

SELECT COMMITTEE INTO CHILD DEVELOPMENT SERVICES

Child Development Services submission

presented by the



and



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Foreword

The Australian Childcare Alliance (ACA WA) is the peak body for Early Education and Care (ECEC) and Outside School Hours Care (OSHC) services in Western Australia. Our organisation regularly works with the State Government and as such we can identify new and innovative ideas that represent the needs of services in Western Australia.

The COVID-19 pandemic has pulled the curtain back on the essential role the early learning sector plays in **supporting children and families in WA**.

Developmentally, emotionally, socially, **the benefits to our children are also clear** – children receive quality early learning are likely to be well socialised, confident, inquisitive about the world, accepting of diversity, resilient to manage challenges and to be life-long learners. Adding early intervention for children will only give that child the best outcome for life.

A **pressing issue** facing our children and families right now is the **wait time** and **lack of available development services** available to families and children. Without addressing this need our children and their families are being left behind and an undue burden is being left on the ECEC sector to support children and families in the absence of specialist early intervention support.

We need to ensure no child is disadvantaged when they require further intervention, whether it be speech, hearing, specialist services. The ECEC sector needs to be leveraged as an amazing community asset for supporting children with developmental needs and their families to ensure no child misses out. The ECEC sector has the infrastructure, the children and families and this opportunity is currently massively underutilised to improve outcomes for children in WA.

ACA WA is committed to supporting our sector to provide **the best start in life** for WA children, and to do this we need to be able to assist our families in accessing child development services and working in partnership with all.

We stay informed with what is happening across our sector from a representation and advocacy standpoint. Our members have provided us with feedback on the difficulties that they and their families face in accessing these services at a time that is crucial to the child.

Rachelle Tucker
CEO
Australian Childcare Alliance Western Australia

About Goodstart Early Learning

We are for children, not for profit

Goodstart is Australia's largest not-for-profit social enterprise and Australia's largest ECEC provider, with 671 centres located in all states and territories, providing early learning and care for more than 70,700 children from 59,200 families. Our purpose is to ensure all Australia's children have the learning, development and wellbeing outcomes they need for school and life. Across Australia, 6% of all children attending Goodstart have a disability or developmental delay and many more have been identified with additional needs and are currently waiting for further assessment. In WA, Goodstart has 53 centres and provides early learning and care for 7000 children and 5,500 WA families.

Our commitment to including all children at Goodstart

Inclusive practice is fundamental to our way of working. As an inclusive organisation, all children, families and educators are welcomed at Goodstart. Each and every day, our centre teams work in partnership with thousands of families across Australia to deliver high quality, inclusive and community connected early learning to achieve learning, development and wellbeing outcomes for all children, especially children who experience vulnerability or disadvantage.

Goodstart invests in programs and structures that support inclusion at all levels of our organisation. This includes support for enrolment, inclusion support and funding, additional staffing and delivering professional development to upskill educators in their work with children with disability or developmental delay. We also invest in innovative responses to supporting children's outcomes in the early years - through our *EChO* (Enhancing Children's Outcomes) centres in low socioeconomic areas, intensive support for children with trauma or complex disabilities and allied health support within the ECEC setting.

In WA, we have worked with partners to test and trial new approaches to address barriers and ensure children get the services they need – this includes the *Ears2Learn* project for ear health screening in ECEC and *NursePrac* visits to address systems issues with children with high needs being unable to access services through existing pathways.

We work hard to ensure our early learning environments are suitable for children of all abilities and we continuously develop and invest in our educators to enable them to offer the best possible care, education and inclusion for all children.

Goodstart fully endorses the Centre for Policy Development's *Starting Better Guarantee* which has a focus on improving the early years service system, including developmental services, for better outcomes for all children.

*"The guarantee goes to the heart of what matters most — nurturing children so we can build a healthier, happier and more prosperous Australia."*¹

The guarantee is gaining traction in other states and territories and NSW has recently released its own version of the Guarantee. Goodstart recommends that the WA State Government consider signing up to the Guarantee to create a better future for all WA children.

¹ <https://cpd.org.au/wp-content/uploads/2021/11/CPD-Starting-Better-Report.pdf>

Importance of the early years for development and lifelong outcomes.

Science shows that life is a story for which the beginning sets the tone. That makes the early years of childhood a time of great opportunity, but also great risk.

“Healthy development in the early years (particularly birth to three) provides the building blocks for educational achievement, economic productivity, responsible citizenship, lifelong health, strong communities, and successful parenting of the next generation”²

“For every child, early moments matter”³

Children’s brains are built, moment by moment, as they interact with their environments. In the first few years of life, more than one million neural connections are formed each second – a pace never repeated again. The quality of a child’s early experiences makes a critical difference as their brains develop, providing either strong or weak foundations for learning, health and behaviour throughout life.

