

Standing Committee on Social Issues

Realising Potential

Final Report of the Inquiry into Early Intervention for Children with Learning Difficulties

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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 and re-referred by the Legislative Council on 24 June 2003.

Committee Membership

Following the State Election in March 2003 and the commencement of the 53rd Parliament, the Committee was reconstituted on 23 June 2003 with an increased membership. The Committee now consists of six members:

Jan Burnswoods, MLC, Australian Labor Party, Chair

The Hon Robyn Parker*, MLC, Liberal Party, Deputy Chair

The Hon Dr Arthur Chesterfield-Evans, MLC, Australian Democrats

The Hon Catherine Cusack*, MLC, Liberal Party

The Hon Kayee Griffin*, MLC, Australian Labor Party

The Hon Ian West, MLC, Australian Labor Party.

* The Inquiry commenced in August 2000 and all hearings and activities occurred prior to the March 2003 election. The Hon Robyn Parker, The Hon Catherine Cusack and The Hon Kayee Griffin did not participate in the inquiry process, which occurred in the previous Parliament. The draft final report was presented to the newly constituted Committee.

At the commencement of the Inquiry in August 2000, the Committee membership was:

Jan Burnswoods, MLC, Australian Labor Party, Chair

The Hon James Samios, MLC, Liberal Party, Deputy Chair

From 20 June 2002

The Hon Dr Arthur Chesterfield-Evans, MLC, Australian Democrats

The Hon Amanda Fazio, MLC, Australian Labor Party

The Hon Ian West, MLC, Australian Labor Party.

The late Hon Doug Moppett MLC, National Party, served as Deputy Chair of the Committee from 25 May 1999 to 14 June 2002. Mr Samios was appointed in place of Mr Moppett.

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Dedication

This report is dedicated to the children who helped us to understand what it is like to struggle with learning and most importantly, how to alleviate their difficulties. Children like Tran*, Nicki, Ben, Damien and Kayla...

Tran lives in an apartment block that seems to stretch into the heavens. His mother, an outworker, worries that her four year old wouldn't be safe outside the four walls of the flat, down in the neighbourhood. For Tran, being inside means not much contact with the outside world, no pre-school or friends and with money so tight, no new books or toys. With little opportunity to mix with other kids, starting school is likely to be a big challenge. Fortunately, some intensive work at the local family support centre has already made a big difference to Tran. He now races around the playground with new friends and is learning about words and numbers.

Nicki is a bright, artistic 11 year old who loves learning and sings in a choir. Assessed as having a high IQ and good numeracy skills, Nicki has a learning difficulty that prevents her from reading as well as she should for her age. Her mother told us her reading skills are improving through sheer persistence, and dedication from her teachers, but not without great emotional and financial expense to those closest to Nicki and her family.

Ben's mother is on a methadone program and hasn't managed to incorporate solids into his diet yet. The three-year old has pretty much survived on milk from a bottle. This means that his mouth muscles haven't developed in a way that will make speaking a natural activity for him. The local baby health nurse told his mother that a speech pathologist might make up for some lost time. With the help of a therapy program and family support from the local childcare centre, Ben is now learning to eat and to speak.

Fruit pickers like **Damien's** parents, follow the seasons. The four year old spends most of the day in the orchard watching his parents work. While he gets lots of physical activity, he's not learning the things to help him settle into school next year. Simple skills, like cutting out shapes so his hand muscles are ready to hold a pencil for writing. The School of Distance Education pre-school is a godsend: every so often he gets to meet up with kids his own age to play and in between, his father has lots of new ideas about how to refocus his boundless energy.

Kayla's parents are rarely at home in time to read her a bed-time story and chat about her day: shift work and family life can be a tough balancing act sometimes. It's not surprising that when Kayla started pre-school her teacher noticed she wasn't talking as well as her classmates. So she arranged for a consultant speech pathologist, attached to the pre-school, to work on her language skills. But just as importantly, the therapist spent time with Kayla's parents, helping them understand the crucial link between talking to children, reading stories and later literacy success.

* *The children's names have been changed to protect their privacy.*

Chair's Foreword

I am pleased to present the second and final report of the Committee's inquiry into early intervention for children with learning difficulties.

This report is about helping children to realise their learning potential. One in every six children will need special help to attain this goal and the longer such difficulties are left, the harder they are to resolve.

Our inquiry has focussed on the needs of children whose learning problems do not stem from a physical or intellectual disability. This group routinely misses out on the help they require because their needs are not seen as sufficiently serious. They may be placed on a waiting list for therapy but priority is given to children with more pressing problems. A small number may gain access to services from an early age but this cuts out when they leave their childcare centre to start school. The 'lucky' ones have parents who are able to pay for the services of a private speech pathologist or remedial teacher. This is neither fair nor efficient.

The goal of our inquiry has been to find ways to ensure these children do not fall through the gaps of service provision, for their own sake and that of their families and communities. As many people told us, to a large extent the solution depends on making sure the early childhood education and health systems work better. A greater focus on the early years and improving the coordination of children's services will benefit *all* children, especially those with additional learning needs. Our principal recommendation, for the NSW Government to convene an Early Childhood Summit in 2004, will facilitate this much-needed focus on the early years.

I am grateful to all of the people who have participated in our inquiry: many of you contributed your ideas and expertise on several occasions, by making a submission, giving evidence and responding to our *Issues Paper*. Needless to say, we could not have produced our report without you.

I am also appreciative of my Committee colleagues who have undertaken this inquiry with enthusiasm and sensitivity. On their behalf I would like to thank the staff of the Secretariat for their dedication and good humour.

Following the 2003 election, the Social Issues Committee was reconstituted on 23 June 2003 and three new members were appointed. While they did not have the opportunity to participate in any of the hearings or activities held during the inquiry, they support the recommendations pro forma and share our commitment to furthering the interests of our youngest citizens.

I commend this report to the Government

Jan Burnswoods MLC
Chair

Executive Summary

This is the final report of the inquiry into early intervention for children with learning difficulties. The Committee has published two other key documents in relation to the inquiry: an Issues Paper, which was released in March 2002 and the First Report which was tabled in October 2002.

Learning problems are a significant social issue: it is generally agreed that between 12 and 16 percent of children in the early years of school experience learning difficulties. The emotional and financial costs of ignoring this matter are enormous.

Children with 'learning difficulties' have problems with literacy and numeracy learning. Their difficulties may be intrinsic, as in the case of dyslexia, or stem from their environment, such as a lack of stimulation at home or poor quality teaching. Often, both intrinsic and extrinsic factors are at play. It follows that ways to prevent or alleviate such difficulties will be diverse and involve numerous agencies related to children's health and development.

Time and again this committee was told that 'the system' was the major obstacle to assisting children with learning difficulties: three levels of government (federal, state and local), four separate New South Wales' agencies, as well as numerous non government organisations, are responsible for children's services in this State. Parents provided moving accounts of having to negotiate an exhausting 'merry-go-round' of agencies and therapists while being reminded that intervention should happen as early as possible. Services told us about the administrative nightmares created by trying to meet the multiple accountability requirements required by different levels of government.

A second, fundamental problem identified by the inquiry is that the needs of children with learning difficulties are invariably seen as 'lesser' than those with a diagnosed disability or more 'serious' problems. As a result, children with learning difficulties tend to fall through the gaps of service provision.

The main rationale for releasing our Issues Paper was to clarify concerns about the fragmentation of the early childhood sector. In its First Report the Committee recommended, rather boldly according to some people, that a new portfolio and Department of Child Development be established in New South Wales, as a way of reducing the fragmentation of the sector and according early childhood the status it deserves.

The recommendation for a new department was strongly supported by a number of stakeholders, while others were concerned it would add an extra level of bureaucracy to an already complex system. Some people felt they needed more time to discuss and consider the advantages and disadvantages of such a move before committing their support. Given the diversity of views on this issue, even among our own committee, we have decided against reiterating the recommendation in this report.

Nevertheless the need for some sort of mechanism to improve the coordination and status of early childhood services, remains. One way to progress this and other systemic issues is for the NSW Government to convene an Early Childhood Summit in 2004.

The Summit would serve as a cross-disciplinary policy forum to bring together all the key government and non government stakeholders with parents and carers. A key agenda item would be the potential for a new department or other mechanism to address the fragmented nature of services for children in this State. The recommendation for a summit, which is presented in **Chapter 1**, is the Principal recommendation of our report.

Chapters 2 through to 8 are primarily concerned with specific initiatives for children with learning problems. **Chapter 2** considers how to enhance the role of general practitioners and child and family health nurses to assist children with learning difficulties. For some children, especially those from less than optimal home environments, early childhood education and care services play a critical compensatory role. In **Chapter 3** we recognise the clear need for a greater level of investment in this sector and to ensure services are more responsive to families' changing requirements. We suggest that the proposed Early Childhood Summit in 2004 would be an ideal forum to work out the best way to ensure early learning opportunities are widely and equitably available.

Chapter 4 discusses the role of parent support groups to assist children with learning problems as well as ways to boost the preventative role of generic family support services. Given the valuable assistance offered by learning difficulties support groups, we recommend that the government consult these groups on the possible establishment of a Statewide learning difficulties advocacy organisation.

In Chapters 5 and 6 we begin an examination of the ways in which the school system can assist children with learning problems. **Chapter 5** examines the increasing trend for schools to offer transition programs to ease children's adjustment to the expectations and rhythm of school life. We argue that greater access to early childhood education would greatly assist many children's entry to school. **Chapter 6** discusses teacher education, the Reading Recovery program, the availability and training of specialist support teachers and class sizes. In essence, we argue that more resources are needed to extend existing and well-regarded provisions for children with learning difficulties.

It is estimated that children with specific learning difficulties comprise between two and four per cent of all school students. While they may be a relatively small number of children, they will require an unwavering and long-term commitment from both parents and the school system. How to assist this group of students is the theme of **Chapter 7**. The first step, we argue, is for the Minister for Education to convene a working party to examine the needs of children with specific learning difficulties in NSW primary schools.

Chapter 8 concerns therapy services, or more to the point, the paucity of therapy services such as speech pathology for children who have language problems, which are not readily diagnosable. Under present arrangements, it is hard for these children to compete for services with other children whose difficulties stem from a diagnosed disability. We have tried to identify ways to address this quandary, the most important of which is that NSW Health embrace its responsibility as the *primary* funder and provider of therapy services for children with additional learning needs.

The final chapter, **Chapter 9**, briefly revisits the recommendations made in our First Report and the rationale for the Summit on Early Childhood.

Summary of Recommendations

Recommendation 1 *Page 5*

The Government should convene an Early Childhood Summit in 2004 to consider how to improve coordination funding and structures for services that maximise the wellbeing and development of children and families in New South Wales. The Summit should involve all the key State and Commonwealth agencies involved in health, children's services, education and disability services, along with peak bodies, academics, non government providers and parents.

Recommendation 2 *Page 10*

The NSW Minister for Health should approach his federal counterpart regarding the introduction of Enhanced Primary Care Medicare Item Numbers for 'complex' social conditions that require a multidisciplinary approach, such as children with learning difficulties.

Recommendation 3 *Page 11*

The Departments of Education and Training and Health should explore the potential for broad implementation of the *Wrap Around Kids* program in primary schools in NSW.

Recommendation 4 *Page 12*

The Government should fund the expansion of *Families First* to provide sustained home visiting to 20 per cent of firstborn babies in families considered to be 'vulnerable' (Level 2 in NSW Health Home Visiting Guidelines).

Recommendation 5 *Page 12*

The Government should sponsor research to elicit whether sustained home visiting can assist 'at risk' mothers (Level 3 in Health Home Visiting Guidelines) including those with opiate dependency, mental illness or in homes in which there is serious domestic violence.

Recommendation 6 *Page 12*

The Government should conduct a trial of home visiting programs which utilise different categories of nurses or other occupational groups.

Recommendation 7 *Page 14*

The NSW Department of Health should conduct a review of the future role and function of Early Childhood Health Centres, in consultation with relevant government and non government agencies.

Recommendation 8 *Page 14*

The Early Childhood Summit recommended in Chapter 1 should specifically address issues relating to future role and function of Early Childhood Health Centres.

Recommendation 9 *Page 24*

The Early Childhood Summit recommended in Chapter 1 should specifically address the need to reform the funding of early childhood education and care services so as to enhance participation in early childhood education and care. Specifically the Summit should address:

- The costs and benefits of a system of universal preschool in New South Wales including the best way to ensure that children who most need formal early learning experiences receive it

- The role of the publicly-funded childcare sector and the most appropriate way to support this sector given the growth of private childcare services and the formal recognition of the interrelationship between care and education in early childhood education and care in New South Wales
- The role of the private childcare and preschool sector
- The trial of other flexible and/or integrated models of delivering children's services, such as Child and Family Health Centres
- The relationship between the Commonwealth, State and Local Governments regarding the funding and regulation of early childhood education and care services

Recommendation 10 *Page 24*

The Government should fund new early childhood education and care places in high needs areas for preschool aged children who currently have no access to existing children's services.

Recommendation 11 *Page 24*

The Government should enhance funding for state funded services to promote access to children's services for children with a disability, children from a non-English speaking background, Aboriginal children and those with challenging behaviours.

Recommendation 12 *Page 24*

The Minister for Community Services should ensure the implementation of the new Children's Services Regulation, which provides for a staff:child ratio of 1:4 for children under two years of age.

Recommendation 13 *Page 30*

In consultation with relevant stakeholders, the Government should develop a comprehensive and coordinated strategy for family support to address:

- The role and responsibilities of family support services in relation to the delivery of services for families with children with learning difficulties
- Funding requirements for government and non-government family support services for families with children with learning difficulties
- The role of flexible models of child and family support proposed by the joint Commonwealth/State Child and Family Service project.

Recommendation 14 *Page 33*

The New South Wales Government should review the funding to learning difficulties support groups and consult with groups with a view to establishing a Statewide learning difficulties advocacy organisation.

The role of this body could include:

- The provision of advice and support to families
- Professional development for professionals working with children with learning difficulties
- The dissemination of best practice in early intervention and support for children with learning difficulties
- Funding and support to local parent groups
- Advocacy and lobbying activities to ensure adequate services are in place to assist children with learning difficulties.

Recommendation 15 *Page 37*

The Department of Education and Training should monitor trends in the age of students on entry to Kindergarten and the extent to which the entry of age-eligible children from different regional and socio-economic backgrounds is being deferred.

Recommendation 16 *Page 37*

The Department of Education and Training should ensure teaching staff in NSW primary schools are well informed of the current research regarding the impact of delayed entry to Kindergarten, especially for children from less advantaged backgrounds.

Recommendation 17 *Page 40*

The Department of Education and Training should convene a cross agency working party to develop guidelines concerning the sharing of information between schools and early childhood settings. As part of its brief, the working party would also develop:

- Guidelines to ensure that the collection, transfer or storage of this information does not breach relevant privacy legislation
- Strategies to encourage private childcare and pre-school providers to participate in information sharing
- Ways to fund release time so that teachers are able to meet with early childhood teachers in prior to school settings.

Recommendation 18 *Page 44*

The Department of Education and Training should require all new teachers in primary schools to have completed a component of early childhood development and pedagogy in their training.

Recommendation 19 *Page 44*

The Department of Education and Training should investigate ways to increase the proportion of teachers with early childhood training assigned to Kindergarten to Year 2 classes, through both pre-service and in-service training.

Recommendation 20 *Page 44*

Standards for primary graduate teachers and guidelines for teacher education course endorsement, required by the proposed NSW Institute of Teachers, should include an element of specialised preparation in the area of early childhood education.

Recommendation 21 *Page 45*

The Department of Education and Training should conduct an evaluation of the role and effectiveness of learning support teams, with a view to expanding their role in assisting children with learning difficulties.

Recommendation 22 *Page 47*

The Department of Education and Training should establish a working party to consider the merits and feasibility of a comprehensive screening and assessment system on entry to Kindergarten.

Recommendation 23 *Page 48*

The New South Wales Government should provide funding to extend the Reading Recovery Program in NSW public schools to allow for greater coverage of schools and for a greater proportion of students in particular schools as needed.

Recommendation 24 *Page 51*

The Department of Education and Training should ensure that all Support Teachers Learning Difficulties are adequately trained to work with children with learning difficulties.

Recommendation 25 *Page 52*

The Department of Education and Training should monitor the impact of reducing class sizes on students with learning difficulties, including their access to specialist programs and support.

Recommendation 26 *Page 58*

The Minister for Education and Training should convene a working party comprising relevant experts in learning disorders, parents and specialist teachers, to examine the needs of children with specific learning difficulties in NSW Primary Schools, including:

- ways to maximise the early identification of children with specific learning difficulties
- appropriate options, including special programs for such children
- the resource implications of enhanced provision of early intervention for children with specific learning difficulties.

Recommendation 27 *Page 59*

The New South Wales Minister for Health should approach his federal counterpart to request that the National Health and Medical Research Council undertake a comprehensive review of treatments for children with specific learning difficulties, the results to be published in an accessible format to assist parents to make decisions about their children's treatment.

Recommendation 28 *Page 65*

NSW Health should take specific steps to fulfil its responsibility as the primary funder and provider of therapy services for children with or at risk of learning difficulties.

Recommendation 29 *Page 65*

NSW Health should, in liaison with the Department of Ageing, Disability and Home Care, the Department of Education and Training, the Department of Community Services and the Commonwealth Department of Family and Community Services, develop a comprehensive strategy for the planning and provision of therapy for children. The strategy should:

- Promote adequate, effective and consistent service delivery across the range of children who require therapy, in every area of the State
- Clearly define the target group for each Department and ensure that this target group is consistently applied across the State
- Ensure that a process is in place to ensure that responsibility to provide therapy is allocated for each child who is referred for therapy.

Recommendation 30 *Page 66*

In keeping with its role as the primary provider of therapy services for children with learning difficulties, NSW Health should develop a strategy to ensure that children with more complex needs who are unable to access early intervention services receive coordinated and holistic support.

Recommendation 31 *Page 70*

NSW Health and the Department of Education and Training, Department of Ageing, Disability and Home Care, Department of Community Services and Commonwealth Department of Family

and Community Services should move urgently to develop a joint framework for the provision of therapy services in schools and early childhood services across the State, including the use of consultative and team based models. This joint framework should consider:

- The most effective interagency arrangements to engage therapists to work in schools and early childhood services
- The necessary infrastructure and other mechanisms to ensure professional support for these therapists
- The most appropriate strategies to ensure effective planning and collaboration at the regional level.

Recommendation 32 *Page 72*

To address the undersupply of therapists for children in New South Wales, NSW Health should:

- Undertake a comprehensive needs analysis of the levels of speech pathology and occupational therapy positions required to provide both clinical therapy services and systemic delivery of therapy services in schools and early childhood settings
- Develop targets for numbers of therapists per head of population for each Area Health Service, with equity weightings
- Allocate sufficient funding to ensure these positions are filled.

Recommendation 33 *Page 73*

In developing a comprehensive approach to the provision of therapy services for children across the State, NSW Health and other relevant agencies should develop and implement systemic measures to ensure that adequate levels of therapy are available in all rural and remote areas.

Recommendation 34 *Page 74*

In order to identify the most effective models of therapy and guide future investment, NSW Health should establish an evaluation strategy for the range of therapy services for children.

Recommendation 35 *Page 80*

The NSW Government should clarify the scope and objectives of the *Families First* strategy within the broader prevention and early intervention services in New South Wales.

Recommendation 36 *Page 82*

The NSW Government should establish an annual Early Learning Award, to be presented by the Premier, as a means of rewarding and fostering excellence in services or programs to assist children with or at risk of learning difficulties.

Chapter 1 Finding solutions

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 the non-government organisations and volunteers who have a role in strengthening family and neighbourhood life.¹

This report, *Realising Potential*, is the **second** report of our inquiry into children with learning difficulties. It is concerned with broadly targeted strategies as well as specific initiatives for children with learning problems, all of which share the goal of helping children achieve their full potential. This introductory chapter commences with a brief discussion of the children who are the primary focus of our inquiry, and identifies three key problems besetting the early childhood system. It also contains our principal recommendation for an Early Childhood Summit.

The inquiry focus

- 1.1 The term 'learning difficulties' is generally used to describe children who have problems with literacy and numeracy learning. 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, such as a lack of stimulation at home, poor quality teaching, or 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. 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.²
- 1.2 Children below school age are rarely described as having learning difficulties. Often 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.³ 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.⁴ 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 G. Vimpani, 'The first three years – setting a course for life', *Children's Issues*, Vol 3, No.2 p.11

² DET, Submission 18, pp 6-7

³ Wangmann evidence, 12 April 2001

⁴ The Committee is not aware of any estimates of the prevalence of learning difficulties in children before school age

- 1.3 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.
- 1.4 Children with learning difficulties clearly are not an homogeneous group. 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 their family. The challenge of this inquiry has been to find ways to cater for the diversity of children who, for whatever reason, struggle to learn.
- 1.5 The framework underpinning this report is that an effective system of early intervention for learning difficulties requires not just high quality remedial services for the group of children who have learning difficulties, although these are a vitally important element. Of equal importance is an adequately resourced system of universal support that assists children to *realise their potential*, by promoting their wellbeing and capacity to learn and preventing learning problems arising in the first place. With this in mind, and given the diverse causes of learning difficulties, the inquiry has taken an expansive approach to its terms of reference and has examined the gamut of systems concerned with children’s development: the health system, children’s services, family support, community services and education. All are inexorably linked to the goal of ensuring all children receive the best possible introduction to lifelong learning.⁵

Three key problems

- 1.6 This inquiry has identified three key systemic problems which must be addressed if children with learning difficulties are to realise their potential: the fragmented nature of early childhood services, the lack of specific provision for children whose learning difficulties do not stem from a diagnosed intellectual or physical disability, and finally, an under-emphasis on prevention.

Lack of coordination in the early childhood sector

- 1.7 Time and again the Committee was told that the uncoordinated nature of early childhood services in New South Wales 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.
- 1.8 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

⁵ Background information about the inquiry is included in Appendix 1.

requirements required by different levels of government. Academics noted the lack of reliable and comparative statistical data on early childhood services in Australia.

Lack of specific provision for children with learning difficulties

- 1.9** 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.
- 1.10** 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.
- 1.11** 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.

Prevention

- 1.12** Many participants have told us that 'the system' is much more focused on fixing problems once they arise than preventing them. While everyone acknowledges that prevention is better than cure both for individual children and in terms of cost savings to the community, this understanding is not reflected in practice. There is enormous evidence that high quality preschool services make a world of difference to children from disadvantaged backgrounds, but there are still 30 percent of children in New South Wales who do not receive any kind of early childhood education. Similarly, universal home visiting for first time mothers is a step in the right direction, but many of these mothers will need sustained support, which will cost far more than the Government has committed to date.
- 1.13** We need to get the right balance between prevention and intervention. This does not mean we forget about children with established problems. It is more a matter of emphasis.

The overarching issue

- 1.14** Overarching all these problems is the failure to recognise the critical importance of the early years for lifelong health and development. While other countries have acted on the burgeoning evidence for the individual, social and economic benefits of investment in the early years, New South Wales is yet to fully embrace this approach.
- 1.15** All children have a fundamental right to learn. For this right to be realised in New South Wales, we need to build a more cohesive early childhood sector, with a strong focus on prevention, and to ensure that children with identified problems receive timely and appropriate support.

- 1.16 Most importantly, we need to match the rhetoric of early intervention with a genuine commitment to children from the highest levels of government. The recommendations in this report are designed to help realise these admittedly ambitious goals.

Our principal recommendation: an Early Childhood Summit

- 1.17 The first report of this inquiry, *Early Child Development: A Co-ordinated Approach*,⁶ was released at the same time as the Committee's interim report on child protection services, *Prevention*.⁷ Both reports outlined possible solutions to the fragmentation in children's services, and recommended that a new portfolio and Department of Child Development be established in New South Wales. This, we believed, would significantly improve coordination while also boosting the profile and status of early childhood services in this State.

- 1.18 While this recommendation generated considerable interest among stakeholders and the media, it did not attract widespread support. Nevertheless, it was widely agreed that some sort of mechanism was needed to improve the coordination and status of early childhood services, and that other systemic issues such as the funding of preschool and childcare services, the best location of *Families First*, and the future role of early childhood health centres need to be addressed.

- 1.19 The Committee believes that the best way to progress these outstanding issues is for the NSW Government to convene an Early Childhood Summit in 2004. It is time to start afresh and to create the opportunity for the range of stakeholders to agree on a way forward. The Summit would serve as a cross-disciplinary policy forum that brings together all the key government and non government stakeholders plus parents. The same recommendation was made in the final report of our inquiry into child protection services, where the Committee envisaged:

A Summit would enable government and non-government players to share their perspectives and expertise, debate their ideas, and together, forge the basis for a new way forward for child and family services in New South Wales. The Summit itself would act as a key catalyst for improving coordination and systemic integration of services.⁸

- 1.20 The systemic problems that beset services for children are not confined to the early years, however this inquiry has highlighted the urgent need to prioritise younger children. For this reason, we believe that the Summit should focus on early childhood, that is, children aged 0-8. The specific issues for discussion at the Summit are noted throughout this report and in particular, Chapter 9: Time to Act.

⁶ Standing Committee on Social Issues, *Early Child Development: A Co-ordinated Approach - First Report on Early Intervention for Children with Learning Difficulties*, Report 27, Legislative Council, October 2002

⁷ Standing Committee on Social Issues, *Prevention: Interim Report on Child Protection Services*, Report 26, Legislative Council, October 2002

⁸ Ibid, p.26

Recommendation 1

The Government should convene an Early Childhood Summit in 2004 to consider how to improve coordination funding and structures for services that maximise the wellbeing and development of children and families in New South Wales. The Summit should involve all the key State and Commonwealth agencies involved in health, children's services, education and disability services, along with peak bodies, academics, non government providers and parents.

