

## VCI – Centrecare Submission into the Early Years Strategy

### **Developing pathways for our most vulnerable children.**

Everyone who works in early childhood knows that the first five years are critical. However, national reports and statistical data are telling us that the vulnerability of our children is worsening, and high rates of child poverty still exist. The nation is experiencing a housing crisis as low housing affordability and next to no rental stock means children are moved around from house to house, shifted from one school setting to the next, or don't attend any kind of early childhood setting at all, while parents work to find stable housing.

Stagnant Government safety net payments like Jobseeker, coupled with unfair and onerous childcare subsidies means many children miss out on nurturing childcare environments altogether until they reach Kindergarten. All these measures are entrenching poverty for another generation of Australian children.

In Western Australia, an estimated 103,700 children are affected by poverty. Given the economic prosperity of our state it is difficult to reconcile that 17 per cent of children in Western Australia are growing up in poverty with many of these children experiencing food insecurity.

The fact Australia has any child living in poverty is a national shame and a contravention of the United Nations Convention on the Rights of a Child<sup>i</sup> namely: The Government should provide extra money for the children of families in need (Article 26); Children have the right to live a full life. Governments should ensure that children survive and develop healthily (Article 6); and Children have a right to a standard of living that is good enough to meet their physical and mental needs. The Government should help families who cannot afford to provide this (Article 27).

The last Article is contravened daily as waitlist for allied health services for children have blown out to two-four-year waitlists. Some children waiting to see an ear, nose and throat specialist will fall behind in their education, simply because they cannot hear. Without free and universal access to health in that child's area, that is safe and welcoming for the parent, free from judgment, that child will fall further behind.

Meanwhile, migrant and refugee children might never enter an early childhood setting for fear they will be deported because of underdiagnosed developmental delays. Parents migrants and Refugees on some Bridging Visas also might mean they can't work, so their children join the end of a very long waitlist for allied health services, if they do at all. These are referred to by some frontline childhood workers as the 'Invisible Children'. The Australian Government knowingly hold parents on Bridging Visas, which affects the prospects of their children in this strange and 'better' country. Article 22 of the United Nations Convention on the Rights of a Child states that Children who come into a country as refugees should have the same rights as children who are born in that country. They do not. Families living in Australia on a skilled working visa may be in jeopardy, as their child requires a disability assessment, but the family are reluctant to undergo assessment and necessary intervention as they may be held back from permanent residency to stay in Australia given their child's diagnosis of autism, as an example.

Lastly, a growing cohort of children are those experiencing homelessness. In the 2021 Census 115 children nationally slept rough before attending a pre-school, infants/primary school. In Western Australia that number was 29, with another 109 children living in a temporary

household and 417 in severely overcrowded dwellings. 26 children in Western Australia slept in a caravan. These are only the children we know about that were counted on public land on Census night and anecdotal evidence suggests this it may be the tip of the iceberg<sup>ii</sup>.

Research shows that experiencing food insecurity in childhood can negatively impact children in both the short and long term. The impacts are physical, emotional, social, developmental, and academic. Children in food insecure households in Australia were more likely to miss days of school, miss out on school activities, and more likely to have emotional and behavioural issues. Furthermore, poor nutrition is associated with low birth weight and ill health in infancy and childhood. <sup>iii</sup>

The latest data from Foodbank Western Australia<sup>iv</sup> found 52 per cent of households with children are food insecure. The rising cost of living means children are missing out on meals. Any Early Childhood Strategy would be remiss not to acknowledge the impact that homelessness and food insecurity has on the impact of children across all measure of Health, Education, Wellbeing, Protection, and Voice.

It is Centrecare's view that poverty can, and should, be addressed at both federal and state levels. Advocacy and lobbying by states and territory can effect change at the federal level and this is an important function of state governments.

Additionally, the states and territory can implement policies and supports to reduce poverty. While the Coronavirus Supplement was a federal policy, there are lessons to be learned by state governments including logical policy responses. According to an Australian Bureau of Statistics Survey conducted in November 2020, 'paying household bills' was reported to be the most common use of the Coronavirus Supplement (67%). With household bills paid by the supplement families had enough money to cover the costs of other basics like healthy food, warm clothes in winter and for children the ability to access after school activities like sport and music.

The fact that 67% of recipients of the Coronavirus Supplement spent the extra money on household bills is an important statistic for state and territory governments to remember. It tells us that any state-based policy or initiative that assists families with cost-of-living expenses will help to ameliorate child poverty, for example, rebates on utility bills, reduction of vehicle licencing fees, cheaper public transport, and support to access to affordable housing. Families should not have to choose between putting food on the table or paying household bills.

### **Australia International Obligations**

Australia is committed to the 2030 Agenda for Sustainable Development, adopted by all United Nations members in 2015. This includes a commitment to achieving the United Nations Sustainable Development Goals (SDG). The SDG's can be summarised as a 'universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity' There are 17 SDG's which are interconnected. All SDGs are relevant to the issue of food security but in particular the following goals are critical.

