



Submission to the Community Development and Justice Standing Committee

Inquiry into the Adequacy of Services to Meet the Developmental Needs of Western Australia's Children

Young children are rights holders... The Committee is concerned that in implementing their obligations under the Convention, States parties have not given sufficient attention to young children as rights holders and to the laws, policies and programmes required to realize their rights during this distinct phase of their childhood. The Committee encourages States parties to construct a positive agenda for rights in early childhood. A shift away from traditional beliefs that regard early childhood mainly as a period for the socialization of the immature human being towards mature adult status is required... Young children should be recognized as active members of families, communities and societies, with their own concerns, interests and points of view. For the exercise of their rights, 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...

United Nations Committee on the Rights of the Child
General Comment 7: *Implementing child rights in early childhood*
2006

1. Introduction

Thank you for the opportunity to submit comment to this important inquiry. Provision and availability of services for young children and their families in Western Australia have been occurring without strategic direction or cohesiveness for some time. This inquiry offers an opportunity, at what I believe to be a critical point, for State Parliament to conduct a thorough assessment of the services available and needed, and to provide strong leadership on the necessary way forward. I am pleased to offer comment in my capacity as Western Australia's Commissioner for Children and Young People, and would be happy to provide further information as required.

2. Role of the Commissioner for Children and Young People

I was appointed as Western Australia's inaugural Commissioner for Children and Young People in December 2007 pursuant to the *Commissioner for Children and Young People Act 2006* (the Act).

The role of the Western Australian Commissioner for Children and Young People is one of broad advocacy—under the Act, I have responsibility for advocating for the half a million Western Australian citizens under the age of 18 and for promoting and monitoring their wellbeing. I must always observe and promote the right of children and young people to

live in a caring and nurturing environment and to be protected from harm and exploitation. This role is more expansive than that of many of my interstate counterparts in that I do not have a defined child protection function.

One of the guiding principles of the Act is the recognition that parents, families and communities have the primary role in safeguarding and promoting the wellbeing of their children and young people and should be supported in that role.

In performing all functions under the Act, I am required to have regard to the *United Nations Convention on the Rights of the Child*, and the best interests of children and young people must be my paramount consideration. I must also give priority to, and have special regard to, the interests and needs of Aboriginal and Torres Strait Islander children and young people, and to children and young people who are vulnerable or disadvantaged for any reason.

3. The importance of the early years

Note: Different research defines the 'early years' period as different age ranges, some up to 8 years of age. For the purposes of this submission, and as specified in the Inquiry's terms of reference, 'early years' will be defined as 0-3 years. However, there is strong evidence that the 0-8 years are critical for development and I would urge the Committee to expand its remit to cover these years from birth to year 3 of primary school (age 8). The contents of this submission are applicable to this broader age group.

Extensive research in neurobiological and social sciences has provided a strong and well recognised evidence base for understanding how children's development is influenced by the very earliest years of their lives. This research confirms that early life experiences have a major impact on the development of the brain and plays a central role in favourable or unfavourable health and development outcomes for children. Essential capabilities, emotions and social skills begin to be formed in the critical early years period from birth.

Some of the key concepts to emerge from the research include:

- i) The sequence of 'sensitive periods' in brain development – each of these periods being associated with the development of specific areas of neurological circuitry and specific human abilities.
- ii) The importance of 'serve and return' relationships with carers – the intimate, loving and mutually rewarding one-to-one interaction (for example, baby-talk, repetition of sounds, back and forth smiling) is an essential prerequisite for the development of the child's emotional, physical and cognitive skills. The role of love as a foundation for intellectual and emotional development is becoming widely, and scientifically, recognised.
- iii) The ways in which the architecture of the developing brain can be disrupted by stress – science has clearly established that stressful experiences in a child's early years, resulting in lacunae in brain structure and function, can lead to lifelong problems with learning, behaviour, physiological and mental health.
- iv) The need to foster the child's sense of 'agency' – adult responses should encourage a child's feeling of being able to influence events and situations. This is

as an essential psychological development that can be compromised if the adult responses are negative or discouraging.¹

The research demonstrates that the importance of strong and loving parental and caregiver support in these early years cannot be overstated. Children's early interactions, relationships and attachments build their foundations for life-long social functioning and learning.

[Human relationships] that are created in the earliest years are believed to differ from later relationships in that they are formative and constitute a basic structure within which all meaningful relationships unfold... when young children and their caregivers are tuned into each other, and when caregivers can read the child's emotional cues and respond appropriately to his or her needs in a timely fashion, their interactions tend to be successful and the relationship is likely to support healthy development in multiple domains, including communication, cognition, social-emotional competence, and moral understanding.²

Knowing that it is the quality of human interaction that influences development in the child's early years, and knowing that it is the development in the child's early years that forms the basis for a harmonious and productive adult life, it is a logical progression to understand that services which support the interaction of infants with their caregivers, provide childcare, health advice or early education need to be of a high standard and be well coordinated, supported and integrated.

As well as the benefits to children and their families there are strong economic arguments that an investment in early childhood leads to benefits for the entire community. In particular the evidence is well established that such an investment reduces spending in future years by limiting the number and complexity of problems that need to be addressed later in the community and by governments.³

Children who have strong and positive development experiences in the early years tend to be more likely to be physically healthy, succeed academically, have greater employment options, and are less likely to commit crime, be engaged in child protection systems or dependant on welfare in the long term. Achieving these outcomes for children becomes increasingly challenging with rising levels of community and family disadvantage. Many senior economists agree that the gains of early childhood investment are great at both an economic and human capital level.

Investing in early years programs is good economic policy. If society intervenes early enough it can affect cognitive and social emotional abilities and the health of disadvantaged children... [Early] interventions are estimated to have high benefit-cost ratios and rates of return... and have much higher returns than other later

¹ UNICEF, *The child care transition: A league table of early childhood education and care in economically advanced countries*, Innocenti Report Card 8, UNICEF Innocenti Research Centre, Florence, 2008, pp5-7; and Shonkoff, J.P., in article by Cooke, R., 'Early childhood stress affects developing brain: Impacts real and long lasting', HarvardScience: <http://www.harvardscience.harvard.edu/culture-society/articles/early-childhood-stress-affects-developing-brain>

² Shonkoff, J.P., Phillips, D.A., *From Neurons to Neighbourhoods: The Science of Early Childhood Development*, National Research Council and Institute of Medicine, National Academy Press, 2000, pp27-28

³ This point has been made by a number of researchers, including Professor James Heckman, the Henry Schultz Distinguished Service Professor of Economics at the University of Chicago and the recipient of the 2000 Nobel Prize in Economic Sciences (see ABC's AM Program: <http://www.abc.net.au/am/content/2006/s1563997.htm>)

