APS Australian Psychological Society

Select Committee Inquiry into child development services

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and emerging, for they hold the dreams of Indigenous Australia.

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Introduction

The Australian Psychological Society (APS) welcomes the opportunity to provide input into the Legislative Council of Western Australia Select Committee inquiry into child development services. We are the peak body for psychologists in Australia with 27,000 members nationally. The most recent annual report from the Psychology Board of Australia shows that there are approximately 4,350 registered psychologists in Western Australia.[*]

The significance of developmental factors in childhood and the right of every child to have their developmental needs met cannot be overstated. Responsibility for ensuring optimal development for children is shared between families, communities, and governments.

The World Health Organization (WHO) Guideline on *Improving early child development* states: "Enabling young children to achieve their full developmental potential is a human right and an essential requisite for sustainable development. Given the critical importance of enabling children to make the best start in life, the health sector has an important role and responsibility to support nurturing care for childhood development." (p. viii).[1] The APS thus commends the Legislative Council's decision to form a Select Committee to undertake an inquiry into child development services given the significant number of children waiting to access these services in the metropolitan area, including the high number waiting to access a clinical psychologist.

As with all our work at the APS, we consider our response to this inquiry in light of the United Nations Sustainable Development Goals (SDGs)[†] and, more specifically, view SDG 3, 4, 5 and 16 as being most relevant. That is, this submission adopts the lens of good health and wellbeing, quality education, gender equality, and peace, justice, and strong institutions.[‡] Each of these goals work toward improvements for children and their quality of life.

The APS has taken a broad view in responding to this inquiry with consideration being given to Child Development Service (CDS) provided by the state government as well as other services – both government and non-government – that support the development, health, and wellbeing of children in Western Australian.

1. The role of child development services

The primary role of child development services is to support children to achieve optimal developmental, health (including mental health) and wellbeing outcomes. According to the Productivity Commission's Inquiry into Mental Health Final Report: "Mental health is a cornerstone of healthy childhood development; it underpins children's and young people's social and emotional development and their sense of wellbeing, and it enables them to thrive and grow. Investing in the mental health of children delivers significant returns, for the children themselves, their family, their community — and ultimately, the economy, when children become adults who contribute to the productivity, consumption, and innovation".[§]

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[*] https://www.psychologyboard.gov.au/About/Annual-report.aspx

[†] United Nations Department of Economic and Social Affairs. (2022). *Sustainable Development*. https://sdgs.un.org/

[‡] https://sdgs.un.org/goals

[§] Productivity Commission. (2020). *Mental Health, Report no. 95.* Canberra: Commonwealth of Australia. (p. 195)

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The current inquiry into child development services needs to consider the whole child, including their physical, mental, intellectual, familial, social, educational, and functional health and wellbeing. 'Whole of child' health and wellbeing can be achieved by enhancing access to appropriate services that are integrated, and work collaboratively with all key stakeholders in a child's life. In addition, timely access is essential to ensure early intervention and better outcomes. The earlier assessment, treatment and support are provided, the more effective services are going to be. Early intervention refers to both age and the progression of a condition. Prevention is also important to avoid the formation of longer-term problems and through timely treatment to ameliorate symptoms. When considering the mental health of children, it is particularly important to work with the child, their family, and other stakeholders to address and improve symptoms and avoid cascading impacts into other areas of their lives.

Expert assessment needs to be provided by an interdisciplinary team to ensure accurate diagnosis and appropriate interventions and treatment. Consideration needs to be given to environmental factors and the potential impact of past (or current) trauma to facilitate accurate diagnosis, and when needed – differential diagnosis. The APS is aware of the increasing number of neurological and mental health diagnoses in children as reported by both our members and other key stakeholders we work with, e.g., teachers. There is clearly a need for more research and education about the impact of trauma and the significance of differential diagnosis – across all sectors and professionals who work with children.

Optimal childhood development has a positive impact on a child's long-term health outcomes, school experiences, opportunities in the future and potentially their earning capacity. In turn, it is impacted by several biopsychosocial factors. Integrated, comprehensive child development services thus play a crucial role in supporting the development, health, mental health, and wellbeing of a child and serve to hopefully provide opportunities for children with specific vulnerabilities and/or disadvantage to access the support they need. At any stage during childhood, timely expert assessment and intervention and support will improve the opportunities for children to have better outcomes academically, socially, mentally, medically, and economically.

