



Select Committee into Child Development Services WA Legislative Council

We thank the Select Committee into Child Development Services for the opportunity to provide input into their inquiry. While ARACY recognises the workforce supply and service delivery challenges specialist child development services face in Western Australia, our submission will focus on our area of expertise – best practice approaches to child wellbeing. This includes enabling prevention, early identification and intervention of developmental delays and vulnerabilities, and an emphasis on treatment that is strength-based and considers the ‘whole child’ and their family.

About ARACY

ARACY – Australian Research Alliance for Children and Youth, seeks to catalyse change by bringing people and knowledge together for the benefit of children and young people in Australia. We strive to achieve this by advocating for evidence-based policy and practice, focusing on prevention and early intervention. Our consultations with over 4000 children and young people, their families, and experts have shown us what wellbeing means to them: to be loved, valued, and safe; to have material basics; to be physically and mentally healthy; to be learning; to be participating; and to have a positive sense of identity and culture. These six domains are reflected in ARACY’s wellbeing framework for children and young people — [the Nest](#).

Terms of reference

- (a) the role of child development services on a child’s overall development, health and wellbeing; and**
- (b) the delivery of child development services in both metropolitan and regional Western Australia, including paediatric and allied health services.**

There is a clear inequity in child development progression among Australian families, shown by consistent evidence highlighting the link between socio-economic disadvantage and child development vulnerabilities and delays. Analysis of AEDC data has shown that, while Western Australia has seen a decrease in the prevalence from 2009-2018 of developmental vulnerability among children starting primary school, measures of developmental inequality (i.e. prevalence gap of developmental vulnerability between the most and least socio-economic advantaged) remained largely unchanged (Collier et al., 2019). Further, emerging evidence supports the role the pandemic has had on exacerbating existing inequities in child and family wellbeing outcomes (Shergold et al., 2022).

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Child development requires a holistic approach – with current approaches relying on a medicalised conceptualisation of child development to the exemption of the role of family cohesion and functioning, and the siloing from early childhood education and care. Outside of access to health and social services, research shows that the following factors, or social determinants, impact the healthy development of children in the early years (Fox et al., 2015):

- Reliable and reciprocal interactions with others
- Cognitive stimulation in the home
- Parent mental health
- Parenting practices
- Caregiver attachment
- Preschool attendance
- Peer relations
- Economic resources
- Toxic stress
- Social support and cohesion

The point at which children access specialist interventions and services is an important opportunity for families to be linked to a broad range of supports, particularly in the context of assessments and new diagnoses. Child development services need to have close links with primary healthcare services, peer support groups, family and parenting support programs, and the provision of early learning and care services. In addition, they should have clear pathways and referrals for services such as housing and income support for families.

Research shows that the participation in (and therefore the coordinated delivery of) multiple services in parallel, or the ‘stacking’ of interventions, has a cumulative benefit in child development related outcomes (Molloy et al., 2019), and is a cost-effective approach to providing child development services (Foster et al., 2007). This could be achieved in the Western Australian context via the co-location of services in metropolitan and regional centres, and the coordinated delivery of multiple services in outer-regional and remote areas.

Statistics show children in regional, rural and remote areas are more likely to be developmentally vulnerable by the time they reach primary school (The Front Project, 2022). Services, including those provided by primary, specialist and allied health professionals via the WA Country Health Services, should be properly resourced to provide local and adaptable models of care to outer-regional and remote areas – including visiting and telepractice models. This also includes the appropriate, secure and long-term resourcing of Aboriginal Community Controlled Health Services to provide culturally safe services in remote and regional areas, via Aboriginal Community Health Clinics and in partnership with mainstream primary and specialist services.

- (c) opportunities to increase engagement in the primary care sector including improved collaboration across both government and non-government child development services including Aboriginal Community Controlled Organisations; and**
- (d) other government child development service models and programs operating outside of Western Australia and the applicability of those programs to the State.**

The Aboriginal Community-Controlled Organisation (ACCO)-led model is consistent with best practice evidence and key national strategies (Child Health Action Plan, Safe & Supported – National Framework for Supporting Australia’s Children). There is a growing body of evidence/exemplars of good work in this space, including the transfer/delegation from non-Indigenous to Indigenous organisations (see Jongan et al., 2020; Morley, 2015). However, ACCO led models require time and money to build deep relational currency essential for strong co-design, and the foundations for quality service delivery – which can be hindered with a reliance on short-term funding mechanisms.

The delivery of 3a playgroups by the Aboriginal Corporation Gumala in the Pilbara region has been profiled by SNAICC as a good practice example of an Aboriginal Corporation providing a culturally safe environment for families, and facilitating links with local professional and support services (SNAICC, 2021c). This shows the role of a Western Australian-based ACCO-led primary service, outside of the health sector, in fostering links with specialist services and support.

