

Standing Committee on Social Issues

Foundations for Learning: A new vision for New South Wales?

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Terms of Reference

That the Standing Committee on Social Issues inquire into and report on early intervention into learning difficulties during the early childhood years (ages 0-8), including the following:

- The appropriate role of parents, government departments, non-government agencies and educational organisations in the development, delivery and evaluation of early intervention programs.
- The adequacy of roles and responsibilities and interagency cooperation around early intervention programs for learning difficulties in NSW.
- The ways in which early intervention practice in NSW might be informed by practice in other States of Australia and overseas, including evidence of the impact of early intervention on child protection, juvenile justice and intensive education programs.
- Research into world's best practice in developing effective strategies to increase awareness and responsibility for assisting families in parenting skills, identifying learning difficulties and early intervention.
- Maximising the effectiveness of assessment and early identification in ensuring improved learning outcomes from schooling for children experiencing learning difficulties.
- Support available to families and communities to enable them to be better able to assist their children with learning difficulties.
- Any other relevant matters.

The primary emphasis of the Inquiry is on the evaluation and development of programs for children with learning difficulties who with appropriate early intervention would be able to achieve age appropriate outcomes throughout their schooling.

These terms of reference were referred to the Committee by The Hon John Aquilina MP, Minister for Education and Training, 4 August 2000.

Committee Membership

Jan Burnswoods MLC Australian Labor Party Chair

The Hon Doug Moppett MLC National Party Deputy Chair

The Hon Dr Arthur Chesterfield-Evans MLC Australian Democrats Member

The Hon Amanda Fazio MLC Australian Labor Party Member

The Hon Ian West MLC Australian Labor Party Member

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Chair's Foreword

What is learnt in the cradle lasts to the tomb.

As this old French proverb shows, recent breakthroughs in neuroscience provide hard evidence for what people have known instinctively for centuries: a child's early learning experiences shapes their entire life course.

But what recent research also conclusively shows is how important effective learning is to the social and economic functioning of our society. The most frequently cited evidence of this is the US Rand Corporation's estimate that \$7 is saved to the community for every \$1 invested in early childhood programs. There is every reason to believe that Australian research would reveal similar findings and every reason in the world to do as much as we can, as early as we can, to prevent, identify and assist children with learning difficulties.

To date our inquiry has revealed a broad consensus that the structures and systems to assist children's learning in NSW are not doing as well as they could. However, people are less clear about the best way to make the systems work better. Many argue that nothing less than a radical overhaul of children's services will fix the problems while others feel that enhanced funding and better co-ordination of services would make a big difference. While we have sought to identify specific solutions to the problems confronted by children with learning difficulties, these issues cannot be looked at in isolation from the 'bigger picture' of children's services in this State.

The Issues Paper is our invitation to help us to construct better foundations for learning for our youngest citizens. The Paper is not a comprehensive analysis of all of the matters raised during the inquiry, but highlights what participants see as the most pressing concerns. It may be that specific questions are not raised about a particular issue of concern to you. If so, please do not hesitate to mention these in your response.

Thank you for your participation so far and we look forward to your contribution to this next, crucial stage of the inquiry.

Jan Burnswoods MLC

Chair

Chapter 1 Introduction to the Issues

In August 2000, the Minister for Education and Training asked the Social Issues Committee to inquire into early intervention into learning difficulties during the early childhood years (0-8 years).¹ The terms of reference require the Committee to prevent, identify and manage learning difficulties in young children. This includes looking at how to support parents and communities to facilitate children's learning and to enhance interagency co-operation around relevant early intervention programs in New South Wales. This chapter describes the children who are the primary focus of the inquiry and summarises the key concerns raised by participants in evidence and submissions. It also includes a brief discussion of the significance of learning difficulties to families and communities in NSW.

The impact of learning difficulties

1.1 An important backdrop to this inquiry is a growing recognition of the significance of a child's first few years on their subsequent health and development, as well as the long-term social and economic benefits of addressing children's problems early. A recent report to the US Government, *From Neurons to Neighbourhoods*, and the Canadian *Early Years Study* argue that supporting families while children are young is much cheaper and more effective than trying to address a range of social and economic problems such as drug abuse and delinquency later on. Similar conclusions were reached by a recent Australian report on the link between early intervention and crime, *Pathways to Prevention*, as well as a discussion paper by the CEOs of Australian education systems which concluded:

If the opportunities to promote children's learning and development at this age are lost, later remediation may be more expensive and possibly less effective.²

1.2 These reports provide a compelling rationale for investment in the early years by both the government and non-government sector. Just as powerful, however, are the personal accounts of frustration and anxiety provided by parents and professionals during the inquiry. We heard about happy, sociable children who start off loving school and end up hating it, about children who are mad about books but cannot read, about bright children who see themselves as failures at a very tender age. There are children like 'Nicki', who has to do twice as much work to achieve half the results of her peers. And, as if things were not hard enough, parents often feel blamed for their child's predicament and that they have to be 'ten times better than other parents'.

1.3 We also heard about children who do not grow up in the loving and consistent environment every child needs to flourish. None of us will forget 'Ben'³, the four-year-old who lacked the mouth muscles necessary for speech because he had been almost exclusively fed through a bottle. His mother, struggling on her own and battling a drug

¹ The terms of reference are included at page iv

² Council of Education Systems Chief Executive Officers (CESCEO), *A way forward in early childhood education and care in Australia*, Draft Discussion Paper. October 2000, p.10

³ Ben and Nicki's accounts are included in the Executive Summary

problem, was either unable or unaware of how to give her son a better start to life, let alone learning.

- 1.4** Nicki and Ben and the accounts of countless other infants and children heard during the course of our inquiry vividly demonstrate the heartbreak and despair that often accompanies learning problems. Taken with the ‘hard facts’ generated by neuroscientific research and social science, the importance of our inquiry cannot be overstated.

The Inquiry Focus

- 1.5** The term ‘learning difficulties’ is generally used to describe children who have problems with literacy and numeracy learning.⁴ These difficulties may be caused by factors related to a particular child, such as an intellectual, visual or hearing impairment. They may also stem from the child’s environment. Some of these factors are a lack of stimulation at home, neglect, poor quality teaching, and because the child’s home language is different to the language used at school. In many cases, the difficulties stem from a combination of individual and environmental factors.
- 1.6** Children below school age are rarely described as having learning difficulties. In many cases it is not until a child starts school that difficulties become apparent. In addition, the term is perceived as unduly negative by most people trained in early childhood education.⁵ Nevertheless, many inquiry participants told us that the ‘risk factors’ for learning difficulties, such as language delay can be identified in the prior-to-school years and that if intervention occurs early enough, the development of later learning problems may be prevented.⁶ They suggested that given the compelling evidence on the impact of environmental factors on early brain development, reducing the risk factors for learning problems in the early years should be a major focus of the inquiry.
- 1.7** The primary target group for our inquiry are children who have or who are likely to experience learning problems but **do not** have a diagnosed physical or intellectual disability. Generally speaking, these children would be expected to achieve ‘age-appropriate outcomes’ if they receive appropriate early intervention.
- 1.8** Children with learning difficulties are clearly not an homogeneous group. The reasons for their difficulties may be intrinsic, extrinsic or a combination of both factors. Some children’s problems are mild and amenable to brief intervention and others may require more intensive support. Learning problems may or may not be accompanied by behavioural difficulties and may or may not require support for both the child and the

⁴ The NSW Department of Education and Training estimates that between 12 and 16 per cent of children in the early years of school have special learning needs. Submission 18

⁵ Wangmann evidence, 12 April 2001

⁶ The Committee is not aware of any estimates of the prevalence of learning difficulties in children before school age

family. The challenge of this inquiry is to find ways to cater for the diversity of children who, for whatever reason, struggle to learn.

Key challenges for children with learning difficulties

...I rang the Polyclinic...I was told there were 80 children on the waiting list – approximately six months until (my son) could be seen. I urgently explained the 18 months it took the pre-school to refer him...the fact that he would be starting Kindergarten in five months – surely we could have some priority...she sympathised with my situation and offered to post out a list of private Occupational Therapists.⁷

- 1.9** This quote from a mother highlights two of the most pressing problems identified by participants in this inquiry: the fragmented nature of early childhood services, and the lack of specific provision for children whose learning difficulties do not stem from a diagnosed intellectual or physical disability.

Lack of Co-ordination in the Early Childhood Sector

- 1.10** Time and again the Committee was told that the unco-ordinated nature of early childhood services in NSW is a major barrier to helping children with learning problems. Three levels of government, four separate agencies within the NSW Government, as well as numerous non-government organisations, are responsible for children's services in this State, each with their own policy objectives, planning processes and funding criteria. This complex mix creates confusion and frustration for parents and service providers.
- 1.11** Parents provided moving accounts of having to negotiate a time and energy-consuming 'merry-go-round' of agencies and therapists while being frequently reminded that intervention should happen as early as possible. Early childhood services told us about the administrative nightmares created by trying to meet the multiple accountability requirements required by different levels of government. Academics noted the lack of reliable and comparative statistical data on early childhood services in Australia.⁸
- 1.12** The fragmented nature of early childhood services reflects and perpetuates an old-fashioned understanding of children's development which places their needs into discrete boxes: a box for health, a box for learning and a box for caring. Current thinking in the field of child development rejects this tendency to compartmentalise children's needs and advocates the development of new structures and systems which encourage collaboration between all of the 'boxes':

In days past, health services were about weighing and screening young children and talking to their mothers; preschools were about teachers helping young children learn about their world, and child care was an expensive form of baby sitting...New structures are clearly needed which bring together not only the government organisations responsible for services for children and families, but

⁷ Submission 87

⁸ This issue is discussed in Chapter Nine: *Finding Solutions*

the non-government organisations and volunteers who have a role in strengthening family and neighbourhood life.⁹

Lack of specific provision for children with learning difficulties

1.13 A second, fundamental problem confronting children with learning difficulties is that their needs are invariably seen as a lower priority than children with a diagnosed disability or more 'serious' problems. As a result, very few programs or services are specifically designed to assist such children, who often find themselves at the bottom of waiting lists for a range of services largely intended to help those with more obvious needs. The situation in rural and remote areas is even more problematic.

1.14 There is a need to ensure that children without a diagnosed disability or whose needs are not considered to be as great as others, are not left behind. There is a general expectation that where funding is limited:

We always allocate resources to those in greatest need. That will always be the case.¹⁰

1.15 Even if significant improvements were made to the co-ordination of early childhood services in this State, children with potential or actual learning difficulties would continue to 'fall through the cracks' unless their needs are specifically catered for. The challenge is to effectively cater for such a diverse target group as children with learning difficulties, and to successfully reach those who may be at risk of developing learning problems.

1.16 Building a more cohesive early childhood services sector which addresses the issue of fragmentation, as well as ensuring adequate funds are directed towards children with learning difficulties, are the two key systemic issues dealt with in the final chapter of this paper: *Finding Solutions*.

Conclusion

1.17 The Committee hopes that the responses to this Issues Paper will help integrate what is known about the importance of the early years and its translation into effective policy and practice. Governments should be encouraged to address the disparity between knowledge about the importance of the early years and the actual investment in these years. It is not simply a matter of spending more money, but spending the funds that are already allocated more wisely.

1.18 We acknowledge that a multiplicity of factors contribute to learning problems, as the breadth of issues dealt with in this paper shows. At the same time, we are keen to seek specific and workable solutions to the problems facing children with identified learning problems.

⁹ G. Vimpani, The first three years – setting a course for life, *Childrenz Issues*, Vol 3, No.2 p.11

¹⁰ Smyth King evidence, DET, 20 February 2001

- 1.19** Finally, in seeking to enhance the learning potential of all children in this State, we do not presume that everyone is born with the same abilities and talents: such a view does not assist those children who struggle daily with what seems effortless to others. But as we have heard on countless occasions, providing children with the right intervention at the right time can have a major impact on their ability to learn and to participate in a society in which being able to read and write means so very much.

Chapter 2 Early Childhood Health Services

This chapter is primarily concerned with the role of Early Childhood Health Services (ECHS)¹¹ in the prevention, identification and management of risk factors for learning difficulties in infants. ECHSs are a universal and valuable point of contact for information and support to parents about their child's health and development.¹² However evidence to the inquiry suggests that the potential of these services to assist children with learning difficulties is not being fully realised and that their current role and function should be reviewed.

Key question: Should the role and structure of Early Childhood Health Services be reviewed as a part of a broader examination of early childhood services in NSW?

Early identification of learning problems

- 2.1** When a baby is born in a NSW public hospital,¹³ the midwife completes a form with details of the birth and family particulars. If the parents consent, this information is sent to their local ECHS and they are encouraged to attend the nearest centre or their local doctor within three weeks of the birth and at regular intervals until school age. In areas where home visiting operates, the mother's first contact with the nurse may be in her home.
- 2.2** Parents receive a copy of their child's personal health record (the Blue Book) which can be used to record significant milestones in their child's health and development, noted during their visits to the ECHS or doctor. ECHS are staffed by child and family health nurses, some of whom have specialist post-registration qualifications.
- 2.3** General Practitioners are often the 'first port of call' for families seeking help or advice about their child's development. However some submissions and witnesses expressed concern about doctors' ability to assist such families:
- Unfortunately referral to other services by General Practitioners often does not occur.¹⁴
- 2.4** The Committee was told that some GPs' disinclination to refer children to appropriate services may reflect their limited understanding of the importance of early intervention services in the identification and treatment of learning difficulties.¹⁵

¹¹ Early Childhood Health Services are often fondly remembered by their former title, 'baby health centres'

¹² Submission 104, NSW Health

¹³ Some private hospitals provide discharge information to mothers and do not send it directly to the nearest ECHS

¹⁴ Submission 79, New England Area ECICP

¹⁵ *ibid*

Comments and questions

- 2.5** Despite their potentially important role in assisting children and families with learning problems, the Committee received very little input from general practitioners and is therefore interested in hearing from doctors and their representative bodies.¹⁶

Question 1

Do General Practitioners have adequate skills and/or training to identify and assist children with potential or actual learning difficulties?

Question 2

Do General Practitioners fulfil a role in identifying children with learning difficulties and regularly refer them to the appropriate services? If not, why not?

Universal screening for potential learning problems

- 2.6** A small number of witnesses recommended some form of mass screening of very young children for the early identification of potential learning problems. Advocates believe it is an extremely useful way to 'capture' all children on at least one occasion before they reach school. However, most witnesses were opposed to universal screening. Professor Alan Hayes from Macquarie University said that developmental screening tests are not sufficiently sensitive or specific and therefore produce too many 'false positive' and 'false negative' results.¹⁷ Both KU and SDN Children's Services oppose state-wide screening for all children in the years before school, arguing that the results of this approach in the USA have proved unreliable.¹⁸ Dr Molly de Lemos drew attention to the significant opportunity costs of universal screening:

The argument is that resources should be directed more towards the continuous monitoring of children's progress and the provision of services when needed, rather than expensive programs aimed at early identification of children who may or may not subsequently develop a learning difficulty.¹⁹

- 2.7** The Committee understands that a review of the Child Health Screening and Surveillance Guidelines being undertaken by the Centre for Community Child Health in Victoria for the National Health and Medical Research Council will recommend against mass screening of children for various conditions, including behavioural and developmental problems.

¹⁶ A submission was received from the Paediatrics and Child Health Division, The Royal Australian College of Physicians, Submission 93

¹⁷ Hayes evidence, 20 February 2001

¹⁸ Submissions 56 and 50

¹⁹ de Lemos evidence, 20 March 2001

According to one of the authors of the review, common indicators of actual or potential learning difficulties are not amenable to screening:

For many conditions in childhood where early support is likely to be of benefit – development, language, behaviour, family psychosocial issues – their very nature is such that there will never be a suitable screening test. These are complex, multidimensional areas that are not appropriate to categorise into pass/fail on the basis of a test.²⁰

Working with parents

- 2.8** Eliciting and evaluating parental involvement is increasingly seen as a critical tool in identifying health and developmental concerns in children, and a more reliable way to detect problems than screening. This need for health professionals to work in partnership with parents is at the core of most innovative child health programs in this country and overseas, including the NSW government's *Families First* strategy and in particular, home visiting. Home visiting is increasingly being adopted as a way of delivering early child health services in NSW and provides an opportunity for new mothers to be visited by a midwife or child and family health nurse, in their own home. Overseas studies demonstrate that home visiting can lead to significant improvements in children's socialisation, health and behaviour. Dr Elisabeth Murphy, Clinical Consultant, Primary Health and Community Care Branch, NSW Health, told the Committee that home visiting is very different from what was traditionally provided in the early childhood health centre:

We are putting in a new service and it is an enabling service. It has been described as a coaching or mentoring relationship between the professional and the parent...²¹

The role of ECHS in assisting children with learning problems

- 2.9** The following section discusses some of the concerns raised by inquiry participants regarding the capacity of ECHS to assist children with learning difficulties and their families.

Contact with early childhood health services is voluntary

- 2.10** Several individuals and agencies expressed concern about the extent to which families in NSW, especially 'at risk' families, make contact with an ECHS. As stated above, public hospitals in NSW are not legally required to notify the nearest ECHS when a baby is born.

²⁰ Centre for Community Child Health, *Child health Screening and Surveillance Guidelines*, Paper prepared for the National Health and Medical Research Council, 2001

²¹ Murphy evidence, NSW Health, 5 July 2001

This situation contrasts with Victoria, where all births must be notified to the relevant municipality and the local maternal and child health nurse makes contact with each family.²²

2.11 According to Ms Lindy Danvers, a member of the Child and Family Health Nurses Association of NSW (CAFHNA), mandatory notification in NSW could provide the opportunity for all families to be followed up and offered appropriate services:

Those clients who are less likely to attend and yet are the most at risk are those that may be reluctant to have their information provided to early childhood health services.²³

2.12 Comparative figures indicate that the Victorian approach is more successful in maximising contact and follow-up with ECHSs, at least in the first few months of a baby's life. Only three Area Health Services in NSW collect this data and in those, between 75-80% of families attend the clinic within three weeks of birth. In Victoria in 1999-2000, almost 98% of families enrolled in their nearest child and maternal health centre and 94% were visited in their home by a maternal and child health nurse soon after the birth.²⁴

2.13 NSW Health told the Committee that it does not view contact with an ECHS necessarily as evidence of best practice. Dr Murphy said it is more important that the families most in need receive appropriate services, than for experienced mothers to regularly attend a centre.

So it is not so much that the family will attend our centre; it will be that we will be attending the family in their home or wherever they are. That is the direction of *Families First*...²⁵

2.14 In addition to having a system of mandatory notification, statistics regarding the number of children seen by an early childhood service are collected by every municipality and collated on a statewide basis in Victoria.²⁶ As Lindy Danvers pointed out, these statistics provide an invaluable source of planning data which,

... enables services to identify groups that may require different service strategies, measure the success of certain interventions, define client load, assess access issues and allocate resources and services where appropriate.²⁷

²² s. 160(2)(b)(i) Health Act 1958 (Vic); s.23 Health Acts (Amendment) Act 1995 (Vic). In Victoria Early Childhood Health Centres are managed by local government

²³ Written answers to questions, Tabled by L Danvers, 2 August 2001

²⁴ Maternal and Child Health, *1999-2000 Annual Data Summary*, Department of Human Services, Victoria, 2000

²⁵ Murphy evidence NSW Health, 5 July 2001

²⁶ Community Child Health Unit, Primary Care Division, Department of Health and Community Services, *Maternal and Child Health Service Program Standards*, undated, Standards, p.1

²⁷ Written answers to questions, Tabled by L Danvers, 2 August 2001

- 2.15** The Committee understands that NSW Health is currently developing a Community Health Information System and that 'an agreed minimum child health data set will be an essential component of the system'.²⁸ However, the Department has not yet clarified whether the minimum data set will include information about contacts between new parents and early childhood health services.

