3.4	0.5	27.8	27.4	149	50
10 Parmelia - Orelia	WA	Major City	34.8	23.8	88.8	49.6	8.9	38.5	25.7	31.2	8.1	4.5	893	727	20.6	1.8	14.8	13.9	10.2	35.6	19.6	218	86
AVERAGE		-	33.9	35.2	91.5	60.8	23.0	36.1	23.7	23.3	39.9	7.7	893	934	16.8	2.0	15.0	8.9	4.0	197.5	19.9	138	57
Average - AUSTRALIA			14.7	16.7	70.9	42.1	6.7	21.9	11.4	21.9	6.9	7.7	997	908	5.5	1.8	10.2	10.3	7.0	60	19.8	250	77
Ratio - MOST vs LEAST disadvantage Ratio - Australian Average vs LEAST disadvantage	2		2.8	1.6 2.1	1.4 1.3	1.4	13.9 3.5	3.2 1.7	5.8 2.1	1.7	54.3 5.8	1.0	0.8	0.7 1.0	5.6 3.0	1.0	2.1 1.5	1.1	0.5	20.7 3.3	1.0	1.0 0.6	1. 0.

The 2022 BCEC report *Behind the Lines: Poverty and disadvantage in Australia* adds to this analysis by showing the impacts that growing up in poverty has on adult outcomes. The research shows a strong association between persistent poverty and psychological distress (Figures 2 & 4) and that childhood experience of poverty leads to much poorer employment and financial security outcomes in later life (Figures 3 & 5).

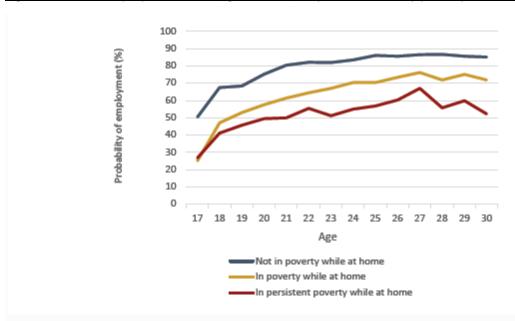
In 2020 in Australia 750,000 children were living in families below the income poverty line, with over 190,000 experiencing severe poverty. People who experience childhood poverty are up to 8 percentage points more likely to remain in poverty in adult life. The chances of securing future employment after a poverty in childhood are up to 11 percentage points lower compared to those who did not come from a poor childhood background, and they are significantly more likely to suffer from nervousness or feel unhappy with their lives for up to 10 years after leaving home.

Figure 2 – The relationship between persistent poverty and psychological distress

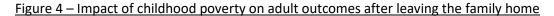


Source: Bankwest Curtin Economics Centre | Author's calculations based on HILDA Survey waves 2 to 20.

Figure 3 – Adult employment rates (age 17 to 30) vs persistent family poverty in childhood



Source: Bankwest Curtin Economics Centre | Author's calculations based on HILDA Survey waves 19 and 20.