Important recent developments

1.21 There have been some important events relevant to the inquiry terms of reference, at both the State and national levels, since the release of our first learning difficulties report. They demonstrate an increasing awareness of the need to find better ways to provide for children. These initiatives include:

- the 2003 'Australian of the Year' award presented to high profile early childhood campaigner, Professor Fiona Stanley
- the first steps towards the development of a National Agenda for Early Childhood, 'to provide directions for a whole of government approach for the future investment in early childhood'⁹
- a commitment to reduce class sizes in Kindergarten to Year 2 by the NSW Government by 2007 and to fund an additional 21 new public preschools by 2005
- the release of the draft *Children's Services Regulation 2002*, which includes a proposal to improve the staff:child ratio in children's services in New South Wales from 1:5 to 1:4 for children under 2 years of age
- the \$1 billion funding boost to the Department of Community Services (DoCS) over five years for child protection and out of home care. This announcement was made in December 2002, shortly after the release of the Social Issues Committee's report into child protection services, *Care and Support: Final Report on Child Protection Services*
- the newly established NSW Public Education Council held a one day forum in July 2003 on *Building Blocks for Life and Learning*. The forum examined a range of issues relevant to ensuring young children arrive at school ready to learn.

⁹ National Agenda for Early Childhood, Media Release, Larry Anthony MP Minister for Children and Youth Affairs, 22 September 2002

Conclusion

- 1.22 Clearly, there is a growing recognition of the need to prioritise investment in the early years and as we have shown above, work is afoot on various fronts. But we need a mechanism to bring together these disparate activities and to develop a blueprint for comprehensive, lasting reforms. Our recommendation for an Early Childhood Summit provides a way to make the most of the climate of change, and build a system that enables children to realise their learning potential. It is time to act.

Chapter 2 Early childhood health services

From the point of view of NSW Health, early intervention would include services and programs targeted from before birth to school entry age. This is because factors such as low birthweight/prematurity, congenital hearing impairment, speech and language development difficulties and the role of socio economic disadvantage and significant behavioural problems early in life (among others) are all associated with school difficulties.¹⁰

Early childhood health services are a universal and valuable point of contact for information and support to parents about child health and development. These services play an important role in the prevention, identification and management of risk factors for learning difficulties in infants and young children. The key role of early child health services is underpinned by much of the recent research on early brain development, which emphasises the importance of ensuring that effective identification of needs and interventions are in place for children during the first three years of life, and where possible within the first 12 months. As the *Issues Paper* noted, the potential of early childhood health services to help children with or at risk of learning difficulties is currently not being fully realised. This chapter considers some of the key issues raised in responses to the *Issues Paper* about the role of health professionals in early child development.

The first set of questions in the Issues Paper concern the role of Early Childhood Health Services, including general practitioners (GPs), in the identification and management of risk factors for learning difficulties in infants and young children. The responses indicate that the vitally important role of GPs in assisting children with learning problems could be enhanced by fostering greater collaboration between GPs and allied health professionals. Home visiting, a core component of the *Families First* strategy, is generally perceived as an effective means of identifying and assisting vulnerable families and babies. However, many respondents are concerned that the potential of this program to identify children with learning difficulties or to prevent their occurrence, may be compromised by inadequate resourcing to allow for sustained visits to families for whom home visiting holds such promise.

The role of general practitioners

2.1 Many respondents to the *Issues Paper* reiterated concerns raised in the original submissions regarding GPs' apparent disinclination to identify children with learning difficulties and to refer them to appropriate services. Commonly cited reasons for this include: a lack of knowledge or training among GPs about child development,¹¹ a lack of time to explore parents' concerns;¹² an inclination to adopt a 'wait and see approach';¹³ a lack of

¹⁰ Submission 104, NSW Health, p.1

¹¹ Submission 146, Catholic Education Commission, p.2

¹² Submission 150, Susan Thompson, p.1

¹³ Submission 125, Child and Family Health Team, Hunter Health, p.1

understanding of the potential role or existence of therapy for children under three;¹⁴ and not wanting to refer to services where there are long waiting lists.¹⁵ However, the Royal Australian College of General Practitioners (RACGP) challenged the suggestion that GPs did not routinely identify children with learning difficulties:

General practice vocational training programs contain a significant paediatric component ... Given that the curriculum includes a major focus on communication skills, including the need to positively engage patients (and parents in the case of paediatric patients) the assertion that GPs are unresponsive to concerns expressed by parents about the development of various skills in their children is not likely to occur with any frequency ... Most medical school curricula now contain themes which include the utilisation of community resources for health, and this theme is continued in postgraduate training in general practice.¹⁶

2.2 The College believes that the dissatisfaction some people expressed about the role of GPs in assisting children with learning problems may stem from the scarcity of resources for this group of children and the fragmented nature of services.¹⁷

2.3 The Alliance of NSW Divisions, a state based support organisation for Divisions of General Practice, recognises that insufficient resources and fragmentation reduce GPs' ability to refer children with learning difficulties to appropriate services. However, it also acknowledges that:

When GPs are aware of services available for children, there is a lack of knowledge about what these services can actually provide (eg GPs in one Division were unaware that the local speech pathologist could treat children with learning difficulties not just children with stuttering and elderly patients with swallowing problems).¹⁸

2.4 While many respondents were concerned that GPs may not be routinely identifying and referring children, sympathy for their increasingly challenging role catering for a large number of population groups and conditions was clearly discernible:

The push for GPs to have a more central role in the health and well-being of all family members has led to increased pressure on their time and skills.¹⁹

¹⁴ Submission 182, Belinda Shoebridge, p.6

¹⁵ Submission 168, Central Coast Health, p.2

¹⁶ Submission 194, RCAGP, p.2

¹⁷ Submission 194, RCAGP, p.3

¹⁸ Submission 192, Alliance of NSW Divisions, p.2. Divisions of General Practice were established in 1992 to encourage collaboration and integration of all health and community services within a particular Division of General Practice of which there are 37 in NSW. Divisions of General Practice are funded by the Commonwealth Department of Health and Ageing

¹⁹ Submission 125, Child and Family Health Team, Hunter Health, p.1

- 2.5 The NSW Council of Social Services (NCOSS) believes we may be expecting too much from our GPs who are increasingly seen as the answer to every community care issue.²⁰ Marrickville Council Children and Family Services Forum said that while education for GPs on risk factors was important, there was a downside:

greater awareness of the needs of children with learning difficulties may draw resources away from the needs of other target groups.²¹

Facilitating a more collaborative approach among GPs

- 2.6 According to the Marrickville Children and Family Services Forum, rather than relying on GPs for identification, a better approach may be to strengthen the links between GPs and early childhood health services to ensure appropriate referrals are made, as has recently occurred in their area. *Families First* Inner West recently appointed a project officer whose role includes working with the local division of GPs and early childhood health nurses to develop better mechanisms for information sharing between GPs and nurses.²²
- 2.7 Similar attempts to encourage greater collaboration between GPs and other child health professionals and services are happening elsewhere. For instance, the Macarthur Area Health Service has developed and distributed a 'GP Package' which includes developmental checklists and information about intervention services. In addition, drop-in clinics where parents and carers can discuss their concerns with an allied health professional have been established and are reportedly well utilised by local GPs who often refer parents to the clinics.²³
- 2.8 *Wrap Around Kids* is a program which has been implemented in 10 primary and high schools across the State, which aims to co-ordinate support for students with any condition that impacts on their learning success.²⁴ The *Wrap Around* program involves regular meetings with all the key players in a target student's life: parent(s), class teacher, principal, specialist teachers if appropriate and a GP and/or allied health professional with expertise in child development. A full time teacher at the school attended by the child receives training to co-ordinate the program and is released by the school principal to attend the relevant meetings.
- 2.9 The program stems from a twelve month pilot project developed by the Mid North Coast (NSW) Division of General Practice in 1996 to assist children with Attention Deficit Hyperactivity Disorder (ADHD). The pilot was based on research that demonstrated the value of a collaborative, multidisciplinary approach to managing children with ADHD and

²⁰ Submission 155, NCOSS and NSW Childrens Services Forum, p.2

²¹ Submission 177, Marrickville Council Children and Family Services Forum, p.4

²² *ibid*

²³ Submission 182, Child Development Service & Community Health Speech Pathology Team, Macarthur Health Service, p.6

²⁴ Jude Foster, email correspondence, 23 July 2003

has continued to be funded by the Division. In their responses to the *Issues Paper* both the Alliance and the RACGP praised the program as a highly effective means of encouraging greater collaboration among professionals including GPs.²⁵

- 2.10** Due to interest from the school sector, the model was adapted for school implementation to support students at risk, or with any medical condition that would benefit from multidisciplinary monitoring. While the program has been designed for application in primary and high school settings, there are plans to extend it to preschool, tertiary and other settings.²⁶

Medicare rebates to assist children with complex needs

- 2.11** Several respondents noted that ‘time-pressed’ doctors may not have sufficient time to explore concerns about possible learning problems during a typical consultation of fifteen minutes or less.

- 2.12** Both the RACGP and the Alliance noted that recent changes to the Medicare Benefits Schedule could be extended to encourage GPs to spend more time with children with potential or actual learning problems and to work in a more collaborative and preventative way. For example, in 1999 the Medicare rebate was extended to cover care planning and case conferences for people with chronic problems. These services are provided by multidisciplinary care teams including the GP and obviously take much longer than the standard brief consultation. The College and the Alliance suggest the Commonwealth should be lobbied to include complex ‘social’ problems such as learning difficulties under this program.

- 2.13** General practitioners have a vital role to play in family health, including the identification of potential learning difficulties in infants and children. This is particularly the case in rural or outlying metropolitan regions where there is not only a shortage of GPs, but also of other important allied health and educational professionals. Ensuring GPs have time to raise and explore parents’ concerns about their child’s development and to collaborate more effectively with other professionals should be encouraged and supported.

Recommendation 2

The NSW Minister for Health should approach his federal counterpart regarding the introduction of Enhanced Primary Care Medicare Item Numbers for ‘complex’ social conditions that require a multidisciplinary approach, such as children with learning difficulties.

²⁵ Submission 192, Alliance of NSW Divisions

²⁶ Correspondence, Jude Foster, 25 November 2002

Recommendation 3

The Departments of Education and Training and Health should explore the potential for broad implementation of the *Wrap Around Kids* program in primary schools in NSW.

Sustained home visiting

- 2.14** Early child health nurses play an important role in identifying health and developmental concerns in children that can affect their learning outcomes. The *Families First* strategy, and in particular home visiting, has major implications for the way early childhood health nurses work. Home visiting is a very different service from that traditionally offered by an early childhood nurse. Its efficacy is 'primarily dependent on the trusting relationship formed between the nurse home visitor and family' and the capacity of home visitors to be aware of and to link families to a broad range of appropriate community services. The *Issues Paper* noted that effective home visiting programs have the capacity to significantly improve children's socialisation, health and behaviour.
- 2.15** The Committee understands that *Families First* funding will eventually allow for all new mothers to be offered a home visit. However, current funding allocations to either *Families First* or the Department of Health will not permit sustained home visiting to vulnerable mothers, (approximately 20 to 40 per cent of new mothers or Level 2 under the Home Visiting Guidelines).²⁷ According to community paediatricians, Professor Graham Vimpani and Dr Victor Nossar, there is a substantial body of research which indicates that to be effective, home visits should be sustained. Positive gains are usually associated with a program of visits that commence during the latter stages of pregnancy and are maintained throughout the first two years of a child's life. One-off visits have little if any impact for vulnerable parents.²⁸
- 2.16** In October 2002, Dr Nossar estimated that the cost of providing sustained home visiting to 20 per cent of firstborn babies in families who are considered to be vulnerable (mothers in the Level 2 category in the Health Home Visiting Guidelines) would be roughly between 7 and 11 million dollars per year, depending on the qualifications of the nurse visitor.²⁹ Drs Vimpani and Nossar argue that given the cost savings that will accrue from sustained home visiting, the funding issues should be addressed as soon as possible.
- 2.17** There is some concern that the capacity of *Families First* to ensure sustained home visiting for vulnerable mothers will be limited by the current shortage of nurses. While most home visiting programs that have been positively evaluated involve registered nurses, there are a small number of successful programs that employ other types of professionals, or even

²⁷ NSW Health has developed draft Home Visiting Guidelines, but these are not currently publicly available.

²⁸ Nossar evidence, 20 August 2002 ; Vimpani evidence, 14 August 2002

²⁹ Correspondence Nossar, 3 October 2002. This equates to approximately 7,000 babies per annum.

volunteers. Given the current shortage of nurses, it may be necessary to consider other occupational groups in the delivery of this service.

2.18 The NSW Commission for Children & Young People also made a recommendation about sustained home visiting in a recent report:

The NSW Government should continue to support and implement the Families First strategy. The priorities for the next two years should be to achieve sustained professional home visiting by early childhood nurses for all those families who need extra help such as substance dependent parents, and a reshaping of the early intervention or secondary prevention service system as outlined in Families First field of activity three.³⁰

2.19 The benefits of home visiting mainly accrue to first time, impoverished single mothers. There is less evidence of success with other types of mothers, including those with opiate dependency, a mental illness or in homes in which there is serious domestic violence.³¹ More research needs to be done in the Australian context to elicit the extent to which home visiting can assist these mothers and under what conditions, and whether there may be more effective alternatives.

Recommendation 4

The Government should fund the expansion of *Families First* to provide sustained home visiting to 20 per cent of firstborn babies in families considered to be 'vulnerable' (Level 2 in NSW Health Home Visiting Guidelines).

Recommendation 5

The Government should sponsor research to elicit whether sustained home visiting can assist 'at risk' mothers (Level 3 in Health Home Visiting Guidelines) including those with opiate dependency, mental illness or in homes in which there is serious domestic violence.

Recommendation 6

The Government should conduct a trial of home visiting programs which utilise different categories of nurses or other occupational groups.

³⁰ NSW Commission for Children and Young People 2002, *A Report of an inquiry into the best means of assisting Children & Young People with no-one to turn to*, Sydney 2002, p. 133

³¹ Vimpani evidence 14 August 2002, p.5

The future role of early childhood health centres

- 2.20** In the *Issues Paper* we noted that there is a move, internationally and within Australia, towards providing more co-ordinated, holistic care to children and families. There is ample evidence that placing children's needs into discrete boxes for health, education and caring is not effective, but that addressing a broad range of issues as part of a co-ordinated network is effective. The preschool or early childhood health centre³² sitting on its own in the middle of a park, open for only a few hours a week, may not be the best way to deliver services to children, especially given the significant increase in the number of families where both parents work. This is why *Families First* and home visiting, and the tendency towards the co-location of different services, are so encouraging. It may be timely for the Department of Health to rethink the role and function of its early childhood health centres, as other sectors such as early childhood education are rethinking the way they deliver their services.³³
- 2.21** For example, the Commonwealth Minister for Children and Youth Affairs, the Hon Larry Anthony, recently announced a joint project with the NSW Minister for Community Services, the Hon Carmel Tebbutt MLC to deliver flexible family services. The project involves setting up two Child and Family Services, one in Wyong on the Central Coast and the other in the Riverina towns of Culcairn and Lockhart. How might such centres relate to the traditional early childhood health centres?
- 2.22** Fortunately there is a tradition of innovative care in early childhood health services in NSW. For example, in the early 20th century trained health visitors visited all new mothers in the city of Sydney and surrounding industrial suburbs to discuss proper feeding and hygienic care of their infants. As a result, there were dramatic reductions in the rate of infant mortality. In the 1930s a large railway car, fitted with a clinic and accommodation for a nurse, travelled to rural centres for several days at a time to bring an early childhood health service to women in remote areas.³⁴
- 2.23** It is time to build on this tradition by exploring the role and function of early childhood health centres. A review of these centres should be conducted by NSW Health, in consultation with relevant government and non government agencies. This review would examine the future role of these centres in light of major changes to the delivery of early childhood health services, including the introduction of universal home visiting and the trial of flexible models of family services. The findings of this review could be used as a platform for discussing this issue at the proposed NSW Early Childhood Summit.

³² Traditionally, these centres were known as 'baby health centres'

³³ See Chapters 3 and 9 for further details

³⁴ Wraith C., and Murphy E., Child Health Policy in NSW: Building on a Century of Care, *NSW Public Health Bulletin*, Vol 11, No 5, p.73

Recommendation 7

The NSW Department of Health should conduct a review of the future role and function of Early Childhood Health Centres, in consultation with relevant government and non government agencies.

Recommendation 8

The Early Childhood Summit recommended in Chapter 1 should specifically address issues relating to future role and function of Early Childhood Health Centres

Conclusion

2.24 General practitioners and early childhood nurses are a traditional and much valued source of advice and support to parents. Rapid social change means their roles have expanded and become more complicated. Encouraging GPs to work collaboratively with other health professionals, as has occurred on the mid north coast of NSW, should be encouraged. Innovations such as health home visiting also hold considerable promise for new mothers and vulnerable children. We should support nurses to undertake this new and challenging role, at the same time as exploring the place of the traditional early childhood health centre in this new way of delivering early childhood health services. The *Families First* strategy, and in particular home visiting, has major implications for the way early childhood health nurses work. Home visiting is a very different service from that traditionally offered by an early childhood nurse. Its efficacy is 'primarily dependent on the trusting relationship formed between the nurse home visitor and family'³⁵ and the capacity of nurses to be aware of and to link families to a broad range of appropriate community services. As NCOSS says, both types of skills may require a shift in thinking and additional training for nurses in this field.³⁶

³⁵ Submission 193, NSW Health,p.5

³⁶ Submission 155, NCOSS

Chapter 3 Childcare and preschool services

It is often said that if we knew what we know now, we would never have designed children's services in the way that they are now.³⁷

Access to affordable, high quality childcare is essential to families in NSW, particularly those in rural and remote areas.³⁸

As noted in our interim report, attendance at a quality childcare service or preschool encourages early learning and development and provides opportunities for the identification and management of learning difficulties. Research also shows that quality early childhood education and care services have particular benefits for children from disadvantaged backgrounds. The importance of early childhood education and care was universally acknowledged by inquiry participants, as was the New South Wales *Early Childhood Services Policy* as a valuable step in the development of high quality services. However, respondents were pessimistic about the capacity of the current system to ensure that children who most need it gain access to early educational experiences. Their concerns coalesce around three key themes: inadequate and inequitable State funding to early childhood education and care; staff:child ratios, especially for under two year olds; and the fragmented nature of the early childhood sector.

While the chapter includes some specific recommendations, we believe the problems that beset children's services in this State go beyond the parameters of our inquiry. As the above quote implies, the children's services sector in New South Wales is complex and uncoordinated. Building a more coherent early childhood sector which addresses the issue of fragmentation, as well as ensuring adequate funds are directed towards children with learning difficulties, will require vigorous discussion between the key players in the field, both government and non-government. In our view, the Early Childhood Summit recommended in Chapter 1 provides the ideal vehicle for moving forward on this and other important issues relevant to children.

Early childhood education and care in NSW

- 3.1** The Department of Community Services (DoCS), through its Office of Childcare, has primary legislative and policy responsibility for early childhood education and care in New South Wales. The Department of Education and Training (DET) administers 100 preschools across the State which are also regulated by DoCS.³⁹
- 3.2** Traditionally, preschools are available to children between the age of 3-5 years. Children attend either every morning or afternoon or from 9am-3pm, two to three days per week. Preschools operate on school hours and are not open during school holidays. Centre-based long day care is available to children from 0-6 years of age and centres are normally open 10 hours per day, five days per week and 50 weeks per year. However, the distinction between the two services is becoming increasingly blurred.

³⁷ Submission 173, Country Children's Association, p.7

³⁸ Media Release, The Hon Carmel Tebbutt MLC, *Minister affirms childcare not in jeopardy*, 3 March 2003

³⁹ DoCS, Childcare Fact Sheet, July 2002.

3.3 In some States there are different regulations covering preschool and childcare, whereas in New South Wales the same regulation applies for both. Therefore a four year old in a preschool should receive the same educational program as a four year old in childcare. This arrangement is said to reflect the understanding that in early childhood, education and care should not be separated. Nevertheless, many people continue to distinguish between the two services, despite the regulatory intent:

Parents feel that when their child is in preschool the child is actually having an education and getting ready for school, but when their child is in a long day care centre they are only being minded.⁴⁰

3.4 While it is possible to establish the proportion of four year olds in NSW who attend a State funded children's service before starting school, the *total* number of children in early childhood education and care before starting school is not known. This is because while private long day care centres in NSW are required to provide an appropriate 'preschool' program to four year olds in their care, they are not required to provide attendance data to DoCS. Interstate comparisons on levels of participation in 'preschool' are also problematic. It is estimated that between 20 to 30 percent of four year olds in NSW do not attend any form of preschool or childcare service before school.⁴¹ This estimate is supported by the findings of the 2001 Child Health Survey conducted by NSW Health, which indicated that 73.2 percent of three year olds and 84.4 percent of 4 year olds were in either preschool or child care.⁴²

Increasing number of private providers

3.5 One of the most significant trends in children's services over the past five years is the greater privatisation of the sector. As childcare becomes an increasingly lucrative enterprise, some commentators claim private providers are 'aggressively edging' community-based, not for profit operators from the market and that this is likely to have a deleterious effect on the quality and reach of childcare services.⁴³ There has also been a trend within non-government schools to open onsite preschools. In addition, private providers are less likely to operate in unprofitable locations such as disadvantaged communities where there are fewer working parents.

Flexible child and family services

3.6 There is an increasing recognition, both here and overseas, of the need to provide more flexible and integrated services for children and families. The integration of various services

⁴⁰ Wangmann evidence, 12 April 2001

⁴¹ Submission 155, NSW Children's Services Forum, p.6; Brian Smyth-King, evidence 20 February 2001, p.4

⁴² Media Release, The Hon Carmel Tebbutt MLC, *Minister affirms childcare not in jeopardy*, 3 March 2003

⁴³ 'Making profits out of preschoolers', *Sydney Morning Herald*, 11 November 2002 p.15. According to the Productivity Commission, private operators account for 65 per cent of the childcare sector in NSW.

such as childcare, family support and child health, usually under the one roof, has been a key strategy in seeking to offer services in a holistic way in Canada and the United Kingdom. We note that a research study commissioned by DoCS recommended piloting and evaluating a flexible children's model known as A Child and Family Service,⁴⁴ and that the Commonwealth Minister for Children and Youth Affairs, the Hon Larry Anthony, recently announced a joint project with the NSW Minister for Community Services, the Hon Carmel Tebbutt MLC to deliver flexible family services. The project involves setting up two Child and Family Services, one in Wyong on the Central Coast and the other in the Riverina towns of Culcairn and Lockhart.⁴⁵

- 3.7 While the Committee welcomes the establishment of such projects, the future role of such models in children's services and their relationship to the Department of Health's early childhood health centres, are as yet unclear.

Funding and access to early childhood education and care

- 3.8 State funds for preschools and child care centres have been virtually frozen since 1989, despite rising levels of demand and population growth in many areas. (The 2003/04 budget for Children's Services is a little more than \$97 million, an increase of \$3 million from the previous budget).⁴⁶ On average, fees charged by DoCS funded preschool services are higher than in other States⁴⁷ and higher than long day care centres where parents are eligible for the Commonwealth Child Care Benefit (CCB).⁴⁸
- 3.9 The decade long funding freeze has led to considerable inequity: services in high growth, disadvantaged areas have to charge higher fees to cope with greater demand and more complex needs, while services in areas where there has been little or no growth, including comparatively privileged areas, receive a disproportionate share of funds and are able to charge more affordable fees. This means that many socially disadvantaged children are unable to access early childhood education and care that would benefit them greatly.
- 3.10 An additional source of inequity arises from the fact that there are two preschool programmes in NSW: one operated by DoCS and the other by DET. Parents whose children are fortunate enough to attend a DET preschool do not have to pay fees.

⁴⁴ Duffie J., NSW *Flexible Models Project, Final Report*, Centre for Community Child Health and Lady Gowrie Child Centre, Melbourne, September 2001

⁴⁵ *Working together for better children's services*, Media Release, Hon Larry Anthony MP, 13 July 2003

⁴⁶ NSW Budget 2003/04 Community Services, Budget Paper No.3 – Volume 1, p.5-21

⁴⁷ NCOSS Pre Budget Submission 2002-2003. A recent survey by the Country Children's Services Association shows that the average lowest fee for families with incomes of less than \$20,355 was \$12.06 per day, despite DoCS' policy of not charging low income families more than \$6 per day.

⁴⁸ Commonwealth eligibility criteria limit access to the CCB to families whose children attend services that are open for at least 8 hours per day and operate 48 weeks per year. Parents cannot claim the benefit if they wish to send their child to a 'traditional' preschool. Submission 191 DoCS, p.2

3.11 Many participants argued that cost is the major barrier to accessing early childhood services and again, the children most in need of these services are the least likely to use them.⁴⁹ Many of the families who do not access early childhood education and care are headed by non-working parents who are not eligible for the CCB and cannot afford to pay the fees levied by community based services. Or they may live in areas where private childcare providers are unwilling to provide a service, such as remote areas or those where there are few working parents:

There is less commercial incentive for private child care providers to operate in areas of high socio-economic disadvantage and little incentive to provide the additional supports that families with high support needs, or children with additional needs, may require.⁵⁰

3.12 A significant proportion of respondents, including the peak children's services agencies, believe that in order to increase access to early childhood education and care for children from disadvantaged families, the State Government must provide significant additional funding to ensure community based children's services are accessible, affordable and able to withstand pressure from the private sector.

