Wednesday 26th October, 2022

To the select committee members
The Hon Dr Sally Talbot MLC
The Hon Donna Faragher MLC
The Hon Samantha Rowe MLC

Thank you for your invitation to make a submission to the Inquiry into Child Development Services (CDS). As you may be aware, I was the principal petitioner in relation to supporting the inquiry after receiving a letter from Hon Donna Faragher in my capacity as Community Kindergartens President WA. I was keen to show the parliament how necessary an inquiry is to see important action taken in this space. I would like to acknowledge the 3,751 Western Australians who took the call for action over a three-week period, and signed the petition. Their voices are now able to be heard by this committee. After hearing numerous personal accounts, I can attest many people will have great ideas, as well as great frustrations

The positive impact that CDS specialists can have on a child's overall development health and wellbeing is of paramount importance, particularly for children who have developmental, physical or neurological challenges. It is imperative that West Australian children have expedited access to these crucial services, and that these services are sufficiently staffed to meet the ever growing demands of the burgeoning population. Through liaison with Community Kindergarten educators, parents and the Department of Education in my role as president, I have learned that the rate of referral in kindergarten for the CDS and wait times for services (e.g. speech pathology, OT, audiology) has increased each year since 2019. One such example was at one of our community kindergartens, out of two groups of kindergarten children, totalling 40 enrolments, 25 referrals for CDS speech pathology were made by the teacher due to concerns about their oral language development and their readiness for Pre-primary.
On Thursday October 20th, I attended the Early Years Partnership forum in Katanning in which several key local issues came up that I believe provide vital evidence for the justification of this inquiry. These issues included the high cost of childcare, limited access to services (logistically and socially), language and communication barriers, and family domestic violence, in regional areas.

During the forum we learned that the three-year-old check-up appointment was being removed from the Child Health Nurse schedule, possibly due to there being no scheduled immunisation at this age. However, for developmental reasons, this check is critical as it is an opportunity for parents and carers to discuss concerns with the Child Health Nurse, and grant permission for a CDS referral to be made. With the removal of this crucial appointment, children are now less likely to receive intervention and assistance before entering kindergarten. Another issue is the cultural and language barriers that many families face, with information on the key developmental milestones for children often being lost in translation or done in a culturally insensitive manner. The CDS must play a bigger role in educating families and the broader community on the importance of supporting children to meet these milestones and what to do it they are not.

Children may be recognised at need of early intervention if they attend an early learning centre, and the staff are able to recognise any developmental problems and engage support services or inform the parents. However, it could be viewed that it is

a huge task to add to staff workload, who may not be specifically trained in this area, unlike a child health nurse.
An option here could be that child health nurses, both metro and regional are allocated some time to visit or are employed specifically to visit all childcare centres (private, NFP, community run and family childcare) This in the interim, could support a lot of parents/carers and early learning staff to ensure children are not slipping through the cracks – this of course would have to be subject to parental/carer consent
.
Another point arising from Thursday's forum was the acceptance of substandard, for want of a better term, appropriate developmental achievements or milestones for children. This is caused by many factors – but educating and explaining in a culturally respectful way to families why health practitioners look for certain achievements of children at certain ages is crucial. Thursday's forum was problem focused, the next to be scheduled section is solutions focused, and I'd recommend that perhaps on invitation, or request (I am aware that several stakeholders were making submissions) attend the next Katanning forum (as we are slightly further ahead of the other 3 EYP sites**.**

On speaking to the head of South Metropolitan Education Regional Office CDS recently I enquired as to what the contact between Metropolitan CDS and West Australian County Health Service is. I was informed that it was only at an information level handover, should a child move boundaries. This relationship (particularly on metro/regional borders) could certainly be looked at and better developed.
WACHS is not as organised in relation to CDS as MCDS, so this also needs to be looked at. This was evident in the collection of data tabled in parliament on wait times. Developmental and medical paediatrics are not separated, and need to be for more accurate data collection to address which paediatric wait times are longer or in more demand from referral.
Through my own enquiries, I have learned that there are 2 trained speech pathologists at Katanning Health Campus on 'other duties' as there is 'no funding ' for speech pathology. I certainly hope that this isn't the case. I believe this inquiry has the opportunity to investigate this to determine how the needs to the wider Katanning community could be better served. An example of a Katanning family impacted by this is one where the 6 years old son is on the NDIS, excluding him from accessing WACHS support services. However, as we are a smaller regional town, this boy can only access infrequent expensive speech pathology privately at $400 per session. Access to a well-resourced CDS in a regional town would give more equitable access to children across our state, to have their needs met and have the same opportunities as children in metropolitan areas.

Once a child is registered on NDIS, I have been informed that you can't see WACHS staff, in relation to therapy (you can remail seeing your initial public paediatrician). However, no NDIS, no funding at all for your child's therapy. Following the federal NDIS review will be extremely important to the inquiry and perhaps making submissions about how public therapy can be invoiced for NDIS patrons where private service provision is spasmodic and extremely expensive (regional WA)
It is critical to ensure that equitable funding is available for the required therapy in metro and regional CDS, based on the number of children on the list for each of the services, and that they receive full treatment and are not pushed out quickly to make

way for the next child, (This concern was bought to my attention by a member of the public.

During the petition time frame, multiple concerns were brought to my attention by the numerous parents and teachers who reached out to me. Although each concern was entirely valid, I will outline the ones which resonated with me as critical:

WACHS wait times – Audiology wait times in the Great southern are quite high. I met with our project co-ordinator for the Early Years Partnership and a Health Department worker. They provided me with details on a very successful and quick audiology program developed by Donna Woithe here in Katanning. I have been informed surgery can be as soon as the next day, following an appointment. From my understanding, if places are available, children will travel from Albany to be seen in Katanning. As we look regionally, we need to try to break down some of the statistics to find where the actual locations are for extended wait times for each allied health service therapy.

Hospital wait times for procedures directly impact child development - I received an email from a kindergarten teacher regarding a student as follows:

Hi Joanne
I currently have a Kindy student who has a lazy eye. She wears glasses and is on a 2 year wait list for eye surgery at PCH.
he is already showing issues with visual processing of course and will have to start again after the surgery.
Her parents don't know what else to do to get her the surgery she needs.

This child is at educational risk. She is already struggling with visual processing, and her teacher predicts she will be at a Kindergarten level by the time she enters Year 1. This will not be the only example of this issue.

Interstate Paediatric assessments, diagnosis and prescriptions not being recognised in WA - I had contact from a teacher who has moved from Queensland to Mandurah. Her son was diagnosed in his home state, had a medical plan including medication and as it is not recognised here, he is on a 3 year wait list to be re-assessed and is now going backward both academically and behaviourally. This is negatively impacting the entire family unit. It would greatly beneficial to WA families if medical professionals are recognised Australia wide, including prescribing clinicians. A positive result from this inquiry would be the establishment of a paediatric handover pathway from state to state – or the ability for video conferencing.

Curriculum content and school start age – I have made arrangements to speak with Rose Smith at SCARSA in November about the kindy curriculum guidelines and understand the differences between the guideline and then the compulsory Pre-primary content. I have also, in my role with Community kindergartens seen the need to look at the legislative school start age of 5 years before June 30th the year of pre-primary. Certainly, some flexibility here, or extra time in kindergarten, could certainly contribute to reducing the rate of referral for some allied health services.

In conclusion, I am certainly no expert in this area but have been contacted by families and professionals and felt that the inquiry was crucial to improving developmental, education, emotional, physical and mental well being of our state's children now and into the future.

Thank you for taking the time to read my submission and I hope to meet with the committee during the proceedings to discuss these things further.

Kind regards,

Joanne Matthewson

Community Kindergarten Association WA President
Pineview Community Kindergarten Inc President
President@communitykindys.org.au

The ‘here and now’ for little kids and families in the Central Great Southern, 2022:

Situational analysis to inform local plans for the Early Years Initiative in the Central Great Southern

Table of Contents

1. Introduction

The regional community of Central Great Southern, comprising the four local government authorities (LGAs) of Broomehill-Tambellup, Gnowangerup, Katanning and Kojonup, was the first community to accept an invitation from the Western Australian State Government and the Minderoo Foundation to participate in the Early Years Initiative (EYI). The Central Great Southern is one of only four communities invited to participate in the EYI; the other three are Bidyadanga, Derby and a part of Armadale in Perth.

The ten-year EYI will run until 2028, and aims to co-design more effective ways to nurture the health, development and learning of children from conception to four years of age and to create lasting change.

The EYI is focused on very young children because the first 2000-days of life from conception to four years of age are vital in shaping each child's long-term health, learning, social and language skills, culture and identity. A solid start in this period before they start school lays the ground-work for children to become strong, proud grown-ups who have a good life.

While the EYI is focused on improving outcomes in early childhood, it recognises that children are raised by families who live within dynamic communities so it is intended that actions taken through the EYI will be holistic, culturally responsive and strengths-based. It is anticipated that through the EYI in coming years, insights will emerge about how the State Government and other organisations can better support families and young children in the four EYI partner communities, and that these insights can be applied at scale to other places in the future.

A key premise of the EYI is that people living and working in the four partner communities are best placed to understand local needs and strengths, and to decide what actions are most likely to work in the unique context of their community. To facilitate these decisions, Telethon Kids Institute – the EYI's Evidence Partner – has prepared this Situational Analysis Report for the Central Great Southern. It contains key data to outline the 'here and now' of children and families in this community with respect to key indicators which, according to research evidence, have a large impact on children's long-term health, development and learning and warrant close attention.