Minimising adverse childhood events and maximising opportunities for healthy growth and development are imperative for children. Child development services have a crucial role to play in ensuring positive outcomes for children. However, it needs to be acknowledged that child development services are not the complete answer to improving the circumstances of children in need and will not be effective when working with a siloed approach. Integration with other stakeholders, e.g., families, schools, community organisations, and other service providers, is critical to ensuring wrap-around care for the child. In particular, the APS emphasises the role of school psychologists in supporting the wellbeing of children in our position statement on Psychologists in Schools, available here.

Consideration also needs to be given to children identified as at risk or from vulnerable communities, for example, Aboriginal and Torres Strait Islander people; people from culturally and linguistically diverse backgrounds; children in out of home care; from lower socio-economic backgrounds; and children from families who are in the Australian Defence Force.

Significant work is still required to close the gap in health and wellbeing for Aboriginal and Torres Strait Islander children, with the most recent *Australian Early Development Census* (AEDC) showing that there has been a decrease in the number of children considered "on track" in several domains, including general knowledge, communication skills, language and cognitive skills, and physical health and wellbeing (p. 5).[2]

The AEDC similarly shows that children from culturally and linguistically diverse backgrounds experience the highest level of developmental vulnerability in the communication skills and general knowledge domains.[2] Other research has also pointed to the increased risk of neurodevelopmental disorders for children of immigrant or refugee parents from developing countries.[3]

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Children who have been involved with the child protection system are also at risk of developmental vulnerabilities, with evidence pointing to adverse outcomes across education, physical and mental health, and justice.[4] Unfortunately, this same research emphasised that Aboriginal and Torres Strait Islander children in Western Australia are even more likely to experience poorer outcomes.[4]

Socio-economic disadvantage also impacts on developmental outcomes for children with the most recent AEDC showing that those from the most disadvantaged communities are at least twice as vulnerable as other children in low levels of socio-economic disadvantage.[2] The key domains impacted include language and cognitive skills, and physical health and wellbeing. Unfortunately, the gap between these groups of children has continued to widen.[2]

Children from military families are likewise more at risk of developmental vulnerabilities related to frequent deployments and relocations. Their general wellbeing, education and social relationships can all be impacted.[5]

2. How child development services are delivered in Western Australia

The metropolitan Child Development Service (CDS) provides free assessment and treatment for children presenting with developmental delay or difficulties causing functional impairment, poor participation in age-appropriate activities and/or negatively impacting family relationships. Similar services are provided in regional and rural areas through the WA Country Health Service (WACHS). Both metropolitan and country services include a range of health professionals, including allied health and psychologists. It is our understanding that the metropolitan service specifically employs clinical psychologists.

The APS is aware that the CDS has recently received negative press following questions raised in the WA Parliament regarding the median wait time for children to access clinical psychologists. The response to this question indicated that 1,722 children were on a waiting list to see a clinical psychologist at the time.[**]

APS members have also provided feedback that the CDS has:

- decreased its level of support in recent years, with parents often unaware of the services they can receive until their child is too old for therapy,
- wait lists that are too long, with many children experiencing functional impairment due to undiagnosed and untreated neurodevelopmental disorders, and
- an unhelpful triage system that puts children at risk of not receiving the assessment and treatment they require.

Notwithstanding the above, members also point to the significant need met by the CDS and the important role it plays in supporting the development, health, and wellbeing of WA children. It is viewed as a trusted government service with medical, psychological, and allied health assistance described as “invaluable”. However, our members report that the timeliness of assessments and interventions is poor, with those health professionals who work in the CDS struggling to deliver the required support due to limited resources. In conclusion, the CDS is viewed as a much-needed service that urgently requires more funding.

In addition to the CDS, there are other government services in WA that focus on child development, health, and wellbeing. For example, the Department of Health also provides Child and Mental Health Services (CAMHS) for children up to 18 years of age. As a state-wide community and hospital-based service, CAMHS provides mental health assessment, treatment and support for children and their families.

[**] https://www.parliament.wa.gov.au/parliament/pquest.nsf/viewLCPQuestByDate/8E30C86BC0FA617B4825889F00260FF1?opendocument

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The Western Australian government also provides specialist state-wide community-based assessments and support for children and teenagers who may have cognitive impairment or neurological conditions through the Neurosciences Unit (NSU) along with state-wide community support for children up to 18 years of age who present with persistent difficulties with attention and behaviour via the Complex Attention and Hyperactivity Disorders Service (CAHDS). Other more targeted services include the WA Eating Disorders Outreach and Consultation Services (WAEDOCS), the Eating Disorders Service at Perth Children's Hospital, and the Gender Diversity Service (GDS), also at Perth Children's Hospital.

