



Healthy start for school

Julia Gillard and Labor
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HEALTHY START FOR SCHOOL

Federal Labor is putting the health and wellbeing of children and families at the centre of our welfare reform agenda.

A re-elected Gillard Labor Government will introduce new requirements for parents of four year olds who are on an income support payment to ensure that Australian kids get a healthier start for school.

These new arrangements will mean that the payment of the Family Tax Benefit Part A (FTB-A) end of year supplement for families on an income support payment, with a four year old, will be conditional on the completion of a health assessment, such as the Healthy Kids Check.

The purpose of the Healthy Kids Check is to ensure that every four year old child in Australia has a basic health check to see if they are healthy, fit and ready to learn when they start school. This check will promote early detection of lifestyle risk factors, delayed development and illness, and introduce guidance for healthy lifestyles and early intervention strategies.

These requirements are part of the Gillard Labor Government's modernisation of Australia's welfare system – to spread the dignity and purpose of work, end the corrosive aimlessness of welfare and bring more Australians into mainstream economic and social life.

What we will do

The Government's intention is to ensure that kids have received a health check before they start school.

From 1 July 2011 payment of the FTB-A end of year supplement will be conditional on the completion of a health assessment, such as the Healthy Kids Check.

There are around 50,000 children per year aged four whose parents receive an income support payment, such as a parenting payment, that will be affected by this measure.

How will it work

The Family Tax Benefit Part A end of year supplement is currently \$726.35 per child, and is paid after the end of each financial year.

For families on an income support payment, such as parenting payment or Newstart, receiving the supplement is generally an automatic process during the month of July.

Provisions will be made for exceptional circumstances where a family is unable to access medical services.

This new requirement will only affect the payment of the FTB-A end of year supplement in the year after the child turns four years old. It does not affect fortnightly payments of FTB-A.

Centrelink will require parents to submit a certification from a medical professional that they have carried out the health assessment. No details of the health assessment are required to be provided. This certification will be required before the payment will be processed.

Why are we doing this?

Evidence demonstrates that children, particularly from low income households, benefit from a good quality education, and an early check can help detect any developmental barriers, such as hearing or sight impairment.

Many children receive health checks through child and maternal health clinics, through child care centre or through other health services.

In 2008, the Federal Labor Government also introduced a Healthy Kids Check for four year olds so that families also have the option of receiving these services from a GP or practice nurse.

Healthy Kids Checks promote early detection of chronic disease risk factors, developmental issues and illnesses - to ensure that our kids are ready to learn.

The Australian Early Development Index, a 2007 election commitment delivered by Federal Labor, is a population based measure of how children have developed by the time they start school across five areas of early childhood development.

The first national AEDI results show that while the majority of children are doing well, there are around 23 per cent of children in Australia are developmentally vulnerable as they enter school.

The Australian Early Development Index report for 2009 indicates a greater proportion of kids from lower socio-economic communities were developmentally vulnerable in relation to their physical health.

- 13.3 per cent of children with developmental vulnerabilities relating to their physical health and well being were from the most disadvantaged quintile.
- 10.3 per cent of children with developmental vulnerabilities relating to their physical health and well being were from the second most disadvantaged quintile.

- In contrast, 6.1 per cent of children with developmental vulnerabilities relating to their physical health and well being were from the least disadvantaged quintile.

Research indicates that disadvantaged children not only arrive at school less well prepared but early gaps persist and even widen as children progress through school. These same children are more likely to drop out of school, experience unemployment, welfare dependency and crime.¹

In Australia, children enter school with marked differences in the cognitive, non-cognitive and social skills needed for success in the school environment. These initial differences are predictive of later academic and occupational success.²

The National Preventative Health Strategy (2009) also spoke about how children with poorer health early in life tend to carry this disadvantage through their lives:

“In short, what happens to children at the earliest age has direct, identifiable outcomes in areas such as their health, life expectancy, the extent to which they rely on the economic and social support of the community and their capacity to contribute productively to their society. Children with poorer health do significantly less well in school, complete fewer years of education, and have significantly poorer health as well as lower earnings as adults.[33]”

FINANCIAL IMPACT

Funding for the implementation of the *Healthy start for school* will be absorbed from within existing departmental resources.

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¹ Vinson, Tony, “Social Exclusion and Early Childhood Development” 2009, The RAND report: Karoly, L., Kilburn, R., Cannon, J. *Early Childhood Interventions. Proven Results, Future Promise*, 2005

² Centre for Community Child Health (2008) Policy Brief No.10: Rethinking School Readiness