“Early child development sets the foundation for lifelong learning, behaviour, and health. The experiences children have in early childhood shape the brain and the child’s capacity to learn, to get along with others, and to respond to daily stresses and challenges”⁴

The early years is a unique opportunity to invest and intervene early to improve outcomes for the child, family and community and reduce the investment of time and money across the lifespan. Early intervention is proven to break cycles of significant disadvantage. Current service gaps and access issues mean that many WA children are not starting school ready to learn and that 1 in 5 children remain developmentally vulnerable when they start school - despite ongoing investment in the early years.⁵

Australia is a signatory to the UN Convention of the Rights of the Child and upholds the rights of all children which include:⁶

Parties shall ensure to the maximum extent possible the survival and development of the child. – Article 6

Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community. – Article 23

WA Health, CACH and CDS do a huge job supporting the children and families of WA, but service models are no longer meeting community needs. The time is now overdue for a review and rethink about how services could be offered in more efficient and innovative ways to best meet the needs of more children and families and enhance developmental outcomes across WA.

This is not just a job for WA Health but for the whole early childhood service system and the child’s community– we all have a part to play in ensuring the very best for WA children. There is an enormous opportunity in WA (as yet untapped) for the state government to improve child development outcomes in WA and ensure more children access vital screening programs by

² Harvard Centre for the Developing Child - <https://developingchild.harvard.edu/guide/what-is-early-childhood-development-a-guide-to-the-science/>

³ UNICEF - <https://www.unicef.org/early-childhood-development>

⁴ <https://www.linkedin.com/pulse/why-invest-your-childs-early-years-ajitha-radhakrishnan>

⁵ AEDC - <https://www.aedc.gov.au/data-explorer/>

⁶ UNCRC - <https://humanrights.gov.au/our-work/commission-general/convention-rights-child-human-rights-your-fingertips-human-rights-your>

partnering with the ECEC sector. Our sector cares for thousands of children and families across WA every day and this huge reach and relationship with WA families is currently massively underutilised. We want to be part of the solution to ensure early intervention is available to every child who needs it and to achieve better outcomes for children and families.

We consulted with ACA members and Goodstart employees to contribute voices from across the ECEC community. The key issues outlined in their feedback form the basis of this submission and include:

1. Wait times, difficulty accessing services and the impact to children and families.
2. The double disadvantage experienced by children when wait times and access issues result in them being unable to access funding and support in ECEC or at school.
3. CDS pathways and processes being unclear to families and other services within the early childhood service system (including ECEC).
4. Access, support and continuity of care for children and families in high risk groups and vulnerable circumstances.
5. Wide variation in early childhood developmental knowledge across the early childhood service system and no common tools and resources for professionals in WA.

Our Early Childhood Education and Care centres see and feel the impact of these issues every day. This submission seeks to outline each in detail and suggest some recommendations.

1. Wait times, accessing services and the impact to children and families

The Early Childhood Education & Care (ECEC) sector is seeing an ever-increasing issue for WA children with either wait times or lack of available services for children to access early intervention on a variety of services required. There are currently huge wait times and barriers for children and families seeking developmental services through WA Health. Many children and families' wait years for services, and this is not in line with best-practice principles for early intervention. It also has flow on effects for funding and support in ECEC, at school and via the NDIS (discussed further in next section).

Early intervention is the best way to support the development and wellbeing of children with disability, autism or other additional needs including developmental delay. This should happen as soon as possible after a child's needs are identified. It might include therapies, supports, education and so on. Intervening early in a child's life, or when a problem is just beginning, can ensure support is in place for the child and family, enhance future outcomes for the child and prevent additional issues arising such as mental illness later in life. Early intervention services can change a child's developmental trajectory and improve outcomes for children, families, and communities.

Timely and effective early intervention works to prevent problems occurring, or to tackle them head-on when they do before problems get worse. It also helps to foster a whole set of personal strengths and skills that prepare a child for adult life. Across WA and Australia families are waiting too long when a concern is identified for further diagnosis and support. The problem is particularly acute for families relying on public health services.

ECEC centres make referrals and recommendations to parents where an educator considers that a health or development check would be beneficial. In a recent survey of the ECEC sector in WA, **73% of services have said that families have found it difficult to access WA Child Development Services in their areas.** Whilst ECEC has a part to play in the early childhood service system in inclusion for all children and connecting families to appropriate services, we cannot provide the specialised knowledge and skills of health and allied health professionals.

The survey identified the main barriers to families currently using or trying to access WA Child Development Services are:

- Wait times
- Difficulty understanding and navigating CDS services
- Lack of flexible services e.g., available outside of parents working hours
- Complex family needs
- Lack of services available in their area

The impacts on the child/family if they are unable to access WA Child Development Services are:

- Poor child outcomes- that will include ongoing developmental issues
- Social/emotional/behavioural impacts – that can lead to poor future outcomes including academic and social success and mental health difficulties
- Family stress
- Negative impact on learning and relationships
- Child is not ready or is behind (socially/emotionally) when they start school

If early intervention is not available for the child/family when in ECEC the services will struggle to meet the needs of that child due to the following:

- Unable to access the Federal *Inclusion Support Program*⁷ funding for additional support in ECEC as they child is still waiting for 'documentary evidence' from a health professional (further outlined below)
- Unable to access specialist support of health and allied health professionals to assist child's development and learning goals in centre
- Unable to access the correct/support/training to assist the educators in strategies to work with the child/family on the best outcomes
- This in turn puts a great deal of stress on our educators and impacts wellbeing and retention of ECEC staff.