APS members report that the wait lists to see psychologists through these services are extensive, including CAMHS, where families may be re-referred to private practitioners. We have also been informed that parents are waiting 2+ years for CAMHS services, and that children who are 16 years of age when they require help are not added to the waitlist as they will not be able to access services prior to their 18th birthday. This is concerning given the at-risk nature of the cohort of children and young people waiting for support through CAMHS and the GDS.

We know from the Final Report - Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0 – 18 years in WA (2022) that there was a 64.9% increase in the number of mental health related presentations at emergency departments during 2014 to 2020, and a 50% increase of admissions due to a suicide attempt or risk.[6] The same report points to the "unique risks and challenges" around receiving care for LGBTIQA+ children[6] (p 12). Mental health issues are also common amongst trans young people, including self-harm and suicidality.[7] The Trans Pathways study completed by researchers from the Telethon Kids Institute in 2017 showed that 74.6% of participants had been diagnosed with depression at some point, 79.7% of participants had self-harmed and, more alarmingly, 48.1% had attempted suicide.[7]

The Australian Bureau of Statistics Causes of Death, Australian 2021,[8] released in October 2022 showed that more than 47 young people (aged from 1 to 24) had died from intentional self-harm in WA in the last year. In addition, the report stated that suicide remains the national leading cause of death in children.[8] Clearly, we cannot ignore the mental health of our children when considering their developmental, health and wellbeing needs. There is an urgent requirement to improve funding to these services to ensure that children with self-harming behaviours and suicidal thoughts are provided with the treatment and support they require.

Other Services

Other not-for-profit organisations that provide services targeted at supporting WA children's development, health and wellbeing include (but are not limited to) the Autism Association, and the Dyslexia- SPELD Foundation. In the private sector, GPs, paediatricians, child psychiatrists, psychologists, and other allied health professionals (e.g., speech pathologists and occupational therapists) are significant providers of development, health, and wellbeing services for children.

Rural and remote areas

It is well established that there are fewer accessible child development supports for families living in rural and remote areas. The AEDC data supports this contention with developmental vulnerability increasing as the distance from metropolitan areas increases.[2] The latest Census also shows that developmental vulnerability increased for children from regional and remote locations as compared to previous years.[2] The domain most impacted was language and cognitive skills.[2]

Access to telehealth has generally improved the provision of services in regional, rural and remote areas to some extent. However, telehealth is not always the best option for children who may find it easier to engage with health professionals face to face. This is particularly relevant for physical health-based treatments, although psychological interventions may also be more beneficial for children when delivered face to face.

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Supported treatment options that cover, or at least subsidise, travel and accommodation costs need to be considered for families living in rural and remote locations and particularly for those children from groups at higher risk of developmental vulnerability.

Unfortunately, our members in WA report that access to both public and private child development, health, mental health, and wellbeing services is limited and untimely, with long wait lists and inadequate support to ameliorate the difficulties and challenges being faced by children and their families.

This situation is not being relieved by the private sector either, with extensive wait lists for allied health and psychological support. The APS is aware that the capacity to meet the needs of children through the health and mental health sectors is being impacted by the skilled workforce shortage in Western Australia, including the psychological workforce. Evidence shows that there is a chronic shortage of qualified psychologists in Australia – in fact, the current psychological workforce is only able to meet 35% of the national demand.[9] We know this problem extends to Western Australia where access to psychologists is limited – particularly in the public sector.

As previously stated, the most recent data available from the Psychology Board of Australia indicates that there are approximately 4,350 psychologists in Western Australia.[††] This translates to a rate of around 160 psychologists per 100,000 head of population at best. In addition, we are aware that the majority of these psychologists work in the metropolitan area and that the numbers are even lower for regional, rural and remote locations. Unfortunately, this is occurring at the same time as there is an essential need to address the growing demand for child developmental, health and mental health support.

3. Workforce pathways

Sufficient workforce pathways for psychologists in Department of Health child development services, including mental health and other related services, cannot be addressed without pointing to the current Departmental award structure which essentially excludes psychologists, other than clinical psychologists, from employment within the Department. This includes psychologist with Endorsed Areas of Practice (AoPEs) who have advanced post-graduate training and competencies relevant for Health positions (i.e., clinical neuropsychologists, counselling psychologists, educational and developmental psychologists, and health psychologists). The award structure needs to be amended to include other psychologists. The current system means that appropriately trained psychologists are unable to work within contexts in which they hold relevant advanced competencies, and within their scope of practice.