Goal 1: No poverty

Goal 2: Zero hunger

Goal 3: Good health and wellbeing

Goal 10: Reduced inequalities

In a perfect world every child should have universal access to early childhood education. But Australia cannot have an effective Early Childhood Strategy unless targets are set and achieved across the key indicators of health, education, housing, income, and employment. A National Child Poverty Reduction Act would drive three- and 10-year targets to reduce child poverty. Without this, an early years' strategy is just words on paper and irrelevant.

We are failing our children. What is clear is that while the Australia Government continues to ignore shameful levels of poverty in Australia, children will continue to be directly impacted in their ability to access early childhood settings and consequently healthcare and early intervention.

We cannot have a proper national Early Years Strategy until we address child poverty in Australia. And that starts with valuing our children.

### **Key Recommendations**

- Adopt a Federal Child Poverty Reduction Act.
- Targeted approaches to develop more Child and Parents Centres using AEDC, ICSEA and Census data.
- Develop a Parents Strategy alongside the Early Years Strategy.
- Universal screening on school site for all children born during the pandemic 2019-2023.

### **About the Valuing Children Initiative**

The Valuing Children Initiative (VCI) was established by Centrecare in January 2016 to create greater societal awareness of children's issues, needs and views. VCI recognises that children have no choice about the circumstances of their birth, or their childhood, and promotes the idea that child wellbeing is a collective responsibility.

### **About Centrecare**

With a history dating back to the 1940's, Centrecare is a Catholic not-for-profit, community services organisation with over 280 staff delivering more than 70 quality, professional counselling, support, mediation and training services throughout the Perth Metropolitan, Goldfields, Esperance, and Southwest regions of Western Australia. This includes weekly and fortnightly services to the communities of Coolgardie, Menzies, Leonora, Laverton, and Norseman. Additionally, staff provide regular supports to the remote Aboriginal communities of Tjuntjuntjarra and the Ngaanyatjarra Lands.

## About Child and Parent Centres



*Child and Parent Centres' (CPC's) are located at schools to give families easy access to advice, programs, and services, and give schools the opportunity to work with families from the time children are born through to starting school and beyond. The centres will assist children to be ready to start school, and to become happy, confident learners. (Dept of Education)*

Centrecare operates two (out of the 22) Child and Parent Centres (CPC's) in Gosnells and East Maddington. Each site has free access for parents to playgroup, Second Bite Pantry at the host school with community food boxes offered to identified families, Dad's parenting programs and parent support groups based at schools. These centres are changing the lives of our most vulnerable children through playgroup, Child Health Nurse drop in, parenting workshops, multi-cultural and young mums' programs.

Staff at CPC's see some of the most vulnerable families and children and have had great success in supporting parents to help their children thrive. The Early Years Strategy document states, *"Every child deserves the opportunity for the best start to life"*. However, at Centrecare CPC's, staff meet families who are not being afforded these opportunities because of onerous Federal Government policies such as the Child Care Subsidy Activity Test. CPC's therefore become the only place to provide those integral opportunities for children and parents to experience early learning programs and services.

CPC's are great examples of how to disintegrate silos, offering free, universal access across education and allied health. While we only have 22 CPC's in WA, the Federal Government could fund many more at every primary school located in low-socio economic areas that are well resourced with access to parenting support and job readiness programs.

CPC's however are not reaching all children in their areas because of a lack of operational resourcing. Services could be offered to so many more children if they had the resources through outreach programs. Extra resourcing would also mean pregnant women could



develop relationships with their local CPC after a referral from their General Practitioner or midwife to ensure readiness for when baby arrives.

*“As the CPC in Gosnells, we would agree that the Armadale West priorities of Maternal Health, Financial Wellbeing, Family Safety, and Child Development are common themes for our families in Gosnells. We work to support parents so that they can support their children. This is the key to so much of the early years – supporting parents so that they can support their children. Our vision should be well supported parents and caregivers who are empowered to provide the physical and emotional support children need to be thriving throughout childhood and into adulthood. Quality relationships, particularly quality attachment relationships with parents and caregivers can offset many and varied adverse experiences that children and families could potentially be facing.”*



### **Housing and Homelessness in Western Australia**

On 10 August 2021, 115 Australian children woke up and got ready for pre-primary or primary school. What made these children different from the other 2.5 million children who got ready for primary school that day was they had just spent the night sleeping rough. While this statistic from Census night might not sound like many as an overall percentage, for those 115 children, it is their whole sense of wellbeing, their self-esteem, their life. 29 of those children slept rough in WA.

While we saw an eight per cent increase of homelessness in WA, 1994 of them were children under 18 in different forms of homelessness, including severely crowded housing, supported accommodation, or a boarding house. Whatever the definition, they were homeless. And it wasn't their choice.

Behind every number is a child, who will go to school, probably hungry, struggling to concentrate or embarrassed by their hygiene. Their mental health will invariably collapse, their development of motor skills, their sense of security, and the anxiety of returning to homelessness again that night will all have a huge impact on them. These small children have no say about this outcome, no voice, and no choice.

Poor living conditions for children can have lifelong effects including poor education outcomes, unemployment, continued homelessness, and crime. The impact is significant and long term. This can start for children in utero, as the mother is undernourished and stressed when homeless.