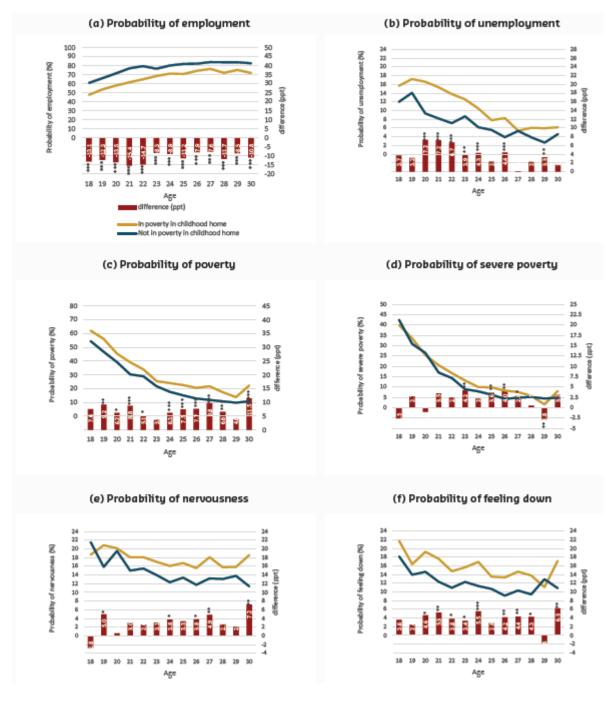
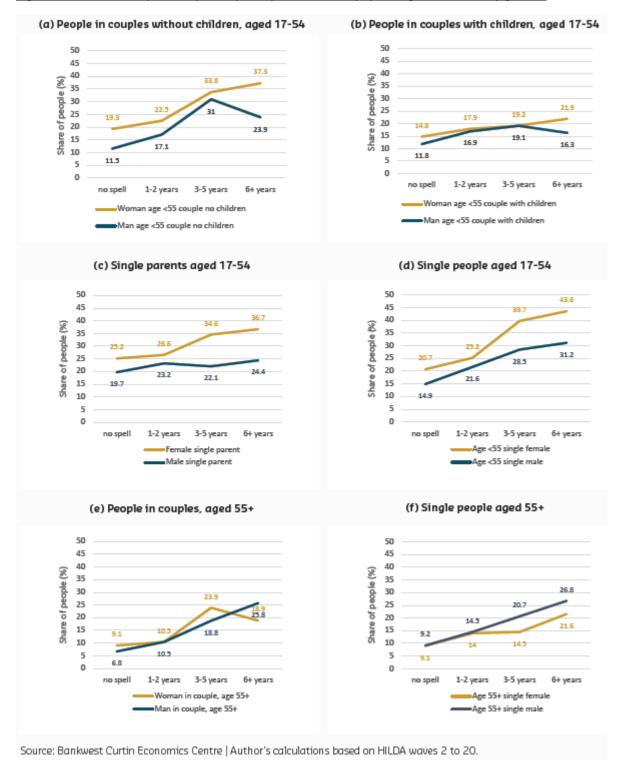


Figure 5 – Number of years in poverty and prevalence of psychological distress by gender



Families living in poverty experience a wider range of vulnerabilities and experience much higher rates of social isolation.

Research by Telethon Kids Institute also highlights the effects of poverty. Monks (2017) report *The impact of poverty on child development*<sup>2</sup> finds that poverty in the first five years of life is particularly harmful to children's development, highlighting children in single parent families are three times more likely to be at risk. It aligns with other TKI analysis (eg Zubrick 2018, attached) that concludes that it is not so much poverty but the impacts that depravation has on early relationships and experiences on young children's health and development. 'Working poor' households for example, where there is both limited access to developmental opportunities and resources, and where parents are time poor and stressed are of particular concern. This analysis suggests that intervening during the early years can break the cycle of disadvantage, if we are able to assist parents to cope effectively with disadvantage to provide consistent and responsive care. Parents under stress are likely to try to shield their children from their negative emotions out of concern, however the risk is that they can then become emotionally unavailable and withdrawn, rather than finding positive ways to engage.

There are some important issues to note here. The relationship with the parent or parents (or primary carer or carers) is the most significant for the developing child. It is the one in which they are most emotionally and developmentally invested and in which they spend the majority of their time. Hence effective interventions to assist developmentally at-risk children also need to include and support the primary carer. It can be helpful to provide other opportunities to connect and socialise with other adults and other children, however the child's ability to engage and benefit from these activities may be limited by these fundamentals.