3.13 The 2002-2003 NCOSS Pre Budget submission recommended that the NSW Children's Services Budget be enhanced by \$5 million to fund new places in high needs areas to ensure early childhood experiences are available to preschool children who do not have access to services. It recommended a further \$5.5 million 'Additional Needs' funding be provided to assist Aboriginal children, children from non-English speaking backgrounds, children with disability and children with challenging behaviours.

3.14 NCOSS also recommended an additional \$42 million be allocated to cover the cost of funding 2 days per week universal preschool for all four year olds *or* the cost of funding teacher positions in existing preschools and community based long day care centres.⁵¹

3.15 There has been a modest increase in funding for pre schools over the past year. In February 2003 the Minister for Community Services, the Hon Carmel Tebbutt MLC announced an additional \$740,000 for fee relief for 193 preschools, mostly in rural areas. While this is a welcome increase, NCOSS believes it is

clearly inadequate to solve the overwhelming problems faced by preschools and by low income families seeking to access them for their children.⁵²

3.16 The Minister also made a commitment to review the department's fee relief policy to assist low income families which is due to be finalised by the end of 2003.⁵³ According to NCOSS,

⁴⁹ See for example, Submission 86, Burnside, p.24

⁵⁰ NSW Commission for Children and Young People, *A Report of an inquiry into the best means of assisting Children & Young People with no-one to turn to*, Sydney 2002, p. 69

⁵¹ NCOSS Pre Budget Submission 2003-2004, pp 7-11

⁵² Frow. L, 'Preschool Campaign hots up', *NCOSS News*, March 2003, p.9

...the funding combined with the promise of a review of the fee relief policy does indicate that the government has taken notice of the letters it is continuing to receive from parents right across the state and that it recognises the seriousness of the issue.

NCOSS looks forward to working with the Office of Child Care and the other peaks to seek a more permanent and across the board solution to the viability of preschools and equitable and affordable access for all children to preschool services.⁵⁴

Universal preschool

- 3.17** There was considerable support among respondents for some form of universal early childhood education and care provision for all children in NSW prior to school entry.⁵⁵ The proponents include all of the key children's services advocacy bodies and several other peak non-government organisations in NSW.⁵⁶ Their support is based on longitudinal research that demonstrates that participation in early childhood education and care enhances school readiness and contributes to better outcomes throughout life. They argue that all other States offer a year of universal preschool and the trend in most developed countries is for children to access two years of early childhood education before starting school. They quote early childhood experts, such as Dr Fraser Mustard, who contend that universal services are more effective because they are not stigmatising and because they pick up children who need assistance but may not be considered to be 'at risk'.
- 3.18** It would be fair to say that the issue of universal preschool provision has been one of the most challenging issues considered by the Committee during this inquiry. While impressed by the strength of support for this idea and the compelling arguments presented by its advocates, we resist making a firm recommendation in support of universal provision for the following reasons.
- 3.19** First, we have received very little detail about how universal preschool would 'work' in practice. Some of the issues that would need to be resolved before making a commitment to universal preschool include:
- Should universal preschool be offered to children for one year or two years' preceding school entry?
 - Should it be provided during traditional preschool hours, that is 9.30am until 2 or 3pm and if so, how might the needs of working parents be accommodated?

⁵³ *ibid*, p.9

⁵⁴ *ibid*, p.9

⁵⁵ While people often use the term 'universal preschool' they are usually referring to a range of early childhood education and care services, including occasional care, preschool, long day care and mobile services. Advocates of universal provision do not suggest attendance should be compulsory.

⁵⁶ The arguments for and against universal preschool are outlined in the Committee's *Issues Paper*.

- How will it work for children who already attend federally funded long day care and who already receive an equivalent preschool program?
- Who should be responsible for delivering and regulating universal preschool provision: the Office of Childcare in DoCS, or DET?
- Given recent local and international interest in more flexible models of children's services which also offer family support and early childhood health services, how would these models relate to a system of universal preschool provision?

3.20 Our second area of concern relates to one of the key rationales for universal preschool: to ensure that the estimated 20 per cent to 30 per cent of four year olds in NSW who are outside the net of children's services have access to some form of early childhood education and care before starting school. We have heard from many sources that this group of children are most likely to come from disadvantaged families and stand to gain most from such services. While we accept this argument, we are not yet convinced that universal provision in a climate of limited resources is the best way to 'capture' all of the children who are currently missing out on early educational experiences.

3.21 The evidence provided by representatives of SDN Children's Services demonstrated that while affordability is a major issue in early childhood education and care attendance, it is not the only one. Tonia Godhard and Kay Turner told us about an SDN program to assist children from disadvantaged backgrounds, many of whom come from families with drug and alcohol problems. These children attend the SDN Waterloo long day care centre and their fees are subsidised by the Commonwealth. However, without active and skilled intervention from the program project officer to gain the confidence of parents and maintain the attendance of the child, many children would miss out on the benefits of the program, even though they pay no or minimal fees for the service.⁵⁷

3.22 As Ms Godhard told the Committee, staff at most childcare centres or preschools do not have the time or resources to work this way with children and families. This raises the question as to whether funding the expansion and extension of programs such as that offered in Waterloo might not be a more effective way to assist the most disadvantaged children in the State, than a year or two of universal provision to *all* children.

3.23 The third area of concern relating to universal provision is whether, given our knowledge of the importance of the first three years in brain development, limited government resources might be better invested in services for younger children, as suggested by Associate Professor June Wangmann:

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.⁵⁸

3.24 While these are difficult issues, we believe they can be resolved. They do not constitute a case *against* implementing a policy of universal provision. But we agree with the NSW

⁵⁷ Godhard and Turner, SDN Children's Services evidence, 21 March 2001

⁵⁸ Wangmann evidence, Office of Childcare, 12 April 2001

Children's Services Forum that more work is needed to 'sort through the complexities of children's services planning, funding and delivery', including the best way to increase access to early childhood education and care. We believe that the ideal opportunity to commence this task would be the Early Childhood Summit which we put forward in Chapter 1 as the principal recommendation of this report. A Government-led Summit involving the full range of early childhood stakeholders would be an excellent forum to debate and seek agreement on the best way forward for improving access to early childhood education and care. Our proposal for an Early Childhood Summit is discussed further in Chapter 9.

- 3.25** However, there is no need to hold a Summit before concluding that the State Government needs to invest significant extra funds to extend the coverage, affordability and quality of early childhood education and care. The community sector delivers services of a type and in locations with little appeal for private providers and their invaluable role in early childhood education and care in this State should be fostered. Identifying the best way to maintain the viability, affordability and effectiveness of the community sector would be a major issue of discussion at the proposed Summit, but in the meantime, the services should be actively supported.
- 3.26** Immediate action is required to ensure that affordability is not a barrier to the use of State funded services, particularly for children from disadvantaged backgrounds, and that where children are identified as needing particular assistance, this golden opportunity to assist them is not missed.
- 3.27** In order to improve equity of access as soon as possible, we recognise as a high priority the need to fund new early childhood education and care places in disadvantaged areas of New South Wales.
- 3.28** Of particular concern to the target group of our inquiry is that even when some children are identified as having special needs, they do not receive adequate assistance because of the paucity of Additional Needs funding. There is an immediate need to boost this funding to improve access to early childhood education and care among children with disability, children from non-English speaking backgrounds, Aboriginal children and children with challenging behaviours.

Ratios for children under two in children's services

- 3.29** The benefits of early childhood education and care for children, including children at risk of developing learning difficulties, stem from *high quality* services. Participants presented a long list of constraints on the delivery of quality early childhood education and care, of which the most frequently cited was the current ratios of staff to children, especially for under two year olds.
- 3.30** The Institute of Early Childhood argues that current staffing levels in early childhood settings⁵⁹ do not reflect the recommended ratios arising out of research and work against the ability of centres to work effectively with children with additional needs, particularly

⁵⁹ In NSW the staff/child ratios are: 1:5 for children 0-2 years, 1:8 for children 2-3 years, and 1:10 for children 3-5 years.

children under 2 years. They recommend changing the staff to child ratio for children under 12 months of age to one adult to three children; and for children one to two years to one adult to four children. Similar sentiments were expressed by a large number of respondents, including the Commissioner for Children and Young People who recommends a change in the ratio of child carers to 0-2 year olds from 1:5 to 1:3:

The current NSW child care ratios, particularly for under 2 year olds, do not allow carers to devote sufficient attention to each child, do not promote secure attachments or trusting relationships with adults, do not encourage young children to make connections with other children and do not allow for appropriate care of children with special needs.⁶⁰

3.31 A small number of respondents do not believe ratios should be changed. For example the Association of Child Care Centres of NSW argues that:

No research supports the claim that further staff equals better outcomes for child or parents.⁶¹

3.32 The Committee notes that in 2002 the DoCS released a draft new children's regulation and Regulatory Impact Statement for public consultation. One of the changes proposed in the new regulation is a reduction in the staff:child ratio from 1:5 to 1:4 for children under 2 years of age.⁶² The new regulation is not expected to be introduced until September 2003 at the earliest.⁶³

3.33 The major concern about changing the ratio for children under two is, not surprisingly, the cost of such an initiative. The Community Child Care Cooperative suggest that any such reform would need to be supported by increased government funding so that it does not increase the cost of care or fees for parents.⁶⁴

3.34 The Committee accepts that the current staff:child ratio in early childhood settings for children under two years of age is unacceptable. Many have described it as a 'ratio for neglect' which not only restricts the ability of staff to interact effectively with children but can create a very stressful environment for staff.⁶⁵ Children with learning difficulties require more attention from staff if they are to progress. However, we are also mindful that a requirement to change ratios may lead to higher fees in private centres and a reduction in the number of places available for children under two, an area of significant unmet need. There are ways around these problems, some of which may involve the Commonwealth,

⁶⁰ Commission for Children and Young People, 2000, op cit, p.134

⁶¹ Sub 174, p.10

⁶² NSW Department of Community Services, *Children's Services Regulation 2002, Regulatory Impact Statement, Final Report*, December 2002, p. 107

⁶³ Personal conversation, Jan Rowe, DoCS, July 2003

⁶⁴ Submission 176, Community Child Care Cooperative, p.7

⁶⁵ Press F. and Hayes A., *OECD Thematic Review of Early Childhood Education and Care Policy*, Commonwealth of Australia, Canberra, 2000, p.30

for example, providing higher subsidies to childcare operators for children under the age of two. Ways to lessen the impact of such a change on community providers and maintain places for under 2 year olds could be explored at the proposed Early Childhood Summit.

- 3.35** While the Committee acknowledges that a shift in the ratio for children aged under 2 years from 1:5 to 1:4 does not reflect the recommended ratio in research, we consider 1:4 to be a significant improvement on the current arrangements that would also avoid the far greater cost implications of a lower ratio. We also note that 1:4 is the ratio now required in Western Australia and Queensland, and that some community based child care operators, including SDN Children's Services and KU Children's Services, have operated on the basis of a ratio of 1:4 for some time.

Fragmentation of the early childhood sector

- 3.36** The third major theme identified in responses concerns the fragmented funding and administrative arrangements for early childhood services. This is a longstanding problem examined at length in numerous previous inquiries because of the impact of poor coordination on services, families and ultimately children. This impact is even greater for children with or at risk of learning difficulties.
- 3.37** The Committee's *Issues Paper* and first report dealt with concerns about the effects of fragmentation of early childhood services on children, parents and workers. These issues were similarly recognised as fundamental concerns in our recent report on child protection. In response to our questions regarding ways to improve coordination within the sector, several peak children's services agencies supported the establishment of a new Department:

Ideally, the social well being and educational development of young children is so important and so critical to the life chances of the child that there really should be a Ministerial portfolio that deals solely with the interests of children and provides the overall policy and funding.⁶⁶

...a more innovative strategy would be to develop a Children's Services Department that would take a whole of Government approach, by incorporating all the programs undertaken currently across community services, health education and disability.⁶⁷

- 3.38** As we acknowledge in Chapters 1 and 9, the proposal for a new Department of Child Development requires further debate, as does the critical issue of how to best address the fragmented funding and administration of the early childhood education and care sector. Again, the Early Childhood Summit would be the most appropriate means of making sure the serious concerns facing children's services in this State are addressed. Until these issues are resolved, children will continue to have difficulty accessing the services that are vitally important to their early learning and development.

⁶⁶ Submission 173, Country Children's Services Association, p.7

⁶⁷ Submission 176, Community Child Care Cooperative, p.5

Recommendation 9

The Early Childhood Summit recommended in Chapter 1 should specifically address the need to reform the funding of early childhood education and care services so as to enhance participation in early childhood education and care. Specifically the Summit should address:

- The costs and benefits of a system of universal preschool in New South Wales including the best way to ensure that children who most need formal early learning experiences receive it
- The role of the publicly-funded childcare sector and the most appropriate way to support this sector given the growth of private childcare services and the formal recognition of the interrelationship between care and education in early childhood education and care in New South Wales
- The role of the private childcare and preschool sector
- The trial of other flexible and/or integrated models of delivering children's services, such as Child and Family Health Centres
- The relationship between the Commonwealth, State and Local Governments regarding the funding and regulation of early childhood education and care services

Recommendation 10

The Government should fund new early childhood education and care places in high needs areas for preschool aged children who currently have no access to existing children's services.

Recommendation 11

The Government should enhance funding for state funded services to promote access to children's services for children with a disability, children from a non-English speaking background, Aboriginal children and those with challenging behaviours.

Recommendation 12

The Minister for Community Services should ensure the implementation of the new Children's Services Regulation, which provides for a staff:child ratio of 1:4 for children under two years of age.

Conclusion

3.39 This inquiry and our inquiry in 2002 into child protection services have identified serious concerns about the state of the children's services system in New South Wales. Not all of these problems stem from a lack of funding, although it should be noted that compared to other Australian States we spend far less per capita on children's services.⁶⁸ As the quote at the beginning of the chapter indicates, we need to ensure the system can meet the challenges posed by rapid economic change and a burgeoning private childcare industry. In Chapter 9 we further explore the proposed Summit on Early Childhood as the first vital step in making sure these much needed reforms occur.

⁶⁸ NSW invests a total of \$150.90 per child for childcare and preschool, comparing unfavourably with the average investments made by other States and Territories of \$350.74. Source: NSW Commission for Children and Young People, *op cit.* p. 69

Chapter 4 Supporting families

One of the best ways to support the families of children with learning difficulties is to ensure their children receive appropriate intervention to address their difficulties. Parents will feel supported if their child receives timely access to therapy, gains a place in an early intervention service, or receives individual assistance from a specialist teacher. In the event that these supports are not forthcoming, learning difficulties support groups are particularly significant. This chapter looks at ways to assist these groups to undertake their valuable function.

Generic family support services play a vital preventative role in assisting parents to create a loving and stimulating home for their children. This chapter briefly discusses the need to improve the availability and coordination of these services so as to provide maximum benefit to children and families.

The importance of parent and family support

4.1 Throughout this inquiry, as well as other inquiries conducted by this Committee, witnesses have emphasised the importance of parent and family support to childhood education and care.⁶⁹ This support is valuable to all parents and can greatly enhance their experience of parenting to assist them to raise healthy and happy children. This support is especially important for families with children at risk of or with learning difficulties. Assistance, advice and support can help these families in their:

- development of good parenting skills
- understanding of the importance of childhood development
- promotion of early learning
- early identification and management of learning difficulties.

4.2 Overseas research and experience demonstrate that the more you spend on good quality prevention and family support services, the less you need to spend later on, on more intensive intervention services.⁷⁰ A growing number of governments around the world are responding by increasing their investment in early childhood services and family support. For example, governments in Canada and England have accepted the fundamental

⁶⁹ See also, Legislative Council Standing Committee on Social Issues, *Working for Children: Communities Supporting Families*, Report 15, September 1998; Legislative Council Standing Committee on Social Issues, *Prevention, Interim Report on Child Protection Services*, Report 26, October 2002

⁷⁰ L Karoly, P Greenwood, S Everingham, J Hoube, M Kilburn, C Rydell, M Sanders, & J Chiesa, *Investing in Our Children: What we know and don't know about the cost benefits of early childhood interventions*, RAND Corporation, Santa Monica, 1998; Young, M. E. (ed) *From Early Child Development to Human Development: Investing in our Children's Future*, The World Bank, Washington, 2002

importance of child development by establishing new departments or portfolios for child development.⁷¹

- 4.3 There is some evidence to suggest that there is a greater need for family support services because of a complex array of social and economic pressures on families today. Factors such as an increase in working hours and a breakdown in connection to the extended family are having an adverse impact on early child development and learning. While all families with young children are experiencing these pressures, their impact is greater among particular groups in society. For example, families on lower incomes are under considerable pressure in that they are less likely to have access to quality childcare and family support services.
- 4.4 In the sections below, we consider the importance of family support services, particularly in the context of families with children with or at risk of developing learning difficulties.

The preventative role of family support agencies

- 4.5 Good parenting is an essential prerequisite for healthy child development and learning. Family support services are designed to foster parents' ability to provide a loving and safe environment for their children and thus help prevent learning and other social problems. There is considerable research to suggest that universal parent education is effective in enhancing parenting knowledge, skills and attitudes. For more 'at risk' groups in the community, evaluations of these programs have shown positive impacts on indicators of child and family 'wellness'.⁷²
- 4.6 In NSW there are a number of universal family support and parent education programs, as well as programs targeted at specific communities or groupings. These services are provided by both the government and non-government sectors, with many programs designed to assist vulnerable families, and children from families who are socially or geographically isolated. They work in partnership with families and are based on the identification of the strengths within families and developing strategies that build on those strengths.
- 4.7 In NSW, *Families First* has become the flagship for the delivery of services designed to help families raise healthy and well adjusted children.⁷³ The strategy focuses on supporting families by providing access to universal and targeted supports. Both the Association of Childrens Welfare Agencies (ACWA) and Learning Links, a non-government agency which assists children with learning difficulties, welcome *Families First* as a way of addressing a broader range of families' needs. However both have concerns about its capacity to fulfil this role. For example, ACWA is concerned that *Families First* does not appear to be providing the specialist multidisciplinary intervention services required by families with

⁷¹ See Chapter 9 for more information

⁷² The Association of Childrens Welfare Agencies, and Family Support Services Association, *Investing in Services for Families in NSW, Summary Paper*, December 2002

⁷³ Office of Children and Young People, *Families First: A Support Network for Families Raising Children*, April 1999

entrenched and complex problems. In addition, they believe the program has not sufficiently engaged with non-government community agencies in local decision-making. ACWA supports the extension of home visiting services for vulnerable families across the State, improving the resourcing of the existing network of family support programs and establishing specialist multi-disciplinary teams to work with high risk families (originally proposed in *Families First* strategy as 'Field of Activity 3'). It remains unclear when and how the Field of Activity 3 strategy will be funded.

4.8 In 1998, this Committee conducted an extensive inquiry into parent education and support. One of its key findings was that the lack of a unifying structure was a major impediment to the coordinated delivery of parent support programs. UnitingCare Burnside believes that *Families First*, if better resourced could provide a much needed unifying structure for parent support programs.⁷⁴ This view is shared by the Teachers Federation.⁷⁵

4.9 *Families First* offers universal and secondary prevention services for families. Many of these generalist services, as well as the more specialist and intensive services, are provided by a range of family support services, many of whom are associated with the Family Support Service Association of NSW. In their submission to this inquiry, the Association explained the relevance of their services to families with children with learning difficulties:

The families that you describe [in the Issues Paper] would certainly be eligible to be involved with Family Support Services ... We believe that our member services have the skills to provide support to families with children with learning difficulties.⁷⁶

4.10 We noted in the interim report for our inquiry into child protection services, *Prevention*, that family support services are under-resourced and under-utilised. Evidence to the inquiry suggested that there has not been an increase in funding to the family support sector for over a decade and the majority of non-government organisations providing family support, counselling and parenting advice and support are stretched to capacity.⁷⁷ We recommended in that report that the Government should review the adequacy of funding and integration of family support services.⁷⁸

4.11 Several respondents also told this inquiry that the broader, preventative function of family support services in NSW is being subsumed by the more urgent needs of families in crisis:

Instead of supporting families with stresses and challenges related to parenting in the broader sense, and which would cover caring for children with learning

⁷⁴ Submission 141, Burnside, p.2

⁷⁵ Submission 181, NSW Teachers Federation, p.10

⁷⁶ Submission 124, Family Support Services Association of NSW Inc, p.2

⁷⁷ Support service, confidential evidence, Inquiry into child protection services

⁷⁸ Legislative Council Standing Committee on Social Issues, *Prevention, Interim Report on Child Protection Services*, Report 26, October 2002

difficulties, Family Support services are working at the hard end cases where abuse has occurred or the children are at serious risk.⁷⁹

4.12 Mr Warren Johnson, the CEO of Learning Links, has also noted this trend:

Many Family Support Services are overwhelmed by child at risk referrals and crisis situations and are not able to address the ongoing needs for support for those families where children have a learning disability and also, indeed, where the parent may have a learning disability.⁸⁰

4.13 Another key finding of our 1998 Parent Education Report was that services should be accessible through existing settings used by parents, such as schools, early childhood health centres and childcare centres.⁸¹ The *Schools as Community Centres* program is an example of a multi-function centre, located at public school sites in several metropolitan, regional and rural areas. The program is based on the concept of providing a range of services at an accessible point in the community. These services include playgroups, parent information, early childhood health clinics and transition to school programs.

4.14 Most respondents to this inquiry perceive *Schools as Community Centres* as a very successful model of parent support, which is accessible through an existing network. The overwhelming majority of respondents support its expansion. There is also growing support for the development of other models of multi-component community-based programs which are neighbourhood based and offer a range of services for both parents and children.

Services elements frequently include home visiting, parent education and training, child care/education (usually centre based) and sometimes specialist assessment. Several longitudinal studies of program outcomes have been conducted and show significant positive effects for parents (increased education and employment...), for parent-child relationships...and for children (improved cognitive development, less absenteeism, better school adjustment, reduced use of special education) ...⁸²

Committee view

4.15 The Committee strongly supports programs such as *Schools as Community Centres* and welcomes the planned expansion of the program. As we noted in earlier chapters, we are aware of a recent partnership between the Commonwealth Department of Family and Community Services and the NSW Department of Community Services to establish two

⁷⁹ Submission 151, p.7

⁸⁰ Submission 183, p.5

⁸¹ Legislative Council Standing Committee on Social Issues, *Working for Children: Communities Supporting Families*, Report 15, September 1998.

⁸² The Association of Childrens Welfare Agencies, and Family Support Services Association, *Investing in Services for Families in NSW, Summary Paper*, December 2002

flexible family service projects in NSW.⁸³ While supportive of such an initiative, the Committee believes it is essential that any expansion of such projects should occur in a planned and coherent way and involve the range of other agencies concerned with child and family services, both government and non-government.

Recommendation 13

In consultation with relevant stakeholders, the Government should develop a comprehensive and coordinated strategy for family support to address:

- The role and responsibilities of family support services in relation to the delivery of services for families with children with learning difficulties
 - Funding requirements for government and non-government family support services for families with children with learning difficulties
 - The role of flexible models of child and family support proposed by the joint Commonwealth/State Child and Family Service project.
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Learning difficulties support groups

4.16 One of the most important aspects of support for families with children at risk of or with learning difficulties is the role played by the learning difficulties support groups. There are dozens of small learning difficulties support groups in NSW. Most of these are run by volunteers, usually parents who have a child or children with learning difficulties. These groups generally cater for the needs of a particular geographical area, for example, the MtDruitt/Blacktown and Sutherland Shire Learning Difficulties Support Groups. There are also several larger groups with a statewide focus, some of which also provide services such as early intervention and professional development. These include the Specific Learning Difficulties Association of NSW (SPELD), the Learning Difficulties Coalition of NSW and Learning Links. As the submissions to this inquiry attest, these groups provide invaluable practical and emotional support to families, many of whom are not eligible for support or services from government agencies. As one respondent told us, they are ‘Good value for money’.⁸⁴ Their roles include:

- Offering understanding and empathy for parents, many of whom are suffering significant stress as a consequence of their child’s learning problems
- Providing comprehensive information and referral

⁸³ *Working together for better children’s services*, Media release, the Hon Larry Anthony, Minister for Children and Youth Affairs, 13 July 2003

⁸⁴ Submission 179, Elizabeth Burns, p.2

- Promoting the needs of people with learning difficulties to the wider community, and to government
- Organising conferences, seminars and professional development.⁸⁵

4.17 A small number of these groups are funded by DoCS, DET or the Commonwealth to employ staff or provide services. For example, funding from DET assists the Learning Difficulties Coalition of NSW to provide a Parent HelpLine. However, as several of these groups told us, this funding is inadequate and many groups are struggling to survive. Their viability is threatened by the difficulty of attracting volunteer support - the lifeblood of most of these organisations - as more women join the workforce and are less available to provide assistance.⁸⁶

4.18 According to Anna Mungovan, the Regional Disability Liaison Officer at the University of Western Sydney, the number of children and adults being identified with learning difficulties and disabilities is increasing at an 'alarming rate' and funding levels should reflect this increased demand.⁸⁷

4.19 Another participant told us that insufficient funding makes it very difficult for these groups to reach out to people in remote areas of the State:

I belong to the organisation but cannot attend meetings or utilise their services on site because I live in a country town, however, through their newsletter I found out about this inquiry.⁸⁸

4.20 In the United States, parent support groups such as the International Dyslexia Association and the International Reading Association play a major role in political lobbying to ensure the needs of children with learning difficulties are met. These organisations often receive generous funding from benevolent individuals or foundations.⁸⁹

4.21 A large number of witnesses argued for increased funding and administrative support for family support services. Ms Jude Foster from Fostering Partnerships argued that given the personnel are usually voluntary, their energies should be preserved for coordination:

Funding support would be beneficial for parent support groups in the form of office premises in a community building such as council chambers, subsidised phone bills, use of photocopiers, distribution of information would all serve to link parents to such groups.⁹⁰

⁸⁵ Submission 120, Sandra Scott, p.1

⁸⁶ Submission 120, p.2

⁸⁷ Submission 137, p.5

⁸⁸ Submission 138, p.5

⁸⁹ Submission 153, p.6

⁹⁰ Submission 118, Jude Foster, p.3

4.22 Other witnesses such as Mr Wayne Levick, the Coordinator of a Learning Disorders Clinic in the Hunter region, suggested that there should be adequate funding and better systems to ensure links between support groups and parents and the broader community. He suggests that:

If these support groups were amalgamated under one umbrella and adequately funded (including some Government funding) they could serve a major role in educating families, SLD sufferers and the community in general, in addition to monitoring service delivery and advising and lobbying governments.⁹¹

Committee view

4.23 The evidence presented to this inquiry suggests that learning difficulties support groups provide valuable support and advice for families, and links to other services and assistance. They help parents to establish relationships with other parents and to share information and experiences. Some of these groups play a major role in advocating for the rights and needs of children with learning difficulties and their families.

