

PARLIAMENTARY INQUIRY INTO CHILD DEVELOPMENT SERVICES IN WA.

Thank you for the opportunity to make a submission to the Inquiry into Child Development Services (the inquiry). There is no doubt services for children are stretched and waiting lists to see paediatricians, dieticians, speech and occupational pathologists and psychologists are months at least, sometimes years. Mark Fitzpatrick of Telethon Speech and Hearing recently described the public health system as littered with ballooning waitlists and little availability for regular and ongoing appointments. <https://parentlink.mailchimpsites.com/children-at-risk>

This is a long standing issue of concern, highlighted by both the major parties when in opposition, but which neither has adequately addressed when in government.ⁱ As a member of the Legislative Council between 2010 and 2013 I was part of that cycle of failure.

The West Australian parliament has already produced a number of reports relevant to the provision of Child Development Services (CDS).ⁱⁱ CDS are essential to building the good health of children in Western Australia. The good health of children contributes disproportionately to productivity and employment and so Australia's future prosperity. Thriving children benefit everyone outstripping other forms of investment by reducing long term pressure on health, social welfare and the justice systems, as well as leading to better education and labour market outcomes.

CDS are of particular significance too given the robust and uncontested evidence that it is the early years of a child's life (including in the womb), that are fundamental in shaping a person's capacity for learning, development, health, social and emotional wellbeing.ⁱⁱⁱ For young children the optimal time frame to provide CDS is tight because any delay can result in further damage or may be too late. The failure to provide reasonable and timely access to specialist medical services such as a developmental paediatrician for many months or even longer, could arguably give rise to claim for negligence, given it is known that the delay is likely to increase the risk of harm to the child. To date however even the watertight case about the defining nature of the early years of life has not been enough to ensure the youngest children in WA have access to adequate CDS, nor in other parts of Australia.^{iv} This is despite community consensus that all children have the right to a safe, supportive and caring childhood; the commitment by COAG in 2009 that, 'By 2020 all children have the best start in life to create a better future for themselves and the nation', and the state government's announcement in 2019 that 'Improving the health and wellbeing of children in the early years,' was one of its 12 priorities.

Inquiries such as these often put a premium on presenting a list of 'actions' by way of recommendations, based on the assumption this will bring about change. Little will be gained however if this inquiry's recommendations meet the same fate as past inquiries and it becomes 'just another report', however well intentioned. To pre-empt that outcome and low expectations about the capacity to trigger real change, the first consideration should be to ask what it is about our culture that to date has in effect accepted the ongoing failure to provide adequate services to children. Without doubting the genuine desire to do the best for children, questioning and doubting ourselves is the quality of leadership children need to change the current pattern of failure. It requires questioning assumptions about where children fit into 21st Century

Australia. Looking for blind spots, rather than defaulting to the same excuses like lack of funding, shortages of trained staff, the need for new models of service, blame shifting between state and federal governments, the demands of more pressing issues and if all else fails, pinning it on 'dead beat' parents.

The current narrative that most children are faring well and any issues of concern are only at the margins, diminishes the extent of challenges children face in accessing services in both the public and private system. This and past inquiries are testament to the fact that the same narrative about children, followed by a list of recommendations is unlikely to have real and sustained impact on CDS. A broader and more robust strategy that addresses systemic and governance issues is required, as is the recognition that children's rights do not have the priority they should, despite the often repeated statement that the paramount consideration is always to act in children's best interest.

HOW FAR WE HAVE EVOLVED IN OUR TREATMENT AND ATTITUDES TO CHILDREN ?

Two decades ago Australian of the Year Professor Fiona Stanley asked why, if Australia is so well off, the picture for Australia's children was not more hopeful, just and optimistic? Journalist Paul Kelly said it was a 'wake-up call about misplaced national priorities', noting that although Australia had had a 'vital debate about the ageing population', there had been no 'parallel commitment to the crisis facing children and youth.'^v

Twenty years later little has changed. That vital debate and the policy and action that experts, parents and those providing services for children say is needed has not eventuated. The years have passed, but still many children are not doing as well as they should be and not receiving the services they need. Progress has stalled - even gone backwards. Making the case for children's rights and needs remains a work in progress even though childhood health and experiences have forever consequences. Calls for action fail to trigger a response of the scale and urgency that is needed. Experts and advocates working for children often describe responses as piecemeal and too often only when there are extreme examples of failure to protect children and their rights.

Organisations like the Australian Research Alliance for Children & Youth have argued that to do better we must begin by asking how we value children^{vi}. This directly impacts on attitudes^{vii} to children and how we treat them, which in turn impacts programs and policies provided for children and their families and so

ultimately a child's wellbeing.