The Department of Health needs to consider changing the current award structure to recognise and enable psychologists with advanced training and the right experience to provide child development (and other adult) services to address the current difficulties with recruiting a sufficient psychological workforce. Western Australia is experiencing similar psychology workforce issues as other states in Australia due to the inevitable drift of clinical psychologists from the public sector to private practice.

Universities play a critical role in training the psychology and medical workforce. Unfortunately, there are currently no options for students wishing to pursue postgraduate study providing advanced skills in developmental and educational psychology or counselling psychology in Western Australia. In addition, other AoPE master's courses, for example, clinical neuropsychology, are also at risk of closing.

[††] https://www.psychologyboard.gov.au/About/Annual-report.aspx

The loss of diversity in psychology training has contributed to a significant gap in services for children and their families in Western Australia. In the last 10 years, universities in this state have seen the closure of master's programs in counselling psychology, forensic psychology and educational and developmental psychology. Western Australians now have reduced access to these endorsed areas of practice – an untenable situation that will only worsen over time.

This state of affairs is even more critical due to the chronic shortage of qualified psychologists across Australia.

What is preventing psychology workforce growth?

- Final year psychology courses are significantly underfunded, preventing growth in student places.
- A bottleneck also occurs in final year training positions, where thousands of students are turned away after 4 – 5 years of study.
- Another impediment for universities is the lack of certainty and availability of training placements and supervisors.
- There is also a lack of incentives for psychology students to undertake training placements in areas of chronic workforce shortage such as regional, rural and remote locations or low socio-economic areas where more vulnerable groups are likely to live.

If this situation is not addressed, access to evidence-based, high quality psychological assessment, diagnosis and treatment for children will be dependent on the capacity of families to pay an out-of-pocket fee.

Psychology is the only mental health profession to graduate 'practice ready'. We are less likely to burn out, and more able to treat complex, high acuity cases. Our training and support ensure that we are ideally suited to work and be retained in areas of high need, delivering tailored, targeted assessment and intervention strategies to support childhood development. Yet, psychologists are currently struggling to keep up with the unprecedented demand for their services, and Western Australians are finding it increasingly difficult to connect with a psychologist for the expert care they require for their children – both in the public and private sectors.

To meet registration requirements, psychology graduates must undergo up to two years of supervised practice with a Psychology Board of Australia-approved supervisor. Psychology graduates often must pay for their supervision to become registered, which can be financially challenging. Similarly, psychologists choosing to become supervisors must undertake, and pay for, Board-approved supervision training, and subsequent master classes to maintain their supervisory status. Both the cost to become a supervisor, and the cost to receive supervision, can be prohibitive and, as a result, impact on the psychological workforce.

Psychology Workforce Solutions

There is an urgent need to encourage Western Australian psychologists to undertake supervisor training, and new psychology graduates in Western Australia to complete requirements for registration (either as a general psychologist or endorsed psychologist), to rapidly increase the psychological workforce.

One of the impediments for universities to increase post-graduate psychology places is the lack of certainty and availability of training placements, registrar programs and internships. The Western Australian government needs to establish a placement model to maximise supervisor/trainee ratios regardless of location. With the right support, the APS is ideally suited to support such an initiative using similar technology to our 'Find a Psychologist' tool. We can enable access, regardless of location, to a Board-approved supervisor required to meet the regulatory requirements for a particular AoPE and/or the intensity of supervision hours.

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The Western Australian government also needs to establish a state psychology workforce initiative – including incentivising psychology supervisors to take on interns and registrars, particularly in areas of workforce shortage, to ensure every part of this state has a psychology workforce in development.

The APS provides a Board-approved supervisor training program, and with the right support, is in a position to train hundreds of psychology supervisors over a period of two years who could work in the public or private system to increase the psychology workforce pipeline. To further support such an initiative, the Western Australian government could provide funding for a state-based public sector salary loading to incentivise psychologists who agree to supervise additional students on placement within the Department of Health with a specific focus on child development services. Not only would this provide a pipeline to increase the psychology workforce in these services, it would bolster the current staff numbers with provisional psychologists on placement as part of the requirement to complete their master's degrees.

Develop Department of Health/university workforce partnerships

- Currently, final year university courses are funded below cost and below that of allied health who do not have minimum supervision requirements, ratios and staffing qualifications.
- This means for every student taken on for their final year, universities take on a greater debt.
- This is also why many AoPE psychology postgraduate courses in Western Australia have or are closing.