Four LGAs make up the EYI's Central Great Southern community so the data in this report are presented for each separate LGA (i.e.: Broomehill-Tambellup, Gnowangerup, Katanning and Kojonup) as well as for the Central Great Southern as a whole. In each case, the data are provided in two formats:

- 'Snapshots' which capture the 'big ticket' data items on one page
- Data tables which include comparisons at each line-item with the Western Australian average.

2. Comments on interpretation of the data

In the Snapshots and tables, the following abbreviations have been used:

- CGS – Central Great Southern
- BT – Broomehill-Tambellup
- Gn – Gnowangerup
- Ka – Katanning
- Ko – Kojonup
- Albany SA3 – Albany Statistical Area Level 3 (where data are not available at LGA level)

Australian Bureau of Statistics' Census of Population and Housing data

- All Census data provided are for the 2016 Census, as results from the 2021 Census have not yet been published. Thus the figures in this report do not necessarily reflect major changes that the community may have undergone since 2016.

Australian Early Developmental Census (AEDC) data

- AEDC for Broomehill-Tambellup are 2015 figures – 2018 and 2021 figures are not published due to small counts. 2021 AEDC reported for overall Central Great Southern exclude Broomehill-Tambellup for this reason.
- AEDC for Broomehill-Tambellup and Gnowangerup must be interpreted with care as the number of five-year-olds at each collection in these LGAs is less than 20. This means large percentage changes are to be expected between AEDC collections due to random chance. For example, the percentage of children on track on all five domains in Gnowangerup shows considerable fluctuation - 41.4% in 2009, 78.6% in 2012, 31.6% in 2018 and 70.6% in 2021 (2015 results not published).

National Assessment Program for Literacy and Numeracy (NAPLAN) data

- NAPLAN results reporting the percentage of children who achieved at or above National Minimum Standards (NMS) were obtained from the Western Australian Department of Education website and are available only for Government schools. NAPLAN results for non-government schools are not routinely published and harder to access.
- Results are not published for some government schools where counts are small. For Broomehill-Tambellup, 2019 results are reported. For Gnowangerup, results are only for Gnowangerup District High School. For Katanning, results are for Katanning Primary School and Braeside Primary School only. For Kojonup results are for Kojonup District High School only.
- NAPLAN results must be interpreted with care as the number of Year 3 cohort each year is less than 30 children for all four LGAs.

School Attendance

- Attendance levels (the percentage of students from Year 1 to Year 10 who attended at least 90% of the time) are presented for both 2019 and 2021, as it appears that attendance levels for some schools were adversely affected by COVID-19 in 2021.

Socio-economic Index for Areas - Relative Socio-economic Disadvantage (SEIFA IRSD) data

- SIEFA-IRSD data are published by LGA. As the IRSD is an index, rather than a percentage, it cannot be aggregated to overall Central Great Southern. Rankings are from worst performing to best (i.e., a lower rank means greater levels of disadvantage in a region).

Child and Maternal Health data

- Child and maternal health figures were largely sourced from the Western Australian Child Development Atlas (CDA) and averaged over the four LGAs within the Central Great Southern. Counts of one to four inclusive are suppressed within the CDA. Where small counts have been suppressed but the total population was reported, lower and upper thresholds have been calculated by assuming the minimum (i.e., one) and maximum (i.e., four) values respectively.

CENTRAL GREAT SOUTHERN
DATA SNAPSHOT

GOVERNMENT OF WESTERN AUSTRALIA

MINDEROO FOUNDATION

Evidence Partner TELETHON KIDS INSTITUTE

CHILDREN

Number of children aged 0-4

604

Source: ABS (2016)

10.9% of children 0-4 are Aboriginal

Source: ABS (2016)

8.1% of children 0-4 are CALD

Source: ABS (2016)

Births per year to Central Great Southern residents

92

Source: ABS (2018)

FAMILIES

788

Families with children under 15

Source: ABS (2016)

Family make-up

39.7% with children

13.5% one parent

45.2% no children

1.8% other

Source: ABS (2016)

MATERNAL HEALTH

17.4%

of women smoked during pregnancy (WA average 7.9%)

Source: CDA (2018)

8.9%

of women drank alcohol during pregnancy

Source: Stork Perinatal Database (2019)

7.8%

of women used drugs during pregnancy

Source: Stork Perinatal Database (2019)

6.0% - 7.0% of births were to women aged 15-19 (WA average 2.6%)

Source: CDA (2018)

10.4% of births were to mothers with a mental illness (WA average 10.2%)

Source: CDA (2018)

CHILD HEALTH

7.3% - 7.8% of babies had low birth weight (<2,500g) (WA average 6.5%)

Source: CDA (2018)

Vaccination rates

89.5% of Albany SA3 children are fully immunised at 2 years old (WA average 91.4%)

Source: CDA (2018)

HOSPITALISATION RATES FOR 0-4 YEAR OLDS

Oral Disease related

1.4-2.6 per 100 persons (WA average 0.8)

Source: CDA (2018)

Chronic Physical Illness

5.8-6.3 per 100 persons (WA average 4.3)

Source: CDA (2018)

Respiratory Disease related

1.2-1.5 per 100 persons (WA average 0.8)

Source: CDA (2018)

Emergency Dept presentations

138.6 per 100 persons (WA average 70.7)

FAMILY AND DOMESTIC VIOLENCE

Reported FDV Incidents in Katanning 2016-2020

Source: Katanning Police

COMMUNITY

TOTAL POPULATION

8,495

Source: ABS (2016)

Index of relative socio-economic disdvantage

Varies from 906 to 999 which go from the lowest to the sixth decile

Source: ABS (2016)

DIVERSITY

7.5% of residents are Aboriginal

Source: ABS (2016)

11.1% of residents are CALD

Source: ABS (2016)

3. Central Great Southern - overall

Item	Location	Location Value	WA Average	Comments
Children				
% children 0-4 in sole parent family	CGS	17.1%	12.8%	See note 1
% children 0-4 who don't speak English well or not at all	CGS	8.1%	9.0%	
Family make-up				See note 2
Couple family with children	CGS	39.7%	45.3%	
Couple family no children	CGS	45.2%	38.5%	
One parent family	CGS	13.5%	14.5%	
Other family	CGS	1.8%	1.7%	
Child Health				
Child health figures and hospitalisation rates below have been sourced from the WA Child Development Atlas and averaged over all four LGAs within the CGS. Where small counts have been suppressed for some LGAs, ranges have been provided based on minimum and maximum values for those LGAs.				
% babies with low birth weight	CGS	7.3 - 7.9%	6.5%	
% babies born pre-term	CGS	8.1%	8.6%	
% fully immunised at 2 years old	Albany SA3	89.5%	91.4%	
0-4 yr old hospitalisations rates (per 100 children aged 0-4 yrs)				
Ear and hearing	CGS	2.2 - 2.5	1.9	*Hospitalisation rates are the number of hospitalisations per 100 children in the community*
Respiratory disease	CGS	1.2 - 1.6	0.8	
Vaccine preventable diseases	CGS	0.0 - 0.3	0.2	
Injury	CGS	0.7 - 2.9	2.3	
Maternal Health				
Maternal health figures below have been sourced from the WA Child Development Atlas and averaged over all four LGAs within the CGS. Where small counts have been suppressed for some LGAs, ranges have been provided based on minimum and maximum values for those LGAs.				
% births to women aged 15-19	CGS	6.0 - 7.0%	2.6%	See note 3
% women who smoked at any time during pregnancy	CGS	17.4%	7.9%	See note 4

Item	Location	Location Value	WA Average	Comments
Children's Education				
Australian Early Development Census (AEDC) 2021	*2021 AEDC results for CGS exclude the Shire of Broomehill-Tambellup as results for this Shire were not published due to small counts*			See note 5
% children on track on all five domains	CGS	54.0%	57.9%	*For CGS (excluding Broomehill-Tambellup) N=100*
% children vulnerable on one or more domains	CGS	27.0%	19.4%	
% children vulnerable on two or more domains	CGS	16.0%	9.4%	
% students who attend school more than 90% of time (Yr 1-10)				See note 6
2019	CGS	57 – 92%	NA	*2021 attendance levels may have been adversely affected by COVID-19*
2021	CGS	33 - 92%	NA	
Year 3 NAPLAN results, 2021				
% achieving Reading benchmark	CGS	95%	96.0%	
% achieving Numeracy benchmark	CGS	91%	95.3%	See note 7
% homes with internet access	CGS	73.5%	85.1%	
Language	*Figures below include people who speak English and another language plus people who only speak another language at home*			
% people who speak a language other than English at home	CGS	23.2%	19.4%	
Family functioning				
Income	*Measures for these vital resources and risks are not easy to find in publicly available data, but they are included in the proposed survey of parent-caregivers for the EYI Evaluation*			See note 8
Time				
Human capital				
Psychological capital				
Social capital				

