

# People living in place: Circumstances for early childhood development and learning

**Professor Stephen Zubrick**

CoLab: Declaration for Young Children  
Telethon Kids Institute  
27 November 2017



# Setting the scene

- Increasingly high expectations for children
- Beliefs about early childhood enrichment, interventions – “early years”
- Downward pressure for identification of children in need



# Setting the scene

- General neglect in policy and practice of
  - demographic characteristics of children (who)
  - applying a mix of policy prerogatives (what)
  - governance for local priorities/action zones (where)



# Place-based thinking

Who, what, where?

- General neglect in policy and practice of
  - demographic characteristics of children (who)
  - applying a mix of policy prerogatives (what)
  - governance for local priorities/action zones (where)
- New research on the development of Australian children
  - Who should we look for?
  - What are the different policy prerogatives?
  - How are local priorities informed to govern well?



# Developmental circumstances

There are known risks for poorer child development

These risks occur in “batches”

They don’t occur “one at a time”

They define developmental circumstances

These circumstances offer different ways of thinking about how to design intervention strategies



# Developmental circumstances

Children and their families are exposed to varying numbers of risks that affect the level and the rate of child development



# Developmental circumstances

Simply counting the number of risks conceals what happens with the level and rate of child development!

Knowing something about the type/nature of the risk opens avenues for policy considerations



# Developmental circumstances

Developmentally enabled



46% of children are Developmentally Enabled

N = 79,520 WA children 0-4 years

Their development is on time and robust

Older mothers, more educated, smaller families, no multiple stresses

Prevalent book reading

Policy prerogative

Maintain developmental encouragements and opportunities

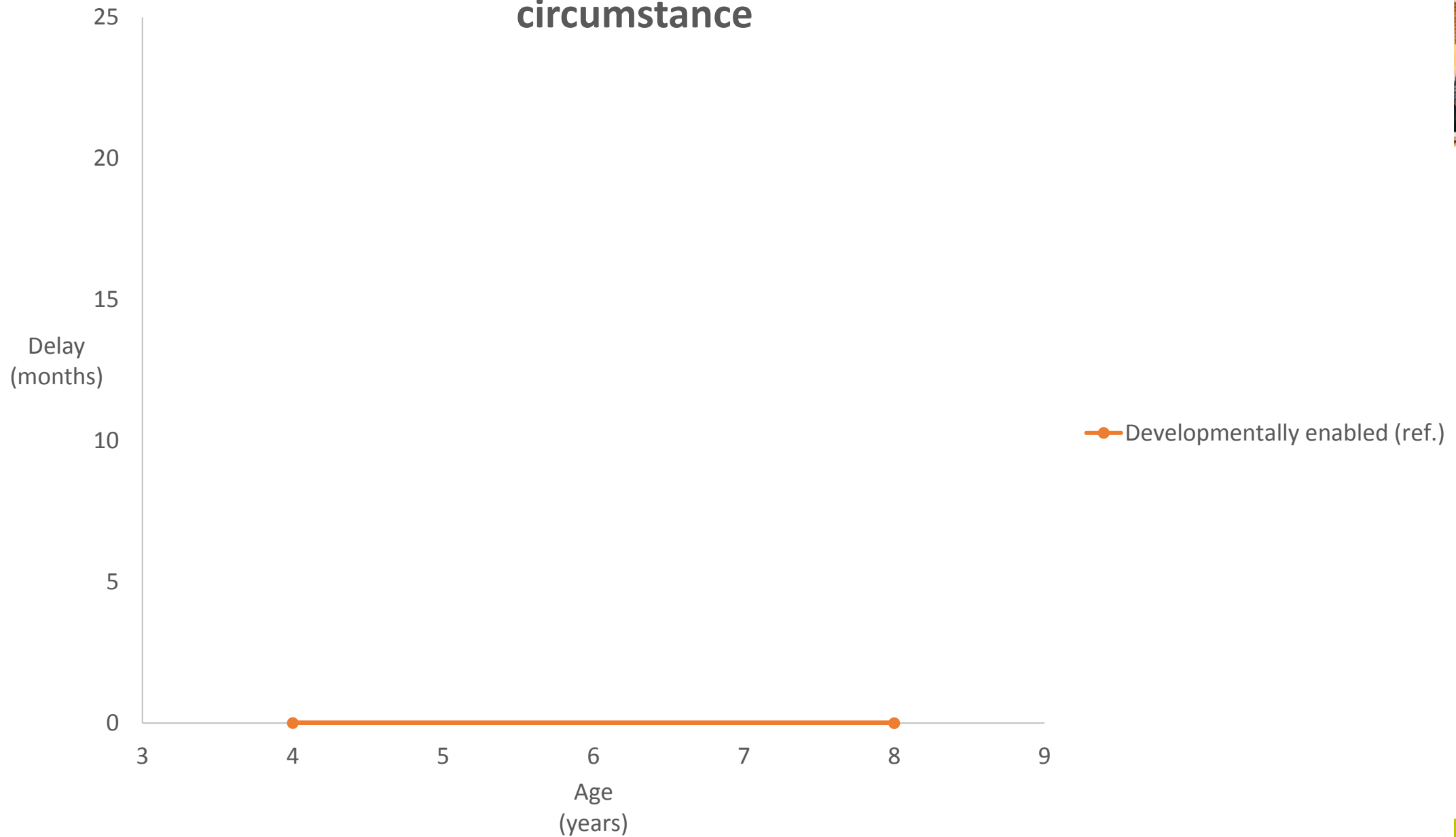
Monitor population progress

Provide light-touch universal interventions





# Child development delay (months) by developmental circumstance



# Developmental circumstances

172,871 children in WA aged 0-4 as at 30 June 2016

- Developmentally enabled (ref.) 46% = 79,520
- Working poor 20% = 34,574
- Overwhelmed 10% = 17,288
- Developmental delay 9% = 15,558
- Low human capital 8% = 13,830
- Resource poor NESB 7% = 12,101