4.24 While there are numerous support groups across the State, we note that many of these groups are struggling to survive. Their important support and advocacy role is currently compromised by the lack of funding. Typically, these groups are coordinated and operated by volunteers, the majority of whom are mothers of children with learning difficulties. The responsibility for the operation of support groups is often taken on in addition to the considerable workload and pressures associated with being a parent of children with learning difficulties.

4.25 We can see the merit in establishing an umbrella organisation that links the existing learning difficulties support groups with families and the broader community. Joining forces and resources would allow the new organisation to advocate more effectively, as long as it was resourced appropriately. Considering the valuable role of these groups, this would be money well spent. However, as we received only limited evidence on this issue from the learning difficulties support groups, we believe that further consultation with the groups should be undertaken prior to the establishment of such an umbrella organisation.

4.26 We therefore urge the Government to review the current funding arrangements for learning difficulties support groups and consult with groups on the establishment of a statewide learning difficulties advocacy organisation with the aim of providing advice, information and support to families, and advocating for the rights and needs of children with learning difficulties to ensure that these children receive the necessary supports and services.

⁹¹ Submission 153, p.6

Recommendation 14

The New South Wales Government should review the funding to learning difficulties support groups and consult with groups with a view to establishing a Statewide learning difficulties advocacy organisation.

The role of this body could include:

- The provision of advice and support to families
 - Professional development for professionals working with children with learning difficulties
 - The dissemination of best practice in early intervention and support for children with learning difficulties
 - Funding and support to local parent groups
 - Advocacy and lobbying activities to ensure adequate services are in place to assist children with learning difficulties.
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Chapter 5 School entry

The transition to school is a critical event for all children, but particularly for those most vulnerable to learning problems. As with many of the issues examined by this inquiry, it is difficult to look at transition in isolation from other aspects of the early childhood and school sectors. Many respondents told us that transition programs have developed largely in response to deficiencies elsewhere in the 'system', such as the inability of some children to access early childhood education and care services before starting school. Therefore, in addition to looking at formal transition programs, this chapter considers some of the broader factors that influence children's progression to school.

Understanding transition

5.1 The term 'transition to school' can have two meanings. It is often used to refer to a formal program to assist the process of school entry and may be offered over a period of several weeks in the term before school starts.⁹² In a more general sense it also describes a child's adaptation to the school environment from their previous experiences and is therefore influenced by what happens both prior to and after starting school:

Transition should be viewed as a 2-year process, taking place during the year prior to school and the first year of school.⁹³

5.2 Viewed in this way, it is clear that a discussion about transition should include a consideration of early childhood education and care services as well as what takes place in the Kindergarten classroom. Many respondents point out that the need for formal transition programs has been fuelled to a large extent by deficiencies in both arenas. For example, a large number of people suggested that if early childhood education and care experiences were more affordable or universally available, there would be far less need for transition programs:

The solution to the problems that formal transition programs are designed to address could...best be resolved by providing universal access to preschool education.⁹⁴

5.3 In Chapter 3 we referred to the many benefits of access to high quality early childhood care and education services, especially for children from less advantaged backgrounds. These benefits include a greater likelihood of a more successful school entry. We would argue that access to such care is a far better preparation for school than a six to eight week transition program, and thus our recommendations in Chapter 3 seek to maximise access to early learning experiences for all preschool aged children.

⁹² Standing Committee on Social Issues, *Issues Paper, Foundations for Learning: A new vision for NSW?*, March 2002, p.38

⁹³ Submission 177, Ms Simone Parsons, p.9

⁹⁴ Submission 128, Dr Molly de Lemos, p.4

- 5.4 Respondents also suggested that there would be far less need to organise formal transition activities prior to school entry if Kindergarten provided a more effective transition to school.⁹⁵ They argued that an increasing divergence in student skills and large class sizes severely compromise this important potential.

Trends in Kindergarten enrolment patterns

- 5.5 A large number of respondents believe there is an increasing gap in Kindergarten student school readiness which exacerbates learning problems, especially if combined with large classes:

the degree of knowledge that some students bring with them, places a demand on schools to start formal learning immediately, yet the range of student preparedness is widening and students with learning difficulties can begin to fall significantly behind their cohort.⁹⁶

- 5.6 The growing gap in student school readiness is presumed to stem from two factors: a greater number of children from disadvantaged backgrounds starting school earlier because of the prohibitive cost of preschool and childcare⁹⁷ and an increasing number of children from middle class families, especially boys, starting school later, many of whom will have been enrolled in some form of early childhood education.⁹⁸ As a consequence, it is argued, teachers have to cater for a far wider spectrum of abilities - younger children with little or no preschool experience and older students, most of whom will have had experience of early childhood education.

- 5.7 Despite a firm belief evident in some responses that an increasing proportion of children from disadvantaged backgrounds are starting school earlier, and their middle class peers are starting later, there is no systematic evidence to support this contention. According to DET:

Enrolment statistics from 1996-2001 indicate that there has not been a trend towards earlier school enrolment in NSW in that period.⁹⁹

- 5.8 These findings concur with an analysis by Dr Molly de Lemos of the age distribution of representative samples of students participating in various studies. Her analysis indicates that there has been no change in the proportion of students in NSW who are either

⁹⁵ Submission 175, Campbelltown District Primary Principals Council

⁹⁶ Submission 185, NSW Primary Principals Association, p.3

⁹⁷ Submission 177, Marrickville Council Children and Family Services Forum

⁹⁸ Submission 157, Mr Maurice Whelan. This practice is known as 'redshirting' in the United States. It is widely held that boys' fine motor and cognitive skills on average, develop more slowly than girls and they should therefore be held back until they are developmentally equipped to deal with the expectations of the school classroom. For example, 'Kindy age angst: dilemmas start before school does', *Sydney Morning Herald*, 28 January 2002, p.3.

⁹⁹ Submission 195, NSW Department of Education, p.6

underage or overage for their grade level over the period 1980-1998.¹⁰⁰ However, Dr de Lemos notes that there is anecdotal evidence that parents in NSW are being encouraged by early childhood educators to defer entry to school¹⁰¹ and that over the last five years the tendency to defer entry to school has been increasing, especially in particular regional areas or socio-economic groups. In order to be sure about what the current trend is, she argues, it would be necessary to examine trends in age of entry to school and deferred entry to school in a representative sample of NSW children over a period of time.¹⁰²

5.9 The Committee has received numerous submissions from early childhood educators and teachers in the school system who say they often advise parents to hold their age-eligible child back, and lament the increasing tendency for children from disadvantaged backgrounds to start school early. We note the NSW Teachers Federation policy which suggests that children who turn five before 30 April should be enrolled during the first week at the beginning of the school year, which is three months earlier than the current DET requirement.¹⁰³

5.10 Dr de Lemos is concerned about the implications of encouraging parents to delay school entry. She argues that there is no scientific evidence to indicate this is of any benefit to the children concerned and it may in fact have negative consequences for the children whose entry is put back:

the children being counselled out of entry to school are often those who would benefit most from a structured school program...delaying entry to school has been shown to contribute to greater variation among children in the same class...thus increasing the difficulties faced by the teacher in terms of providing a program to cover the needs of all the children within the class group.¹⁰⁴

5.11 Dr de Lemos suggests that any system of selective entry to school based on an attempt to gauge school readiness would discriminate unfairly against children from less advantaged backgrounds, who have had less opportunity to develop the kinds of skills generally thought to indicate readiness.¹⁰⁵ It follows that sending such a child back into the same

¹⁰⁰ Submission 128, Dr Molly de Lemos

¹⁰¹ *ibid*

¹⁰² Dr de Lemos believes that data from the Basic Skills Test would provide the necessary information to analyse trends in differences in age related performance, as long as information on date of birth was collected at the same time. Personal conversation, 22 November 2002.

¹⁰³ Submission 180, NSW Teachers Federation. We note the Commonwealth's Ministerial Council on Education, Employment and Training is currently discussing a proposal to introduce uniform school starting ages in all State and Territories and consistent nomenclature to describe the first year at school.

¹⁰⁴ Submission 128, Dr Molly de Lemos, p.2. This quote is drawn from a Position Statement developed by the National Association of Early Childhood Specialists in State Departments of Education in the United States on Unacceptable Trends in Kindergarten Entry and Placement, <http://ericps.crc.uiuc.edu>

¹⁰⁵ National Association of Early Childhood Specialists in State Departments of Education, *op cit*

environment with a younger group of children for another year delays their opportunities for cognitive growth through exposure to a more structured learning environment and social interaction with their age peers.

- 5.12** Dr de Lemos' concerns are echoed in a statement by the US National Association of Early Childhood Specialists in State Departments of Education, which describes counselling parents to delay the entry to school of their age eligible children as one of several 'unacceptable trends' in Kindergarten entry and placement in the US.¹⁰⁶

Educators have an important role to play in educating parents about the myths associated with perceived benefits of holding children out of school.¹⁰⁷

- 5.13** Delayed school entry may have significant implications for a child, as well as for teachers, who are required to cater for a wide range of learning abilities. Advising parents to delay their child's school start may further entrench disadvantage, especially in the absence of universal preschool.

Recommendation 15

The Department of Education and Training should monitor trends in the age of students on entry to Kindergarten and the extent to which the entry of age-eligible children from different regional and socio-economic backgrounds is being deferred.

Recommendation 16

The Department of Education and Training should ensure teaching staff in NSW primary schools are well informed of the current research regarding the impact of delayed entry to Kindergarten, especially for children from less advantaged backgrounds.

- 5.14** Regardless of whether there has been a significant change in the proportion of children who are either under age or over age for their grade level, it is important to acknowledge teachers' and others' concerns that Kindergarten classes are more diverse and by implication, difficult to teach. Respondents offered several suggestions for dealing with marked differences in age and early learning experiences, as well as cultural and linguistic background. In summary, they suggest that well trained teachers, who understand the concept of developmental play,¹⁰⁸ who are well supported by the school community and are able to adopt a flexible approach to the preferred learning styles of their pupils, make all the difference. And obviously doing this with 20 students would be more manageable than 26 or 28:

¹⁰⁶ *ibid*

¹⁰⁷ *ibid* p.5

¹⁰⁸ Submission 123, Catholic Education Office, Diocese of Parramatta

Ideally a Kindergarten teacher would look at the individual learning needs of the child, existing class sizes make this more difficult and in turn may result in the needs of kids with the potential to develop learning difficulties not being as successfully catered for.¹⁰⁹

- 5.15** In recognition of this critical first year in a child's school life, we welcome the decision of the NSW Government to reduce class sizes in Kindergarten to 20 children. However, we believe that a greater emphasis on early childhood education in pre-service and in-service teacher education could also assist teachers to deal with their increasingly diverse students. This issue is discussed further in Chapter 6.

Information transfer from prior to school services

- 5.16** Ensuring better information flow between preschools and other prior to school services and schools is perceived as an extremely important aspect of successful transition, particularly to ensure that children's individual needs are known and understood. The responses to the *Issues Paper* identify three major barriers to the effective transfer of information: teachers' attitudes, resourcing and privacy concerns.

- 5.17** Several early childhood services expressed concern about the relationship between early childhood educators in the school system and in the prior to school setting:

Despite many early childhood educators having the same tertiary background... there remains a divide between those who work in schools and prior-to-school settings.¹¹⁰

My experience also indicates that kindergarten teachers do not take seriously, early childhood teachers. There needs to be professional respect between the two.¹¹¹

- 5.18** As a consequence, early childhood teachers complain that developmental profiles and other valuable information about their pupils are not sought or utilised by Kindergarten teachers. Several parents also voiced concerns about teachers' attitudes to receiving information about their prospective pupils:

There is often a dismissive attitude which intimidates the people who know the child best.¹¹²

There is also a sense of teachers in schools being regarded as experts, and of parents' knowledge not being valued as much as that of the teacher.¹¹³

¹⁰⁹ Submission 177, Marrickville Children and Family Services Forum, p.9

¹¹⁰ Submission 110, Associate Professors Dockett and Perry, p.5

¹¹¹ Submission 184, Sue Gordon, p.4

¹¹² Submission 179, Ms Elizabeth Burns, p.3

¹¹³ Submission 110, Associate Professors Dockett and Perry, p.6

- 5.19** Associate Professors Sue Dockett and Bob Perry from the University of Western Sydney suggest that better information sharing could be facilitated by developing a sense of trust and respect between the sectors. For this to happen, they argue, there needs to be a variety of forums in which educators can meet, exchange ideas, visit different settings and build up a sense of working together. This will only be possible if teachers receive the necessary support from their school in the form of teacher release time on an ongoing basis.¹¹⁴
- 5.20** The issue of resources was also raised by the NSW Teachers Federation:
- Good intentions cannot be fulfilled by reliance on the unpaid and unresourced goodwill of workers.¹¹⁵
- 5.21** The Campbelltown District Primary Principals Council recommends the provision of executive release to schools to provide for the co-ordination and flow of information from prior to school settings to Kindergarten and for the sharing of interagency information before the beginning of the school terms: The Council recommends:
- An additional 3 pupil free days (all of week 1) at the beginning of each year to sort and transfer information to teachers and/or engage in conversation with parents, prior to school services and health professionals, etc. ¹¹⁶
- 5.22** An important consideration in any discussion of this issue is how to encourage private childcare and preschool providers to engage with Kindergarten teachers in transferring information, as the Association of Child Care Centres of NSW noted:
- One problem here is that the amount of time that childcare staff are already spending on government paperwork means they shudder at the thought of a more formalised school transition system.¹¹⁷
- 5.23** The third barrier to information transfer nominated by respondents relates to privacy concerns which are reputed to severely restrict the recording, retention, transfer and sharing of student information. ‘Fear of litigation impacts significantly’,¹¹⁸ we were told.
- 5.24** There is clearly a need for the Department to look at ways to harness information about their future students generated in early childhood settings and possibly child health agencies. Better information flow will benefit teachers and pupils alike. There may be significant resource and privacy issues to consider, but these are not insurmountable. Accessing this information will also help connect teachers to their wider communities.

¹¹⁴ *ibid*

¹¹⁵ Submission 180, NSW Teachers Federation, p.10

¹¹⁶ Submission 175, Campbelltown District Primary Principals Council, p.8

¹¹⁷ Submission 174, Association of Childcare Centres, p.13

¹¹⁸ Submission 175, Campbelltown District Primary Principals Council

Recommendation 17

The Department of Education and Training should convene a cross agency working party to develop guidelines concerning the sharing of information between schools and early childhood settings. As part of its brief, the working party would also develop:

- Guidelines to ensure that the collection, transfer or storage of this information does not breach relevant privacy legislation
 - Strategies to encourage private childcare and pre-school providers to participate in information sharing
 - Ways to fund release time so that teachers are able to meet with early childhood teachers in prior to school settings.
-

Extended transition to school programs

5.25 A large number of respondents would like schools to place a greater emphasis on high quality transition programs, including extended programs that target hard to reach families or children with identified special needs. The Starting Schools Project, a joint research project between DET, DoCS and the University of Western Sydney, has investigated childrens' transition to school over a number of years and is generating a considerable body of knowledge about what a high quality transition program looks like and the best ways to target difficult to reach families.¹¹⁹

5.26 We note a recent announcement by the NSW Government that existing transition to school programs will be reviewed with a view to enhancing and expanding best practice models to more communities. In addition, the newly established Public Education Council has been asked to draw up a long term plan for before and transition to school learning in the 0-5 age group.¹²⁰

5.27 However, not everyone supports the expansion of targeted transition programs. Campbelltown District Primary Principals Council argues against the expansion of transition programs for hard to reach families because the effectiveness of such programs is often short lived, due to large running costs as well as the attitudes, values or cultural principles held by the various target groups.¹²¹ Several other respondents noted that the expansion of these programs would require significant additional funding:

Many schools already run highly successful transition programs. Often these are organised in the Kindergarten teachers' 'spare time' and involve a great deal of

¹¹⁹ Submission 110, Associate Professors Dockett and Perry

¹²⁰ Quality Early Learning: Labor's plan for before school and primary education, ALP Policy statement, State election 2003

¹²¹ Submission 175, Campbelltown District Primary Principals Council

additional work ... If schools were required to have such programs in place there will need to be a greater commitment to funding and resources.¹²²

5.28 As Associate Professors Dockett and Perry suggest, all children starting school need to experience high quality transition to school experiences. But given limited time and resources, a decision has to be made about which groups have a greater need than others.

5.29 The Committee acknowledges the importance of extended transition programs for particular groups. By all accounts, DET Aboriginal Transition programs appear to have been particularly effective. There will undoubtedly always be a need for high quality transition programs to cater for groups of children with specific needs. But we suggest that rather than support a major expansion of such programs, it would be wiser to focus on the potential of universal access points, early childhood education and care and Kindergarten, for facilitating a smooth transition to school.

Transition to school guidelines

5.30 DET's *Transition to School Guidelines for Young Children with Special Learning Needs* establish a structured program to support children with a disability or significant learning or behaviour needs, including the formation of an early learning support team at the beginning of the year prior to school entry.

5.31 The guidelines provide for an effective and much needed response to the learning needs of many children. However, resources are limited even for children with serious disabilities, and as is often the case with the target group for our inquiry, children whose needs are perceived to be less serious tend to miss out:

The existing transition guidelines were not seen to have been particularly effective in extending the transition activities to include children at risk of learning difficulties.¹²³

5.32 UnitingCare Burnside advocates that the guidelines should be expanded beyond children who have been identified as having a disability to include children who are at risk of school failure due to their high risk socio-economic circumstances and that schools in high risk areas should implement these guidelines with all new school entries.¹²⁴ Given the competing demands on resources for children with special learning needs and the very large number of children with learning difficulties, it is difficult for the Committee to endorse such an extensive expansion of the program.

¹²² Submission 110, Sue Dockett, p.2

¹²³ Submission 177, Marrickville Council Children and Family Service Forum, p.8

¹²⁴ Submission 141, UnitingCare Burnside

Conclusion

- 5.33** Extended transition programs have their place in assisting particular groups of young children, and their parents, to make the transition to school as smooth as possible. However, we should also seek to reduce the need for such programs by making sure other parts of the system facilitate children's successful school entry. Maximising access to early childhood education and care, smaller class sizes, well-trained teachers, age appropriate school entry and better information flow between prior to school services and schools should make a world of difference to helping children adjust to Kindergarten and beyond.

Chapter 6 Teachers and Schools

Schools actually define what ‘learning difficulties’ are because of their emphasis on numeracy and literacy, and the range of measures used to assess and compare children once they reach school.¹²⁵

Along with the home, the school environment is perhaps the most critical environment for children with learning difficulties. In many cases, it is where a learning problem is first identified. Ideally, schools provide the systems for assessing, addressing and managing all children’s learning needs, and in so doing, support them to fulfil their learning potential. This chapter deals with the role of teachers and schools in identifying and assisting children with learning difficulties. It addresses the issues of teacher education, assessment, staffing issues associated with class size, the Reading Recovery program and Support Teachers Learning Difficulties. A theme running throughout the chapter is the need for more resources to extend existing, well-regarded provisions for children at risk of or with learning difficulties. Provisions for children with specific learning difficulties are discussed in the following chapter.

Over the course of this inquiry, we have become increasingly conscious of the vital importance of Kindergarten and Kindergarten teachers. It matters a lot that children’s first experience of school is positive, that it resembles the ‘children’s garden’ envisaged by its original proponents. As the first point at which all children are legally required to attend school, Kindergarten is an extremely important focus for our attention.

Teacher education

Early childhood training

- 6.1 The major issue regarding teacher education in this inquiry has been whether Kindergarten to Year 2 teachers need training in early childhood education and if so, what the nature and extent of this training should be. While few people believe it is possible or even necessary for schools to insist that all teachers of early years should be required to hold a specialist early childhood degree, most believe *all* undergraduate primary teaching courses should include a component of early child development, and that opportunities to extend this knowledge should be provided by in-service training. This view was also strongly put in many of the original submissions to the inquiry, and in responses to the *Issues Paper*.
- 6.2 Children’s academic progress is indisputably linked to the development of certain social and emotional skills. Children arrive at school with a broad array of abilities. Teachers need not only to recognise gaps in their pupils’ foundation skills, but also to help them catch up with their more advanced peers. While we acknowledge the concerns about ‘crowded curriculum’ discussed in the *Issues Paper*, we believe it is essential to make room in pre-service teacher education for more input on the developmental domains of early childhood. These skills are even more critical for teachers of Kindergarten, who are a child’s vital first link to a new and often overwhelming school environment.

¹²⁵ Submission 155, NCOSS, p.4

- 6.3** The Committee notes that prior to the 2003 NSW State election, the Premier committed \$20 million over four years to fund a new teachers' institute. One of the key roles of the proposed institute would be the development and implementation of new professional standards. An interim committee established to consult key stakeholders on the proposal delivered its report and recommendations to the Government in July 2003, but it is not publicly available at this stage.

Recommendation 18

The Department of Education and Training should require all new teachers in primary schools to have completed a component of early childhood development and pedagogy in their training.

Recommendation 19

The Department of Education and Training should investigate ways to increase the proportion of teachers with early childhood training assigned to Kindergarten to Year 2 classes, through both pre-service and in-service training.

Recommendation 20

Standards for primary graduate teachers and guidelines for teacher education course endorsement, required by the proposed NSW Institute of Teachers, should include an element of specialised preparation in the area of early childhood education.

Learning support teams

- 6.4** Respondents were generally pessimistic about the prospect of receiving adequate in-service education in early child development or learning difficulties because of the perceived inadequacy of DET Training and Development funding. However, few people offered specific suggestions to overcome this deficiency, with the exception of the Campbelltown District Primary Principals Council.
- 6.5** The Council suggested tapping the potential of learning support teams as a vehicle for practical, outcomes-focussed in-service training. Learning support teams are responsible for the development and implementation of individual intervention plans, monitoring students' progress and identifying training priorities for staff. They may comprise the class teacher, Support Teacher Learning Difficulties (STLDs), Reading Recovery teacher, school counsellor, a member of the executive staff and parent(s). Meeting times may vary, so for example the learning support team at Tahmoor Public School meets once a week, during teachers' lunchtimes. While they are not mandated by the Department, they operate in most schools, but according to the Council with varying levels of quality and effectiveness.¹²⁶

¹²⁶ Submission 175, Campbelltown District Primary Principals Council

- 6.6 The Council believes that additional support, in the form of executive release time to allow for more effective team leadership and the coordination of in-service training, would improve the status and effectiveness of these teams.
- 6.7 The Council's idea holds considerable appeal. Placing these teams centre stage in the coordination and prioritising of learning difficulties-related professional development could ensure training is targeted, practical and tied to student outcomes. These teams can offer the support and coordination many parents of school aged children told us they desperately need. With more resources and time, they would be better able to provide moral and practical support to classroom teachers who have day to day responsibility for children with learning difficulties.
- 6.8 As far as the Committee is aware, the effectiveness of these teams has not been formally evaluated, and they would need to be modified for smaller schools. Finding out how effective these teams are, and under what conditions, would be an important first step in expanding their role in assisting children with learning difficulties.
- 6.9 The Committee notes that the government recently announced significant changes to the allocation of professional development funding for teachers, including an increase in funding and the establishment of local staff development committees, to be known as School Professional Development Teams, designed to improve access to appropriate in-service training for teachers.¹²⁷

Recommendation 21

The Department of Education and Training should conduct an evaluation of the role and effectiveness of learning support teams, with a view to expanding their role in assisting children with learning difficulties.

Identifying children with learning difficulties

- 6.10 The *Issues Paper* asked participants to consider ways to overcome barriers to the early identification of children with learning difficulties in the first three years of school. The answers to this question provide a snapshot of participants' general concerns not only about the way schools assist children with learning problems, but other issues that may impinge on teachers' ability to identify children with additional needs.
- 6.11 For example, many participants repeated recommendations made in response to earlier questions about teachers and schools, such as the need to include aspects of early child development in primary teachers' pre-service training and, as is discussed in detail in the following sections, the need for more Reading Recovery teachers and STLDs, as well as smaller class sizes. But participants also raised broader concerns, many of which were explored in other parts of the *Issues Paper*, such as a lack of parental knowledge about

¹²⁷ 'Training and teacher input at the heart of Labor's lesson plan', SMH, March 4, 2003, p.6

children's development, the fact that a significant proportion of children haven't been to preschool and early childhood workers' disinclination to label children too early.