Comments and questions

- 2.16** The Committee seeks comment on whether it would be appropriate to introduce a statutory requirement for notification and contact with a child and family health nurse in NSW as a way of ensuring early and preventative supports for children at risk of learning difficulties. We also seek clarification on whether the data collected as a part of the Community Health Information System should include information about contact between new parents and early childhood health centres.
-

Question 3

Should public and private hospitals in NSW be legally required to notify the relevant early childhood health service of all new births?

Question 4

Should nurses be legally required to contact or visit the families of all new babies?

Question 5

What other initiatives could be employed in NSW to maximise contact between families and local early childhood health services soon after the birth of their baby?

Question 6

Should data on levels of contact with early childhood health services, including participation in home visits, be collected as part of the Community Health Information System? If not, why not?

Specialist qualifications and training

- 2.17** In NSW, nurses who work with children and families may undertake post-graduate training in child and family health nursing. However, post-graduate qualifications are not always required. Each Area Health Service is responsible for defining the appropriate educational level for the nurses it employs to deliver a child and family health service. This decision is based on whether the AHS offers a 'generalist' service which caters for all ages, or a 'specialist' child health service, in which case they are more likely to require additional qualifications. The proportion of nurses working with children and families who do not

²⁸ NSW Health, *The Start of Good Health, Improving the Health of Children in NSW*, NSW Health Department 1999, p.39

have specialist qualifications is not known, but according to Ms Danvers, it is likely that a large proportion work in rural and regional areas where generalist services are more common.²⁹ The Child and Family Health Nurses Association believes that specialist qualifications should be required in NSW:

The Association considers child and family health to be a specialist area of nursing practice requiring advanced nursing skills...rigorous preparation and continuing professional development are considered essential.³⁰

2.18 It could be argued that specialist qualifications are even more important given the greater emphasis on the provision of psycho-social support by nurses in innovative programs such as home visiting. Lindy Danvers told the Committee that, while nursing education institutions have successfully incorporated many of the ideas of *Families First* into their new curriculum, qualified nurses need to be exposed to the new models:

Some nurses currently in practice may require additional training in the wider perspective of family and social functioning, assessment and management within the home setting.³¹

2.19 Dr Elisabeth Murphy said the Department was currently considering the potential training requirements for home visits which she believed would be 'significant'.³²

Comment and questions

2.20 Nurses who work with children and families require special skills. As the Department states in its child health policy:

Providing quality services to children requires a workforce with a level of knowledge and expertise specific to the discipline of child health...Therefore medical, allied health and nursing staff employed to work with children should be encouraged and supported to obtain specific qualifications and expertise in the discipline of child health.³³

2.21 Nurses' work has been made all the more challenging and complex by the introduction of new programs such as home visiting. The Committee wishes to explore options to ensure nurses who work with children and families are able to obtain and build on specialist qualifications.

²⁹ Danvers evidence, CAFHNA, 2 August 2001

³⁰ Draft position paper on the scope of practice of the child and family health nurse, *CAFHNA Journal*, July-September 2000, p.5

³¹ Written answers to questions, Tabled by L Danvers, 2 August 2001

³² Murphy evidence, NSW Health, 5 July 2001

³³ NSW Health (1999) op.cit.

Question 7

Should nurses who primarily work with children and families be required to hold relevant specialist qualifications?

Question 8

What further training or support is required to assist child and family health nurses to 'skillfully elicit' from parents, information about their children's health and development?

Question 9

What type of support is required to assist child and family health nurses to deliver home visiting services?

Professional isolation

- 2.22** A number of witnesses emphasised the importance of adopting a multidisciplinary approach to assisting children with developmental needs. However, Ms Danvers told the Committee that child and family health nurses often feel isolated from other professionals:

These nurses work in isolation. They are autonomous. ...They make an assessment of a child in a family and they ...develop a management plan, a review process, and they implement intervention, review the intervention and then make a referral. All of this...in an environment in which they are not supported by a multidisciplinary team, and without a colleague to have any case discussion.³⁴

- 2.23** The professional isolation of nurses in rural and regional areas is even more marked with some nurses literally hundreds of kilometres from a colleague. Ms Danvers believes that, ideally, child and family health nurses would be part of a multidisciplinary community-based child and family health team which would provide professional support to nurses, by facilitating case conferencing, interagency liaison and continuity of care for clients.

Resourcing and funding of ECHSs

- 2.24** Several witnesses told the Committee that funding for ECHSs is inadequate. Many centres are only open part-time and during business hours, making access for working families difficult. The reduced involvement of local government in ECHSs in recent years has contributed to the declining standard of facilities and resources:

Many current centres are dilapidated, suffer from a lack of maintenance and certainly do not have modern facilities such as faxes, computers, cars or mobile phones....we certainly need to decrease the number of isolated, poorly repaired, half day a week centres.³⁵

³⁴ Danvers evidence, CAFHNA, 2 August 2001

³⁵ *ibid*

2.25 Access to centres is especially problematic for people in isolated rural areas. A member of the Isolated Children's Parents Association (ICPA) told the Committee that her nearest baby health clinic was sixty kilometres away, was only open part-time and visits were by appointment only:

When I had babies it was better. I could go into that centre any time with my babies and if I was prepared to line up, I could see the clinic sister then. They also had a room where you could feed your babies...Those services seem to have been cut fairly dramatically.³⁶

2.26 In Victoria the caseload for an early childhood nurse is 140, and this number is reduced if the nurse is based in an area where there is a significant number of families with risk factors, such as drug and alcohol abuse. In NSW, caseloads vary from 140 newborn families cumulatively every year to more than 250 in some areas.

2.27 Ms Danvers told the Committee that a realistic baseline service by child and family health services should be established and funded, before new programs such as home visiting are introduced:

We must first bring everyone to a standard that is agreed as a baseline service for parents and then fund additional activities.³⁷

Reviewing early childhood health services

2.28 There is an argument that we need to rethink the role and function of early childhood services, along with the various other systems and structures designed to further the health and development of earlier generations of children.³⁸ Baby health centres within 'pram-pushing distance of families',³⁹ in the middle of a park, are no longer relevant to a sizeable majority of modern families.

2.29 During the course of this inquiry, we have heard about innovative ways to deliver the types of services provided by specialist early childhood nurses which appear to overcome some of the current problems. In Canada, for example, Early Child Development and Parenting Centres deliver a variety of child and adult-oriented activities which are devised in response to local needs and are universally available. In the UK, Early Excellence Centres provide high quality integrated family services for their immediate communities, as well as acting as 'beacons of good practice' for others who wish to adopt a similar approach.

2.30 Closer to home, new ways of delivering child health services are being trialled or implemented. In Victoria, the Committee visited an early childhood centre which is 'co-located' with a pre-school and childcare centre. In some areas in the Macarthur region, public housing is being converted into community centres in which the nurse from the

³⁶ ICPA briefing, 30 July 2001

³⁷ Danvers evidence, 2 August 2001

³⁸ G. Vimpani, 'The First Three Years – Setting a Course for Life', *Childrenz Issues*, Vol 3, No 2, p.11

³⁹ *ibid*, p.11

local early childhood health centre conducts a clinic on one or two days a week. On the North Coast, the early childhood nurse attends the local supported playgroup to conduct a clinic and provide advice to parents.⁴⁰ Common to all of these examples is the attempt to integrate education, care and family support under the one roof, not just physically but conceptually as well.

- 2.31** Reviewing the role of early childhood health services should occur in the context of a broader and more coordinated vision for children's care and education. This will be discussed further in the final chapter: *Finding Solutions*.

⁴⁰ Hudson evidence, 22 March 2001

Chapter 3 Childcare and Pre-school Services

Attendance at a quality childcare service or pre-school encourages early learning and development and provides opportunities for the identification and management of learning difficulties. Research demonstrates that quality early childhood education and care (ECEC) services have particular benefits for children from disadvantaged backgrounds. This chapter considers a range of issues around the role, availability, funding and quality of ECEC services for children with or at risk of learning difficulties.

Key question: How can we ensure all children are able to access quality, early childhood education and care services in NSW?

The distinction between education and care

3.1 Early childhood education today is delivered as either centre-based care (long day care, pre-school, occasional care, mobile services) or as home-based care (family day care).⁴¹ There are a diverse range of providers, including state and local government, non-profit or community services and private-for-profit agencies. There is a longstanding distinction between childcare services and pre-schools which reflects their separate development, purpose and focus.

Most child care programs seek both to promote child development and to free parents from their child care responsibilities so they can work. In contrast, pre-school programs offer an educational program, have been designed to promote child development and improve children's readiness to succeed in school.⁴²

3.2 Childcare services operate throughout the year offering full- or part-time care to children from shortly after birth until school entry. Pre-schools operate in school terms and generally offer part-time or short day attendance to children aged three to five. Childcare centres will often be staffed by people with a range of qualifications whereas pre-school staff normally have early childhood or teaching qualifications.⁴³ Funding support for childcare services is largely provided by the Commonwealth, with the policy objectives of supporting workforce participation and reducing dependence on income support, while States are responsible for funding pre-schools in line with their responsibility for education and child welfare.

3.3 The development of two distinct service types reflects a perceived split between care and education in early childhood services. This distinction has come under increasing criticism. The 1996 Senate report *Childhood Matters* concluded that education and care cannot be

⁴¹ While this chapter focuses primarily on centre-based care, a number of issues related to family day care, such as training for staff and detection of learning difficulties, are raised later in the chapter

⁴² Hull, R. and Edsall, S, *No Small Matter: Quality Pre-schools Benefit Children and Society*, Australian Education Union, September 2001, p.5

⁴³ Press, F. and A. Hayes, *OECD Thematic Review of Early Childhood Education and Care Policy*, Commonwealth Government of Australia, 2000

separated and that 'all education should contain a care component, and that care should involve education.'⁴⁴

3.4 In NSW there is now a greater awareness and philosophical commitment to ensuring a continuum of care and education in early childhood services. The boundaries between pre-schools and long day care have blurred considerably with greater flexibility in opening hours, age of children in services, and the availability of pre-school programs. Long day care centres in NSW are therefore required to provide an educational pre-school program to children in the year prior to school entry. Associate Professor June Wangmann, Director of the Office of Childcare, advised the Committee that 97% of the pre-school aged children in NSW pre-schools and long day care centres are currently receiving an education program.

... (T)he same regulation applies for the long day care as applies for pre-schools, and both those settings are required to have an educational program, exactly the same program ... we insist that it is an educative program, that it is not just child minding, otherwise they would be in breach of our regulations.⁴⁵

3.5 The regulation and delivery of ECEC services is notoriously complex. The complexity arises from the involvement of multiple operators in the sector, including each of the three levels of government, private providers and the community sector. The legacy of the care and education split in the development of pre-schools and childcare further contributes to this complexity.

Benefits of childcare and pre-schools

3.6 Many parents decide not to send their child to an ECEC service before school and most are not disadvantaged by this. However, research has shown that participation in quality ECEC services can improve educational and social outcomes for many children and these improvements may be particularly marked for children from disadvantaged or socially isolated families. These services are also recognised as a highly cost-effective form of early intervention.

3.7 Participation in a quality early childhood education and care service can promote early learning by:

- establishing a basic foundation for learning – especially in families where there are limited opportunities for learning in the home environment
- providing an opportunity to identify and manage learning, developmental and/or behavioural difficulties and make appropriate referrals if required
- creating connections between families and early childhood services so that they have opportunities to become involved in and supportive of their child's learning

⁴⁴ Senate Employment, Education and Training References' Committee, *Childhood Matters. The report on the inquiry into early childhood education*, July 1996, p.4

⁴⁵ Wangmann evidence, 12 April 2001

- preparing a child for the school environment and developing the social and emotional maturity that increases their chance of a successful school entry.⁴⁶

3.8 The research shows that such services are particularly important for children from disadvantaged families. Long-term benefits of participation in ECEC services include:

- improved school performance, including higher levels of school completion, better grades and increased participation in tertiary study
- improved social outcomes including less involvement in the criminal justice system and lower rates of teenage pregnancy and drug abuse
- increased employment and higher average earnings.⁴⁷

3.9 These benefits will only arise through participation in *quality* ECEC services that promote development in appropriate ways such as play based learning. Participation in poor quality services may have a detrimental effect on early child development, delivering worse outcomes than no participation in ECEC services.

Access to early childhood education and care services

3.10 We have been told that a disproportionate number of children in socially disadvantaged families are currently unable to access ECEC services due to financial, linguistic, social or geographical constraints. This is consistent with the findings of other inquiries such as the 1993 House of Representatives report, *The Literacy Challenge*, which noted that ‘children most in need of pre-school are the ones least likely to attend.’⁴⁸

3.11 Approximately one-third of children in NSW of pre-school age are in families who do not access any type of early childhood service. Mr Smyth King from the Department of Education told the Committee that 67% of pre-school aged children in this State attend ECEC services, and that the challenge for our society is to

reach the other 30 per cent where the engagement of families in the first instance in this sort of process is very important ...⁴⁹

⁴⁶ Hull, R, and Edsall, S, *No Small Matter: Quality Pre-schools Benefit Children and Society*, Australian Education Union, September 2001; Boocock, Gay Oaktree quoted in O’Brien evidence, Burnside, 21 March 2001, H. Fraser, 1998, *Early Intervention: Key Issues from research*, in Submission 11; also Submission 18, Department of Education and Training

⁴⁷ Ibid

⁴⁸ House of Representatives, Standing Committee on Employment, Education and Training, *The Literacy Challenge: A Report on Strategies for Early Intervention for Literacy and Learning for Australian Children*, AGPS, Canberra 1993, p.64

⁴⁹ Smyth King evidence, 20 February 2001

- 3.12** While acknowledging that not all children with learning difficulties come from disadvantaged households, Burnside's Jonathan O'Brien noted that access is a particular problem for disadvantaged households:

The key point is that the people who are most at risk of learning difficulties have less access to the services that will help address them.⁵⁰

- 3.13** Given the benefits of ECEC services to children who may be at risk of developing learning difficulties, there is a compelling need for programs and policies that improve access to pre-school and childcare for children from disadvantaged or socially isolated backgrounds. We therefore seek comment on the most effective way to deliver targeted early childhood programs to children at risk of learning difficulties.⁵¹

Question 10

What is the best way to improve access to pre-school and/or childcare services by children from disadvantaged or socially isolated families?

Commonwealth and State arrangements for ECEC services

- 3.14** There is considerable crossover in Commonwealth-State responsibilities in the funding, administration and regulation of early childhood services. In summary, the Commonwealth funds long day care, some occasional care and family day care. The Department of Family and Community Services (FaCS) allocates some funding to staff training as well as resources for the integration of children with diagnosed disabilities. The Commonwealth monitors aspects of childcare provision through the Commonwealth Child Care Advisory Council (CCCAC) and the National Childcare Accreditation Council (NCAC). The Department of Education, Training and Youth Affairs (DETYA) plays a small role in early childhood education which includes the administration and funding of programs for pre-school education for indigenous children.
- 3.15** In NSW, the State government funds community pre-schools and provides funding for some community-based long day care centres. NSW has two pre-school programs, one operated by DET and the other by community organisations with funding from DoCS. Both are targeted programs that aim to ensure that services are available in areas of high need where cost and other factors make it difficult to access childcare and pre-school services. The Office of Child Care (OCC) within DoCS has responsibility for policy, planning, licensing and funding of pre-school and day care services in NSW.
- 3.16** The current Commonwealth and State funding, administrative and accountability arrangements are difficult and costly for providers to negotiate. Within the multiple layers

⁵⁰ O'Brien evidence, 21 March 2001

⁵¹ Pre-school programs operated by the NSW government are intended to promote access by disadvantaged families and these are discussed below

of accountability and funding, there is no specific provision for children with or at risk of learning difficulties.

Question 11

How can the complex Commonwealth and State funding arrangements for pre-school and childcare services, which have a significant impact on the ability of Early Childhood Education and Care services to support children with or at risk of learning difficulties, be simplified and improved?

Department of Education Pre-schools

- 3.17** DET originally established ‘nursery schools’ in the 1940s to provide wartime care and education for children of women working in factories. The program was expanded in the 1970s with Commonwealth funding for children with limited access to pre-school education. Currently, DET runs 79 pre-schools, 46 early intervention centres and five nursery classes, all of which are attached to government primary schools or central schools.⁵² Children are able to attend DET pre-schools free of charge.
- 3.18** Increasing affluence in some areas, such as inner city suburbs, means that some DET pre-schools are no longer located in the areas of highest need. This point was raised in 1994 by the Audit Office in its *Performance Audit Report into Children’s Services* which noted that in 1994,
- ...less than half [of DET pre-schools] are attached to schools included in the Department’s “Disadvantaged Schools Program” (DSP). And 85% of larger primary schools that do qualify for DSP do not have a pre-school.⁵³
- 3.19** In evidence to this Committee, DET explained that many of their pre-schools are now located in Aboriginal communities.⁵⁴ According to recent figures, 77% of DET pre-schools (a total of 61 out of 79) are located in areas of either socio-economic disadvantage or geographical isolation. Recent examples of the establishment of DET pre-schools in areas of need include pre-schools for Walgett and Wilcannia.⁵⁵ The government has also recently announced plans to establish a further 21 DET pre-schools.⁵⁶ As part of this expansion, a working party will be established to review government DET pre-schools and oversee the establishment of the new pre-schools.

⁵² Submission 18, Department of Education and Training

⁵³ Audit Office of New South Wales, *Performance Audit Report Children’s Services, Pre-school and Long Day Care*, 1994, p.i

⁵⁴ Smyth King evidence, Department of Education and Training, 20 February 2001

⁵⁵ Conversation with Dilys Nicholson, Early Childhood Unit, 21 November 2001

⁵⁶ Minister for Education and Training, ‘Watkins announces 21 new public preschools’, Media Release, 18 February 2002

DoCS funding programs

- 3.20** Significant equity issues surround DoCS funding for pre-school and day care services. As the 1994 Audit Report explained:

For the Department of Community Services, the major justification originally was to improve pre-school access for disadvantaged children. Achievements here have been limited. Although the number of pre-school places has increased, areas with the most disadvantaged children have not been the major beneficiaries of DCS funding ...⁵⁷

- 3.21** OCC Director, Associate Professor June Wangmann explained the background to these funding arrangements:

funds have been allocated on an historical ... claims basis and in 1990 the funding was capped and frozen, and we now have inequities in the funding base as a result ...⁵⁸

- 3.22** As a result of the funding freeze, centres may receive the same level of funding despite a drop in numbers since 1990, while other services are unable to attract additional funds despite growth. It is also difficult for community organisations to establish new centres and services in areas of growth.