*interventions such as reduced pupil-teacher ratios, public job training, convict rehabilitation programs, tuition subsidies or expenditure on police.*⁴

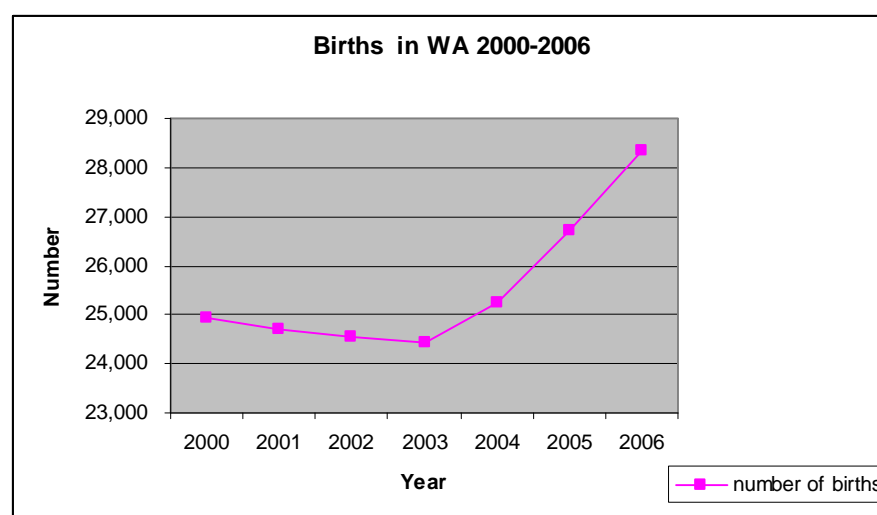
4. Western Australia: the context

Any assessment of the adequacy of services for Western Australia's children should start with the establishment of a clear picture of how the State and its demographics have changed over recent years and how services for children and families have come to be delivered.

4.1 Demographics and growth

The population of Western Australia continues to increase faster than that of any other Australian state and territory, growing by 2.3% (46,700 people) in 2006-07.⁵ In the year ended 30 June 2008, Western Australia recorded the largest percentage increase in Australia in the number of children aged 0-14 years (2.4%).⁶

Western Australia has experienced a sharp and significant increase in the birth rate, up by 15.6% since 2002 (see graph below).⁷



The increased birth rate in the present will obviously lead to an increase in the number of young children in the future; in the metropolitan area alone, the 0-4 year old population is expected to reach more than 105,000 by 2016 (a 13.8% rise in the ten years since 2006).⁸

⁴ Cunha, F., 'Investing in Disadvantaged Young Children Is Good Economics and Good Public Policy', presentation to Business Leadership for America's Youngest Citizens: The Economic Promise of Investing in Early Childhood, April 2008.

⁵ Australian Bureau of Statistics 'Population Change States and Territories'
<http://www.abs.gov.au/Ausstats/abs@.nsf/mf/3218.0>

⁶ Australian Bureau of Statistics 'Population by Age and Sex, Australian States and Territories'
<http://www.abs.gov.au/Ausstats/abs@.nsf/mf/3201.0>

⁷ Epidemiology Branch, Analysis & Performance Reporting, Department of Health WA, March 2008

⁸ *Key demographic indicators of 0-19 year olds, Perth WA*, Research and Planning Team, Strategic Support Unit, Child and Adolescent Community Health, October 2008, p5.

Many parts of regional Western Australia have also experienced high increases in population; for example, the population in all Local Government Areas in the Kimberley region increased in the 2006-07 year and the Pilbara population also experienced strong growth.⁹

With the pattern of strong population increase in this State, and a primary focus of that increase being children and young people, the Government should be focusing strongly on planning supports for children, young people and their families. I will discuss this further below.

4.2 Service delivery

Service and program delivery for children in Western Australia is handled by several government agencies. Below I have outlined the key agencies with responsibility for young children. This description is not meant to be exhaustive.

Department for Communities: The Department for Communities has an overarching responsibility to strengthen communities and the social fabric of Western Australia. Specifically, it provides support for children and families through:

- childcare licensing;
- children services policy development;
- support for delivery of children's services; and
- a range of universal parenting programs.¹⁰

Department of Health: The Child and Adolescent Health Service in the Department of Health provides a range of universal and targeted health promotion and early identification and intervention community based services to children and families. These include:

- Postnatal maternal and child health services
- Child Development Services
- School Health Services
- At risk services, with a focus on Aboriginal and Torres Strait Islander families
- Immunisation Services
- Health promotion and community development¹¹

In the Perth metropolitan area services are delivered through the Child and Adolescent Community Health Division, and in non-metropolitan areas services are delivered through the WA Country Health Service's regional area health services.¹²

Department for Child Protection: The Department for Child Protection's major focus is on meeting the needs of vulnerable children and families. It is responsible for protecting and caring for children, and supporting people at risk of crisis. The Department for Child Protection runs several support programs and projects for parents, including Best Beginnings and the Responsible Parenting Initiative (in collaboration with other agencies).¹³

⁹ Australian Bureau of Statistics 'Population Change States and Territories'
<http://www.abs.gov.au/Ausstats/abs@.nsf/mf/3218.0>

¹⁰<http://www.community.wa.gov.au/DFC/AboutDFC/>

¹¹ <http://www.pmh.health.wa.gov.au/general/CACH/>

¹² Correspondence received from Department of Health, December 2009

¹³ <http://www.community.wa.gov.au/DCP/AboutDCP/> and *Department for Child Protection Annual Report 2007-2008*, p38.

Department for Education and Training: Historically, the Department for Education and Training has taken responsibility for children 4 years and older. The Early Childhood Education Directorate within the Department has focused on the first few years of schooling (Kindergarten to Year 3), including the provision of resources and information for parents around literacy and numeracy development.¹⁴

Other Agencies: Of course, the activities of all government agencies affect children in some way, but there are other Departments in Western Australia that run particular initiatives to enhance the wellbeing of children in their early years (for example, the Department for Culture and the Arts, the Disability Services Commission, the Drug and Alcohol Office, and local governments). There is also the significant role of Non-Government Organisations (NGOs) in providing programs for parents and early childhood, as well as the range of programs being funded by the corporate sector.