Item	Location	Location Value	WA Average	Comments
Community				
Highest level of school completed		*Below figures don't add up to 100% due to not stated and rounding*		See note 9
% < Yr 10	CGS	13.8%	7.5%	
% Yr 10	CGS	24.2%	20.2%	
% Yr 11	CGS	9.5%	9.2%	
% Yr 12	CGS	37.1%	53.5%	
Post-school qualifications				See note 9
% Certificate/Diploma	CGS	24.4%	29.3%	
% Bachelors degree or higher	CGS	9.7%	20.5%	
% With a post-school qualification	CGS	51.0%	61.1%	
Socio-economic index	CGS			See note 10
SEIFA IRSD Score	CGS	906-999	NA	
Economy				
Workforce Participation				
% work Full Time	CGS	62.1%	57.0%	See note 11
% work Part Time	CGS	26.4%	30.0%	
% unemployed	CGS	4.9%	7.8%	
% temporarily away from work	CGS	6.6%	5.2%	
Parental employment				See note 11
% children 0-4 with at least one parent employed	CGS	72.0%	85.7%	
% children 0-4 with no parent employed	CGS	15.9%	14.3%	
Income				See note 11
% family households with income less than $500 per week	CGS	6.9%	4.9%	
% family households with income $500 to less than $1,000 per week	CGS	21.5%	15.5%	
% family households with income $3,000 or more per week	CGS	12.8%	21.7%	

BROOMEHILL-TAMBELLUP LOCAL GOVERNMENT AREA
DATA SNAPSHOT

GOVERNMENT OF WESTERN AUSTRALIA

MINDEROO FOUNDATION

Evidence Partner TELETHON KIDS INSTITUTE

CHILDREN

Number of children aged 0-4

107

Source: ABS (2016)

12.1% of children 0-4 are Aboriginal

Source: ABS (2016)

2.8% of children 0-4 are CALD

Source: ABS (2016)

Births per year to Broomehill-Tambellup residents

8

Source: ABS (2018)

CHILD HEALTH

Babies with low birth weight (<2,500g)

1.3% - 5.4%

(WA average 6.5%)

Source: CDA (2018)

Vaccination rates

89.5% of Albany SA3 children are fully immunised at 2 years old

(WA average 91.4%)

Source: CDA (2018)

COMMUNITY

TOTAL POPULATION

1,144

Source: ABS (2016)

Index of relative socio-economic disdvantage

Broomehill-Tambellup = 950

which is in the third decile

FAMILIES

112

Families with children under 15

Source: ABS (2016)

Family make-up

40.6% with children

15.2% one parent

42.8% no children

1.4% other

Source: ABS (2016)

HOSPITALISATION RATES FOR 0-4 YEAR OLDS

Ear and hearing related

1.6 per 100 persons

(WA average 1.9)

Source: CDA (2018)

Chronic Physical Illness

5.5 per 100 persons

(WA average 4.3)

Source: CDA (2018)

Respiratory related

1.6 per 100 persons

(WA average 0.8)

Source: CDA (2018)

Emergency Dept presentations

61.5 per 100 persons

(WA average 70.7)

DIVERSITY

11.4% of residents are Aboriginal

Source: ABS (2016)

3.7% of residents are CALD

Source: ABS (2016)

MATERNAL HEALTH

Women who smoked during pregnancy

Numbers too small to report

(WA average 7.9%)

Source: CDA (2018)

Women who drank alcohol during pregnancy

Numbers too small to report

Source: Stork Perinatal Database (2019)

Women who used drugs during pregnancy

Numbers too small to report

Source: Stork Perinatal Database (2019)

Births to women aged 15-19

1.3% - 5.4%

(WA average 2.6%)

Source: CDA (2018)

Births to mothers with a mental illness

Numbers too small to report

(WA average 10.2%)

Source: CDA (2018)

FAMILY AND DOMESTIC VIOLENCE

Reported FDV Incidents 2016-2020

Numbers unavailable for Broomehill-Tambellup

4. Broomehill-Tambellup

Item	Location	Location Value	WA Average	Comments
Children				
% children 0-4 in sole parent family	BT	18.8%	12.8%	See note 1
% children 0-4 who don't speak English well or not at all	BT	2.8%	9.0%	
Family make-up				See note 2
Couple family with children	BT	40.6%	45.3%	
Couple family no children	BT	42.8%	38.5%	
One parent family	BT	15.2%	14.5%	
Other family	BT	1.4%	1.7%	
Child Health				
Child health figures and hospitalisation rates below have been sourced from the WA Child Development Atlas. Where small counts have been suppressed, ranges have been provided based on minimum and maximum values.				
% babies with low birth weight	BT	1.3 - 5.4%	6.5%	
% babies born pre-term	BT	9.3%	8.6%	
% fully immunised at 2 years old	Albany SA3	89.5%	91.4%	
0-4 yr old hospitalisations rates (per 100 children aged 0-4 yrs)				
Ear and hearing	BT	1.6	1.9	*Hospitalisation rates are the number of hospitalisations per 100 children in the community*
Respiratory disease	BT	1.6	0.8	
Vaccine preventable diseases	BT	0.0 - 0.2	0.2	
Injury	BT	1.1 - 4.5	2.3	
Maternal Health				
Maternal health figures below have been sourced from the WA Child Development Atlas. Where small counts have been suppressed, ranges have been provided based on minimum and maximum values.				
% births to women aged 15-19	BT	1.3 - 5.4%	2.6%	See note 3
% women who smoked at any time during pregnancy	BT	n/a	7.9%	See note 4

Item		Location	Location Value	WA Average	Comments
Children's Education					
Australian Early Development Census (AEDC) 2015		*AEDC results for the Shire of Broomehill-Tambellup are reported for 2015, as 2018 and 2021 results for this Shire were not published due to small counts*			See note 5
% children on track on all five domains		BT	57.9*	57.9%	
% children vulnerable on one or more domains		BT	26.3*	19.4%	*For Broomehill-Tambellup N=19*
% children vulnerable on two or more domains		BT	10.5*	9.4%	
% students who attend school more than 90% of time (Yr 1-10)					See note 6
Broomehill PS	*2019*	BT	81%	NA	
	2021	BT	92%	NA	*2021 attendance levels may have been adversely affected by COVID-19*
Tambellup PS	*2019*	BT	78%	NA	
	2021	BT	54%	NA	
Year 3 NAPLAN results, 2019		**NAPLAN results for the Shire of Broomehill-Tambellup are reported for 2019, as 2021 results for this Shire were not published due to small counts*			See note 7
% achieving Reading benchmark		BT	100%*	96.0%	*For Broomehill-Tambellup N=17*
% achieving Numeracy benchmark		BT	100%*	95.3%	
% homes with internet access		BT	72.1%	85.1%	
Language		*Figures below include people who speak English and another language plus people who only speak another language at home*			
% people who speak a language other than English at home		BT	15.3%	19.4%	
Family functioning					
Income		*Measures for these vital resources and risks are not easy to find in publicly available data, but they are included in the proposed survey of parent-caregivers for the EYI Evaluation*			See note 8
Time					
Human capital					
Psychological capital					
Social capital					
Community					
Highest level of school completed			*Below figures don't add up to 100% due to not stated and rounding*		See note 9
% < Yr 10		BT	11.3%	7.5%	
% Yr 10		BT	24.6%	20.2%	
% Yr 11		BT	10.1%	9.2%	
% Yr 12		BT	39.0%	53.5%	
Post-school qualifications					See note 9
% Certificate/Diploma		BT	24.6%	29.3%	
% Bachelors degree or higher		BT	9.9%	20.5%	
% With a post-school qualification		BT	52.8%	61.1%	
Socio-economic index					See note 10
SEIFA IRSD Score		BT	950	NA	*LGAs ranked from lowest score (rank=1) to highest score (rank=137)*
Percentile (within WA)		BT	26	NA	
Rank (within WA)		BT	35	NA	

Item	Location	Location Value	WA Average	Comments
Economy				
Workforce Participation				
% work Full Time	BT	59.4%	57.0%	See note 11
% work Part Time	BT	25.0%	30.0%	
% unemployed	BT	7.0%	7.8%	
% temporarily away from work	BT	7.4%	5.2%	
Parental employment				See note 11
% children 0-4 with at least one parent employed	BT	78.8%	85.7%	
% children 0-4 with no parent employed	BT	16.3%	14.3%	
Income				See note 11
% family households with income less than $500 per week	BT	4.9%	4.9%	
% family households with income $500 to less than $1,000 per week	BT	25.3%	15.5%	
% family households with income $3,000 or more per week	BT	13.1%	21.7%	

GNOWANGERUP LOCAL GOVERNMENT AREA
DATA SNAPSHOT

GOVERNMENT OF WESTERN AUSTRALIA

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CHILDREN

Number of **children aged 0-4**

90

Source: ABS (2016)

15.6% of children 0-4 are **Aboriginal**

Source: ABS (2016)

3.3% of children 0-4 are **CALD**

Source: ABS (2016)

Births per year to **Gnowangerup residents**

18

Source: ABS (2018)

CHILD HEALTH

9.0% of babies had **low birth weight (<2,500g)** (WA average 6.5%)

Source: CDA (2018)

Vaccination rates

89.5% of Albany SA3 children are **fully immunised at 2 years old** (WA average 91.4%)

Source: CDA (2018)

COMMUNITY

TOTAL POPULATION

1,215

Source: ABS (2016)

Index of relative socio-economic disdvantage

Gnowangerup = 998 which is in the **sixth decile**

Source: ABS (2016)

FAMILIES

116

Families with children under 15

Source: ABS (2016)

Family make-up

39.7% with children

11.4% one parent

44.0% no children

1.6% other

Source: ABS (2016)

HOSPITALISATION RATES FOR 0-4 YEAR OLDS

Oral Disease related

Numbers too small to report

(WA average 0.8 per 100 persons)

Source: CDA (2018)

Chronic Physical Illness

Numbers too small to report

(WA average 4.3 per 100 persons)

Source: CDA (2018)

Respiratory related

0.3-1.5 per 100 persons (WA average 0.8)

