

**Australian Government Productivity Commission
Productivity Commission Issues Paper November 2010
Early Childhood Development Workforce**

**Disability Services Commission
146-160 Colin Street West Perth
Western Australia 6005**

The Disability Services Commission

The Disability Services Commission, established under the Disability Services Act 1993 (WA), is the Western Australian Government agency responsible for advancing opportunities, community participation and quality of life for people with disability. The Commission provides a range of direct services and support and also funds non-government agencies to provide services to people with disability, their families and carers. The Commission is funded by both the Western Australian Government and, through the National Disability Agreement, the Australian Government.

The Disability Services Commission provides early childhood intervention through government services and community organisations for children with disability or who are at risk of disability.

Not all services for children with disability are provided from the disability sector. In Western Australia, Departments of Health, Education, Child Protection, Communities and Housing and Works and the Australian Government Departments of Education, Employment and Workplace Relations, Health and Ageing and Families, Housing, Community Services and Indigenous Affairs all contribute to the well-being and development of young children with disability.

Children nought to four years with a disability and/or developmental delay in WA

In accordance with the Western Australian Disability Services Act 1993, disability means:

- attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of those impairments
- permanent or likely to be permanent
- may or may not be of a chronic or episodic nature and results in a:
 - substantially reduced capacity of the person for communication, social interaction, learning or mobility and
 - need for continuing support services.

Definitions of disability are similar across Australian State and Territories.

Children under six years may be considered as vulnerable to disability if there is a developmental or global developmental delay. They may have a range of conditions¹:

- intellectual disability, such as down syndrome, fragile x, tuberous sclerosis, other genetic and neurological syndromes
- Autism Spectrum Disorder
- global developmental delay (where no specific diagnosis has been made)
- physical disability, such as cerebral palsy, muscular dystrophy; spina bifida; paraplegia, quadriplegia and hemiplegia
- vision
- hearing
- acquired brain injury
- deafblind

Children may have speech, language, motor, behavioural disorders, Hyperactivity Attention Deficit Disorder and/or specific learning disorders as co-morbid with other eligible conditions.

¹ Annual Client Service Data Collection for the Australian Institute of Health and Welfare

Population

Australian Bureau of Statistics estimates that 4.1 per cent of children nought to four years have a severe or profound core activity limitation and are likely to be eligible for disability specialist services.

The Australian Early Development Index profile of Australia's children notes that 4.4 per cent of children in their pre-primary years are reported to have chronic physical, intellectual or medical needs and 10.5 per cent of children were identified by teachers as requiring assessment.²

Disability projections for the period 2008 to 2013 indicate a 3.9 per cent growth in the preschool age group for children with disability. This number is derived from the population projection of 2.3 per cent growth and the prevalence of disability in this age group.

Data about young children with disability is held by the Australian Institute of Health and Welfare and State registers. In Western Australia, the Telethon Institute for Child Health Research maintains the WA Cerebral Palsy Register, Intellectual Disability Exploring Answers and the Register for Autism Spectrum Disorder.

The Annual Client Service Data Collection for the Australian Institute of Health and Welfare indicates that in Western Australia less than two percent of children of kindergarten age receive specialist disability services.

Early childhood development and intervention

The goals of optimum physical, cognitive, language, social, and emotional development apply to all children. However, for children with developmental delay/disability to realise their potential, they and their families may need additional and specialist services.

Early childhood intervention is the process of providing specialised support and services for infants and young children with developmental delays or disabilities and their families in order to promote development, well-being and community participation.

Families can begin to learn best how to nurture their child's development when support is provided in the early years. Universal and local community services such as pre-schools and child care may also require support and assistance to include children with developmental needs in their programs.

For the purposes of this Productivity Commission study, early childhood intervention equates to the term 'Family Support Services'.

Early Childhood Intervention Services

Early childhood intervention is characterised by diversity. Services are provided by government agencies, community organisations, private businesses and individuals

The different service arrangements include:

- broad disability services for children with developmental delay and disability or at risk of disability

² Centre for Community Child Health and Telethon Institute for Child Health Research 2009. A Snapshot of Early Childhood Development in Australia – AEDI National Report 2009,

- specific disability services for children with particular conditions such as cerebral palsy or Autism Spectrum Disorder
- stand alone early childhood intervention services and services for young children with disability as a sub program of an organisation with multiple services for families and children or for people with disability
- services with single focus such as equipment prescription or an holistic comprehensive service
- disability services within a universal program such as health, education community services
- services provided in special clinics or centres or provided in the child's natural environments, home, child care, kindergarten/school, community activity and
- no cost to families (government funded), membership contribution or fee for service.

Services may offer a range of interventions or a specific strategy and can be delivered by a single discipline or multidisciplinary team of professional practitioners, therapy and educational assistants, support workers or volunteers.

Early childhood intervention services have formal or informal relationships with many other agencies within the early childhood and disability sectors. The future direction is for service integration, networking and co-location.

