

# CHILD DEVELOPMENT SERVICES

## THRIVE BY FIVE SUBMISSION TO THE SELECT COMMITTEE INQUIRING INTO CHILD DEVELOPMENT SERVICES



### ABOUT MINDEROO FOUNDATION

Established by Andrew and Nicola Forrest in 2001, Minderoo Foundation is one of Australasia's largest philanthropies, with AUD\$2.6 billion funds invested in philanthropic causes. Minderoo Foundation supports a range of initiatives, including eliminating childhood cancer, improving early childhood education, ending modern slavery, and driving accountability and responsibility for global overfishing, plastic pollution, improving gender equity, global warming, and the tech ecosystem. Through a collaborative, evidence-based approach we strive to solve major challenges through our key initiatives.

### ABOUT THRIVE BY FIVE

Thrive by Five is an initiative of the Minderoo Foundation that is campaigning to transform our current early learning and childcare system into a comprehensive, high-quality, universally accessible, and affordable early learning system. Thrive by Five is led by Jay Weatherill, AO, formerly Premier of South Australia.

### INTRODUCTION

The Select Committee of the Western Australian Parliament is inquiring into child development services in Western Australia, specifically:

- the role of child development services on a child's overall development, health, and wellbeing
- how child development services are delivered in both metropolitan and regional Western Australia
- the role of specialist medical colleges, universities, and other training bodies in establishing sufficient workforce pathways
- how to increase engagement with, and collaboration between, government and non-government child development services including Aboriginal Community Controlled Organisations
- how child development service models and programs outside of Western Australia could be applied in Western Australia.

This submission draws from research and evidence accessed or supported by Thrive by Five related to improving early childhood development. We have provided information for each term of reference (above). As we are not a service delivery organisation, we have chosen to provide general commentary, rather than a detailed analysis of each of the services that are components of the broader child development services. Secondly, the focus of Thrive by Five has been on the provision of universal services such as Maternal and Child Health (MCH), not allied health or acute health services. Consequently, this submission concentrates mainly on universal services.

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*Note: Thrive By Five was not able to access useable publicly available information on child development services in Western Australia, namely:*

- *The number (percentage) of children families that use child development services in Western Australia.*
- *Detailed information on how child development services are delivered in different communities.*
- *The cost of delivery of child development services, and the share of costs between different levels of government.*
- *The number of staff delivering child development services, and where they are located.*
- *Waiting list times for children that need to see a specialist.*

***A key recommendation of the Select Committee must be to make information on the delivery of child development services publicly available, easily accessible, and transparent.***

## **THE ROLE OF CHILD DEVELOPMENT SERVICES ON A CHILD'S OVERALL DEVELOPMENT, HEALTH, AND WELLBEING**

The evidence is clear that a child's earliest experiences establish foundations for life. In their first years, children form more than one million new neural connections every second as they learn the skills that make for healthy, happy humans. Ninety per cent of brain growth occurs by the age of five. Evidence shows that children who have high-quality early childhood development experiences are more likely to thrive throughout schooling, enjoy healthier development, be employed, earn higher wages as adults, and raise happier families themselves.

Australian children are supported through this crucial early development phase in many essential ways, including through access to universal healthcare, paid parental leave, child and maternal health services, and a preschool for every four-year-old<sup>1</sup>.

Child development services are critical services for the development of children in Western Australia. They are the first services that most parents and children have contact with, and have a vital role in providing advice and support to families, identifying children that may have developmental delays, and intervention early in the trajectory of developmental problems that can manifest later in the lifecycle.

A child's health in the first five years of life from conception sets the groundwork for wellbeing throughout the life course<sup>2</sup>. Importantly, the health and wellbeing of mothers, fathers, or primary caregivers are also essential to children's wellbeing<sup>3</sup> across this vital period of development. Many Australian parents and caregivers experience high levels of parental stress, postnatal distress and depression, as well as feelings of unpreparedness and a lack of confidence in parenting skills<sup>4</sup>. MCH services offered universally are uniquely placed to support families, enhance parenting, and monitor health and developmental progress during this critical period in a child's life<sup>5</sup>.

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<sup>1</sup> Starting Better: A Guarantee for Young Children and Families. Centre for Policy Development. 2021

<sup>2</sup> Sawyer A, Gialamas A, Pearce A, Sawyer MG, Lynch J. Five by Five: A Supporting Systems Framework for Child Health and Development: Better Start Child Health and Development Research Group, School of Population Health, University of Adelaide; 2014.

<sup>3</sup> Council of Australian Governments. Investing in the Early Years-A National Early Childhood Development Strategy: An initiative of the Council of Australian Governments. Canberra: Commonwealth of Australia; 2009.