- 3.23** DoCS also provides special needs funding for children with high support needs. However, we were told the funding freeze has meant that there has been no way of ensuring that these resources actually reach children with a diagnosed disability. To address this concern the government has been piloting a new brokerage model to ensure that funds are delivered at a local level and targeted to a child with particular needs. The model will enable centres that identify children with special needs to seek additional funding through local offices of DoCS.⁵⁹

- 3.24** Concerns have also been raised about cost differences between DET and DoCS pre-schools. While DET pre-schools do not charge a fee, DoCS funding does not meet all costs and pre-schools funded by DoCS charge a fee. This can mean that low income parents whose child happens to attend a DoCS funded pre-school rather than a DET pre-school must pay fees.⁶⁰

Moving forward

- 3.25** Demographic change presents one of the main barriers to ensuring that State funding for pre-schools and childcare services is directed to areas of greatest need. Once a DET pre-school is established, or funding has been provided by DoCS to establish and run a

⁵⁷ Audit Office, 1994, op.cit., p.i

⁵⁸ Wangmann evidence, 12 April 2001

⁵⁹ *ibid*

⁶⁰ Audit Office, 1994, op.cit., p.26

community-based service, it is difficult to withdraw the funds later and redirect them to areas of higher need. Decisions to close or de-fund services lead to considerable community anger and disrupt established child support networks.

- 3.26** Some suggest that the only way to address these inequities is through growth funding to ensure that accessible new services continue to be established in areas of high need. There has not been an increase in the DoCS funding allocation for pre-school services beyond CPI in the past six budgets. Similarly, we note that while the DET pre-school program is well regarded, and there is now some provision for expansion, it is only available to a small number of children. It is difficult to maintain an effectively targeted pre-school program unless there is sustained provision for growth in areas of need.
- 3.27** The Committee has been told that the funding for pre-schools in NSW is significantly less than any other State. As discussed below, a majority of States and Territories provide funding for a non-compulsory universal pre-school system. Evidence to this inquiry suggests that appropriate expenditure on the provision of a quality and accessible pre-school system can have significant benefits for children at risk of or with learning difficulties.
- 3.28** The relationship between DoCS and DET pre-school programs also raises questions. While both programs have similar objectives and are targeted to the same group, they operate in different ways and have different cost structures. The question has to be asked whether there is a need for two separate pre-school programs administered by different departments. To ensure a consistent and equitable pre-school program operates in New South Wales it may be more appropriate for the programs to be administered by one department.

Question 12

What should be done to ensure that State funding for pre-school services reaches areas of greatest need?

Question 13

What is the rationale for having two separate pre-school programs administered by different departments in NSW? Should they be combined? If so, which department should administer the programs?

Question 14

Should there be an expansion of State funding for pre-school services? If so, how should this funding be allocated?

Programs in rural and regional areas

- 3.29** Access to pre-school and childcare services is a particular problem for rural and regional communities. The major difficulties identified by participants are:

- lack of services and/or limited choice of services
- closure of community-based pre-schools in rural and regional areas due to funding constraints
- problems associated with the distances families and young children must travel to access services.

3.30 Mobile pre-schools are one way to increase access to services in rural and regional areas. Both the Commonwealth and State governments fund mobile services with the NSW Office of Child Care funding 49 mobile pre-schools and 16 mobile childcare services.

3.31 We have been told that there has been little expansion of mobile services over recent years, and as a result visits may be infrequent with a waiting time between visits of up to eight weeks in the more isolated communities. Another concern raised by the ICPA was the considerable variation in the level of funding and program flexibility between different mobile pre-school services.⁶¹

Question 15

What should be done to improve access to pre-school and childcare services in rural and remote NSW?

Universal pre-school

3.32 Considerable support has been expressed for the provision of funding to make pre-school available in NSW to all three or four year olds at no or minimal cost. Inquiry participants have noted that non-compulsory universal pre-school is available in most other Australian States and Territories. Pre-school is closely linked to the education system in several Australian jurisdictions. In contrast to most other States, the pre-school system in NSW is complex, expensive to access and reliant on a range of different providers.

3.33 A number of witnesses told the Committee that universal pre-school would be extremely valuable in the identification and support of children with learning difficulties before they get to school. Professor Hayes, the Dean and Head of Division, Australian Centre for Educational Studies, Macquarie University, noted that universal pre-school has an important preventative role for children who are at risk of developing learning difficulties by assisting children

who in other ways may not be disabled but who may acquire learning difficulties as a result of the mismatch between their developmental characteristics and what is expected of them at the start of school.⁶²

⁶¹ Witness 3, ICPA Briefing, 30 July 2001

⁶² Hayes evidence, 20 February 2001

3.34 Other witnesses argued that while pre-school can be more effective for disadvantaged than for advantaged children, quality universal service is an important factor:

... (M)ost positive outcomes have been found in countries with a national policy of providing pre-school services to all children and a tradition of ensuring the quality of those services through enforceable regulations. It is the quality of the education system from pre-school level right through that is important.⁶³

Advocates of universal pre-school note that a proportion of children in all groups of society will experience learning difficulties and are likely to benefit from universally available pre-school services.

3.35 It was also argued that universal access would reduce the risk of stigmatising particular groups in the community.

...Pre-school services themselves are non-stigmatised. Often people will engage with a pre-school service and the pre-school service or some sort of early childhood service can then become a platform for offering different types of service. If people are engaged in a pre-school service they might be more amenable to taking up other sorts of service.⁶⁴

3.36 In summary, the major arguments in support of universal pre-school are that it can:

- greatly enhance school readiness of all children prior to school entry
- provide a service to those children and families who cannot currently afford childcare or pre-school services in a way that does not stigmatise disadvantaged communities
- enable earlier identification of children who need additional support to prevent or manage learning difficulties and a framework in which support or intervention can be provided.

Other participants argued that limited government resources should not be focused in this way and additional government investment could deliver better outcomes if more intensive and targeted services are provided for younger children. The Director of the Office of Child Care, Associate Professor June Wangmann, told the Committee that

to just target and put an enormous amount of expenditure into four year olds at the expense of our children below the age of three, first of all in terms of social justice it does not make sense to me, apart from the inequities.⁶⁵

3.37 Other arguments against universal pre-school are that:

⁶³ Dr de Lemos evidence, 20 March 2001

⁶⁴ O'Brien evidence, 21 March 2001

⁶⁵ Wangmann evidence, 12 April 2001

- using universal pre-school as a way of detecting and treating learning difficulties may not be effective, especially in situations where there are staff shortages or high teacher/child ratios
- early childhood services should not necessarily be focused on school-based learning in literacy and numeracy
- the short hours and sessional attendance pattern are not suitable for working parents meaning that they will need to access alternative or multi-care arrangements.

Comments and questions

- 3.38** The Committee is interested in further exploring the arguments both for and against universal pre-school education, particularly as they relate to children susceptible to learning difficulties. We seek comment on whether universal pre-school is the best way to assist three and four year olds, and if not, what are the preferred initiatives. We note also that the issue of universal pre-school is closely linked to issues around transition to school and the structure of the Kindergarten program in schools. These are discussed further in chapter XR.
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Question 16

Should NSW have a system of universally available pre-school? If so, what models would be most effective? If not, what are the preferred initiatives to assist in the care and education of three and four year olds?

Quality of ECEC Services in NSW

- 3.39** There are a range of factors that affect the quality of ECEC services in NSW. This section considers staff/child ratios, employee training and remuneration, and the development of a curriculum framework. We recognise that these issues are broad and complex and have been considered in numerous government and academic reports. We would appreciate comments on the relative importance of these issues, and in particular, advice on the priorities to assist children at risk of learning difficulties.
- 3.40** We note that, until recently, the issue of quality has been undervalued in the childcare sector, in comparison to school education, where the importance of quality has long been understood. The issue of quality is particularly important for childcare because children can attend services from shortly after birth and may spend up to 50 hours per week in them. Childcare can therefore be a significant environmental influence on children during the most sensitive period of early brain development.

Staff/child ratios

- 3.41** There is considerable research supported by evidence to this inquiry that staff/child ratios and group size are significant factors in the capacity of childcare workers to provide quality interaction with children. Ratios impact on the ability of staff to both detect and devise programs and referrals for children at risk of learning difficulties. The regulation of ratios is the responsibility of State governments. Currently in NSW the ratios are: 1:5 for children 0-2 years, 1:8 for children aged 2-3 years, and 1:10 for pre-school children aged 3-5 years. In her evidence Associate Professor June Wangmann acknowledged that the NSW ratio for children below the age of three is less than ideal.

The research recommends a ratio of 1:3 with [children below the age of three] ... rather than 1:5, so certainly when you have more children to manage and work with and less adults to do that your ability to actually work effectively with these children ... is limited ... [B]ut we also have to be cognisant of the fact that ... an increase in staff means increasing the budget of the centre and invariably those things get passed on to the parents ... so you are then going to be in a situation where you might make the service unaffordable for the child who has the learning difficulty.⁶⁶

- 3.42** The Australian Liquor, Hospitality and Miscellaneous Workers Union, NSW Branch (LHMU) submission argues that current childcare services are understaffed and recommends that the government

Ensure that child care centres are adequately staffed by amending the regulation to provide for higher level of staff to child ratios particularly with regard to children under three years of age.⁶⁷

- 3.43** While some States have similar ratios, Queensland and Western Australia have a staff/child ratio of 1:4 for children aged between 0-2.⁶⁸ We understand that DoCS is currently reviewing staff/student ratios, as well as discussing the issue with other States and Territories and the Commonwealth.

Comments and questions

- 3.44** Comment from early childhood experts has strongly suggested that a reduction in staff/child ratios would improve the quality of care and education provided. It follows that with improved ratios, early childhood staff would be better able to assist children at risk of learning difficulties. However, we are aware of the considerable cost implications involved in reducing ratios and acknowledge that governments and service providers do not have access to unlimited funds. With this in mind, we seek comment on the relative value of reducing ratios as compared to other initiatives.

⁶⁶ Wangmann evidence, 12 April 2001

⁶⁷ Submission 95, Australian Liquor, Hospitality and Miscellaneous Workers Union, NSW Branch

⁶⁸ Press, F and Hayes, A, *OECD Thematic Review of Early Childhood Education and Care Policy: Australian Background Report*, Commonwealth of Australia 2000

- 3.45** In view of the cost, it may be appropriate for any changes to ratios to focus, at least initially, on disadvantaged areas in which access to quality ECEC services is particularly significant. In areas of social and geographical advantage, the issue of child/staff ratios may not have the same significance as in places of disadvantage. We therefore seek comment on the value and practicalities of introducing differential staffing, whereby targeted areas receive higher ratios of staff to children than areas of relative advantage.
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Question 17

Is reduction of staff/child ratios in NSW childcare centres and pre-schools a priority initiative? What would be the impact of a reduction in ratios on the quality of service provided and on children at risk of learning difficulties? Should there be a system of differential staffing for target areas where there are children with or at risk of learning difficulties?

Training and remuneration

- 3.46** It is widely recognised that ECEC services need qualified and skilled staff in order to effectively identify and assist children with or at risk of learning difficulties. Staffing issues for these services are the subject of continuing debate. In summary, the key issues in relation to early childhood staff are:
- The profession is poorly paid and has a low status
 - Only a limited number of childcare workers have tertiary early childhood training
 - TAFE training for childcare workers has some limitations, particularly for the identification and treatment of learning difficulties
 - It is difficult to attract early childhood trained teachers to work in childcare settings as they can access better pay and conditions in schools
 - Nationally, there is an under-supply of early childhood trained teachers which is particularly severe in rural and regional areas.
- 3.47** The qualifications of staff in childcare and pre-school services range from four-year university early childhood degrees and two to three year TAFE training, National Nursery Examination Board Certification and Mothercraft Nurse to staff with no formal qualifications. In 1992, approximately 40% of childcare workers had a relevant childcare qualification.⁶⁹
- 3.48** The industrial conditions in childcare centres, particularly the low pay rates and lack of full time employment, contribute to high turnover rates in Australia, estimated to be around

⁶⁹ McNeice, Moyle and Meyer, 1995, in Hill et al, 1998

40% per annum.⁷⁰ These issues can have a major impact on the stability of centres and the consistency of care provided to children.

- 3.49** Few would disagree that the capacity of childcare centres and pre-schools to promote learning and to identify and assist children who require extra support would be substantially improved by better access to quality pre-service and in-service staff training and working conditions that attract and retain good workers. However, issues of training, remuneration and staff turnover may take considerable time to resolve.
- 3.50** It may be necessary to consider whether there are other ways to build the capacity of child care centres and pre-schools to promote early learning in an environment of high staff turnover and low remuneration. For example, Chapter Eight considers suggestions that other professionals such as speech pathologists and occupational therapists could have a consultancy role in childcare centres and pre-schools to assist staff and children manage special needs. Such ongoing contact with relevant specialists could help to build and maintain skill levels within an environment of relatively low pay and high turnover, with particular benefit for children at risk of learning difficulties.

Question 18

What can be done to ensure that childcare and pre-school workers have the necessary skills to identify and assist children with or at risk of learning difficulties?

Question 19

What can be done to address the current shortage of trained early childhood teachers in childcare and pre-school services?

Question 20

What other ways are there to improve the capacity of childcare and pre-school services to identify and assist children with or at risk of learning difficulties?

Early childhood curriculum framework

- 3.51** There is a growing debate across Australia about the development of early childhood curricula. A number of States and Territories have already developed curricula for children in ECEC services. In NSW the Office of Child Care has recently released a curriculum framework covering all aspects of early childhood education and care including literacy, numeracy, transition and working with families. This framework is available to all pre-schools and childcare centres in NSW.
- 3.52** We have received mixed views from the sector regarding the appropriateness of early childhood curricula. While many support curricula to encourage a greater understanding of early childhood education, others regard curricula as inappropriate for young children and

⁷⁰ Ochiltree, 1994, in Hill et al, 1998, p.71 (what is original reference?)

are resistant to the imposition of an external teaching structure or the 'push down' of the primary school curriculum.⁷¹ The Committee understands there are some concerns about the use of the term 'curriculum' in the context of early childhood services as it implies a formal education-based approach.

- 3.53** We note that an early childhood curriculum has a potential role in the prevention and management of learning difficulties by focussing ECEC services on the importance of activities and programs that promote learning and development. We therefore seek comment on the value of early childhood curricula for children with or at risk of learning difficulties.
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Question 21

What are the advantages and disadvantages of a curriculum for early childhood services for children with or at risk of learning difficulties?

Family day care and other arrangements

- 3.54** Very little evidence has been provided about the role of family day care and other forms of childcare in prevention, identification and support of learning difficulties. The evidence received suggests that there is more likelihood of learning difficulties being detected and treated in centre based services than in family day care and home-based care.

In family day care it seems that, unless there is a behaviour issue, the children are not identified – that applies even to speech and language issues.⁷²

- 3.55** Reasons for this may include the limited number of early childhood trained staff currently operating family and home care services.

- 3.56** There are also problems for children at risk of learning difficulties who are in multi-care arrangements, which might include attendance at family day care, as well as pre-school and care by a relative. We have been told that the co-ordination of these arrangements may cause problems, particularly for children with a learning difficulty, and that potentially at-risk children are suffering as a result of the inconsistent and complex nature of their care. Sharon Perkins from DET suggested that many children are accessing up to eight services a week, and it can be 'difficult for them to form continuous bonds with providers.'⁷³

Comments and questions

- 3.57** The Committee understands that the issues associated with staff training in home-based care and multicare arrangements are complex. We acknowledge that multicare
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⁷¹ OECD, *ibid*, 2000

⁷² Turner evidence, SDN Children's Services Inc., 21 March 2001

⁷³ Perkins evidence, DET, 20 February 2001

arrangements are linked to socio-economic circumstances and that many services are providing effective care and education. However, the Committee is interested in further comment on how we might provide support and assistance for children with learning difficulties.

Question 22

What is the best way to support home-based carers in the care and education of children with or at risk of learning difficulties?

Question 23

What is the impact of multicare arrangements on children with learning difficulties?

Chapter 4 Supporting families

Over time, if we front-load our investment in the early years on parenting and early child development ... we may be able to reduce or delay the need for more expansive remedial services and clinical treatment in the later stages of life.⁷⁴

Parenting attitudes, skills and behaviour have a major impact on the emotional, physical, social and cognitive development of children, particularly in the early stages of their lives. A comprehensive and effective system of supports for parents and carers of young children to assist them in the parenting role is an important preventative measure to address a range of risk factors for learning difficulties. Family support programs encompass a wide range of activities, including advice and information about parenting and child development, parent education courses, supported playgroups, mothers' groups, referral services, early intervention services and parent support groups.

This chapter considers issues relating to the development of a comprehensive system of family support which ensures that families in the greatest need, including families with children with or at risk of learning difficulties, are able to access such programs. The chapter deals with family support issues during the early childhood years (0 – 8), including both prior to school and early school years.

Key question: How can we establish a comprehensive and co-ordinated family support system in NSW?

Why is parent and family support important?

4.1 For many children appropriate parenting skills and the prevention of learning difficulties are closely correlated.

Programs that increase parents' skills, provide knowledge about child development, give ideas on good communication and model play and nurturing interaction will go a long way to preventing learning problems occurring or picking them up early. Some of the more parent focused programs that begin at birth or even prenatally are ideally suited to this task.⁷⁵

4.2 According to Burnside, the sorts of parenting skills necessary to prevent or identify learning difficulties in children resemble good parenting skills in general. These include:

- appropriate monitoring and supervision of children
- knowledge about child development that leads to realistic expectations
- responsive and nurturing involvement with children.

⁷⁴ McCain & Mustard, *Reversing the real brain drain: Early Years Study – Final Report*, Publications Ontario, April 1999, p.123

⁷⁵ Submission 86, Burnside

4.3 We were told that all parents can benefit from support and information, and that parent education and support can greatly enhance their experience of parenting. This support can be especially valuable to families with children at risk of or with learning difficulties. The importance of this support is twofold. It acts as a preventative measure to promote early learning and the development of good parenting skills and as an educative measure to provide parents with the knowledge of child development to help with the early identification and management of learning difficulties.

4.4 Some people argue that the need for family support is greater than ever because of dramatic social and economic changes in recent times. For example, increased working hours have meant that many parents are spending less time with their children in the home environment in the critical early years. Speech Pathology Australia informed the Committee that parents have less time for positive verbal interactions and play time with their children.

Many children spend large amounts of time watching TVs or playing on computers. These are not interactions or activities required to enhance children's verbal capacities.⁷⁶

4.5 In addition, breakdowns in our connection to the extended family have meant that parents do not have access to the shared knowledge and experience of raising children.