Source: CDA (2018)

Emergency Dept presentations

98.9 per 100 persons (WA average 70.7)

DIVERSITY

8.8% of residents are **Aboriginal**

Source: ABS (2016)

5.9% of residents are **CALD**

Source: ABS (2016)

MATERNAL HEALTH

10.7% **of women smoked during pregnancy** (WA average **7.9%**)

Source: CDA (2018)

Women who drank alcohol during pregnancy

Numbers too small to report

Source: Stork Perinatal Database (2019)

Women who used drugs during pregnancy

Numbers too small to report

Source: Stork Perinatal Database (2019)

10.0% of births were to **women aged 15-19** (WA average 2.6%)

8.9% of births were to **mothers with a mental illness** (WA average 10.2%)

Source: CDA (2018)

FAMILY AND DOMESTIC VIOLENCE

Reported FDV Incidents 2016-2020

Numbers unavailable for Gnowangerup

5. Gnowangerup

Item	Location	Location Value	WA Average	Comments
Children				
% children 0-4 in sole parent family	Gn	11.5%	12.8%	See note 1
% children 0-4 who don't speak English well or not at all		3.3%	9.0%	
Family make-up				See note 2
Couple family with children	Gn	39.7%	45.3%	
Couple family no children	Gn	44.0%	38.5%	
One parent family	Gn	11.4%	14.5%	
Other family	Gn	1.6%	1.7%	
Child Health				
Child health figures and hospitalisation rates below have been sourced from the WA Child Development Atlas. Where small counts have been suppressed, ranges have been provided based on minimum and maximum values.				
% babies with low birth weight	Gn	9.0%	6.5%	
% babies born pre-term	Gn	7.0%	8.6%	
% fully immunised at 2 years old	Albany SA3	89.5%	91.4%	
0-4 yr old hospitalisations rates (per 100 children aged 0-4 yrs)				
Ear and hearing	Gn	0.3 - 1.5	1.9	*Hospitalisation rates are the number of hospitalisations per 100 children in the community*
Respiratory disease	Gn	0.3 - 1.5	0.8	
Vaccine preventable diseases	Gn	0.1 - 0.8	0.2	
Injury	Gn	1.1 - 4.5	2.3	
Maternal Health				
Maternal health figures below have been sourced from the WA Child Development Atlas. Where small counts have been suppressed, ranges have been provided based on minimum and maximum values.				
% births to women aged 15-19	Gn	10.0%	2.6%	See note 3
% women who smoked at any time during pregnancy	Gn	10.7%	7.9%	See note 4

Item		Location	Location Value	WA Average	Comments
Children's Education					
Australian Early Development Census (AEDC) 2021					See note 5
% children on track on all five domains		Gn	70.6%	57.9%	
% children vulnerable on one or more domains		Gn	11.8%	19.4%	*For Gnowangerup N=17*
% children vulnerable on two or more domains		Gn	5.9%	9.4%	
% students who attend school more than 90% of time (Yr 1-10)					See note 6
Gnowangerup DHS	*2019*	Gn	57%	NA	
	2021	Gn	62%		
Borden PS	*2019*	Gn	75%	NA	*2021 attendance levels may have been adversely affected by COVID-19*
	2021	Gn	38%		
Ongerup PS	*2019*	Gn	92%		
	2021	Gn	33%		
Year 3 NAPLAN results, 2021		*NAPLAN results are provided for Gnowangerup DHS only, as results are unavailable for Borden PS or Ongerup PS*			See note 7
% achieving Reading benchmark		Gn	100%	96.0%	*For Gnowangerup DHS N= 12*
% achieving Numeracy benchmark		Gn	100%	95.3%	
% homes with internet access		Gn	80.1%	85.1%	
Language		*Figures below include people who speak English and another language plus people who only speak another language at home*			
% people who speak a language other than English at home		Gn	15.4%	19.4%	
Family functioning					
Income		*Measures for these vital resources and risks are not easy to find in publicly available data, but they are included in the proposed survey of parent-caregivers for the EYI Evaluation*			See note 8
Time					
Human capital					
Psychological capital					
Social capital					

Item	Location	Location Value	WA Average	Comments
Community				
Highest level of school completed		*Below figures don't add up to 100% due to not stated and rounding*		See note 9
% < Yr 10	Gn	8.7%	7.5%	
% Yr 10	Gn	27.1%	20.2%	*Figures don't add to 100% due to 'not-stated' and rounding*
% Yr 11	Gn	9.0%	9.2%	
% Yr 12	Gn	41.0%	53.5%	
Post-school qualifications				See note 9
% Certificate/Diploma	Gn	26.3%	29.3%	
% Bachelors degree or higher	Gn	9.3%	20.5%	
% With a post-school qualification	Gn	51.1%	61.1%	
Socio-economic index				See note 10
SEIFA IRSD Score	Gn	998	NA	*LGAs ranked from lowest score (rank=1) to highest score (rank=137)*
Percentile (within WA)	Gn	57	NA	
Rank (within WA)	Gn	78	NA	
Economy				
Workforce Participation				
% work Full Time	Gn	65.5%	57.0%	See note 11
% work Part Time	Gn	24.6%	30.0%	
% unemployed	Gn	3.2%	7.8%	
% temporarily away from work	Gn	5.8%	5.2%	
Parental employment				See note 11
% children 0-4 with at least one parent employed	Gn	70.5%	85.7%	
% children 0-4 with no parent employed	Gn	6.4%	14.3%	
Income				See note 11
% family households with income less than $500 per week	Gn	8.8%	4.9%	
% family households with income $500 to less than $1,000 per week	Gn	16.9%	15.5%	
% family households with income $3,000 or more per week	Gn	14.7%	21.7%	

KATANNING LOCAL GOVERNMENT AREA
DATA SNAPSHOT

GOVERNMENT OF WESTERN AUSTRALIA

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CHILDREN

Number of children aged 0-4
255
Source: ABS (2016)

9.0% of children 0-4 are Aboriginal
Source: ABS (2016)

15.7% of children 0-4 are CALD
Source: ABS (2016)

Births per year to Katanning residents
42
Source: ABS (2018)

FAMILIES

356
Families with children under 15
Source: ABS (2016)

Family make-up

39.3% with children

15.1% one parent

44.3% no children

2.5% other

Source: ABS (2016)

MATERNAL HEALTH

18.8% of women smoked during pregnancy (WA average 7.9%)
Source: CDA (2018)

10.6% of women drank alcohol during pregnancy
Source: Stork Perinatal Database (2019)

12.8% of women used drugs during pregnancy
Source: Stork Perinatal Database (2019)

8.3% of births were to women aged 15-19 (WA average 2.6%)
Source: CDA (2018)

11.2% of births were to mothers with a mental illness (WA average 10.2%)
Source: CDA (2018)

CHILD HEALTH

8.7% of babies had low birth weight (<2,500g) (WA average 6.5%)
Source: CDA (2018)

Vaccination rates
89.5% of Albany SA3 children are fully immunised at 2 years old (WA average 91.4%)
Source: CDA (2018)

HOSPITALISATION RATES FOR 0-4 YEAR OLDS

Oral Disease related
2.4 per 100 persons (WA average 0.8)
Source: CDA (2018)

Chronic Physical Illness
6.4 per 100 persons (WA average 4.3)
Source: CDA (2018)

Respiratory Disease related
1.9 per 100 persons (WA average 0.8)
Source: CDA (2018)

Emergency Dept presentations
185.5 per 100 persons (WA average 70.7)

FAMILY AND DOMESTIC VIOLENCE

Reported FDV Incidents 2016-2020
Source: Katanning Police

COMMUNITY

TOTAL POPULATION
4,151
Source: ABS (2016)

Index of relative socio-economic disdvantage

Katanning = 906 which is in the lowest decile
Source: ABS (2016)

DIVERSITY

7.6% of residents are Aboriginal
Source: ABS (2016)

17.6% of residents are CALD
Source: ABS (2016)

6. Katanning

Item	Location	Location Value	WA Average	Comments
Children				
% children 0-4 in sole parent family	Ka	20.3%	12.8%	See note 1
% children 0-4 who don't speak English well or not at all		15.7%	9.0%	
Family make-up				See note 2
Couple family with children	Ka	39.3%	45.3%	
Couple family no children	Ka	44.3%	38.5%	
One parent family	Ka	15.1%	14.5%	
Other family	Ka	2.5%	1.7%	
Child Health				
Child health figures and hospitalisation rates below have been sourced from the WA Child Development Atlas. Where small counts have been suppressed, ranges have been provided based on minimum and maximum values.				
% babies with low birth weight	Ka	8.7%	6.5%	
% babies born pre-term	Ka	7.3%	8.6%	
% fully immunised at 2 years old	Albany SA3	89.5%	91.4%	
0-4 yr old hospitalisations rates (per 100 children aged 0-4 yrs)				
Ear and hearing	Ka	2.2	1.9	*Hospitalisation rates are the number of hospitalisations per 100 children in the community*
Respiratory disease	Ka	1.9	0.8	
Vaccine preventable diseases	Ka	0.0 - 0.1	0.2	
Injury	Ka	0.4 - 1.7	2.3	
Maternal Health				
Maternal health figures below have been sourced from the WA Child Development Atlas. Where small counts have been suppressed, ranges have been provided based on minimum and maximum values.				
% births to women aged 15-19	Ka	8.3%	2.6%	See note 3
% women who smoked at any time during pregnancy	Ka	18.8%	7.9%	See note 4