4.3 Investment in early years

The initiative to increase investment in young children in Australia is critically overdue. In comparison with other Organization for Economic Cooperation and Development (OECD) countries, Australia is among the lowest in terms of GDP expenditure.¹⁵

Professor Fiona Stanley argues that Australia's recent economic growth has in fact has adverse consequences on child development outcomes, and that 'our very effective economic machine is taking us efficiently in the wrong direction.'¹⁶

*... many key health and other indicators of child and youth development are not improving in modern wealthy Australia. Many are actually getting worse... Many developed countries with similar singular aims to achieve a high GDP per capita are struggling with these problems. The impact on health, mental health, child protection, education and juvenile justice services have been enormous and all of them are in crisis. In response, those providing the services pour money and energy into the ends of the pathways rather than asking "Why is this happening?" and "Can we prevent these problems?" We seem to have huge wealth distributed very unequally across society, so that the resources for children are very unequal too.'*¹⁷

UNICEF's Innocenti Research Centre has developed a series of benchmarks that represent minimum standards for early childhood services. The benchmarks, drawn up in consultation with OECD countries around the world, represent a first attempt towards evaluating and comparing early childhood services across the 25 countries in which data was collected. The benchmarks measure elements such as the percentage of trained staff in childcare, the existence of a national plan, the amount of parental leave available, and the staff-to-child ratio in pre-school education.

Australia is one of only three participating countries that meet fewer than three of these benchmarks – ranking 23rd out of 25. Remembering that these benchmarks represent

¹⁴ <http://www.det.wa.edu.au/education/ece/index.html>

¹⁵ *Starting Strong II: Early Childhood Education and Care*, OECD, 2006

¹⁶ Stanley, F., et al, cited in 'The Challenge of Change': Why services for young children and their families need to change, and how early childhood interventionists can help', presentation given by Dr Tim Moore to Gippsland Early Childhood Intervention Advisory Network's 2006 Conference 'Managing Change', October 2006 (http://www.rch.org.au/emplibary/ccch/TM_GippsECIConf06_Challenge_change.pdf)

¹⁷ Stanley, F., 'Australia's Wealth Harms Our Children's Health', blog published on WA Today, 14 October 2008 (http://blogs.watoday.com.au/fionastanley/2008/10/headline_here.html)

basic minimum standards, not benchmarks of high quality, Australia's 20% achievement rate demonstrates both the neglect that early years investment has suffered over the past decades and the urgent need to turn it around.¹⁸

While the OECD statistics prove that, on a global scale, Australia is lagging behind on investment in early childhood services, it is arguable that Western Australia is even further behind other jurisdictions in Australia. Some examples of where this significant shortfall is causing the most damage are outlined below.

5. Western Australia: the shortfall in early years services

5.1 Lack of investment

Over the past decades, Western Australia has failed to ensure that even basic services keep pace with the significant population growth outlined above. The birth rate has increased by almost 16% in recent years and yet there has not been the concomitant increase in the number of child health nurses, school health nurses, Aboriginal health workers or investment in child health services across the board (see Box 1).

The Department of Health estimates that an additional 94 child health nurses and 135 school health staff are needed – not to provide enhanced services, but simply to meet the basic needs of the increased number of children in the state.

Box 1: Information on child health services

According to the Department of Health:

- there are only 5 Aboriginal child health nurses in WA;
- the ratio of birth notifications to child health nurse FTE is now 1:167;
- there is a significant shortfall in the number of school health staff available to meet health prevention priorities;
- only 49% of newborns are participating in a newborn hearing screening program;
- demand for multidisciplinary child development services statewide is exceeding the capacity of the available services;
- there is a lack of services available for young children with early signs of Autism Spectrum Disorder, and a lack of support for children who have been diagnosed.

The increased demand on the existing child health nurses is placing limitations on their ability to fulfil the potential of their role, with the ratio of birth notification to child health nurse FTE now up to 1:167 (in most other jurisdictions this ratio ranges from 1:78 to 1:98).¹⁹

With this many newborns per child health nurse, there is much less capacity for nurses to build relationships with families and to provide the appropriate level of support, advice and involvement. This lack of professional support can be difficult for all parents but

¹⁸ UNICEF, *The child care transition: A league table of early childhood education and care in economically advanced countries*, *Innocenti Report Card 8*, UNICEF Innocenti Research Centre, Florence, 2008, pp2-8.

¹⁹ Information provided to the Commissioner for Children and Young People from Department of Health, correspondence received 20 August 2008.

poses particular challenges for parents who are vulnerable, disadvantaged, or do not have other support networks around them.

Child health nurses are an investment in the future. As public health providers, child health nurses provide an early warning and intervention system in identifying a wide range of early childhood disorders. Through regular contact with families they provide trusted, non-judgemental support in areas such as infant feeding, child development, injury prevention and child safety and protection. They also provide networks; linking new parents together and encouraging the development of social supports. Western Australia is lagging behind many other jurisdictions when it comes to investing in this service that is proven to achieve positive outcomes for parents and their children (see Box 2²⁰).

Box 2: Schedule of visits with child health nurses - comparisons

- A Victorian child will have seen a child health nurse 5 times at 4 months old.
- A Western Australian child will have seen a child health nurse 5 times at 18 months old.
- In South Australia, the 'Family Home Visiting Program' offers at-risk parents (including Aboriginal parents) and their children 34 visits by a child health nurse in the first 2 years of the child's life.

The increase in demand currently experienced by child health nurses will continue through to the childcare sector, primary schools and other services. The first cohort of children from the year of increase 2004 will be coming into the four year old pre primary system in 2008/2009. With the capacity of Western Australia's child health services already so stretched, there is an urgent need to plan for and invest in the services that are delivered to these children and families (including the additional 135 school health staff to get services back up to basic levels).

Many deficits in the current system of health screening and surveillance have been brought to my attention—many as a direct consequence of inadequate resources and the shortfall in child and school health staff. The existing limited take up of the two year old check, for example, means there is quite a long gap between milestone screening, so that some conditions are not identified and the opportunity to intervene and provide services is lost. To give Western Australia's children the best possible start in life, there is a need to identify health and development issues as early as possible. For example, speech and hearing deficits left undiagnosed can be later misinterpreted as behavioural problems and the child might receive delayed or inappropriate intervention.

Unfortunately, in the current environment, even when children are identified as having health or developmental issues, most forms of support or treatment services have long waiting lists. I have been advised that, even in the metropolitan area, therapeutic services such as speech pathology can have a waiting list of six to twelve months for an initial assessment, and even then, services are prioritised to younger children who are more likely to benefit from intervention. Mental health services for children through

²⁰ Victorian Department of Education and Early Childhood Development, Maternal and child health service information sheet, 2007 (http://www.education.vic.gov.au/ocecd/docs/maternal_child_health_sheet.pdf); Western Australian Department of Health, 'Child Health Services Birth to School Entry – Universal Contact Schedule', 2006, (http://www.health.wa.gov.au/circulars/print.cfm?Circ_ID=12051); and South Australian Children, Youth and Women's Health Service, 'Family Home Visiting: Service Outline', 2005, p19

Child and Adolescent Mental Health Service (CAMHS) are also stretched, with long waiting lists. Where this occurs behavioural problems can compound.

