COLAB POLICY PAPERS SERIES





for kids



PAPER 3: EARLY CHILDHOOD SERVICES IN WESTERN AUSTRALIA: WHAT ARE THE ISSUES?

Describing the early childhood services sector for those who do not work in the field is challenging. Its components sprawl a landscape that includes Commonwealth, State and Local governments, the community and the voluntary sectors. Because the area does not have an agreed definition of its scope even between informed professionals, a common understanding of what services should be included remains elusive.

Notwithstanding this, CoLab suggests that most would agree that the early childhood sector includes:

- Early Learning and Care (ELC) services, including child care and the early years of schooling;
- Child and maternal health services, including antenatal care;
- Ohild development services, including disability support services;
- Child safety (protection) services such as social workers and support services for families facing adversity and children at significant risk! and
- Ohild focused community services, such as playgroups and toy libraries.

Added to these services are broader roles such as those played by policy and advocacy organisations, researchers and government oversight bodies such as the Commissioner for Children and Young People, which represent important pieces of the early childhood services jigsaw.

It is possible to characterise the elements of the early childhood system in different ways which are shown in the diagrams below.

DIAGRAM 1



(includes clinical services, remedial services)

Targeted Services

(Allied health services, disability, family support services)

Community Services

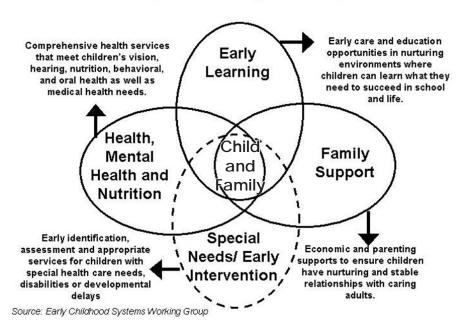
(Includes playgroups, parenting, toy library, mothers groups, libraries, play spaces)

Universal Services

(includes maternal and child health services, child care, kindergarten and pre-primary education, parenting support)

DIAGRAM 2"

State Early Childhood System Components



Source: http://www.child-encyclopedia.comiii

Diagram 1 conceptualises the relationship between universal services (available to all children and families), community, voluntary, targeted and tertiary services. It visualises a system where all services are integrated; for example, universal services make referrals to other services or community programs when these are needed or requested. The conceptual approach shown in Diagram 2 locates the needs of families and children in relation to different services. Taken together, the two models give a sense of the scope, purpose and interrelatedness of the early childhood services system.

However, neither of these diagrams give a sense of the size of the early childhood sector which is shown in Table 1 on page 7. There are some big players! The three biggest State Government departments (Education, Health and Communities) and three biggest Commonwealth Government departments (Education, Health, and Social Services) all deliver or commission services. The costs of delivering these services in Western Australia (including payments to parents to subsidise childcare) are huge - an estimated \$2-3 billion in public funds annually.

Policy Paper 2 in this series indicated one in five Western Australian 0-4-year-old children are vulnerable. This may cause one to wonder how this is possible given the number and cost of early childhood services. It would therefore be entirely sensible to ask how Western Australia's early childhood services are performing.

I think the difficulty with the early childhood agenda which emerged even in the late 1990s and early 2000s is the problem of which department is responsible for it? The silos within the government are not very helpful. If Health does an early intervention agenda and Education does one and Child Protection does one and Justice does one, well then who runs it? Is it a proper whole of government strategy? You see, what happens is that each of these bureaucracies fights each other for funding, so people could be doing a health early intervention and not even acknowledge that there is an education one. So, we need to see a new way of cutting through all levels of government to make real progress. We have just got to stop duplicating resources, duplicating staff, and getting communities quite confused; there's no time to waste and we can't afford to misuse precious resources. Professor Fiona Stanley

The answer is that for most services, we just don't have enough information. The reason for this is there is a shortage of directly comparable data on service performance (effectiveness and efficiency); and where data is available, contextual factors make direct comparisons difficult. Nevertheless, Table 2 on page 8 offers a snapshot of the data that is available.

Table 2 shows while there is little information about the effectiveness and efficiency of services, there is more information on the outcomes that early years services are trying to achieve (for example, literacy performance or immunisation rates). So, what can be reasonably concluded from Table 2 about Western Australia's early childhood services that would guide policymakers on what should be the focus of their attention? While little can be conclusively asserted, we do know that some areas are worthy of more in-depth examination which are listed below.