SNAICC also profiled the Central Australian Aboriginal Congress Child and Youth Assessment and Treatment Service as a good practice model (SNAICC, 2021b). This service provides free diagnostic assessments and therapeutic interventions to Aboriginal children who may have neurodevelopmental delays or disorders in Central Australia. This service has strong links with the Congress’ primary health services, and their family support program, which provides targeted and intensive family support services to vulnerable First Nations families. Elements that drive the program’s success include:

- Family Support Worker (a local Aboriginal woman) – a cultural conduit linking clinicians with families
- Strength-based approach to assessment
- Prioritisation of cultural safety

Another relevant example profiled by SNAICC as good practice was the Albury-Wodonga Kids Team – a multi-disciplinary group that regularly meets to discuss the treatment plans of Albury-Wodonga Aboriginal Health Service clients (including the assessment and treatment of neurodevelopmental and behavioural conditions) (SNAICC, 2021c). Key factors to its success include:

- Informal facilitation of Kids Team meetings by AWHS family support workers, and creating a safe space for non-Indigenous clinicians to confront cultural biases, and develop cultural competency.
- Commitment of clinicians and specialists to building trust with families
- Prioritisation of continuity of care and facilitating transitions to other services outside of the Team

- Listening and holistically responding to families needs and barriers to obtaining assessments and treatment
- Aboriginal and Torres Strait Islander community ownership and involvement

Early intervention models such as the co-location of children's health, early learning, and family services (i.e. 'hubs'); sustained nurse home visiting programs and maternal continuity of care models, are important mechanisms to ensure families' regular access to health services and the early identification of child developmental delays.

There are examples of co-located child and family services, or 'hubs', across Australia. South Australia has [Children's centres](#) located across the state that provide early learning, family support and health services in the one location; and in Tasmania [Child and Family Learning Centres](#) located across the state provide a range of child and family services. The Queensland Government provide [Early Years Places](#), which are hubs offering a range of early childhood services in the one location. There are also hubs located across Victoria ([Port Phillip council](#), [Horsham](#), [Bayswater and Wantirna South](#)). ACCO-led hubs are implemented in NSW ([Aboriginal and Child Family Centres](#)), and Queensland (Aboriginal Child and Family Centres in [Manoora/Cairns](#), [Brisbane](#), [Mareeba](#), [Mt Isa](#), and [Rockhampton](#)); and for family families facing adversity in NSW ([Child and Family Hub](#) in Marrickville) and Victoria ([Child and Family Hub](#) in Wyndham Vale) .

There is also well-evidence support for the role of sustained nurse home visiting and ante- and post-natal continuity of care programs in fostering positive outcomes (see www.aracy.org.au/projects/righthome; Sandall et al., 2016). The [Australian Nurse-Family Partnership Program](#) is an example of a nurse home visiting program targeted at Aboriginal and Torres Strait Islander families – with the program implemented across most states and territories in Australia. First Nations led models of ante- and post- natal continuity of care include [Birthing in Our Community](#), a metropolitan-based program that provides ante-natal, post-natal, and family services to Aboriginal and Strait Islander parents using a continuity of care model, and [Birthing on Country](#) – a maternity continuity of care model run for Aboriginal women by a South Coast Women's Health and Welfare Aboriginal Corporation (Waminda) in the Shoalhaven region.

Recommendations:

Fostering prevention, early identification and early intervention:

1. Support and implement a First Nations led continuity of care/sustained nurse home visiting program.
2. Develop new and expand existing community hubs and services to include maternal and child health, early childhood education and care, and parent and family support services (eg. playgroups, parenting programs, peer support and parent groups) – supporting a holistic approach to child development.

3. Invest in evaluation to build the evidence base on practices that enhance access and referral to specialist services from primary and universal services (including those outside the health sector), especially for marginalised groups and communities.
4. Addressing workforce supply to enhance timeliness of early identification and intervention.

Implementing a holistic approach to child development services:

5. Foster referral pathways between child development specialists and social support mechanisms such as income and housing support, family support, peer support and mental health support for parents/caregivers.
6. Focus resources on a coordinated approach to specialist child development services, particularly in the delivery to children and families in regional and remote areas, where multidisciplinary teams work together to ensure families and children are receiving the multiple services and support they may need.
7. Provide secure and long-term funding to ACCO-led practice of delivering health services to First Nations families and communities.
8. Invest in evaluation to build the evidence on effective approaches (e.g. ACCO-led approaches, stacking intervention models etc.) to providing specialist child development services, especially to marginalised and vulnerable families and communities.

—ENDS—

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