In low socio-economic areas like Gosnells the rising cost of living, low private rental availability and a long social housing waiting list, has pushed many vulnerable families to the edge.

For families who want to stay close to their child’s school, playgroup, childcare centre, or CPC, this could mean houses that are being rented to families who are paying \$500 for uninhabitable housing with dry rot and mould.

| <b>2021 Children experiencing homeless in Australia</b> | Living in improvised dwellings, tents, or sleeping out | In supported accommodation for the homeless | Staying temporarily with other households | Living in boarding houses(c) | In other temporary lodgings(c) | Living in 'severely' crowded dwellings(d) |
|---------------------------------------------------------|--------------------------------------------------------|---------------------------------------------|-------------------------------------------|------------------------------|--------------------------------|-------------------------------------------|
| Age U12                                                 | 58                                                     | 197                                         | 217                                       | 13                           | 8                              | 661                                       |
| Age 12-18                                               | 58                                                     | 210                                         | 112                                       | 20                           | 9                              | 447                                       |
| Total                                                   | 116                                                    | 407                                         | 329                                       | 33                           | 17                             | 1108                                      |

### Centrecare’s Entry Point

Entrypoint Perth is a free assessment and referral service assisting people who are homeless or at risk of homelessness in Western Australia to access accommodation and support options.

The national housing and rental crisis have resulted in a surge of families at risk of homelessness. Anglicare’s Rental Affordability Snapshot found, “This year, there were only 45,895 listings across the country, the lowest number in the history of the Snapshot. Australia’s vacancy rate remains at its lowest rate on record, at 0.8 percent.”<sup>vi</sup>

These families become homeless for a range of reasons, including poverty, high family stress, limited support networks, housing shortages, overcrowding, or poor housing conditions.

However, the leading cause of homelessness for children is family breakdown due to Family and Domestic Violence (FDV) or sexual assault. For Aboriginal families, there is a concept of spiritual homelessness when people are separated from their family or traditional land, and which may result in people living in overcrowded conditions to be close to family or sleeping outside on country if there are no other suitable accommodation options.

Providing support to families with dependent children takes significantly longer than adult individuals. When children are involved, greater time is spent on assessing risk and needs,

liaising with multiple services, seeking out referral pathways, exploring accommodation plans and, when required, utilising brokerage funds to purchase crisis accommodation.

### **Statistics**

Centrecare homeless service Entrypoint reflect this with 23 per cent of all clients who presented to the service were young people, alone or with their family and were 17 years of age or under from January to March 2023.

Centrecare data shows cases have nearly doubled for families with children seeking help for homelessness. The increase in families with children contacting the service has been a significant trend over the pandemic period. SHS data shows increases in clients with support periods presenting with children. A client only has a support period open if they have been provided with a distinct support on their contact with Entrypoint – these could be referral to support accommodation, referrals to refuge or brokerage used to provide assistance.

- 2019/20 – 1054 clients presented with children, equalling 43.9 percent of total clients.
- 2020/21 – 1244 clients presented with children, equalling 64.3 percent of total clients.
- 2021/22 – 1673 clients presented with children, equalling 73.6 percent of total clients.
- 01/07/22 to date (27/04/2023) - 1519 clients presented with children, equalling 66.1 percent of total clients.

The number of clients that have contacted Entrypoint during the same periods and have not had a support period due to numerous factors such as wanting immediate intake housing rather than waitlisted referrals, not receiving the correct income for referrals or that no suitable services were available are:

- 2019/20 – 1774 clients with children
- 2020/21 – 1740 clients with children
- 2021/22 – 2143 clients with children
- 01/07/2022 to date (27/04/2023) – 1923 clients with children

### **Real life comments/stories from Centrecare clients**

"I have a two-year-old daughter I'm three months pregnant we are couch surfing at the moment and have been for some time now I need some help to find some sort of accommodation for us it's very stressful not having stable accommodation for myself and my daughter"

*I AM HOMELESS AND HAD TO GIVE UP MY CHILDREN SO THEY ARE NOT AT RISK WITH ME*

I have been staying with my ex-sister-in-law and last few days been arguing over how my three children are being treated and how my niece has been treated and come yesterday morning after I had got my two older kids ready for school, she asked if I had found somewhere to live yet because I had to be out that very day. I have had to give up my three babies who are my only reason for living to their father because I won't have them living on the streets with me again, I don't have a car anymore to live out of. I am in desperate need of a home our own home so I can get my babies back...PLEASE HELP US.

Hi, I've recently become homeless from domestic violence and my mother passed away. She was the only family I really had and now I'm living in my car. I have four young children aged eight girls, set of twins who are five and a two-and-a-half-year-old son. I am desperate for a house for myself and my children. I've never been in this position, and I never want to be in it again! Thanks so much. Hope to hear from you soon.

