



SUBMISSION TO SELECT COMMITTEE INTO CHILD DEVELOPMENT SERVICES

Catholic School Parents WA (CSPWA) is the peak body advocating on behalf of, and representing those parents who chose a Catholic education for their children in the state of Western Australia and is recognised as such by the Catholic Education Commission of WA.

(CSPWA) is grateful for the invitation to make a submission to the inquiry commenced by the Select Committee into Child Development Services.

CSPWA specifically welcomes the 'Inquiry into Child Development Services' by the Select Committee as access to these services has been an ongoing and common conversation in parent circles in recent times. As CSPWA works with parents who are already in the education system the submission will reflect that cohort of parents and families.

Research tells us that when wellbeing is not present, learning is significantly impacted from the earliest of school days. There are many issues which can contribute to a lack of wellbeing. These include mental health conditions such as anxiety and depression, both of which are being diagnosed in younger and younger children. We are starting to see the outcomes of anxiety and depression not being addressed in a timely manner resulting in negative outcomes such as self harm and in too many cases suicide. In order to address these worrying statistics we have to put time and effort into children's health in the very early years which should include access to professional help as and when required.

Additional factors which can lead to a lack of wellbeing include those neurological disorders such as learning disabilities, autism, ADD and ADHD to name but a few.

Unaddressed speech disorders can also hinder a child's ability to learn and participate in school, including developmental language disorder (DLD), stuttering and childhood apraxia of speech (CAS).

All of the above mentioned challenges have the potential to be mitigated somewhat if children have access to professional services as and when they need them.

Parents and early childhood teachers are well placed to notice when young children are not meeting relevant markers, however things become complicated when professional assistance is required to a) provide a diagnosis and b) recommend an appropriate course of action or treatment.

Without, a professional diagnosis and appropriate treatment, many children begin to feel ashamed, frustrated, and misunderstood, which can subsequently lead to behavioural problems and/or a lack of engagement in school. As the situation worsens throughout a child's time at school, behavioural issues can lead to suspension, leaving school early and the inability to secure employment, which leads to a long-term impact on both the individual and the economy alike.

It stands to reason therefore that the earlier a diagnosis can be made for a child who is challenged, the better the outcome is likely to be.

Goal number 1 in the Alice Springs (Mparntwe) Education Declaration states that :

“The Australian education system promotes excellence and equity”.

Equity and subsequent excellence cannot be achieved if all young children, no matter their background, or where they reside in Australia, cannot access the assistance they need to “identify barriers that can be addressed”.

The following table provided, shows clearly that there are real challenges that need to be addressed. Whilst engaging in conversation with some parents regarding the timeframes suggested in the table, it was in fact noted that these waiting times are from when a child gets on a waiting list. It can often take several months or longer to even make it to the waiting list! In other cases, parents are being informed that waiting lists are actually closed.

**MEDIAN WAIT TIMES FOR CHILD DEVELOPMENT SERVICES FOR CHILDREN IN THE PRIMARY YEARS
OF SCHOOLING
MCDS – Metropolitan Wait Times (months)**

| Service | Wait Time | As at |
|----------------------|-------------|---------------------|
| Paediatrician | 15.9 months | 15/6/22 (Hansard) |
| Audiology | 1.9 months | 6/4/2022 (Hansard) |
| Physiotherapy | 9.2 months | 24/3/2022 (Hansard) |
| Occupational Therapy | 7.3 months | 15/3/2022 (Hansard) |
| Clinical Psychology | 12 months | 23/2/2022 (Hansard) |
| Speech Pathology | 8.7 months | 17/2/2022 (Hansard) |

CSPWA are aware that although the waiting lists are a big problem, it is also acknowledged that there are just not enough qualified professionals to service the growing number of children requiring attention. Attention must be given to encouraging more applicants to these courses in universities.

Government should also be looking at the various levels of need required and funding them appropriately. In some cases, particularly in the younger years access to the school chaplaincy program or to a school councillor may be appropriate and can assist in building resilience in children which may help them through some of their challenges. However, it is essential that these people are also appropriately qualified at their level. One hears, particularly in faith based schools that there may be an expectation that those responsible for ‘pastoral care’ will be able to adequately address some of the challenges. It is unfair however to place such a level of responsibility on those who may not be appropriately qualified.

Collaborative relationships need to be developed across various government departments in addition to non- government agencies to address access to appropriate services. It would seem to make sense that education, health, mental health and early childhood should all be working together to share research and funding.

Funding primary health is paramount in all stages of life. According to the World Health Organization (Primary health care) “is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people’s needs and as early as possible along the continuum from health promotion and disease



prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment".

All research indicates that if individuals are assisted to be healthy in the initial stages, their reliance on secondary and tertiary resources is significantly reduced throughout life. The federal government's own report in March 2022: *Future Focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032* speaks to this exact premise in its defining statement from the WHO (2018): Primary health care is essential to achieving universal health coverage and focusing on the wider determinants of health, which are crucial to improving health outcomes. And from the OECD (2017) "Countries with strong primary health care systems have better health outcomes".

Our children and families will have an overall increased quality of life and be stronger, more productive and contributing members of society if they are healthy and well thus having a better educational experience. The cycle is obvious!

The importance of timely access to Child Development Services in the early years cannot be overstated. The time and funding expended at this stage, addressing children's needs before they become more serious will surely result in more positive outcomes both economically and more importantly for the mental health and educational outcomes for our children.

In the words of Archbishop Desmond Tutu *"There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they're falling in."*

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