



## Early childhood

*... young children have particular requirements for physical nurturance, emotional care and sensitive guidance, as well as for time and space for social play, exploration and learning. These requirements can best be planned for within a framework of laws, policies and programmes for early childhood, including a plan for implementation and independent monitoring...*<sup>1</sup>

### Demographic profile

- In June 2012, there were 285,411 children aged 0 to 8 years living in Western Australia.<sup>2</sup> This represents 11.7 per cent of the total population of WA and 51.2 per cent of the population of 0 to 17 year olds in WA.<sup>3</sup>
- Of these, 15,828 were Aboriginal children, representing half (50.6%) of the total population of Aboriginal children and young people and 5.5 per cent of all 0 to 8 year-olds in WA.<sup>4</sup>
- Almost two-thirds (64.4%) of Aboriginal children and young people live outside the Perth metropolitan area compared to less than one-third (28.9%) of non-Aboriginal children and young people.<sup>5</sup>
- There has been a 22.4 per cent (52,242) increase in children aged 0 to 8 years living in WA since 2002 – the result of the high birth rate.<sup>6</sup>
- There were 32,259 births registered in WA in 2011, approximately 835 (2.7%) more than the number registered in 2010 (31,424).<sup>7</sup>
- In WA in 2011, there were 2,506 births registered where at least one parent was Aboriginal (7.8% of all births).<sup>8</sup>
- The number of births registered in WA has increased by 34.4 per cent since 2001 when 24,002 births were registered.<sup>9</sup>

## The importance of early childhood

From before birth through early childhood a child's physical, emotional and cognitive skills and capacities develop at a rate which exceeds that of any other stage of life.<sup>10</sup> This is a result of unparalleled brain development characterised by rapid growth, integration and change, both biologically and functionally.<sup>11</sup>

Neurobiological and social science research has established that, in interaction with their genes, children's environments and experiences in early childhood have a major impact on the development of the brain and therefore on all domains of development – physical, cognitive, language, social and emotional.<sup>12 13 14</sup>

Development in all domains is influenced by interaction between risk factors (which increase the likelihood of a poor outcome) and protective factors (which increase the likelihood of a positive outcome).<sup>15</sup> Developmental outcomes vary according to the number of risk and protective factors a child is exposed to, the length of exposure and the child's age.<sup>16</sup> Early childhood is a particularly sensitive time due to the extent to which brain development is occurring.<sup>17 18</sup>

Early childhood development is the foundation for later development in all domains and sets the trajectory for learning, physical and mental health, behaviour and wellbeing through childhood, adolescence and into adulthood.<sup>19 20 21</sup>

The developmental trajectories initiated in early childhood become more resistant to change as children get older, meaning that early childhood is the most effective time to make a difference to children's health and wellbeing.<sup>22 23</sup>

Healthy development is underpinned by secure attachment and loving and responsive relationships with parents and other caregivers,<sup>24 25 26</sup> and similarly by nurturing and stimulating language and learning environments.<sup>27 28</sup>

Given the importance of early childhood it is crucial that our policies, programs and services support the healthy development of Western Australia's young children and prioritise their needs and those of their parents.<sup>29</sup>

## The wellbeing of Western Australia's young children

The Commissioner for Children and Young People's report *The State of Western Australia's Children and Young People*, one of the three reports of the Wellbeing Monitoring Framework, shows that most young children in WA are faring well.

Overall WA has low rates of infant mortality and high rates of healthy-weight births (internationally recognised indicators of health status).<sup>30</sup> In WA in 2010, 93.9 per cent of babies were born within the healthy-weight range. This is consistent with the Australian average of 93.8 per cent.<sup>31</sup> WA's rate of infant mortality is significantly lower than the Australian average (3.0 infant deaths per 1,000 live births compared to the Australian average of 3.8 per 1,000 live births).<sup>32</sup>

However, some Western Australian children are not doing as well. Despite a recent downward trend, babies born to Aboriginal mothers are still more than twice as likely to be of low birth weight as babies born to non-Aboriginal mothers (13.6% compared with 6.1%).<sup>33</sup> In regional and remote areas of WA there is an increased risk of perinatal and post-neonatal deaths.<sup>34</sup>