Antecedents of complex problems affecting children and young people are common: they begin with our (societal) values



Values are baked into a society's culture and reflected in its attitudes. As attitudes and culture change, so do expectations about what is acceptable. It is obvious when you reflect on how attitudes have changed in the last 30 years to the participation of women in public life, the protection of the environment, and the acceptance of same sex marriage. The prevailing culture and the attitudes also determine whose rights and needs are prioritized and whose voices prevail.

Two Royal Commissions^{viii} and a number of inquiries into the treatment of children in the last decade has raised confronting questions about our attitudes to children and how we value them, particularly when their rights clash with adults. The 2017 Royal Commission into Institutional Responses to Child Sexual Abuse provided a glimpse into how individuals and institutions subsidized by the taxpayer, and claiming a special moral authority to care for children, turned a blind eye and then strenuously denied the sexual abuse of children, providing cover for one of the most prolonged and widespread acts of criminal assault in **recent** Australian history.^{ix} It was an insight into Australian society that exposed adults who were intentionally prepared to sacrifice children's rights to protect adults and their institutions. It also illustrated how others looked away or simply did not know what was happening to children in a range of settings. The Royal Commission revealed deeply held attitudes about children, as well as the danger of making assumptions about the conscious and unconscious attitudes we hold as a society about children. Far from being ancient history that we seem so desperate to disassociate ourselves from, it provides an insight into attitudes to children that should give us pause to question how far we have evolved in our treatment and attitudes towards them.^x

Today we recognize the impact deeply held conscious and unconscious attitudes have and how they impact the treatment and rights of groups within society. Elizabeth Young- Bruehl in her seminal work, 'The Anatomy of Prejudices' examined the history of sexism, racism, and homophobia using anti-Semitism as the model noting that each prejudice had created its own word.^{xi} Years later she said she

realized she had overlooked a prejudice. Childism. She described it as the prejudice that rationalises or justifies acts and omissions that harm children and fails to meet their needs and protect their rights. It exists she said when a child is not given everything they need to flourish. ^{xii}

Prejudice and bias against sectors of society like women, is well understood. For women, policymakers actively seek to understand and mitigate its impact. Like children it is a product of centuries of history that relegated them the possessions of others with their value primarily determined by the power of their fathers and other male family members.

Childism, like ageism is a function of age. In Australia, it is unlawful to discriminate on the basis of age. To date the focus however has been on young people and the old. This is borne out in a survey in 2016 that asked people to rank ten issues in order of importance. Looking after the interests of children came 9th.^{xiii} In 2021, a study by the Australian Childhood Foundation found child abuse rated lower than problems with public transport and roads on a list of community concerns.^{xiv} Research suggests that when people think about children, they think of them in the context of home and school, so primarily in terms of educational and family policy.^{xv} This context is relevant for CDS. Health spending makes up the single biggest component of state and federal budgets so it is not unreasonable to ask on behalf of children what share of spending they receive. Knowing this provides insight into whose needs are being prioritised, what is valued and if resources are being fairly distributed. In America, organisations like the Urban Institute calculate what is spent on children by looking at federal spending on children through programs and tax reductions, including health. Urban Institute's '*Kids share*' analysis found that in 2019 and 2020 roughly 9 % of the federal budget was spent on children younger than 19 years.^{xvi}

In Australia analysis of what is spent on children's health federally and in each state is a daunting task. Funding is spread through state and federal health budgets and spending by Medicare, the NDIS, public hospitals and short-term funding of programs need to be factored in. There is no specific data showing aggregated health costs by age group. Analysing data and spending for public hospitals, the Pharmaceutical Benefits Scheme and Medicare provides a starting point.^{xvii} Like America, Canada and the United Kingdom there is a noticeable escalation in spending for progressively older age brackets particularly after age 60. Whilst the growth in health spending cannot be attributed solely to an ageing population it does play a part. According to the Australian Institute of Health & Welfare '...there is little doubt that some increased health costs will be attributable to the ageing population and that health systems and policies will need to adapt to this significant demographic shift.'^{xviii}

This should raise red flags. In some countries it has and attention is being given to how changing demographics and bias that discriminates against children impacts policy and the allocation of resources. The self-serving belief in the impartiality of one generation to the next is being questioned.^{xix} In 2013, the Oxford Martin Commission for Future Generations drew attention to 'discounting bias', that is giving less weight to the future than the present which discriminates against children and future generations.^{xx} It called for innovative new policy and ideas to embed longer

term thinking to reinvigorate how institutions work to better serve the needs of those too young to vote as well as future generations.