- 6.12** There are a range of assessment programs available to Kindergarten teachers to gauge their beginning students' strengths and weaknesses in literacy and numeracy. While many people believe the Starting with Assessment materials are excellent, these assessments are generally only conducted in schools which receive funding under the Early Literacy Initiative (ELI).¹²⁸ It is a very resource intensive process which according to Ms Kathryn Deacon from the NSW Teachers Federation, is difficult to do without support:

If I were a teacher in a school trying to implement the early assessment documents that have just come from the Department without that funding back-up, I would be feeling a little stressed.¹²⁹

- 6.13** The NSW P&C Federation argues that the main barrier to the effective identification of children with learning difficulties is the absence of a systematic identification strategy that includes formal assessment, diagnosis and the development of an individual educational plan for every child.¹³⁰

- 6.14** Similarly, the Catholic Education Commission holds that 'Kindergarten programmes need to be informed by an initial, comprehensive assessment of each child'.¹³¹ Another respondent pointed out that the Tasmanian education system screens all children on entering Kindergarten for key language skills and essential pre-reading skills such as phonological awareness.¹³²

- 6.15** Some type of formal assessment or screening of children's language and pre-reading skills soon after school entry is widely supported. Such assessments are an extremely important way to identify children with potential problems and to ensure adequate supports are put in place. We recognise that comprehensive assessments are resource intensive but, given the potential benefits, for both teachers and pupils, the Committee urges DET to develop a systematic approach to assessment in Kindergarten classrooms across the State.

¹²⁸ The Early Literacy Initiative (ELI) seeks to improve early literacy outcomes through quality, long-term professional development for teachers. In 2003, it was operating in 445 schools in low socio-economic communities, email correspondence, Sharon Perkins, Department of Education and Training, 22 July 2003

¹²⁹ Deacon evidence, 20 March 2001

¹³⁰ Submission 181, NSW Federation of Parents and Citizens

¹³¹ Submission 146, Catholic Education Commission, p.3

¹³² Submission 149, Speech Pathology Australia

Recommendation 22

The Department of Education and Training should establish a working party to consider the merits and feasibility of a comprehensive screening and assessment system on entry to Kindergarten.

Staffing

- 6.16** Once a child's learning needs are identified, the way that these are addressed by teaching staff is of critical importance. A number of strategies related to staffing, including the Reading Recovery program, access to Support Teachers Learning Difficulties, and reduced class sizes, are valuable in assisting children with learning difficulties.

Reading Recovery

- 6.17** Reading Recovery is an intensive early intervention program designed to help children who are struggling with reading after one year at school. The program is available to the poorest performing 20 percent of Year 1 students in 837 primary schools (approximately 50% of the total number of primary schools in NSW). Schools are allocated funds to participate in the program on the basis of need.¹³³
- 6.18** The Department believes Reading Recovery is highly successful and has maintained a commitment made in 1996 to providing the equivalent of 400 full time Reading Recovery teaching positions across the State. In 2003, 924 teachers were implementing the program.¹³⁴
- 6.19** While some respondents had criticisms of the content of Reading Recovery, as discussed below, there was general agreement that access to it should be significantly enhanced. One of the major concerns about the program is that it is less available in smaller schools, especially those in rural areas. Respondents urged the Department to increase funding for Reading Recovery so it can be expanded across the State. As the NSW Primary Principals Association told us, appropriately trained teachers are unable to offer the program due to a lack of funding:

There are many RR teachers sitting around in schools, unable to teach Reading Recovery as they are not funded by the D.E.T. on an ongoing basis. We are not utilising the trained teachers that we have because schools cannot afford to self fund the program¹³⁵

- 6.20** We asked respondents to comment on other ways to extend coverage of the program. The Campbelltown District Primary Principals Council suggested developing an online Reading

¹³³ Submission 195, DET and email correspondence, Sharon Perkins, DET, 22 July 2003

¹³⁴ Submission 195, DET and email correspondence Sharon Perkins DET, 22 July 2003

¹³⁵ Submission 185, NSW Primary Principals Association, pp.4-5

Recovery training program for teachers in remote areas and an interactive technology based Reading Recovery teaching program that can be accessed by individual students on a daily basis.¹³⁶ The Primary Principals Association of NSW suggested using web cameras to provide remote access to Reading Recovery teachers.¹³⁷ While these ideas may be worth exploring, it is important that technological ‘solutions’ to the problems of access do not compromise the fundamental one-to-one aspect of the Reading Recovery program.

- 6.21** In addition to the problems of geographical access, it is likely that the targeting of assistance to those in greatest need, that is the lowest performing 20 percent, means that some children who would benefit from the program are unable to access it. Some schools may have a greater proportion of children in Year 1 requiring support.
- 6.22** As DET told us in their submission, ‘every child deserves the right to become completely literate at an early age’ and some will only achieve this if offered highly effective individual teaching which responds to their unique learning dispositions.¹³⁸ The Reading Recovery program should be extended to ensure this fundamental right is realised.

Recommendation 23

The New South Wales Government should provide funding to extend the Reading Recovery Program in NSW public schools to allow for greater coverage of schools and for a greater proportion of students in particular schools as needed.

Phonics and Reading Recovery

- 6.23** While the principal concern of most respondents regarding Reading Recovery is how to extend its coverage, a small number of people raised doubts about its efficacy, particularly for children with specific learning difficulties. They believe the program does not place sufficient emphasis on the explicit teaching of phonics in the development of literacy skills.¹³⁹

¹³⁶ Submission 175, Campbelltown District Primary Principals Council

¹³⁷ Submission 185, NSW Primary Principals Association

¹³⁸ Submission 195, Department of Education and Training

¹³⁹ Submission 138 Ms Gwenda Stanbridge. The ‘whole word’ approach suggests that children learn to read by making guesses about a word, based on as many clues as they can pick up from the print and its context, without necessarily applying decoding or sub-word analysis strategies. The other main approach to literacy pedagogy, the ‘phonics’ approach, focuses on phonological awareness and involves the analysis of syllables and intra-word units. Phonemes are units of sound in language and phonological skill is the ability to recognise, recall and process sounds in language.

Schools should be encouraged to abandon RR as a literacy intervention in the first grade, and to implement best practice [phonics-based] programs even for children who do not have a specific learning disorder.¹⁴⁰

- 6.24** A recent House of Representatives Committee inquiry into boys' education raised similar concerns about Reading Recovery. It recommended that the program be augmented by explicit, intensive phonics instruction as part of regular teaching¹⁴¹ and that relevant teacher education authorities place much greater emphasis on literacy pedagogy and skills in intensive phonics instruction.¹⁴² A recent study by Center, Freeman and Robertson noted the lack of uniformity in literacy teaching in NSW Kindergartens and that more recently trained teachers tend to use a whole language approach, whereas more experienced teachers tend to prefer a more phonemically based approach.¹⁴³
- 6.25** In response to criticisms about the content of Reading Recovery, DET suggested that rather than modifying the program, it would be more appropriate to consider recent research conducted in New Zealand into strategies that best support students who require further intensive assistance following Reading Recovery. Funding was set aside within the 2002 Reading Recovery program to work with a sample of schools and students on a similar project, and was implemented in the second semester in 2002.
- 6.26** However, the House of Representatives report and several of our inquiry participants believe the problem goes beyond remedial programs such as Reading Recovery:
- There is a view that explicit phonics instruction and encouraging children to develop a love of reading and literature are mutually exclusive.¹⁴⁴
- 6.27** Without a doubt, for a small number of students, Reading Recovery will not be enough: they will require long term, individualised assistance. We are pleased that the Department is planning pilot strategies to assist children who need further assistance after undergoing the Reading Recovery program,¹⁴⁵ although we have been told by several remedial literacy experts that there is already a considerable body of knowledge about what works but that these programs are not being funded. The need for ongoing assistance for this group of students is discussed further in Chapter 7.
- 6.28** It is difficult for this Committee to get to the bottom of the debate between exponents of either the 'whole word' or 'phonics' approach to literacy pedagogy. Many literacy experts and education departments argue that the dichotomy is false and that elements of both

¹⁴⁰ Submission 125, Child and Family Health Team, Hunter Health, p.2

¹⁴¹ House of Representatives Standing Committee on Education and Training, *Boys – Getting it Right*, October 2002, p.115

¹⁴² *ibid* p.120

¹⁴³ de Lemos M., *Closing the Gap Between Research and Practice: Foundations for the Acquisition of Literacy*, ACER, Victoria, 2002, p. 25

¹⁴⁴ House of Representatives Standing Committee on Education and Training, *op cit*, p.118

¹⁴⁵ Submission 195, Department of Education and Training

methods are used to teach children to read: it is therefore a divisive and unproductive debate. Nevertheless, several well qualified respondents and recent academic and parliamentary reports maintain that while there seems to be an increasing recognition in Australia of the importance of phonemic awareness, whole language approaches continue to dominate literacy practice in Australia, including NSW.¹⁴⁶ While we have refrained from making a specific recommendation about this issue, we acknowledge the importance of the debate and urge the Department to systematically consider the emerging evidence on phonics instruction.

Support Teachers Learning Difficulties

6.29 Support Teachers Learning Difficulties (STLDs) assist schools and teachers to cater for students in regular classes who experience learning difficulties. As such, they play a vital role in the school setting, regardless of class size or the presence of a Reading Recovery program. The *Issues Paper* asked respondents whether the number of STLDs should be increased, whether there are other ways to improve coverage, and if they had any other concerns about the program. These questions generated two main themes: the urgent need to increase the number of STLDs and the need to improve the level of training for such teachers.

6.30 There are currently 848.7 equivalent full-time position STLDs working in primary schools across the State. The Specific Learning Difficulties Association of NSW (SPELD) was one of many organisations to argue that the number of STLDs is insufficient, especially to cater for small schools and in remote areas.¹⁴⁷ Between May and August 2000 the Department's Learning Difficulties Reference Group conducted a review of the STLD resource allocations and recommended an increase of 100 STLD positions from the commencement of 2002. This increase did not occur. Ms Sandra Scott, a member of the Learning Difficulties Coalition of NSW, was one of many people who were troubled that this recommendation has not been implemented:

Although I believe this recommended increase to be conservative, even 100 more STLDs, with intensive specialist training, would make a significant difference.¹⁴⁸

6.31 According to the NSW Primary Principals Association, these 100 additional STLD positions are urgently required and this is supported by 'all major groups with an interest in Public Education'.¹⁴⁹

¹⁴⁶ House of Representatives Committee on Employment Education and Training, *The Literacy Challenge*, Canberra, AGPS, 1992

¹⁴⁷ Submission 147, SPELD (NSW) Inc

¹⁴⁸ Submission 120, Ms Sandra Scott, p.3, email correspondence Sharon Perkins Department of Education and Training, 22 July 2003

¹⁴⁹ Submission 185, NSW Primary Principals Association

STLD training and qualifications

- 6.32** Several respondents expressed concern that STLDs are only required to have two years' teaching experience and do not need any specialised training. The recent Inquiry into Public Education conducted by Professor Tony Vinson described as 'surprising' the fact that in districts with high numbers of special needs students, beginning teachers with no special education qualifications are often appointed as STLDs. It also notes that their role has recently been broadened to include developing Individual Education Plans for all students who score in the lowest band of the Basic Skills Test, as well as providing advice and assistance to students with identified disabilities. Accordingly, the inquiry recommended that DET ensure that untrained STLD teachers in the system receive three weeks' training as soon as practicable.¹⁵⁰
- 6.33** Mr Wayne Levick, the Coordinator of the Learning Disorders Clinic at John Hunter Hospital has found that STLDs are often poorly informed in relation to diagnosis and intervention for children with specific learning difficulties. He believes:
- ... resources need to be directed at upskilling STLDs. This alone could make a significant difference without employing additional staff.¹⁵¹
- 6.34** STLDs assist children with learning difficulties, their parents and teachers on a day to day basis. But in addition to this, they play a strategic role within the school community in order to maximise support for children who have problems with learning. By anyone's standards, this is a challenging role for which training should be a prerequisite.

Recommendation 24

The Department of Education and Training should ensure that all Support Teachers Learning Difficulties are adequately trained to work with children with learning difficulties.

Class sizes

- 6.35** In the lead up to the New South Wales 2003 State election, the Premier made a commitment to reduce class sizes from Kindergarten to Year 2. By 2007, class sizes will be reduced to a statewide average of 20 in Kindergarten, 22 in Year 1 and 24 in Year 2.¹⁵²
- 6.36** There was near universal support for smaller classes in the early years among people who addressed this question in the *Issues Paper* including the peak teachers', welfare and parents'

¹⁵⁰ Professor Tony Vinson, *Inquiry into the Provision of Public Education in NSW, Third Report*, Public Teachers Federation and The Federation of Parents and Citizens Association, 2002, p.62

¹⁵¹ Submission 153, Mr Wayne Levick, p.7

¹⁵² Budget Estimates 2003-2004, Department of Education and Training, p.6-5.

associations in NSW. Smaller class sizes are also supported by two recent inquiries into aspects of the education system.¹⁵³

6.37 However, there is a concern among some people that a reduction in class sizes would be paid for by reducing the number of specialist support teachers available in NSW schools, as we have been told has happened in other states. A further consideration is the availability of the extensive numbers of additional teachers required to support such a reform.

6.38 While strongly in favour of a reduction in class sizes, participants acknowledged that this alone would not guarantee improved outcomes for children. They noted the importance of practices such as focused teaching, engaged learning, and high expectations of students,¹⁵⁴ and highlighted the importance of professional development for teachers:

Reducing class sizes is only part of the strategy to equitably improve students' learning outcomes. For this social goal to be achieved, the teacher work force needs to improve professionally and can only do so with adequate resourcing.¹⁵⁵

6.39 The Committee emphasises that class sizes are one of several strategies that make a difference for children with learning difficulties: of equal importance is access to Reading Recovery programs and STLDs.

Recommendation 25

The Department of Education and Training should monitor the impact of reducing class sizes on students with learning difficulties, including their access to specialist programs and support.

Conclusion

6.40 The early school years play a vital role in children's disposition to learn, their future school achievement and self esteem. Children with learning difficulties need to be taught by well trained teachers, who understand the developmental domains of early childhood and the most effective way to teach beginner readers. But in order for them to do their jobs well, they need to be supported by enlightened policies and adequate resourcing that allows for smaller classes, assistance from specialist support teachers and comprehensive assessment strategies.

¹⁵³ Vinson, T., *Inquiry into the Provision of Public Education in NSW, Third Report*, NSW Teachers Federation & Federation of P&C Associations of NSW, September 2002; House of Representatives Standing Committee on Education and Training, *Boys – Getting it Right*, October 2002.

¹⁵⁴ Submission 175, Campbelltown District Primary Principals Council

¹⁵⁵ Submission 181, P&C Federation, p.12

Chapter 7 Specific Learning Difficulties

I have spoken with many adults who continue to struggle with learning disabilities. The most common and most heartbreaking complaint that I hear from them is that the education system did not acknowledge that they had a problem and did not offer specialist support for them or provide accommodation for their disability.¹⁵⁶

I do not believe there is anyone who we cannot teach to read and spell, at least to functional level.¹⁵⁷

This chapter seeks to identify ways to assist one of the most disadvantaged groups in the education system: children with specific learning difficulties.¹⁵⁸ These students spend at least ten years in a system which prizes literacy and numeracy, but which does little to help them realise their learning potential. We have received some of our most moving evidence from the parents of children who have persistent learning difficulties and who lament that their children do not qualify for the sort of comprehensive support provided to pupils with recognised disabilities. Some parents expend large amounts of money and time in the pursuit of various treatments of uncertain efficacy, fearful of the plummeting self esteem and behavioural problems that often accompany severe learning problems.

Children with specific learning difficulties stand to benefit from many of the recommendations put forward in this report. However, if they are to develop the skills that our education system should impart to all children, they require measures over and above those already discussed.

Funded support for children with specific learning difficulties

- 7.1** Children with specific learning difficulties comprise between two and four per cent of all children. Their academic performance is well below expectation for their age and general ability and this discrepancy is not thought to stem from environmental causes or a physical, sensory or intellectual disability. Current thinking is that specific learning difficulties are probably neurological in origin. Other terms used to describe this condition include learning disabilities and dyslexia.¹⁵⁹
- 7.2** The DET spent over \$515 million in the 2002/2003 financial year on special education services for children with disabilities or learning difficulties. For the 2003 school year more

¹⁵⁶ Submission 120, Sandra Scott, p.2

¹⁵⁷ Whiting evidence, SPELD, 20 March 2001, p.20

¹⁵⁸ Children with specific learning difficulties comprises approximately two percent – four percent of all school students. These children ‘exhibit problems in developmental and academic skills which are significantly below expectation for their age and general ability’. National Health and Medical Research Council, *Learning Difficulties in Children and Adolescents*, AGPS, Canberra, 1990, p 2. This group of children may also be described as having learning disabilities.

¹⁵⁹ Submission 18, DET

than \$72 million of this was used to fund the inclusion of students with disabilities into mainstream classes.¹⁶⁰ This is known as the Funding Support Program, formerly the Integration Program. The Commonwealth also provides funding to assist children with disabilities in either mainstream or special schools. To qualify for funding under either program, a student must have a recognised intellectual, sensory or physical disability. Children with specific learning difficulties do not satisfy the criteria for either program. Eligible students may receive a wide range of additional support, including the provision of a teacher's aide and participation in Support Classes (small classes which provide intensive support to assist children to access the regular curriculum).¹⁶¹

7.3 According to DET, while students with specific learning difficulties do not qualify for funded support they are able to access the necessary assistance via learning support teams which oversee the planning and support for all students, including those at risk of or with learning difficulties.¹⁶² Despite the Department's reassurance, the overwhelming message from inquiry participants is that appropriate support for children with specific learning difficulties is extremely inadequate.

7.4 It is widely accepted that one-off programs such as Reading Recovery are ineffective in overcoming the literacy difficulties of children identified with specific learning difficulties. These children need intensive and long-term support to alleviate their difficulties:

The Education Department has tended to alter, disband or curtail some of their more effective reading programs such as the Intensive Reading Class Program. Remedial programs tend to run for a limited number of weeks or through one or two terms. Children with SLD tend to require assistance over a number of years, if not throughout their school careers.¹⁶³

7.5 This type of intensive and long-term support is often referred to as 'third wave' teaching.¹⁶⁴ Not surprisingly, this is the level of support participants found most lacking in schools, not only in NSW, but across the nation.¹⁶⁵ Without some form of funding support, schools are generally not able to offer intensive remedial programs to their students with specific learning difficulties.

7.6 Parents whose children do not have access to third wave literacy support often seek help from outside the public education system. For example, the Macquarie University Special Education Centre offers *Multilit*, an intensive remedial reading program, for low progress readers 8 to 12 years old, but like most intensive remedial programs, it is expensive. The

¹⁶⁰ Email correspondence Sharon Perkins Department of Education and Training, 22 July 2003

¹⁶¹ Special Education Handbook for Schools, Sydney, DET 1998, 3.10, p.4

¹⁶² Submission 195, DET

¹⁶³ Submission 153, Wayne Levick, p.7

¹⁶⁴ Mapping the System p.24 First wave support is regular class teaching and second wave support is early intervention, such as Reading recovery.

¹⁶⁵ Mapping the System, p.25

recent national review of primary students with learning difficulties drew attention to the unfairness of this state of affairs:

Some children have such a degree of difficulty with literacy and/or numeracy that individual tuition by well-qualified practitioners is likely to be of benefit. However, in the interests of equity, it is important that schools make every effort to support these children within the school setting. If it is not the case, children whose parents cannot afford private tuition, are most likely to be disadvantaged.¹⁶⁶

7.7 In some cases parents seek less mainstream, costly alternative treatments, as discussed in the final section of this chapter.

7.8 The recent inquiry into public education also reported widespread concerns that children with learning difficulties (among others) miss out on Funding Support and suggested that:

criteria intended to identify individuals in need of special support should be periodically reviewed.¹⁶⁷

7.9 There were two schools of thought which emerged in responses to the *Issues Paper* regarding the best way to address the lack of targeted funding for children with specific learning difficulties. The majority of respondents advocated that the term 'learning disability' should be incorporated into funding criteria.¹⁶⁸ They point to the fact that TAFE and universities recognise specific learning difficulties as a disability under the terms of State and Commonwealth anti-discrimination legislation:

Whilst post school institutions recognise Learning Disability and subsequently provide accommodations for students, there appears to be a widespread reluctance to do so in the compulsory education sector where, more often than not, no differentiation is made between learning disabilities and learning difficulties.¹⁶⁹

7.10 A small number of respondents, while wanting to provide such students with targeted funding, pointed to the potential disadvantages of a 'diagnostic' or 'categorical' approach. For example, in public schools in the US where the concept of learning disability is recognised and funded, some definitions of specific learning difficulties are apparently so restrictive that students are excluded from support by diagnostic labels rather than basis of need.¹⁷⁰

¹⁶⁶ Successful programs and Strategies for Children with Learning Difficulties, Information brochure accompanying Mapping the Territory, DETYA, 2000

¹⁶⁷ Vinson, 3rd Report, p.38

¹⁶⁸ Submission 149, Speech Pathology Australia

¹⁶⁹ Submission 137, Anna Mungovan, Australian Learning Disability Association and Regional Disability Liaison Officer Initiative, p. 6

¹⁷⁰ Submission 123, Catholic Education Office, Diocese of Parramatta

7.11 In addition, if the concept of learning disability was incorporated into funding criteria, it would need to be accompanied by a standardised assessment process. As a consequence, more families would find themselves caught up in a ‘merry-go-round’ quest for assessments from services that are already fragmented and under-resourced. They would either end up on long waiting lists or paying a lot of money to access these assessments privately.¹⁷¹

7.12 The Specific Learning Difficulties Association of NSW (SPELD) took a different approach to the funding dilemma in their response to the *Issues Paper*. They propose bypassing the traditional learning difficulty/disability debate by developing a more inclusive approach to funding. They suggest replicating the system used in the United Kingdom for distributing disability funding to schools. Under this system, known as Special Educational Needs Code of Practice (SENCP), student need is the only identification required to access additional learning support. This approach is often described as a ‘functional’ or ‘graduated’ approach. Despite preferring this approach, SPELD pragmatically conclude their submission by stating that:

adding ‘learning disability’ to disability funding criteria may be the only way to gain ongoing learning support for students with Specific Learning Difficulties.¹⁷²

7.13 Both DET and NSW Health are opposed to creating a category of learning disability:

Labels are not useful when meeting the special learning needs of students with specific learning difficulties.¹⁷³

NSW Health supports the view of the Department of Education and Training that a functional approach, that is, based on the educational needs of the student, will assist students more.¹⁷⁴

7.14 However, as far as children with specific learning difficulties are concerned, the Department’s ‘functional’ approach does not appear to be working:

DET’s unwillingness to accept such a term appears to be a reflection of their unwillingness to attack the problem more appropriately. As long as this is the case we will continue to see ... intelligent 12-14 year olds with the reading ability of a 7 year old.¹⁷⁵

The DET does not recognise the term dyslexia, so it does not need to fund the solution to it.¹⁷⁶

¹⁷¹ Submission 120, Sandra Scott

¹⁷² Submission 147, SPELD, p.19

¹⁷³ Submission 195, DET, p.12

¹⁷⁴ Submission 193, NSW Health, p.6

¹⁷⁵ Submission 153, Wayne Levick, p. 8

¹⁷⁶ Submission 70, Dr Christopher Ingall, p.1

- 7.15** As several people pointed out, parents whom one would expect to be most sensitive about the impact on their children of a negative label believe that if it leads to funded support, then the advantages would outweigh the disadvantages.
- 7.16** The debate over how eligibility for funded support is determined perhaps masks the more critical issue of adequacy of funding for necessary supports. As with many programs, funding criteria are a means of apportioning scarce resources, and if more resources were available for remedial programs there would be less concern with ways to open up criteria. Participants were strongly of the view that the level of resources available to fund school-based supports for children with specific learning difficulties is currently inadequate.

Early identification of specific learning difficulties

- 7.17** The lack of adequate provision of remedial measures for children with specific learning difficulties is matched by the absence of a comprehensive system for early identification.
- 7.18** As with most child health issues, identifying problems earlier rather than later can make a huge difference to later outcomes. While many children with specific learning difficulties are often not identified until their second or third year at school, many people believe they can be picked up much earlier than presently occurs and then gain access to appropriate intervention:

There is considerable evidence to suggest that children with SLD could be identified either in their preschool year or in their first year of schooling ... poor alphabet knowledge and phonemic awareness would identify a high percentage of the children who were destined to develop SLD.¹⁷⁷

Compulsory objective and systematic assessment during Kindergarten can reliably identify those students at risk of developing a specific disorder.¹⁷⁸

- 7.19** Some of the barriers to earlier identification of children with specific learning difficulties are similar to those relating to learning difficulties in general, including a resistance to labelling children prematurely and a lack of knowledge among teachers, including STLDS, about this condition. In addition, school counsellors who in most cases have the expertise to identify these types of learning problems, are poorly resourced with waiting lists of up to 9 months being reported by some schools.¹⁷⁹
- 7.20** In the Committee's view, it is vitally important that the public school system, because of its critical roles in providing for the majority of children and for ensuring equity in the education system, is adequately equipped to identify and assist children with specific learning difficulties. At present, these children often fall through the gap between children with no difficulties, who are the focus of the system, and children with disabilities, whose support needs are more concrete and acknowledged. The public education system needs to

¹⁷⁷ Submission 153, Wayne Levick, p.2

¹⁷⁸ Submission 125, Child and Youth Health Network, Hunter Health, p.2

¹⁷⁹ Submission 125, p.2

recognise and systematically respond to the full spectrum of children, including those with specific learning difficulties. This can only occur through adequate resourcing for this target group, not just in terms of early intervention, but for some children over the longer term.