The Department of Health is in a position to increase funding for psychology training by linking the public health system with universities through conjoint positions. We recommend providing conjoint university and Health staff positions (as occurs in Medicine).

That is:

- Western Australian Government funded university positions which are co-located within the public health system and the university – forming a bridge between final year trainees on placement and the university.
- A guaranteed minimum number of placements for the university to allow certainty so courses can increase capacity/places.
- An embedded workforce pipeline in the public health system.
- Guaranteed quality supervision and a reduction in the burden of supervision on health workers who often have their own caseloads, by ensuring a university support system and co-supervision provided by the conjoint staff.
- This further enables a public sector workforce pipeline with all psychology students having a placement within the public system during their training, and growth in the number of places available due to subsidised university programs.

Appoint a Western Australian Chief Psychologist

- A Chief Psychologist within the Department of Health would connect psychologists across services and sectors and ensure that efforts to retain and attract psychologists are successful into the future.
- The Chief Psychologist would also oversee the conjoint university positions and facilitate ties with the tertiary sector.
- Workforce solutions are often short-term and do not deliver long term results. This role would be about embedding psychology workforce solutions into the Western Australian Department of Health. This would future proof workforce strategies and ensure genuine change and access to psychologists well into the next decade.

The outcome is a senior psychologist to encourage workforce growth and retention in the public sector by supporting multidisciplinary team-based care with psychologists working at the top of the scope of practice in collaboration with staff from other professions, lived experience and peer workers.

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Psychology Training

Western Australian children should be able to access psychological support to ensure all aspects of their development, health, mental health and wellbeing needs are being met. The health system is in desperate need for more psychologists – both in the public and private sectors, yet Western Australian universities are not funded or supported to offer places (particularly Commonwealth Supported Places) due to increased financial losses.

Australia risks falling behind other countries with regard to the loss of the diverse areas of psychological expertise, with many having a direct impact on developmental risks and vulnerabilities in children. This affects state-based services falling under the auspices of the government plus non-government and private services. As long as the federal government ignores this situation, these workforce shortages will continue to be experienced by the Western Australian government, with ongoing negative consequences for the public and private sectors providing child development services.

To address this situation, the Western Australian government needs to call on the federal government to:

- Fund universities to reinstate and/or develop appropriate master's programs (both Master of Professional Psychology and, in particular, for AoPEs) to ensure adequate diversity and expertise within the psychology workforce.
- Shift the banding for psychology training to be equivalent with General Practice, Medical Studies, Agriculture and Veterinary Science in Funding Cluster 4, to incentivise universities to train more psychologists.

In addition, the Western Australian government needs to call on the federal government to provide incentives for psychologists to work in rural and remote locations as they do for GPs.

4. Increasing engagement and collaboration

Engagement with, and collaboration between, government and non-government child development services requires a centralised database (and website) of all related services, the support they provide, eligibility requirements and other relevant information, e.g., associated costs, location etc. This would serve families seeking assistance and professionals working in child development services who need to refer children on or need to collaborate with other health practitioners to ensure whole-of-child, wrap-around care. Resources, education, and information needs to be readily available for both government and non-government services – including practitioners in private practice.

In addition, consideration could be given to including information about child development services broadly as part of university training courses for relevant professions in Western Australia, e.g., psychologists, speech pathologists, occupational therapists, physiotherapist, nurses, GPs etc.

The Department of Health could also consider providing free training and professional development for practitioners providing child development support across the state to encourage interaction and collaboration between services. Optimally, this would include government and non-government (including GPs and private practice) child development professionals and Aboriginal Community Controlled Organisations.

The Department of Health could also support university clinical placements for health professions across a range of services to encourage graduates to work in the child development sector, to reinforce areas of workforce shortage and to promote collaboration between students from different professional backgrounds from an early stage in their careers.

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There is currently a need to develop and utilise innovative models of care within child development services that support collaboration between government and non-government sectors and private practitioners. For example, where the Department of Health is unable to meet current demand, consider contracting services out to other non-government agencies or private practitioners.

Increasing engagement and collaboration with Aboriginal Community Controlled Organisations

According to the latest AEDC data[2], Aboriginal and Torres Strait Islander children are twice as likely as non-Indigenous children to be developmentally vulnerable as they commence school. To start to address this inequity, the Western Australian government, and in particular the Department of Health needs to:

- Progress Closing the Gap targets to support optimal development outcomes for Aboriginal and Torres Strait Islander children.