To ensure greater priority is given to children's rights and needs, as well as greater visibility of how policy and budget decisions are made that affect children, a suite of measures are required to bring about cultural and systems change with a focus on children and their rights. They include:

- 1) A Minister for Children.
- 2) A 10 year WA state plan for children.
- 3) Legislation comparable to the *Children's Services Co-operation Act* (Northern Ireland) 2015^{xxi} that requires departments or public bodies or agencies to co-operate with each other on children's services. This aims to ensure departments work together, services are integrated and impact is maximised for the benefit of the recipient. It includes permitting departments and statutory bodies to pool their budgets and share resources, enabling departments to work together on policy initiatives outside their specific departmental remit yet are effective means of meeting their own statutory responsibilities.
- 1) Establishing a standing committee to scrutinise the compatibility of bills against the provisions of the Convention on the Rights of the Child.(CRC)
- 2) Auditing existing laws to identify provisions that contravene children's rights as per the CRC for example s. 257 of the *Criminal Code Act* 1913 (WA).
- 3) Establishing as recommended by the UN Committee on the Rights of the Child in 2019, a tracking system to monitor the efficient use of resources for children and conduct regular assessment of the distributional impact of government investment in sectors supporting the realisation of children's rights.
- 4) Publishing an annual Child Economic Statement that includes the underlying assumptions, the economic modelling used and monitors the level of financial investment in children, including in the state health budget.
- 5) Requiring government departments to report to Cabinet by way of an Impact Assessment statement on the effect of policy and legislation on children and future generations.
- 6) Adequately funding civil society organisations to provide child specific advocacy.
- 7) Establishing a program to build understanding by elected officials and senior decision makers across governments, departments and the judiciary about children's rights and bias against children.
- 8) Embedding processes that ensure children old enough to express their views are heard, and/or appointing or electing MPs specifically tasked with representing children and their interests.

It is only just over thirty years ago since the United Nations Convention on the Rights of the Child (CRC) recognised children had the same basic human rights as adults, as well as their need for special protection due to their vulnerability. That vulnerability means children must rely on adults. Not by choice but necessity. Not just those closest to them, but the adults they will never know, whose decisions and attitudes will determine much about the childhood they experience. It is in effect an unwritten

and unenforceable contract that relies on adults doing the right thing by children and where children are the voiceless partners to the contract. The failure to provide adequate and timely access to CDS is a fundamental breach of that unwritten contract.

Linda Savage

ⁱ See Appendix A

ⁱⁱ Education and Health Standing Committee, “Healthy Child – Healthy State: Improving Western Australia’s Child Health Screening Programs”, Report No.2/21 May 2009.

Community Development and Justice Standing Committee, “Inquiry into the Adequacy of Services to meet the Developmental Needs of Western Australia’s Children,” Report No. 1/13 August 2009.

Education and Health Standing Committee, “Invest Now or Pay later: Securing the Future of Western Australia’s Children, Report No.5/11 March 2010.

ⁱⁱⁱ The early years are so significant that the World Association for Infant Mental Health has called for specific rights for infants to be recognised and supplement the Convention on the Rights of the Child .

^{iv} <https://www.theguardian.com/australia-news/2022/may/02/breaks-your-heart-rural-kids-waiting-on-critical-development-services><https://www.smh.com.au/national/nsw/unacceptable-wait-to-screen-children-for-developmental-delays-autism-20220125-p59r1d.html>

^v Kelly, P. ‘Society ignores the plight of children at its peril’. *The Australian* 30 November 2005 , p.14

^{vi} ‘Making Prevention Work’ ARACY Conference, 2009.Presentation by Dr. Lance Emerson

^{vii} An attitude is defined as a set of emotions, beliefs, and behaviors toward a particular object, person, thing, or event. Attitudes are often the result of experience or upbringing, and they can have a powerful influence over behaviour.

^{viii} Royal Commission [The Protection and Detention of Children in the Northern Territory](https://www.royalcommission.gov.au/child-detention) 2017
<https://www.royalcommission.gov.au/child-detention>

^{ix} The vast majority of claims concerned alleged abuse that started in the period 1950 to 1989 inclusive, when today’s baby boomers were growing up during a period sometimes described as a golden age for children. The truth is it is barely a heartbeat ago as the Royal Commission noted:

“It would be a mistake to regard this child sexual abuse as historical; as something we no longer need to be concerned about. While much of the abuse we heard about in religious institutions occurred before 1990, long

delays in victims disclosing abuse mean that an accurate contemporary understanding of the problem is not possible. Some of the abuse we heard about was recent. More than 200 survivors told us they had experienced child sexual abuse in a religious institution since 1990. We have no way of knowing how many others may have had similar experiences.”