## AEDI

Similarly according to the 2009 Australian Early Development Index (AEDI) the majority of five year-olds in WA are 'on track' on each of the five developmental domains.<sup>35</sup> The AEDI is a population indicator of children's early development and the five domains – physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based) and communication skills and general knowledge – are closely linked to predictors of good adult health, education and social outcomes.<sup>36</sup>

However, the percentage of children developmentally vulnerable on one or more domains is higher in WA than the Australian average. Nearly one in four children in WA (24.7% or 6,435 children<sup>37</sup>) is 'developmentally vulnerable' on one or more AEDI domains when they enter school.<sup>38</sup> Western Australian children from low socio-economic areas (37.4%), from very remote areas (36.8%), Aboriginal children (52.3%) and boys (31.8%) are four particularly vulnerable groups.<sup>39</sup>

## Services

Despite clear evidence that the early years of a child's life are vitally important and that some Western Australian children are not doing well WA's policies, programs and services are falling short of supporting and meeting the needs of young children and their families. There are many excellent programs run by committed organisations throughout WA however key early childhood services and programs are fragmented and not universally available.

*The State of Western Australia's Children and Young People* reported that not enough toddlers and pre-schoolers are receiving the recommended child health checks. Additionally, although nearly all babies living in metropolitan areas received a visit from a child health nurse for their first child health check, fewer than half (46% in 2009–10) were visited in the optimum 10-day period.<sup>40</sup> This data is consistent with the information contained in the 2010 WA Auditor General's report *Universal Child Health Checks*.<sup>41</sup>

WA's rapidly increasing population and particularly the increased number of births (see demographic profile earlier in this paper) without a commensurate increase in resourcing or services is considered to be a contributing factor to limited service provision such as the universal child health check, but also services provided by school health nurses and the Child Development Service.<sup>42 43</sup>

The Auditor General's report found that because universal child health checks are an entry point to other child health services (such as the Child Development Service), developmental problems may not be detected and intervention may be delayed, having a significant impact on children's development and school readiness.<sup>44</sup>

Since 2009 there have been four parliamentary inquiries in WA<sup>45</sup> which have examined the health, development or education of young children. Findings and recommendations from the inquiries have been consistent:

- health services (in particular) in WA have not kept pace with the State's population growth and are under resourced
- specialist assessment and treatment service waitlists for therapy and treatment of identified developmental delays or problems are too long
- new approaches to service delivery are required to effectively meet the increasing need for services

- health, education and care services lack integration, coordination and leadership, creating potential gaps in, and duplication of, services
- a more coordinated approach to early childhood is needed through a whole of government approach, overarching early years framework and a coordinating office
- evidence-based programs should be implemented and effectiveness reported through child health and wellbeing outcomes.<sup>46 47 48 49 50</sup>

## Mental health and nurturing relationships

The Commissioner for Children and Young People's 2010 *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia* found there was limited awareness that even young children can suffer from conditions such as anxiety and depression. Similar to other early childhood services gaps and a lack of coordination were identified, for example, in universal support and mental health information for pregnant women, universal and targeted parenting programs, and in early intervention and treatment services for mothers, infants and young children.<sup>51</sup>

Parents, families and communities have the primary role in safeguarding and promoting the wellbeing of their children and need to be supported in this.<sup>52</sup> Their critical role has been acknowledged in the 'Engaging Families in the Early Childhood Development Story' project which aims to increase parents' and the community's understanding of the evidence from neuroscience about early childhood.<sup>53 54 55</sup> The project has found that while parents recognise the importance of the key messages of early childhood development research (for example, of nurturing relationships) they did not always have the knowledge, capacity or resources required to apply them.<sup>56</sup>

## What needs to happen?

Early childhood, including the antenatal period, is the most effective time to intervene in the health, development and wellbeing of children and has the greatest potential to prevent or significantly lessen problems of later childhood, adolescence and adulthood.<sup>57</sup>

Research has concluded that service delivery that focuses on treating established problems is not sustainable given consistent problems with waiting lists, inaccessibility and limited ability to provide timely, tailored and cohesive support.<sup>58 59 60</sup> A different approach to service delivery is necessary, one where programs, services and policies are provided to all children and families but with a scale and intensity proportional to the level of need and vulnerability of individuals ('proportionate universality').<sup>61 62 63</sup>

With this model, a broad range of inclusive and non-stigmatising universal services and programs are provided to all young children and their families. These services are integrated with additional services for those with specific needs or problems and those who experience barriers to accessing universal services.<sup>64 65 66</sup> This approach has application to all early childhood services including health, mental health, child protection, disability, parenting and early childhood care and learning.