Early Childhood Education and Care:

- A lower proportion of early learning and care (child care) services in Western Australia meets the National Quality Standard than the average of other Australian states.
- 20% of West Australian children are *at risk* in literacy and numeracy at age 8 (at or below minimal standards in Year 3 NAPLAN results).

Health and Development Services:

- Few children access the full schedule of developmental checks from child health nurses, with only 34% receiving their 18-month check and less than 1 in 5 (18%) receiving a 3-year check.
- A lower rate of immunisation in Western Australia compared to other states (WA 93.1%; national average 93.8%).

Child Safety (Child Protection):

- The percentage of Aboriginal children on care and protection orders in Western Australia is 14% higher than other states (74 per 1000 in WA, national average 65).
- Aboriginal children were 15.5 times more likely to be in out-of-home care in WA (national average 7.7).

If the Western Australian Government is seeking to improve outcomes for children, then these areas provide useful targets for action. However, even if each of these targets were addressed adequately, we may still be left with an early years services system that is unlikely to significantly reduce the number of vulnerable children. To get a sense of what might be required to make significant reductions in childhood vulnerability, it is worth considering the early childhood service system as a whole.

The Early Childhood Service System

Some issues are common to the whole early childhood services sector that need the focus and consideration of our policymakers. These are the access, reach and coordination of services, and the effectiveness of the services serving low socioeconomic communities.

So, the thing that really upsets me is the current federal government's position, their lack of understanding of causal pathways, of the whole early childhood agenda and how powerful it is. Their focus now is on childcare, and they don't seem to understand that it's not just about childcare and getting women back to work. Their focus is not on an enriched environment for the future brain development of our nation. We must get decision-makers - if they want to be nation-builders - to deeply understand what the causal pathways to good outcomes are, the whole early childhood agenda and how powerful it is. This is the big national resource issue for the future; it will determine a major part of our social and economic future.

Professor Fiona Stanley

ACCESS

Do all children and families access early childhood services available to them? Can a family without a car push a pram to access the services they need? Do they even know where they are physically located? Whilst the answer for many services is yes, the dispersed nature of Western Australia's regional and metropolitan communities means that accessibility is often related to physical location and the ease with which families can get to where the service is delivered. Researchiv conducted by the Telethon Kids Institute has shown that geographic location and transport is a barrier for vulnerable families accessing services.

Adding to this, research has shown families often don't know what services are available. Parents consistently report that navigating early childhood services is complex. Two recent studies in the Midland area highlighted this problem: the first study identified 126 child and family-related services located or operating in the Midland area; the second study found families with high needs generally accessed an average of two services. They were not using the services available to them.

REACH

While 0-4-year-old services are universally available, they do not universally 'reach' all children and families. Research by the Telethon Kids Institute has shown that families with vulnerable children access services at lower rates than their more advantaged counterparts^{vii}. This is concerning. Evidence has shown some of the barriers that prevent families with vulnerable children accessing services include cultural sensitivity, the friendliness of staff and what can be extensive administrative requirements in just making an appointment^{viii}.

I think our remaining challenges are possibly going to be political. I think that's really a challenge for Australia and for the United States, but I think the countries in Europe, and Canada are just going gangbusters on early childhood and getting much better outcomes, and South Korea too. If you look at South Korea, it's got some of the best educational and health issues in the world because they've made such intensive early childhood efforts as well as providing a lot of educational resources to grow their innovation agenda. It's clear that early childhood must be the subject of extreme national interest. Professor Fiona Stanley

Perhaps the most important reason early childhood services don't reach all families is that the 0-4-year-old services are voluntary, which means not all families choose to use them. For example, the universal service available to all 0-4 children is the developmental checks provided by child health nurses, which is voluntary. The problem this causes is obvious – many vulnerable families do not access early childhood services from soon after their child is born until the time they enrol at school.

The less apparent problems this causes are just as important. It reduces the opportunity for early intervention as many children and families that need support remain unknown to the service system. Effectively there is no 'system' to monitor the progress of every child. Collectively, it is not possible to monitor the progress of the whole 'population' of 0-4-year-old children in a given community and adjust services to meet community needs accordingly.

COORDINATION

Coordination can be defined as the organisation of the different elements of the early childhood services system to enable them to work together coherently. Characteristics of a well-coordinated system include ensuring there is no 'wrong door' for families (e.g. well-functioning referral processes), necessary data is shared and there is a mechanism to ensure the collective mix of services meets the needs of each community.