*"Escaped domestic violence in my house and stayed with my friend. She is also experiencing severe domestic violence and her boyfriend has been hitting us in front of her child and threatening to kill us. We have nowhere to go if we don't go back to his house".*

"Myself, partner and three children are currently staying at a hotel as the family we were staying with are using alcohol and being disrespectful and have told us to leave. We only have funds left for one night and really need help. We have tried to contact all long-term accommodations and can't get anything."

*"I am a single mother to two children aged 10 months and two years. I am seeking accommodation for myself and my children as we need to move out of the current house we are in."*

"Me and my three kids in overcrowded house. Get yelled at and talked down on. My ex's dad has been caught taking pictures of me getting in the shower, caught standing next to my bed while I'm sleeping and stealing my underwear."

*"Staying with a toxic family member that is a bad alcoholic and making it difficult to have the kids around needing some alternative accommodation she has been violent and now has kicked us out. In desperate need of some help with alternative accommodation for me and my family".*

"Hi currently sleeping rough in a car with my partner and our two little ones ages two and six, if you can be of any HELP of ANY KIND to help accommodate us please don't hesitate to do so."

*"I am currently living in a DV situation. Everything has been taken from me and/or been damaged and I am now responsible of fixing it all and I just don't have the money to do that. I am behind in my rent significantly after it not being paid when it was due each week despite having paid the money to the DV perpetrator or been made not to pay on weeks he didn't have money. I have now been given notice and have absolutely no where to go full-time. The place that I can go temporarily requires money up front due to my credit rating being dramatically affected. I am behind in my bills and I am struggling to put food on the table for my kids right now. They have been subject to the DV and I have tried to get him out but as he has no one and nothing he just refuses to leave making it extremely difficult to do anything and things are getting worse by the minute. As I said my house itself is getting trashed and things are being broken or damaged. The landlord is beyond angry."*

"We have been rejected from 93 rentals since February 2023 and we are at a loss as to what we're going to do."

*"Needing assistance with getting a house for myself and my four children. Temporary living with my daughter's father as my rental was sold. He is aggressive and has abusive language to myself and my children."*



"I am a single mum since my girls were three and one. I have never received child support. I managed up till last year when my daughter diagnosed with mental health condition. I have no family supports but I have always worked up until I needed to care for my daughter. We

can't stay where we are my children are not coping. If we can just get rental bond assistance without waiting another six weeks, please. Or anywhere because I can pay my way please."

*"Currently homeless moving between caravan parks and friends' houses, two adults, one child aged three and one dog. I have a secure income but finding impossible to find a rental."*

"Third party - "I have a family of seven people living in a car. There are two adults and five children aged between one and 12. The father is having dialysis treatment. They are on the list for dept of housing and I am trying to get them priority assistance, but this takes at least seven years (no matter what fairy tales the department tell me). This is a quite urgent situation. Please email me or call."

### **Home visits to families**

Research into the benefits of Enhanced Home Visiting of new mothers by Child Health Nurses conducted in Victoria provides evidence for the ongoing benefits to the family and the child's development for years to come. While this is a very expensive model, it is producing significant, measurable benefits. For many years in WA, the Red Cross have provided a Family Support Service which involved volunteer home visiting for identified vulnerable families. The Red Cross will no longer be providing this service and a new provider has yet to be identified. This would be a terrible loss if it was not picked up by another Non-Government Organisation. It would be better for a families' wellbeing if this program were able to be expanded rather than contracted.

In the Early Intervention and Family Support Strategy (EIFS) space particularly Stronger Together Intensive Family Support (open cases to Child Protection) there have been numerous requests for pre-birth planning by the Department of Communities for those parents who identified as high-risk due to factors such as Alcohol and Other Drugs (AOD) use, homelessness, and other child protection issues such as previous neglect, and sexual or physical abuse of child/ren.

This service works with families who are identified as needing the support by the respective Department Districts however not all families who are open to child protection receive the service (*it may be prioritised at District level?*). Having Outreach services such as Stronger Together IFSS and Family Support Network – Intensive Case Management has allowed for positive engagement with families as well as establishing 'eyes' on the children during visits to ensure safety and wellbeing of the child is being met in the home.

The High-Risk Infant Training program has been established to be provided for community services working in that field. The training is full day run by Department in conjunction with Child Health Nurses.

### **Covid babies – 2023 kindy children are all affected due to the pandemic.**

Factors affecting them are:

- They haven't had socialisation.
- Have spent extended periods at home on devices.

- Stress on families – parents' anxiety – these children will have lifelong anxiety, loss of work, mortality.
- Witnessing Family Domestic Violence.

The impact of the COVID pandemic on the health and wellbeing of children is still being researched thoroughly however anecdotal evidence by kindergarten teachers who are witnessing the first wave of covid babies are noticing worrying trends on children being delayed in the development with higher-than-normal levels of anxiety.

Extra income provided to low-income families during 2020 (Coronavirus Supplement) made an immediate and measurable difference. When this support was available, poverty rates for the poorest families, sole parents, and their children more than halved from 39 to 17 percent<sup>vii</sup>. Raising the rate of income support so that people can meet their day-to-day expenses substantially and immediately addressed poverty for many Australians. This is well expressed by Kim, a West Australian mother who was asked by the 100 Families research project about the impact of the Coronavirus Support payment.