## Positive developments

There has been increased focus on early childhood at both State and Commonwealth levels and in the non-government sector. Recent State government initiatives include increased funding for an expansion of child health services including 100 child health nurses<sup>67</sup> and the establishment of 16 Child and Parent Centres to be co-located on primary school sites.<sup>68</sup> In 2012 the Western Australian Council of Social Service (WACOSS) released a discussion paper on options for an Office of Early Childhood.<sup>69</sup>

Although positive, these initiatives are not part of an overarching policy framework. To achieve improved health, developmental and wellbeing outcomes for Western Australia's young children additional measures are required.

### 1. Plan for early childhood

Develop a plan for early childhood to provide a framework for the provision of early childhood services across agencies and sectors throughout the State. This would:

- ensure early childhood was given appropriate priority
- guide the future provision of services by defining clear outcomes, infrastructure and investment
- clarify the roles of different agencies
- ensure that State/Commonwealth arrangements are clearly defined and funding is channelled into the best possible areas for young children
- reduce gaps and duplications in services
- promote integrated service delivery by bringing agencies together to support the needs of children and young families.

### 2. Governance of early childhood

As a first step a Council for Early Childhood, comprised of the directors general of relevant government departments and the CEOs of key non-government organisations, could be established.

The Council for Early Childhood would be responsible for:

- developing, implementing and monitoring the WA plan for early childhood
- working with other agencies and providing advice on early childhood policy and programs
- coordinating services and programs for the support of families and young children, reducing duplication and gaps and simplifying funding processes
- liaising with the Commonwealth government, non-government organisations and the private sector on early childhood matters
- promoting innovation based on evidence.

This governance structure would bring together the key elements of early childhood health, childcare and education and ensure collaboration and coordination across agencies.

To ensure policies, programs and services in early childhood are informed by the latest research and evidence on 'what works' for young children and families, a research centre could be established, similar to the Fraser Mustard Centre in South Australia.

Outcomes for young children would be improved by partnerships between researchers, service providers and policy makers, for example, when evaluating programs and translating research into practice.

### 3. Integrated universal service

Programs and services need to be delivered to all children and their families but with a scale and intensity proportional to individual needs.

As a starting point, universal early childhood services and programs must be increased to a level that ensures they are accessible by all young children and their families throughout WA. This should occur within the coordinated whole-of-government and community approach provided by the plan for early childhood.

Additional services for those with specific needs or who experience barriers to accessing universal services are needed and these should be integrated with the universal service.

This model would lead to:

- less fragmented services
- improved access to services
- more effective identification and referral for those with additional needs
- a better response to emerging needs and problems
- a greater focus on prevention and early intervention.

### 4. Support for parents

Greater priority needs to be given to supporting parents in the critical role they play in their child's development. There needs to be increased provision of both evidence-based universal and targeted parenting programs to a level that meets the needs of all WA parents of young children, including those living in regional and remote areas.

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<sup>1</sup> United Nations Committee on the Rights of the Child, United Nations Children's Fund & Bernard van Leer Foundation 2006, *General Comment 7: 'Implementing Child Rights in Early Childhood'*, Bernard van Leer Foundation, The Hague, pp. 36–37.

<sup>2</sup> Australian Bureau of Statistics 2012, *Australian Demographic Statistics, Jun 2012*, cat. no. 3101.0.

<sup>3</sup> Ibid.

<sup>4</sup> Australian Bureau of Statistics 2009, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, cat. no. 3238.0, *Table 5 Projected Indigenous population, Western Australia —Series B*, Custom report

<sup>5</sup> Australian Bureau of Statistics 2009, *Experimental Estimates of Aboriginal and Torres Strait Islander Australians, Jun 2006*, cat. no. 3238.0.55.001.

<sup>6</sup> Australian Bureau of Statistics 2012, *Australian Demographic Statistics, Jun 2012*, cat. no. 3101.0.

<sup>7</sup> Australian Bureau of Statistics 2012, *Births, Australia, 2011*, cat. no. 3301.0.

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> National Research Council Institute of Medicine 2000, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, eds JP Shonkoff & D Phillips, National Academy Press, Washington DC, pp. 4–5.

