



Government of **Western Australia**
Department for **Child Protection**

Dr Brian Gordon
Education and Health Standing Committee
Legislative Assembly
Parliament House
Perth WA 6000



Dear Dr Gordon

**EDUCATION AND HEALTH STANDING COMMITTEE INQUIRY INTO IMPROVING
EDUCATION OUTCOMES FOR WESTERN AUSTRALIANS OF ALL AGES.**

Thank you for providing the opportunity to submit a response to the Education and Health Standing Committee's Inquiry.

This is provided as additional written information further to my appearance at the Inquiry on 23 November 2011.

The Department for Child Protection has been involved in a number of strategic initiatives that support the improvement of education and health outcomes for children and in particular, children in care. These are described in the attached submission.

If you have any further queries please contact Ms Kelly Colledge, Director, Children and Young People in Care on 9222 2674 or kelly.colledge@dcp.wa.gov.au.

Yours sincerely

Terry Murphy
DIRECTOR GENERAL

20 December 2011

EDUCATION AND HEALTH STANDING COMMITTEE INQUIRY – DEPARTMENT FOR CHILD PROTECTION'S SUBMISSION INTO IMPROVING EDUCATION OUTCOMES FOR WESTERN AUSTRALIAN'S OF ALL AGES

Term of Reference 1: Current and future resourcing of new methods and activities to improve educational outcomes (such as e-learning and school partnerships).

The Department for Child Protection (the Department) has contributed to the *Middle Years Forum* July 2011 report¹ which identified the need for policy development that prioritised young people's mental health and social wellbeing.

The Department contributed to the *Pathways to healthy minds* conference held in November 2011. The conference addressed issues highlighted in the 2011 report - *Inquiry into the mental health and wellbeing of children and young people in Western Australia*.²

Term of Reference 2: Factors influencing positive or negative childhood development from birth to year 12.

The Department has identified a number of factors that can influence negative childhood development from birth to year 12 as follows:

- instability in the home and living environment, including exposure to family and domestic violence.
- physical, sexual, emotional and psychological forms of abuse and neglect. Abuse and neglect affect the physical, social, emotional and cognitive development of a child, often leading to issues with health and poorer educational development and attainment.³

Children who have experienced abuse or neglect, including children in the care of the Department, are at risk of disadvantage⁴ in the following areas of education and learning:

- poorer concentration, working memory, learning ability
- low literacy and numeracy achievement
- emotional and cognitive developmental delays
- higher levels of school suspension and exclusion
- poor school attendance and engagement
- social and behavioural disorders.⁵

The Council of Australian Government recognises the research findings that children in care are an educationally at risk group who consistently perform below national and state literacy and numeracy benchmarks.⁶

¹ ARACY (2011), WA MIDDLE YEARS FORUM - Focusing on the developmental needs of children aged 9-14, page 3. Hosted by the Western Australian Department for Communities and the Commissioner for Children and Young People, together with the Australian Research Alliance for Children and Youth (ARACY), 1 July 2011.

² www.ccyp.wa.gov.au/mentalhealth.aspx

³ Effects of child abuse and neglect for children and adolescents, National Child Protection Clearinghouse Resource sheet (April 2011).

⁴ Victorian Child Safety Commissioner, Great Expectations, *Supporting children and young people in out-of-home care to achieve at school*, page 12.

⁵ Harriet A. Bachner and James F. Orwig (2008), Moving Beyond Discipline of Disruptive Behavior: Recognizing and Treating the Effects of Trauma on Adolescents, page 2 and 3.

⁶ Australian Institute of Health and Welfare, *Educational outcomes of children on guardianship or custody orders*, page vi.

The Department promotes positive childhood development and stability in the home and living environment. The Department has been involved in a number of strategic initiatives that support the improvement of educational and health outcomes of children and in particular, children in care.

Best Beginnings is a service delivered by the Department in partnership with Health and other community agencies. Best Beginnings is a voluntary in-home service focussing on:

- parent/child attachment
- child health and wellbeing
- parent/carer wellbeing and family functioning
- social connectedness.

Parent Support is an in-home service providing up to six months intensive support for 'hard to reach' families with children up to 15 years of age who are at risk of, or engaging in:

- anti-social behaviour
- criminal activity or
- persistent school non-attendance.