*"It made a big difference in my life, in my kids' lives. I bought the kids a computer...I put money towards buying a car for myself. Eventually I got my licence. When things were going good; I was starting to get confidence in myself so got out there and got a job. Having that car helped me get a job."*

A rapid review by the Centre for Community Child Health at Murdoch Children's Research Institute<sup>viii</sup> found the following:

*Indirect impact of COVID-19 on children 0–5 years*

- *Research on the indirect (psycho-social) impacts of COVID-19 on young children is limited, but some evidence is emerging. Australian and international studies suggest that public health measures and their impact on family dynamics have led to the following issues for children 0–5 years: worsening behaviour and mood; increased clinginess, anxiety and levels of stress; increased hyperactivity and inattention; increased abuse and neglect; decreased physical activity and increased screen time; and possible disruptions to the length and quality of sleep.*
- *Children with pre-existing attention deficit hyperactivity disorder (AHDN) are at increased risk for physical, psychological, emotional, and behavioural problems during the COVID-19 pandemic, and increased incidences of behavioural problems such as aggression have been reported. Changes to daily routines, due to public health measures, are particularly detrimental for children with autism spectrum disorder (ASD), and reduced access to in-person care has left children with AHDN more vulnerable.*
- *Many parents that have been subject to isolation and confinement measures – particularly parents of young children – are experiencing high levels of stress and mental distress due to financial pressures, juggling care of children with work demands, and the loss of support from family and friends. As the early home environment is a key indicator of future outcomes for children, this places children at risk of negative health and developmental outcomes. At greatest risk will be children with AHDN.*

### **Conclusions<sup>ix</sup>**

- *Young children require stability and security for healthy growth and development. Significant changes to daily routines should be minimised to protect children during this critical phase of development.*
- *Australian parents are experiencing a high degree of stress, and this is impacting young children's health and development. Parents of young children need support to alleviate household stress, and parents of children with AHDN will require even greater support.*
- *Children who have experienced increased levels of mental distress and anxiety will also require additional support as they readjust to new routines following public health measures.*
- *It is likely that both the direct and indirect impacts on children with pre-existing AHDN will be longer lasting and more severe than children without AHDN, particularly given reduced access to early interventions, including Early Childhood Education and Care (ECEC).*
- *There is an urgent need for more research and data on the impact of the pandemic on young children, including the likely length of these effects.*

### **First Nations Families**

Aboriginal and Torres Strait Islander children continue to remain with the highest number of children in out of home care, in detention centres across Australia, as well recording the highest number of youth suicide rates.

Despite being the minority of Australia's permanent residents, numbers continue to soar in areas stemming from pre-colonial times such as welfare and justice system.

Targets identified in Closing the Gap report are not expected to be met since its establishment in the year 2005<sup>x</sup>. The recent 2022 Closing the Gap Annual Report identified that there were two of the 17 targets on track, namely:

Target 2 - Babies born with a healthy birthweight almost at 90 percent and Target 3 - Children enrolled at preschool just under 97 percent. Other targets not on track include Target 4 - Children being school ready sitting at 34.3 percent, Target 12 - Children in Out of Home Care tracking at 57.6 percent.

Centrecare continues to work conscientiously providing therapeutic support with a cultural context when working with indigenous children and families, particularly in the youth detention (Target 11) and child protection areas (Target 12) in alliance with an Aboriginal Community Controlled Organisation (ACCO).

Barriers continue to be prevalent amongst the Aboriginal and Torres Strait Islander communities when accessing services. With the establishment of the Uluru Statement of the Heart encouraging a Voice to Parliament, Aboriginal and Torres Strait Islanders continue to be heard to find a voice that will encourage engagement across all services in the Government and not-for-profit sector.

It has been identified that providing a voice to the local Aboriginal and Torres Strait Islander community will increase chances of positive engagement as well as service providers learning, understanding, and allowing for the implementation of cultural practices of child rearing and

role of the Community that have kept children safe for many years. This can only bring forth positive engagement and successful outcomes.

The Aboriginal community has been reliant on prominent agencies such as Department of Communities – Housing and Child Protection, Department of Health, Department of Justice, and Department of Human Services that can provide housing stability, income to pay bills and feed the family as well as longevity.

### **Barrier for First Nations Families and Children**

Access to these much-needed services may have increased somewhat with identified specific job roles and portfolios in the sectors but there still continues to be barriers when accessed.

Barriers to housing involves overcrowding, noise complaints, rent arrears (damages, non-payment, etc) resulting in evictions when the overcrowding could purely be a cultural aspect of creating community safety rather than having families living in the street and having children in unsafe areas.

Barriers to Centrelink involves the 'stereotype' that all Aboriginal people are welfare dependent creating fear of judgment and shame – example: lack of education resulted in poor reading and writing skills and comprehension.

Other barriers faced in the community result from past policies and the oppression of having culture and sense of identity removed. Intergenerational trauma continues today and with carers of children predominately being grandparents due to parents either being incarcerated, having passed away or affected by alcohol or drugs the removal of children today bears significant weight on the Elders.