WA currently does not have a universal newborn hearing screening program, despite the evidence that early detection of hearing impairment and quality early intervention can result in vastly improved outcomes for these children and their families.²¹ The lack of universal hearing screening is now being felt in the education system—a number of teachers have expressed to me their concerns that their students have speech and learning development difficulties because their hearing impairment had not been previously identified and diagnosed. The rates of ear disease for Aboriginal infants continue at unacceptably high levels, leading to developmental and learning delays and adding to the social disadvantage experienced by many Aboriginal people.²² In 2002, the National Health and Medical Research Council stated:

There is excellent evidence that it is feasible to test the hearing of all newborns within maternity hospitals, and that this results in the detection of many children with significant hearing impairment much earlier than would otherwise be the case.²³

In summary, Western Australia needs to be doing more for the health of its newborns and its young children. Due to the huge pressures and workload on the existing health professionals, health services from birth through the early years are infrequent, scattered, variable and lengthy delays are causing valuable opportunities for timely intervention to be missed.

Efforts at early detection and health promotion should be linked closely to the service delivery system for children and families and should take place in all settings and by all professionals who come into contact with children and their families; they should not be regarded as solely the responsibility of health professionals. An active research program into efficacy and effectiveness of various approaches to detection, intervention and health promotion should be strongly encouraged, and evaluation be considered an integral part of program development.²⁴

5.2 Lack of coordination and strategic planning

Overall, early childhood has not been given sufficient priority by government agencies in Western Australia. This is evidenced by the failure to plan for service delivery to an increasing population, but is also evident in the fragmented and ad hoc service delivery that does exist.

I have spent the past 12 months travelling across the State and meeting with government, NGOs, community groups, the private sector, children and their families. In many places I have been struck by the lack of coordination in service delivery; some communities have more programs than they know what to do with, and others are

²¹ Deafness Forum of Australia, *Western Australian General Health Screening Submission*, submitted to Education and Health Standing Committee, 2008

²² Burrow, S., and Thompson, N., *Summary of Indigenous Health: ear disease and hearing loss*, Australian Indigenous Health *InfoNet*, Edith Cowan University, (year unknown) p2

²³ Centre for Community Child Health, Royal Children's Hospital Melbourne, *Child Health Screening and Surveillance: A critical review of the evidence*, National Health and Medical Research Council, 2002, p9

²⁴ National Health and Medical Research Council, *Child Health Screening and Surveillance: A critical review of the evidence*, , 2002, p17

crying out for just one. For example, some communities I have visited do not have even the most basic support services in place and are without any before school care, after school care or holiday programs for their children.

I was provided with another stark example of the lack of coordination recently: five separate WA government agencies are currently funding disparate parenting programs.

I have met a number of representatives from the private sector who are keen to contribute financial support to early childhood programs but have been frustrated in their efforts because of the considerable challenges in determining which agency to go to for advice and assistance, and a lack of clarity around which programs are best practice. I have met individual mothers who have wanted to fundraise to upgrade their local facilities but have been unable to establish who they need to ask and have been entirely unassisted in the process. I have met community organisations across Western Australia that are struggling to establish where to apply for funding or how to manoeuvre through the process. Then, if those organisations do manage to achieve financial support, it is usually for a pilot period, or a 12 month chunk, rendering sustainability, ongoing evaluation, expansion, and building on what is working as virtually impossible.

Western Australia is failing to take advantage of opportunities to channel motivation and investment into our children's wellbeing simply because of bureaucratic difficulties.

Box 3: Warmun Early Learning Centre

During my travel I have had the opportunity to have contact with many services that have been evaluated to make a positive difference for children. One of these is the Warmun Early Learning Centre. The centre is coordinated by an experienced and highly qualified early childhood worker and former lecturer, who supports and mentors two local Aboriginal women undertaking formal early childhood studies. The program is operating at full capacity and has been awarded the Outstanding Education Program 2008 as part of the East Kimberley Aboriginal Achievement awards, as well as the Department for Communities' Annual Award for Outstanding Children and Family Project - Regional. The Warmun program has been independently evaluated by Edith Cowan University which found the program of activities for children reflects best practice as it is described in the literature and that the program is one of the best examples of early childhood provision in Western Australia, working with a highly disadvantaged group of children.

The centre is funded by the previous Federal government's *Communities for Children* funding program and there has been no commitment to the continuation of funding to this program beyond June 2009. This is a good example of a program that needs to be sustained over the long term, yet has no secure funding.

The early years sector has been revealed to me as one suffering from overlap, a lack of communication and—most crucially in my view—an absence of coordinated, strategic planning. There is limited clarity as to the outcomes we wish for our young children and no overarching framework leading us more clearly towards it.

There is a notable absence of collaboration in the early years sector in Western Australia. The consequence of this is that agencies continue to work in silos and families are faced

with the largely impossible task of compartmentalising their issues according to Departmental responsibility. It is an unworkable and nonsensical structure.

Box 4: A theoretical scenario

It is an interesting exercise to track the likely experience of a new mother in Western Australia. Soon after she arrives home from giving birth, she will be contacted by a child health nurse from the Department of Health. If she has any questions about childcare she should contact the Department for Communities, but when her child turns 4 and is of kindergarten age she will need to liaise with the Department for Education. If the mother is at-risk or vulnerable it is likely she will need to contact the Department for Child Protection for support.

This process assumes that her child meets no particularly challenging health or developmental needs along the way. If it does, to gain supports she might also need to liaise with the Disability Services Commission, the Drug and Alcohol Office, the Child and Adolescent Mental Health Service, or other areas within the Department of Health...

The *Western Australian Aboriginal Child Health Survey* identified one of the four constraints on children's optimal social and emotional wellbeing as 'chaos', and listed governments and their policies as one of the primary perpetrators of this chaos.

*Policy development for children has become a political fashion with governments of the day formulating policies and branding, re-branding and repackaging children's services and programs for the life of government rather than for the lives of children. Governments have a responsibility to formulate, implement and evaluate coherent, sustained policies that assist and support in the development of children.*²⁵

The lack of collaboration in Western Australia's government structures is an issue that has been commented upon frequently from a range of disciplines. The experience in the main is that government agencies have been unable to address complex social issues or achieve social policy reform where the involvement of several agencies is required. The Western Australian Coroner's Report into the series of deaths in the Kimberley identified this as a critical issue.