Item		Location	Location Value	WA Average	Comments
Children's Education					
Australian Early Development Census (AEDC) 2021					See note 5
% children on track on all five domains		Ka	50.0%	57.9%	
% children vulnerable on one or more domains		Ka	28.0%	19.4%	*For Katanning N=50*
% children vulnerable on two or more domains		Ka	18.0%	9.4%	
% students who attend school more than 90% of time (Yr 1-10)					See note 6
Katanning PS	*2019*	Ka	67%	NA	
	2021	Ka	58%	NA	*2021 attendance levels may have been adversely affected by COVID-19*
Braeside PS	*2019*	Ka	68%	NA	
	2021	Ka	67%	NA	
St Patrick's School	*2019*	Ka	82%	NA	
	2021	Ka	78%	NA	
Year 3 NAPLAN results, 2021		*NAPLAN results are provided for Katanning PS and Braeside PS only, as results are unavailable for St Patrick's School*			See note 7
% achieving Reading benchmark		Ka	93%	96.0%	*For Katanning N=22*
% achieving Numeracy benchmark		Ka	85%	95.3%	
% homes with internet access		Ka	72.2%	85.1%	
Language		*Figures below include people who speak English and another language plus people who only speak another language at home*			
% people who speak a language other than English at home		Ka	32.5%	19.4%	
Family functioning					
Income		*Measures for these vital resources and risks are not easy to find in publicly available data, but they are included in the proposed survey of parent-caregivers for the EYI Evaluation*			See note 8
Time					
Human capital					
Psychological capital					
Social capital					

Item	Location	Location Value	WA Average	Comments
Community				
Highest level of school completed		*Below figures don't add up to 100% due to not stated and rounding*		See note 9
% < Yr 10	Ka	18.1%	7.5%	
% Yr 10	Ka	22.5%	20.2%	*Figures don't add to 100% due to 'not-stated' and rounding*
% Yr 11	Ka	9.8%	9.2%	
% Yr 12	Ka	32.0%	53.5%	
Post-school qualifications				See note 9
% Certificate/Diploma	Ka	23.6%	29.3%	
% Bachelors degree or higher	Ka	8.3%	20.5%	
% With a post-school qualification	Ka	49.8%	61.1%	
Socio-economic index				See note 10
SEIFA IRSD Score	Ka	906	NA	*LGAs ranked from lowest score (rank=1) to highest score (rank=137)*
Percentile (within WA)	Ka	10	NA	
Rank (within WA)	Ka	13	NA	
Economy				
Workforce Participation				
% work Full Time	Ka	61.7%	57.0%	See note 11
% work Part Time	Ka	26.4%	30.0%	
% unemployed	Ka	6.1%	7.8%	
% temporarily away from work	Ka	6.2%	5.2%	
Parental employment				See note 11
% children 0-4 with at least one parent employed	Ka	67.5%	85.7%	
% children 0-4 with no parent employed	Ka	19.8%	14.3%	
Income				See note 11
% family households with income less than $500 per week	Ka	6.8%	4.9%	
% family households with income $500 to less than $1,000 per week	Ka	23.1%	15.5%	
% family households with income $3,000 or more per week	Ka	11.3%	21.7%	

KOJONUP LOCAL GOVERNMENT AREA
DATA SNAPSHOT

GOVERNMENT OF WESTERN AUSTRALIA

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CHILDREN

Number of **children aged 0-4**

152

Source: ABS (2016)

10.5% of children 0-4 are **Aboriginal**

Source: ABS (2016)

2% of children 0-4 are **CALD**

Source: ABS (2016)

Births per year to **Kojonup residents**

24

Source: ABS (2018)

CHILD HEALTH

6.5% of babies had **low birth weight (<2,500g)** (WA average 6.5%)

Source: CDA (2018)

Vaccination rates

89.5% of Albany SA3 children are **fully immunised at 2 years old** (WA average 91.4%)

Source: CDA (2018)

COMMUNITY

TOTAL POPULATION

1,985

Source: ABS (2016)

Index of relative socio-economic disdvantage

Kojonup = 999 which is in the **sixth decile**

Source: ABS (2016)

FAMILIES

204

Families with children under 15

Source: ABS (2016)

Family make-up

40.1% with children

10.8% one parent

48.9% no children

0.8% other

Source: ABS (2016)

HOSPITALISATION RATES FOR 0-4 YEAR OLDS

Oral Disease related

Numbers too small to report (WA average 0.8)

Source: CDA (2018)

Chronic Physical Illness

8.0 per 100 persons (WA average 4.3)

Source: CDA (2018)

Ear and Hearing related

3.9 per 100 persons (WA average 1.9)

Source: CDA (2018)

Emergency Dept presentations

130.7 per 100 persons (WA average 70.7)

DIVERSITY

4.6% of residents are **Aboriginal**

Source: ABS (2016)

4.9% of residents are **CALD**

Source: ABS (2016)

MATERNAL HEALTH

19.4%

of women smoked during pregnancy (WA average **8.6%**)

Source: CDA (2018)

9.1%

of women drank alcohol during pregnancy

Source: Stork Perinatal Database (2019)

4.5%

of women used drugs during pregnancy

Source: Stork Perinatal Database (2019)

Births to **women aged 15-19** **0.7% - 2.9%** (WA average 2.6%)

Source: CDA (2018)

9.7% of births were to **mothers with a mental illness** (WA average 10.2%)

Source: CDA (2018)

FAMILY AND DOMESTIC VIOLENCE

Reported FDV Incidents 2016-2020

Numbers unavailable for Kojonup

7. Kojonup

Item	Location	Location Value	WA Average	Comments
Children				
% children 0-4 in sole parent family	Ko	14.5%	12.8%	See note 1
% children 0-4 who don't speak English well or not at all		2.0%	9.0%	
Family make-up				See note 2
Couple family with children	Ko	40.1%	45.3%	
Couple family no children	Ko	48.9%	38.5%	
One parent family	Ko	10.8%	14.5%	
Other family	Ko	0.8%	1.7%	
Child Health				
Child health figures and hospitalisation rates below have been sourced from the WA Child Development Atlas. Where small counts have been suppressed, ranges have been provided based on minimum and maximum values.				
% babies with low birth weight	Ko	6.5%	6.5%	
% babies born pre-term	Ko	10.1%	8.6%	
% fully immunised at 2 years old	Albany SA3	89.5%	91.4%	
0-4 yr old hospitalisations rates (per 100 children aged 0-4 yrs)				
Ear and hearing	Ko	3.9	1.9	*Hospitalisation rates are the number of hospitalisations per 100 children in the community*
Respiratory disease	Ko	0.2 - 0.9	0.8	
Vaccine preventable diseases	Ko	0.0 - 0.1	0.2	
Injury	Ko	0.7 - 1.7	2.3	
Maternal Health				
Maternal health figures below have been sourced from the WA Child Development Atlas. Where small counts have been suppressed, ranges have been provided based on minimum and maximum values.				
% births to women aged 15-19	Ko	0.7 - 2.9%	2.6%	See note 3
% women who smoked at any time during pregnancy	Ko	19.4%	7.9%	See note 4

Item		Location	Location Value	WA Average	Comments
Children's Education					
Australian Early Development Census (AEDC) 2021					See note 5
% children on track on all five domains		Ko	51.5%	57.9%	
% children vulnerable on one or more domains		Ko	33.3%	19.4%	*For Kojonup N=33*
% children vulnerable on two or more domains		Ko	18.2%	9.4%	
% students who attend school more than 90% of time (Yr 1-10)					See note 6
Kojonup DHS	*2019*		61%	NA	*2021 attendance levels may have been adversely affected by COVID-19*
	2021		66%		
St Bernard's School	*2019*		83%		
	2021		85%	NA	
Year 3 NAPLAN results, 2021		*NAPLAN results are provided for Kojonup DHS only, as results are unavailable for St Bernard's School*			See note 7
% achieving Reading benchmark		Ko	97%	96.0%	*For Kojonup DHS N=29*
% achieving Numeracy benchmark		Ko	97%	95.3%	
% homes with internet access		Ko	73.0%	85.1%	
Language		*Figures below include people who speak English and another language plus people who only speak another language at home*			
% people who speak a language other than English at home		Ko	13.4%	19.4%	
Family functioning					
Income					See note 8
Time		*Measures for these vital resources and risks are not easy to find in publicly available data, but they are included in the proposed survey of parent-caregivers for the EYI Evaluation*			
Human capital					
Psychological capital					
Social capital					

Item	Location	Location Value	WA Average	Comments
Community				
		Below figures don't add up to 100% due to not stated and rounding		
Highest level of school completed				See note 9
% < Yr 10	Ko	9.3%	7.5%	
% Yr 10	Ko	25.6%	20.2%	*Figures don't add to 100% due to 'not-stated' and rounding*
% Yr 11	Ko	8.7%	9.2%	
% Yr 12	Ko	44.3%	53.5%	
Post-school qualifications				See note 9
% Certificate/Diploma	Ko	24.8%	29.3%	
% Bachelors degree or higher	Ko	12.9%	20.5%	
% With a post-school qualification	Ko	52.6%	61.1%	
Socio-economic index				See note 10
SEIFA IRSD Score	Ko	999	NA	*LGAs ranked from lowest score (rank=1) to highest score (rank=137)*
Percentile (within WA)	Ko	58	NA	
Rank (within WA)	Ko	79	NA	
Economy				
Workforce Participation				
% work Full Time	Ko	62.1%	57.0%	See note 11
% work Part Time	Ko	28.1%	30.0%	
% unemployed	Ko	2.5%	7.8%	
% temporarily away from work	Ko	7.5%	5.2%	
Parental employment				See note 11
% children 0-4 with at least one parent employed	Ko	76.1%	85.7%	
% children 0-4 with no parent employed	Ko	15.2%	14.3%	
Income				See note 11
% family households with income less than $500 per week	Ko	7.0%	4.9%	
% family households with income $500 to less than $1,000 per week	Ko	19.5%	15.5%	
% family households with income $3,000 or more per week	Ko	14.2%	21.7%	