Coordination of referral processes between services is critical if access and reach are to be improved. For example, if a child or family access one service and needs another, then coordination is required to ensure this occurs. Further, if a family is comfortable accessing one service, it should be able to deliver or host others to improve reach. Research has clearly shown families access services they relate to and are confident attending.

Sharing data between services is also essential for coordination. A principal complaint of families is that when they do access more than one service, they may have to provide information to many different professionals - many of whom they may not know or trust. For vulnerable families that need these services most, this is a real barrier.

Good coordination allows for the 'mix' of services (including other social and community services) and the way services are delivered to be tailored to meet the needs of each community. Not all communities are the same. Some need more of one service and less of another; or one service delivered first, and then another as a community's needs change. For example, a barrier to better early childhood development in a remote community might be a lack of suitable housing. No amount of early childhood services will have much impact until the housing problem is addressed. Examples like this require high levels of coordination between early childhood services and also with other government-funded services such as family support, health and housing.

In Australia, coordination of early childhood services seems to be poor in many communities. A key message from the Telethon Kids Institute 2016 report on Early Years' Service Integration in Western Australia was that while the early years system is vast, it tends to function in both professional and organisational silos^{ix}. The Report found this was not because staff didn't want to collaborate but there were entrenched barriers to doing so. Factors that do not help are tenure in job and place (allowing service providers to get to know community members and each other), 'narrow' role descriptions and a lack of time meant only the most determined of practitioners found ways to make accessing the early years system more seamless for local families.

A key reason for this poor coordination may well be the Western Australian Government, unlike most other states, has not adjusted the 'machinery of government' to facilitate a more coherent early childhood services system. In many other states and territories, child and maternal health services, early years education and the regulation of early learning and care services are either in the same department or have a Minister (or Ministerial Council) in common. This facilitates the better coordination of services on the ground.

The effectiveness of early childhood services in low-socio-economic communities

The largest concentrations of vulnerable children live in low-socio-economic (remote and rural communities; low-income suburbs) communities. A logical response to this would be to ensure the early childhood services in these communities are highly effective to provide high quality services to those that need them most. Are they?

Two issues give reason to investigate this further. Firstly, most service providers report difficulty in attracting and retaining professionals to work in these locations despite often better wages and conditions. This results in less experienced staff and lower staff retention which detracts from the quality of the service. Secondly, there are many more services in these communities which makes coordination more difficult. This situation has occurred as governments have responded to the higher level of needs in low socio-economic communities by establishing new services, rather than strengthening or broadening the remit of the existing services. The conundrum is that while policymakers are responding to the needs in these communities by putting in more services, this makes it harder to coordinate existing services which acts against what they are trying to achieve.

THE GOOD NEWS

Western Australia has some fine examples of early childhood services in low-income communities that are accessible, reach the most vulnerable and are well coordinated. The 21 Child and Parent Centres present a shining example. They are easy to access at or near the local primary school, have many services all at the one location and friendly staff. The Case Study in this Paper on these Centres with, as an exemplar, the Banksia Grove Child and Parent Centre, demonstrates this. Well done to the Western Australian Department of Education and their community sector partners for establishing and operating these centres so well.

SUMMARY

Before summarising issues related to early childhood services, it is important to note that their have been significant improvements in the quantity and quality of many services in recent years and that most families are able to access good quality services when they need them. However, the focus needs to be on those families with children that need support and are not accessing the services that would support them.

The key issues which emerge from our considerations of the current state of early childhood services and the broader service system in Western Australia are:

- Good quality services exist and are generally available to those families who need them;
- Too few of the families needing these services access them;
- The coordination of early years services needs improvement;
- There is no 'system' to monitor every 0-4 child and ensure all families who need help are offered access to the services and community programs that can assist them;
- The effectiveness of services in low-income (including rural and remote) communities require further investigation.

The impact is that too many families with young children are both vulnerable and not accessing the services they need.



And a final but important note: it is important to note that we invest the vast majority of our public funding in delivering services, which may or may not build the capacity of families and communities to raise children. Research clearly shows by far and away the most important determinant of child development is the capacity of families and communities. Outside of parenting services (which receive a relatively small proportion of the total funding pool), how many of our services have the goals of actively building the capacity of families and communities? Why is only a low percentage of funding allocated to family and community capacity-building activities?

Paper 4 in this CoLab series – The Research that Informs Early Childhood Policy and Practice takes up the research base which underpins Colab's position on the early childhood services system in Western Australia.