<sup>11</sup> Royal Society of Canada & Canadian Academy of Health Sciences Expert Panel 2012, *Early Childhood Development: adverse experiences and developmental health*, eds M Boivin & C Hertzman, Royal Society of Canada, Ottawa, p.7.

<sup>12</sup> National Research Council Institute of Medicine 2000, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, eds JP Shonkoff & D Phillips, National Academy Press, Washington DC, pp. 5–6, 23–25.

<sup>13</sup> National Scientific Council on the Developing Child 2007, *The Science of Early Childhood Development*, Centre on the Developing Child, Boston, p. 5–9.

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- <sup>14</sup> Royal Society of Canada & Canadian Academy of Health Sciences Expert Panel 2012, *Early Childhood Development: adverse experiences and developmental health*, eds M Boivin & C Hertzman, Royal Society of Canada, Ottawa, p.13.
- <sup>15</sup> National Research Council Institute of Medicine 2000, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, eds JP Shonkoff & D Phillips, National Academy Press, Washington DC, p. 30.
- <sup>16</sup> Centre for Community Child Health 2006, *Policy Brief No 1 2006: Early childhood and the life course*, Royal Children's Hospital, Melbourne, p. 2.
- <sup>17</sup> Ibid.
- <sup>18</sup> National Research Council Institute of Medicine 2000, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, eds JP Shonkoff & D Phillips, National Academy Press, Washington DC, p. 31.
- <sup>19</sup> National Scientific Council on the Developing Child 2007, *The Science of Early Childhood Development*, Centre on the Developing Child, Boston, p. 4–5.
- <sup>20</sup> Schroeder J et al 2009, *Creating Communities for Young Children: A Toolkit for Change*, Human Early Learning Partnership, Vancouver, p. 5.
- <sup>21</sup> Royal Society of Canada & Canadian Academy of Health Sciences Expert Panel 2012, *Early Childhood Development: adverse experiences and developmental health*, eds M Boivin & C Hertzman, Royal Society of Canada, Ottawa, p.39.
- <sup>22</sup> This does not mean that what happens in early childhood determines later development. See Centre for Community Child Health 2006, *Policy Brief No 1 2006: Early childhood and the life course*, Royal Children's Hospital, Melbourne, p. 1; also National Research Council Institute of Medicine 2000, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, eds JP Shonkoff & D Phillips, National Academy Press, Washington DC, pp. 31–32.
- <sup>23</sup> National Scientific Council on the Developing Child 2007, *The Science of Early Childhood Development*, Centre on the Developing Child, Boston, p. 12.
- <sup>24</sup> Centre for Community Child Health 2009, *Policy Brief No 15 2009: Caring for Young Children: What Children Need*, Royal Children's Hospital, Melbourne, pp. 1–3.
- <sup>25</sup> National Research Council Institute of Medicine 2000, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, eds JP Shonkoff & D Phillips, National Academy Press, Washington DC, pp. 264–265.
- <sup>26</sup> National Scientific Council on the Developing Child 2007, *The Science of Early Childhood Development*, Centre on the Developing Child, Boston, pp. 1–2.
- <sup>27</sup> Ibid, p. 2.
- <sup>28</sup> National Research Council Institute of Medicine 2000, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, eds JP Shonkoff & D Phillips, National Academy Press, Washington DC, pp. 161–162.
- <sup>29</sup> Centre for Community Child Health 2006, *Policy Brief No 1 2006: Early childhood and the life course*, Royal Children's Hospital, Melbourne, p. 3.
- <sup>30</sup> Organisation for Economic Co-operation and Development 2009, *Society at a Glance 2009: OECD Social Indicators*, Organisation for Economic Co-operation and Development, p. 106.
- <sup>31</sup> Li Z, Zeki R, Hilder L & Sullivan EA 2012, *Australia's mothers and babies 2010: Perinatal statistics series no. 27*, Australian Institute Health and Welfare, Canberra.
- <sup>32</sup> Australian Bureau of Statistics 2012, *Deaths, Australia, 2011*, cat. no. 3302.0, [website], viewed 26 March 2013, <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3302.02011?OpenDocument>>
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- <sup>35</sup> Commissioner for Children and Young People WA 2012, *The State of Western Australia's Children and Young People – Edition One*, Commissioner for Children and Young People WA, Perth, pp. 83–91.
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- <sup>37</sup> Does not include children with special needs and children with too many unanswered questions. Commissioner for Children and Young People WA 2012, *The State of Western Australia's Children and Young People – Edition One*, Commissioner for Children and Young People WA, Perth, p.91.
- <sup>38</sup> Ibid, p.87.
- <sup>39</sup> Ibid, pp. 88–90.
- <sup>40</sup> Ibid, pp. 29–30.