8. Notes on research evidence about quantitative data

1 Sole-parent families

In the Central Great Southern community, almost one-fifth (17.1 per cent) of children in the 0-4 years age range live in a sole-parent family, compared to the Western Australian average of 12.8 per cent. Sole parents with young children may face multiple layers of adversity: they are typically on a low income, have very little spare time to focus on themselves or their children, are under constant pressure and stress (no money, no time and lots of responsibility), may have few resources to drawn on (i.e.: no partner to help, limited life experience and educational opportunities which limit employment and other opportunities) and are often socially isolated1. Support for sole-parent families has to be multi-faceted, simultaneously working towards reducing any sense of social isolation they may experience while also addressing their material needs (food, clothing, other cost items), providing opportunities for them to 'give back' and feel worthwhile (reciprocity) and providing clear and accessible information that builds their sense of empowerment and confidence2.

2 Family make-up

These categories of 'family make-up' are set by the ABS and may not be meaningful for definitions of 'family' among some cultural groups, including for Aboriginal peoples and CaLD community members. Further, in ABS Census data, a lot of the available tables are based on 'couple' families, 'sole-parent' families, or 'other' family types, the latter of which includes grandparent families. This means it is not possible to look specifically at grandparent families in detailed ABS tables an important dimension of family types in the Central Great Southern community may be invisible in the data. Advice from the community on whether this is something that should be considered more closely will be valuable.

3 Teen mothers

The incidence of teen mothers in the Central Great Southern is double the Western Australian average. Infants born to teenage mothers are more likely to be preterm and have low birthweight, both of which predict poor long-term health outcomes for the child3. Teen mothers are strongly associated with sole-parent families and compounding adversity associated with household poverty, limited time, reduced day-to-day support and challenging home circumstances (as per note 1 above). Socioeconomic and educational disadvantage associated with teen pregnancy can endure across generations, however the adverse maternal and neonatal impact can be reduced with targeted antenatal and postnatal support7. The relatively high incidence of teen pregnancy in the Central Great Southern likely contributes to normalisation of such circumstances among teenagers and makes it more difficult to change because young women are especially motivated to 'fit in' and pregnancy may entail kudos and attention among their peers. However, studies have also found that young women often show

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1 Zubrick, S., Williams, A.A., Silburn, S. and Vampani, G., 2000. Indicators of Social and Family Functioning, Department of Family and Community Services, Commonwealth of Australia

2 Zubrick, S., 2018. *Circumstances for healthy children and empowered communities*, Early Years Initiative Workshop for the Department of Communities, Port Hedland, 28 November 2018

3 Mann, L, Bateson, D. and Black, K (2021). "Teenage pregnancy" in Australian Journal of General Practice Vol 49, No 6., June 2020. Accessed 15 February 2022 via Infants born to teenage mothers are more likely to be preterm, have low birthweight and be small for gestational age

high levels of resilience and use any resources available to them to make their lives, and their children's lives, happy and meaningful4.

4 Smoking during pregnancy

Pregnant women in the Central Great Southern are more than twice as likely to smoke during pregnancy compared with the Western Australian average. Smoking in pregnancy is a modifiable risk factor for low birthweight, pre-term birth and placental complications because tobacco smoke reduces the flow of oxygen to the placenta and exposes the foetus to a number of toxins. Exposure to these toxins during the first 20 weeks of pregnancy are especially harmful and are associated with sudden infant death syndrome (SIDS), childhood cancers, high blood pressure, asthma, skin infections, obesity and lowered cognitive development5. As with teen pregnancy (note 3, above) normalisation of this behaviour among young women in the Central Great Southern may make it especially difficult to change.

5 Australian Early Development Census (AEDC)

The AEDC is conducted across Australia every three years when children are in their first year of full-time schooling. Pre-primary teachers complete the AEDC for each child in their class, contributing to a community-level measure of local children's development on five domains: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills (school based); communication skills; and general knowledge. These areas of child development are important predictors of adult health, education and social outcomes6 . Results from the 2021 AEDC show that five-year-olds in the Central Great Southern are more likely than their Western Australian peers to be developmentally vulnerable on one or more domains (i.e.: 27.0 per cent for the Central Great Southern compared with a Western Australian average of 19.4 per cent) and on two or more domains (16.0 per cent compared with a Western Australian average of 9.4 per cent). Conversely, children in the Central Great Southern are less likely to be on track on all five domains than the Western Australian average (54.0 per cent and 57.9 per cent respectively). Children who start school behind with developmental vulnerabilities tend to stay behind. These data reiterate the importance of the EYI for this community, especially in light of strong evidence that it is possible for communities to 'restack' the odds of children achieving favourable outcomes through a combination of health, early learning and family supports7.

6 School attendance

There is a direct relationship between school attendance and school achievement – children

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4 Hoffmann, H.,Lam, J. and Baxter, J. (2021). Young Mothers in Australia: prioritising motherhood and resisting stereotypes. Life Course Centre Working Papers Series, 25 November 2021. Accessed 14 February 2022 via https://lifecoursecentre.org.au/working-papers/young-mothers-in-australia-prioritising-motherhood-and-resisting-stereotypes/

5 Australian Institute of Health and Welfare, 2021. Australia's mothers and babies; Smoking during pregnancy. Accessed 15 February via https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/antenatal-period/smoking-during-pregnancy

6 Commonwealth of Australia and Department of Education, Western Australia, 2019. Early childhood development for children living in Western Australia by region: Australian Early Development Census 2018. Accessible via https://www.education.wa.edu.au/dl/vnnm73

7 Goldfeld, S., Villanueva, K., Lee, J.L., Robinson, R., Moriarty, A., Peel, D., Tanton, R., Giles-Corti, B., Woolcock, G., Brinkman, S., Katz, I. (2017). Foundational Community Factors (FCFs) for Early Childhood Development: A report on the Kids in Communities Study. Accessed 23 December 2021 via https://www.rch.org.au/uploadedFiles/Main/Content/ccch/CCCH-KICS-Final-Report-April-2018.pdf

who attend regularly do better at school8. There is a high level of variability in the percentage of students in the Central Great Southern community (Years 1 – 10) who attend school at least 90 per cent of the time9. Some schools have achieved very high levels of attendance, while others have low levels. Attendance in 2021 may have been affected by COVID-19, with some schools having particularly low attendance levels. Research points to the importance of children being supported by schools and their families to establish the habit of regular attendance from Kindergarten onwards10 and for schools to have strategies in place to ensure they are interesting and engaging for students, culturally safe and provide prompt follow-up on all unexplained absences to emphasise the importance of regular attendance.

7 National Assessment Program for Literacy and Numeracy (NAPLAN)
While the measure of a child's success at school (and life beyond school) is far more complex than his or her score in NAPLAN tests, literacy and numeracy are essential foundational skills for success in life and there is strong evidence that children who do not achieve the National Minimum Standard (the benchmark) for Reading and Numeracy when they are in Year 3 are unlikely to catch-up with their age-group peers and will struggle throughout their education11. 2021 NAPLAN results from primary schools in the Central Great Southern for Year 3 Reading were comparable to Western Australian averages (i.e.: 95 per cent for the Central Great Southern met or bettered the National Minimum Standard (NMS) score compared with 96 per cent for Western Australia). However corresponding results for Numeracy were lower (i.e.: 91 per cent for the Central Great Southern compared with a Western Australian average 95.3 per cent, meaning the proportion of Year 3 children in the Central Great Southern who did not meet the NMS for Numeracy was almost twice the Western Australian average).

8 Family functioning
While data are available about child development, health and education outcomes, limited amounts of robust data are available on the social and family factors that influence positive or negative child outcomes. To help address this gap, a collaborative national project developed an evidence-based framework for tracking social and family factors that jointly influence children's outcomes12. The 'social and family functioning' framework includes five inter-related elements: family income; family time (i.e.: time caregivers have for themselves or their children); human capital (i.e.: caregiver's knowledge, experience and skills about healthy choices and how the world works); psychological capital (i.e.: life satisfaction, confidence, worries, self-efficacy and conflict); and social capital (i.e.: sense of connectedness, civic engagement, safety and community cohesion). Unfortunately, quantitative data on these five social factors are not readily available at this time, so data items such as 'sole-parent families' are often used as a proxy (see note 1 in this section). To help address these gaps in the quantitative data available

8 ACARA. (2019). Student attendance. Retrieved February 1, 2022, from http://www.acara.edu.au/reporting/national-report-on-schooling-in-australia-data-portal/student-attendance

9 My School. (2019). Retrieved February 22, 2022, from https://www.myschool.edu.au/

10 Hancock, K. J., Shepherd, C. C. J., Lawrence, D., & Zubrick, S. R. (2013). Student attendance and educational outcomes: Every day counts. Report for the Department of Education, Employment and Workplace Relations, Canberra. https://doi.org/10.13140/2.1.4956.6728.