^x Cardinal Pell for example told the Royal Commission that in the 1970's and 1980s the Catholic Church had a “predisposition not to believe” children who made complaints about abuse. When it came to adults his attitude was the reverse:

“I must say in those days if a priest denied such activity I was very strongly inclined to accept the denial”.

Cardinal George Pell’s evidence provided a case study in bias that discriminates against children simply because of their age. Children today are more likely to be believed but it is a mistake to assume that past attitudes such as that expressed by Cardinal Pell are a thing of the past. Prejudices have been described as acting like muscle memory. A simple survey I commissioned on behalf of the Valuing Children Initiative in 2016 found that 63% agreed that a child’s word is still less likely to be believed than that of an adult. Essential Research 2016. Valuing Children Initiative Benchmark Survey: 2016

<http://valuingchildreninitiative.com.au/wp-content/uploads/2020/11/Australians-Attitudes-to-Children-The-Valuing-Children-Initiative-Benchmark-survey-2016.pdf>

Four years after the Royal Commission, the Australian Childhood Foundation’s Community Attitudes Report, ‘Still Unseen and Ignored’ reported that 67% of respondents believed that children make up stories about being abused or were uncertain whether to believe children when they disclose abuse. The odds remain stacked against children with only a 1 in 3 chance of finding an adult who will believe them.

Tucci, J & Mitchell, J. (2021) ‘Still unseen and ignored. Tracking community knowledge and attitudes about child abuse and child protection in Australia’, Australian Childhood Foundation
<https://www.childhood.org.au/still-unseen-and-ignored/>

^{xi} Young-Bruehl, E, 2013. *CHILDISM Confronting Prejudice Against Children*. Yale University Press. USA.

Her work was distinguished by her belief that to really understand these prejudices the voices of the victims must be listened to not just white men who until then had dominated the academic understanding of prejudice.

^{xii} It was first described in 1975 by two American physicians as the automatic presumption of superiority of any adult over any child, resulting in ‘adult’s needs, desires, hopes and fears taking unquestioned precedence over those of the child’, beyond ‘the biological necessity that requires adults to sustain the species by means of authoritative, unilateral decisions.

Chester, M. Pierce, MD & Gail B. Allen 1975. ‘*Childism*’

Published Online: July 01, 1975 . <https://doi.org/10.3928/0048-5713-19750701-04>

^{xiii} Looking after the interests of older Australians came 6th

Essential Research 2016. Valuing Children Initiative Benchmark Survey: 2016

<http://valuingchildreninitiative.com.au/wp-content/uploads/2020/11/Australians-Attitudes-to-Children-The-Valuing-Children-Initiative-Benchmark-survey-2016.pdf>

^{xiv} Tucci, J. and Mitchell, J. (August 2021). Still unseen and ignored: Tracking Community Knowledge and Attitudes about Child Abuse and Child Protection in Australia. Australian Childhood Foundation, Melbourne.
<https://www.childhood.org.au/app/uploads/2021/08/Still-unseen-and-ignored-report-FINAL-REPORT-17aug21.pdf>

^{xv} L’Hote, E & Volmert, A: 2021 Frameworks

Why aren’t kids a policy priority? The mind-sets and attitudes that keeps kids off the public agenda. p.5

<https://www.frameworksinstitute.org/publication/why-arent-kids-a-policy-priority-the-cultural-mindsets-and-attitudes-that-keep-kids-off-the-public-agenda/>

^{xvi} KIDS’ SHARE 2020: Report on Federal Expenditures in Children Through 2019 and Future Projections.

https://www.urban.org/sites/default/files/publication/102614/kids-share-2020-chartbook_0.pdf

^{xvii} Banks, G 2008. Chairman, Productivity Commission. ‘Health costs and policy in an ageing Australia’ Health Policy Oration 2008, Menzies Centre for Health Policy, John Curtin School of Medical Research, ANU, Canberra,
<https://www.pc.gov.au/news-media/speeches/cs20080328/cs20080701-agedhealthpolicy.pdf>

^{xviii} Australian Institute of Health and Welfare 2014 *Australia’s health 2014*. Australia’s health series no. 14. Cat. no. AUS 178. Canberra: AIHW.

^{xix} A 2021 survey for example reported that only 34% of Australians believe government is taking future generations into account.

Next25 Navigator Social Research Report 2021. Think Future. Act Today.

http://files.next25.org.au/Next25_Navigator_2021_Report.pdf

^{xx} ‘*Now for the Long Term*’ The Report of the Oxford Martin Commission for Future Generations. Oxford University. October 2013.

http://www.oxfordmartin.ox.ac.uk/downloads/commission/Oxford_Martin_Now_for_the_Long_Term.pdf

^{xxi} <https://www.legislation.gov.uk/nia/2015/10/notes/contents>