If we had wider, extended broad families with very supportive communities mothers would learn to breast feed by watching someone else. They would learn how to play with children by watching.⁷⁷

4.6 Similar issues are being recognised in other industrialised countries. For example, in Canada, the Early Years Study noted that there is evidence that the significant stress on families arising out of economic and social change is having an adverse impact on early child development and learning.⁷⁸

4.7 While these pressures are not exclusive to one social group, their impact is being felt especially by families on lower incomes who are less able to access quality childcare or other support services. Burnside and other organisations have pointed out that factors such as poverty and social isolation can have an impact on the levels of skills parents develop. Parents without knowledge about childhood developmental milestones may not seek out information or help for problems if and when they develop. Burnside argue that some parents struggling with poverty or who have experienced very disadvantaged childhoods themselves may lack relevant knowledge and skills of the different stages of child development:

parents may also lack skills in the sorts of play and communication with children that will aid healthy development. Not all parents know how to play or read or talk with children in ways that are nurturing and engaging.⁷⁹

⁷⁶ Submission 84, Speech Pathology Australia

⁷⁷ Danvers evidence, 2 August 2001

⁷⁸ McCain & Mustard, 1999 op.cit., April 1999

⁷⁹ Submission 86, Burnside

1998 Inquiry into parent education and support

The importance of family support to children's welfare and development was recognised by this Committee in its 1998 report *Working for Children: Communities Supporting Families*. While some concerns are being addressed through the implementation of the *Families First* Strategy, evidence in our current inquiry suggests that issues of availability and co-ordination of parent support programs remain to be addressed. Our 1998 inquiry found that:

- it is the responsibility of government as a whole to ensure that parents are effectively supported and assisted. Ensuring adequate availability of parent education and support programs is a highly strategic and cost-effective policy response to a range of community needs
- parent education and support programs are not provided under any unifying infrastructure. There is considerable diversity in the range of sectors, professions, and organisations that provide parent education and support. While there are many benefits to this diversity, there is a need for greater co-ordination in the planning and funding of these programs so that government can meet its policy commitments to children and families
- parents rarely seek advice or participate in formal parenting courses. In particular, disadvantaged parents are poorly represented even in universal services
- services need to be available as generic support services accessed through existing settings used by parents, such as schools, early childhood health centres and childcare centres.

Family support strategies and programs in NSW

4.8 In *Working for Children*, this Committee noted that parenting support services should be provided as a generic and universal service to all parents 'in recognition of the community's responsibility to ensure that children are appropriately nurtured.'⁸⁰ Evidence to this inquiry has shown a continuing lack of participation by some families, particularly isolated and disadvantaged families, in family support programs. Barriers to their participation may include lack of knowledge of services, limited appreciation of the importance of family support services, geographic isolation, language or cultural differences or the inability to pay even a small fee for services.

4.9 A number of the government and non-government parent support strategies and programs discussed below are having some success in providing services for families in need and in particular, providing services for children with or at risk of learning difficulties.

NSW Government programs

4.10 The NSW government has developed a range of strategies and programs that seek to build community support for families. The *Families First* strategy has a major focus on providing early intervention and prevention services in order to support families with their parenting roles. The role of *Families First* is discussed further in Chapter Nine.

⁸⁰ Legislative Council Standing Committee on Social Issues, *Working for Children: Communities Supporting Families*, Report 15, September 1998

- 4.11** The two main programs raised in the inquiry assisting children with or at risk of learning difficulties were *Schools as Community Centres* and *Parents as Teachers* program. *Schools as Community Centres* is a collaborative project involving the NSW Departments of Education and Training, Community Services, Health and Housing. The program commenced in 1995 and aims to assist children (0-8) to make a successful transition to school and formal learning. As DET's Dr Alan Rice explained:
- It has two thrusts. One is community development, which ensures that you are building support structures and strength within a community, increasing community spirit and community concern. At the same time, it is also providing support for specific families and individuals, where support is required, through directing access to programs.⁸¹
- 4.12** There are currently 12 *Schools as Community Centres* located in metropolitan and rural and regional areas across the State, including the central coast, the Hunter region and the Sydney suburbs of Glebe, Redfern and Marrickville. A further four centres are to be funded by *Families First* in the metropolitan area of Fairfield.
- 4.13** The *Parents as Teachers* program currently operates in a number of NSW public schools offering parents regular home visits, group meetings and information on children's cognitive, language and social development. The program, originating in Missouri in 1981, is for families with children aged from birth to three years. A parenting consultant based at the Parent Resource Centre at the school works with parents, promoting healthy parenting and providing information on childhood development. Home visits are an important component of the program. In NSW the program is focused on disadvantaged communities and on families at risk, including single parents, teenage mothers and lower socio-economic groups. The program was piloted in Manly, Liverpool and Wagga Wagga, and has since expanded to ten sites including Orange and Tweed Heads.
- 4.14** In addition to these two programs, there are a range of programs operated by other agencies. For example, DoCS produce and distribute parenting guides and NSW Health offer the *Positive Parenting Program* (Triple P) through Area Health Services.
- 4.15** While most submissions and witnesses supported existing programs, concerns were raised about their relative scarcity. There were also some concerns raised about the extent to which different agencies target their programs and co-ordinate their efforts. The Committee seeks comment on current family support strategies for young children in NSW and suggestions on ways to enhance their efficacy.

Question 24

How effective are current programs to enhance family support in NSW? What should be done to increase their efficacy and ensure they reach families in need, particularly families with children with or at risk of learning difficulties?

⁸¹ Rice evidence, 20 February 2001

Non-government agencies

4.16 Non-government agencies provide an enormous range of services that support families with young children. Many of these programs target disadvantaged or socially isolated families with a focus on promoting early development, parenting skills and school readiness. During the inquiry the Committee spoke to representatives from a range of services that were providing valuable family support. Examples include:

- UnitingCare Burnside, which operates programs in Western Sydney to support children prior to and during school. NEWPIN includes a parent/child play program facilitated by an early childhood worker to promote positive interactions between mothers and children, which many of the participating mothers did not experience during their own childhood.⁸²
- The Home Instruction Program for Pre-school Youngsters operated by the Brotherhood of St Laurence in Melbourne.⁸³ This program helps parents in 'educationally disadvantaged communities' to prepare their child for school by encouraging the parents to develop their own skills as educators. Tutors visit homes over a two-year period to help develop language skills and to promote self-esteem and positive family relationships. One of the most positive features of this program is that the tutors themselves are parents who have participated in the program.
- The Connect Five Children's Services project is an innovative program targeted at families with children in the prior to school years and operates in the five shires of Coonabarabran, Coolah, Coonamble, Gilgandra and Narromine. The program aims to provide a flexible, innovative service to families from isolated areas where there is no current childcare service, who have identified needs in social, motor and child development experiences or who require support and training in parenting skills. The program provides educational assessments and learning plans, parent and teacher training programs, children's therapy support workers, home visiting volunteers and play and learn groups.⁸⁴ Connect Five works closely with the Aboriginal community and other groups in the community who might otherwise not attend playgroups or participate in parenting support services.

4.17 The evidence to this inquiry suggests that involving local families in the development of programs allows for an almost immediate connection with the target community and has resulted in very effective support for hard to reach families. Local knowledge and community ownership are significant factors in the success of many of the programs.

4.18 While these agencies support a large number of families to prepare children for school, they do not represent a comprehensive system of support for families. Agencies told us

⁸² Submission 86, Burnside

⁸³ This program is now also operating in La Perouse, Sydney

⁸⁴ Children's Services, Connect Five Children's Services, 2000 at www.csnsw.org.au/services/listings.html

that, due to limited funding, demand for their services greatly exceeds supply and availability of services is patchy across the State. Other concerns include that:

- they are funded under a diverse range of State and Commonwealth programs that have differing objectives and may be poorly co-ordinated. Many innovative programs are funded as pilots or for limited periods and find it difficult to maintain continuity from year to year. Recurrent funding for the full cost of a program is rarely available, even when evaluation of a pilot demonstrates its value
- communication about best practice does not always occur within or between agencies, so that successful strategies may not be replicated in other areas
- interagency programs that are funded or managed by different departments can experience difficulty when different departments pursue their own agendas.

4.19 We note that recent strategies such as *Families First* place an increasing emphasis on partnership with non-government agencies to support families and deliver objectives such as better school readiness and reduced prevalence of learning difficulties. Comment is sought on the role of non-government agencies in developing comprehensive systems of support for families with young children.

Question 25

What role should non-government agencies have in developing a comprehensive program of family supports in NSW? What needs to be done to ensure that they are effective in carrying out that role? What can be done to improve the efficiency of the current funding arrangements and requirements?

Parent Support Groups

4.20 While generic family support services provide a vital preventative measure for learning difficulties, there are a number of parent support groups across the State established for families with children with learning difficulties. These include statewide peak bodies, such as the Specific Learning Difficulties Association of NSW (SPELD) as well as regional groups. We were told that these groups are particularly valuable for parents:

The support group is a mutual support group where parents can come together in a safe environment and feel... able to discuss the issues openly and talk. I think just being able to connect with other people who are going through similar things can sometimes make the burden a little bit easier.⁸⁵

4.21 Support groups assist parents with information and advocacy, increase community awareness of learning difficulties, and work with the relevant authorities to improve the provision of accurate diagnostic procedures, appropriate resources and services for children

⁸⁵ Consultation, Blacktown/Mt Druitt Learning Difficulties Support Group, 23 May 2001

with learning difficulties.⁸⁶ Most support groups function on a voluntary basis, with occasional funding of small grants for specific projects, equipment or materials. Some groups receive recurrent funding from DoCS. There are up to 100 groups across the State varying in size and many are suffering financial hardship. According to Ms Kathryn Stait from the Sutherland Shire Learning Difficulties Support Group,

Most of them are folding for the same reason that our group has had to wind down. We were opened five days a week and now we are open three days a week. We have put in for funding time and time again but we do not ever fit the criteria.⁸⁷

- 4.22** The support groups play an important role as a contact point for many parents, particularly at times of high stress as a result of their child's learning difficulty, or when they are unable to find the appropriate professional support service. However, they do not appear to have a clearly defined role within the broader range of family support services in NSW and we are told that their viability is in question due to funding concerns.

Question 26

What role should parent support groups for children with learning difficulties have within the broader range of family support services in NSW? What can be done to assist them in this role?

⁸⁶ Stait evidence, Sutherland Shire Learning Difficulties Support Group Inc, Tabled document, 22 May 2001

⁸⁷ Stait evidence, Sutherland Shire Learning Difficulties Support Group Inc, 22 May 2001

Chapter 5 School Entry

School entry is an important milestone for all children, forming a point of transition into a structured environment with a strong focus on learning. A difficult start to school can create lasting problems with learning. This chapter considers issues related to school entry for children with or at risk of learning difficulties, including whether there is a need for more formal transition to school programs, the structure of the Kindergarten year and the importance of information transfer between prior-to-school services and schools.

Key question: What can be done to ensure children with potential learning difficulties make a smooth transition to school?

The importance of effective school entry

5.1 School entry is the first mandatory and therefore universal point of contact for children in NSW. Schools have a most significant role in identifying learning problems, especially for children who have had little or no contact with early childhood services:

The only point at which you get control, so to speak, of the situation is school entry because that is when the law steps in and says: "The child has to be here"... frankly, for my money the place to get results is at school entry....⁸⁸

5.2 The success of a child's entry into the school system has a profound effect on that child's overall educational outcomes in the first year of school and beyond. The Department of Education and Training notes that school entry is:

a most important stage in the life of a child. It is here that students develop concepts about themselves as learners and attitudes to school which form the basis for all future schooling.⁸⁹

5.3 School entry involves a significant departure from the environment many children have previously experienced. In order to function effectively and learn in the school situation, some children will need to learn routines and disciplines that are entirely outside their prior experience.⁹⁰ An effective start to school that avoids trauma, respects diversity, allows for identification of individual needs and provides appropriate support can help to ensure that children with or at risk of learning difficulties go on to acquire useful literacy, numeracy, social and other skills. By contrast, a poor start to school can mean that children fall behind their peers quickly and establish an early pattern of academic failure. As one witness noted, children who do not fit into the school system may rapidly experience significant difficulties:

⁸⁸ SPELD evidence, 20 March 2001

⁸⁹ NSW Department of Education and Training, (1999), *Foundations for Learning*, p.1

⁹⁰ Hill, S. Comber, B., Loudon, W., Rivalland, J. & Reid, J (1998), *100 Children Go to School, Vol 1, Chapter 5*

sometimes they can be labelled a failure from day one.⁹¹

Transition to school programs

- 5.4** The term 'transition to school' can have two meanings. In a general sense it refers to a child's adaptation to their school environment from their previous experiences. The success of this adaptation will differ for each child. For example, a child who has spent the previous 18 months in a structured pre-school setting may be less daunted by the formality of school, than a child who has had no prior experiences in an early childhood service.
- 5.5** In another sense, 'transition to school' is used to refer to a formal program to facilitate the process of school entry through
- the establishment and maintenance of relationships between all parties; educators, parents and children.⁹²
- 5.6** Formal transition programs may take place over an extended period of time and may involve multiple visits to the school by children and families for participation in activities intended to familiarise them with the school environment and establish relationships between students, carers and teachers. For example, students may attend weekly classroom sessions during term four of the year before school entry.
- 5.7** These programs go beyond the traditional short orientation offered by most schools. We were told that they can help children who have not attended prior-to-school services such as pre-school or day care to adjust to the new routines and expectations of school. According to DET, high quality transition programs are particularly valuable for children with or at risk of learning difficulties.⁹³

DET transition programs for children with learning difficulties

- 5.8** A key DET transition program to support children with learning difficulties is the *Transition to School Guidelines for Young Children with Special Learning Needs*. The guidelines for this program establish a structured process to support children who have been identified as having a disability or significant learning or behaviour needs prior to school entry.⁹⁴ It provides for the formation of an early learning support team at the beginning of the year prior to school entry.
- 5.9** The role of the team is to support the child and family to make decisions and develop a plan for transition to school. Support to implement the program is provided by 10 Early

⁹¹ Wangmann, evidence, 12 April 2001

⁹² University of Western Sydney, 2000, Tabled Document A. tendered by June Wangman, 12 April 2001, p.1

⁹³ Submission 18, NSW Department of Education and Training, March 2001

⁹⁴ NSW Department of Education and Training, *Transition to School: for young children with special learning needs – guidelines for families, early childhood services and schools*, 1997

Learning Program Co-ordinators and 10 Itinerant Early Intervention teachers across NSW.⁹⁵

- 5.10** The program guidelines indicate that they are intended to assist children with an identified disability or ‘significant difficulty in learning or behaviour’⁹⁶ and as such may not be intended or appropriate for children with less significant learning needs. During consultations, some parents commented that the guidelines do not ensure that children with learning difficulties can access support:

I know we have all these services in place and the family service plans, and that the education department has individual education programs—if your child is lucky enough—but the services are still not being co-ordinated properly and there is no follow through. Maybe we just need an overhaul of the system, but certainly we need some mandatory testing in preschools and co-ordinators who are more like caseworkers to follow that through to the schools. I know they will say that they have the early intervention in place, but it is just not working for learning difficulties kids, who are slipping through.⁹⁷

- 5.11** The Committee seeks more information on the role and efficacy of the transition guidelines in assisting the target group for this inquiry.

Question 27

Do the Department of Education and Training’s *Transition to School Guidelines for Young Children with Special Learning Needs* apply to and/or provide sufficient support to the target group for this inquiry? If not, how can they be improved?

Should there be a greater focus on formal transition programs?

- 5.12** One option to assist children who are at risk of learning difficulties would be for the department to place greater emphasis on formal transition programs in the year prior to school entry so that they are available to more children. For example, all schools could be required to offer formal transition programs to children who have not attended pre-school or day care.
- 5.13** However, increased participation in transition programs, or a mandatory requirement for schools to offer extended transition programs, could have significant resource implications. Alternative ways to prepare children for formal schooling might include the modification of the Kindergarten program to allow an easier transition from the prior-to-school setting to the school environment (see below).

⁹⁵ Submission 18, NSW Department of Education and Training, March 2001

⁹⁶ NSW Department of Education and Training, *Transition to School for Young Children with Special Learning Needs – guidelines for families, early childhood services and schools*, 1997, p.12

⁹⁷ Consultation, Mt Druitt/Blacktown Learning Difficulties Support Group, 23 May 2001

- 5.14** Further commitment of resources to transition programs would need to be justified in terms of cost and educational benefit and show that alternative ways to prepare children for school entry are less effective, or are unlikely to reach children who could benefit. For example, if children of 'difficult to reach' families are no more likely to access a formal transition program than pre-school, then the value of transition programs may be limited.
- 5.15** The Committee seeks comment on whether there is a need to extend or mandate the provision of formal transition to school programs in NSW schools.
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Question 28

Should schools be encouraged to place greater emphasis on formal transition to school programs? Should they be required to provide formal transition programs for children who have not attended prior-to-school services?

Question 29

What are the advantages and disadvantages of targeted transition programs for 'difficult to reach' families and should these programs be expanded?

Question 30

What are the best ways to ensure that transition programs are used by families who are less likely to engage with prior-to-school services?

Rethinking Kindergarten

- 5.16** It has also been suggested that difficulties in transition to school arise out of an increasing emphasis on formal learning during the Kindergarten year. A number of witnesses have suggested that there has been a 'push down' of school curriculum over recent years, with the result that:

A lot of Kindergarten classes now teach reading, writing and numbers, and a lot of people would say we are putting that on children too early...Early education settings should not be about teaching; they should be about learning experiences.⁹⁸

- 5.17** In this sense it has been suggested that Kindergarten has shifted from its original purpose which was

to assist the child make the transition from preschool, long day care setting, and/or home to the early years of formal schooling.⁹⁹

⁹⁸ Conway evidence, University of Newcastle Special Education Centre, 10 September 2001

⁹⁹ F. Press & A. Hayes, *OECD Thematic Review of Early Childhood Education and Care Policy*, Commonwealth Government of Australia, 2000, p.48

- 5.18** A greater emphasis on formal learning during Kindergarten may be appropriate for children who have participated in early childhood programs such as pre-schools or who have had substantial exposure to learning opportunities in the home that are similar to those provided in the school setting. However, this focus may disadvantage children who arrive at school without such experiences. To an extent, the need for formal transition programs in the year prior to school may result from greater focus on formal learning during Kindergarten.
- 5.19** In evidence, the Director of the Office of Child Care noted that it is important to ensure that the Kindergarten program is delivered in ways that are developmentally appropriate for young children,
- [During] those first three years at school, the child is still in what the international literature classifies as the early childhood period, and some periods in the early years at school are perhaps more prescriptive and rigid than the traditional sort of early childhood program. Again, this is not saying all schools are like this, but some schools could perhaps have more appropriate early childhood programs in those early years to help these kids do the transition.¹⁰⁰
- 5.20** An alternative to a greater focus on formal transition programs, may be to vary the format of the Kindergarten year to enable greater flexibility in the way that children commence their first year of school. For example, it may be appropriate to focus on familiarisation activities that involve a gradual shift from part-time to full-time attendance during the first term of school. This could limit the need to commit additional resources to formal transition programs.

Continuous school entry

- 5.21** One way to make transition to school easier could be to adopt the approach taken in South Australia, the Northern Territory¹⁰¹ and New Zealand. These jurisdictions allow continuous entry into 'Reception' or 'Transition' for children after their fifth birthday. Children may then spend between two and five terms in a transitional program before moving on to Year 1. In the Northern Territory, continuous entry into Year 1 is also provided for after a minimum of two terms in 'Transition'. Some witnesses have suggested that continuous school entry can benefit all students by ensuring that they are developmentally ready before moving on to a more structured program. These benefits may be particularly marked for children who are at risk of learning difficulties.

