

# Department of Health and Human Services

## CHILDREN AND YOUTH SERVICES

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### **Subject: Submission to Productivity Commission Inquiry on Childcare and Early Childhood Learning**

This submission has been prepared by Children and Youth Services (CYS), the Department of Health and Human Services, Tasmania. CYS comprises Child Health and Parenting Services (CHaPS), Child Protection Services (CPS), Out of Home Care (OoHC), Family Violence and Youth Justice.

The demand for Children and Youth Services in Tasmania is influenced by population changes and changing socio-economic and demographic conditions within the state.

Tasmania has the most regional and dispersed population of any state in Australia, with almost 60% living outside the capital city. This adds to the complexity and cost of planning services for children and young people.

Although the number of children and young people is projected to decline in Tasmania over the next 10 years, there are a number of vulnerability factors within the community that add to the complexity and pressures that face families.

The Socio-Economic Index for Areas (SEIFA) is a composite measure of how disadvantaged a particular community is in relation to other Australian communities. A number of studies have shown that communities with high levels of socio-economic disadvantage also report poor outcomes for children living within those communities. According to the SEIFA index Tasmania has an extremely high proportion of children living in disadvantaged communities (44%), compared to the national average (21%).

The Australian Early Development Index (AEDI) for Tasmania revealed significant gaps in outcomes, confirming that across all sections of the community there are children and families who need additional support to achieve the development milestones we want and expect for all our children as they start school. Overall, 21.8% of Tasmanian children are developmentally vulnerable on one or more domain/s of the AEDI compared to 23.6% nationally. Overall, 10.8% of Tasmanian children are developmentally vulnerable on two or more domains of the AEDI.

The science of early child development tells us how important it is to provide an environment that promotes healthy development during the first years of life. This is a time when the foundations for lifelong health, learning, earning and positive social interactions are established.

Exposure to intense, prolonged stress that is attributable to abuse or neglect in early childhood can affect the developing brain and may interfere with a child's capacity to integrate sensory, emotional and cognitive

information, which may lead to over-reactive responses to subsequent stress and long-term effects such as cognitive, behavioural, physical and mental health problems. As such, strong associations have been made between child maltreatment and learning difficulties and/or poor academic achievement.

Out of home care (OoHC) is provided across Australia for children and young people where child abuse or neglect has been substantiated. For these children positive outcomes are far less certain. There is a myriad of research demonstrating that children in OoHC have higher rates of health, dental, developmental, behavioural and emotional problems and a significant number also have a physical and/or intellectual disability. Very young children in OoHC are below the national average in most indicators of educational and learning capability, and present with a range of behaviours which are challenging for “mainstream” early years environments. Some children and young people are further disadvantaged by multiple placement changes, leading to poor emotional and social adjustment. Placement changes can sometimes translate into poor communication about developmental needs leading to duplication or gaps in intervention and poorly targeted programming.

Children and Youth Services as a statutory service provider at the tertiary end of the service system, is acutely aware that investment in the early years has long term economic value as it may reduce or delay the need for more resource intensive services in the later stages of life. The early years are an opportune time to provide appropriate assessments, interventions and support for children and their families in order to have a positive impact on their future health and wellbeing and of the community in which they live.

Attending high-quality child care and participating in preschool education can be an effective intervention for young children, particularly children who have experienced trauma. The positive learning experiences and nurturing relationships provided in these settings deliver lasting benefits for all children, especially those who have experienced disrupted relationships.

Given this, it is not surprising that child protection interventions often require a child care component. This relies on access for children within or at risk of entering the child protection system.

Within Tasmania, CPS currently interacts with the broader child care system in the following ways:

1. Child care centres are a source of information when assessing a child and family’s circumstances at the point of notification, investigation, development and review of case and care plans and when considering reunification.
2. Utilisation of the Special Child Care Benefit (for up to 13 weeks in any financial year) to cover the cost of child care for those children whose risk of serious abuse or neglect is reduced by their attendance at child care for longer hours. Individual Child Care Directors have been very supportive of CYS accessing places for this purpose.
3. Where child care is a significant component of a young person’s case and care plan the primary child care worker will attend care team meetings and family conferences as appropriate.
4. To allow parents to attend regular appointments to address drug and alcohol, mental health, relationship and parenting issues as part of the necessary steps for creating a safe environment to which their child can be returned.
5. Family Day Carers will assist in the provision of transport to and from care and appointments where a parent is unable or unwilling to do this.
6. To increase the pool of foster carers to include those individual and couples who work full-time or part-time and would not be able to foster if child care was not available.

Given this interaction CYS can make the following comments about the operation of the broader child care system:

1. The need to meet the 'work, training, study test' makes it difficult for families involved with the child protection system to claim more than 24 hours of care per child per week. Most families are unemployed or unable to participate in the workforce.
2. Child care fees are a disincentive to working individuals and families considering foster care. With the numbers of children in out-of-home care increasing nationwide, every State and Territory is facing increased pressure to find and retain sufficient, appropriately skilled carers. State child protection budgets do not extend to reimbursing child care costs.
3. Child care programming and curriculum needs to take account of individual developmental deficits as a result of the neurobiology of trauma. Early learning opportunities need to be flexible, trauma informed, and responsive. Integrated professional development and monitoring of an individual child's progress offers the strongest hope for improving a child's outcomes.
4. The outcomes for children in OoHC are universally accepted as sub optimal, so targeting early years should be one strategy whereby the State, as "corporate parent" can give these children the very best chance. Any strategy needs to take account of the regrettable fact that young children in the OoHC system may experience multiple placements. This can disrupt their access to early years learning. Flexible programs are required which can, in effect, move with a child to maintain continuity and support.
5. Child care and early learning programs that offer opportunities for a partnership between early childhood professionals and parents make for better outcomes for those children at risk; in particular role modelling and supporting parents to continue positive interactions and appropriate boundary setting at home.
6. Child care and early learning programs that develop linkages between schools, local families and their local communities result in better participation rates in formal schooling for children and provide a support network for parents.
7. There is a need for support to be extended to cover professional carers providing in-home support where ongoing intervention by CPS is required because of safety concerns. The principal purpose would be to allow a child to remain living at home under ongoing intervention and monitoring by CPS and to assist in the reunification of a child with their family where it is determined by CPS to be in the best interests of the child. The aim would be to improve skills and parenting ability, increase the child's feeling of security and achieve a reduction in safety concerns. This type of model would be appropriate for geographically isolated families or where the behaviour of the child and /or parent excluded them from participating in a group setting.
8. Whilst child care and early learning participation is important in reducing the vulnerability of disadvantage in children it is not sufficient to ensure vulnerable children commence kindergarten in the same position as their peers. Child care needs to be augmented by the use of other programs, services and supports. For example: connecting children to comprehensive screening; immunisations, dental care, in-home crisis intervention, evidence-based parenting programs, respite care, assistance with the management of household tasks, and skills training and counselling for issues such as problem solving, household budgeting, personal development, anger management and conflict resolution.

In conclusion, reducing exposure to risk factors in early childhood to enable healthy development in the early years would appear to make the most significant contribution to the learning potential, health and well-being of Australia's children. Identifying and addressing those risk factors most likely to cause toxic stress in the very young should be a top priority – particularly for those groups carrying higher risk burden in addition to identifying and addressing conditions that compromise the ability of parents to meet the needs of their very young children.

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