Sector feedback

"The families have been on long waiting lists and there has been no intervention or follow ups during the waiting timeframe, sometimes up to 12 months + for children in these age groups usually between 2-5 years. It's too long for the child, the family and educators receiving no help and support that is needed during the most crucial time of their development."

"Working in a pre-kindergarten room with a 1/10 ratio leaves me continually burnt out and stressed due to the growing numbers developmentally delayed of children without a diagnosis."

"If we are saying that 0-4 years are the most important stage of children's life, why wait for them to go to school before they do the standard assessment for speech and hearing?"

"We need more regional based services. Parents / families are having to travel considerable distances to access these services and some families don't have access to regular transport. We need more interim support services that can be accessed while families are waiting to be assessed so that they can still be getting help whilst waiting for a diagnosis."

⁷ <https://www.education.gov.au/child-care-package/inclusion-support-program>

98% of survey respondents felt engagement with Department of Health (CDS) health and allied health professionals in ECEC centres would assist them to better support child development.

“We definitely need some more early intervention services, the earlier the support the better the outcome for the children and families. Linking CDS to ECEC Services and the ECEC Service voices are heard and supported as professionals”

“In ECEC we are experienced in identifying the signs early but there is no help for us at this level. By the time the families see CDS the child has often left our facilities. This contributes to staff burnout in our industry. If CDS worked more in partnership with us, we could serve families far better and have early intervention in place before the child commences school.”

“CDS being able to attend centres would be so beneficial, especially for centres like where I am working, we have so many children enrolled with one or more delays in developmental domains and even though educators are confident in discussing these with families, the process stops there.”

Many developmental concerns become evident between the ages of 2 and 4 years of age. This is a critical time for developmental delays to be identified. There is currently a big gap between the toddler (2 years) and school health (4 years) check in the WA Child Health schedule that misses this critical time of development. Similarly, hearing and ear health is not currently routinely checked between the Newborn Screening Test and the School Entry Test. This schedule has no capacity to pick up hearing and ear issues in the years between infancy and school entry and missing this critical period can dramatically impact development with far reaching impacts on language, communication, social skills and readiness for school.

Partnering with the ECEC sector could enable efficient and wide-reaching screening beyond what CACH and CDS can currently offer and ensure population-wide early years responses for best pathways and outcomes for children. Experience shows us that universal approaches are a non-confrontational and effective method of gaining consent for the majority of children to be screened, particularly when health professionals visit a service (e.g., child nurse, speech pathologist).

E.g., In South Australia - pilot programs are currently underway by the Caring Futures Institute at Flinders University in collaboration with Goodstart Early Learning and Playgroup SA to boost screening of children up to the age of five, with key checks at 12 and 18 months, as well as at two, three and four years old.⁸

Goodstart in WA provides ear health checks through the Ears2Learn program and is currently piloting a limited number of nurse practitioner centre visits (at no cost to families). These initiatives are funded by Goodstart to ensure access to services for some of the most hard-to-reach families. Demand currently outstrips capacity.

Recommendations:

- The current CDS wait list system, triage system and prioritisation rules should be reviewed against current demand and needs in WA.
- CACH and CDS staffing, and budgeting should be reviewed to better meet demand and reduce wait times for services.

⁸ <https://www.murrayvalleystandard.com.au/story/7864525/early-development-checks-for-sa-kids/>

- Development, training and roll out of suitable early childhood assessment tool/ screening state-wide – to assist all early childhood services to screen for developmental needs and enable more effective triage and prioritisation of children for additional support from CDS.
- Development /recommendation/ promotion of resource or an App to educate and empower parents to track early childhood development against milestones and to channel them into the most appropriate services and supports early – similar to *ASD detect*⁹.
- Partner with ECEC to leverage the huge reach and opportunity to ensure more efficient and responsive services to all WA children.
- CACH and CDS services should be offered within ‘natural settings’ where there are lots of children – such as outreach visits to ECEC services for developmental and hearing checks.
- Adjust WA Department of Health schedules for early childhood - re-institute 3-year-old child health check and provide annual ear health and hearing checks between 1 and 4 years.
- Services should be offered flexibly, in a range of settings and outside of parents working hours including drop-in clinics on weekends, shop front services, clinics at ECEC centres or other community locations.

2. Children experience double disadvantage when wait times and access issues result in them being unable to access support in ECEC or at school

WA Children with developmental delays and disabilities are entitled to additional support under the Federal *Inclusion Support Program*¹⁰ which provides extra support for children who may require specific considerations or adaptations to participate fully in ECEC services. This program provides additional support, capacity building for teams and educator hours to support children with additional needs including those who:

- have a disability or developmental delay
- are presenting with challenging behaviours
- have a serious medical or health condition, including mental health
- are presenting with trauma-related behaviours.