Funder/s	Estimated Provider numbers in WA	Providers	Services Provided	Sub-Sector
Commonwealth Department of Education (majority payments to parents as the subsidy for child care)	 1182 Centre Based Providers 36 Family Day Care Providers¹ 	 Private, NFP, Government Providers include, eg, Goodstart, G8, YMCA, Ngala, Gowrie, Child Australia 	Care (child) Long day care Out of school hours care Family day care	Early Childhood
 WA Department of Education Commonwealth Department of Education 	 943 schools 22 stand-alone preschools² 	Department of Education (Public schools) Catholic Education Office Association for Independent Schools WA	• Kindergarten • Pre-primary, • Year 1 and 2 education	Early Childhood Education and Care
 WA Department of Health (CAHS and WACHS) Department of Education contributes funding to DOH for school health services 	• Could not be calculated for this Paper (2015: 250 approx. MCH nurses working for WA Government150 SHN* PQ: not including NGO's ³	• WA Department of Health (Hospitals - Midwifery) • Child and Adolescent Health Service (Metro child and school health services) • WA Country Health Service (Regional child and school health services) • Services contracted by WACHS or CAHS to provide child and school health services, eg Aboriginal Medical Services	Child Health services (universal) *Midwifery Services (Hospital) *Community Child Health services (Nurses) *Child and Adolescent Health Services, *School Health Nurses	Health and Development Services
 WA Department of Health (CAHS and WACHS) Commonwealth via National Disability Insurance Scheme 	 Child Development Service staff in WA (public and private providers): could not be estimated for this Paper 	*CAHS - Perth Children Hospital (tertiary and quaternary allied health care) •CAHS (Metro child development services) •WACHS (Regional child development services) •Services contracted by WACHS or CAHS to provide child development services •Private providers Commonwealth funding for NDIS providers	Child development and Disability services. Speech pathology Paediatricians Occupational Therapy Physiotherapy Dietetics Psychology Disability services	opment Services
 WA Department of Communities (Child Protection and funding of NGO's) Commonwealth Department of Social Services 	Could not be calculated for this Paper	Department of Communities (Child Protection) Non-Government Organisations. (e.g. Parkerville, Wanslea, Ngala, Child Australia)	*Child Protection *Foster Care *Out of Home Care *Women's Refuge *Child Focussed Coordination Programs	Child Safety
Local Government/s Department of Communities (WA) Non- Government Organisations	Could not be calculated for this Paper	Local Government/s Department of Communities (WA) Non- Government Organisations Community Associations	 Parenting Support Toy Library Playgroups Mothers groups Municipal services (play rounds etc.) 	Community Services

¹ ACECQA - https://www.acecqa.gov.au/sites/default/files/2018-08/NQFSnapshot_Q22018.PDF_NQF Snapshot_2018_Q2
² Department of Education WA Annual Report https://www.education.wa.edu.au/web/annual-report/1.-student-enrolment#toc2
³ Western Australian Parliament - Parliamentary Question: 26 June 2018 (Hames). Parliamentary Question 11 August 2015

Sub-Sector	Early Childhood E	Early Childhood Education and Care	Health and Developme	pment Services	Child Safety
	Care (child)	Early Years Education	Maternal and Child Health	 Immunisation rates (approx. 	 8.7% of all children in out- of-home care in WA per
Performance data	 92% of services with quality rating (National Average 94%) 41% of services meet national standard (national average 45%)⁶ 	Outcomes - reading performance at Year 3 [2017]: 93.9% at or above national minimum standard; National = 94.9% (Note is one of several literacy and numeracy measures)	 88% of all children receive 0-14 day child health check 34% receive 18 month check 18% receive 3 year old health check 	93%; National Average 94/5%) 8-8th of states ²	1000 children WA (national average 10.5) •74 Indigenous children on care and protection orders in WA per 1000 children (national average = 65) ⁴ •Aboriginal children 15.5 times more likely to be in out-of-home care in WA (national average 7.7) ⁵
WA Strengths		 Good provision state- wide through schools 	 High rates of health and development checks at birth and on entry to school 		 A low rate of all children in out-of-home care
WA Weaknesses	 Regional services with lower quality ratings 	 Comparative performance of Aboriginal students – NAPLAN year 3 	Low rate of checks between 1 month and 3 years	Lower rates of immunisation (in some areas)	 % of Aboriginal children in out- of-home care

^{*}Report on Government Services, https://www.pc.gov.au/research/ongoing/report-on-government-services/2017/community-services/child-protection/rogs-2017-volumef-chapter16.pdf
*Australian Institute Health Welfare - https://www.alhw.gov.au/reports/child-protection/child-protection-australia-2016-17/data
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BANKSIA GROVE CPC CASE STUDY

What are Child and Parent Centres (CPCs)? How many of them are there and where are they?