Service access and delivery for all children until enrolment in the school system school is characterised by fragmentation. For children with disability this is particularly so. The pathway to services is not clear and parents may need to be involved with a myriad of agencies at a time when they are most vulnerable.

Early Childhood Intervention Outcomes

Early childhood intervention organisations have been funded on the basis of the services and service hours to be delivered. There is now a move to focus on outcomes that benefit children, their families and communities and the specific objectives which need to be met to achieve positive outcomes.

Examples of outcomes include:

- children gain functional, developmental and coping skills
- families can nurture their child according to their values and preferences and
- communities have the knowledge and resources to respond to all families and children.

Early Childhood Intervention Workforce

The early childhood intervention workforce is complex.

Early childhood intervention is typically led by professionally qualified practitioners from a range of disciplines, most commonly education, social work, counselling, therapies, psychology, and nursing. Other professional expertise is essential but may have more limited involvement, for example, audiology. Therapy assistants work with children and families under supervision of professional staff.

In universal programs, education and childcare, the early childhood workforce includes additional educational and childcare assistants to increase the staff to child ratio when a child with ongoing high support needs is enrolled. Professional input is required to provide support, advice and workforce development.

Family support through in and out of home respite is important for families of young children, particularly when a child has high needs. Disability support workers with early childhood and disability skills and knowledge reassure families that they can have a break with confidence that their child is well cared for.

Professional practitioners are members of both their specific discipline and the early childhood intervention sector. Their practice is governed by the standards and legal requirements of their particular professional organisation and employment may require professional registration.

Discipline knowledge and skills needs to be augmented and enhanced by help-giving skills and practices, essential for early childhood intervention competency. The specific competencies are research based and recognised nationally and internationally.

Specific disciplines providing early childhood intervention

Audiology
Early childhood and special education
Family therapy
Music therapy
Child Health Nursing
Occupational Therapy
Orientation and mobility instruction
Orthotics
Physiotherapy
Podiatry
Clinical, developmental and educational psychology
Social Work
Speech pathology

Skills and Competencies

The early childhood intervention working environment is multifaceted and demanding. The workforce requires competencies specific to the needs of children with disability and their families. These competencies are, in addition, specific discipline skills and knowledge. The field is relatively new and evolving. Practitioners need to constantly evaluate and adjust their practice to provide intervention based on up to date evidence.

- Family centred practice has replaced clinician led intervention.
- The future direction is integration of programs from different government departments with the objectives of early identification, streamlined access to services and coordinated intervention and support.
- Practitioners will increasingly be peripatetic working across a range of natural learning environments rather than in a clinic or classroom.
- Counselling, consultation, collaboration and advocacy require skills in addition to discipline specific techniques.
- Practitioners need to keep pace with advances in technology which will provide new opportunities for learning and development of independence.
- Team work is increasingly trans-disciplinary and more demanding of practitioner's ability to broaden their expertise, share and trust.
- The focus and planning for services will switch from inputs to outcomes.

A report to the Department of Education and Early Child Development in Victoria describes competencies required of practitioners to:³

- develop abilities of children with disability
- strengthen family participation in a child's development
- optimise community inclusion for children with disability
- deliver services
- engage others and
- develop own abilities

The additional competencies needed to meet new service directions are recognised as essential for effectiveness but are not usually rewarded financially. Training opportunities and support for professional development vary significantly across organisations.

Early Childhood Intervention Staffing Ratios

The ratio of staff to children differs markedly from service to service depending on the staff mix, the type of program and resources available to the organisation through different government programs, fee for service, fund raising, donations etc.

In Western Australia, government funded comprehensive early childhood intervention programs deploy professional staff on the basis of one practitioner to between eight and up to 20 children.

There are no benchmarks for professional practitioner to child ratios as have been established for early education and child care. Allocation of education and childcare assistant time to support children included in mainstream services is based on the children's needs and more likely to represent equity.

Remuneration

Salary levels vary across departments and community organisations and are lower in the disability, compared to health and education sectors. Staff with more experience, particularly at more senior levels, are likely to move. While they may remain within the early childhood field the constant changes have a negative impact on children and families and relationships with partner agencies.

Progression is through management and career paths and may not reward practitioners whose expertise is clinical.

Workforce Recruitment

Early childhood intervention services report that the typical workforce is predominantly young, often recently graduated and female. A significant percentage of the workforce will be on maternity leave or seeking part time positions because of family commitments. Filling positions on short term contracts increases staff turnover.

The professional workforce is generally not representative of the community it serves.

³ Early Childhood Intervention Practitioners Competencies Department of Education and Early Childhood Development 2009

Professional practitioners are unlikely to have an Indigenous background or come from more recently arrived immigrant communities. In Western Australia, the Remote Area Strategy trains and support Aboriginal direct care workers as therapy and health assistants in their local community. An Online Cultural Orientation Plan assists health and disability professionals to develop a deeper understanding of Aboriginal cultural values and practices and promote culturally secure practice.

Parent to parent contact is highly valued by families as a source of information and support. Different ways for these 'informal members of the workforce' to be sustained and remunerated needs development.