To access this support, families need to provide ‘documentary evidence’¹¹ from a relevant health professional as proof of the child’s eligibility. When developmental services and supports are delayed, or families are unable to engage with health services, the child and the ECEC centre goes without this support. This creates a double disadvantage for children across WA as when a child cannot access developmental services in a timely manner, they also cannot access the additional support they need in ECEC. CACH and CDS communications and processes currently do not support ease of access for families to the *Inclusion Support Program*.

NDIS funding for severe developmental delay ends once the child is 6 years of age. So, if early intervention and/or diagnosis hasn’t occurred before the child starts school, then the likelihood of the child’s needs being identified, seeking professional help/ assessment (which has 1yr+ waitlists) and going through the NDIS application, all before the age of 6 is very low. When early intervention services are not accessed before the age of 6, the parent is left with no funding for supports, no diagnosis to obtain funding for additional support at school and having to pay for diagnostic and/or support services privately or again wait an extended period of time for the limited public service that is available. This impacts children’s outcomes at school and at home (see case studies attached).

⁹ <https://asdetect.org/>

¹⁰ <https://www.education.gov.au/child-care-package/inclusion-support-program>

¹¹ <https://www.education.gov.au/child-care-package/resources/inclusion-support-program-documentary-evidence>

Sector feedback

“Earlier appointments and diagnosis so that centres can access inclusion support funding for children with challenging behaviour.”

“We could get no funding for these children or support for educators with the behaviours, as the parents have stated the health nurse said there is nothing wrong and that they have no concerns so would not fill out the paperwork for Communicare. [Inclusion Support Agency in WA]”

Recommendations:

- Initial CACH and CDS plans, and letters should ensure that they meet criteria for ‘documentary evidence’ for the Federal *Inclusion Support Program* for support in ECEC - so children can access this Federal funding as quickly as possible.
- CACH and CDS staff should be educated on the *Inclusion Support Program* and how they can support ease of access for children who are eligible.
- Children needing diagnosis for education support at school should be fast-tracked to support success in the transition to school.

3. CDS pathways and processes are currently unclear to families and other services within the early childhood service system (including ECEC).

CACH and CDS pathways and service delivery processes are often unclear and hard to navigate for families and those supporting them. Communication and promotion of pathways and processes would enhance understanding of families, community and ECEC sector in order to support children and families better. For children in child protection the pathways of care and developmental support are not clear. This should be communicated and promoted to families, foster carers and agencies, ECEC and other support organisations as we receive very mixed messages about eligibility and pathways for services (see case studies attached).

Many families wish to access CDS services in-person and in their local area - from their first connection with CDS (e.g. walk in at their local CDS office or CPC). This approach to ensure access and engagement for families is supported by research which suggests services are best placed with ‘pram pushing distance’ from families who need them.¹²

With introduction of the NDIS Early Childhood Approach in WA (Wanslea ECA), many families and services are confused by the dual referral pathways now available for children under 7 years of age. This is difficult for families and ECEC to navigate as there are now two referral pathways that involve duplication of paperwork, referral and navigating State and Federal agencies.

Referral is a task that ECEC services do not always feel capable or confident about. Some feel this is historically the remit of health professionals and educators, and centre leaders can find completing complex referral paperwork a barrier to ensuring children get the services they need. Simplified referral pathways and paperwork would make this much easier for busy ECEC professionals – e.g., *Help Me Grow* website (Minnesota)¹³

¹² TKI Colab Policy Papers Series Paper 3: Early Childhood Services In Western Australia: What Are The Issues?
<https://colab.telethonkids.org.au/SysSiteAssets/media-docs---colab/colab-policy-paper-3-web.pdf>

¹³ <https://helpmegrowmn.org/HMG/DevelopMilestone/index.html>

Sector feedback

“Providing more information to services and families on services available and also the process to access support”

“More information regarding how and where to access these services.”

“The system needs a review. There appears to be an increase in children needing support in this area and the system is not designed to support the families. Outdated model for our current times and families are wearing this.”

Recommendations:

- Universal communication plan on care pathways and processes designed and actioned.
- Targeted communication plan for pathways for children in care of CPFS designed and actioned.
- CDS should consider a ‘no wrong door’ approach – families should be welcomed and able to engage locally (e.g., access services directly via their local CDS office or CPC) Consideration might also be given to additional ‘shop front’ settings as focus for communication and promotion of services across the community.
- Clear pathways and differentiated criteria for referral to NDIS Early Childhood Approach or CDS for children under 7.
- Simplified referral process/paperwork and support for referrers who need it.

4. Access, support and continuity of care for children and families in high-risk groups and vulnerable circumstances

Children and families with additional risk or needs should be identified and offered additional supports to engage with CDS first time – not dropped off waitlists due to not responding to calls or attending appointments (standard protocols). There are currently no enhanced service pathways and children often miss out on services (see case studies attached).

