Playgroup WA (Inc) submission to the Select Committee inquiring into child development services in Western Australia.

1. About Playgroup WA (Inc), (PGWA)

PGWA has been the peak body for playgroups in WA since 1972. We believe we are uniquely placed to comment given the size our network and the direct involvement with families with young children. We support and represent parent/carer run playgroups meeting weekly in hundreds of WA communities and our communications and on-line community includes over 35000 recipients of direct communications and over 20,000 through social media.

PGWA also delivers a range of facilitated playgroups such as: Aboriginal playgroups in regional WA in places as diverse as Albany, Warburton, Pingelly, Quairading and Laverton; multicultural playgroups; and playgroups to support families where a young child has an Autism diagnosis or autism like symptoms.

More recently we have increased our focus on supporting families in the First 1000 Days from conception to 2 years of age in recognition of this critical developmental period and provided post--natal support to families through the Mother Baby Nurture Group program.
Playgroup WA staff members have professional backgrounds in fields which include allied health, social work and education, health, ~~and~~ mental health and community development. We have individuals who have worked in and with child development services, disability services, child protection, schools, early education and care and family support. As a group we share a passion for enabling and supporting families to be connected, confident and capable parents and community members in recognition of the critical role that families and communities play in children's developmental outcomes.

(a) the role of child development services on a child's overall development, health and well-being

Child development services have an essential role in providing early and accessible Information to parents, normalising help seeking behaviour and providing professional assessment and intervention. There is a substantial body of long-term evidence that conditions and environments in which children develop affect lifelong health and wellbeing, as well as educational achievement. Child development services are well placed to provide information, support, early identification and intervention, and links to additional resources where required, to positively influence the conditions and environments to enable optimal child development and educational outcomes.

Child development services are critical in ensuring that developmental concerns are properly assessed and responded to in such a way that enables children and families to reach their individual potential. Delayed assessment and intervention amplify difficulties and makes later intervention more complex and expensive. These difficulties include navigating a complex range of services provided by disconnected health and disability providers, both state and federal, who each require differing and variable evidence and access requirements. Optimal school engagement and success is impeded for children starting school with developmental delays and or disabilities impeding their ability to socialise or achieve academically without support. Educational support is not available until certain diagnoses are confirmed. Some diagnoses need to be made before a certain age, for example Global Developmental Delay needs to be diagnosed before a child is five years and the child will not be eligible for teacher aide support at school without that diagnosis regardless of that child's significant difficulties functioning in a mainstream classroom. Earlier identification and intervention allow minor

delays to be resolved before they become more significant and complex problems requiring more time consuming and costly interventions, and families with children who have developmental disabilities or more complex delays can receive timely support to minimise potential impacts on the child and family functioning in conditions of chronic very high stress. Literacy development is strongly linked with language development as written language maps onto oral language. Visual perceptual development also influences literacy development and fine motor skills are strongly linked to writing development. Both language skills and sensory integration skills are linked with inhibitory control and development of self -regulation. Psycho--social development is also heavily linked with all school outcomes.

It is also now well- known thanks to longitudinal analysis of Australian Early Development Census (AEDC) data that children's developmental trajectories on school entry are difficult to subsequently shift during school. Data linkage has demonstrated that children identified as developmentally vulnerable in the AEDC in their first year of school, are highly likely to perform poorly on their NAPLAN results throughout their school years. Failure to assess and intervene early can also have lifelong negative consequences for children and families in relation to education and employment opportunities as well as increasing the chances of long -term mental health and social alienation with the inevitable consequence of increased interaction with the justice system. The long -term consequences are extremely damaging to individuals, families, and communities and extremely expensive for Government across the long term. It has been well established that investment in the early years of children's lives provides substantial public savings on interventions needed later in the life course.

Due to advances in neuroscience and increasing evidence about the success of early intervention across a range of disabilities such as autism, we also now have ample evidence in relation to the importance of neurological developmental "windows" that present optimal age opportunities to address developmental concerns.