Recommendation 26

The Minister for Education and Training should convene a working party comprising relevant experts in learning disorders, parents and specialist teachers, to examine the needs of children with specific learning difficulties in NSW Primary Schools, including:

- ways to maximise the early identification of children with specific learning difficulties
 - appropriate options, including special programs for such children
 - the resource implications of enhanced provision of early intervention for children with specific learning difficulties.
-

The role of certain treatments

7.21 There are a variety of non-conventional treatments to assist children with specific learning difficulties, for example Samonas sound therapy, behavioural optometry, dietary supplements and kinesiology. These therapies offer an alternative to conventional practices and offer hope to parents and children who have tried many of the standard forms of treatment available at schools or recommended by their GP, without success.

7.22 Only a very small number of participants suggested there was reliable evidence of the efficacy of non-conventional treatments. These submissions provided some evidence of scientific research within the area.¹⁸⁰ Whilst this and other emerging overseas evidence raises the possibility that some therapies have been used to effectively treat learning disabilities, it is not within the capacity of the Committee to evaluate the efficacy of this research.

7.23 The last review of such therapies, conducted by the National Health and Medical Research Council (NHMRC) was carried out in 1990, 13 years ago. As there appears to be a greater recognition and understanding of the biological basis of learning disabilities, it would be useful to update this research. Accurate information about the efficacy of such treatments would be particularly valuable for parents:

Because there is no formal Government advice available, as parents, you are at the mercy of charlatans. It can be very difficult to assess whether the approach you take is backed up by scientific studies that prove its worth. It can be a very expensive exercise.¹⁸¹

¹⁸⁰ SPELD submission147; Dyson & Cattelan Submission 91

¹⁸¹ Submission 59, Ms Prudence Heath, p.4

- 7.24** It was suggested to us that the responsible departments should conduct a thorough assessment of the efficacy of non-conventional treatments.¹⁸² This information should be made widely available to parents, and the range of learning difficulties professionals, in an accessible form.¹⁸³
- 7.25** In their submissions to the inquiry, some parents noted that they felt their decision to try an alternative treatment was not supported by teachers and other professionals.
- The teachers, I found, sometimes get defensive because it sounds to them that you are criticising what they are doing, when really all it is you are saying is “It is not working the way it’s being done. Can we look at doing something else?”¹⁸⁴
- 7.26** The Committee believes it is extremely important that parents who choose to utilise these forms of treatments should feel able to do so without prejudice.

Recommendation 27

The New South Wales Minister for Health should approach his federal counterpart to request that the National Health and Medical Research Council undertake a comprehensive review of treatments for children with specific learning difficulties, the results to be published in an accessible format to assist parents to make decisions about their children’s treatment.

Conclusion

- 7.27** Children’s experience of specific learning difficulties is often extremely alienating and dismaying. For their parents, it can be heartbreaking and all the more frustrating when their child is unable to access the supports they need to manage their difficulty and maximise their potential. As one respondent told us, there are few students who face so disheartening a condition in their education and one that is so poorly understood.¹⁸⁵ It is essential that current and future cohorts of children do not grow up feeling that the education system neither acknowledged nor addressed their learning needs. In the Committee’s view it is vitally important that the universally available public school system is adequately resourced to effectively address the support needs of children with specific learning difficulties. At the same time, a greater understanding of the effectiveness of the range of alternative treatments available to assist these children is required, so that parents are better equipped to make informed choices about interventions for their child.

¹⁸² Submission 125, p.2

¹⁸³ Submission 147, SPELD, p 12

¹⁸⁴ Submission 55, Aza, p.6

¹⁸⁵ Submission 123, Catholic Education Office, p.4

Chapter 8 Therapy services

Concerns about access to therapy services for children with learning difficulties were raised by most participants in the inquiry. While these children often respond extremely well to therapy, supply of therapy services is limited and priority is given to children with complex needs or manifest disability. The *Issues Paper* therefore noted that balancing the interests of children with lesser therapy needs against those who have continuing and substantial difficulties presents a key challenge for the inquiry. Recognising the strong association between early language development and later educational success, the Committee has identified speech pathology as a major area of unmet need for children with learning problems. In analysing the evidence to this inquiry, the Committee has found that three significant areas of change are required in order to address issues of access to therapy services. The first is that NSW Health must embrace its responsibility for the planning and provision of therapy services to children with learning difficulties. Second, new capacity building models, where therapy is provided in schools and early childhood settings, should be implemented systematically across the State. Third, much greater investment must be made in therapy services for children, with a significant expansion of publicly funded therapy positions across New South Wales.

Key themes

- 8.1** Therapy services can assist children to overcome the underlying developmental, behavioural, medical or allied health problems that can contribute to learning difficulties. Responses to the *Issues Paper* highlighted the particular importance of therapists' knowledge and skills in identifying potential learning problems in children and in working with children to address them.
- 8.2** Yet access to therapy services by children with learning difficulties is widely reported as extremely inadequate as well as inconsistent across the State. Children are not receiving timely supports that can make a real difference to their learning and development. Problems of access appear to be underpinned by a number of major concerns reflected in responses to the *Issues Paper*. The major themes arising from responses were:
- there is a need to clarify responsibility for therapy services, and to ensure coordination and collaboration between NSW Health, DADHC and DET, in order to ensure a practical and effective commitment to meeting the therapy needs of children with learning difficulties
 - there are important gains to be made from a capacity building approach to therapy services, in which therapists work within settings commonly accessed by children, and share their skills and techniques with parents, teachers, child care workers and other professionals
 - issues of supply and prioritisation need to be addressed so as to reduce excessive waiting times for both assessment and treatment, including through strategies tailored to address the particular difficulties in accessing services in rural and remote areas.

Timely access to therapy services

8.3 Therapy is an area where there is considerable support for the principle of ‘the earlier the better’. Children who need therapy should be identified and assessed as early as possible and strategies to support them should be put in place immediately. The long-term outcomes of therapy for children with disability, specific learning difficulties or delays that arise through intrinsic or environmental factors will be more significant if therapy is delivered as early as possible. Early access can correct some problems before they become entrenched and reduce the need for ‘catch up’ support for children who need continuing assistance.

8.4 In practice however, the target group for this inquiry are a low priority for government service providers and they are denied ready access to therapy services. Responses to the *Issues Paper* suggested that therapy waiting times for ‘non-urgent’ cases in NSW Health exceed 18 months in some areas, and that extended delay can defeat the purpose of providing therapy:

Therapy service provision to children needs to be quick and adequate ... We currently have families waiting over a year, to then be told the child is too old for a service to be supplied.¹⁸⁶

Appropriate waiting lists should be 4 weeks for initial contact.¹⁸⁷

8.5 While some parents can overcome delays by purchasing therapy services privately, this is not an option for many and may contribute to an educational divide based on socio-economic factors. As one parent told us:

I was forced to increase my working hours to pay for the therapy that my son needed, without which he would have failed educationally. Luckily I was in a position where I was able to do this. What a struggle it must be for parents who don’t have the personal resources and access to professional resources that I have? The wait for assessment and intervention for my son through Community Health was one and two years respectively and this was at a well resourced centre.¹⁸⁸

8.6 A further concern was that when children do receive access to therapists, therapy time and follow up is insufficient with the result that the therapy may be ineffective.

8.7 Submissions and responses to the *Issues Paper* suggested that the problems of children with learning difficulties in accessing therapy services are related to a number of issues to do with the organisation and provision of therapy services in New South Wales. Primary among these is the significant undersupply of therapy positions. There are insufficient numbers of publicly funded therapists to meet demand for a range of therapy needs, including those of the target group for this inquiry. This issue is dealt with in detail in the final section of this chapter.

¹⁸⁶ Submission 123, Catholic Education Office, Diocese of Parramatta

¹⁸⁷ Submission 109 Paediatric Occupational Therapy Department, Royal North Shore Hospital

¹⁸⁸ Submission 108, Ms Janis Mendoza

Responsibility for children's therapy services

8.8 A key theme arising in relation to therapy services in this inquiry was the need to resolve where responsibility for therapy services rests. Which government agency is charged with adequately resourcing and planning, as well as delivering therapy services for children with learning difficulties? In the Committee's view, resolution of this issue is essential if the problems of the children's therapy system are to be addressed.

'Grey areas' in responsibility

8.9 In practice, children with learning difficulties fall into a grey area in the respective responsibilities of NSW Health, DADHC and DET. None of these agencies explicitly identifies the provision of therapy services to children at educational risk as a core responsibility and priority. Evidence for this grey area is found in the patchy and inconsistent access and service gaps so widely reported to the Committee.

8.10 We were told that a significant issue contributing to problems with accessing therapy services relates to the fact that public therapy services are provided by two separate agencies, NSW Health and DADHC. The two Departments have different target groups, and in many areas, children at educational risk are not a priority. DADHC services are focussed on people with manifest disability whereas NSW Health is required to meet the needs of the broader population and is generally focused on the provision of acute care services, so that in practice, children with lesser needs largely miss out.

8.11 Policy and practice on eligibility for therapy services is also inconsistent between different DADHC regions and Area Health Services, giving rise to equity issues. Unless systems are in place to ensure inter-departmental cooperation, a child with lesser needs can 'fall through the gaps' and be unable to access support from either Department.

8.12 As is discussed in the following section, DET is now taking a greater role in this area, with therapy being provided in many schools. Similarly, the growing trend towards the provision of therapy in early childhood settings suggests a greater role for both DoCS and the Commonwealth Department of Family and Community Services (FACS) as the funders of prior to school age education and care. These trends point to an increasingly complex system with still greater need for clear lines of responsibility and strong coordination.

8.13 The *Issues Paper* therefore asked whether criteria for access to DADHC should be broadened to enable access to their services by the target group for this inquiry and whether DADHC and NSW Health should continue to be separate providers of therapy for children. We also asked how clear departmental responsibility for planning and delivering therapy services for children with learning difficulties could be established.

8.14 While there was some debate as to whether DADHC eligibility criteria should be broadened to enable children with lesser needs to access services, the majority of responses held that this should not occur. Generally, participants argued that DADHC therapy services should retain their specialist capacity and should remain separate from those of NSW Health, given the considerable unmet demand for DADHC therapists within its current target group and the risks of eroding the valuable specialist expertise of those practitioners.

- 8.15 However, some Area Health Service based therapists highlighted the interactive effects between the DADHC and Health therapy systems, reporting that when DADHC services are not provided to people with disability, Health services are expected to step in and their own capacity to support children with lesser needs becomes more limited.

NSW Health: the agency with primary responsibility

- 8.16 The majority of responses argued that NSW Health should retain primary responsibility for planning and delivering therapy to children with learning difficulties, given its role as the mainstream provider of therapy services in New South Wales. NSW Health therapists are intended to serve the entire population, including children with learning difficulties.

- 8.17 While participants acknowledged the contribution of various agencies as well as private practitioners to the therapy needs of children, many felt that Area Health Services were the most appropriate providers of services to the target group of this inquiry given their skills base, as well as their institutional capacity for equitable service delivery.

These children are already being seen by Health, however these children are often a low priority if presenting with learning difficulties without oral language difficulties. These children are more suited to a Health caseload.¹⁸⁹

Learning difficulties need to be a specified case load in NSW Health.¹⁹⁰

- 8.18 NSW Health was also seen as a preferred employer by therapists because of its strong state-wide infrastructure and its capacity to support the clinical aspects of service delivery along with the range of professional supports for therapists.

Improving coordination

- 8.19 While reaching agreement on who has primary responsibility for the provision of therapy services for children is essential, for many inquiry participants it was also vitally important to ensure that there is significantly more collaboration between NSW Health, DADHC, DET and other agencies to eliminate service gaps.

Irrespective of who employs and manages therapy services, the availability of those services needs to be “boundaryless” for clients. The government departments need to have clear service agreement/memoranda of understanding in order for clients in each area to receive the services they need.¹⁹¹

- 8.20 Participants told us that this is especially important for children whose needs are such that they do not fall neatly into the DADHC or Health target group:

¹⁸⁹ Submission 135, Ms Hannah Morgan, Speech Pathologist

¹⁹⁰ Submission 143, Sutherland Shire Learning Difficulties Support Group, Inc., p.8

¹⁹¹ Submission 149, Speech Pathology Australia and the NSW Health Speech Pathology Advisers Group, p.9

... there needs to be clear criteria for each service and perhaps a monthly meeting between services to discuss the borderline cases, and ensure children do NOT slip through or get lost in the system.¹⁹²

8.21 The need for better coordination was acknowledged by both NSW Health and DADHC in their responses to the *Issues Paper*. While noting that *Families First* will provide a framework for coordinating and streamlining services for children, NSW Health suggested that a memorandum of understanding between it and DADHC could help secure a more effective partnership in this area.¹⁹³ DADHC also noted its willingness to participate in a whole of government response to resolving current problems. DADHC suggested that:

Improved coordination can be achieved by assigning the function of coordination to one agency in conjunction with the development of high level interagency committees and interagency guidelines in the learning difficulties area ... The committee would consist of senior representatives from DADHC, NSW Health, DET and the Commonwealth Department of Family and Community Services.¹⁹⁴

8.22 In the Committee's view, it is essential that NSW Health embrace its role as the primary provider of therapy services to the target group of this inquiry. Responsibility to provide therapy services to children with learning difficulties clearly rests with that agency, but has not been adequately acknowledged at the policy level, nor enacted in service delivery in a systematic fashion. Correspondingly, we consider that DADHC's role as specialist provider for children with disability should remain.

8.23 We also consider that as part of this responsibility, NSW Health should take the lead in working with DADHC, DET, DoCS and FACS to develop a collaborative and systematic approach to therapy services for children with learning difficulties in New South Wales. We see much merit in DADHC's suggestion of a high level committee made up of representatives of these agencies, as well as in the development of a memorandum of understanding on their respective roles. Such actions are the starting point for helping to ensure that therapy services are adequate, effective and consistently provided across the range of children who require them.

8.24 We also stress that any agreement made at the central level must be operationalised locally. The evidence of inconsistencies in approach between and within areas, and therefore of geographically based inequities, is troubling and must be addressed.

8.25 The Committee acknowledges that NSW Health's capacity to fulfil its role necessarily requires substantial resources being directed towards children's therapy.

8.26 We also note that in order to fulfil *its* responsibilities, DADHC should work to ensure that it adequately assists its target group of children with disability, so that NSW Health services are no longer placed in the position of having to meet another Department's shortfall at the expense of children with lesser needs. In the recent final report of our inquiry into

¹⁹² Submission 158, Ms Linda Foskey, Speech Pathologist, New England Area Health Service, p.7

¹⁹³ Submission 193, NSW Health Department

¹⁹⁴ Submission 187, Department of Ageing, Disability and Home Care, p.3

disability services, we noted the significant levels of unmet need for therapy services among children with disability.¹⁹⁵

8.27 The respective roles of NSW Health, DET and other agencies in relation to the provision of therapy in schools and early childhood services is considered in the following section on capacity building in therapy services.

Recommendation 28

NSW Health should take specific steps to fulfil its responsibility as the primary funder and provider of therapy services for children with or at risk of learning difficulties.

Recommendation 29

NSW Health should, in liaison with the Department of Ageing, Disability and Home Care, the Department of Education and Training, the Department of Community Services and the Commonwealth Department of Family and Community Services, develop a comprehensive strategy for the planning and provision of therapy for children. The strategy should:

- Promote adequate, effective and consistent service delivery across the range of children who require therapy, in every area of the State
 - Clearly define the target group for each Department and ensure that this target group is consistently applied across the State
 - Ensure that a process is in place to ensure that responsibility to provide therapy is allocated for each child who is referred for therapy.
-

Non-government early intervention services

8.28 Early intervention services provide a range of therapy and other supports to children with high and persistent needs, often providing coordination across a range of programs and services for individual children. They are funded through a mix of Commonwealth and State programs. The *Issues Paper* asked participants whether the eligibility criteria for support through non-government early intervention centres should be broadened so that children with significant needs but no formal diagnosis can gain access to these services. Many children with substantial needs are too young to have received a diagnosis, or their condition is not amenable to one, so that again, they miss out on much needed assistance.

8.29 A number of submissions and responses argued that current funding guidelines for early intervention centres should be amended so that eligibility is based on functional need rather than a medical diagnosis. As well as ensuring access to much needed therapy, this would enable children with learning difficulties to benefit from a more coordinated style of service provision.

¹⁹⁵ Standing Committee on Social Issues, *Making it Happen: Final Report on Disability Services*, Report No. 28, November 2002

- 8.30** Others argued that like DADHC therapy services, early intervention centres are struggling to meet the needs of their *current* target group, and suggested that early childhood education and care services may be a better setting for therapy for younger children with learning difficulties.
- 8.31** There was considerable support for expanding the criteria for early intervention services to assist the target group for this inquiry. However, the Committee is mindful of the limitations of such an approach. Many of these children simply need immediate but short term therapy, which we have argued should be provided by NSW Health. The Committee envisages that if adequate levels of therapy are provided through Area Health Services, expanding access to early intervention centres would be unnecessary.
- 8.32** However, there is a small group of children with more complex needs who would benefit from the holistic, coordinated approach offered by early intervention services. Given our position that NSW Health is responsible for therapy services for children with learning difficulties, we would argue that Area Health Services should take on the coordinating role for this distinct group of children. At the very least, the Committee considers that NSW Health should take responsibility for generating an appropriate solution to this policy problem.

Recommendation 30

In keeping with its role as the primary provider of therapy services for children with learning difficulties, NSW Health should develop a strategy to ensure that children with more complex needs who are unable to access early intervention services receive coordinated and holistic support.

Capacity building in therapy

- 8.33** A very clear message in responses to the *Issues Paper* was that there are significant gains to be made from developing new service delivery models for therapy. Whereas the traditional model emphasises one-to-one ‘clinical’ sessions between a therapist and an individual child, there is now a growing focus on approaches that occur within children’s service settings and build their capacity to support children with therapy needs.
- 8.34** There was strong support among inquiry participants, including therapists themselves, for therapy to occur in settings such as schools and early childhood education and care centres.
- Therapy services such as speech pathology programs are most successful when integrated within a child’s daily routines and educational programs. Collaboration and cooperation between therapists, families and early childhood educators provides consistent and ongoing support to young children.¹⁹⁶

¹⁹⁶ Submission 18, Department of Education and Training, p. 49

NSW Health should have dedicated health positions to work with community-based and preventative services in pre-schools, day care, home and schools rather than just clinics.¹⁹⁷

8.35 More specifically, responses to the *Issues Paper* testified to the merits of ‘consultative’ team-based models in which therapists work jointly with parents, early childhood workers or teachers, empowering them to use therapy skills and techniques.

8.36 As noted in the *Issues Paper*, a capacity building approach has a number of advantages that can help to improve children’s access to therapy. A therapeutic presence in schools and early childhood services can greatly improve the early identification of difficulties, and can mean that services are more available to families and more easily taken up by them. Also, models that assist more than one child at a time and engage other adults in therapy provision enable more efficient use of resources. Most significantly, therapy that is integrated with a child’s everyday activities can produce more effective outcomes for that child.

8.37 Many parents and professionals noted that this approach was particularly important for school aged children, as those with learning difficulties often experience a lack of continuity in service provision and may lose access to therapy when they reach school. Also, as the first universal point of contact for children, school is often the first opportunity for learning difficulties to be identified, assessed and addressed.

8.38 Evidence to the inquiry is that capacity building models are currently under-utilised and have not been nurtured in any planned or systematic fashion in this State. Some schools make use of Area Health Service therapists, while others purchase the services of private practitioners. Many offer no such models at all:

If you took a snapshot of what is going on in New South Wales at the moment with speech pathologists in health and education you would see a lot of terrific grass roots programs in which people are trying to work together ... A lot of people are working together, but it is not systematic; it is not top down; it is not a smooth process. It depends on individual workers and teachers.¹⁹⁸

8.39 While there was strong support for more systematic use of these models among a range of government and non-government stakeholders, participants were quick to point out that they are not a panacea for the problems of access to therapy. To be effective, such models require adequate resources and demand particular skills. Moreover, they do not replace need for one-to-one services, especially for children with higher needs:

... there needs [to be] a balance between consultative and 1:1 services. Increased outreach is good but can only be done with more therapists and therapists committed to and trained in the consultation role.¹⁹⁹

¹⁹⁷ Submission 143, Sutherland Shire Learning Difficulties Support Group, p.9

¹⁹⁸ Dent evidence, NSW Health Speech Pathology Advisers Group, 20 March 2001

¹⁹⁹ Submission 158, Ms Linda Foskey, Speech Pathologist, New England Area Health Service, p.8

8.40 Similarly, while the NSW Primary Principals' Association noted the merits of the team based approach, it also cautioned against unrealistic expectations about the capacity of the school environment to absorb therapy into the classroom:

While consultancy and team models will assist in integrating educational and therapy programs ... Class teachers should not be expected to meet the therapy needs of students even with consultative support – they are teachers, not therapists!²⁰⁰

8.41 Echoing the previous section of this chapter concerning cooperation between agencies, NCOSS has noted that the extension of capacity building models:

... implies a much greater degree of coordination and planning between the Departments of Health, DADHC, DoCS and Education and Training than currently exists. The Early Childhood Intervention Coordination Program (ECICP), led by DADHC but using local and Area committees of practitioners, provides a model of how this could be achieved and is worth exploring in relation to children with learning difficulties.²⁰¹

8.42 Recognising the considerable resource implications of a systemic approach to capacity building models of therapy, there was considerable debate in responses as to which government agency should fund and employ the required body of therapists, particularly in school settings.

8.43 Some participants such as the NSW Primary Principals' Association and Professor Vicki Reed of the University of Sydney held that DET should employ therapists to work in schools, as occurs in some other Australian jurisdictions and the United States, New Zealand, Canada and the United Kingdom.²⁰² Others pointed out that this approach would not make adequate provision for children in the Catholic and independent school systems. In addition, a number of responses argued that the health system is much more able to provide the necessary infrastructure and professional support to therapists. As Mr Wayne Levick of the John Hunter Children's Hospital and Child and Family Health Team commented:

For DET to employ therapists directly would involve a significant investment. They would need to establish a "critical mass" so that there was adequate professional support and development. Otherwise there would be high turnover and instability in service provision. It is probably best that therapy services for children with SLD continue to be provided from a health service base rather than from DET or DADHC though ... I believe there is a limit to the extent to which health funding should be directed to what is primarily an educational problem.²⁰³

²⁰⁰ Submission 185, NSW Primary Principals' Association, p.6

²⁰¹ Submission 155, NCOSS, p.12

²⁰² Submission 185, NSW Primary Principals' Association; Submission 170, Professor Vicki Reed, School of Communication Sciences and Disorders, University of Sydney

²⁰³ Submission 153, Mr Wayne Levick, Senior Clinical Neuropsychologist, John Hunter Children's Hospital and Coordinator, Learning Disorders Clinic, Child and Family Health Team, pp.9-10

- 8.44** The Committee believes that there is much to be gained from a more widespread, systematic and planned approach to the provision of therapy services in schools and early childhood settings, including the use of team based and consultative models. While these cannot replace one-to-one or clinical therapy services, there is strong evidence that they can bring about new levels of access, efficiency and effectiveness in therapy service delivery. In our view, therapy should be made an integral component of the school and early childhood systems, and one which is complementary to clinical therapy services.
- 8.45** In keeping with our position that NSW Health is the agency charged with responsibility for therapy services for children with learning difficulties, the Committee believes that that agency should also hold overall responsibility for therapy services in schools and early childhood services. Ultimately, these services are therapeutic ones, whatever their settings. However, we consider that DET, DoCS and FACS, as the agencies responsible for schools and early childhood services, should work jointly with NSW Health to develop a framework for the provision of therapy in those settings.
- 8.46** Correspondingly, the Committee believes that therapists who provide services in educational settings should be employed by NSW Health, which is also better equipped to provide the necessary infrastructure and professional support to a therapist workforce.
- 8.47** In keeping with the previous section of this chapter, we also note the desirability of establishing effective mechanisms at the area level to ensure interagency cooperation and planning around the delivery of therapy in other settings. As NCOSS has suggested, area level committees based on the Early Intervention and Coordination Program (EICCP) may be appropriate. Alternatively, proposals that DET district offices engage qualified therapists to take a coordinating and resourcing role across a region may have some merit. We suggest that the most appropriate mechanisms for securing and supporting collaboration at the regional level be explored in discussions between the relevant agencies.
- 8.48** The Committee considers that given the urgent need for systemic change and the substantial benefits that will flow from it, the framework for the provision of therapy in schools and early childhood settings should be developed within the next 12 months.

Recommendation 31

NSW Health and the Department of Education and Training, Department of Ageing, Disability and Home Care, Department of Community Services and Commonwealth Department of Family and Community Services should move urgently to develop a joint framework for the provision of therapy services in schools and early childhood services across the State, including the use of consultative and team based models. This joint framework should consider:

- The most effective interagency arrangements to engage therapists to work in schools and early childhood services
 - The necessary infrastructure and other mechanisms to ensure professional support for these therapists
 - The most appropriate strategies to ensure effective planning and collaboration at the regional level.
-

Increasing the pool of therapy positions

8.49 Even if some efficiencies are gained from a more systemic approach to capacity building models of therapy, evidence before the Committee is that significantly greater numbers of therapists are needed.