*Sadly, it was clear from the evidence at the inquest that at present there is no such "whole of government coordinated approach" and there is certainly no Department or organisation which has taken a leadership role in that regard. In simple terms, it appears that Aboriginal welfare, particularly in the Kimberley, constitutes a disaster but no-one is in charge of the disaster response.*²⁶

There are so many levels of government and different sectors with an interest in early childhood, that there is an inherent risk that if all players pull in different directions no improvements will ever be achieved. The early childhood focus of the Federal Government, State Government, Local Governments, NGOs and community organisations need to be integrated and aligned so that everyone starts to move in the same direction.

²⁵ Zubrick, S., et al., *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*, Curtin University of Technology and Telethon Institute for Child Health Research, 2005.

²⁶ Western Australian Coroner, Alistair Hope, Report into the deaths of 22 Aboriginal people in the Kimberley, 2008, p23.

6. The Way Forward

So far, I have outlined the existing situation for young children in Western Australia and described the numerous shortfalls in investment and policy. In this section, I will outline the ways in which I think many of the current inadequacies can be addressed.

6.1 Increased strategic investment

As noted above: improvements in childhood health and development outcomes do not simply increase in parallel with the wealth of the country in which they are being delivered.

*A puzzling paradox confronts observers of modern society. We are witnesses to a dramatic expansion of market-based economies whose capacity for wealth generation is awesome in comparison to both the distant and the recent past. At the same time, there is a growing perception of substantial threats to the health and well-being of today's children and youth in the very societies that benefit most from this abundance.*²⁷

According to Professor Fiona Stanley, many wealthy countries perform relatively poorly on outcome indicators for children compared with those with lower GDPs but whose policies focus more on family support, early childhood services, valuing parenthood and reducing inequalities.²⁸

The recent years of wealth in Australia have not delivered results for our children. The nature of Australian society has undergone significant transformation over the past decades but investment, structures and planning in early childhood has not transformed correspondingly.

Now, in the economic crisis in which we currently find ourselves, it will become increasingly important to invest wisely. The need to be more strategic and prudent with the State's finances in fact provides an opportunity to concentrate funding in areas that will have the most effect, be the most sustainable and contribute to a future society that can handle the environmental, social and economic challenges that will need to be faced. I am strongly of the view that an investment in early years meets this criterion. Investing in children is important for their health and development now, and will ensure that the decision-makers of the future are physically, mentally and emotionally equipped.

*It is our hope and belief that better public understanding of the rapidly growing science of early childhood and early brain development can provide a powerful impetus for the design and implementation of policies and programs that could make a significant difference in the lives of all children. Without that understanding, investments that could generate significant returns for all society stand the risk of being rejected or undermined. Thus, there is a compelling need for scientists to share with the public and its representatives an objective basis for choosing wisely among competing demands on limited resources.*²⁹

²⁷ Keating and Hertzman, cited in 'The Challenge of Change': Why services for young children and their families need to change, and how early childhood interventionists can help', presentation given by Dr Tim Moore to Gippsland Early Childhood Intervention Advisory Network's 2006 Conference 'Managing Change', October 2006 (http://www.rch.org.au/emplibary/ccch/TM_GippsECIConf06_Challenge_change.pdf)

²⁸ Stanley, F., 'The importance of caring for children in Australian society', in *Family Matters*, Australian Institute of Family Studies, Issue No. 76, 2007, p45

²⁹ *The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do*, National Scientific Council on the Developing Child, Centre on the Developing Child, Harvard University, 2007, p1

6.2 A Western Australian Office of Early Childhood

More specifically, to address many of the issues raised above—including the dearth of strategic planning and lack of coordination—it is my view that Western Australia needs an Office of Early Childhood that would become a central office for early years matters.

A Western Australian Office of Early Childhood would achieve the following:

1. Become a central office, bringing together the key elements of:
 - Early childhood health services;
 - Childcare; and
 - Early childhood education;
2. Liaise with other government agencies that have a role in the social inclusion and healthy development of young children (for example the Disability Services Commission).
3. Become a central location for the coordination of parenting support programs, playgroups, other programs for the support of families and young children.
4. Be responsible for liaison with the Commonwealth, NGOs and the private sector on early childhood matters.
5. Function as a 'one stop shop' for industry, providing the much needed advice and support for companies wanting to invest in early years projects/programs.
6. Identify the best research and evidence for 'what works' for young children and families, evaluating programs, and translating research into practice for parents and workers.
7. Develop a set of agreed outcomes for children across government agencies and monitor and report on these outcomes every two or three years to monitor progress and inform policy and program development.

With these developments in place, service delivery to and by the early childhood sector would be streamlined, bringing much needed cohesion and coordination and vastly improving economic efficiencies. Importantly, Western Australia would then be best placed to maximise the opportunities arising from the COAG Early Childhood Agenda directions and resources.

This is not a new model. Victoria and South Australia have recently established units with clear responsibility for early childhood:

Victoria: Since 2007 Victoria has operated a combined Department of Education and Early Childhood Development, inclusive of an Office for Children and Early Childhood Development. This Office has responsibility for coordination of licensed children's services; child health nurse services; supported playgroups; parenting services; occasional childcare; community kindergartens and early childhood intervention services for children with a disability or developmental delay. These functions are closely coordinated with early

childhood education. Comprehensive reporting is provided, measuring how Victoria's children are faring.

South Australia: South Australia has a similar model. The Department of Education and Children's Services has responsibility for both education and childcare services, involving the provision of preschool, administration of Family Day Care, sponsorship of Outside School Hours Care programs and the establishment and enforcement of minimum standards for all types of childcare.

While both are excellent models for integrating the education and care of young children, my preference for Western Australia would be the Victorian model as it is inclusive of child health and parenting services. The current location of Western Australian child health services within the Department of Health means that it is required to compete with tertiary health services for funding and support. As, historically, prevention has not been a focus for health this has been challenging for early childhood health services. Its placement in an Office of Early Childhood would enable child health services to become recognised as an integral element of the optimum development of young children, and become part of a more complete and holistic package of services for children and their families.

I am pleased that the State Government has recognised a need and created the portfolio of 'Early Childhood Development'. I hope that this provides the opportunity for increased focus and strategic activity in this area and that an Office of Early Childhood can be considered.

6.3 A Western Australian Plan for Early Childhood

As a fundamental and urgent part of the process to improve the adequacy of services for Western Australia's children, it is necessary to develop a comprehensive plan for early childhood. Such a plan is required to provide the framework for the provision of early childhood services throughout the State and address the fragmentation and ad hoc service delivery that currently exists.

I believe that this could be best developed by the Office of Early Childhood to steer the policy, program and research direction of early childhood across Western Australia to ensure high quality early childhood development programs, parenting support and a smooth transition to the school system.

The advantages of delivering early childhood services under a comprehensive framework are wide ranging, but, overall, it will be a way of ensuring that services can be mapped, there is a clear understanding of where and what services are needed, evidence-based programs are delivered in coordinated ways and the entire State—including regional and remote communities—are incorporated in future planning.