- Ensure Aboriginal leadership in both government and non-government child development services, via Aboriginal Community Controlled Organisations (ACCOs).

- Acknowledge the ongoing impact of colonisation on Aboriginal and Torres Strait Islander people and ensure that cultural safety, competence, sensitivity, and responsiveness is at the core of *all* child development services.

The APS supports the objectives of the Closing the Gap: National Partnership Agreement on Indigenous Early Childhood Development,[10 (see also 11)] the Aboriginal Empowerment Strategy Western Australia 2021-2029,[12] along with the recommendations from the Final Report of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0 – 18 in Western Australia (released in March 2022).[6] The objectives, agreements and recommendations in these documents provide a roadmap for how to increase engagement with, and collaboration between, government and non-government child development services and the significance of Aboriginal leadership, control, and cultural safety and responsiveness in ensuring effective child development services for Aboriginal and Torres Strait Islander children.

That is:

- Full and effective involvement of Aboriginal and Torres Strait Islander people in the ideation, development, implementation and evaluation of child development services and programs that are directly, or indirectly influencing the developmental outcomes for Aboriginal and Torres Strait Islander children.
- The need for Aboriginal and Torres Strait Islander leadership and control of child development services and ideally through Aboriginal community-controlled organisations (ACCOs). The APS was pleased to read that not-for-profit ACCO's anywhere in WA can now apply for a share of the $3.4 million Closing the Gap funding (including early childhood care and development) through a new grants program announced by the WA Government on Monday 31 October 2022.[13]
- The requirement for mainstream child development services to be culturally safe and responsive to the needs of Aboriginal and Torres Strait Islander children. Again, the APS was pleased to hear the announcement from Youth Minister Dave Kelly on Monday 31 October 2022 about the Aboriginal Youth Empowerment Grants program aimed at supporting initiatives that deliver culturally secure services to Aboriginal and Torres Strait Islander young people with increased representation, engagement and participation in decision-making being a major focus.[14]

5. Other child development service models and programs

The National Children's Mental Health and Wellbeing Strategy (2021)[15] provides a road map for how to support the mental health and wellbeing of children over the longer term.

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The Strategy focusses on developing guidelines for a shared understanding about the role of various stakeholders, including families, the community, service providers, and educational systems for supporting the mental health and wellbeing of children.[15]

The Head to Health Kids National Service Model provides a means to optimise health and wellbeing outcomes for children and their families. It draws on findings from *The National Children's Mental Health and Wellbeing Strategy* (2021)[15] and the *Productivity Commission Inquiry into Mental Health Final Report* (2020).[16]

The APS commends the Western Australian government for entering into a bilateral agreement with the federal government as part of the *National Mental Health and Suicide Prevention Agreement* to invest in child mental health and social and emotional wellbeing; youth mental health services; perinatal mental health screening and eating disorder services,[17] and in particular, the development of a Head to Health Kids Hub to be established in 2022-23 and operational by 2023-24, as planned for other states.[17] The APS appreciates that the Western Australian Head to Health Kids Hub will have "a localised and integrated approach".[17]

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Recommendations

Ultimately, to improve child development services in Western Australia, the Western Australian government needs to:

- Increase funding to child development services as a matter of urgency to address growing wait lists and enable early intervention and prevention services with whole of child, wrap around support.
- Provide specific funding to meet the needs of all developmentally vulnerable children.
- Urgently increase the psychology workforce within the Department of Health and review current award structures to enable employment opportunities for all psychologists with relevant AoPEs and experience.
- Urgently address issues around the psychology workforce by:
  - Implementing the proposed psychology workforce solutions
  - Developing Department of Health/university workforce partnerships
  - Appointing a Western Australian Chief Psychologist
  - Supporting psychology training by calling on the federal government to reform current Banding and funding
  - Increasing the rural and remote psychology workforce by calling on the federal government to provide psychologists with specific incentives similar to GPs and nurses.
- Progress efforts to Close the Gap for Aboriginal and Torres Strait Islander children in this state by ensuring Aboriginal and Torres Strait Islander leadership in both government and non-government child development services.
- Ensure that cultural safety, competence, sensitivity, and responsiveness is at the core of all mainstream child development services.
- Develop a centralised data base and website to provide information, resources, and training options for all (both government and non-government) child development services and professionals working in this area.
- Utilise innovative models of assessment, treatment, and intervention to ensure timely access to child development services with appropriate care, e.g., funded collaboration between government and non-government sectors and private practitioners.

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