It is also important to note that there is growing evidence that child development outcomes have been negatively impacted by the pandemic. There have been a number of Australian and international studies published recently identifying an increased risk for developmental delay among babies born during the pandemic. At PGWA we have noted even in the last few months, toddlers coming to playgroup for the first time exhibiting extreme distress as they have never been with anyone but family and have had no experience playing or interacting with other children. During 2020/21 we were aware of babies of 8-10 months old who had never been touched by anyone but their mother nor heard any voice but their mother's. Children's brains grow through relationships and experiences. The reduced opportunities to engage socially in the real world through a variety of experiences outside the home will impact typical child development. During the pandemic, in person Child Health Services ceased as did other child and parent services. This will create significant additional pressure on our existing child health/development and mental health systems, as well as our education sector, over the coming years.

(b) **the delivery of child development services in both metropolitan and regional Western Australia, including paediatric and allied health services**

PGWA's major concern with the delivery of child development services in WA is that it now entrenches disadvantage. The system has progressively become a market--place where the chances of individual children and families receiving appropriate and timely services are heavily dependent on their economic circumstances and /or where they live. Regional areas are particularly disadvantaged by this system due to difficulty in staffing and as the market seeks profitability in larger population centres. Aboriginal children and families in remote

communities are most severely impacted by lack of access to services and it is a tragedy that they remain so over-represented in the criminal justice systems whilst having untreated childhood development needs.

The rapidly expanding user pays market enables those who can pay, the ability to avoid the wait times of the State funded Services. However, even in the private market there is limited allied health appointments available and long wait times which impact positive developmental outcomes. The introduction of the NDIS has accelerated this trend given the specific nature of funding rules that encourage individual therapeutic interventions. Private paediatric and allied health providers are reimbursed for direct patient/client contact with no real incentive to collaborate or partner with other child development service providers in coordinating care for optimal outcomes for children and families. Influencing the home learning environment through supporting parents with therapeutic strategies to optimise child development in their everyday environment is most efficient and effective in treating developmental delays and disabilities. The current contracting out of child development services does not encourage this model of service delivery.

The erosion of the universal nature of the State funded Child Development Services has also coincided with an increased provision of allied health services in the public and private school systems. This is not surprising given the number of children arriving at school needing support and intervention that was not identified or provided earlier. Whilst this increase in school-based provision is an understandable response it is not solving the problem of children arriving at school having not had appropriate support when they needed it most and when it would have been most effective and efficient.

The effectiveness of early identification is also closely linked to the effectiveness of the Child Health system as the~~y~~ Child Health Nurses have initial early contact with families, do initial screening activities and inform families of child development services. The low number of families accessing scheduled child health and development ~~at~~ checks is an issue highlighted in previous inquiries but has been stubbornly hard to shift for many years. This may be related to decreasing opportunity for local child health nurses to develop productive relationships with the families due to increasing caseloads and centralised client contact systems. When a positive relationship is developed with a family in the neonatal period and the value of the child health nurse is clear to the family, they are more likely to access the service for child health and development advice and attend scheduled health and development checks.

Overlaying the child development system is the significant challenge of navigating services across State and Commonwealth jurisdictions~~.~~ There is no doubt that the NDIS has had a big impact on where and how allied health professionals work as it funds some activities and not others. The NDIS funding of ~~a S~~tate based non-government organisations to provide their Early Childhood Approach (ECA) program has added some confusion for families as to who, how, and where to access services. There are also obvious intersections with the Medicare Rebate Scheme~~,~~ and private health insurance.

© the role of specialist medical colleges, universities and other training bodies in establishing sufficient workforce pathways

The issue of training pathways can only be resolved when there is clarity about the system of Child Development Services that we need them to service. This clarity is currently lacking. There is no clear commitment to prevention and early identification and intervention most of which should be happening well prior to school entry. There is no doubt that the introduction of the NDIS has complicated the situation with its creation of new markets and encouraging of certain activities over others. However, the absence of a clear State based framework contributes to ongoing confusion about responsibilities and direction.