The biology and neurobiology of development suggests that early experiences can get 'under the skin' in a way that shapes lifelong health. Growing up in chaotic, unpredictable environments where children experience toxic stress can limit early brain development and mean the child is constantly vigilant or easily triggering survival reactions. Children starting early education and socialisation who are less ready and able to engage can be increasingly left behind – early development is a cumulative process and early disadvantages can quickly accumulate. (Shanker)

Monks (2017) also highlights the interaction between socio-economic status and developmental mobility in AEDC data in relation to the capacity of children with poor school readiness to be able to catch up on educational outcomes over time, concluding "despite poor school readiness, children of med-high SES can catch up within the first few years of starting school, but children of low SES do not demonstrate this same level of developmental mobility, and continue on a poor educational trajectory." Conversely, the data also shows that good school readiness helps children from a low SES background to do well at school, saying "...if a low-SES child starts school with a good level of school readiness (high scores on the AEDC) then this appears to act as a protective factor, and they continue to achieve at an average level of academic achievement throughout school."

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<sup>&</sup>lt;sup>2</sup> H Monks (2017) *The impact of poverty on the developing child,* Telethon Kids Institute.

## Efforts to develop more integrated early childhood services in WA

WA's current approach to providing support to mothers and children in the early years of life is fragmented and inconsistent – meaning that whether or not those at risk are able to get timely access to advice and support depends on where they live and their capacity to navigate health and social services across multiple government and NFP agencies

Better Together: Supporting Perinatal and Infant Mental Health Services (BCEC 2019 attached) found that parents of infants seeking support struggled to engage with professional services to get meaningful and useful advice they could understand and act on, felt judged and disrespected, and were often frustrated by the lack of simple access and referral pathways.

Service system design needs to put the child and the parents at the centre, taking a wrap around and no-wrong-door approach to ensure that developmental needs and risks are identified early and dealt with effectively in a way that parents can understand and own.

WACOSS, the Mental Health Commission, the City of Cockburn and local child and family services undertook a project in 2012-13 to develop a model for integrating services to support the mental health of infants and young children. This led to the production of two reports *Integrating services to support the mental health of infants and young children: Developing the concepts* (WACOSS 2013, attached) followed by *Applying the concepts* (WACOSS 2014, attached).

Around this time, we also helped to establish the *Connecting Communities for Kids* project in the Cockburn and Kwinana local government areas through the Partnership Forum Early Years Working Group. The project has continued to have a significant impact on children and families in its' local area by better connecting services and families through an integrated place-based model. However, we were unsuccessful in securing funding for ongoing monitoring and evaluation of the project, so were unable to progress the project's original intent to pilot a model where the learnings could be shared in partnership to assist other local and regional areas with poor child development outcomes to adopt and adapt similar integrated place-based approaches.

There remains an opportunity to learn from and extend this model elsewhere, and to look more closely at the remaining barriers to family engagement and early child development in this local area, as seen in recent <u>AEDC results</u> for the Cockburn/ Kwinana region.

## Addressing the Terms of Reference

We commend the WA Parliament for establishing this inquiry.

Select Committee terms of reference:

- a) the role of child development services on a child's overall development, health and wellbeing;
- b) the delivery of child development services in both metropolitan and regional Western Australia, including paediatric and allied health services;
- c) the role of specialist medical colleges, universities and other training bodies in establishing sufficient workforce pathways;
- d) opportunities to increase engagement in the primary care sector including improved collaboration across both government and non-government child development services including Aboriginal Community Controlled Organisations; and
- e) other government child development service models and programs operating outside of Western Australia and the applicability of those programs to the State.

As the peak body for the community services sector in WA, our membership includes community-based child and family services and not-for-profit early education and care services, a well as those in areas such as child protection and out-of-home care, youth crisis service and the like. We have less direct insight into child development services in the paediatric health and allied health space, although many of our members interact with and refer to these services to coordinate the support of children in their care. We strongly support the role of Aboriginal Community Controlled Organisations in the delivery of services to Aboriginal children, families and communities, supported the development of the Noongar Family Safety and Wellbeing Council, and continue to work with the Aboriginal Health Council of WA to support the establishment of a state-wide Aboriginal community service peak body. We are currently leading work with the Department of Health to develop a partnership framework and increase collaboration between health services and social services to improve community-based prevention, early intervention and recovery as part of the Sustainable Health Review.