Health care assessment is conducted for all children on entry to care and reviewed annually as part of care planning for the child. Health assessments support the early identification of health problems such as speech or hearing issues which if left undetected, may impact on a child's educational outcomes.

Education Plans are developed for all children in care and reviewed annually supporting early assessment, intervention and optimal educational achievement. The Department and Department of Education (DoE) have formed a data portal linkage to:

- share information to help assist in cross referencing children in care's school attendance and Education Plan compliance
- match and track the National Assessment Program – Literacy and Numeracy (NAPLAN) results between the Department and DoE of all children in the CEO's care of school years 3, 5, 7 and 9 on an annual basis. The matched NAPLAN results are used by the Department's Education Officers to better identify and provide appropriate support for children in care who are achieving below the reading and numeracy benchmarks.

The Department employs Education Officers who are teachers with specialist knowledge. Education officers support children in care in pre-compulsory schooling, compulsory schooling and work collaboratively with carers, Department staff and schools. They also undertake assessments and organise services such as tutoring for any child in care identified as at educational risk.

The Department's Foster Care Partnership recognises the crucial role that foster carers provide for children in care. Carers provide stable and nurturing home environments which greatly improve a child's school attendance and engagement.⁷

Term of Reference 3: Facilitating greater opportunities to engage all students in year 11 and 12.

The Department has developed policy, guidelines and practice to ensure that planning for children leaving care starts at 15 years of age. A key part of the preparation for leaving care

⁷ Anglicare Victoria and Wesley Mission Victoria, *Care-system Impacts on Academic Outcomes*, Research Report June 2011.

is encouraging young people to engage in education programs that will assist them to gain employment.

The Department sees the need for more alternative education programs and vocational planning to re-engage young people from ages 15 to 17 years leaving care, as highlighted in the CREATE Foundation's *Learn or Earn* discussion paper⁸ and *Transitioning from Care* report.⁹

Term of Reference 4: Improving access and opportunities for adult learning in regional and remote WA.

As part of Rapid Response which is a Cabinet endorsed across-government framework and action plan supporting the prioritisation of services for children in care, agreement has been reached between the Department and all State Training Providers within the Department of Training and Workforce Development (DTWD), to waive fees for young people up to 25 years of age who are, or have been in care. This partnership supports increased opportunity for vocational and education training for care leavers.

The Department's Ida Curtois Awards fund ongoing education and are awarded annually to young people aged between 15 and 25 years who have been in long-term care of the Department and are now enrolled in the first year of a degree, diploma, certificate, apprenticeship, traineeship or course at an approved institution.

Term of Reference 5: Foetal Alcohol Syndrome: prevalence, identification, funding and treatment to improve education, social and economic outcomes.

The Department is aware that some parents coming into contact with the child protection system may be affected by Foetal Alcohol Spectrum Disorder (FASD). It is also predicted that a number of children in care are affected. Due to the low diagnosis and identification rates, actual numbers and rates are not available at this time.

The Department of Health (Health) has developed a FASD model of care that outlines the specifics of identification of suspected FASD and the need for referral for special diagnosis and support. Identified behaviour management strategies have become increasingly available. The Health model of care recommends that on entry to care, children are screened for FASD along with their general health screening by a child health nurse. The Department is working with the Child and Youth Health Network to plan the implementation of the FASD model of care. The intention is to coordinate a whole of government approach with a priority focus on prevention.

Alcohol restrictions in Fitzroy Crossing have brought community attention to the high rates of FASD in the Aboriginal community, and research is currently occurring on the impacts in that community.

The Responsible Parenting Services team in the East Kimberley report undertaking work with significant numbers of families where suspected FASD is causing difficult child behaviour. In response, Parent Support and Best Beginnings workers have developed some simple and culturally appropriate tools to support parenting.

⁸ CREATE *Learn or Earn* discussion paper (November 2010), Implications for young people in-care and post-care, page 17.

⁹ CREATE *Transitioning from Care: Tracking Progress* Report Card (November 2009), page 71.

The Department provides resources on FASD for child protection workers and foster carers. This includes advice and links to the Department's library of FASD resources – providing extensive information, support and management strategies.