- The CPCs are government-funded centres for parents with children up to 8 years of age, located at or near local primary schools within 'pram-pushing' distance, are operated by the Department of Education and are managed by community organisations (such as Ngala).
- There are 21 CPCs in WA spread across the metropolitan area of Perth (11), the Pilbara (2), the Kimberley (3) and in regional centres of Bunbury, Geraldton and Albany (5). They are located in low-income communities.

What do they do? What are the Services a CPC offers?

- They are a one-stop-shop for families where they can access a range of health and social support and advice about their children, their health and development and about parenting.
- They aim to build the capacity of families so that their children are healthier and are better prepared for their education journey.
- They work with the community to identify the needs of that community and coordinate services, activities, and programs to address those needs.
- Each CPC is run by a community organisation Coordinator. A Child and Maternal Health nurse in residence is also typical – as may be other full- or part-time health and/or care professionals and volunteers.
- Programs and services include early learning, play sessions, child health services, and related child services. Co-ordinated access is facilitated to health services such as speech pathologists and physiotherapists, including parenting support and education, and child protection services if needed.



THE BANKSIA GROVE CPC - AND THE FEATURES OF A SUCCESSFUL CPC

Who does it cater for and support? Who attends the Centre?

- The CPC caters for and supports the whole Banksia Grove diverse cultural community, welcoming and connecting young families, parents, carers, and grandparents with children aged 0-4 years; and school holidays' activities cater for 4-8 year-olds. It conducts English classes, an Aboriginal playgroup, and 'dad and kids' activities. All in a safe and trusted place.
- Families gain more understanding of how their children grow and have access to a wide range of co-ordinated services and support.
- The CPC responds to identified needs through families' feedback and ideas on what is needed.
- As a snapshot, from January to June 2018 there were 1039 adult attendances to the variety of programs offered at and through the CPC.

What does it cost?

The running costs are about \$300,000 per annum. It is likely that these funds are more than easily compensated by reduced need for intervention later in the life course of children. The Principal of Banksia Grove Primary School in which the CPC is based readily identifies behavioral and health improvements in children who access the CPC. But perhaps as importantly, he believes the CPC has helped to create a more positive school-community environment which works in a variety of direct and indirect ways to facilitate better outcomes for local children.

What is most important about it as a successful CPC? What are the benefits?

The keys are an approach to leadership that interprets the community and its services as highly inter-dependent and that attempts to link and join the various stakeholders in positive ways, accessibility for parents, and trusting and integrated relationships between community and Centre personnel. The support and commitment of the Banksia Grove Primary School to which the Centre is attached is crucial, as are:

- Addressing the identified needs of the community, with a 'bottom up' approach;
- Ngala is a strong community organisation, and as the key co-ordinating body of the Centre, creates seamless partnerships with all involved;
- Having the right people in the right positions, including a Coordinator with extensive experience and local knowledge;
- The host school principal being an enabler with initiative; committed collaboration between Coordinator and host school principal; and shared understanding and vision; and
- Establishing and developing trusting relationships with the community.

From a services perspective the CPC has championed the model of working more collaboratively: their mantra is "How we work together" and families have reported back to the team saying they can see it, feel it and understand the team works together.

So what are the problems in this 'good news' story?

No problem for the Banksia Grove community! The problem is the neighbouring suburbs of Clarkson and Merriwa only have limited participation and access to the CPC services. In effect, service supply can't meet community demand and the Banksia Grove CPC cannot expand to meet requirements. Too few WA communities are within 'pram-pushing' distance of a CPC. Access to a CPC is therefore limited or impossible for the vast majority of WA communities and families.

Is there evidence of its success?

- It has been in operation since 2015, with the Banksia Grove school reporting improved literacy and child development outcomes
- Participating families have openly said their lives have been changed because of the CPC (a current Department of Education CPC Video attests to this).
- Anecdotal evidence suggests significant positive outcomes. The Principal of Banksia Grove PS says that "already I believe that the savings in on-costs amount to more than the Centre's budget, through health and social service referrals avoided."
- The evaluation completed by the Department of Education demonstrated the effectiveness of the CPCs^x.



References and Acknowledgements

- There is a debate among professionals if the child safety services should be included in the early childhood services sector.
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