In relation to the terms of reference, we highlight the role of child development services (a) within the broader context of the critical role of the relationship with the parent(s) or primary carer(s) in early child development and wellbeing. We note the importance of the child's early environment and experiences to healthy early development, including access to quality early education and care services. Universal access to quality education and care should be our starting point, with integration of early development screening for all children into these services, with targeted outreach and support to those families and communities most at risk. We need to have clear referral pathways alongside appropriate and effective parental communications and support.

Timely access to specialist child development services can play a critical role in addressing early development problems and developmental delay, hence issues of equity in access, affordability and waiting lists are of major concern. We want to see greater availability of these services and reduced wait times, particularly in those areas and regions where children are most at risk. These services should work in complement with universal health and education services, and the risk is that gaps in primary care can mean developmental risks are not identified early enough and developmental issues compound to make the task of specialist services more complex, the outcomes less promising, and the costs much greater.

We cannot offer much data or insight in relation to the availability of specialist child development services in metro and regional areas (b), other than reflecting the concerns raised by our members that services are hard to access and waiting lists are long, and that there few services and increasing access barriers for those in regional and remote areas. We have attached some analysis of access to early learning services, preschool enrolment and attendance and child health check data from the BCEC (2020) *The Early Years* report.

Child and Adolescent Health Service WA (CAHS 2022) data shows increasing demand for discipline referrals, which rose 8% in the last year and 24% over the last 3 years. Demand for autism assessment rose by 12% last year and by 82% in the last 5 years, increasing to 550 formal referrals in 2021-22. Allied service provision also increased by 9%.

WACOSS have little insight to offer specifically in relation to workforce pathways and training of professional staff for specialist development services (c). We draw the committee's attention to our recent submissions on Delivering a Skilled Workforce for WA, and the Senate Inquiry on Work and Care in relation to the broader workforce attraction and retention crisis in the early education and care sector. There is strong evidence that poor pay and conditions for early childhood educators is limiting access to early education and care services, with many services forced to restrict enrolments, shut rooms or close premises due to a lack of staff, particularly in regional areas and on the urban fringe.

The early education and care workforce is projected to increase by over 10% nationally between 2020 and 2025, requiring an additional 154,000 workers nationally and around 16,000 in WA. Higher rates of workforce development will be needed if we are to increase the workforce participation rate of women within the WA labour market (now up to 64.5%, vs 74.8% for men) and to increase the proportion of women working fulltime (51.5%, vs 82.6% for men).<sup>3</sup> Recent member survey data from the United Workers Union indicated that 46% of current workers are burnt out and considering leaving the sector within the next 1-2 years. <sup>4</sup>

While the WA Government has announced a program to offer subsidised VET courses for early educators, more is needed to improve retention of existing staff and address the very high dropout rate of new graduates. Skilled staff are needed to provide on-the-job training, mentoring and supervision and to meet legislated standards.

#### **Contact Details**

For further enquiries on this submission please contact:

Chris Twomey, Leader Policy & Research, WACOSS

Email: chris@wacoss.org.au

<sup>&</sup>lt;sup>3</sup> WA Women's Report Card 2022. BCEC & Department of Communities.

<sup>&</sup>lt;sup>4</sup> Exhausted, undervalued and leaving: The crisis in early education. United Workers Union, August 2022

Western Australian Council of Social Service
Whadjuk Boodja
Level 2
3 Loftus Street
Boorloo (West Leederville) 6007
Western Australia
2 08 6381 5300
2 info@wacoss.org.au

- WACouncilofSocialService
- **WACOSS**
- wacouncilofsocialservice
- ② Western Australian Council of Social Service

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