<sup>4</sup> Axford N, Barlow J. The science within: What matters for child outcomes in the early years. Darlington: Social Research Unit; 2013

<sup>5</sup> Australian Health Ministers' Advisory Council. National Framework for Universal Child and Family Health Services: Vision, objectives and principles for universal child and family health services for all Australian children aged zero to eight years: Australian Government Department of Health and Ageing; 2011

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Child development services are critical services for early intervention. Early intervention improves the lives of children and strengthens our communities while reducing pressure on government budgets, enabling more efficient and effective spending, and boosting workforce skills and capabilities. Early support for children and young people makes a significant difference in children's lives<sup>6</sup>.

There is clear evidence of the benefit to children and families of child development services. For example, evidence shows that from a child's conception, quality nurse home visiting programs provide effective support to families experiencing adversity and that comprehensive and culturally appropriate services deliver better outcomes for children. In summary, child development services, particularly universal MCH, is critically important in fostering the development, health and wellbeing of children in Western Australia.

To highlight the importance of universal child development services, the Centre for Policy Development recently completed a Report titled 'Starting Better: A Guarantee for Young Children and Families'. This Report identified key services and supports that must make up a 'Guarantee' that all families must receive for the optimal development of all children. The Report has received extensive support and endorsement.

A key component to this Guarantee is the provision of universal MCH. In Western Australia, MCH is delivered as part of 'Child Development Services' (CDS) by the Child and Adolescent Health Service (CAHS) and the Western Australian Country Health Service (WACHS).

The vision of the Guarantee is that all Australian children will have access to universal MCH services and that these services will foster trusted relationships and identify additional needs early to prevent problems from compounding later in life.

### **They recommend:**

- **That all families can access 10 to 25 checks based on their child's health and development needs (including regular immunization visits, advice and referral), with additional capacity delivered either through home visits or an MCH clinic. Although most families will not need all 25 checks, expanded clinic and home visit capacity would give families more flexibility and better access to services. This phase could also include expanded allied health capacity (Child Development Services) to capture additional referrals and better links to other services such as parents' groups and playgroups.**
- **Vulnerable families are offered up to 25 MCH checks in the first four years of their child's life depending on their needs, delivered through nurse home visits in combination with their regular immunization schedule and check-ups with their local GP. This would ensure that vulnerable families don't slip through the cracks and that families in lower socioeconomic areas or remote regions don't miss out.**

Thrive by Five endorses these recommendations and would urge the Select Committee to adopt these recommendations as part of the vision for child development services in Western Australia.

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<sup>6</sup> How Australia can invest in children and return more. Telethon Kids Institute. 2018

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### **HOW CHILD DEVELOPMENT SERVICES ARE DELIVERED IN BOTH METROPOLITAN AND REGIONAL WESTERN AUSTRALIA**

Thrive By Five was only able to access limited information on how child development services are delivered in Western Australia. It was noted in the CAHS Annual Report that MCH services are delivered in 160 sites across the greater Perth metropolitan area<sup>7</sup>, however, there is no corresponding information available in the Annual Report of the WACHS.

However, strong evidence that supports universal MCH services being delivered as part of integrated family and/or children's centres (not in stand-alone facilities), preferably on or near school sites.<sup>8</sup> A recent Report published by the Life Course Centre found that there is research that supports schools being 'hubs' for inter-linked, broadly based early childhood health and education services and that 'school communities' offer natural social contexts for the delivery of such services in Australian contexts<sup>9</sup>.

Integrated children's services are defined as having many early years services, that ideally include MCH, childcare, preschool, relevant allied health services; and are in an accessible site in each community.

Evidence shows that integrated, children's centres improve children's outcomes and reduce family stress<sup>10</sup>. Universal services act as entry points to targeted services such as those services also provided by CDS in Western Australia. Integrated wraparound services have already been established in a number of communities and provide support to their local families, but this is not available everywhere. An example is Children and Family Centres located on or near school sites in Western Australia.

**The Starting Better Report recommends that new services should be planned and integrated, inclusive of MCH, childcare and preschool, and be tailored to meet community needs.**

Thrive by Five endorses this recommendation.

### **HOW TO INCREASE ENGAGEMENT WITH, AND COLLABORATION BETWEEN, GOVERNMENT AND NON-GOVERNMENT CHILD DEVELOPMENT SERVICES INCLUDING ABORIGINAL COMMUNITY-CONTROLLED ORGANISATIONS**

Thrive By Five has been working with the SNAICC – National Voice for our Children (Australian national non-government peak body for Aboriginal Children) to support improving the development and learning of Aboriginal children. Aboriginal children are twice as likely to be developmentally vulnerable when they start school as non-Aboriginal children.

SNAICC has a stated priority that quality Aboriginal, and Torres Strait Islander community-controlled integrated early learning and family-focused services be established or enhanced. These should

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<sup>7</sup> CAHS Annual Report 2020/21

<sup>8</sup> Early Childhood Development And The Role Of Neighbourhood Hubs: A Review Of Literature. Life Course Centre 2022.