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- <sup>41</sup> Auditor General for Western Australian 2010, *Universal Child Health Checks*, Office of Auditor General Western Australia, Perth, pp. 6, 17 & 18.
- <sup>42</sup> Education and Health Standing Committee 2009, *Healthy Child – Healthy State: Improving Western Australia's Child Health Screening Programs*, Legislative Assembly, Western Australian Parliament, pp. xi–xii.
- <sup>43</sup> Auditor General for Western Australian 2010, *Universal Child Health Checks*, Office of Auditor General Western Australia, Perth, p. 5 & 13.
- <sup>44</sup> *Ibid.*, p. 6 & 14.
- <sup>45</sup> Education and Health Standing Committee, Legislative Assembly: *Inquiry into General Health Screening of Children at Pre-Primary and Primary School Level, Review of WA's Current and Future Hospital and Community Health Care Services, Inquiry into Improving Educational Outcomes for Western Australians of All Ages*; Community Development and Justice Standing Committee, Legislative Assembly: *Inquiry into the Adequacy of Services to Meet the Developmental Needs of Western Australia's Children*.
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- <sup>51</sup> Commissioner for Children and Young People WA 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People WA, pp. 96–114.
- <sup>52</sup> *Commissioner for Children and Young People Act 2006* (WA), s 4(a).
- <sup>53</sup> Australian Research Alliance for Children and Youth (ARACY), *Engaging Families in the Early Childhood Development Story* [webpage], viewed 12 March 2013, <http://www.aracy.org.au/projects/engaging-families-in-the-early-childhood-development-story>
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- <sup>56</sup> South Australian Department of Education and Children's Services 2010, *Engaging Families in the Early Childhood Development Story: Final Project Report of Stage 1*, Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA), Melbourne, p. 8.
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- <sup>58</sup> Moore T & Skinner A 2010, *Background Paper: An integrated approach to early childhood development*, The Benevolent Society, Sydney, p. 4.
- <sup>59</sup> Centre for Community Child Health 2006, *Policy Brief No 1 2006: Early childhood and the life course*, Royal Children's Hospital, Melbourne, p. 3.
- <sup>60</sup> Centre for Community Child Health 2006, *Policy Brief No 4 2006: Services for young children and families: an integrated approach*, Royal Children's Hospital, Melbourne, p. 1.
- <sup>61</sup> Royal Society of Canada & Canadian Academy of Health Sciences Expert Panel 2012, *Early Childhood Development: adverse experiences and developmental health*, eds M Boivin & C Hertzman, Royal Society of Canada, Ottawa, p.123.
- <sup>62</sup> Moore T & Skinner A 2010, *Background Paper: An integrated approach to early childhood development*, The Benevolent Society, Sydney, pp. 8, 9, 10 & 15.
- <sup>63</sup> Centre for Community Child Health 2006, *Policy Brief No 4 2006: Services for young children and families: an integrated approach*, Royal Children's Hospital, Melbourne, pp. 2–3.
- <sup>64</sup> Royal Society of Canada & Canadian Academy of Health Sciences Expert Panel 2012, *Early Childhood Development: adverse experiences and developmental health*, eds M Boivin & C Hertzman, Royal Society of Canada, Ottawa, p.123

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<sup>65</sup> Moore T & Skinner A 2010, *Background Paper: An integrated approach to early childhood development*, The Benevolent Society, Sydney, p. 8.

<sup>66</sup> Centre for Community Child Health 2006, *Policy Brief No 4 2006: Services for young children and families: an integrated approach*, Royal Children's Hospital, Melbourne, p. 3.

<sup>67</sup> Hames K & McSweeney R 2012, *State Budget 2012–2013: Supporting our community – New early childhood services*, Ministerial Media Statements,  
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<sup>69</sup> Western Australian Council of Social Service (WACOSS) 2012, *WACOSS Discussion Paper: Options for an Office for Early Childhood*, WACOSS, Perth.