In such situations the need for services is also not always well-understood or appropriately prioritised by families – with parent needs and difficulties often getting in the way of critical early intervention for a child. This is seen again and again in the ECEC sector and is a source of stress for educators who know children are missing out on vital early intervention.

Current CDS service protocols are not suitable or equitable for all families (particularly those who may have additional barriers) – for example:

- Initial phone appointments and parent workshops may not be suitable or accessible for all parents and should not be a requirement of further service provision, face-to-face and flexible options should be available to those who need them.
- Vulnerable families should not be declined service after 2 DNAs (“did not arrive”) or failing to engage in standard protocols. This can create a confusing merry-go-round where children are identified, referred (possibly multiple times) but never receive the developmental services they need.

When children move areas they can lose contact with services and often have no follow up or continuity of care. Children who are in the care of CPFS also do not usually have clear pathways or priority access to CDS services. This delays services to children in need and further compounds disadvantage for vulnerable children.

Sector feedback

“Wait times are very long, there is lots of overwhelming paperwork for families but little support to fill this out especially in our area where a lot of families did not graduate and reading and writing skills are low, a knowledge approach is needed where parents do not feel judged and in our experience as a service, we have found this very prominent and this disengages our families.”

“More support for families where English is not their first language, also to come to ECEC services to set up support meetings where the families feel safe to discuss personal information”

“Parents / families are having to travel considerable distances to access these services and some families don't have access to regular transport.”

“ECEC often make referrals to CDS; however, the communication of outcome of assessments/report/strategies is not automatically shared with the service. Parents only are relied on to share this information-often they lose documents or forget to inform ECEC services of changes, review etc. Would suggest ECEC services are automatically included in sharing the reports & other documents immediately (e.g., via email)”

Recommendations:

- Develop enhanced care pathways/protocols for children in high-risk groups or in complex family circumstances - including clear handover processes when a family moves area or continuity of care with a specialised CDS team for transient families. Set KPIs set to measure this and communicate pathways to the early childhood service system.
- Evaluation and further rollout of the *Health Navigator Pilot* program to prioritise access for children engaged in child protection system in line with Article 39 of the UN Convention on the Rights of the Child.¹⁴
- Consider some process for mandating health and developmental services (perhaps similar to immunisation requirements) where a family fails to engage – there is currently a huge grey area that cannot be enforced and is not putting the rights and needs of children first. This creates cumulative difficulties as the child grows.
- Address barriers in CACH and CDS service delivery – including paperwork, digital literacy and access, translated materials, requirement for high parent engagement/ knowledge, transport barriers, etc. Consider offering services in home visits or other settings e.g. mobile clinics, visits to ECEC or family support services, local child health clinic or CPC.
- Collect data on barriers and engagement of vulnerable children and families to enhance access, equity and service provision for these groups.
- Consider information sharing protocols for WA to ensure clear communication between early childhood service to best support hard-to-reach children and families.

¹⁴ “Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse...” UNCRC - <https://humanrights.gov.au/our-work/commission-general/convention-rights-child-human-rights-your-fingertips-human-rights-your>

5. Wide variation in early childhood developmental knowledge across the early childhood service system and no common tools and resources for professionals in WA

There is wide variation in knowledge among community and amongst professionals regarding early childhood development and expected milestones. There is also a widespread misconception that milestones don't matter until a child attends school, and that early intervention starts at school – in ECEC we know this is a terrible missed opportunity to intervene in the early years.

Developmental knowledge needs to be elevated in WA with common tools and resources to spark conversations and enable additional support where needed. Teachers and educators would benefit from enhanced knowledge and tools and a common language to assist them in this work. This could include promotion and education of suitable assessment or screening tools (e.g. comprehensive CDS checklists, Ages & Stages Questionnaire, ECSii, PEDS or others).

E.g. - the Tasmanian 3YO preschool program for hard-to-reach children requires the completion of a Parents' Evaluation of Developmental Status (PEDS) check, as well as reporting of PEDS scores and identified pathways within 8 weeks of a child commencing at a centre. To support implementation, Educators are provided ongoing professional development opportunities with funded backfill both for conducting the PEDS check and supporting inclusion, and services receive funding for associated administration costs.

There are already great examples of resources both within WA and from other states. The QLD Health *Red Flags Early Identification Guide*¹⁵ is a great example and is widely utilised across Australia. In WA, "Me@2"¹⁶ & "Me@3"¹⁷ year old passports were developed by WA Early Years Networks to promote early development knowledge with parents in a fun and non-threatening way. These have been successful but never expanded or promoted further by WA Health.

For screening to be effective, a robust pathway to care must exist so that children have an accessible pathway to treatment and the necessary support when concerns are detected. This requires sustained investment and effort in developing local health and community networks and the availability of public health specialists.

Primary health care professionals in WA (in particular GPs) would also benefit from additional education and tools – there are many who offer inappropriate advice to families such as "don't worry he'll catch up when he gets to school" when ECEC educators have identified developmental red flags.

