

Input to Draft Children's Plan

Vision and Principles:

The AEU considers the Vision and Principles stated in the document are appropriate and worthy of support. However, for us the principles of any Plan for children must be:

- Preventative initiatives and early intervention
- Protecting the child by supporting the family/parent
- A resilient model of inter-agency collaboration which involves holistic case management of the needs of each child
- Community responsibility for the health and well being of our children
- Proper resourcing by Government to allow for the provision of the above principles

The following section can be seen as general comment on **Objective 1 - Children, families and community**, but also relates generally to all aspects of the Plan.

It's important to review a little of the recent history of provision for children in the ACT. In the Union's view, one of the underpinning strategies for support of children from birth was the neighbourhood based child health clinic and nurse. These facilities, which were formerly co-located with preschools in each Canberra suburb have now closed their doors. New mothers now receive a small number of home visits from the clinic sister, usually two or three in number.

These visits occur early after the mother has taken the new baby home for hospital. There is no longer any capacity for the mother and child to be continuously monitored conveniently within her own suburb. Only three child health clinics remain open for follow up visits. Where once a mother could walk to the clinic and meet other mothers from her suburb, she now must have access to a car or carry baby on the bus to a town centre to use this facility. It is not difficult to imagine which sector of our community has been most disadvantaged by this change.

The former schedule of visits to the clinic to check for developmental progress in the first 3 years of a child's life is now left to chance. Children may wait until they enter preschool to be observed by a professional with some knowledge of the developmental stages of childhood. Preschool teachers report an increase in the number of children starting preschool with significant undetected developmental delays.

When the preschool teacher has identified a possible problem, the support provided to the teacher for referral and follow up has decreased over the years. Teachers are not professionals in this area, they need quick and easy referral systems to outside assessment personnel. Teachers see the acute staffing shortage in speech pathology, physiotherapy and psychological testing in Therapy ACT as a major obstacle to timely provision for children. Parents can wait from 6-12 months to receive a professional diagnostic assessment for their child. Those with money seek assessment privately, those without money wait. (Affordable dental care is also said to be lacking following the demise of the universal screening programs in schools.)

Preschool Services has no Counsellor in its employ, and must wait for assessment of Special Needs children by private agencies. The lack of a dedicated Counsellor in the preschool sector has been unfavourable noted by the Review into Counselling.ⁱ

The problem persists into primary school. Where a child is known to Therapy ACT prior to beginning school, s/he may still wait until term 3 of Kindergarten to receive a visit from an officer of that agency. The case management model cannot really work when caseloads are excessive. Sometimes school counsellors take over the case management and monitor the child's progress in the school environment and sometimes they do not, for a variety of reasons including their own heavy workload.

Monitoring and early intervention is therefore ad hoc. There appears to be no formal mechanism for case management across agencies. This is vital in working towards the holistic support of the child. Teachers feel that the model is too dependent on individuals knowing the system, knowing someone to ring in Therapy ACT to push the child's case to the top of the waiting list. There is no formal requirement for a round table when a child is accessing a number of agencies.

In the union's view, there is a need to create a model for formal, coordinated inter-agency provision and monitoring of a child potentially at risk, to cover the child from birth to the end of primary school. Such a model must be robust enough to cope with the constant changes of personnel in the family services area, the inexperience of new teachers, etc.

Clearly, it needs to specify a schedule of compulsory contact points in a child's life, coinciding with the major developmental points both before and after preschool entry age. It should include medical assessments, such as eyesight, hearing, teeth, general health and immunisation checks, but also psychological and learning assessments.

The AEU notes the cash incentive currently paid to parents who complete the immunisation program for their children prior to school entry. In the opinion of our members, parents will take the opportunity to access services in other areas of child health if they are conveniently available within their own neighbourhoods. The informal contact that once developed around the local clinic, eg where clinics became a conduit for mothers to network through playgroups, assisted in raising the level of understanding of new parents and provided an informal screening for developmental delays in children. Isolation is the enemy of early detection.

The balance of responsibility for initiating diagnostic checks for children has passed from the school and health community to the parent/s. Teachers/schools cannot refer a child for assessment of any kind without parental support - they can only suggest this course of action to the parent and hope that the parent will initiate the assessment request. Children most in need are often not referred by parents.

In the past a school could ask for a community nurse to attend the school site to assess a child. Parental approval was necessary, but, as the intervention was arranged by the school, parents seldom objected. However, taking the time and initiative to arrange a visit to an agency outside the school is more effort than some parents can manage. Checks which were once universal, such as the 3 year old check up by the clinic sister, are now only available where a parent requests such a check- many parents do not even know this is available.

This shift in responsibility exposes children who do not live in fully functioning families. It is the union's view that children are a community responsibility. We cannot afford to let Canberra's children be the victims of the variable parenting competencies of individuals.