The disparity between services provided in the metropolitan area and regional / remote areas is across the board for everyone. However, to close the gap across medical services for Aboriginal people to reduce mortality, life expectancy rates and better health care is needed. There are Aboriginal medical services provided in the Perth metro area, and Bunbury area. The South-West Aboriginal Medical Service (SWAMS) has been funded to open a branch in Katanning (regional Great Southern area) however there are no similar services in the Esperance or Goldfields region with people having to either travel almost eight hours by road (car) to access vital medical attention in the city. If the family can't afford travel, they will more than likely avoid attendance resulting in lack of appropriate medical care, for the family/children.

More barriers in community areas that impact access to services are lack of transport (due to no valid driver licence, no income for a vehicle or payment of car registration) and homelessness. Families often remain transient going from home to home to seek a stable roof for a night or two until they obtain their own home. This is provided they are not subject to being 'blacklisted' from the Department of Communities and other rental agencies. Aboriginal housing in the metro area such as Coolabaroo Housing, Noongar Mia Mia, have no vacancies.

When it comes to primary and secondary school attendance amongst the young Aboriginal and Torres Strait Islander children, levels are relatively low due to factors around homelessness, no transport (resulting in kids arriving at school late and being chastised or penalised by teachers or admin staff); no household income with children going to school

hungry with no ability to focus, or not going to school due to no breakfast and/or lunch; no clean clothes (school uniform) and poor hygiene which can also be seen as a shame factor due to other kids bullying them or teachers picking 'in-opportune' moments to highlight their concern.

### **Low number of First Nations Children in Early Years**

The likelihood of low numbers in the early years space may be subject to high costs of day-care attendance and transport to centres including playgroups. There is also some fear in young parents around the Department of Communities making unwarranted check-ins without notifying family of any outstanding or potential concerns; this may create fear in families that their children will be taken away impacting the children's right to reach milestones and engage with other children (if this is not already occurring at the home).

It has been noted there are Aboriginal controlled early years learning centres being established. Coolabaroo Day-Care has been servicing the Gosnells and surrounding areas for many years; however, it is at capacity most times with a waitlist. It is beneficial for Aboriginal run early years learning centres to be established, especially in the community as this would increase attendance for many children in the age bracket (0-5) and with support from the centres, children are able to be supported to transition into mainstream without being in a vulnerable space compared to those who missed out on the vital growth development stages.

It has been identified across the board that when children attend day-care, this can provide a stable routine for the family household and allows free time for parents/caregivers to complete chores and other tasks at hand as well as the opportunity to engage in self-care.

Across all services within Centrecare, Aboriginal and Torres Strait Islanders are prioritised where possible.

To improve the livelihood of Aboriginal and Torres Strait Islander children, it is necessary to help children create a sense of belonging so they can feel safe, know who they are (identity), have healthy relationships and connection to culture/family/caregiver, housing stability, education (meet milestones), and health. Aspects that ALL children should have especially children from a cultural background. This is also in collaboration with supporting families, caregivers and empowering them to build them back up to be at the forefront of their children's needs.

#### **Case study**

A client who engaged with Stronger Together Intensive Family Support Service in 2022 had been evicted from her home with both children being taken into care of client's mother. The client remained transient, couch-surfing at various homes with one child until it was deemed unsafe for the child. This child was taken into care of extended family. With the overcrowding of current living arrangement (Grandmother's two-bedroom unit), the Landlord gave formal notice to the tenant and stipulated the tenancy lease would not be renewed.



### **Migrant and refugee families**

Refugees and migrant children face many more barriers in Australia than Australian Born children because they are not afforded the same rights of Australian children. The United Nations Convention on the Rights of the Child state 'children who come into a country as a refugees should have the same right as children who are born in that country' (Article 22).

Early intervention and early wrap around services of allied health must be available to all children but this is not happening for some children for fear that they will be deported from the country. The approximate wait times that children in Australia are already experiencing is two years, which means migrant and refugee children can face up to four years wait for assessment.

Children are presenting to CPC's with children who are developmentally delayed, yet parents are afraid that if they are referred to allied health services and a diagnosis of Autism is discovered, that family could be deported.

Depending on what visa status their parents hold, CaLD children cannot access any allied health services or be referred to a waitlist for any allied health services. These are referred to by some as the 'Invisible Children'.

There are many children with undiagnosed developmental delays/disabilities who are not receiving the support they require. This creates a hesitancy for families to engage with any service and children are hidden from the system.

Their families often have no access to translation services.

In August 2022, a Karenni speaking family attended one of the Child Parent Centre's playgroups. Miss Four attended with Uncle and Aunty with their two children, Miss two and Baby. It was noticed by the Playgroup Leader that Miss Four and Miss two were both displaying behaviours that were not developmental typical for said age groups. The Community Officer raised concerns that Miss two was not walking or talking. She appeared to look like a much younger baby. The Officer encouraged Aunty to make an appointment with the child health nurse who referred her to the Child Development Service for Physiotherapy.