Sector feedback:

"We need learning packages for Educators related to the conditions they see; Consistent assessment processes that Educators can meaningfully participate in"

"It is not until these children enter into the schooling system that families take this feedback as they can see the impact it has on the child's education, were if this was picked up when the Early childhood educators raise these issues with families the early intervention would occur 1-3 years earlier before the child entering the schooling system"

¹⁵ <https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/red-flags.pdf>

¹⁶ <https://www.mandurah.wa.gov.au/-/media/files/com/downloads/community/programs-and-activities/me-at-2-passport.pdf>

¹⁷ <https://www.mandurah.wa.gov.au/-/media/files/com/downloads/community/programs-and-activities/me-at-3-passport.pdf>

“The younger the child receives assessment and assistance the easier it will be for families to work out how to navigate all the 'grey' areas created by the government WELL BEFORE they are enrolled in formal learning. Children are losing precious YEARS because they get to formal mainstream schooling and with no diagnosis most mainstream settings treat children with undiagnosed additional needs either in a negative manner showing little tolerance for the child's needs until they have a diagnosis in black in white”

“After working with children for 38 years you get to know which children need support and those who may need diagnosis. However we have sent several children to the health nurse and they have been told to come back at 3 years due to immaturity ... the health nurses are not listening to us or reading the development checklist red flags or are not experienced enough as all of these children have eventually been diagnosed ... yet we could get no funding for these children or support for educators”

Recommendations:

- Educate families and community about early childhood development.
- Sector development for all early childhood professionals to ensure a widespread accurate knowledge and common language. Invest in or recommend common tools and resources for WA. Consider further development and promotion of 'Passports' for early development to promote knowledge with parents – these could be further developed and widely distributed. Could be available as digital and hard copy resources and possibly linked to a parent App or resources for tracking development.
- Capacity building for primary health care professionals (GPs) to lift capacity in understanding early childhood development Link GPs to local CHNs for consultation /liaison in paediatric matters.
- Campaign to address widespread myths prevalent in community and amongst health professionals that contradict current evidence e.g., “children can't be referred or diagnosed before they are 3”¹⁸, “children will catch up when they go to school”.

We would like to thank the **Select Committee into Child Development Services** for establishing and giving the ECEC sector and others the chance to make changes and improve the outcomes for our children in WA.

We believe our sector has immense potential to be leveraged as part of a statewide solution for supporting children with developmental needs. We already support children and families every day and believe this unique position can be leveraged to ensure no child in WA misses out on the services they need, and every child has the opportunity to succeed.

The ECEC know the importance of early intervention and welcome further consultation.

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¹⁸ <https://www.ama.com.au/position-statement/autism-spectrum-disorder-2016>

Supporting material:

Harvard Centre for the Developing Child - <https://developingchild.harvard.edu/guide/what-is-early-childhood-development-a-guide-to-the-science/>

Raising Children - Early intervention for children with disability, autism or other additional needs <https://raisingchildren.net.au/disability/services-support/services/early-intervention#early-intervention-what-is-it-nav-title>

Emerging Minds – In Focus Prevention and Early Intervention <https://emergingminds.com.au/resources/in-focus-prevention-and-early-intervention/>

Centre for Policy Development - Starting Better Report <https://cpd.org.au/wp-content/uploads/2021/11/CPD-Starting-Better-Report.pdf>

The First Thousand Days: An Evidence Paper. Parkville, Victoria; Centre for Community Child Health, Murdoch Children's Research Institute. <https://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-The-First-Thousand-Days-An-Evidence-Paper-September-2017.pdf>

UNCRC - Rights of the Child <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

Good Beginnings: Getting it right in the early years <https://www.lowitja.org.au/content/Document/Lowitja-Publishing/Early-Childhood-web.pdf>

UNICEF - <https://www.unicef.org/early-childhood-development>

Case studies:

From ECEC - attached

5 CASE STUDY: A

A's case demonstrates gaps in the WA health and development service systems in the early years and the significant additional support needed by vulnerable families to navigate systems and access public services. It also raises questions about how health/developmental and education/early learning systems interact and how lack of services or delays in one system, can have profound impacts on the support available in others.

The centre acknowledges that Mum is a vulnerable parent and that she may have had difficulties and delays engaging with and navigating services without support. The centre's work with this family, and impact for A, has only been possible due to Mum's willingness to engage with the centre. We are aware of cases similar to A's where a family chooses not to engage with the centre and the child may miss out on early health, developmental and educational supports altogether. A, and children like him, are falling through the cracks in the early intervention service system and this is directly impacting educational access and outcomes.

Mum was 15 years of age when A was born.

Mum is Aboriginal and a single parent. A and Mum live with maternal grandmother.

Mum disclosed to centre that A was born 'with complications' and had early feeding issues.

Early Learning centre (ELC) were not aware of any current or historical contact with CPFS.

A was previously enrolled in another ELC but left (at approx. 3 years of age) due to behavioural issues that the centre could not manage and there being no avenues for additional funding and support to manage his needs.