Comments and questions

- 5.22** We are aware that comments about the format of the Kindergarten year may reflect perceptions more than reality. However, we have not yet received much comment on ways

¹⁰⁰ Wangmann, evidence, 12 April 2001

¹⁰¹ F. Press & A. Hayes, *OECD Thematic Review of Early Childhood Education and Care Policy*, Commonwealth Government of Australia, 2000, p.64

that the Kindergarten program could, or should, be modified to ensure that it caters appropriately for students without prior experience of early childhood settings.

Question 31

Does the Kindergarten program include a greater emphasis on formal learning than in previous years? If so, what are the implications of this for children who have or are at risk of learning difficulties?

Question 32

Should the format of Kindergarten be made more flexible to allow for transition activities to take place during a child's first year of school, rather than prior to school entry? What implications would this have for schools and for the children themselves?

School Entry Age

5.23 To some extent, concerns about the Kindergarten program may be linked to debates about school starting age. At present, children in NSW must commence school by the age of six years, however they can begin in the year they turn five.¹⁰² As a result, children are able to start school at four and a half years of age.

5.24 The Committee has heard a range of views about the impact of school starting age on a child's success in learning and is aware of suggestions that a later school starting age is optimal, especially for boys.¹⁰³ However, it has also been suggested that raising the school starting age could be counter-productive for many families,

...the social reality out there on the ground is that a lot of families cannot afford preschool services. Socially it [an earlier starting age] becomes the lesser of the evils. Is it better to have a child in school or perhaps left at home with minimal supervision?¹⁰⁴

Socio-economic factors, such as the high cost of childcare, may mean that some families have little option but to enrol their children in school at a relatively young age.

5.25 We are aware that there are significant practical impediments to any change to the school starting age. The current trend in Australia has been towards implementing a uniform age of school entry. Western Australia has therefore recently lowered its school entry age so as to achieve uniformity with other States. As such, it may be more appropriate to ensure that, in the light of any trends towards earlier school entry, the Kindergarten program is

¹⁰² Department of Education and Training, *Transition to School*, 1997, p.35

¹⁰³ Elkins evidence, School of Education, University of Queensland, 2 August 2001

¹⁰⁴ Baker evidence, Catholic Education Commission, 2 August 2001

able to cater appropriately for the range of children who enter Kindergarten. We therefore seek comment on the extent to which there has been a trend towards earlier school entry, and what implications this has for the Kindergarten program.

Question 33

Has there been a trend towards earlier school enrolment in NSW? If so, what are the implications of earlier enrolments on the format and curriculum of the Kindergarten year?

Information Transfer

5.26 Another key way to achieve continuity between the prior-to-school and the school environment is to ensure that knowledge about a child's needs is not lost at school entry. A range of people have suggested that schools could do more to take advantage of information that has been collected in other environments such as pre-schools, childcare centres and medical services. As one recent study noted,

Preschool teachers and parents, without exception, have more and different kinds of information about the children's experiences, attitudes, stumbling blocks, physical handicaps, fears and talents than school teachers, yet there appeared to be little real transfer of information between these sites.¹⁰⁵

5.27 The importance of effective and durable transfer of information between early childhood setting and school was highlighted by Professor Alan Hayes:

One of the perennials for, particularly, parents who have children with learning difficulties or with disabilities is the constant need to educate and re-educate a new crop of teachers, physiotherapists and speech therapists as time goes on. It is a great emotional burden. There needs to be better systems of transfer of information. Durability of information but with safeguards on privacy and making sure it is up-to-date is not too much of an ask.¹⁰⁶

5.28 It has been suggested that problems with transfer of information from prior-to-school settings could be overcome by more formalised requirements to pass on information to schools, possibly through the creation of a central repository for early childhood records. However, there may be a number of practical barriers to this, including significant privacy issues, as the Catholic Education Commission has noted:

It is about accessing information from preschools and doctors. What are the criteria for exchanges? Who can give permission?...this area is crying out for the

¹⁰⁵ Hill, S. Comber, B., Loudon, W., Rivalland, J. & Reid, J (1998), *100 Children Go to School, Vol 1*, p.171

¹⁰⁶ Hayes evidence, 20 February 2001

exchange of more information between more people. Reconciling that with privacy legislation is an interesting conundrum.¹⁰⁷

- 5.29** The Committee notes the importance of issues of parental consent and privacy and the need for reforms to be well thought out. In particular, parents may be concerned about passing on information that labels or stigmatises their child.
- 5.30** Rather than placing the onus on agencies to ensure that relevant information is passed on to schools, it may be appropriate to enhance the role of parents and carers in transferring information between early childhood settings and the school. This would require workers in prior-to-school settings, such as child and family health nurses, pre-school teachers and therapists, to engage with parents and to provide them with appropriate information.
- 5.31** School entry processes need to effectively elicit information about a child's development and/or likely needs from parents and carers and ensure that information provided by parents is retained and acted on by schools. Parental involvement can appear tokenistic if parents are continually required to re-educate schools and teachers about their child's needs and abilities. A number of parents commented on the need to re-educate teachers at the start of each year:

Every year I go to the class teacher and introduce myself. I tell her what she can expect from me, I give her some strategies to cope with Stacey in the classroom, I tell her all about ADHD in plain, simple English. I make time to visit him or her when she can fit me in. I give her reports from the doctor, so it involves a lot of networking, collaboration and convincing. It is like selling a product.¹⁰⁸

Question 34

What could be done to improve information transfer between prior-to-school services and schools?

Question 35

What measures can schools take to encourage parents/carers to provide information to teachers that will be useful in identifying and assisting children with learning difficulties, including parents and carers who may be reluctant to engage with the school system?

¹⁰⁷ Baker evidence, Catholic Education Commission, 2 August 2001

¹⁰⁸ Consultation, Mt Druitt/Blacktown Learning Difficulties Support Group, 23 May 2001

Chapter 6 Teachers and Schools

I think the teacher is hugely important...if it's a warm, attached, passionate, helpful engaging teacher, it's just so powerful. We've all heard of cases of kids who are struggling and somehow they got onto a teacher who was on their wavelength and it was like magic.¹⁰⁹

This chapter focuses on the all-important role of teachers and schools in identifying and assisting children with learning difficulties in the early school years (Kindergarten to Year 2). It examines the provision and quality of pre-service and in-service teacher training and the impact of class size on educational outcomes. It also looks at two significant early intervention strategies available in NSW State primary schools: the Reading Recovery Program and Support Teachers Learning Difficulties.

Key question: What are the best ways to ensure that schools identify and support children with learning difficulties as early as possible?

The role of teachers in assisting children with learning difficulties

6.1 There is compelling Australian and international evidence which demonstrates that teachers have a major influence on students' learning. The research shows that consistent, high-quality classroom teaching, supported by continuous professional development, delivers dramatic improvements in educational outcomes.¹¹⁰ It is therefore sobering to note the conclusions of a recent Senate review of the profession:

... it is generally agreed that there is a widespread crisis of morale amongst teachers. The status of the profession is disturbingly low.¹¹¹

6.2 Concerns about various aspects of the teaching profession have contributed to the establishment of two inquiries into teaching in NSW and both are relevant to this inquiry.

6.3 The first is Mr Gregor Ramsey's review of teacher education established by the NSW Minister for Education in 1998. The review recently released its first report, *Quality Matters*, which acknowledges the 'pressing need' to reform teacher education in NSW. The next stage will be the distribution of a White Paper later this year which will set out the government's views on the main issues raised by the Ramsey report.

¹⁰⁹ Prior briefing, 30 April 2001

¹¹⁰ Ramsey G, *Quality Matters*, Report of the Review of Teacher Education, New South Wales, DET, Sydney, 2000, p. 34

¹¹¹ Senate Employment, Education and Training References Committee, *A Class Act, Inquiry into the Status of the Teaching Profession*, AGPS Canberra, March 1998, p. 5

- 6.4** The second is a broad examination of public education in New South Wales, sponsored by the New South Wales Teachers Federation and the Parents & Citizens Association of New South Wales. This inquiry is chaired by Professor Tony Vinson.
- 6.5** While the quality and status of teachers are very relevant to our inquiry, we note these issues will be covered extensively by these reviews over the next months. In the meantime, the Committee is keen to receive input regarding specific concerns relating to teachers, schools and children with learning difficulties. While most of the evidence and submissions received by the Committee to date focus on State schools, we are also interested in teaching practices and programs in Catholic and independent schools and welcome responses from these sectors.

Teacher education: pre-service and in-service training

- 6.6** Two main issues regarding pre-service and in-service teacher education were raised in submissions and evidence. Firstly, whether teachers of children in Kindergarten to Year 2 (K-Y2) should have some form of training in early childhood education and secondly, the availability and quality of professional development.

Specialist training for K-Y2 teachers

- 6.7** There are two main ways that teachers become registered to teach in NSW schools. First, a person may gain a Bachelor of Early Childhood. This four year degree focuses on children 0-8 years and covers the physical, language and emotional domains of early childhood development. It also teaches the six key learning areas (KLAs) for Kindergarten to Year 2. Graduates in early childhood may work in a childcare setting, pre-school or primary school. An alternative and more common route into primary teaching is to gain a Bachelor of Education (Primary). This degree focuses on the six KLAs of primary school rather than the developmental domains of early childhood.
- 6.8** According to Professor Bob Conway from the University of Newcastle, early childhood training has a greater focus on meeting the individual, developmental needs of children whereas the primary school training program places a greater emphasis on the curriculum areas and how to teach them.¹¹²
- 6.9** DET requires all new employees to complete a unit in Special Education before they can become registered to teach in a state primary school.¹¹³ Special Education encompasses the teaching of students with a wide range of abilities and disabilities, including children with sensory or intellectual disabilities as well as with learning and behavioural difficulties.¹¹⁴ Other States and Territories do not have this requirement.

¹¹² Conway evidence 10 September 2001

¹¹³ Loudon et al 2000 Vol 2, p.74

¹¹⁴ NSW DET *Who's going to teach my child? A guide for parents of children with special learning needs*, 1999 DET.

- 6.10** Until the early 1980s, teachers of children in the first three years of school were required to have specialist training in early childhood education. Since then, generalist trained primary teachers have been able to teach any year from Kindergarten to Year 6. For some people, this was an unfortunate change. We were told specialist knowledge of early child development is particularly important to help teachers identify and support young children with learning difficulties.
- 6.11** In its 1992 report into early intervention for literacy, a Commonwealth parliamentary committee lamented the shift to a generalist K-6 primary focus and recommended that all new teachers of K-Y2 be trained in early childhood education:
- As they are still developing in many of the cognitive areas critical for formal learning, and developing at widely varying rates, children in the age group 5 to 8 require teachers who understand how young children learn.¹¹⁵
- 6.12** That committee also noted that early childhood training can be a real asset to the rest of the school, not just the early years. However, as Professor John Elkins from the School of Education at Queensland University noted, many schools, especially small schools and those in rural areas, need teachers who can teach all of the primary years.¹¹⁶ In addition, teaching across the spectrum of classes may make teachers' jobs more varied and satisfying.¹¹⁷
- 6.13** Those stressing the need for early childhood training are not necessarily arguing that K-Y2 teachers should be required to hold a special degree in early childhood education. Several witnesses suggested that supplementary training for generalist primary school teachers, during pre-service and/or in-service training, may suffice. For example, Professor Elkins said that primary teacher education programs should have enough early childhood material in them to allow teachers to teach both younger and older age groups.¹¹⁸ However, Professor Conway told the Committee there was only so much material you could squeeze into a four year pre-service course, which was already viewed as 'crowded', and that teachers should not be expected to graduate as experts but rather as being able to begin their teaching career.¹¹⁹
- 6.14** Representatives of the Catholic Education Commission warned against 'looking back to the golden age of infants departments' and suggested that relevant in-service training could make up for any gaps in teachers' initial training.¹²⁰

¹¹⁵ House of Representatives Standing Committee on Employment, Education and Training, *The Literacy Challenge*, 1992, p.29

¹¹⁶ Elkins evidence 2 August 2001

¹¹⁷ Deacon evidence (personal view), NSW Teachers Federation, 20 March 2001

¹¹⁸ Elkins evidence, 2 August 2001

¹¹⁹ Conway evidence, 10 September 2001

¹²⁰ Baker evidence, Catholic Education Commission, 2 August 2001

Comments and questions

- 6.15** We recognise that an understanding of child development is a significant asset for teachers to identify and assist children with learning difficulties. However, we are mindful of the advantages of the K-Y6 model, in terms of school management and providing teachers with broader and more varied work experience. One option may be to include a greater focus on the developmental domains of early childhood in generalist primary pre-service and in-service training.

Question 36

Do K-Y2 teachers need specific training in the developmental domains of early childhood? If so, what is the best way to ensure they receive this training?

In-service teacher education

- 6.16** The Ramsey Review raises several serious concerns about the current state of teacher professional development, including the overall decline in the number of teachers undertaking further formal studies, the narrow focus of professional development offered by employers and the absence of incentives and rewards for teachers to develop their skills. Ramsey finds it 'ironic' that given their 'business' is student learning, so little importance seems to attach to teachers' own learning.¹²¹
- 6.17** *Mapping the System*, a national overview of provision for students with literacy and numeracy difficulties, examined in-service training for teachers of children with learning difficulties. The report concluded that, while recent state and national literacy and numeracy initiatives have increased the opportunity for teachers to participate in relevant professional development programs, most of it was in the form of short courses targeting products, programs or conditions:
- Such courses which lack opportunities for reflection, supervised practice and feedback have long been regarded as ineffective in supporting teachers to change their teaching practices.¹²²
- 6.18** Concerns about the usefulness of brief in-service training were expressed by a parent of a child with a learning difficulty who informed the Committee that:
- Most teachers will go and do an inservice which will probably last about a week and then it goes on their resume that they have the skills to teach a child with a disability or learning problem. They do not.¹²³

¹²¹ Ramsey op.cit. p.85

¹²² Loudon et al op.cit., Vol 1, p.19

¹²³ Consultation, Blacktown/Mt Druitt Learning Difficulties Support Group, 23 May 2001

- 6.19** The NSW Teachers Federation's main concern regarding in-service training was the lack of funding available to allow teachers to participate. The Federation claims that since the mid-90s, DET has 'savagely' cut funding for professional development.¹²⁴
- 6.20** A Federation executive member, Kathy Deacon, who is also the principal of a metropolitan primary school, told the Committee that she receives only \$25.30 per teacher per year for training and development which means that very few of her teachers are able to engage in professional development. She believes the impact of further cuts may compromise the quality of teaching, especially in the early years:
- I am wondering how much longer they will be able to play catch up.¹²⁵
- 6.21** However, some people felt that teachers should take more responsibility for their own professional development:
- I guess that teachers might not like me saying this but I myself think that they could do some of that in their holidays because they have two in-service days a year at the moment, and that is not really sufficient for everything that they have to cover.¹²⁶
- 6.22** According to Ramsey, fairly radical changes to teacher education will be required to create a 'culture of learning' in the teaching profession and encourage teachers to participate more fully in professional development. A large part of the problem, he argues, is that much of the professional development offered by employers tends to focus on the employer's priorities, rather than the individual teacher's professional growth. In addition, as most in-service training is undertaken in school time, a considerable amount of money is spent on relief teaching rather than creating and delivering challenging and engaging programs to improve teacher quality.¹²⁷

Comments and questions

- 6.23** Inquiry participants made general rather than specific comments about the need for teachers to participate in quality in-service training to assist them to identify and cater for children with learning difficulties. We are conscious that many of their concerns are related to broader issues about continuing teacher education explored by the Ramsey Review. Nevertheless, views on the general training needs of teachers to assist children with learning difficulties would be appreciated.

¹²⁴ Submission 88, NSW Teachers Federation

¹²⁵ Deacon evidence, NSW Teachers Federation, 20 March 2001. Ms Deacon noted that a small number of schools may have access to additional funding for professional development under the Early Literacy Initiative.

¹²⁶ Lennox evidence, Sutherland Shire Learning Difficulties Support Group, 22 May 2001

¹²⁷ Ramsey op.cit. p. 83

Question 37

Do all K-Y6 teachers need some in-service training related to children with learning difficulties or do some teachers need intensive in-service training to allow them to provide more specialist assistance?

The relationship between class size and student performance

6.24 It has been suggested that smaller class sizes in the first years of school can make a significant difference to the level of support for children with learning difficulties. The effect of class size on students' educational outcomes is, as one witness told the Committee, 'one of those very tricky things.'¹²⁸ The 'tricky' part is working out the relationship between class size and educational outcomes: do smaller classes improve students' performance and how 'small' do classes need to be? The Teachers Federation is convinced that size matters. According to the then President, Sue Simpson:

The research really shows that reducing class sizes in the early years really makes a difference in identifying needs and allowing teachers to be more creative, as well as giving students more individual attention.¹²⁹

6.25 The Federation has nominated smaller class sizes as one of its priority issues for the 2003 election campaign and is seeking a commitment from political parties in NSW to reduce classes to a maximum of 20 in the early school years. At present, DET staff schools on the basis that classes 'need not have' more than 26 students in Kindergarten, 27 in Year 1 and 28 in Year 2.¹³⁰ The Committee understands that most classes in the early years exceed the 'recommended' maximum.

6.26 Most academic witnesses to the Committee agreed that while smaller classes probably do contribute to improved learning, these effects were usually not apparent until there are less than 20 students:

You get the learning differences when you get under 20. A kindergarten class that is getting near 20 will have a lot more potential for effective teaching...from 30 to 20 does not make a huge difference, except it feels better when you are a teacher...¹³¹

6.27 Professor Elkins told the Committee that reducing class size on its own would not necessarily produce benefits for children: teachers need to know how to adjust their teaching style to make the most of reduced class size:

¹²⁸ Baker evidence, Catholic Education Commission, 2 August 2001.

¹²⁹ *Sydney Morning Herald*, July 9 2001, p.2

¹³⁰ Principals may vary these numbers according to school needs.

¹³¹ Whiting evidence, SPELD, 20 March 2001

If the teacher does exactly the same as he or she did with 20 as with 30 the stress on the teacher is a bit less but there is no real likelihood that the children will benefit.¹³²

- 6.28** It is also important to recognise that resources allocated to reduce class size might be better spent on other initiatives such as access to specialist staff or on upgrading teachers' skills. This question was also raised by a House of Representatives Inquiry in 1992 which recommended further research into the effects of enhanced staffing arrangements which do not reduce class size, but allow for specialisation and the provision of non-teaching time.¹³³

Comments and questions

- 6.29** Most people believe smaller classes are better than larger ones, producing either better educational outcomes or reduced stress levels for teachers or both. The difficulty is in working out whether smaller classes are more important than several other initiatives that could assist children with identified learning difficulties. The Committee acknowledges that the demands of teaching have increased in recent years, that workloads are increased by larger classes and that smaller classes can make teachers' jobs more manageable and satisfying. However, we are mindful that equal or greater improvements for children with learning difficulties may result from other initiatives, such as greater access to specialist staff.

Question 38

Should class sizes in the early school years be reduced, and if so, at what level should they be set?

Question 39

Are there initiatives, other than reducing class size, that may have a greater impact on enhancing student outcomes?