Opportunities could usefully be made in creating graduate pathways in partnership between universities and community child development services. Many new graduates are going into private practices without the opportunities of mentoring of their early professional practice

in more collaborative, multidisciplinary child development services. As discussed elsewhere, in the market driven private practice model of predominantly traditional individual client assessment and intervention services where you are only paid for direct client contact hours, there is limited opportunity for collaboration and coordinated care of children and families and no primary prevention.

(D) opportunities to increase engagement in the primary care sector including improved collaboration across both government and non-government child development services including Aboriginal Community Controlled Organisations

There are many opportunities to increase engagement and collaboration across the sector. The current situation is piecemeal with a range of government, not for profit and for- profit organisations (including those in private practice operating without any common goals or framework., data collection or measurement). The capacity restrictions in State funded Child Development Services have led to costs being shifted to other Departmental Budgets and other not for profit budgets as well as individual families who opt for the private system. PGWA is an example of this where we have paid for private practitioners to visit remote and Aboriginal playgroups where there is extremely limited access to public or private funded services. The traditional model of individual family appointments at limited physical locations with very little outreach into the community, whether that be via early education and care centres, playgroups or family homes, has been ineffective, inefficient, often culturally insensitive, often inaccessible, and has not led to improved developmental outcomes for the children of this state.

We submit that the State Government would find it extremely difficult (if not impossible) to calculate its real total spend on Child Development Services let alone the real size or effectiveness of the not for profit and for-profit sectors. What we do know from all cost benefit analysis undertaken is that Prevention and Early Intervention save money, improve quality of life and improve economic and social participation. A well- functioning Child Development Screening and Early Intervention Service would also appear to be key requirement for a Sustainable Health System.

More importantly it is very difficult to see how the limited resources of government and other stakeholders are being put to the most efficient and impactful use when they are not being deployed when they can make the most difference, that is during the First 1000 Days of children's lives when a range of sensory, psycho--social and physical developmental windows for neurological pathways such as speech and language, fundamental movement skills and emotional regulation are most active.

There has also been a broader reduction in funding and services that have a home visiting or outreach focus. Home visiting programs for vulnerable and disadvantaged families support families to access health and other support services. Home visitors have an opportunity to observe the environment in which families live, identify and tailor services to meet the needs of families, and build relationships in ways that may not be possible with other types of intervention. This includes increasing engagement with child health, child development and allied services.

(E)**other government child development service models and programs operating outside of Western Australia and the applicability of those programs to the State**.

PGWA believes that the geography and population spread of WA present challenges that are unique and demand unique locally driven solutions. The introduction of the NDIS has also significantly added to the complexity of child development service provision with uncertainty over lines of responsibility. Despite these complexities the fact remains that we as a State do not appear to have any identifiable aspirations in relation to child development services. Similarly, we do not appear to have a framework or plan by which we can assess need, budget for services (even at the basic levels of population growth) or measure outcomes. Perhaps most importantly we do not appear to have acknowledged the ongoing and long- term consequences for many Departmental Budgets that failed early assessment and intervention services inevitably create.

We acknowledge that this lack of aspiration and/or plan in relation to child development services has been replicated at a national level, and that the NDIS is clearly a work in progress. There are early positive signs that the Commonwealth may become more engaged in this space. This may present opportunities for WA.

PGWA believes that well-functioning Child Development Services and Child Health Services would make sustained and significant changes to peoples lives whilst being critical pillars in preventing the explosion of long term and high- cost demands on the WA public purse. We also question whether they can get the attention they deserve whilst being directly connected to hospital funding and administration.

There are of course wonderful models that do exist though they are mostly in non -English speaking countries which for some reason we regularly overlook as places to learn. Many European countries have much more accessible and universal services for families with young children with localised integrated centres providing continuity of care from pregnancy onwards with access to health, development and parenting support. Our geographical extremes might make such models seem fanciful in the WA context but that does appear to be sufficient explanation for us to having a system that essentially allocates access to service based on family income at the same time as creating long term public expenditure issues.