In recent years Victoria and South Australia have developed comprehensive early years plans which bring together government and non government agencies to deliver improved services to children and their families. The United Kingdom has also developed broad ranging plans and initiatives in the early years. In the main these jurisdictions have achieved very good outcomes through joint planning, and joint accountability through a lead agency or office of early childhood.

Recently, the Federal Government has been driving developments in the early years having announced it is aiming for a 'world-class system of early education and care'.³⁰ The Council of Australian Governments (COAG) has been undertaking high levels of negotiation and collaboration around early years initiatives. The significant effort and activity of the COAG Early Childhood Agenda is positive and provides a unique opportunity for Western Australia to focus on critical issues and investment in early years.

It has been apparent, however, that those states with already well established early childhood plans – such as Victoria and South Australia – have been much better placed in COAG negotiations, being able to leverage off their existing momentum. Western Australia needs to work hard to establish a strategic direction so it can move at the pace required by COAG and avoid the high risk that COAG initiatives will simply lead to another level of fragmentation in this already fragmented sphere.

6.4 Quality childcare

*Today's rising generation is the first in which a majority are spending a large part of early childhood in some form of out-of-home child care. At the same time, neuroscientific research is demonstrating that loving, stable, secure, and stimulating relationships with caregivers in the earliest months and years of life are critical for every aspect of a child's development. Taken together, these two developments confront public and policymakers in OECD countries with urgent questions. Whether the child care transition will represent an advance or a setback – for today's children and tomorrow's world – will depend on the response.*³¹

In the world's economically advanced countries, an increasing number of young children are spending at least some time in early education and care facilities.³² Noting all of the evidence about early childhood development, the need for early childhood education and care services to be of supremely high quality is clear. Unfortunately, until recently, it has not been a political or social imperative to ensure that all childcare facilities have the child's wellbeing and positive development at their heart.

It is arguable that with the dialogue around the Federal Government's National Quality Framework for Early Education and Care, this will start to turn around and I refer the Committee to the submission lodged by the Australian Commissioners for Children and Young People and Child Guardians with the Federal Government on this issue.³³

To summarise that submission, the position taken—that I continue to endorse —was:

- Early childhood education and care services must be built and supported to provide positive relationships between caregivers, children and parents, promote play and a sense of agency amongst children as well as providing safe environments for children;
- To achieve these outcomes, regulation of the key structural aspects of early childhood education and care services is required, as is accreditation that

³⁰ Press release: 'Experts to develop the Early Years Learning Framework', The Hon Julia Gillard MP Deputy Prime Minister and Maxine McKew MP Parliamentary Secretary for Early Childhood Education and Child Care, 2 October 2008.

³¹ UNICEF, *The child care transition: A league table of early childhood education and care in economically advanced countries, Innocenti Report Card 8*, UNICEF Innocenti Research Centre, Florence, 2008, p1

³² *Ibid*, p3

³³ Can be found at: http://www.cyp.wa.gov.au/Files/National_Quality_Framework_for_Early_Education_Care.pdf

accurately assesses children's experiences and promotes children's participation in accreditation.

- It is necessary to include a learning framework that is play-based to enhance children's learning in a way that is an appropriate learning style for their age.
- It is not appropriate to separate care and learning. A move to a system which focuses on children's holistic wellbeing is consistent with our knowledge that from birth children have a desire for learning and that their development happens in the context of their relationships with caregivers and others. The lack of consistency in the provision and quality of early childhood services throughout the country can be partly attributed to the existence of this false division.
- Strategies to build a qualified, consistent workforce allowing children are required to develop positive relationships with consistent caregivers that will assist with their learning.
- The complexity and relationship-based nature of early childhood care and education services means these cannot be managed in the same market-based way as other commercial industries. Pressures to increase profits over children's needs can pose ethical dilemmas for staff. Market time frames do not fit well with the developmental time frames of young children.

Given the significance of the early years on children's wellbeing and long term outcomes it makes sense to develop an early childhood education and care system that is part of, as comprehensively funded, and as supported as our schooling system.

It was also recommended that in addition to increasing funding in these areas a reassessment of the current system of subsidies for individual families is required—and that these funds could be redirected into subsidising services. Providing subsidies directly to parents has not contributed to an increase in standards and has possibly caused a lack of balance between private and community providers. Direct grants to providers could link to staff ratios and qualification levels, giving providers a financial incentive to increase quality levels and better supporting community based childcare.

6.5 Integrated childcare centres

Another element for the best outcomes for Western Australia's children is the use of integrated childcare centres; centres that provide a 'one-stop shop' by bringing together a mix of services for children and their families. Qualified early childhood staff and health professionals work together with families to provide quality learning and care to support children's development, health and wellbeing. The centres are friendly places for families to meet, learn more about parenting, gain advice and information on health, personal and family support, therapy services, vocational education and employment. This is a not a new concept, nor is it straightforward to deliver, but is increasingly recognised to have a number of significant benefits.

Parents appreciate a range of services which provide support both to them and their children. It is a mistake to underestimate the extent to which the majority of parents aspire to be good parents and want what is best for their children. Parents who use family centres often want to use services in a way that will optimise the chances of their children having wider

opportunities than they have enjoyed themselves... What parents like about family centres is that the services are provided in the context of a warm and welcoming atmosphere.³⁴

The integrated childcare model exists in a number of places in Western Australia but is not supported by an overarching government policy or plan. As such, the integrated centres that do exist tend to only because of the dedication and commitment of particular individuals.

For example, Challis Parenting and Early Learning Centre has, against the odds and with considerable cost, managed to bring together various departments on one site to form an integrated centre where parents and children receive a range of advice and supports. It is accomplishing marked results, thanks to the Principal who is firmly committed to the Centre's success. Unfortunately, as I have learnt in my regional and remote travels, programs such as this are the exception rather than the rule, despite being widely recognised as a most effective way of providing childcare.

Victoria's Office for Children and Early Childhood Development has recently produced an evaluation of Victorian children's centres (an integrated model). It has produced a set of best practice principles, among which are the following:

- *Centres seek to integrate traditional forms of child care and kindergarten practices into a seamless early care and learning approach.*
- *Programs and services are based upon the needs and priorities of families and communities.*
- *Families have available to them a range of support and intervention programs and services, including parental programs.*
- *Centres provide a range of opportunities for families to meet other families, and promote the development of social networks.³⁵*

Once again, an Office of Early Childhood could play an important role in developing plans for the function and roll-out of centres such as this, using these best practice principles, as part of the broader State plan for early childhood.

6.6 A public health model

It is important that any plan for early childhood in Western Australia is underpinned by the principle of universal access, with particular attention to children in need of special support.