A is asthmatic and after a PCH admission for asthma he was discharged with a letter stating 'suspected GDD'. No referrals or follow ups with family eventuated for developmental concerns. This letter did not meet evidence requirements for the Federal Inclusion Support Program (ISP) for funding and support in his ELC and as such his previous, and now current service, were unable to use this as evidence for additional support in-centre.

When commencing with a new Service it was identified immediately that A was developmentally delayed across multiple areas. Mum had no relationship with a CHN or GP or any developmental services. Centre provided lots of support to facilitate this.

Centre applied for short-term support (Immediate Time Limited Funding) under the ISP - for 12 weeks. Further support was not possible without 'documentary evidence' from a health professional.

The centre strongly supported Mum to connect with universal health services and then progress further referrals for assessment through the Child Development Service. This took a long time, waitlists and assessment/services did not eventuate. Services were also interrupted around this time by the impact of Covid -19.

A was now 4 and still receiving no developmental assessment or support.

Mum sought to enrol A in a local public Kindy program in 2021. As in his early learning environment, his needs were clear and the PCH letter was not enough. A had no formal diagnosis or documented information from a paediatrician and so school was unable to access disability

services and support through the Education Department to meet his needs. School recommended continued enrolment in ELC for Kindy.

The ECEC Centre made further referrals to Wanslea Early Childhood Early Intervention (ECEI) Services. These services have now been engaged. A's initial assessment by an ECEI Early Childhood Practitioner indicates he is on the 3rd percentile across multiple developmental domains (speech, social-emotional and physical) and he is now engaged with a speech pathologist and occupational therapist. He is now almost 5 and still awaiting a formal diagnostic assessment.

The Centre have provided comprehensive and step-by-step support to Mum to facilitate A's enrolment in compulsory Pre-Primary in 2022. The school and ELC agree A would be best supported in an Education Support Unit. Enrolment in an Ed Support Unit requires paediatric assessment and documentation. Without this, A will be enrolled in a standard Pre-Primary class with no additional supports. It is clear that this will not meet his developmental needs and, without support, A will be at high risk of stress, escalation of difficult behaviours and exclusion from pre-primary.

Despite developmental needs being identified prior to his 3rd birthday by both health and early childhood education and care services, A is still waiting for additional services and formal diagnosis. He is due to start Pre-Primary in 2022.

CASE STUDY: B

B's case raises questions about the responsibility of CPFS to provide therapeutic services to young children known to the department / in their care, or to mandate appropriate referrals and services for children with high needs and trauma-related behaviours. Lack of services in the early years significantly impacts outcomes for these children.

B enrolled at the centre when he was 2 and a half. He has a difficult history - mother has significant alcohol and drug issues and has not been around since B was 2, father is incarcerated. B had a history of abuse and neglect but was a closed case with CPFS as he had been placed in the care of his grandparents.

B displayed very challenging behaviour in his Kindy class - unpredictable and extreme anger, violence and aggression towards adults and peers and concerning sexualised behaviours. He has very high support needs and trauma-related antisocial behaviours that did not respond to usual trauma informed behaviour guidance strategies. Multiple serious incidents were reported weekly (both via centre incident reporting processes and to CPFS) - some causing injury to adults, peers or property and many that were stressful and disturbing to educators. Skilled teachers and educators did their very best to build social and emotional skills for B but strongly felt he needed additional specialised therapeutic support to meet his needs.

Centre requested and advocated with CPFS for psychological services and 'anger management'. No services were available to B through the Department and no referrals were made. Family was not interested to engage with centre around concerns for B or with any community referral options, nor did they have financial capacity or desire to pay for private services. Grandparents said "He'll be fine - he's just like his Dad was at this age".

In 2019 the Federal Inclusion Support Program (ISP) expanded to include 'trauma-related behaviours' as a category eligible for funding and further support in the early learning environment.

To be eligible for this funding evidence from a health professional must be provided as 'documentary evidence'. As B's family were not interested in accessing such services and as the Department did not provide (or mandate) any psychological services or referrals the centre was unable to access any additional support and funding to better support B at his ELC. This lack of support impacted his experience in centre and the experience of his peers who were often fearful of B.

Behaviours escalated when B began to have more regular contact with his father after his release. B's behaviours and concern for his welfare also impacted educator wellbeing. The centre urged CPFS to reopen the case given the changes and frequency of behaviours they were observing in B and what they were concerned this may indicate about his home life. The centre director felt dismissed and disrespected by the department as ongoing serious reports were ignored and one Departmental employee suggested that she should 'leave it to experts' within the Department.

After several months of ongoing escalating safety and welfare reports and advocacy from the centre, the Department eventually reopened the case. The centre again advocated for psychological support with the new case manager - but no supports were provided to B, and he still did not have any documentation that would enable additional supports at his ELC.

B was eventually removed from his grandparent's care by CPFS due to them allowing his father unsupervised access. After several serious incidents, B was moved to another foster placement. The department decided B also had to move Early Learning Centre for safety reasons, after his father began trying to visit him at the centre.

Up to and including this time, despite repeated requests and observation of extreme behaviours and needs on a daily basis in centre, no psychological services, or referrals were provided for B.