The Reading Recovery Program

- 6.30** Reading Recovery is an early intervention program designed for children who are struggling with reading after one year at school. It aims to improve these students' progress as quickly as possible so they can participate in the general classroom program.
- 6.31** Reading Recovery was introduced as a pilot in NSW in 1990 and has received the support of successive State governments since then. The program was developed in New Zealand by Dame Marie Clay and its content and delivery are closely controlled. The program

¹³² Elkins evidence, 2 August 2001

¹³³ House of Representatives Standing Committee on Employment, Education and Training, *The Literacy Challenge*, AGPS Canberra 1992, p.16

currently reaches 8,000 students in 800 schools, involves 400 teachers and costs approximately \$20 million annually.¹³⁴ Schools are allocated funding for the program on the basis of several indicators, including Basic Skills Test results, socio-economic disadvantage and the number of literacy support programs already in place.

6.32 The lowest 20% of text readers in a particular class are admitted to the program and these children are offered daily individual instruction for 30 minutes over a period of 12-16 weeks. Students who successfully complete the program are 'discontinued' and those that are not making good progress after 20 weeks are 'referred' to other programs.¹³⁵

6.33 Despite some criticisms of its content (discussed below) most inquiry participants think that the program is an effective form of early reading intervention. The department has informed the Committee that 80% of students who complete Reading Recovery do not require any more services.¹³⁶

6.34 The major concern of many participants was ensuring adequate access to the program. As noted, Reading Recovery is only available in 800 out of a possible 1700 primary schools in NSW, and within these 800 schools, it is only available to 20% of Year 1 students – despite the fact that in some schools there may be a far greater proportion with reading difficulties. The program is generally unavailable in rural areas, as a member of the Isolated Children's Parents Association told the Committee during a visit to Dubbo:

So as much as that program is pushed very hard, most of the small schools have not got access to it.¹³⁷

6.35 The Committee has received evidence from a wide range of sources that Reading Recovery would be more effective if it included more explicit training in phonemic awareness.¹³⁸ However, as Professor John Elkins explained, getting the Reading Recovery authors who hold copyright to modify their program may be difficult:

Its greatest strength is that it is very tightly controlled and you can be reasonably confident that Reading Recovery is Reading Recovery. It is also its greatest weakness because where research shows that Reading Recovery could be more effective if it were changed in certain ways it is very difficult to get the organisation Reading Recovery to make that change...¹³⁹

6.36 The Committee also heard from several parents of children with specific learning difficulties who feel the program has not helped their children because they require

¹³⁴ Submission 18, DET

¹³⁵ DET, 1999, *Who's going to Teach my Child*, p.18

¹³⁶ DET evidence, 20 February 2001

¹³⁷ ICPA briefing, 30 July 2001

¹³⁸ Phonemic awareness is the ability to distinguish and manipulate the individual sounds (phonemes) in words.

¹³⁹ Elkins evidence, 2 August 2001

ongoing and intensive support, rather than a one-off intervention. The issue of ongoing support for children with specific learning difficulties is discussed further in Chapter Seven.

Comments and questions

- 6.37** The Committee acknowledges the serious commitment to early intervention for learning difficulties demonstrated by DET's investment in Reading Recovery. However, the inquiry has revealed several concerns about the program. First, it should be more widely available, especially in rural areas and second, that it is not suitable for children with specific learning difficulties. Ideas about how to address these and any other relevant issues regarding the content, delivery and availability of Reading Recovery would be valuable.

Question 40

What strategies could be used to increase the availability of Reading Recovery in rural and remote areas and in small schools?

Question 41

Should Reading Recovery be modified so that it is better able to support children with specific reading difficulties?

Support Teachers Learning Difficulties

- 6.38** Support Teachers Learning Difficulties (STLDs) assist schools and teachers to cater for students in regular classes who experience learning difficulties. STLDs are allocated to a particular educational district and the district decides in which schools they should operate.¹⁴⁰ An Assistant Principal, Learning Difficulties (APLD), is appointed to each educational district to co-ordinate learning difficulties support services. A small number of STLDs are specifically allocated to children with significant learning difficulties.
- 6.39** Most evidence to the Committee acknowledged the importance of STLDs, but as with Reading Recovery the major concern is the need for more resources:

...what they [DET] have done is pretty good however, they are hamstrung because they do not have any more resources to allocate...The bottom line is that there are not enough teachers to go round¹⁴¹

Comments and questions

- 6.40** The Committee seeks comment on ways to enhance access to the STLD program.

¹⁴⁰ For the 2001 school year, 847 STLDs fulltime equivalent positions were allocated to 1715 schools: (Submission 18, DET)

¹⁴¹ SPELD, evidence 20 March 2001

Question 42

Should the number of Support Teachers Learning Difficulties be increased or are there any other ways to increase the coverage of Support Teachers Learning Difficulties across the State?

Question 43

Are there any other issues or concerns regarding the Support Teachers Learning Difficulties program?

Identifying children with learning difficulties

6.41 The early identification of learning difficulties is a key element of the DET's policy on students with learning difficulties.¹⁴² To support early identification DET recommends the use of several formal assessment programs including, *Starting with Assessment* and Clay's *Observation Survey* in schools with Reading Recovery. In addition, school counsellors may use a range of psycho-metric testing such as IQ tests to make more specific assessments or diagnoses.

6.42 In their evidence to the Committee, several parents suggested that teachers were often disinclined to identify a learning difficulty, which meant that crucial time was lost to commence appropriate early intervention. Teacher educators also noted a reluctance among teachers to identify a learning problem:

Teachers, especially early childhood teachers, have a view that children develop at different rates-I am not denying that: they do-and that parents should not be alarmed if their child is not at the same level as everyone else. You should look at their strengths and allow them to catch up. However, we know that that will not happen in certain areas of deficit without intervention.¹⁴³

Often in reporting I suspect that a lot of teachers tend to be nice rather than confronting in the way in which they report.¹⁴⁴

6.43 Other witnesses suggested that it is relatively easy for a teacher to identify learning difficulties, but the critical issue is what to do about it.¹⁴⁵ Therefore they believe that the identification of children with learning difficulties is not a significant issue:

¹⁴² DET, *The education of students with learning difficulties from pre-school to year twelve*, 1987 p.6

¹⁴³ Kemp evidence, 2 August 2001

¹⁴⁴ Conway evidence, 10 September 2001

¹⁴⁵ *ibid*

You can usually tell, I feel, whether a child is going to have some difficulty or whether they are just barreling along, as they should...Once we have identified children with learning difficulties, probably the hardest part from there is to find something that will work for them. To have the necessary skills to put together a program that will work for these children, because we are sort of taught to teach the average.¹⁴⁶

People can identify a learning difficulty. The critical issue is how to do something about it.¹⁴⁷

- 6.44** SPELD raised several issues of concern regarding DET's kindergarten assessment program, *Starting with Assessment*.¹⁴⁸ In particular, they note that the assessment process prescribed by the materials is time-consuming and requires additional classroom support but that this support may not be immediately available, leading to delays in the assessment and subsequent assistance provided to children. They also suggested that assessments often fail to take into account valuable prior-to-school information about a child from parents, and other early childhood settings. But the problems do not appear to be confined to information flow from prior-to-school settings to school. Parents also told us they have to spend a lot of time educating the teachers in the same school about their child, because important information is not passed on from teacher to teacher.

Comments and questions

- 6.45** Possible explanations for delays in the identification of children with learning difficulties in the early years include teachers' disinclination to prematurely label children or a lack of support provided to teachers to conduct formal assessments. However, the paucity of evidence about this issue makes it difficult to pinpoint precise reasons for delay and thus how to ensure early and effective identification.

Question 44

What are the barriers to the early identification of children with learning difficulties in the first three years at school and what should be done to overcome these barriers?

¹⁴⁶ Briefing, Quambone Public School, 31 July 2000

¹⁴⁷ Conway evidence, 10 September 2001

¹⁴⁸ Submission 51 ADDult and Family Association and SPELD

Chapter 7 Specific Learning Difficulties

Within the very broad and varied group of children with learning difficulties, there is a small group of students who have highly specific learning difficulties despite being of average or above average intellectual ability. This group, which comprises approximately 2%-4% of all school students¹⁴⁹ needs continuing support, sometimes throughout their schooling, in order to achieve well. However, they often cannot access this support because their problems are not considered serious enough, or they do not fit into any recognised disability funding categories. Many of the matters discussed in this Issues Paper, including increased access to early childhood health services (ECHS), Support Teacher Learning Difficulties (STLDs) and therapy are relevant to this group of children, and are therefore not repeated here. This chapter considers additional and targeted ways to assist children with specific learning difficulties.

Key question: What is the best way to ensure that children with specific learning difficulties are able to secure appropriate levels of support throughout their school years?

What are specific learning difficulties?

7.1 Children with specific learning difficulties face particular problems in key areas of learning. For example a child may find it especially difficult to learn to read, even with intensive support. In turn, these difficulties limit ability to achieve in other areas of the curriculum. The difficulties experienced by these children are considered to be largely a result of intrinsic neurological factors rather than environmental causes:

...it is a central nervous system difference. This is an individual difference, just as you might be better at dancing...I will never be as good as you are because I am just not wired that way...People are born with it. It is not their fault.¹⁵⁰

As one mother told the committee,

[There was] a part of the brain that was not functioning correctly – it was slow or whatever. That would not be a problem in other societies, but the basis of this society has made it a problem. ... She is very bright. If you do not ask her to read something, you would not know there was a problem.¹⁵¹

7.2 Early identification of children who have specific learning difficulties is very hard. Some children will not display any obvious signs of difficulty in the early years. Others may show early evidence of risk factors like communication difficulties but it takes time to establish a need for ongoing support. In many cases, children with specific learning difficulties will not

¹⁴⁹ National Health and Medical Research Council, *Learning Difficulties in Children and Adolescents* Australian Government Publishing Service, Canberra, 1990, P.

¹⁵⁰ SPELD evidence, 20 March 2001

¹⁵¹ Witness A, evidence, 22 May 2001

be identified until they reach school and start to experience persistent problems with the school curriculum.

- 7.3** There is considerable debate over the terminology used to describe this group of children. DET uses the term 'significant learning difficulties', while the term 'dyslexia' is also frequently used. As outlined below, many people strongly support the use of the term 'learning disability'. For the purpose of this inquiry we have chosen to use the term 'specific learning difficulties' which is used by the peak organisation for these children and their parents, SPELD.

Effect on children and families

- 7.4** During consultations, parents told the Committee about challenges they faced trying to assist a child with a specific learning difficulty and the often devastating impact that a learning difficulty has on their child. Parents invest significant time and resources to help their child but feel that there is little support provided by education or health authorities. Commonly reported experiences include:

- the 'merry-go-round' of appointments and referrals to different specialists in an attempt to find a medical cause for the child's difficulty and a form of treatment that actually works:

What I found ... is that you get on a merry-go-round; you have one assessment here, but the assessment is never a complete one. They recommend you on to someone else and then someone else refers you on. ... you get on this merry-go-round and you keep going round. If it is not successful you are made to feel guilty.¹⁵²

- a lack of readily accessible information for parents about what they can do to support their child and where they can go for help:

You get desperate; you do not know what to do. What I found lacking was some central point to direct me ...¹⁵³

... there needs to be a reference point for parents to say, "Look, I think there is a problem" and then for them to know where to refer you on to. I do not know what the answer is. It is only by word of mouth, talking to parents and hearing things on the radio that I found out where to go and what to try next. I do not know if you have had anybody but there does not seem to be a central point that you can say, "I think I have a problem" and, "Where should I go from here?"¹⁵⁴

¹⁵² Witness A, evidence, 22 May 2001

¹⁵³ Witness A, evidence, 22 May 2001

¹⁵⁴ Witness A, evidence, 22 May 2001

- parents' perceptions that educators and other professionals assume the child's difficulties are a result of poor parenting:

They tended to think that it was my mothering skills and that I would need parenting classes. I think that is very common – to blame the mother. Indeed I blamed myself, too.¹⁵⁵

- professionals, teachers or other parents may dismiss parents' early concerns about their child's development, telling them that their child would 'grow out of it':

I thought she was having difficulties in preschool. ... Then we went to Kindergarten and to school. I am an older parent and apparently there is an "anxious older parent" syndrome. People kept saying, "it will click. She'll be right. She's a bright little thing – don't worry. You are too anxious."¹⁵⁶

- families are unable to access any funding programs to provide extended support for children with specific learning difficulties:

I feel that there are lots of things out there to help children with other types of problems, for example, a visual impairment, a hearing impairment or an intellectual disability. Support services in the school system cater for those things. However, the majority of parents here have children who do not necessarily have a visual impairment or who are not handicapped. They have a specific learning difficulty and it is simply not recognised by the education system, and because of that there is very little available for these parents and these children. That has been my experience.¹⁵⁷

- families can spend considerable amounts of money to provide specialist support for a child with a specific learning difficulty:

I would say all up to now it is about \$23,000. That is over the last seven years.¹⁵⁸

- the devastating impact that persistent learning problems have on a child's self-esteem:

Each morning it is a battle. Someone said to me, "We go to school all day and she fails and then we give her homework and she goes home and she fails again for a couple of hours a night."¹⁵⁹

¹⁵⁵ Consultation, Mount Druitt-Blacktown Learning Difficulties Support Group, 23 May 2001

¹⁵⁶ Witness A, evidence, 22 May 2001

¹⁵⁷ Consultation, Mount Druitt-Blacktown Learning Difficulties Support Group, 23 May 2001

¹⁵⁸ Witness A, evidence, 22 May 2001

¹⁵⁹ Witness A, evidence, 22 May 2001

Ongoing support for children with specific learning difficulties

7.5 Many of the suggestions raised in other chapters, directed at strengthening the early childhood sector in NSW, and ensuring that specific provision is made for children who experience difficulty learning, would assist children with specific learning difficulties.

7.6 However, one-off, time-limited supports such as Reading Recovery do not address their specific ongoing needs. While a child with a specific learning difficulty may be capable of achieving age-appropriate outcomes at school they may need permanent assistance in order to do so. As Professor Elkins told the Committee,

At the moment, unless we can learn more about these 'treatment-resistant children', we really are stuck with trying to support them throughout their school career. That may, in the extreme cases, mean less trying to make them better at reading and more trying to make the reading task easier for them by alternative text, tape-recording and a number of things which represent a way around the problem, rather than a solving of the problem.¹⁶⁰

7.7 There is a widespread view that existing forms of support for children with special learning needs, such as STLDs, do not effectively support children with specific learning difficulties over the longer term.

Integration funding for children with disabilities

7.8 Funding for children with recognised intellectual, sensory or physical disabilities is provided under State and Commonwealth programs but is subject to strict eligibility criteria. Most funding programs for children with disability rely on the medical diagnosis of a particular condition, such as Downs Syndrome. Children with specific learning difficulties normally do not meet the eligibility criteria for these programs. According to SPELD,

The concept of inclusive education today is really an anomaly. It is really exclusive. The concept of inclusive education today generally refers only to those children with a label – those children with a manifest disability. It excludes all children who are experiencing or who may experience learning difficulties.¹⁶¹

7.9 We were told that parents of children with specific learning difficulties often spend considerable time and effort trying to obtain a medical diagnosis in the belief that this will attract integration funding for their child. However a diagnosis, if it can be obtained, will not have any direct educational benefit for the child, and usually will not be sufficient to attract funding.

Should the concept of 'learning disability' be recognised?

7.10 Many witnesses and submissions argued that there is a need for relevant Commonwealth and State departments to recognise that children with specific learning difficulties have a

¹⁶⁰ John Elkins, evidence, 2 August 2001

¹⁶¹ SPELD, evidence, 20 March 2001

disability and should be funded under programs that support children with disability. The effect of this would be to create a new category of 'learning disability' that would attract funding for specialist support.

7.11 There is considerable support in the literature for the concept of 'learning disability', and the term is accepted by the National Health and Medical Research Council.¹⁶² Ongoing support for children with specific learning difficulties is also provided in other jurisdictions, notably the United Kingdom and the United States. Similarly, the concept of 'learning disability' is recognised in State and Commonwealth anti-discrimination legislation.¹⁶³

7.12 However, DET has told the Committee that it does not support the use of the term 'learning disability' to describe children who have ongoing problems with areas of the curriculum such as literacy and numeracy.¹⁶⁴ According to the Department, labelling children in this way may have a counter-productive effect on the child. Additionally, the Department advised that it would be difficult to avoid the need to obtain a medical diagnosis,

There is considerable debate about what constitutes "learning disabilities". However, the inability of a student to make progress on a particular program would be insufficient for a diagnosis of "learning disability" due to the many student and teacher variables that could account for lack of progress.¹⁶⁵

7.13 DET has suggested that allocation of specialist resources for children with special learning needs should be based on a 'functional' approach which looks at the educational needs of the student,

Rather than focus on the cause, focus on what we can do about it. ... [There is] a very strongly held perspective across Australia that we need to not label children; that we need to look at a functional approach in terms of focusing on the difference we can make to their learning ...¹⁶⁶

7.14 DET notes that this approach avoids debate over the origin of a child's difficulty and the need to obtain a diagnosis to attract funding. DET suggested that perhaps the focus should be on research into effective and equitable strategies to assist children with ongoing learning needs and determining whether there are more effective ways to identify and support these children on entry to school.¹⁶⁷

¹⁶² NHMRC, 1990. Op.cit. p?

¹⁶³ The definition of 'disability' in Section 4 of the *Anti-Discrimination Act 1977* (NSW) includes 'a disorder or malfunction that results in a person learning differently from a person without the disorder or malfunction' cf *Disability Discrimination Act 1992* (Cth), s4

¹⁶⁴ Correspondence from DET, 21 September 2001

¹⁶⁵ Ibid

¹⁶⁶ Milson, evidence 20 February 2001

¹⁶⁷ Correspondence from DET, 21 September 2001

- 7.15** In evidence, SPELD noted that the real benefit of adopting the term ‘learning disability’ is that it would provide a means for children to access support. According to SPELD, resistance to the concept of ‘learning disability’ is largely a result of budgetary concerns,

[W]e look at risk factors and try not to label. Labelling in itself really has no educational value. The learning difficulties-disabilities debate really has more to do with political issues, funding and service provision than it does with educational provision or accommodation. One of the big problems with calling it “learning disability” is that if you assess the children and they exist you have to service them. The disability funding will then have to be divided into that many more sections. ... We need the recognition of the disability ... not for any purpose other than to realise that a child needs specific, targeted assistance. ... In actual fact, except for the political and the funding issues, there is really no need to identify a young child with a learning disability.¹⁶⁸

Comment and questions

- 7.16** There is a general consensus that more needs to be done to ensure that children with specific learning difficulties can access long-term support for their learning. We seek comment on the best way to ensure that resources for extended support, particularly during the school years, are available for this group. Underlying the debate over the term ‘disability’ as opposed to functional models of support is the need to ensure that additional resources are made available to support these children in an equitable and effective manner.

Question 45

What is the best way to ensure that children with specific learning difficulties are able to access ongoing support, and should the concept of ‘learning disability’ be incorporated into funding criteria?

