



STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES
CHRIS STEEL MLA (CHAIR), ELIZABETH KIKKERT MLA (DEPUTY CHAIR), VICKI DUNNE MLA,
CAROLINE LE COUTEUR MLA, MICHAEL PETERSSON MLA

Inquiry into referred 2016–17 Annual and Financial Reports
ANSWER TO QUESTION ON NOTICE

Asked by MRS ELIZABETH KIKKERT:

Community Services Directorate Annual Report 2016-17

In relation to Early Intervention Services

Child and Family Centres – Occasions of Service (CSD Annual Report, p. 30; CSD Annual Report 2015–16, p. 46)

1. Between 2015-16 and last reporting year, the number of occasions of service at the Child and Family Centres grew from 8,346 to 8,615, which is 3.2%. In light of these figures, why was the target for 2016-17 set for only 8,000 occasions of service, which would have been an actual decrease over the previous year?
 - a. The annual report notes ‘an increase in clients attending a program (or similar) activity in the third and fourth quarter[s] in 2016-17’. Is this a reference to the Kids and Families Holiday Program?
 - b. If yes, what would be the total occasions of service for the reporting year if this new program had not been rolled out?

Kids and Families Holiday Program (CSD Annual Report, p. 50)

2. Regarding the Kids and Families Holiday Program that was piloted over four weeks in January, were activities held each day, and how many hours did each activity last?
 - a. This program has now been rolled out during each of the school holidays. Typically for how many days and for how many hours each day are activities planned?
 - b. The report notes that this program invited ‘current and new clients’ into the Child and Family Centres. How were new clients identified to participate?
 - c. Was recruiting new clients in the CFCs one of the intentions of this program? Were any new clients recruited?

Children’s Services Program (CSD Annual Report, pp. 50–51)

3. The Children’s Services Program assists families to access short-term early childhood education and care ‘where the primary caregiver is unavailable’. What are some of the typical situations where the primary caregiver is unavailable?
 - a. How long on average is this short-term access provided?
 - b. The number of children receiving support in 2016-17 was more than triple the number in 2015-16 (650 vs 205). Is this owing to growth in service capacity or growth in demand?
 - c. Is the service able to meet current demand? Are applications ever turned down? For what reasons?

Australian Early Development Census (CSD Annual Report, pp. 51–52; <http://www.aedc.gov.au/data/data-explorer>)

4. As the annual report notes on p. 52, the percentage of ACT children who are developmentally vulnerable (at the time they begin school) in the domain of physical health and wellbeing exceeds the national average. In fact, data for the ACT is worse than in all other states and territories except for Queensland and the Northern Territory, and it has been worsening over time. In 2009, the ACT was barely above the national average in this domain. Now it is about 12% greater (2009: 9.4 vs 9.3; 2015 10.9 vs 9.7). How do you account for this increase?
 - a. What specifically is being done to reduce the number of ACT children who are vulnerable in this domain at the time they begin school?

RACHEL STEPHEN-SMITH MLA: The answer to the Member's question is as follows:–

1. The target was not increased for this measure, as re-development of Output 2.1 Early Intervention is being undertaken to better reflect service offers by Child and Family Centres.
 - a. No. This is not a reference to the Kids and Families Holiday Program. The Kids and Families Holiday Program was not captured in the output reporting.
 - b. N/A

2. Both Gungahlin and Tuggeranong Child and Family Centres offered 10 sessions across 10 days in the month of January 2017. Each week varied in the days that activities were provided. On average the activities/events were held over 1.5 to 2 hour time slots.

Nineteen sessions across 13 days were provided at the West Belconnen Child and Family Centre. Each week varied in the days that activities were provided. All of the sessions were run in the morning for two hours.

- a. During each school holiday period the program is typically run for three days each week. On average these activities run for two hours.
- b. All clients accessing Child and Family Centres were invited to attend. Other partnering services that operate from the Centres were informed of the programs on offer and were encouraged to let any of the families they were working with know about the program.
- c. The intention of the Kids and Families holiday program is to provide families with the opportunity to access holiday activities that are free, culturally themed, focused on intentional, educative and developmental play and fun for parents/carers and children.

A positive flow on effect of the program has been that local families who may have not been to a Child and Family Centre before are now aware of the Centre and in some cases accessed programs on offer through our Parent Drop In (Intake) service.

3. There are a number of circumstances which may result in referral to the Children's Services Program. Examples of routine circumstances seen through applications include:
 - As an early intervention opportunity for children from vulnerable backgrounds where the educative and socialisation opportunities will assist the child/ren to be on a level playing field with peers when entering preschool and primary school. This includes children from low socio-economic backgrounds, with emerging development delays, from diverse cultural backgrounds, and/or those coming to the attention of statutory services.