8.50 Perhaps the most resounding message about therapy in responses to the *Issues Paper* was that there are insufficient therapy positions within public agencies, particularly NSW Health, to service the entire population of children and adults who require therapy. Most responses therefore contended that the number of therapy positions in government agencies should be increased so that more children, including those with learning difficulties, can gain access to the services they require. As NCOSS and others told us:

There is a clear need for Health and DADHC to employ more therapists allowing greater specialisation and access for those children who are not being prioritised as high need. Too often, therapy services are stretched to become all things to all clients (especially in rural areas), resulting in therapists being restricted to providing “bandaid” services.²⁰⁴

... the bottom line is that there are not enough speech pathology positions to reach the targeted children in an effective way.²⁰⁵

8.51 While there was broad agreement that additional speech and occupational therapy positions are required in order for children with or at risk of learning difficulties to access timely and appropriate support, very few responses identified the level of increase that would assist children with learning difficulties. Speech Pathology Australia and the NSW Health Speech Pathology Advisers Group suggested that a 20 percent increase in publicly funded speech

²⁰⁴ Submission 155, NCOSS, p.12

²⁰⁵ Submission 122, Ms Kathy Hammer, Speech Pathologist, p.1

pathology positions would make a difference for *school-aged* children with learning difficulties.²⁰⁶ Another participant estimated that their Area Health Service required as much as a 70 percent increase on current speech pathology staffing levels in order to adequately support children with speech and language difficulties.²⁰⁷

- 8.52** As noted in the *Issues Paper*, Speech Pathology Australia told us that the current NSW speech pathology workforce is 9.4 full time equivalent (FTE) positions per 100,000 head of population, which supports the entire population, both adults and children. By contrast, United Kingdom research has estimated that a total of 26.2 FTE speech pathologists (or 20.5 FTE speech pathologists with therapy assistants) per 100,000 population is necessary to effectively support the entire population, with 9.1 FTE speech pathologists (or 7.7 FTE speech pathologists with therapy assistants) per 100,000 population required to support only children with communication difficulties, not including those with an intellectual disability.²⁰⁸
- 8.53** Speech Pathology Australia and the NSW Speech Pathology Advisers Group pointed to the desirability of a comprehensive needs analysis to determine appropriate staffing levels for publicly funded therapists across the State. A number of responses also advocated the adoption of population based estimates with weightings to ensure equitable provision, taking into account socio-economic status, Aboriginality, rurality and so on.
- 8.54** The Committee notes the clear contrast between research that emphasises the importance of early and sufficient access to therapy for children with learning difficulties and the accounts we have received from parents and professionals about substantial delays in accessing therapy. The evidence to this inquiry strongly suggests that there are not enough therapists employed in public agencies. This inevitably means that priority is given to children with the highest level of need and children with learning difficulties miss out.
- 8.55** In our view, the need to reconsider current staffing levels for therapy positions is even greater in the light of our recommendation that a systematic approach be taken to providing therapy in schools and early childhood settings. We support the position of many stakeholders that these models are complementary to one-to-one clinical services, which are already greatly undersupplied. A comprehensive, State-wide capacity building approach will bring about some efficiencies, but will nevertheless require substantial staffing resources. Significant investment in *both* clinical and capacity building therapy services is, in our view, essential.
- 8.56** The Committee considers that a comprehensive needs analysis is urgently required to accurately determine the number of occupational and speech therapists required to assist children including those with or at risk of learning difficulties across New South Wales. Such an analysis must take into account the provision of one-to-one therapy services, as well as our recommendation for a systemic approach to the delivery of therapy in schools

²⁰⁶ Submission 149, Speech Pathology Australia and the NSW Health Speech Pathology Advisers Group, p.7

²⁰⁷ Submission 122, Ms Kathy Hammer, Speech Pathologist

²⁰⁸ Submission 84, Speech Pathology Australia

and early childhood settings. This analysis would then form the basis of an expansion in the supply of therapists across the State.

8.57 While this will undoubtedly have significant budgetary implications for NSW Health, the Committee considers that these are well justified by the obvious gains that will flow from improved access to timely and adequate therapy by the many children who require it. In our view, addressing the undersupply of therapists is perhaps the single most important step that must be taken to improve access to therapy services by the target group for this inquiry.

Recommendation 32

To address the undersupply of therapists for children in New South Wales, NSW Health should:

- Undertake a comprehensive needs analysis of the levels of speech pathology and occupational therapy positions required to provide both clinical therapy services and systemic delivery of therapy services in schools and early childhood settings
- Develop targets for numbers of therapists per head of population for each Area Health Service, with equity weightings
- Allocate sufficient funding to ensure these positions are filled.

Therapy in rural and remote areas

8.58 Many submissions and responses to the *Issues Paper* noted that addressing the supply of therapists is not as easy as just allocating more money and creating more positions. In its submission, NSW Health rightly states:

Access to appropriate therapy cannot be assured simply by employing more therapists ... there are a number of complex issues in relation to the allied health workforce, especially around retention of experienced, highly qualified staff, which are not easily addressed and militate against simple solutions.²⁰⁹

8.59 The Committee was told that the issues of attracting and retaining experienced therapists in rural areas are longstanding, and as with other professionals, substantially relate to geographical and professional isolation, poor career structures and the absence of organisational infrastructure and support. Speech Pathology Australia and the NSW Health Speech Pathology Advisers Group told the Committee:

There must be appropriate training, support, resourcing and remuneration to attract and retain high quality staff. Timely recruitment to prevent gaps in services is also vital ... there are too many sole therapy position in rural areas which

²⁰⁹ Submission 193, NSW Health, p.7

quickly burn out the incumbents. A critical mass of colleagues is required to retain health professionals ...²¹⁰

- 8.60** Participants told us that strategies such as flying city based therapists into rural and remote areas are less desirable than establishing and sustaining community-based therapists as the former approach is not cost effective and can undermine those practitioners who are employed locally.²¹¹
- 8.61** According to NSW Health, a number of strategies to support the retention of therapists in rural areas are being pursued, for example the use of professional development opportunities, regular clinical supervision and support, provision of adequate office infrastructure, and the development of 'buddy systems' that link rural and metropolitan workers.²¹² In their responses to the *Issues Paper*, both DADHC and Health noted the potential benefits that could flow from inter-departmental strategies such as co-location of therapists in order to address isolation and infrastructure needs. However, other participants told us that significant action is yet to be taken to address the issues in a systematic way.
- 8.62** In the Committee's view the recommendations we have made regarding the development of a comprehensive and effective approach to therapy in New South Wales must be accompanied by action to build a sustainable system of therapy in rural and remote areas of the State. Effective service delivery in all geographical areas is integral to an accessible and equitable system of therapy services. Without an active commitment to engaging and retaining rural and remote therapists, no State-wide therapy strategy will be effective.

Recommendation 33

In developing a comprehensive approach to the provision of therapy services for children across the State, NSW Health and other relevant agencies should develop and implement systemic measures to ensure that adequate levels of therapy are available in all rural and remote areas.

Research and evaluation

- 8.63** A number of responses to the *Issues Paper* pointed to the need for an evidence-based approach to children's therapy services. While evidence was presented to the Committee on the benefits of capacity building and consultative models, Dr Victor Nossar told us that on the whole, the effectiveness of speech, occupational and physiotherapy in addressing children's learning difficulties are not sufficiently researched at present:

²¹⁰ Submission 149, Speech Pathology Australia and the NSW Health Speech Pathology Advisers Group, p.8

²¹¹ Submission 158, Ms Linda Foskey, Speech Pathologist, New England Area Health Service

²¹² Submission 193, NSW Health

There is a concurrent and urgent need to better define the efficacy of each of the many therapeutic interventions for children with regard to their capacity to assist children with learning difficulties achieve better outcomes.²¹⁵

- 8.64** The Committee believes that the evidence for a new, comprehensive and systemic commitment to therapy that combines clinical and capacity building service delivery is compelling and should not be delayed. However, we recognise that the establishment of such a system provides an ideal opportunity to institute a thorough approach to evaluation within therapy services, including longitudinal studies examining children's outcomes over time. In turn, this evaluation can guide the ongoing allocation of resources in order to maximise cost effectiveness and access over the longer term, while also contributing to a growing understanding of the interventions that best support the developmental and educational needs of children, including those with or at risk of learning difficulties.

Recommendation 34

In order to identify the most effective models of therapy and guide future investment, NSW Health should establish an evaluation strategy for the range of therapy services for children.

²¹⁵ Submission 134, Dr Victor Nossar, Department of Community Paediatrics, South Western Sydney Area Health Service, p. 1

Chapter 9 Time to act

The primary message of this report is that an effective system of early intervention for learning difficulties requires two equally important elements: first, an adequately resourced system of universal supports that prevents problems from occurring and developing, and enables identification of risk factors as early as possible and second, high quality remedial services for the group of children with identified learning problems.

One of the key challenges in achieving such a system, as noted in our *Issues Paper* and interim report, is the fragmented nature of early childhood services, which span the education, health, disability and children's services systems, and are funded from both Commonwealth and State sources. There was broad agreement among inquiry participants that service integration and coordination are key priorities that must be addressed if children are to realise their potential to learn.

We conclude this report by reflecting on our previous recommendation for the NSW Government to establish a Department of Child Development. We also outline a number of other ways to improve the coordination of children's services, and provide a detailed rationale for our principal recommendation, made in Chapter 1, for a NSW Early Childhood Summit. We call on the Government to act on the burgeoning evidence for the economic and social benefits of investment in the early years by kick starting a comprehensive approach to early child development in this State.

Time to invest in the early years

- 9.1** Over the course of this inquiry, the Committee has witnessed an increasing recognition among government and other stakeholders of the gains to be made from investing in the early years for individual children, families and the broader community. The announcement of Professor Fiona Stanley as 2003 Australian of the Year has further crystallised interest in long-term health and social outcomes for children and has placed their right to optimum development firmly in the national spotlight.
- 9.2** This growing recognition is based on international research clearly demonstrating that the more government spends on high quality prevention and family support services, the less it needs to spend later, on more intensive intervention services associated with health, child and family welfare, the criminal justice system and so on. Investment in the early years not only benefits children and families, but is also highly cost effective. The most frequently cited evidence is the RAND Corporation's estimate that \$7 is saved to the community for every \$1 invested in early child development. The World Bank is another fairly recent convert to the belief that healthy child development is a prerequisite for a dynamic economy and culture.²¹⁴ Governments around the world, for example in the United Kingdom and Canada, have responded to this evidence by establishing new agencies or portfolios for child development, large scale prevention and early intervention programs, and a significant injection of new funding.

²¹⁴ Young, ME (ed) *From Early Child Development to Human Development: Investing in our Children's Future*, The World Bank, Washington, 2002

- 9.3 The time has come for NSW to move beyond the rhetoric of prevention to firmly embrace and actively fund a comprehensive commitment to primary prevention programs, including children's services.
- 9.4 The announcement in December 2002 of the NSW Government's allocation of an additional \$150 million to DoCS for prevention and early intervention was warmly welcomed, but to our knowledge these funds are primarily focused on children and families who have come to the Department's attention due to allegations of abuse or neglect. Meanwhile, the budget for children's services remains virtually unchanged, and the outlay for *Families First* modest, when both of these programs have the potential to make a real difference to the number of families that will enter the child protection system. In addition, as we have noted elsewhere, our financial commitment to childcare and preschool compares most unfavourably with the average investment of other States and Territories.²¹⁵ A comprehensive commitment to early child development, that addresses the systemic problems documented throughout this report, is yet to be realised.

A Department of Child Development

- 9.5 In our view, a comprehensive funding base and wholehearted commitment to child and family services must be matched by a mechanism that will achieve integration and coordination of services, both at the central and local levels. Fragmentation and poor coordination across the range of services that assist children and families - health, education, care, parenting support and so on - has been a major concern among almost all inquiry participants.

The interim report

- 9.6 In our interim report for this inquiry, released in October 2002, the Committee recommended the establishment of a new portfolio and department responsible for child development in NSW.²¹⁶ The establishment of such an agency had been mooted by some groups as a possible means of addressing the problem of fragmentation.²¹⁷ We made the same recommendation in our interim report on child protection services,²¹⁸ informed in part by the convergence of themes in both inquiries, that a much greater investment in universally provided preventative supports for children and families is required in this State.

²¹⁵ NSW Commission for Children and Young People, 2002, op cit, p.69

²¹⁶ Standing Committee on Social Issues, *Early Child Development: A Coordinated Approach. First Report on Early Intervention for Children with Learning Difficulties*, Report 27, NSW Legislative Council, October 2002

²¹⁷ These include the Country Children's Services Association (Submission 173), the Community Child Care Cooperative (Submission 176), and Professor Graham Vimpani, University of Newcastle.

²¹⁸ Standing Committee on Social Issues, *Care and Support: Final Report on Child Protection Services*, Report 29, December 2002

9.7 The Department's mission, we proposed, would be to promote the physical, emotional, educational and social development of children. It would do this by building a coordinated service structure to support families and promote child development, and by forging a shared set of cross-agency outcomes for children in NSW. We articulated four key reasons for the establishment of a new Department:

- To improve coordination and integration of early intervention programs, both in terms of policy and service delivery, by instituting a whole of government approach to this area
- To provide clear leadership in early childhood policy and programs and afford child development the political and policy status it deserves
- To achieve a greater focus on evidence-based prevention programs and effect an outcomes approach to prevention
- As the ideal location for the *Families First* strategy, which was expected to be relocated from the Cabinet Office to the DoCS at some point in the future.

9.8 The Committee suggested that this new agency would be responsible for the full range of existing programs targeting children in their early years, not only *Families First*, but also the NSW Parenting and Research Centre currently administered by DoCS, along with childcare and preschool services. However, we envisaged that not all staff and programs relevant to early childhood service provision would transfer to the Department of Child Development. NSW Health's child and family nurses and DET's preschools, for example, could remain with those agencies. The new Department would nevertheless assume budgetary responsibility for these programs and would exercise control over them through contractual mechanisms. We were explicit that the new agency should be supported by a significant injection of funds into early childhood programs in NSW.²¹⁹

Feedback on the proposed new agency

9.9 Our recommendation regarding a new department generated spirited debate, both in the early childhood and child welfare sectors. While the Committee did not seek further submissions on this issue, we received feedback from several sources, including via a roundtable forum with key stakeholders in November 2002 convened as part of the child protection inquiry.²²⁰

²¹⁹ Standing Committee on Social Issues, *Care and Support: Final Report on Child Protection Services*, Report 29, December 2002

²²⁰ The forum, held on 7 November 2002, was attended by Mr Robert Fitzgerald, Commissioner for Community Services; Ms Karen Bevan, Community Services Commission; Ms Gillian Calvert, Commissioner for Children and Young People; Ms Linda Frow, Senior Policy Advisor, NCOSS; Dr Judy Cashmore, academic and Chair, Association of Child Welfare Agencies; Mr Nigel Spence, Executive Director, Association of Child Welfare Agencies; Professor Graham Vimpani, Professor of Paediatrics and Child Health, University of Newcastle; Professor Patrick Parkinson, Professor of Law, University of Sydney; Mr Laurie Brady, Public Service Association; Ms Virginia Wilson, Public Service Association; and Ms Tonia Goddard, consultant.

- 9.10** The feedback from the roundtable indicated general agreement that systemic reform is required across the range of early childhood services in order to address the fundamental problems of fragmentation. Similarly, participants supported the Committee's call for a robust system of primary prevention services that promote the wellbeing of all children in NSW.
- 9.11** Some participants were less confident that a new Department of Child Development was the best way to achieve these goals. A few, for example, were concerned about the resources that a new agency would require, and that it would add another layer of bureaucracy to a system that is already too complex. A number from the child welfare sector felt that it would be both artificial and unwise to structurally separate primary prevention from secondary (targeted) services. Others disagreed, saying that that it was vitally important that universal child and family services be separated from those of DoCS, so that all families could make use of them without stigma or fear of scrutiny and interference. A further concern was that a Department needed to focus not just on children in their early years, but also older children and families.²²¹
- 9.12** Nevertheless, there was broad support for some sort of mechanism to improve the coordination of child and family services in NSW. Participants agreed that this body should create a unified budget for child and family services and forge a consensus among relevant agencies on program outcomes and priorities:
- ... it seems to me that one of the problems is that we have little dollops of money allocated to promotion of wellbeing spread around a number of agencies and no mechanism for determining, if you put all that together, where you would put your priorities ... Until you can have a mechanism for prioritising across the whole human service system for this population group, we will continue to face this problem of resources being inadequately and inappropriately applied.²²²
- 9.13** The Committee notes that the NSW Government has recognised the need for integrated approaches in other policy areas as demonstrated by the recent establishment of 'super portfolios' for planning and utilities, which has involved creating new portfolios and setting up new agencies.
- 9.14** In the Committee's view, the recent allocation of significant funds to the child protection system was enormously welcome, and a major step forward for some of the most vulnerable children and families in NSW. We note however, that the very specific focus of this funding has also served to highlight the absence of a systematic and active commitment to *all* children within a framework that is truly focused on prevention. Moreover, the fundamental problem of poor coordination across the range of agencies supporting children, which was raised by so many inquiry participants, remains unaddressed. As long as this is the case, any effort to improve services for children will have limited effectiveness. We still need some kind of mechanism to achieve integration and coordination.

²²¹ Key stakeholder forum, confidential evidence, inquiry into child protection services, 7 November 2002

²²² Key stakeholder forum, confidential evidence, inquiry into child protection services, 7 November 2002

An Early Childhood Summit

- 9.15** The first and principal recommendation of this report, made in Chapter 1, is for the NSW Government to convene an Early Childhood Summit in 2004.
- 9.16** As with the issue of coordination, throughout the course of this inquiry there has been broad consensus on the problems that beset services for children in this State: fragmentation, underfunding, an overemphasis on protection of children at risk of abuse and neglect at the expense of prevention, and a lack of support for community based children's services. Again, however, there has been far less agreement on the best ways to address these systemic problems. In the Committee's view, it is time to start afresh and to create the opportunity for the range of stakeholders to agree on a way forward. We believe that the most effective way for this to occur is through a Summit.
- 9.17** The strengths of parliamentary summits are that they bring together a range of interests and are 'backed by the full weight and organisational prowess of executive government'.²²³ Recent New South Wales examples such as the 1999 Drug Summit and 2003 Summit on Alcohol Abuse have been successful in bringing together diverse interests and forging agreement on way forward for policy and strategies across a number of government agencies.
- 9.18** We suggest that the Early Childhood Summit involve all the key State and Commonwealth agencies involved in health, children's services, education and disability services, along with peak bodies, academics, non government providers and parents. The potential areas for discussion and debate at the Summit include:
- the most effective mechanism for coordination and management of early childhood services
 - optimal ways to organise funding and service structures
 - other means for enhancing coordination, collaboration and integration across child and family services, both at the central and local levels
 - ways to enhance access to early childhood education and care, including the possible introduction of a system of universal preschool in New South Wales
 - the future role of early childhood health centres
 - the future role, scope and base of *Families First*
 - mechanisms to ensure effective coordination between early childhood services and services for older children.

²²³ Miller R., 'Race to the Summit', paper presented to the Australian Study of Parliaments Group Annual Conference, 18-19 July 2003, Darwin, p.4

Families First

- 9.19** The NSW Government clearly sees *Families First* as the centrepiece of its prevention and early intervention efforts. As we have conveyed throughout this report, the Committee believes that while *Families First* is an important prevention strategy, it should be **one** element in a comprehensively funded and well coordinated continuum of prevention and early intervention supports for children and families.
- 9.20** At the same time, we believe that *Families First* could logically form the basis for future strategic investment, both in universal and more targeted services. *Families First* is establishing an infrastructure that many agree should be expanded and capitalised on. Numerous inquiry participants indicated that they are looking for *Families First* to do more than it can do at present, that it is ‘scratching the surface’ of prevention and early intervention. As we recommended in Chapter 3, for example, *Families First* should be funded to provide sustained home visiting to vulnerable families at a cost of between \$7 and \$11 million per year. Similarly, as discussed in Chapter 4, it would be very valuable for the Schools as Community Centres strategy to be expanded under the aegis of *Families First*. In the Committee’s view, *Families First* should be resourced at a significantly greater level than at present. As we noted in the first report of this inquiry, there are considerable concerns about the proposed transfer of *Families First* from the Cabinet Office to the Department of Community Services.
- 9.21** Participants told us that where *Families First* has been implemented good networks are evolving and are forming the foundations for collaboration that are essential to success in this area. However, further effort is required to ensure that its initiatives are well integrated with existing children’s services at the local level.
- 9.22** In the Committee’s view there is also a need to clarify the objectives and scope of *Families First*. For instance, is it still intended to include a ‘Field of Activity 3’ made up of highly targeted supports for families with complex needs, or will such activities be the responsibility of DoCS? Presumably the evaluation of *Families First* will have a bearing on these decisions, but the Committee believes our proposed Early Childhood Summit on would provide an ideal opportunity to gather a range of views. As the new prevention and early intervention system of the NSW Government takes shape, it is vitally important that the role and ambit of *Families First* be clearly articulated.

Recommendation 35

The NSW Government should clarify the scope and objectives of the *Families First* strategy within the provision of broader prevention and early intervention services in New South Wales.

Greater provision for children with learning difficulties

- 9.23** The focus of the above discussion is on enhancing the broader system of early childhood and family services. Such a system is vitally important in optimising developmental outcomes for all children, including those with learning difficulties. At the same time there is an equally critical need for greater provision of specific programs and strategies that target those children who are at risk of or have learning difficulties. An effective early intervention system is one that not only prevents problems, but when they do develop, identifies them early and provides assistance to minimise their impact on the child.
- 9.24** The first step in achieving this continuum is the recognition that children with learning difficulties exist in significant numbers and that they can be assisted. So many people we met during this inquiry testified that children with additional learning needs fall into the service gap between children with no difficulties and those with a manifest disability. Many children are not having their learning needs identified and met, despite their fundamental right to learn.
- 9.25** We have noted in this report a range of areas that require greater investment so that children at risk of or with learning difficulties are better supported. Within the school system, there is a need to extend the Reading Recovery program throughout the State and for significantly better access to intensive, ongoing remedial programs for children with specific learning difficulties. A comprehensive school-based system for early identification of learning difficulties is also necessary. Similarly, the capacity of the early childhood education and care system to identify and assist children with learning difficulties must be expanded. Looking beyond education, there is a clear need for greater and earlier access to the full range of therapy services, particularly speech therapy. Parent support strategies also require greater investment.
- 9.26** The only way that we can improve provision in each of these areas is through significant additional funding explicitly targeting children with additional learning needs. It is time for the unique and legitimate needs of children with and at risk of learning difficulties to be recognised.

Rewarding best practice

- 9.27** During the course of the inquiry, the Committee has been impressed by an abundance of innovative locally-based programs and projects which seek to develop the learning potential of young children in a particular geographic area or from a particular cultural or linguistic group. These projects demonstrate best practice in early intervention and community work. In other words, they are based on sound evidence, involve family-centred practice and seek to dissolve the barriers between professions and agencies.
- 9.28** These projects, and the people behind them, deserve to be acknowledged. At the same time, it is important that effective models be publicised so that others can capitalise on their ideas. And so we end this report by recommending the establishment of an annual Early Learning Award presented by the Premier to reward excellence in services which assist children with or at risk of learning difficulties, as a way of publicising and propagating innovative initiatives.

Recommendation 36

The NSW Government should establish an annual Early Learning Award, to be presented by the Premier, as a means of rewarding and fostering excellence in services or programs to assist children with or at risk of learning difficulties.

Appendix 1

Inquiry Background

Background to the inquiry

This inquiry was referred to the Committee by the former Minister for Education and Training, the Hon John Aquilina MP, in August 2000 and re-referred on 24 June 2003 by the Legislative Council after the 2003 election. The Committee received 107 submissions in response to the publication of the inquiry's terms of reference. We also took evidence from 36 witnesses including academics, representatives of government and non-government agencies and parents. In May 2001 we held a consultation meeting with members of the Mt Druitt-Blacktown Learning Difficulties Support Group and undertook a four day study tour to Melbourne and Perth.

In March 2002 we launched the *Issues Paper, Foundations for Learning: A New Vision for Learning in New South Wales*²²⁴ (hereafter referred to as 'the *Issues Paper*') at a seminar in Parliament House which was attended by 100 people (see below). In July 2002 the Committee visited several early intervention programs in north west New South Wales, including Dubbo, Trangie, Coonamble and Quambone. In September 2002, we hosted a meeting with Canadian early child development expert, Dr Fraser Mustard and key members of the children's services sector.

The *Issues Paper*, March 2002

Many of the original submissions to the Committee told us that 'systemic solutions' were required to address the problems of children with learning difficulties. However, they did not present their ideas in fine detail and there was no consensus on the best way forward. In order to clarify participants' ideas about the nature and type of reforms required to enhance children's learning in New South Wales, the Committee published an *Issues Paper* in March 2002. The paper included 69 questions covering a wide range of complex and often controversial issues. The Committee received more than 80 responses which have provided a valuable source of information on which to base our findings and recommendations for both reports. Much of the descriptive information about the key issues for improving early intervention for learning difficulties that was provided in the *Issues Paper* has not been reiterated here. The *Issues Paper* remains a useful resource and one that is complementary to this report.

The First Report

The first report of this inquiry, *Early Child Development: A Co-ordinated Approach*, was released in October 2002.²²⁵ As discussed in Chapters 1 and 9, it focussed on ways to address the fragmentation of the early childhood sector and recommended the establishment of a new department and portfolio responsible for child development in NSW.