The role of certain treatments

- 7.17** A major area of debate is the extent to which the underlying neurological factors that make it difficult for a child to learn can be treated so as to reduce or eliminate the need for ongoing educational support. The conventional view is that specific learning difficulties are ‘hardwired’ and cannot be overcome by medical interventions. Children with specific learning difficulties therefore need educational or behavioural support and in some cases medication in order to learn effectively at school.
- 7.18** The Committee received evidence from many parents and a number of professionals regarding less conventional forms of treatment to assist children who have specific learning difficulties. Many of the treatments aim to help correct the often subtle difficulties a child

¹⁶⁸ SPELD evidence, 20 March 2001

with specific learning difficulties may experience in processing, organising and responding to sounds and visual information.

- 7.19** The most common of these treatments referred to the Committee include Samonas sound therapy, behavioural optometry, dietary supplements and kinesiology. Supporters of these approaches do not claim that they provide a complete or simple solution to the often multi-faceted problems experienced by children who have significant learning difficulties. However, we were told that a properly managed program can greatly enhance a child's responsiveness to more conventional interventions such as speech pathology and remedial education programs.
- 7.20** These treatments are controversial. Detractors claim that they are supported by little scientific evidence, are expensive and play upon parental concern. Support for this position is found in a 1990 review by the National Health and Medical Research Council (NHMRC) which stated that 'for many of these treatments, there is either an inadequate theoretical basis or outcomes have been unproven.'¹⁶⁹
- 7.21** Supporters claim that there is growing evidence of their efficacy and that conservatism on the part of medical and educational professionals has prevented their wider use to assist a very needy group of children. We have been told that the 1990 review by the NHMRC is out of date and there is now a substantial body of published research that supports some of these approaches.¹⁷⁰
- 7.22** We are not in a position to make judgements regarding the value of the various forms of treatment described to the Committee. However, the debate in this area raises questions about whether there are any new forms of medical treatment for children with learning difficulties that should be evaluated further.
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Question 46

Is there any reliable evidence about the efficacy of non-conventional treatments to help overcome the intrinsic factors that result in learning difficulties? If so, how should this knowledge be reflected in practice?

¹⁶⁹ NHMRC, 1990, op. cit, p.23

¹⁷⁰ Submission 70, Federation of Parents and Citizens Associations of NSW

Chapter 8 Therapy Services

Submissions and evidence have highlighted major concerns about the significant shortage of therapy services for children with or at risk of learning difficulties. While the target group for this inquiry often responds extremely well to therapy, priority is generally given to children with ongoing complex needs or manifest disability. A key dilemma for this inquiry is how best to balance the interests of children with lesser therapy needs against those of children who have continuing and substantial needs. This chapter considers ways to increase the supply of therapy services for children who may be at risk of learning difficulties as well as ways to reduce the demand for therapy by building community capacity to support these children.

Much of the evidence received by the Committee identifies speech pathology as a major area of unmet need for children with learning problems. This is because of the strong link between delayed development of language in the early years and later problems with learning at school. Speech pathology is therefore used in the chapter to illustrate issues relating to therapy services. We note, however that other forms of therapy, particularly occupational therapy, are important for many children who have potential learning problems.

Key question: How can we ensure that children whose potential or actual learning difficulties do not stem from a diagnosable disability have access to appropriate therapy services?

Role of therapy services

- 8.1** While better access to therapy services will not provide a complete or simple 'solution' to the problems faced by all children who have difficulty learning, therapy services can assist children to overcome underlying developmental, behavioural, medical or allied health problems that impede their ability to learn.
- 8.2** Therapy is an area where there is considerable support for the principle of 'the earlier the better'. The long-term outcomes of therapy delivered during the critical periods of early brain development will often be more significant than if it is received at a later stage. This means that young children need access to professional services as soon as possible after the need is identified. By contrast, adults who need therapy may be less disadvantaged by delays.

Main providers of therapy services

- 8.3** The main providers of therapy services for children in NSW include
- NSW Health, including therapists in Child and Family Teams in Community Health Centres; hospital based paediatric clinics and specialist units such as the Child Development Unit at the Children's Hospital at Westmead

- Therapists employed by the Department of Ageing Disability Services and Home Care (DADHC) in Community Support Teams (formerly DoCS Disability Services)
- Non-government community-based early intervention services. Early intervention services may use a mix of State and Commonwealth funding programs to pay for therapy
- Therapists in private practice.

Problems in accessing therapy

8.4 We were told that there are not enough therapists employed in public agencies such as NSW Health and DADHC to meet existing and potential demand. Problems of supply are exacerbated in regional and rural areas which have difficulty attracting and retaining qualified therapists to work for DADHC, NSW Health or in private practice. Availability of departmental therapists in rural areas is also limited by the fact that a substantial proportion of paid therapy time is taken up by travel time.

8.5 In addition, children who do not have a manifest or significant disability do not receive priority access to available therapists in Health Department or DADHC services. Consequently, significant waiting periods, well in excess of 6 months, exist for access to therapy in rural and city areas. Ready access to these services would be very beneficial to these children as the DET submission noted:

for this group of children, long waiting lists for services are of concern. These children are a very low priority for government service providers and yet, they respond very positively to early intervention.¹⁷¹

8.6 Similarly, Commonwealth and State funding criteria for non-government early intervention services exclude children who do not have a significant disability.

8.7 Early intervention services also told us that there is inconsistency in the way different Area Health Services and DADHC regions allocate and prioritise resources for therapy with the result that children in some areas are disadvantaged. This difficulty was also highlighted by DET:

Attempts to negotiate the issue between key government departments and non-government organisations have been largely unsuccessful, frustrated by differences in regional boundaries, eligibility criteria, availability of therapy services, particularly in country areas, and a lack of interagency commitment and agreement.¹⁷²

8.8 Significant delays in accessing public therapy programs mean that parents who can afford to do so pay for private therapists. This may impose a large cost burden on families and

¹⁷¹ Submission 18, Department of Education and Training

¹⁷² Submission 18, Department of Education and Training

can have significant equity implications for people who have lower incomes or who live in areas where private therapists are not available. DET has noted that:

Children whose families are unable to afford to pay for therapy services through the private sector are further educationally disadvantaged.¹⁷³

- 8.9** A consistent message received by the Committee is that there are not enough speech pathologists available to meet the needs of children in New South Wales. We were told that lack of speech pathologists inevitably limits the ability of government and non-government early intervention agencies to effectively help children with learning difficulties.
- 8.10** According to Speech Pathology Australia the speech pathology workforce in NSW is currently 600 full time equivalent (FTE) positions,¹⁷⁴ or 9.4 per 100,000 head of population. This workforce must meet the needs of the entire population – adults and children. Speech Pathology Australia referred to United Kingdom research which suggests that 9.1 FTE speech pathologists (or 7.7 FTE speech pathologists with therapy assistants) per 100,000 population would be needed solely to serve the needs of children with communication difficulties (excluding children who have an intellectual disability); and 26.2 FTE speech pathologists (or 20.5 FTE speech pathologists with therapy assistants) per 100,000 population would be needed to properly serve the needs of the entire population.

Comment and questions

- 8.11** It has been suggested that the most equitable way to assist children across all income groups who are placed at educational risk because they cannot access timely therapy would be to increase the number of therapists employed in public agencies such as NSW Health and DADHC.
- 8.12** However, there are a number of constraints on the capacity of government agencies to employ a greater number of therapists. These include the cost and the possibility that funds may be diverted from other more cost-effective ways to assist children at educational risk as well as the overall shortage of qualified therapists to fill positions, especially in regional areas.

Question 47

Should NSW Health and/or the Department of Ageing, Disability and Home Care employ more therapists so that the target group for this inquiry can access appropriate therapy? If so, what level of increase would be necessary to make a difference for children with learning difficulties?

¹⁷³ Submission 104, NSW Health

¹⁷⁴ Submission 84, Speech Pathology Australia

Question 48

What are the barriers to the employment of additional therapists in public agencies such as NSW Health or the Department of Ageing, Disability and Home Care? How might these barriers be overcome?

Accessing existing departmental therapy services**Priority for access to NSW Health therapists**

- 8.13** NSW Health therapists are intended to serve the entire population, including children with learning difficulties. While educational outcomes may be significantly improved by providing therapy for children with lesser needs, this may not be seen as a key priority for health services. It was therefore suggested that Area Health Services should ensure that children are given a higher priority within existing therapy services so that those with non-urgent needs can gain timely access to therapy. We note that unless therapy resources were increased generally, this would result in reduced availability to adults who require therapy.
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Question 49

Should children receive higher priority access to NSW Health therapists? Should all Area Health Services be required to consistently set higher priority for children's therapy services?

Criteria for access to DADHC therapists

- 8.14** Strict eligibility criteria limit access to specialist therapy services provided directly by DADHC to those children who have significant disabilities that require ongoing specialist support. Submissions have noted that such restrictions pose particular problems for younger children:

The Department ... restricts their service provision to those children who are determined to have a moderate or severe disability. At a very early age, especially the children aged 0 – school age, the children who are determined to be mild (and who therefore will miss a service) can very quickly deteriorate to a moderate or severe disability without services.¹⁷⁵

- 8.15** This focus is consistent with the orientation of the Department towards people who come within the Disability Services Act. However, therapy services provided by DADHC for children with disability make use of specialist expertise in enhancing a child's development. This skills base is equally relevant to children who have lesser therapy needs. We therefore seek comment on whether the criteria for access to DADHC therapy services should be modified to allow access by children with less significant needs.
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¹⁷⁵ Submission 79, New England Area Early Childhood intervention Coordination Program

Question 50

Should the criteria for access to the Department of Ageing, Disability and Home Care therapy services be modified to enable access by the target group for this inquiry? If so, how should this be done? What would be the implications of such a change?

Overcoming departmental boundaries

- 8.16** Concerns have been raised about poor co-ordination between children's therapy services provided by NSW Health and DADHC. For example, an Area Health Service may see a young child with a significant communication difficulty as requiring ongoing therapy that could more appropriately be provided by DADHC. However the relevant DADHC Region may have a policy of not providing therapy to children unless they have a specific formally diagnosed disability. Unless systems are in place to ensure inter-departmental co-operation, a child may 'fall through the gaps' and be unable to access therapy from either department. As one early intervention service noted:

The divisions created between the Department of Community Services [now DADHC] and the Department of Health in determining their target groups increases the difficulty in providing service.¹⁷⁶

- 8.17** It is possible that the problems of co-ordination arise because neither department has children at educational risk as their core responsibility and could be alleviated by ensuring that one department takes this responsibility. We have also heard that in some parts of the State, Area Health Services and DADHC Regions do collaborate very effectively to ensure that responsibility is allocated for each child referred for therapy.
- 8.18** However, problems of co-ordination give rise to broader questions about whether it is appropriate to have two separate departmental providers of therapy services for children. It is possible that the two systems currently do not promote effective and consistent service delivery across the range of children who require therapy, and the divisions are confusing for families and service providers to negotiate.

Question 51

Should the Department of Ageing, Disability and Home Care and NSW Health continue to be separate providers of therapy for children in NSW?

Question 52

Is there a need to establish clear departmental responsibility for planning and delivery of therapy services to children with or at risk of learning difficulties? If so, which department should have this responsibility? If not, what can be done to ensure that the Department of Ageing, Disability and Home Care and NSW Health collaborate effectively to ensure that therapy services are available to all children who need them?

Non-government early intervention services

8.19 Non-government early intervention services are significant providers of specialist therapy support for children with special needs. However these programs generally support children with high and persistent needs and do not extend to children with less intensive needs

Under current funding guidelines that provide educational support in children's services and early childhood intervention services, children with learning difficulties are not funded.¹⁷⁷

8.20 There is also concern that funding guidelines increasingly emphasise the formal diagnosis of a specific disabling condition as a prerequisite to support rather than a simpler functional assessment of a child's abilities and needs.

Much of the funding for early intervention services is now being limited to children who have a definitive diagnosis – for example the Commonwealth funded Intervention Support Program and Department of Education and Training Early Intervention Unit. Many children in this rural area are disadvantaged by this requirement because diagnosis is difficult. Difficulties arise because their problems are sometimes very complicated and or rare and parents are unable to access the specialist services that can make that diagnosis. As well many children are just too young for a diagnosis to be made ...¹⁷⁸

This can mean that even children with significant therapy needs but no formal diagnosis are unable to obtain therapy support through early intervention centres.

8.21 There was considerable support in submissions and evidence for the expansion of funding criteria to enable children with or at risk of learning difficulties to access therapy through early intervention centres. We note that early intervention centres may be particularly well placed to offer therapy support for children who have learning difficulties as part of the broader range of integrated family-centred supports that these centres often provide.

8.22 We are aware that less restrictive eligibility criteria would have resource implications for government. However, allowing the target group for this inquiry to access therapy through early intervention centres could reduce the demand for NSW Health and DADHC therapy

¹⁷⁷ Submission 39, Early Childhood Intervention Australia (NSW Chapter)

¹⁷⁸ Submission 79, New England Area Early Childhood intervention Coordination Program

and may be more cost-effective than expanding the services offered by either department. Further comment is sought on this issue.

Question 53

Should funding criteria for non-government early intervention services be modified to enable children who have learning difficulties but not significant disabilities to access therapy support through early intervention services?

Improving availability in rural areas

8.23 We heard that rural areas find it difficult to attract and retain qualified therapists; vacant therapy positions are difficult to fill and experienced staff are hard to keep. NSW Health advised us that it has taken action to address the need for rural therapists through grants and scholarships:

since 1998 the Government has awarded 20 Allied Health Grants to students undertaking rural clinical placements. In addition, 110 rural students have received scholarships to assist them in completing their undergraduate or postgraduate allied health course. In 2002, 40 Allied Health Scholarships and 50 Clinical Placement Grants will be available.¹⁷⁹

8.24 Other suggested ways to address the shortage of therapists in rural areas include:

- Ensuring that allocations of therapy time to rural towns include a full allowance for travel so that therapy time is not reduced by travel time
- Recruitment and training of therapy assistants from local communities to provide ongoing support with assistance and supervision from visiting therapists
- Contracting local therapists in private practice to provide clinical services on behalf of NSW Health and/or DADHC
- Bonuses or other financial incentives similar to those announced in 2001 for teachers and doctors to attract therapists to regional areas
- Flying city-based therapists to conduct clinics in rural areas
- Use of the Internet and related communication technology to provide remote assessment of children's needs and/or supervision of therapy delivered by therapy assistants or others who work directly with the child.

¹⁷⁹ Correspondence from the Hon Craig Knowles MP, Minister for Health, 13 September 2001

Question 54

What are the most effective strategies to enhance the availability of therapy services to children living in rural and remote areas of NSW?

Using resources more efficiently

8.25 We were told that significantly more could be done to reduce demand for therapy services so that the best possible use is made of therapy resources. In particular, there is a need to ensure that major providers of therapy support, such as NSW Health, have a clear focus on preventative and community-based models that reduce the number of children who require clinical therapy.

8.26 Therapy services can be provided in ways that build the community capacity to support children who have relatively minor therapy needs and focus on preventative activities, such as early language development. For example, Speech Pathology Australia highlighted the role that pre-service training for pre-school and early school teachers has in reducing demand for therapy:

It is not a difficult process to instruct teachers how language develops and how it is learnt. Unless teachers understand the system of learning, they cannot identify where it has broken down and they cannot implement effective programs to fix it. Teachers who know about reading introduce effective programs and they never need to see a speech pathologist or a physiotherapist.¹⁸⁰

8.27 Therapy services can also be provided in settings that enhance access for parents and young children. As NSW Health noted,

... increased involvement of speech pathologists or occupational therapists in preschools ... would lead to greater involvement of preschool staff in assessment of children and delivery of appropriate programs. It would be hoped this may reduce the need for one to one therapy from therapists for some children.¹⁸¹

8.28 An interesting example of capacity building in regional NSW is *Toying with their Talking*, a primary prevention strategy aimed at increasing parent and carer awareness of the importance of play and interaction in the development of language. Developed by speech pathologists at Cootamundra Community Health Centre, *Toying with their Talking* is intended to help communities overcome environmental factors that contribute to language delay by increasing the quality and quantity of interactions between parents and young children through public awareness activities and partnerships with key services such as childcare centres, pre-schools and playgroups. Other aspects of the strategy include training for key

¹⁸⁰ Dent evidence, Speech Pathology Australia, 20 March 2001

¹⁸¹ Submission 104, NSW Health Department

workers such as maternity and early child health nurses to provide information about language to parents.¹⁸²

Consultancy models of therapy

8.29 Over recent years use of consultancy models of therapy has increased, in which qualified therapists work collaboratively with parents, early childhood workers or teachers to identify and support children with specific therapy needs. Expanding this collaboration is a vital strategy to build community capacity to support children who need therapy and reduce demand for one-to-one therapy.

8.30 Benefits of these approaches include:

- the potential for a given number of therapists to assist greater numbers of children than through direct one-to-one therapy
- improved outcomes because the child receives support within a familiar context rather than being withdrawn to an unfamiliar clinical environment
- increased skill sharing with other professionals, such as child and family health nurses, childcare workers and teachers to identify and manage factors that can have an impact on children's learning
- increased parental involvement in the child's support – by involving parents directly in the therapy program, a consultant therapist supports the parents' role as primary educators of their child

8.31 Possible disadvantages include:

- the quality of therapy provided to the child may be reduced – people with limited or no training may provide less effective therapy and be less able to modify the therapy program to meet the changing need of the child than a fully qualified therapist
- over-use of the consultancy model without any provision for one-to-one therapy may prevent children with complex therapy needs from obtaining proper support – children with intensive needs will continue to need direct access to skilled therapists.

8.32 A good example of a consultancy therapy model currently operates within Macarthur Area Health Service. In response to long therapy waiting times for children with learning difficulties, the Macarthur Child Development Service has developed two outreach projects that focus specifically on children with learning difficulties. The projects situate therapy within existing services and build their capacity to provide ongoing support to children with special needs.

¹⁸² To help other communities implement similar strategies, Cootamundra Community Health Service has produced a project document and resources

- 8.33** The *Teamwork Project in Schools* is offered to two schools in the Campbelltown area each year and has been operating since 1995.¹⁸³ A speech pathologist and occupational therapist visit selected schools for two days per week and work as part of a team within the school community to assist children with learning difficulties and to enhance the skills of staff and parents. The therapists work collaboratively with teachers in whole class sessions, and give priority to infants classes. After the project's withdrawal from the school, follow up resources are provided to sustain gains.
- 8.34** Since 1998, the Child Development Service has also conducted a team-based therapy outreach program in selected early childhood centres in conjunction with the Macarthur Community Health Speech Pathology Team. The program provides a speech pathologist, occupational therapist and clinical psychologist to work collaboratively in selected pre-schools and daycare centres across the Macarthur region.

Comment and questions

- 8.35** We seek further comment on ways to build the capacity of the community to support children who require therapy. We note that this approach should not be used to justify limited availability of therapists, but is a valid way to harness existing skills and resources to achieve better outcomes for children who are currently overlooked.

Question 55

What role should therapists have in early childhood services such as pre-school and day care? Should there be an expansion of programs such as the Macarthur Teamwork Project in Schools and Pre-school Outreach Project? How should this be funded and administered?

Question 56

Should there be greater use of consultancy and team-based models of therapy to support children with or at risk of learning difficulties? What role should NSW Health have in providing community-based and preventative therapy services for children at educational risk?