11 de Carvalho, D. (2019). 'ACARA: NAPLAN and Aboriginal and Torres Strait Islander students' in Education Matters Magazine, online version accessed 12 December 2021 via https://www.educationmattersmag.com.au/acara-naplan-and-aboriginal-and-torres-strait-islander-students/

12 Zubrick, S., Williams, A.A., Silburn, S. and Vampani, G., 2000. Indicators of Social and Family Functioning, Department of Family and Community Services, Commonwealth of Australia

for the Central Great Southern community, the Evaluation of the EYI will address these factors via the parent-caregiver survey that will conducted in each of 2022, 2024 and 2027 to track changes over time.

9 Levels of education in the community

Fewer than half (37.1 per cent) of Central Great Southern community members completed Year 12 (or equivalent). This is considerably lower than the 53.5 per cent for Western Australia overall. Conversely, the proportion who only completed Year 10 is higher than the Western Australian average (Year 10 attainment 13.8 per cent in the Central Great Southern compared with 20.2 per cent in Western Australia). Also, a lower proportion of people from the Central Great Southern have a post-school qualification from TAFE or university (i.e.: 51.0 per cent compared to 61.1 per cent for the state). These data should be considered in light of landmark longitudinal research which found that the primary caregiver's (usually the mother's) level of education is a strong predictor of that child's lifetime success13. However, the same research found two other important things. Firstly, that participating in high quality preschool (through early learning centres, playgroups and Kindergarten) before children start full-time Pre-primary is particularly beneficial for disadvantaged children, especially in groups of children with a blend of different social backgrounds. Secondly, the study found that the child's home learning environment is extremely important: "For all children, the quality of the home learning environment is more important for intellectual and social development than parental occupation, education or income. What parents do is more important than who parents are"14. It follows that multi-generational early learning programs such as supported playgroups through the Child and Parent Centre, Champion Centre, KindiLink and local schools may be especially effective in simultaneously building the confidence and capability of families while also focusing on children's learning.

Creating a rich home learning environment does not mean turning home into a school; rather, it means making home a fun, calm, secure and cognitively stimulating place, shared with people the child trusts and feels a strong attachment to. Key features include predictable routines, frequent sustained 'serve and return'15 conversations with children (from birth, even when the child can only 'babble'), engaging the child in daily household activities (e.g.: cooking, cleaning, shopping, etc.), consistent and calm responses to behaviour, playing and reading with the child daily, stimulating out-of-home experiences with friends, family and other children (e.g.: in parks, the bush, a library or at a river) and having a regular bedtime16.

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13 Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I. & Taggart, B. (2004). The Effective Provision of Pre-school Education (EPPE) Project: Findings from pre-school to end of key stage 1. Nottingham, United Kingdom: Department for Education and Skills. Accessible via https://ro.uow.edu.au/cgi/viewcontent.cgi?article=3155&context=sspapers

14 Quote from p.1 of Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I. & Taggart, B. (2004). The Effective Provision of Pre-school Education (EPPE) Project: Findings from pre-school to end of key stage 1. Nottingham, United Kingdom: Department for Education and Skills. Accessible via https://ro.uow.edu.au/cgi/viewcontent.cgi?article=3155&context=sspapers

15 Harvard Center on the Developing Child, December (2009). Working Paper No. 1: Young children develop in an environment of relationships, accessed 7 February 2022 via https://www.albertafamilywellness.org/resources/doc/working-paper-1-young-children-develop-in-an-environment-of-relationships

16 Yu, M. and Daraganova, G. (2014). "Children's early home learning environment and learning outcomes in the early years of school", Chapter 4, Longitudinal Survey or Australian Childre Annual Statistical Report 2014. Accessed 7

10 Socio-economic index for areas – index of relative socio-economic disadvantage (SEIFA IRSD)
The SEIFA-IRSD17 is a statistic generated for every statistical area across Australia by the ABS using selected data items from that national Census conducted every five years. The SEIFA-IRSD summarises key information about the economic and social conditions of people and households within a specified geographical area. A low score indicates that cumulative and compounding features of economic and social disadvantage are prevalent within the community including many households with low-income and many people with low qualifications and low-skill occupations. While there is variation in SEIFA-IRSD scores across the Central Great Southern, the Local Government Area (LGA) of Katanning is in the lowest 10% of LGAs across Western Australia. A low SEIFA-IRSD is strongly associated with poor AEDC results for a community (see note 5), and points to the entrenched disadvantage faced by families and children in the community. However, this index does not define a community and many communities perform better (or worse) than their SIEFA-IRSD score might predict. The EYI exists to work alongside the Central Great Southern community to implement strategies which will enable it to perform better than might be predicted by its low SEIFA-IRSD.

11 Workforce participation and income levels
Data on workforce participation for the Central Great Southern community show a lower rate of unemployment than the Western Australian average (4.9 per cent compared to 7.8 per cent). However, only 72.0 per cent of children aged 0-4 in the Central Great Southern have at least one parent employed, compared to 85.7 per cent for Western Australia. Unemployment and the associated lack of financial resources can create stress for families and may perpetuate intergenerational disadvantage because parental workforce participation and daily modelling of the 'habit' of going to work (or not) can impact their children's future joblessness18. It is also important to note, however, that the impact of parental employment is not one-dimensional. While working parents can provide a positive role model for their children and their employment income can pay for more items and benefits, some jobs may entail poor working conditions, low pay, job insecurity or having to work away from home and can lead to increased stress levels in households. Also, families require assured access to affordable, quality childcare19.

The proportion of family households in the Central Great Southern community with income below $500 per week is only slightly higher than that of the Western Australian average (6.9 per cent and 4.9 per cent respectively), but only 12.8 per cent have an income of at least $3,000 per week, compared to 21.7 per cent across the state. This indicates a universal modest level of income across the community and limited access to discretionary expenditure or to savings for a 'rainy day'.

February 2022 via http://talkingtogether.com.au/wp-content/uploads/2018/09/childrens-early-home-learning-environment-and-learning-outcomes-in-the-early-years-of-school.pdf

17 Australian Bureau of Statistics, 2018. 2033.0.55.001 - Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016. From ABS website at https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2033.0.55.001~2016~Main%20Features~IRSD~19

18 Tanton, R., Dare, L., Miranti, R., Vidyattama, Y., Yule, A. and McCabe, M. (2021), Dropping Off the Edge 2021: Persistent and multilayered disadvantage in Australia, Jesuit Social Services: Melbourne

19 Heinrich CJ. Parents' employment and children's wellbeing. The future of children. 2014 Apr 1:121-46.

Government of **Western Australia**
WA Country Health Service

Ear, Nose & Throat Referral Pathway

Improving the journey for our community

Early Years Initiative / WA Country Health Service – Great Southern Population Health

2022

COMMUNITY | COMPASSION | QUALITY | INTEGRITY | EQUITY | CURIOSITY

Case Study

Introduction

Health service improvements for families of 0 – 4-year old's has been the focus of the Early Years Initiative Program Officer in the Central Great Southern (CGS) since the inception of the position in November 2019. Having 0.2 FTE dedicated to the role, time has been allocated to unpack the system local families must navigate to access health care.

Ear, Nose and Throat (ENT) infections were identified as one of the top 4 health issues impacting on 0 – 8-year old's in the CGS. Poor hygiene and a lack of nose blowing were attributed to the rate of infections. Further to this, local families reported that ENT specialist services were inaccessible.

The purpose of this case study is to outline how a complex system was able to be simplified, ensuring service providers and families could attain better health outcomes for 0 – 4-year old's in the CGS region.

Background

Katanning Primary Health Service receives funding from Rural Health West to provide visits from an ENT specialist from Perth Children's Hospital, an audiologist and an anesthetist. This is managed by the Primary Health Manager, who works closely with Primary Health administration, Great Southern Aboriginal Health Service (GSAHS), speech pathology department, child health nurse team and the hospital pre-admission nurse.

Local management of the Ear Health program enables suitable appointments to be made and ensures recommendations are followed up.

All children attending universal health checks are screened for hearing (from birth to 2 years of age). School health nurses and speech pathologists also conduct screening. GSAHS conduct screening of all Aboriginal children at kindergarten, pre-primary and year 1. GSAHS then refer the child to a GP for a referral to see the ENT.

Extensive consultation with local families and service providers through various methods including surveys, focus groups, discussions at community meetings and informal conversations in well-established relationships revealed a perception that ENT services were lacking in the region. Inaccessibility was reportedly resulting from: services not being available locally or at suitable times, waiting lists and mail taking longer than anticipated resulting in appointments being missed. There was no waitlist for the ENT service, which was at odds with what local families were saying. Initially, it was assumed that the local GPs were referring into the local clinics, however some were still referring to private ENTs in Perth.

Untangling these perceptions has resulted in the development of the ENT Health Referral Pathway (Appendix 1), linking families with free services provided in Katanning four times per year.

Goals

- Increase knowledge amongst service providers regarding the availability of audiology and ENT services
- Develop clearer pathways/communication channels

Strategy

Using a systems approach, several barriers were uncovered and worked on to ensure families were able to access the local, free services available. This required going back to the start of the process and mapping out what each step meant for families.

Questions put to the system included:

- Why is there no waitlist for the ENT? Is there a breakdown between screening and treatment?

- If children do not attend their scheduled universal health check, will hearing issues be missed?
- Are there too many steps involved for families to attend appointments?