²²⁴ Standing Committee on Social Issues, *Foundations for Learning: A New Vision for New South Wales? Issues Paper*, Issues Paper 4, Legislative Council, March 2002

²²⁵ Standing Committee on Social Issues, *Early Child Development: A Co-ordinated Approach - First Report on Early Intervention for Children with Learning Difficulties*, Report 27, Legislative Council, October 2002

Appendix 2

Submissions Received

No	Author
1	Ms Robyn Sinclair
2	Ms Alison Miller
3	Mr Stan Stanfield
4	Mrs K M Nash
5	Ms Lisa Kemp
6	Ms Helen Hannah, Psychologist and Councillor, Greater Taree City Council
7	Ms Jude Foster, Consultant, Fostering Partnerships Pty Ltd
8	Ms Rhonda Wrench and Mr Garry Wrench
9	F J and B E Hobbins
10	Confidential Submission
11	Mrs Ruth Tideman
12	Professor Tony Shaddock, Special Education Program, School of Professional and Community Education, University of Canberra
13	Ms Louise Voigt, Chief Executive Officer and Director of Welfare, Barnardos Australia
14	Mrs Julie Reading
15	Ms Jennifer O'Flaherty
16	Ms Sue Larter, Specialist Behavioural Optometrist, Australasian College of Behavioural Optometrists
17	Mr Leonard Fine, Optometrist
18	Dr Alan Rice, Executive Director of Early Childhood and Primary Education, New South Wales Department of Education and Training
19	Ms Lorraine Alford
20	Mrs Lesley Cleaver, Director, Hastings Early Intervention Program
21	Ms Carmel Leach
22	Ms Kathy Gall
23	Ms Elizabeth Burns, President, Tourette Syndrome Association of Australia
24	Ms Anne O'Connor, Co-ordinator, On Track Support Group, Tamworth
25	Ms Jane Parkes and Ms Mary Temple
26	Ms Adeline Perrett, Teacher/Director, and Ms Val van Someren, Secretary, Monaro Early Intervention Services Inc.
27	Ms Margaret Jeffrey, Early Childhood Educator, Tenterfield Early Childhood Intervention Service
28	Dr Molly de Lemos, Academic
29	Ms Frances Bardetta, President, Association of Child Care Centres of NSW

30	Ms Jeanette Green, Alison Lawson Visual Dyslexia and Remedial Eye Therapy Clinic Pty Limited
31	The Management Committee, Mt Druitt/Blacktown Learning Difficulties Support Group Inc.
32	Ms Judith Russell
33	Ms Yvette Facchini
34	Confidential Submission
35	Mr Geoff Lenton and Ms Janet Lenton
36	Mrs Margaret Sasse, Director, Toddler Kindy Gymparoo Pty Ltd
37	Ms Margaret Lyne
38	Staff and members of Lapstone Preschool Kindergarten Association Inc
39	Ms Kerry Butler, President, Early Childhood Intervention Australia (NSW Chapter) Incorporated
40	Ms Terese Cunningham
41	Ms Gail Fenton, St Peter's Pre-School, Tamworth
42	Ms Gabrielle Alexander, Armidale Early Childhood Intervention Network
43	Ms Prue Duignan
44	Ms Selina Spowart and Mr Adam Spowart
45	Ms Dallis Wilkes
46	Mr Noel Baum, Acting Director Policy, Local Government and Shires Associations of NSW
47	Mr Trevor Mazzucchelli, Clinical Psychologist, Disability Services Commission, Western Australia
48	Ms Lorraine Watson
49	Ms Lyn Lennox, Occupational Therapist
50	Ms Tonia Godhard, Chief Executive Officer, SDN Children's Services Inc
51	Dr Paul Whiting, President, SPELD (NSW)
52	Mr Duncan McInnes, Executive Officer, NSW Parents Council Inc.
53	Ms Deborah Hoffman, General Manager, Organisational Planning, The Spastic Centre of New South Wales
54	Ms Kerrie Baker, Psychologist, Disability Specialist Unit, NSW Department of Community Services
55	Ms Donna Aza
56	Ms Marcia Burgess, Executive Committee Member, Australian Early Childhood Association NSW Branch (AECA). Ms Judy Kynaston, Executive Officer, Country Children's Services Association of NSW. Ms Judy Croll, Senior Special Education Consultant, KU Children's Services. Ms Margaret Smith, Senior Special Education Consultant, KU Children's Services.
57	Mr Tony Florio, Clinical Psychologist

58	K E Johnson, OAM
59	Ms Prudence Heath
60	Mrs Robyn Watson
61	Confidential Submission
62	Ms Rosemary Boon, Psychologist, Learning Discoveries Psychological Services
63	Ms Ruth Long
64	Dr G R Carruthers, MB, BS, FFARACS, FANZCA, Specialist Anaesthetist
65	Ms Catherine Rochecouste and Mr Pierre Rochecouste
66	Mr Jacques Duff, Psychologist, Behavioural Neurotherapy Clinic, East Doncaster
67	Ms Letizia Mestre
68	Ms Joy McGrath and Mr Peter Franklin
69	Ms Gillian Calvert, Commissioner, NSW Commission for Children & Young People
70	Dr Christopher Ingall, Consultant Paediatrician, Lismore
71	Mr Peter McCann and Ms Aleis McCann
72	Mr Bernard Carson, Kinesiologist and Ms Shanagh Sangster
73	Ms Barbara Pheloung
74	Ms Leeanne Townsend
75	Ms Jennifer Noller, Macarthur Health Service, Child Development Service
76	Mr Warren Johnson, Executive Officer, Federation of Parents and Citizens' Associations of NSW
77	Mr Lorne Hyde, Manager Community Services, The Epilepsy Association
78	Ms Gwenda Stanbridge
79	Ms Julie-ann Constance, Chairperson, New England Area, Early Childhood Intervention Co-ordination Program
80	Ms Ros Hayward, Occupational Therapist and Ms Lisa Kennedy, Speech Pathologist, Eurobodalla Early Childhood Intervention Co-ordination Program
81	Ms Megan Walsh, Chairperson, Inverell Early Childhood Intervention Co-ordination Program
82	Ms Catherine Williams, Co-ordinator, South East Sydney Area Committee, Early Childhood Intervention Co-ordination Program
83	Ms Pauline Mendes, Speech Pathology Advisor, Southern Area Health Service
84	Ms Trish Bradd, NSW Branch President, Speech Pathology Australia
85	Mr Keith Keen, Vital Synergy Centre
86	Ms Linda Mondy, Acting Chief Executive Officer, UnitingCare Burnside
87	Ms Christine Holt
88	Mr John Hennessy, General Secretary, NSW Teachers Federation
89	Ms Maureen Hawke, President, A New Start for the Under Achiever (ANSUA)

90	Ms Katherine Marchant
91	Ms Ann Cattelan
92	Ms Grace Bertolla
93	Dr Roger Blackmore, NSW Committee of the Chapter of Community Child Health, Paediatrics & Child Health Division, The Royal Australasian College of Physicians
94	Dr John Stuart, Paediatrician and Mr Sean Fardell, Psychologist, Child and Youth Health Network (CAYHNet), Wallsend
95	Ms Sonia Minutillo, Executive Vice President, Australian Liquor, Hospitality and Miscellaneous Workers Union, NSW Branch
96	Ms Kathryn Stait, President, Sutherland Shire Learning Difficulties Support Group Incorporated
97	Dr Robyn Cosford, Northern Beaches Care Centre
98	Ms Yvonne Carnellor
99	Mr Peter Dowling
100	Dr Marilyn Dyson, President, SAMONAS Sound Therapy Association of Australasia
101	Office of Childcare, NSW Department of Community Services
102	Mr Roger Wilkins, Director-General, The Cabinet Office
103	Confidential Submission
104	Mr Michael Reid, Director-General, NSW Health
105	Catholic Education Commission
106	Ms Jenny Caughey, Special Education Convenor and Ms Barbara Luelf, State President, The Isolated Children's Parents' Association of New South Wales Incorporated
107	Ms Jan Wulff, Co-ordinator, Learning Difficulties Committee, Orthoptic Association of Australia, NSW Branch

The following submissions were received in response to the Committee's issues paper, *Foundations for Learning: A new vision for New South Wales? Issues Paper 4. 12 March 2002*

No	Author
108	Ms Janis Mendoza, Social Worker, Child Development Unit, Children's Hospital, Westmead
109	Mr Ian Cappleman, Ms Magella Barbe, Ms Julieanne Castle, Occupational Therapy Department, Royal North Shore Hospital
110	Ms Sue Dockett, University of Western Sydney
111	Ms Sheila Cubbon, Special Educator, Early Start
112	Ms Rhonda Mangan
113	Confidential Submission
114	Ms Sue Kingwill, Co-ordinator, Contact Incorporated
115	Ms Gai Stern, Assistant Director, Communities Branch, Department of Family and Community Services
116	Ms Joanne Merrick, Relieving Director, Gosford Baptist Pre-School
117	Ms Jean Judge, Director/Co-ordinator, Little Learners Early Childhood Intervention Project Incorporated
118	Ms Jude Foster, Consultant, Fostering Partnerships Pty Ltd
119	Mr Martin Laverty, Government Relations Manager, The Smith Family
120	Ms Sandra Scott
121	Ms Jane MacDonald, Director, Kempsey Children Services Co-Operative Ltd
122	Ms Kathy Hammer, Speech Pathologist
123	Dr Anne Benjamin, Executive Director of Schools, Diocese of Parramatta, Catholic Education Office
124	Ms Sue Richards, Chief Executive Officer, Family Support Services Association of NSW Inc.
125	Dr John Stuart, Paediatrician, Ms Natalie Mohr, Speech Pathologist and Mr Sean Fardell, Psychologist, Child and Family Health Team, Hunter Health
126	Ms Tony Florio, Clinical Psychologist
127	Lesley Cleaver, Director, Hastings Early Intervention Program and Ms Alison Davis, Director, Port Macquarie Community Pre-School
128	Dr Molly de Lemos, Academic
129	Mr Nathan Clunas, President, Orthoptic Association of Australia, NSW Branch
130	Tish Bruce, Speech Pathology Department, Liverpool Health Service
131	Ms Karla Vennell, Speech Pathologist, Northern Rivers Area Health Service
132	Ms Debrena O'Mahoney
133	Ms Kathleen Nash

134	Dr Victor Nossar FRACP, FAFPHN, Service Director, Department of Community Paediatrics, South Western Sydney Area Health Service
135	Ms Hannah Morgan, Speech Pathologist
136	Ms Christine Holt
137	Ms Anna Mungovan, The Australian Learning Disability Association and the Regional Disability Liaison Officer Initiative
138	Ms Gwenda Stanbridge
139	Ms Marian Clark, President, Child and Family Health Nurses Association (NSW) Inc.
140	Ms Yvonne Carnellor, Lecturer, Early Childhood/Special Education, University of Wollongong
141	Ms Jane Woodruff, Chief Executive Officer, UnitingCare Burnside
142	Ms Jenni Jones, Child and Family Health Nurse Specialist, Bankstown Community Health Service
143	Ms Kathy Stait, President, Sutherland Shire Learning Difficulties Support Group Inc.
144	Mt Druitt/Blacktown Learning Difficulties Support Group Inc
145	Ms Trish Strachan, Director, Health Services Development, Mid Western Area Health Service
146	Mr Ian Baker, Director, Education Policy and Programs, Catholic Education Commission, New South Wales
147	Dr Paul Whiting, President, SPELD (NSW) Inc
148	Ms Debbie Nemeth, Clinical Nurse Consultant – Child and Family Health, Karitane
149	Ms Alison Stevens, President, NSW Branch, The Speech Pathology Association of Australia Limited and Ms Jan Dent, NSW Health Department Speech Pathology Advisers Group
150	Ms Susan Thompson, Optometrist
151	Mr Nigel Spence, Chief Executive Officer, Association of Childrens Welfare Agencies
152	Ms Sheila Norman, Occupational Therapist
153	Mr Wayne Levick, Senior Clinical Neuropsychologist, John Hunter Children's Hospital.
154	Dr Jeffrey Golder, Director, DDAT Australia Pty Ltd
155	Mr Alan Kirkland, Director, Council of Social Service of NSW (NCOSS)
156	Mr Neville Dwyer, Director, Dorothy Waide Centre for Early Learning, Griffith Child Care Centre Inc
157	Ms Louise Whelan, Social Worker and Child Psychotherapist
158	Ms Linda Foskey, Acting Area Advisor Speech Pathology, New England Area Health Service
159	Ms Alma Fleet, Head, Institute of Early Childhood, Australian Centre for

Educational Studies	
160	Ms Antionette Le Marchant, Chief Executive Officer, KU Children's Services
161	Mrs J Worrel
162	Ms Rosemary Boon, Psychologist, Learning Discoveries Psychological Services
163	Ms Shanagh Sangster
164	Mr Pierre Rochecouste and Mrs Catherine Rochecouste
165	Ms Karen Richardson, Ms Letizia Mestre, Ms Sharon Harnwell, Ms Danielle Ross, Ms Rita Marsello, Ms Kim Palmer, Ms Brigitta Obalus, Ms Lillian Popovic, Ms Sophie Koutsoukos, Ms Fiona Hillier
166	Ms Maureen Hawke, Director, Learning Connections Centre
167	Ms Annette McConnell, Director, Como Pre-School
168	Mr Jon Blackwell, Chief Executive Officer, Central Coast Area Health Service
169	Ms Helen Inglis, Director, Baulkham Hills Pre-School Kindergarten Inc.
170	Professor Vicki Reed, School of Communication Sciences and Disorders, Faculty of Health Sciences, The University of Sydney
171	Ms Lynne Marshall, Director and Ms Lyn Sandland, Special Education Teacher, Earlwood Uniting Church Preschool
172	Ms Ruth Long
173	Country Children's Services Association of NSW Inc.
174	Mrs Frances Bardetta, President, Association of Child Care Centres of NSW
175	Mrs Sue Aitken, President, Campbelltown District Primary Principals Council
176	Ms Alannah Ball, Director, Community Child Care Co-operative Ltd (NSW)
177	Ms Simone Parsons, Marrickville Council Children and Family Services Forum
178	Mr Robert Fitzgerald AM, Commissioner, Community Services Commission
179	Ms Elizabeth Burns
180	Mr Barry Johnson, General Secretary, NSW Teachers Federation
181	Ms Beverly Baker, President, Federation of Parents and Citizens Associations New South Wales
182	Ms Belinda Shoebridge and staff from the Child Development Service and Community Health Speech Pathology Team, Macarthur Health Service
183	Mr Warren Johnson, Chief Executive Officer, Learning Links
184	Mrs Sue Gordon
185	Mr Geoff Scott, Vice President, NSW Primary Principals' Association Inc.
186	Dr M J Dyson
187	Ms Margaret Allison, Director General, Department of Ageing, Disability and Home Care
188	Confidential Submission
189	Ms Gillian Calvert, Commissioner, NSW Commission for Children and Young People

190	Mr Roger Wilkins, Director-General, The Cabinet Office
191	Ms Carmel Niland, Director-General, NSW Department of Community Services
192	Ms Jan Newland, Division Support Manager, Alliance of NSW Divisions
193	The Hon Craig Knowles MP, Minister for Health
194	Dr Karen Flegg on behalf of The Royal Australian College of General Practitioners NSW
195	The Hon John Watkins MP, Minister for Education and Training
196	Mr Gregory Kable
197	Mr James Bond, JP

Appendix 3

Witnesses at Hearings

20 February 2001	Dr Alan Rice	Executive Director Early Childhood and Primary Education Department of Education and Training
20 February 2001	Mr Brian Smyth King	Manager Disability Services Department of Education and Training
20 February 2001	Ms Beverley Milson	Co-ordinator Learning Support Department of Education and Training
20 February 2001	Ms Sharon Perkins	Manager Early Learning Department of Education and Training
20 February 2001	Professor Alan Hayes	Head of Division Division of Early Childhood and Education Macquarie University
20 March 2001	Ms Megan Fahey	Acting Manager, Early Intervention and Co-Ordination Unit Department of Ageing and Disability and Home Care
20 March 2001	Ms Elizabeth Knight	Early Intervention Co-Ordinator Department of Ageing and Disability and Home Care
20 March 2001	Dr Pye Twaddell	Vice President ADDult and Family Association
20 March 2001	Dr Paul Whiting	President Specific Learning Difficulties Association of NSW (SPELD)
20 March 2001	Ms Ann Burton	Member Speech Pathology Australia
20 March 2001	Ms Janet Dent	Member NSW Speech Pathology Advisers Group
20 March 2001	Dr Molly de Lemos	Senior Research Fellow Australian Council for Educational Research

20 March 2001

Ms Kathryn Deacon Vice President of the Executive
NSW Teachers Federation

20 March 2001

Ms Wendy Currie Research Officer
NSW Teachers Federation

21 March 2001

Ms Tonia Godhard Chief Executive Officer
SDN Children's Services Inc.

21 March 2001

Ms Kay Turner Co-ordinator, Focus Team
SDN Children's Services Inc.

21 March 2001

Mr John O'Brien Project Officer
UnitingCare, Burnside

12 April 2001

Professor June Wangmann Associate Professor in Early Childhood
Director, Office of Child Care, Department of Community Services

22 May 2001

Ms Anne Hulley Teacher

22 May 2001

Dr Marilyn Dyson Medical Practitioner

22 May 2001

Witness A Parent of a child with a learning difficulty

22 May 2001

Ms Dianne Hudson Program Manager, Families First
The Cabinet Office

22 May 2001

Ms Anne Dwyer Project Leader, Families First
The Cabinet Office

22 May 2001

Ms Kathryn Stait Member
Sutherland Shire Learning Difficulties Support Group

22 May 2001

Ms Lyn Lennox Member
Sutherland Shire Learning Difficulties Support Group

5 July 2001

Dr Titia Sprague

Child and Adolescent Psychiatrist
Centre for Mental Health

5 July 2001

Dr Elisabeth Murphy

Clinical Consultant, Primary Health and Community Care
NSW Health

2 August 2001

Ms Lindy Danvers

Child and Family Health Nurse
Member, Child and Family Health Nurses Association NSW

2 August 2001

Professor John Elkins

Schonell Special Education Research Centre
University of Queensland

2 August 2001

Professor Kevin Wheldall

Professor of Education
Director, Macquarie University Special Education Centre

2 August 2001

Ms Coral Kemp

Lecturer
Macquarie University Special Education Centre

2 August 2001

Ms Kerry-Lee Butler

Director, Early Childhood Services
Learning Links

2 August 2001

Ms Tracey Webster

Acting Chief Executive Officer
Learning Links

2 August 2001

Ms Geraldine Gray

Education Officer, Special Education
Catholic Education Commission

2 August 2001

Ms Rosalie Nott

Co-ordinator, Equity Policies and Programs
Catholic Education Commission

2 August 2001

Mr Ian Baker

Director, Education Policy and Programs
Catholic Education Commission

10 September 2001

Professor Robert Conway

Member, Teacher Education Council
Director, University of Newcastle Special Education Centre

14 August 2002

Professor Graham Vimpani

Professor of Paediatrics and Child Health
University of Newcastle

20 August 2002

Professor Victor Nossar

Service Director for Community Paediatrics,
Department of Community Paediatrics
South Western Sydney Area Health Service

Appendix 4

Committee Visits and Consultations

Melbourne	
30 April 2001	Department of Education, Employment and Training
30 April 2001	Royal Childrens Hospital Meeting with Professor Margot Prior, Director of Psychology and Ms Jan Pollard, Chief Audiologist, Department of Audiology
30 April 2001	Royal Childrens Hospital, Centre for Community Child Health
30 April 2001	Department of Human Services
1 May 2001	University of Melbourne, Learning Improvement Centre
1 May 2001	Footscray North Primary School
1 May 2001	Family and Community Development Committee, Victorian Parliament
1 May 2001	Brotherhood of St Laurence
Perth	
2 May 2001	Education Department
2 May 2001	Swan Education District: Visit to prevention and early intervention programs
3 May 2001	Peel Education District: Visit to East Wai ki ki Primary School
3 May 2001	Interagency Committee for Children's Futures
Sydney	
23 May 2001	Plumpton Public School
23 May 2001	Whalan Public School
23 May 2001	Mt Druitt/Blacktown Learning Difficulties Support Group – Consultation
Rural and Regional New South Wales	
30 July 2001	Connect Five, Trangie
30 July 2001	Isolated Children's Parents Association, Dubbo
30 July 2001	Schools of Distance Education, Dubbo
30 July 2001	Families First Project Orana/Far West
31 July 2001	Coonamble Schools as Community Centres; Together for Under Fives
31 July 2001	Quambone Primary School

Appendix 5

Minutes

Minutes

Standing Committee on Social Issues

Meeting 6, 3 September 2003, Room 1108, 4.30 pm.

1. Members present

Jan Burnswoods MLC (Chair)
The Hon Robyn Parker MLC (Deputy Chair)
The Hon Dr Arthur Chesterfield-Evans MLC
The Hon Kayee Griffin MLC
The Hon Ian West MLC

2. Apologies

The Hon Catherine Cusack MLC

3. Inquiry into Early Intervention for Children with Learning Difficulties

The Chair submitted her draft report which, having been circulated to each member of the Committee, was accepted as having been read.

The Committee proceeded to consider the draft report.

Resolved on the motion of Ms Parker that the Committee Membership be amended to include the following paragraph:

The Inquiry commenced in August 2000 and all hearings and activities occurred prior to the March 2003 election. The Hon Robyn Parker, Catherine Cusack and Kayee Griffin did not participate in the inquiry process which occurred in the previous Parliament. The draft final report was presented to the newly constituted committee.

Resolved, on the motion of Ms Griffin, that Chapter 1 be adopted.

Resolved, on the motion of Mr Chesterfield-Evans, that Chapter 2 be adopted.

Resolved on the motion of Mr West that in relation to Recommendation 9, Chapter 3:

- the phrase 'State-funded' in the second dot point be amended to read 'publicly funded'
- that a new dot point be added to the recommendation as follows:

The relationship between the Commonwealth, State and Local Governments regarding the funding and regulation of early childhood education and care services.

Resolved, on the motion of Mr West, that Chapter 3 (as amended) be adopted

Resolved, on the motion of Ms Griffin, that Chapter 4 be adopted

Resolved, on the motion of Mr West, that Chapter 5 be adopted

4. **Adjournment**

The Committee adjourned at 5.05 pm, to reconvene Thursday 4 September 2003 at 4:30pm.

Tanya Bosch
Director

Minutes

Standing Committee on Social Issues

Meeting 7, 4 September 2003, Room 1108, 4:35 pm.

1. Members present

Jan Burnswoods MLC (Chair)
The Hon Robyn Parker MLC (Deputy Chair)
The Hon Dr Arthur Chesterfield-Evans MLC
The Hon Kayee Griffin MLC
The Hon Ian West MLC

2. Apologies

The Hon Catherine Cusack MLC

3. Inquiry into Early Intervention for Children with Learning Difficulties

The Committee resumed consideration of the Chair's draft report.

Resolved, on the motion of Mr Chesterfield-Evans, that Chapter 6 be adopted.

Resolved, on the motion of Mr West, that Chapter 7 be adopted.

Resolved, on the motion of Ms Griffin, that Chapter 6 be adopted.

Resolved, on the motion of Mr Chesterfield-Evans, that recommendation 35 be amended by omitting the words "within the broader prevention and early intervention system of New South Wales" and replacing them with "within the provision of broader prevention and early intervention services in New South Wales".

Resolved, on the motion of Mr Chesterfield-Evans, that Chapter 9 (as amended) be adopted.

Resolved, on the motion of Mr Chesterfield-Evans, that Appendix 1 be amended by the addition of the following:

The First Report

The first report of this inquiry, Early Child Development: A Co-ordinated Approach, was released in October 2002. As discussed in Chapters 1 and 9, it focussed on ways to address the fragmentation of the early childhood sector and recommended the establishment of a new department and portfolio responsible for child development in NSW.

Resolved, on the motion of Mr Chesterfield-Evans, that the Appendices (as amended) be adopted.

4. Adjournment

The Committee adjourned at 5.00 pm, to reconvene Tuesday 9 September 2003 at 11.00 pm.

Tanya Bosch
Director

Minutes

Standing Committee on Social Issues

Meeting 8, 9 September 2003, Room 812, 11:40 pm.

1. Members present

Jan Burnswoods MLC (Chair)
The Hon Robyn Parker MLC (Deputy Chair)
The Hon Kayee Griffin MLC

2. Apologies

The Hon Catherine Cusack MLC
The Hon Dr Arthur Chesterfield-Evans MLC
The Hon Ian West MLC

3. Inquiry into Early Intervention for Children with Learning Difficulties

The Committee resumed consideration of the Chair's draft report.

Resolved, on the motion of Ms Griffin, that the Executive Summary and the Chair's Foreword be adopted.

Resolved, on the motion of Ms Griffin, that the Committee report (as amended) be the report of the Committee and be signed by the Chair and presented to the House in accordance with the Resolution of the House dated 21 May 2003 (as amended 25 June 2003) establishing the Committee.

Resolved, on the motion of Ms Griffin, that pursuant to the provisions of section 4 of the *Parliamentary Papers (Supplementary Provisions) Act 1975* and under the authority of Standing Order 252, the Committee authorises the publication of all non-confidential minutes, correspondence, submissions and tabled documents.

Resolved, on the motion of Ms Griffin, that the Committee Secretariat be permitted to correct typographical, stylistic and grammatical errors in the report prior to tabling.

4. Adjournment

The Committee adjourned at 11:42 pm, *sine die*.

Tanya Bosch
Director