<sup>9</sup> Early Childhood Development And The Role Of Neighbourhood Hubs: A Review Of Literature. Life Course Centre 2022.

<sup>10</sup> Starting Better Report 2021. Centre for Policy Development

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include MCH and other relevant health services, and that where possible, these services are delivered by Aboriginal Community Controlled Organisations.

Thrive By Five supports this priority. The Commonwealth and Western Australian Governments must make funding of these centres sustainable. Community-controlled services to support Aboriginal and Torres Strait Islander children are a critical component of early learning reform and pave the way for them to have a better start in life.

**Thrive By Five recommends that funding is adequate and sustainable for Aboriginal children and family centres in Western Australia.**

### **HOW CHILD DEVELOPMENT SERVICE MODELS AND PROGRAMS OUTSIDE OF WESTERN AUSTRALIA COULD BE APPLIED IN WESTERN AUSTRALIA.**

Thrive By Five draws the attention of the Select Committee to the following examples of service models and programs that could be applied in Western Australia.

#### **New South Wales – Brighter Beginnings Package<sup>11</sup>**

The New South Wales Government announced the \$326million Brighter Beginnings package in June 2022. The program will provide all children with a full suite of developmental checks before they start school and make the [baby blue book](#) digital, along with the expansion of a home visiting program, and more Aboriginal Child and Family centres.

The New South Wales Brighter Beginnings initiative is a partnership between the Department of Education, NSW Health, the Department of Communities and Justice, the Department of Customer Service, the Department of Regional NSW, Multicultural NSW, Aboriginal Affairs, and the Department of Premier and Cabinet to drive transformational change in early childhood development.

The Brighter Beginnings package includes:

- health and development checks to all children in NSW preschool settings in partnership with health professionals;
- an expansion of the number of Aboriginal Child and Family Centres;
- expand the transformational Sustaining NSW Families clinical nurse home visiting program;
- develop the clinical interface of the Digital Baby Book; and
- Pregnancy Family Conferencing is available to more parents across NSW.

In announcing the package, the New South Wales government noted that almost half of all four-year-old children do not get their recommended health and development checks, so making these available in every NSW early childhood service will open the door to brighter futures for thousands of children, and that knowing where children are developmentally and physically before they start school is so important, allowing any necessary support to be identified.

**Thrive By Five recommends that the Western Australian Government make a similar investment in ensuring all West Australian children get all their developmental checks before**

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<sup>11</sup> <https://www.nsw.gov.au/initiative/brighter-beginnings>

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**they start school and make the baby book digital, along with the expansion of a home visiting program, and more Aboriginal early childhood centres.**

### **Nurse Home Visiting**

There is strong evidence that nurse home visiting can improve development outcomes for children, particularly children from disadvantaged backgrounds.

An example of an evidence-based nurse home visiting program is the right@home program established by ARACY, The University of Western Sydney and the Royal Children's Hospital Melbourne<sup>12</sup>. The partners describe the right@home program as a well-evaluated early childhood intervention designed to address inequitable child development outcomes. Its strengths include sustained benefits to maternal mental health and parenting behaviours, an early trend toward improved child development seen several years after program completion, high retention in a demographic who typically have barriers to service engagement, delivery within existing health infrastructure, and capacity for the program to become self-sustaining through state-based funding.

The partners have evaluated the right@home program via a large randomised controlled trial with follow-up conducted until the child aged 6. Multiple and sustained benefits have been demonstrated compared to usual care. These include:

- Higher global health scores, more confident parenting, and better ability to cope were reported by mothers at the program conclusion.
- This effect was enhanced over time, with improved maternal mental health for three years following program completion.
- Sustained improvements in parenting behaviours (in the form of warmer, less hostile parenting) were seen and persisted for three years beyond program completion.
- Children in the program had safer, more learning-rich home environments.
- Improvements in child development outcomes were seen as early as 3 years following program completion, with children showing statistically significant improvements in mental health and behaviour as well as a trend toward improved language skills for children at age 5.

**Thrive By Five recommends that the Government reviews current nurse home visiting programs being conducted in Western Australia and makes an investment to enhance and expand nurse home visiting programs if these are found not to be adequate.**

## **ENGAGEMENT WITH THE COMMITTEE**

Thank you for the opportunity to submit this Inquiry.

Minderoo Foundation and Thrive by Five would welcome the opportunity for further engagement with the Select Committee.

Please contact **Jay Weatherill, Director, Thrive By Five** [jweatherill@minderoo.org](mailto:jweatherill@minderoo.org) if you have any queries with this submission.

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<sup>12</sup> <https://www.rch.org.au/ccch/research-projects/right-at-home/>

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