A universal access approach is critical because the majority of children who are developmentally vulnerable are not in the most disadvantaged socio-economic segment of society (this is explained further below). Targeting services solely to disadvantaged areas, therefore, results in huge numbers of children with high needs being left without services.

It is similarly important, however, to ensure that relevant targeted services are in place to meet the needs of parents and children who are particularly at-risk.

³⁴ Tunstill., et al, cited in *Evaluation of Victorian children's centres: Literature review*, Victorian Department of Education and Early Childhood Development, 2008, p24

³⁵ *Evaluation of Victorian children's centres: Literature review*, Victorian Department of Education and Early Childhood Development, 2008, p24

This public health model is a concept that has application across a range of disciplines, including education, health and welfare. As a model, it spans the service continuum from wellbeing promotion, through prevention, to therapeutic intervention:

- Universal (or primary) strategies target whole communities promoting wellness and mitigating social factors which may contribute to the development of problems.
- Secondary strategies target families and individuals who are identified as being at risk.
- Tertiary strategies target families and individuals in which problems are already occurring and remedial or therapeutic services are required.

There are a number of reasons why the public health model has positive outcomes at a population level. Simply put these include the following:

- Even though the *incidence* of a problem may be highest in a specific group, the actual number of people in that group may be very low and therefore the number of people with the problem will also be low. The actual number of people with the problem may be much higher in the (much bigger) general population, even though the *incidence of occurrence* is much lower. In tackling a specific problem, the public health model has the capacity to intervene early and preventively with a person who has the identified problem, whether or not they fall within an identified high risk group.
- The public health model builds positive resources across the community, mitigating risk in vulnerable groups, and thereby reducing the need for secondary and tertiary services.
- In the consideration of wellness more broadly, the public health model also works by improving outcomes for individuals by improving the status of the community in which they live. The evidence is that low risk individuals experience poorer outcomes than a community of 'peers' when they live in high risk communities. Likewise, a high risk individual will experience better outcomes than a community of peers when they live in a low risk environment. Environment counts, and the public health model works to improve not only the broad environmental context of service delivery, but also the outcomes for individuals with particular needs.

Box 4: Universal and targeted – an example

Using maternal health nurses as an example, universal contact (that is, a home visit by a nurse soon after birth for every child) enables early identification of family and child development issues, leading to the possibility of earlier intervention and problem prevention. A targeted service, such as that offered under the South Australian *Family Home Visiting Service* offers more intensive care and support for parents who are considered to be more at-risk, for example:

- Mother is less than 20 years of age
- Infant is identified as being of Aboriginal or Torres Strait Islander descent
- Mother is socially isolated
- Mother expresses poor attribution towards her infant.
- Current or past treatment for a mental health issue
- Drug and alcohol related issues
- Domestic violence currently impacting on parenting
- Previous intervention from welfare services
- Child born with congenital abnormalities
- Concern on the part of the assessing nurse.

These parents are then offered 34 visits over the first 2 years of the child's life. This model is based on the building of a relationship between the nurse home visitor and the family, and on the development of the infant and the parent-infant relationship. Flexibility is embedded in the program so that it suits the family and follows the parent's lead, addressing the issues they raise. The universal service is important in this context because only by visiting everyone will nurses be able to identify those parents who might then need a more targeted service.

Source: South Australian Children, Youth and Women's Health Service, 'Family Home Visiting: Service Outline', 2005, pp15-19

The significant disadvantage that continues to be faced by Western Australian Aboriginal and Torres Strait Islander children and young people is of great concern to me and will continue to be a primary focus for my Office (see Box 5³⁶). I believe that any plan for early childhood must pay particular attention to addressing the needs of Aboriginal children and their parents. With only 5 Aboriginal child health nurses in the whole of Western Australia (2 of whom are in regional areas), and the contact Aboriginal parents and their children have with a nurse falling away dramatically in the critical first 18 months,³⁷ there is a need to boost funding for child health nurse services urgently, to meet the needs of every newborn Aboriginal child in WA, and for a particular focus to be on training and employment of Aboriginal people for these roles.

Given the multiple impediments to facility-based care following childbirth, including the costs or difficulties in arranging transportation and accommodation for family members, outreach visits can have a vital part in post-natal care, irrespective of where the birth took place.³⁸

³⁶ i) Snowball, L, "Diversion of Indigenous Juvenile Offenders", in Trends & Issues in Crime and Criminal Justice, No.355, Australian Institute of Criminology, June 2008, p1 ii) Australian Institute of Health and Welfare, *Child Protection Australia 2007/08*, Child Welfare Series No 45, 2009, p63 iii) Australian Government, *National Assessment Program Literacy and Numeracy (NAPLAN): Achievement in Reading, Writing, Language Conventions and Numeracy*, 2008 iv) Australian Institute of Health and Welfare, *Aboriginal and Torres Strait Islander Health Performance Framework 2008 report: detailed analysis*. Cat. No. IHW 22, 2008. v) Australian Research Alliance for Children and Youth, *Report Card: The Wellbeing of Young Australians*, 2008, p4 vi) Ibid.

³⁷ Information provided to the Commissioner for Children and Young People from Department of Health, correspondence received 20 August 2008.

³⁸ UNICEF, *The State of the World's Children 2009: Maternal and Newborn Health*, United Nations Children Fund, 2009, p14

This is a practical and immediate way of helping to improve Aboriginal people's health and education and begin to close the gaps in these areas compared to other Australians.³⁹ Early intervention is proven to be effective in improving outcomes for Aboriginal children.

I fully support the Australian Prime Minister's and the Western Australian Premier's commitment to 'close the gap' between Aboriginal Torres Strait Islander people and wider Australia, beginning "with the little children",⁴⁰ and I will be encouraging all government and non-government agencies to build on evidence-based successes to move Aboriginal children into a future of equality, hope and dignity.

Box 5: Aboriginal disadvantage

Western Australia

- i) 75% of young people in juvenile detention are Aboriginal.
- ii) 42% of children in out of home care are Aboriginal.
- iii) In WA schools, in every year and every area tested, Aboriginal student achievement is significantly lower than non-Aboriginal student achievement.
- iv) Aboriginal infants die at around three times the rate of non-Aboriginal infants.

Australia

- v) Aboriginal Australian children rank 23rd out of 24 OECD countries in the area of mental health.
- vi) Aboriginal Australian babies have the lowest birth weight in the OECD.