- For children and families with multiple vulnerabilities such as: single parent families, large families, families from low socio-economic backgrounds, families from diverse cultural backgrounds, families experiencing accommodation issues, the need for parents and/or siblings to attend multiple social and medical appointments – whereby the educative and care components of the Children’s Services Program provide the child (and family) the stability to act as a positive early intervention measure.
 - Children and families newly migrated to Australia who are ineligible for Australian Government Centrelink benefits. In particular, cases where a woman leaves a violent partner, but is on a spousal visa.
 - Women escaping a domestic and family violence situation, where they need to attend relevant appointments pertaining to rebuilding their lives (such as legal, housing, financial and employment), which are not appropriate for children to attend.
- a. Applications to the Children’s Services Program are generally approved for a 12 week period, though this is assessed on a case by case basis dependent on the child’s needs. Typical approvals under the Children’s Services Program are allocated for a maximum of three days per week. This is in line with research, which indicates that optimum developmental impacts are achieved when young children are engaged with early childhood education and care for at least two days per week.

An allocated placement period provides the administration of the Children’s Services Program, case workers and early childhood education and care educators with a solid period of time to monitor and review the progress of the intervention and make an informed assessment of continued need.

In 2016-17, the average length of approved placements under the Children’s Services Program was 15.96 weeks, at a rate of 2.54 days per week.

- b. The Children’s Services Program contracts nine providers to provide 77 early childhood education and care places across the ACT region each day.

The increase in the number of children receiving support under the Children’s Services Program during 2016-17 can be attributed to a number of factors. Following introduction of the revised Children’s Services Program in 2015, the program has tested the market and responded to demand pressures appropriately. The Directorate has also focused on promoting the Children’s Services Program to key stakeholders across the Territory. This has resulted in a considerable increase in applications.

The 2016-17 period saw a significant increase in demand for assistance through the Children’s Services Program, with applications assessed in line with program parameters. To respond to this growth in demand, the Children’s Services Program approved applications for three days per week rather than fulltime (in line with best practice principles) and, where appropriate, linked referrers with alternative funding options or a co-contribution (cost sharing) approach.

Noting the average placement length of 2.54 days per week, this has allowed for an increased total number of children to be assisted through the program.

- c. To assist in program oversight to manage demand, organisations funded under the Children’s Services Program provide the Community Services Directorate with weekly attendance and anticipated vacancy reporting. At present, the service is meeting current demand.

Though rare, there have been cases where applications to the Children's Services Program have been declined. This is due to assessment of the application being conducted and determining that the application was either inappropriate (e.g. for after school care or school holiday program) or was better placed to be serviced under alternative funding options, such as an Australian Government subsidy (e.g. Special Child Care Benefit or Jobs, Education and Training Child Care Fee Assistance) or the Child and Youth Protection Services Carer Subsidy.

4. Factors contributing to children's development are varied and include individual, family and community factors, therefore the cause of the increase is difficult to ascertain. Government uses these results to work across the service system to support children's development in all development domains.
 - a. The 2015 Australian Early Development Census (AEDC) results for the ACT was released on 21 December 2016. The report highlights key findings for the ACT across the five developmental domains. This publication has been distributed across government and the broader community. The AEDC measures five domains of child development including physical health and wellbeing. The physical health and wellbeing domain is a measure of children's physical readiness for the school day, physical independence and gross and fine motor skills.

The AEDC data has been used to create strong and informed service responses targeted to local area need such as the development of Prep for Pre. This program, initiated and developed by West Belconnen Child and Family Centre, helps prepare children and their families for pre-school.

A key aim of the Prep for Pre program is to equip families with knowledge, strategies and confidence to support children's physical, social, emotional, cognitive and language development prior to starting preschool. Session one of this program covers physical health and wellbeing, in particular;

- *Physical readiness for preschool*
Discussing the importance of ensuring children eat a good breakfast, have a healthy lunchbox, and get enough sleep.
- *Physical independence*
An appropriate level of self-care skills in areas such as dressing, eating, hygiene and toileting.
- *Gross and fine motor skill development.*

In addition a healthy cooking demonstration for lunchbox ideas is provided to parents.

Improvement of health and wellbeing of children in the ACT community is also being addressed through the Ride or Walk to School Program which encourages more students to actively travel to school. A recent evaluation of the Program found that it has been successful in increasing the rates of active travel among primary school students involved in the program.

The Community Services Directorate has been working collaboratively with the Education Directorate, Catholic and independent schools sectors, and more broadly, the community, to support the translation and utilisation of the AEDC results to improve outcomes for children.

Approved for circulation to the Standing Committee on Health, Ageing and Community Services

Signature:



Date:

22/12/17

By the Minister for Disability, Children and Youth, Rachel Stephen-Smith MLA