Results

- A referral pathway was established with the assistance of the Primary Health Manager, Great Southern Aboriginal Health Service (GSAHS) staff, Primary Health administration, Great Southern Aboriginal Health Service (GSAHS), speech pathology department, child health nurse team and the hospital pre-admission nurse.
- This referral pathway has been promoted to the GPs and health service staff. Subsequently, the local GPs have attended a Q&A session with the visiting ENT and audiologist.
- Working closely with GSAHS to ensure clients are getting followed up.
- Have combined the audio/ENT clinics so clients only need to attend on one day for both services.
- The ENT specialist will accept clients without a doctor's referral (one less appointment/step in the process).
- Upskilling of GSHAS staff in ear pathology, clinical indicators and ear assessment.
- 'Breath, Blow, Cough' program has been trialed by the Health Promotion team across schools in the Great Southern and has been recommended to continue.

<u>A typical ENT Clinic:</u>

- 33 patients over 2 days
- 20% DNA/cancel on the day (50% of these are non-Aboriginal)
- 20% waitlisted for surgery in Perth (typically 8)
- 9% waitlisted for surgery in Katanning (3-4)
- 9% discharged as treatment complete
- 1 child over 8 yo will be found to have a significant hearing loss (5 in 2 years) requiring an external hearing device
- 1 foreign body will be removed

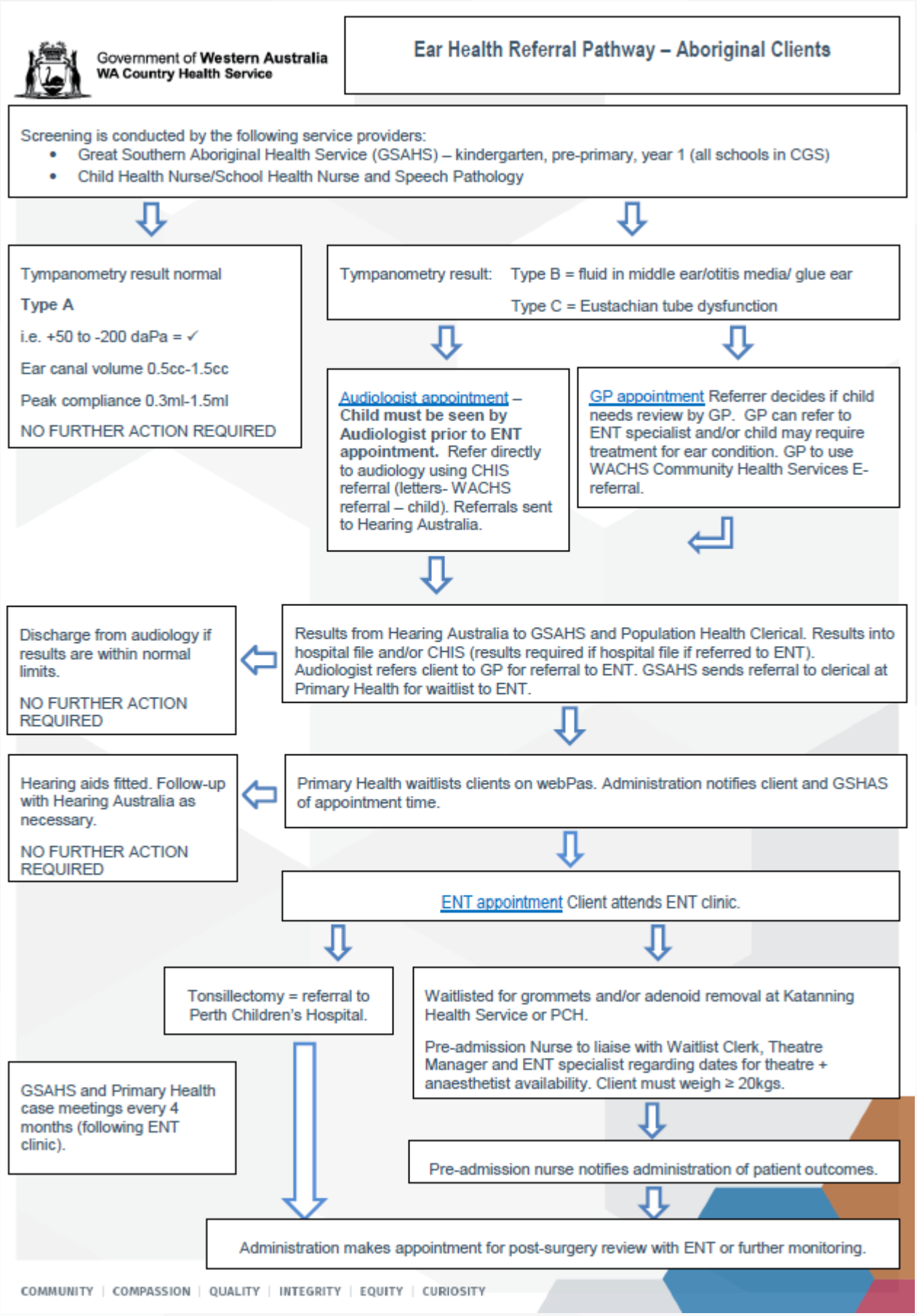
<u>Demographics:</u>

- 33% are Aboriginal
- 10% require an interpreter
- 10% are Maori
- 10% are children in care
- 40% from Kojonup
- 20% Gnowangerup
- 30% Katanning
- 10% Albany/Frankland/Cranbrook

Next steps

- Continue to combine ENT/Audiology clinics
- Work on reducing DNA/cancellation rate
- Continue to involve the GPs, pre-admission nurse and GSHAS nurse in ENT clinics
- Continue to promote the importance of ear health
- Continuation of Breath, Blow, Cough program throughout schools in the Great Southern

Appendix 1.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WA Country Health Service
Ear Health Referral Pathway – Aboriginal Clients
Screening is conducted by the following service providers:
Great Southern Aboriginal Health Service (GSAHS) – kindergarten, pre-primary, year 1 (all schools in CGS)
Child Health Nurse/School Health Nurse and Speech Pathology
Tympanometry result normal
Type A
i.e. +50 to -200 daPa = ✓
Ear canal volume 0.5cc-1.5cc
Peak compliance 0.3ml-1.5ml
NO FURTHER ACTION REQUIRED
Tympanometry result: Type B = fluid in middle ear/otitis media/ glue ear
Type C = Eustachian tube dysfunction
Audiologist appointment – Child must be seen by Audiologist prior to ENT appointment. Refer directly to audiology using CHIS referral (letters- WACHS referral – child). Referrals sent to Hearing Australia.
GP appointment Referrer decides if child needs review by GP. GP can refer to ENT specialist and/or child may require treatment for ear condition. GP to use WACHS Community Health Services E-referral.
Results from Hearing Australia to GSAHS and Population Health Clerical. Results into hospital file and/or CHIS (results required if hospital file if referred to ENT). Audiologist refers client to GP for referral to ENT. GSAHS sends referral to clerical at Primary Health for waitlist to ENT.
Discharge from audiology if results are within normal limits.
NO FURTHER ACTION REQUIRED
Primary Health waitlists clients on webPas. Administration notifies client and GSHAS of appointment time.
Hearing aids fitted. Follow-up with Hearing Australia as necessary.
NO FURTHER ACTION REQUIRED
ENT appointment Client attends ENT clinic.
Tonsillectomy = referral to Perth Children's Hospital.
Waitlisted for grommets and/or adenoid removal at Katanning Health Service or PCH.
Pre-admission Nurse to liaise with Waitlist Clerk, Theatre Manager and ENT specialist regarding dates for theatre + anaesthetist availability. Client must weigh ≥ 20kgs.
GSAHS and Primary Health case meetings every 4 months (following ENT clinic).
Pre-admission nurse notifies administration of patient outcomes.
Administration makes appointment for post-surgery review with ENT or further monitoring.
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Ear Health Referral Pathway

Screening is conducted by: Child Health Nurse, School Health Nurse, Speech Pathology.

Tympanometry result normal

Type A

i.e. +50 to -200 daPa = ✓

Ear canal volume 0.5cc-1.5cc

Peak compliance 0.3ml-1.5ml

NO FURTHER ACTION REQUIRED

Tympanometry result: Type B = fluid in middle ear/otitis media/ glue ear

Type C = Eustachian tube dysfunction

Audiologist appointment –

Child must be seen by Audiologist prior to ENT appointment. Refer to audiology using CHIS referral (letters-WACHS referral – child). Referral to Dunsborough/Margaret River Hearing: send referral to GS Population Health Clerical

GSKt.popHealthClerical@health.wa.gov.au

GP appointment Referrer decides if child needs review by GP. GP can refer to ENT specialist and/or child may require treatment for ear condition. GP to use WACHS Community E-referral.

If hearing loss, child referred to Hearing Australia by audiologist.

Discharge from audiology if results are within normal limits.

NO FURTHER ACTION REQUIRED

GS Pop Health Clerical enters audiology outcome into webPAS. Results into hospital file and/or CHIS. Audiologist refers client to ENT clinic with GP referral recommended.

Primary Health waitlists client on webPas.

ENT appointment Client attends ENT clinic.

Tonsillectomy = referral to Perth Children's Hospital.

Waitlisted for grommets and/or adenoid removal at Katanning Health Service.

Pre-admission Nurse to liaise with Waitlist Clerk, Theatre Manager and ENT specialist regarding dates for theatre + anaesthetist availability. Client must weigh ≥ 20kgs.

GSAHS and Primary Health case meetings every 4 months (following ENT clinic).

Pre-admission nurse notifies administration of patient outcomes.

Administration makes appointment for post-surgery review with ENT for further monitoring.

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