As I have indicated above these challenges cannot be met by one agency alone and we must develop different and new service delivery models if we are to achieve improved outcomes for Aboriginal children. The Productivity Commission, in its *Overcoming Indigenous Disadvantage Report*, provides some guidance on new approaches and 'things that work', citing the four common success factors as:

- *Cooperative approaches between Indigenous people and government (and the private sector)*
- *Community involvement in program design and decision-making—a 'bottom-up' rather than 'top-down' approach*
- *Good governance*
- *On-going government support (including human, financial and physical resources).*⁴¹

6.7 Improved Collaboration

As outlined above, I am strongly of the view that we require new models of collaboration and service delivery if we are to deliver practical outcomes for children and their families. I believe that a significant step forward would be to develop an Office for Early Childhood that would integrate services and view the child and family more holistically than they are viewed presently.

³⁹ Press release 'More maternal health nurses needed to boost Aboriginal people's health', Commissioner for Children and Young People WA, 13 February 2009

⁴⁰ Prime Minister Kevin Rudd's Apology to Australia's Indigenous Peoples, http://www.aph.gov.au/house/Rudd_Speech.pdf , 13 February 2008.

⁴¹ Steering Committee for the Review of Government Service Provision, *Overcoming Indigenous Disadvantage: Key Indicators 2007*, Productivity Commission, 2007, p10.

In addition, however I am of the view that there needs to be more systemic change – new ways of thinking around encouraging collaboration and collapsing false barriers. In my recent submission to the Western Australian Government's Economic Audit Committee⁴² I suggested that a modified approach to budget applications and funding provision is necessary in order to provide incentives and rewards for sustainable, effective cross-agency collaboration. Acknowledging that they required scoping and examination, I suggested exploration of the following options:

- Examining ways to provide funding to 'issues' rather than to departments – for example the issue of improving Aboriginal education outcomes involves a number of agencies and it may not be the most effective strategy to ring-fence funding solely to the Department for Education and Training.
- Encouraging the Department of Treasury and Finance to prioritise combined budget bids and give them preferential status – this might stimulate agencies to work together more regularly and effectively in order to secure funding for projects that cross agency boundaries.
- Requiring that Departments provide combined reports/updates on collaborative projects to Ministers – this might strengthen cross-government ownership issues.
- Exploring whether Directors General could have an element of their performance agreements associated with demonstrating outcomes achieved as a consequence of collaboration – this was also a recommendation of the recent Special Commission of Inquiry into Child Protection Services in New South Wales.⁴³

6.8 Monitoring and reporting mechanisms

In Western Australia, despite the myriad services and programs available, there is currently no systemic way of determining whether the financial investments are having the desired impact of improving specific outcomes for children and young people (in areas such as education, health, housing, recreation, the built environment, transport, cultural identity, safety and protection).

As mentioned in the quote from the Committee on the Convention on the Rights of the Child at the beginning of this submission, a monitoring framework is an integral part of an effective early childhood agenda. This is supported by the OECD which notes that:

Examples of necessary governance structures [for effective early childhood education and care] are: strong policy units with wide expertise; a data collection and monitoring office; an evaluation agency; a training authority; an inspection or pedagogical advisory corps, etc... Strong investment in research, data collection and monitoring is needed to ensure well-informed policy making, system reform and the development of a comprehensive provision structure.⁴⁴

I have recently submitted to the Department for Treasury and Finance for the development of a Western Australian Outcomes Report for Children and Young People. This would provide the State's inaugural, systematic approach to gathering data on

⁴² Can be found at: http://www.cyp.wa.gov.au/Files/submission_Economic_Audit_Committee.pdf

⁴³ Recommendation 24.2: "Each human services and justice agency CEO should have, as part of his or her performance agreement, a provision obliging performance in ensuring interagency collaboration in child protection matters and providing for measurement of that performance", *Special Commission of Inquiry into Child Protection Services in New South Wales* (the Wood Inquiry), 2008.

⁴⁴ *Starting Strong II: Early Childhood Education and Care*, OECD, 2006, p16

specific outcomes for children and young people and would enable the State Government to determine where it should direct its limited resources to obtain the most effect.

Once again, Victoria provides a useful model in this area, reporting on the outcomes for children and young people every two years.⁴⁵ Victoria's *The State of Victoria's Children* is a statewide report on 35 outcomes, produced in regular cycles. Victoria also produces *A catalogue of evidence-based interventions* that informs the development of effective service delivery to improve the outcomes for children.

The Victorian experience shows that this system enables governments to plan and monitor the impact of its investments and to target these investments to the outcomes that are most important and to the people who need them most.

Another valuable monitoring tool is the Australian Early Development Index (AEDI). The AEDI is a measure of young children's development based on the scores from a teacher-completed checklist in the first year of school. The AEDI checklist measures five domains of child development:

- physical health and wellbeing;
- social competence;
- emotional maturity;
- language and cognitive skills; and
- communication skills and general knowledge.

The AEDI is being rolled out nationally with the purpose of measuring the health and development of populations of children to help communities assess how well they are doing in supporting young children and their families. This is done by identifying the numbers of children who are at a level which indicates 'vulnerability' or 'progressing well' in each of the domains. The AEDI can also be used to monitor changes and provide an evidence base for actions in a community over time.

As a result of the AEDI, a number of remediation programs have been initiated in various locations. It is strongly recommended that the State undertake high level planning about how the AEDI results can be used once it is available across the State. As with all data collection and monitoring tools, there is a risk that it could become an 'end in itself'—but the usefulness of the AEDI in targeting areas of need and monitoring effectiveness of interventions is such that it should become a fundamental tool in early years policy and planning.

7. Conclusion

We know more than we ever have about the importance of a child's early experiences in shaping his/her cognitive, physical, social and emotional skills. We know that providing optimum experiences in these early years is the best way to facilitate a harmonious and productive adult life. We have the economic modelling to prove that investing in the early years saves money in the long term, and that investing earlier is more effective than

⁴⁵ Reported in: *The State of Victoria's Young People: A report on how Victorian young people aged 12-24 are faring* (<http://www.eduweb.vic.gov.au/edulibrary/public/govrel/Policy/children/sovcreport07.pdf>)

investing later. Yet there continues to be too large a gap between what we know and what we do.⁴⁶

The push from COAG, coupled with the vast amount of research on early childhood, means that Western Australia has a rare and valuable opportunity to join the Federal and global agenda to improve early childhood services. The current economic climate calls for sensible, sustainable investment—and the early years is unarguably such an investment.

When we invest wisely in children and families, the next generation will pay that back through a lifetime of productivity and responsible citizenship.⁴⁷

It is my view that the best way for this process to begin is to develop an Office of Early Childhood and establish a Western Australian plan for Early Childhood. These two elements will provide the structure and the framework for future direction in this area of critical need.

⁴⁶ *The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do*, National Scientific Council on the Developing Child, Centre on the Developing Child, Harvard University, 2007

⁴⁷ *Ibid*, p1