With large numbers of single parent families, nuclear families under stress as never before, and extended families always at a premium in this city - who will stand *in loco parentis* for our children if the community collectively will not?

It is the AEU's view that notions of privacy and parental rights of control over children have in some cases become counter productive for children. Government and communities need to assert their will to protect children. They can do this by supporting the families of children and by intervening in those families to support children at risk when necessary.

General Practitioners, teachers and others subject to mandatory reporting laws are obliged to report instances of suspected abuse of children, but intervention through this process is not happening early enough. It is generally happening after the event. What preventative measures are in place to try to avert these incidents?

The role of GPs as early warning detectors of children at risk needs to be explored. However, many parents will not visit GPs until a crisis exists, especially given the current costs of consultations in Canberra. It is also true that some GPs are better than others at detecting both signs of abuse and signs of other situations requiring intervention, such as the failure of the child to meet developmental signposts.

Objective 2 - The physical, cognitive social and emotional well-being of the child:

The AEU feels that the current educational model does not particularly well fit children potentially at risk. Many of our members speak of the need for a new model, and hope that the Curriculum Renewal process will be the vehicle for such a new model to emerge in the Territory. Schools are an instrument for community-building and school structures must change to allow pursuit of this aim.

Teachers say that the level of critical need amongst children in schools is now greater than ever before in their teaching careers. Programs need to be redesigned to meet children where they are – and sometimes where they are is poorly socialised and the product of variable care at home.

Children in this position have a concept of relationships which is somewhat different from that of children who do fit easily into the current educational model. The school is the only place where effective intervention is likely to occur to assist them in learning how to build relationships with others. Objective 2 makes no mention of relationships, and it is this area of social and emotional wellbeing (as distinct from the cognitive needs of children) which schools are currently grappling with. The emphasis on literacy and numeracy outcomes, quantifiable by testing, has eclipsed the equally important social function that schools must perform in building the non academic aspects of a child's wellbeing.

Many schools are involved in "social skills" programs. Whilst overt teaching of these skills which we previously thought were gained in the home is important, they cannot be "taught" like other content aspects of the curriculum. They are learnt through observation and imitation of the people in the school community. Hence the critical important of children being treated with respect and being cherished by their school community.

As previously stated, the AEU believes children must be supported through community support for their family/parents. Many Australian schools are offering parenting classes to parents in the school community. However, in practice these may not be accessed by those most in need.

There comes a time during childhood when a child, and his/her teachers, may stop expecting rapid changes in the parenting ability of the child's parents. There is a role for schools to provide teaching in life skills competencies for primary school age children, some of whom may effectively be taking care of themselves, or even caring for a parent. Budgeting, cooking, etc can be an important aspect of the curriculum for these children most at risk. Many schools already provide breakfast programs, school lunches etc, and we see no alternative to this continuing.

The school site is the key point for the community to intervene and show it wants to support its children. School is the one continuity in many children's lives. Teachers cannot undertake a parental role. However, the community must stand *in loco parentis* for the child at risk. This can partly be done by providing service delivery through the school site.

Our members speak with praise of the Schools as Communities project. It should be a universal provision in Canberra primary schools given the Report into Disadvantage in the ACTⁱⁱ finding that disadvantage exists in most Canberra suburbs. The methods for defining and locating disadvantage within the ACT leave some of our members confused, as they sometimes cannot understand the logic behind the choices made for targeted school funding.

Truancy is another problem in Canberra. Our "hands off" attitude to parents has led to a situation where many children stay away from school with their parents' blessing, if not at the parents' insistence.ⁱⁱⁱ If we have the courage as a community to say that children must attend school between 6-15 years, we should have the courage to enforce it. Children should not be exempted from school because they are caring for sick parents. The community should provide the support for the adult, to allow the child to go to school and join his/her peers in what is for children a critically important social environment.

Objective 3 - Children are valued members of the community:

Many of our comments under Objective 1 are relevant here too.

The principles of social justice need to be articulated more specifically in this Objective. Children must feel free to define themselves outside the constraints of constructions of gender. They need to know that the community values them irrespective of the race, class, sexual preference or cultural heritage of their parents or themselves. It is worthy to say that children's voice will be heard, but children also need to be helped to articulate and define their needs in order that they might be helped to meet those needs. While it's important to consult children, the responsibility for their care remains in the end a community responsibility, achieved through children's families.

ⁱ *Review of the Provision of Counselling Services in ACT Government Schools and Colleges*, April 2003.

ⁱⁱ *Addressing Disadvantage in the ACT*, 2003.

ⁱⁱⁱ See the GSEC Report to the ACT Minister for Education, *Non Attendance in ACT Government Schools*, December 2001.