¹⁸³ Submission 75, Macarthur Health Services, Child Development Service

Therapy for school-age children

Continuity of Services

- 8.36** A significant concern raised by parents and early intervention providers was the lack of continuity in service provision for children when they reach school. School entry is a point where the focus on children's outcomes shifts from 'development' to 'learning' and departmental responsibility changes from NSW Health, DADHC and DoCS to DET. Funding programs for therapy support in the prior-to-school years are separate from those for school-age children; they are administered by different departments and have different eligibility criteria.
- 8.37** Most witnesses have suggested that funding criteria for specialist support are stricter for school-age children, with the result that some children with continuing therapy needs lose access to support that was previously available through early childhood services. This is a particular concern for children with specific learning difficulties.

Providing therapy in schools

- 8.38** Therapy for children with learning difficulties lies at the interface of medical treatment and educational provision. While most forms of therapy have traditionally been provided by health services, the close links between some types of therapy and educational outcomes has led to suggestions both here and overseas that educational authorities should be directly responsible for providing therapy. In the United Kingdom, courts have found that the obligation to provide speech pathology services to children with special educational needs lies primarily with education authorities:

To teach an adult who has lost his larynx because of cancer might well be considered as treatment rather than education. But to teach a child who has never been able to communicate by language, whether because of some chromosomal disorder ... or because of a social cause ... seems to us just as much educational provision as to teach a child to communicate in writing.¹⁸⁴

- 8.39** In the United Kingdom, consideration is now being given to funding other types of therapy such as occupational therapy and physiotherapy as educational provision.¹⁸⁵
- 8.40** A number of submissions and witnesses have argued that therapists, particularly speech pathologists, should be employed to work directly in schools to support children with learning difficulties. New South Wales is one of two states in Australia that do not employ therapists in education departments. By contrast, Queensland employs the full time

¹⁸⁴ *R v Lancashire County Council, ex parte Moore* (1989) 87 LGR 567 at 580

¹⁸⁵ *Provision of Speech and Language Services to Children with Special Educational Needs (England)*, Report of the joint Department of Health/Department for Education and Employment Working Group on the Provision of Speech and Language Therapy Services to Children With Special Educational Needs, Department for Education and Employment, November 2000

equivalent of 132 speech pathologists to provide direct support to children and work with parents and teachers to improve their capacity to support children with communication needs.¹⁸⁶

8.41 Within the NSW public education system children with significant communication needs receive additional support through 44 Support Class Language units that each cater for eight students. Speech pathology needs for these children are met by local Area Health Services. However

as the demands on health speech pathologists have grown, this service provision is ad hoc and based on individual health service capacity rather than systematic planning for children's specific needs.¹⁸⁷

We have been told that demand for Support Class Language units significantly outstrips supply and that more comprehensive support for children with learning difficulties could be achieved by emulating the approach of other States in employing therapists within the education system.

8.42 We note that direct employment of therapists within schools is only one way to ensure that therapy support is provided in educational settings. Alternatively, stronger links with established providers, such as NSW Health, could enable therapy support to be provided within schools along with other appropriate settings such as childcare centres and pre-schools.

8.43 Another approach is used in some education districts in Western Australia, where public schools pay private therapists to work in classrooms with teachers and parents. During a visit to East Wai Ki Ki Primary School in Western Australia the Committee observed a speech therapist working in the classroom as part of the *Peel Oral Language Project*. The project, jointly funded by the Peel Education District and the Area Health Service, aims to minimise or prevent language based learning and/or literacy difficulties in students in the early years of schooling. Primary schools contract a speech pathologist at an hourly rate to work collaboratively with teachers, teacher's aides and parents to plan and run classroom sessions aimed at improving oral language skills.

Question 57

Should speech pathologists and other relevant therapists be employed by the Department of Education and Training to work in schools?

Question 58

Are there other ways to ensure that schools cater appropriately for children who have special therapy needs?

¹⁸⁶ Submission 84, Speech Pathology Australia

¹⁸⁷ Submission 84, Speech Pathology Australia

Chapter 9 Finding Solutions

Throughout the inquiry, the Committee has been told about innovative ways to make 'the system' work better for children and families, some of which have been implemented in different parts of the State. However, several inquiry participants urged the Committee to go beyond 'community' level solutions and address fundamental concerns about children's services in this State. While various 'systemic solutions' were suggested, these ideas were not presented in fine detail and there was no consensus on the best way forward.

System-wide reform of early years policy and practice has occurred in the United Kingdom and Canada. Closer to home, *Families First* represents an important first step in initiating systemic change in NSW and is discussed in the final part of the chapter.

Key question: How can we build a more co-ordinated early childhood sector in NSW which addresses the needs of children with potential or actual learning difficulties?

Table 1 Systemic barriers to assisting children with learning difficulties

Systemic Issue	Impact on children and families
<p>Fragmentation</p> <ul style="list-style-type: none"> ▪ Responsibility for early childhood services in NSW is divided between Commonwealth, State and local government as well as non-government and private agencies. ▪ Within NSW, four different departments deliver or fund early childhood services and 'getting them to work well together is difficult.' ▪ People who work in the early childhood sector are often constrained by the beliefs and practices of their particular professional background or institution. ▪ Each of the main providers of early childhood services in NSW has their own policy objectives, planning processes and funding criteria. 	<ul style="list-style-type: none"> ▪ A complex and confusing system for families and service providers. ▪ There is no single point of contact for parents to seek information and support. ▪ The tendency to work in professional or agency 'silos' works against providing 'holistic' support for children and families. ▪ Poor information transfer between services
<p>Lack of provision for children with learning difficulties</p> <ul style="list-style-type: none"> ▪ Early Intervention funding is largely directed to children with high support needs and/or a diagnosed disability rather than to children with lower support needs or mild delays. 	<ul style="list-style-type: none"> ▪ Children with learning difficulties tend to 'fall through the cracks' of service provision ▪ Long waiting lists or lack of access to therapy, early intervention and other services exacerbate the problems of children and families ▪ Parents who seek private therapy services face a significant financial burden.

System-wide solutions to address fragmentation

A department of early childhood?

- 9.1** Many inquiry participants suggested that early childhood services would be less fragmented if one State government agency had primary responsibility for children 0-8 years, rather than four agencies as is presently the case.¹⁸⁸ However, Professor Alan Hayes was the only participant to offer an opinion regarding the most suitable agency for the role:

People may take issue with this, but in some ways ideally it should be the Department of Education and Training in this State. The reason I say that is because of the need for close articulation with school. We are dealing with a set of problems that have a big bearing on children's progress when they get to formal schooling. It would be logical for it to be under the umbrella of the Department of Education and Training. Other agencies may say that they are better placed to do it but, in some ways, there is better co-ordination and a better probability of a smooth transition.¹⁸⁹

- 9.2** If there was some movement towards rationalising responsibility for early childhood services and policy in this State, the Committee can see why the Department of Education and Training might be a logical choice. As the Department itself acknowledged:

...the prior-to-school period is very important for our department. We are the beneficiaries of what has occurred previously.¹⁹⁰

Interagency committees and guidelines

- 9.3** The creation of a single 'super' agency is not the only way to cut across departmental boundaries and the Committee heard about other ways to foster co-ordination between portfolio areas. For instance, in Perth the Committee met with the Inter-agency Committee on Children's Futures (ICCF). The ICCF consists of senior officers from government agencies with responsibility for children, as well as researchers from the Institute of Child Health Research. The ICCF has initiated several impressive inter-agency projects intended to enhance inter-agency cooperation.
- 9.4** The NSW Commission for Children and Young People suggested that interagency guidelines in the learning difficulties area would be 'worth considering'. The proposed guidelines could outline the key roles and responsibilities of different agencies and what practitioners should expect of other agencies responsible for helping children with learning difficulties. The Commission noted that recently revised interagency guidelines for Child Protection Intervention had been very effective.¹⁹¹

¹⁸⁸ A variation on this idea was creating a new Ministry of Children and Youth Affairs

¹⁸⁹ Hayes evidence, 20 February 2001

¹⁹⁰ DET evidence, 20 February 2001

¹⁹¹ Submission 69, NSW Commission for Children and Young People

Comments and questions

- 9.5** We are aware that sharing responsibility for early childhood services among four state government departments contributes to complexity and this in turn effects the nature and quality of provision for children with learning problems. Assigning responsibility for early childhood services to a single agency and/or establishing inter-agency guidelines and committees are possible responses to the problem of fragmentation. Your comments on these suggestions would be welcomed.

Question 59

Should responsibility for early childhood services in NSW be assigned to one government agency? If so, which agency should hold this responsibility?

Question 60

Could inter-agency guidelines and/or committees facilitate greater co-ordination between the four state government departments responsible for early childhood services in NSW?

Families First

- 9.6** *Families First* was established in 1999 as a co-ordinated strategy to provide parents and carers with the skills and information to raise healthy children. It aims to link families with services and networks in their communities and establish new services where there are gaps. An evaluation of the strategy by the Social Policy Research Centre is about to commence. While we received very little detailed evidence about the impact of *Families First* there was considerable support for its underlying goals and principles.
- 9.7** At least two of the stated goals of *Families First* are relevant to children with learning difficulties. These are:
- Better functioning families who are able to interact and learn from one another; and
 - Children who are better prepared to learn and develop when they start school.
- 9.8** However, neither goal is accompanied by a measurable target. This contrasts with similar initiatives overseas, such as *Sure Start* in the UK which aims to assist disadvantaged children under the age of four and which has targets for all of its program objectives. For example, *Sure Start* areas are expected to achieve a five per cent reduction in the proportion of low birth-weight babies within a particular period, and to ensure 90 per cent of children have normal speech and language development at 18 months and 3 years.¹⁹²

Comment and questions

- 9.9** The Committee invites comment on the potential of *Families First* to build a more co-ordinated early childhood sector in NSW which meets the needs of children with potential or actual learning problems. We also note that the State government recently announced that after July 2003 the co-ordination of *Families First* would move from The Cabinet Office to the Department of Community Services, and the Committee welcomes feedback on the possible ramifications of this decision. Finally, we would also be interested in the extent to which the forthcoming evaluation should look specifically at the needs of children with learning difficulties and their families.
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Question 61

What is the potential of *Families First* to improve the co-ordination of early childhood services in NSW?

Question 62

Should the stated aims of *Families First*, including those relevant to learning difficulties, be accompanied by measurable targets, and if so, what should they be?

Question 63

What are the implications of moving the co-ordination of *Families First* from The Cabinet Office to the Department of Community Services?

Question 64

Should the forthcoming evaluation of *Families First* look specifically at the needs of children with learning difficulties and their families?

Making connections

- 9.10** The Committee heard about several initiatives designed to help families overcome the complexities of a fragmented early childhood sector. These involve employing and/or training a highly skilled early childhood professional who is capable of working across professional and systemic boundaries. These people may not be able to change the system, but they can at least minimise the ill effects of a highly fragmented sector.
- 9.11** For example, Macquarie University, in partnership with *Good Beginnings*, has developed an in-service training program for a 'community connector' whose role is to identify and link families to appropriate services and supports. According to Professor Alan Hayes from Macquarie University, these professionals need

...a deep understanding of child development, the role of families in child development and the supports that communities can give to families in that child development work.¹⁹³

9.12 In Ontario, 'Community Champions' bring together key players in the early childhood sector to develop and oversee plans for local areas. Champions assist communities to identify gaps and adapt services and programs to meet their particular needs.

9.13 In a recent discussion paper, a Conference of Education Systems Chief Executive Officers (CESCO) working party raised the possibility of establishing a credentialling system for early childhood professionals which would incorporate a range of qualifications and

could encourage a smoother transition between systems, more varied career pathways across the field and a cohesive and flexible workforce.¹⁹⁴

Comments and questions

9.14 The Committee has identified several initiatives designed to overcome the tyranny of fragmentation. Whether called a community connector or champion, the principle is similar and in seeking to work within the system, such a person may even be able to change it from within.

Question 65

Is there a role for a specialist early childhood professional to make connections between families and systems and if so, how should this role be supported?

Lack of comparative data on early childhood services

9.15 The Committee was told that consistent and reliable data on participation in early childhood services on a state-wide and national basis is difficult to obtain. In 1996, a Senate Committee recommended the establishment of a National Research Centre, which would include a clearinghouse to collect and co-ordinate comprehensive data on early childhood services across the country. However, this recommendation has not been acted on.

Question 66

Who should be responsible for establishing a national clearinghouse on the provision of and participation in early childhood services?

¹⁹³ Hayes evidence, 20 February 2001

¹⁹⁴ CESCO Report p.19

Improving co-ordination between the Commonwealth and NSW

- 9.16** Associate Professor June Wangmann told the Committee there is a lack of collaboration at the policy and administrative level in relation to Commonwealth and State programs for children with learning difficulties and that attempts by the State over the past six years to achieve a more integrated system with the Commonwealth have been unsuccessful. She also argues that achieving a successful outcome is not helped by the Commonwealth's splitting of care and education between its Departments of Family and Community Services and of Education, Training and Youth Affairs, which administer separate programs for children with learning difficulties.¹⁹⁵

Comment and questions

- 9.17** The Committee is aware of several forums through which greater co-operation could be encouraged between the Commonwealth and State governments, including the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) and the Early Childhood working party of the Conference of Education Systems Chief Executive Officers (CESCO). Ideas about whether these forums or other initiatives could enhance the co-ordination of early childhood services between the State and the Commonwealth would be valuable.

Question 67

What are some of the ways to foster greater co-ordination of early childhood services between the State and Commonwealth governments?

Providing for children with learning difficulties**Extending the reach of early intervention services**

- 9.18** The Committee is aware of many initiatives employed by government and non-government early intervention services to provide a more co-ordinated service for children with disabilities. However, in most cases children with lower support needs or without a diagnosed disability are not eligible for this assistance - a source of great frustration for parents and professionals.
- 9.19** The Lapstone Pre-school Kindergarten Association, for example, recently established an Integration Support Service whereby a special needs teacher assists families to find an appropriate childcare centre or pre-school and an experienced childcare worker helps the child to settle in and participate in the educational program. The Association would like the service to be extended to children with mild delays, but told us that it does not have the

¹⁹⁵ Submission 101, Department of Community Services, Office of Child Care

necessary funding.¹⁹⁶ Similar concerns were expressed by most other early intervention services and professionals.

9.20 The Early Childhood Intervention Coordination Project (ECICP) was commissioned in 1991 to recommend ways to improve the planning, co-ordination and delivery of early intervention services for children with a diagnosed disability in NSW. Following its review in 1997 by David McRae, the project was granted program status and was implemented across the State with funding from DET, NSW Health and DADAHC. At present, the program operates in 73 local committees in 16 local planning areas across the State.¹⁹⁷

9.21 The 1997 McRae review was generally very favourable.¹⁹⁸ Judging by the evidence to our inquiry, the program continues to generate considerable benefits for children with disabilities and developmental delay and their families. Witnesses suggested it should be extended or duplicated to cater for children with learning difficulties:

While it...has a target group that is different from the one to which we are referring, the process and the actual program itself are some things worth looking at.¹⁹⁹

The Early Childhood Intervention Co-ordination Program has a philosophical way of bringing those people together...We have the basis there and I believe we could do something with it—with some teeth and funds.²⁰⁰

9.22 Ms Butler from *Learning Links* felt that Infoline, a Statewide directory which provides advice to families regarding appropriate early intervention services, could be expanded to provide an extremely useful network on health, development and learning issues for all young children and their families.²⁰¹

Comments and questions

9.23 Early intervention services provide valuable support for children with disabilities and developmental delay. As well as providing direct support, they help to smooth the way for families through what can be a daunting and complex process. However, their ability to support children with learning difficulties is severely constrained and this group of children often miss out on the expertise and experience of these professionals.

¹⁹⁶ Submission 38, Lapstone Pre-school Kindergarten Association

¹⁹⁷ Knight evidence ADD, 20 March 2001

¹⁹⁸ D McRae, *The Early Intervention Coordination Project in NSW: An Evaluation*, Ageing and Disability Department, August 1998, p.3

¹⁹⁹ Milson evidence, DET, 20 February 2001

²⁰⁰ Butler evidence, Learning Links, 2 August 2001

²⁰¹ Submission 51, Learning Links

- 9.24** The ECICP appears to have had a very positive impact on the co-ordination of early childhood intervention services in NSW. This or a similar program could provide very real benefits to children with learning problems. However, the duplication or extension of the program to children with learning difficulties would require a significant injection of funds to allow existing early intervention services to extend their reach.

Question 68

Should early intervention services receive additional funding to cater for the needs of children with learning difficulties?

Question 69

Should the Early Childhood Intervention Co-ordination Program be adapted or a similar program introduced to cater for the needs of children with learning difficulties? If not, why not?

Conclusion

- 9.25** There is widespread agreement regarding the need to build a more integrated system to deliver early childhood services in NSW. What is less clear is how we achieve this goal. Should the government appoint a Minister for Children and Youth Affairs, as the Commonwealth has done recently? Should we set up a new Department of Early Childhood to take responsibility for early childhood services in this State? Or will *Families First* produce the same result?
- 9.26** It is clear that all the answers to these problems are not apparent. For this reason the Committee has produced this Issues Paper. Nevertheless, it is possible to identify some fundamental principles that underlie successful early childhood reforms in Australia and overseas and can lead to practical gains for children in NSW.
- 9.27** A move towards multi-agency, integrated support is a key element of reforms to children's services overseas. For example, Early Years Centres in the Canadian province of Ontario and Early Excellence Centres in the UK provide a range of universal and targeted services to meet the needs of their local communities, under the one roof.
- 9.28** An attempt to provide integrated, holistic support to children and families is recognisable in the trial of a 'platforms' approach to the delivery of early childhood services by the Centre for Community Child Health in Melbourne.²⁰² According to Centre Director, Dr Oberklaid, a platforms approach redefines the encounters children and families have with community-based providers such as pre-schools, childcare centres and schools as a 'platform' from which to provide parent support, early detection and early intervention.²⁰³

²⁰² F. Oberklaid, personal conversation, December 2001

²⁰³ F. Oberklaid, *Platforms for Promoting Child Health and Wellbeing*, Paper delivered to *Rethinking Early Childhood Development Conference*, Royal North Shore Hospital, Sydney, 13 November, 2000

- 9.29** These models are very different from our current network of early childhood health centres, many of which are located away from other services, staffed by one or two nurses on a part-time basis who have little contact with other early childhood professionals. While it cannot be presumed that successful overseas models can be transferred simply to the local scene, the shape and direction of these reforms and their apparent success overseas points to the need to re-examine the way we currently deliver early childhood services.
- 9.30** There is no doubt about the commitment to building strong foundations for children's learning in NSW. *Families First* and the recent introduction of an Early Childhood Services Policy are good examples of progressive government initiatives and equally impressive work is happening in non-government agencies. Nevertheless, there is much to be done and we are on the threshold of change. As one of our witnesses so eloquently told us

Everyone is talking about co-operation and co-ordination. What we lack at the moment is some specific models about how that can happen...I don't know what the solutions are, but I think we are at the point of saying we need to do this differently.²⁰⁴

²⁰⁴ John O'Brien, Burnside evidence, 21 March 2001