B would have commenced Kindy in 2022 and we believe, without therapeutic support, he will be at high risk of exclusion from school due to his behaviours.

CASE STUDY: C

Case study C demonstrates challenges, barriers and a lack of clarity in care pathways for specialist appointments for young children in the care of CPFS.

C has a history of trauma and was an open case with CPFS. She was placed in the care of her grandmother at 18 months of age.

C's grandmother expressed significant concerns about her granddaughter's development and wellbeing. This was communicated with her case worker and her GP when C was approximately 3 years of age.

GP provided a referral to a paediatrician for further assessment. Grandmother was uncertain if she would have capacity to pay for specialist services.

When the grandmother attempted to book an appointment with a paediatrician, the paediatrician's office advised that they 'did not see children in care of Department' and suggested that she contact the Department for further advice.

The grandmother, Centre Director both made multiple enquiries with the case worker with no response. This issue was escalated to Inclusion team for further enquiries and advocacy with the Department. Despite repeated attempts to obtain clear information about next steps and referral

pathways this remained unclear. One case worker (in a relief role) suggested that the Department would cover the cost of a paediatrician if the referral was made by a GP, but despite multiple further enquiries could not provide a list of paedes that worked with children in the care of the Department. After several additional attempts the child's case worker communicated that this was not the case and that C child should be referred to the Child Development Service.

This direction was confusing to the grandmother and the centre. They had attempted to communicate with the Department for over 6 months to obtain clear direction or referral pathways. Conflicting information was received from 2 case workers and further attempts to clarify received no response. Despite early identification of needs, early intervention services never eventuated for this child.

C commenced Kindy in 2022, has had huge issues at school with regard to her behaviour and has been regularly excluded from Kindy.

CASE STUDY: D

Case study D indicates significant issues with regard to the Child Development Service in WA. It is often months before first contact, then long waitlists before a first appointment with different disciplines. This is difficult for many families but can be impossible for those who may have English as a second language, where parents have complex needs or where family has transient accommodation or contact numbers. The whole system depends on parents being able to respond to letters, phone calls and appointments (often months after referral), take up the service within certain timeframes (so they do not get dropped off the list), and understand what they need to do next or other information they need to provide (e.g. new address or phone number). Moving across regions can also carry risk of referral being lost in the system or not transferred to the new location.

D was born in Perth in 2018 and is an only child. Parents are migrants and English is their second language - Mum has complex needs and low English literacy and she relied heavily on her husband for language and other supports.

D commenced at centre at 1 year of age and centre immediately recognised developmental concerns. The centre encouraged family to connect with health services for a review but family felt it was a matter of 'maturity' and their child being new to the early learning environment.

Centre were unaware if child attended his 2 year old health check (or any previous scheduled health checks) with a CHN.

At 2 years of age, concerns were increasing and the family were still not interested in progressing any health or developmental review. Centre applied for short-term funding through the Inclusion Support Program (ISP) to support D in-centre.

Centre now had increasing concerns as D was displaying strong indicators of autism - with marked difficulties in social and communication skills. Over time, the parents (in particular the father) expressed concern that D was not beginning to talk like other children.

The centre supported the family with a referral to the Child Development Service. The family received initial info from CDS suggesting that they could avoid wait times for public services by

engaging with a private speech pathologist instead. Parents arranged this through their GP. At about this time Mum and Dad were separating. Mum missed two scheduled speech appointments, then attended the third but D was asleep and she stated she did not want to wake him. The speech pathologist was unable to assess D and was unable to complete any documentation. The short-term funding through ISP had now expired and further documentation from a health professional was required for any further funding to support D at his ELC.

After continued support and conversations with Mum and the private speech pathologist, it became apparent that Mum did not wish to attend these appointments as she could not afford a private service.

An initial CDS Service Plan (based on an initial CDS phone appointment) was received by the centre in May 2021. This suggested D would be added to the waitlist for public OT and speech services. This service plan did not meet evidence requirements for the Federal Inclusion Support Program (ISP) as it was not clearly signed by a medical or allied health professional. This plan again suggested the family access private services, without considering their capacity to do so.

The centre continued to follow up with Mum to support access to services, Mum was not aware of any communication from CDS. The centre considered making another referral to Wanslea ECEI services, but did not want to confuse the family with yet another service involved. D still could not access additional support at his Early Learning Centre as no documentary evidence was available from a health professional.

The centre followed up with CDS on 26/7/21 to try to get the initial service plan signed off by a health professional in order to access additional support in centre under the ISP. During this phone call the Centre Director was informed that the family had been offered an OT appointment, but had not responded, and were about to drop off the list at end of the month (4 days away) due to lack of response. The Centre Director advised CDS child was in need of services and supported Mum to engage with CDS (currently in progress).

D should engage with CDS OT services soon. We are unsure of subsequent wait times across other disciplines or for a paediatric/diagnostic appointment for autism. We are still waiting on documentary evidence to access Inclusion Support Program funding for him.