This family was then accepted for intake in October by the Child Development Service (CDS) with an assessment to help Miss Two with walking. The Physiotherapist then referred internally to Speech Pathology in December.

A couple of months later the Community Officer attended one of the associated schools Kindy Orientations to tell parents about support available at the CPC. The Community Officer recognised Mum and spoke with the School Social Worker about the family being known to the CPC and the upcoming Child Health Nurse appointment. The School Social Worker discussed that the school had concerns for Miss Four at her interview for enrolment and were trying to put in place supports and referrals for the family through the GP. The School Social Worker advised that a parish Nun who works in the school was able to communicate with Mum in a similar dialect to Karenni.

A couple of days prior, the Centre Coordinator was contacted by the school's Disability Support Teacher asking for suggestions and advice on what to do with an upcoming enrolment and that the school were very concerned about developmental delay. The Teacher did not disclose names at the time and was not to know that the family had engaged with the CPC. It turned out this was Miss four.

Late that day the Child Health Nurse advised that the Karenni Translator for Miss four's appointment had been cancelled and no replacement could be found. The Community Officer contacted the Teacher and Social Worker to find out if the parish Nun was available at short notice to be a translator for Mum the following day to allow the appointment to go ahead in the big group room at the CPC so that Miss four could be observed properly.

Miss four could not tolerate being in small clinical rooms for appointments so the appointment was moved to the playroom. The Child Health Nurse then made referrals to the CCDS, Wanslea, and wrote to the General Practitioner (GP) requesting referral to Perth Children Hospital for other medical issues.

The Centre Coordinator contacted the Autism Association who the Centre has a strong relationship with through the First Steps Playgroup, requesting the Association consider Miss four for a fully funded Autism Assessment due to the significant barriers the family face.

The Autism Association requested that Miss four and Mum attend the First Steps Playgroup in November at the CPC so that they could assess their suitability for a fully funded assessment. The school agreed to release the Nun to attend First Steps Playgroup with Mum so this could happen. The Autism Association agreed to the fully funded Autism assessment for Miss four in December with the paperwork to be lodged in the new year.

### **Universal Access is Paramount**

Minderoo are doing a lot of work in this area, particularly around barriers to accessing quality childcare services by advocating for abolishing the activities test, increasing wages and improving conditions for childcare workers.

In vulnerable families, children attending childcare plays a significant role in a child's development. These vulnerable families would benefit from very low/no out of pocket cost for child care on an ongoing basis, rather than just the 11 weeks as currently available. Where families are struggling to provide adequate care and development for children prior to engaging with Child Protection, the role of childcare needs to be supported and valued. Early Education and Care Services is more than just child minding, it is where little people are shaped and influenced when being cared for outside of the home. Educators would benefit from mandatory attachment awareness training to better support children's emotional wellbeing.

Health practitioners must be given the right to refer a child if they are concerned about their development at every touch point. One example is that the immunisation team at a CPC didn't know about the immunisation outreach team, and immunisation nurses were not allowed to refer a child to other services because it was outside their remit. How do we find children not coming to services and assist them?

### **Waiting lists**

Wait time for families to see paediatricians, psychologists and psychiatrists have blown out to at least two years wait in the public health system. Wait time for children in rural and remote areas are even longer. Even parents who can afford private care are waiting up to a year for access for their children.

The Royal Australasian College of Physicians President - Jacqueline Small, said public and private paediatricians were facing a huge demand<sup>xi</sup>. Dr Small — who is a Paediatrician — said there were increasing numbers of children with autism, developmental delays, language problems, and mental health problems, even before the pandemic. (WA Today)

For single parents families the chance of accessing the system is even lower and for families below the poverty line, the chances decline even further.

Before the Pandemic hit, the Royal Australasian College of Physicians recommended<sup>xii</sup> to improve service capacity by:

- Providing strong and truly universal child health and education services that deliver the right care to children for their health, development and well-being regardless of their family circumstances, socioeconomic status, ethnicity, geography or other social determinants;
- Funding to establish and maintain an Inequities in Child Health Research Alliance, in conjunction with leading Australian universities, non-governmental organisations or health services;
- Funding services to ensure they have the reach and intensity necessary to tackle inequities – and therefore are in accordance with the principles of 'proportionate universalism;' and
- Improve funding to health services so they can better engage groups facing additional challenges including Aboriginal and Torres Strait Islander, Māori and Pacific Islander

- children, children living with disabilities, children in detention and children from culturally and linguistically diverse backgrounds to address health equity.

In reality, families are in a holding pattern until services become available to them, this has result in increased anxiety for children while they wait for treatment and support services.

### **The Role of Parents in an Early Years Strategy**

It seems obvious but children cannot send themselves to school, playgroup or the maternal health nurse. Hesitancy and shame for parents to engage in services, even if they are free, are high barriers to participation and can result in some children not engaging in an early childhood setting until they reach kindergarten age. This is why it is imperative to develop a parenting strategy that operates alongside the early years' strategy.

Value for money comes down to early intervention, perinatal, antenatal, mental health support for parents for those positive outcomes for children. How do you have a future if you don't have aspirations and dreams?