The employment environment impacts on disciplines differently and small opportunities may be significant. The Western Australian resources boom has brought technical staff to the State, sometimes accompanied by partners with early childhood expertise. On the other hand, the resource industry has also been a financially more attractive option for disability support workers and assistants in regional areas.

Services report development of strategies to support new graduates, staff returning to the workforce and staff recruited from overseas. However, increased mentoring, training and supervision are time consuming and reduce the time available for working with families and children.

Opportunities for training and support to gain additional qualifications are valued by potential staff, but community organisations are unlikely to have the resources to offer this incentive.

Workforce Supply

Disability sector early childhood intervention services report that they are just able to maintain a full workforce but there is a limited choice of applicants, particularly practitioners with experience and up to date skills and there are periods when positions remain vacant. With the high turnover, recruitment is constant and a drain on resources.

In general, services deploy staff to the extent possible within the funding available to them. This situation does not mean that the size of the workforce is sufficient.

Unmet Need

Early childhood intervention is a tertiary level service. Pathways are complex and not readily understood. Children with developmental concerns are identified and referred by primary health and educational services. If there has been limited contact, children may not be referred until school age and miss intervention in the years when it is most effective. Children who miss out are likely to come from families with multiple and complex needs, are marginalised and live in remote areas or outer metropolitan areas. Of the number of preschool children estimated to have a disability, less than half are known to receive services.

Unmet Demand

Current levels of service vary but typically offer one to two hours a week. Families, early childhood intervention practitioners and universal services share a common opinion that this is inadequate.

The Australian Government's Helping Children with Autism Program notes the recommendation of Prior and Roberts 2006 that 20 hours a week over two years as essential to young children gaining skills.⁴

Waiting lists are a typical way of early childhood intervention services managing demand. This is untenable when timely intervention is of the essence for young children.

Service Environment

The early childhood intervention field is complex and bewildering for families and services alike. Organisations receive funding from a number of sources; numerous government departments (Australian and State/Territory), charitable foundations, public donations, investments, fees.

Funding objectives, scope, reporting requirements and applicant eligibility do not align and result in inequity for clients. This situation is highlighted by recent initiatives from the Australian Government which restricted families to using the welcome additional funds with non government organisations. This meant that families who receive early childhood intervention through the State Government services, the largest providers, have to find a different non-government provider or private clinician to take advantage of this opportunity. This involves more professionals and appointments, repeated assessments, planning, liaison and at times conflicting approaches.

National Reform

National initiatives in both the early childhood and disability sectors will impact on and challenge the workforce.

National Disability Agreement Priorities Forward Work Plan Strategic Direction 1: Children with Disabilities have the Best Start in Life

In December 2010 the Community and Disability Services Ministers' Conference endorsed key principles as a guide for mainstream services, particularly health, early childhood education and care services, to support effective inclusion and service responses for children with a disability and their families.

Further endorsement will be sought from the Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA); and Australian Health Ministers Conference (AHMC).

National Disability Strategy

The National Disability Strategy sets out a 10 year national plan for improving life for Australians with disability, their families and carers. The Strategy looks beyond the specialist disability support system and articulates long term goals across a number of key policy areas which impact on people with disability, their families and carers. The policy areas are inclusive of young children and address:

- rights protection, justice and legislation
- well designed, accessible communities
- learning, skills and employment
- economic security
- health and wellbeing and
- personal and community support.

⁴ Prior M and Roberts J *Early Intervention for Children with Autism Spectrum Disorders: Guidelines for Best Practice* Australian Government of Health and Aging 2006

Council of Australian Governments – National Priorities for the Early Years:

- Strengthening universal maternal child and family health services.
- Supports for vulnerable people (**direct reference to children with disability**).
- Engaging parents and the community in understanding the importance of early childhood development.
- Improving early childhood infrastructure.
- Strengthening the workforce across early childhood and family support services.
- Building better information and a solid evidence base,

National Early Childhood Development Strategy – Investing in the Early Years

The principles that apply across the National Partnership Agreement include **equity, inclusion and diversity** and ‘a commitment to full participation of children with additional needs and their families involves enabling their initial access as well as supporting their day to day participation in the program. It requires capturing and maximising resources to support each child’s participation in, and engagement with, the program’.⁵

Summary

That early childhood intervention has been recognised as a key component of early childhood services by both the Productivity Commission study and the National Early Childhood Development Strategy – Investing in the Early Years is welcome.

The complexity of the early childhood intervention system and its historical ad hoc development has resulted in a workforce which has grown in response to many different demands. There is increasing agreement about appropriate outcomes and principles of effective service delivery but more limited understanding of effective ways to deploy the wide range of expertise available and the strong commitment of all involved to provide a more equitable service and a better future for children and families.

Recommendation

That the Productivity Commission undertakes an in-depth study of the nature and size of the workforce required to achieve agreed outcomes for children with disability, their families and the communities.

⁵ The National Quality Agenda for Early Childhood Education and Care Schedule B National Quality Standards 2010