Parents feel like they're not worthy of more which results in their children adopting similar feelings of shame. Centrecare believes all children should have the same opportunities and hope as any other child and that the capacity of the parents filters down the child.

*"We need to help the families and parents to thrive – when they have more capacity the children can thrive."*

A framework of supportive wrap around service that make parents feel safe and welcome are desperately needed across community. Often parents will express surprise that services exist because they don't have a need to visit a school or playgroup.

Experience has shown that once a parent engages with a CPC they will return for their subsequent children because they know what to ask for.

Frontline staff witness level of shame for families that they are the problem and need to know access of non-judgemental services are free and accessible.

Pregnant women need to be marketed to so we can develop a relationship with her so she feels comfortable – health dept can make these referrals much earlier. This should be the first touchpoint for women and parent, through GPs, and hospitals.

Federal politicians also need to recognise the important of perinatal care – through campaigns – if we can do smoking campaigns, we can do this. We need federally supported and funded campaigns with national partnership agreements for the infrastructure to support that campaign. An Early Childhood Education campaign is also needed.

*"People come in and sit on the couch and feel they matter – it shouldn't be a luxury and ad hoc."*

*"We as a community must create hope and aspiration for families."*

### **Conclusion**

For children to truly, equitably and thoroughly thrive, we must first build confidence in our parents, giving them the financial support they need, to ensure their child receives the right services when they need it. Free and accessible services like playgroup and childcare services

will notice developmental delays that the parents may not realise, so children are seen early and access to allied health services ensure the child get the diagnosis and treatment they require immediately.

## **Case study – a good news story**

**\*Permission granted from this parent for her story to be shared.**

In 2018 a primary school Deputy Principal brought a young Mum (21 yrs) to the Centre as she had expressed concern regarding her eldest child displaying anxiety like behaviour.

This mum had three children: a six-year-old, a three-year-old and a six-month-old baby.

The mother does have a family network which unfortunately is impacted by ongoing drug and alcohol addiction, generational poverty, unemployment, family violence and mental illness. Often family members will seek support from this young mum as they find themselves homeless, she then provides short term accommodation and financial support if able.

After three months of visiting the CPC, this mother arrived distressed and injured after a physical altercation with the father of her young baby. Together with the onsite Child Health Nurse a FDV report was filed, and support provided to file a police report and a Family Violence Restraining Order (FVRO).

Mum continued to visit the Centre to discuss plans for accessing housing, parenting concerns, support payments, emergency relief, access to study and future aspirations.

In 2019 secured a rental for herself and her children and gained access to a Kids Sport Grant to allow her two children to participate in sport.

In 2019 a speech referral for the second child was completed by the Speech Therapist on-site at the Centre.

In 2019 the mother was referred to Centrecare for access to counselling and support.

She also attended Early Years playgroup sessions with her baby with the support and encouragement from the CPC staff and soon had established connections with other mums and created a network of support.

In 2020 she accessed a funded higher education program and commenced a bridging course with a view to continue her studies.

In 2021 she gained part-time/casual employment as a support carer.

In 2022 she is more than halfway through a Nursing qualification and continues to visit the Centre, on a daily basis.

This mother is continuing to practice setting and maintaining clear boundaries with her family.



Thank you for the opportunity to comment on this important issue.

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## Bibliography

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- <sup>i</sup> [unicef-simplified-convention-child-rights.pdf \(kc-usercontent.com\)](#)
- <sup>ii</sup> <https://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/latest-release>
- <sup>iii</sup> 21 Ramsey R, Giskes K, Turrell G, Gallegos D. Food insecurity among adults residing in disadvantaged urban areas: potential health and dietary consequences. *Public Health Nutr.* 2012 Feb;15(2):227-37.
- <sup>iv</sup> <https://reports.foodbank.org.au/foodbank-hunger-report-2022/?state=wa>
- <sup>v</sup> <https://childandparentcentres.wa.edu.au/about-us/>
- <sup>vi</sup> <https://www.anglicare.asn.au/wp-content/uploads/2023/04/Rental-Affordability-Snapshot-National-Report.pdf>
- <sup>vii</sup> Ben Phillips and Vivikth Narayanan, *Financial Stress and Social Security Settings in Australia*, ANU Centre for Social Research and Methods, April 2021
- <sup>viii</sup> <https://www.education.gov.au/child-care-package/resources/impact-covid19-pandemic-children-murdoch-childrens-research-institute>
- <sup>ix</sup> [https://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/Impact%20of%20COVID-19%20pandemic%20on%20children%20in%20Australian%20ECEC%20\(1\).pdf](https://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/Impact%20of%20COVID-19%20pandemic%20on%20children%20in%20Australian%20ECEC%20(1).pdf)
- <sup>x</sup> (source: [Closing the Gap targets and outcomes | Closing the Gap](#))
- <sup>xi</sup> <https://www.abc.net.au/news/2023-03-14/concerns-children-adhd-autism-wa-paediatrician-wait-lists/102090688>
- <sup>xii</sup> <https://www.racp.edu.au/docs/default-source/advocacy-library/racp-inequities-in-child-health-position-statement.pdf>