(~36,300 births per year)



# Developmental circumstances



- Developmentally enabled (ref.) 46% = 79,520
- Working poor 20% = 34,574
- Overwhelmed 10% = 17,288
- Low human capital 8% = 13,830

(~36,300 births per year)

# Developmental circumstances

## Overwhelmed

Group	% of children	Age 4	Catch-up	Age 8
Overwhelmed	10%	19 months behind	Slow	14 months behind

17,288 Western Australian children 0-4 years

Very low maternal education, unemployment

Low income, health care card, area poverty

Maternal mental health distress

Very low school readiness

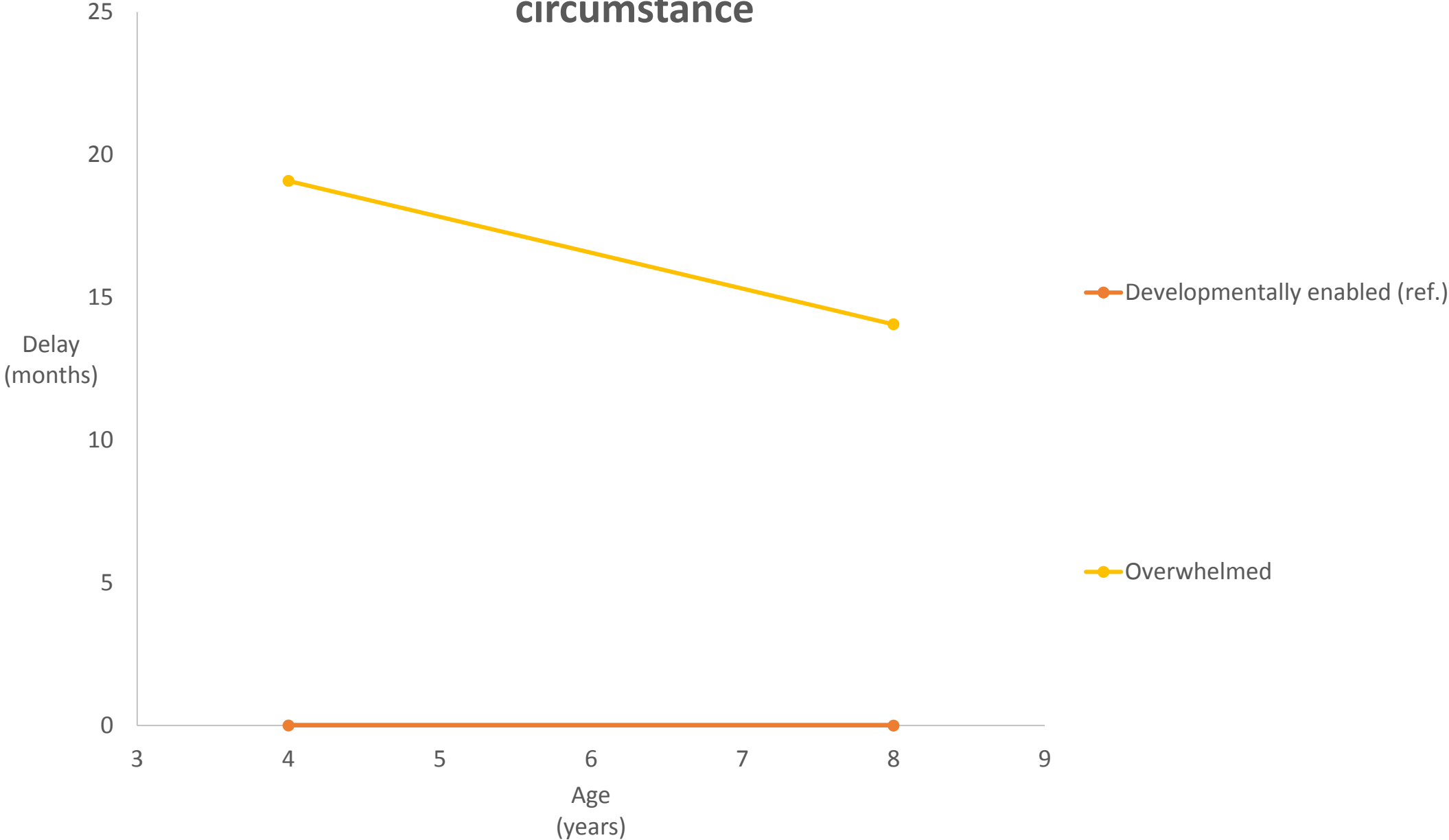
## Policy prerogative

These families are readily identifiable

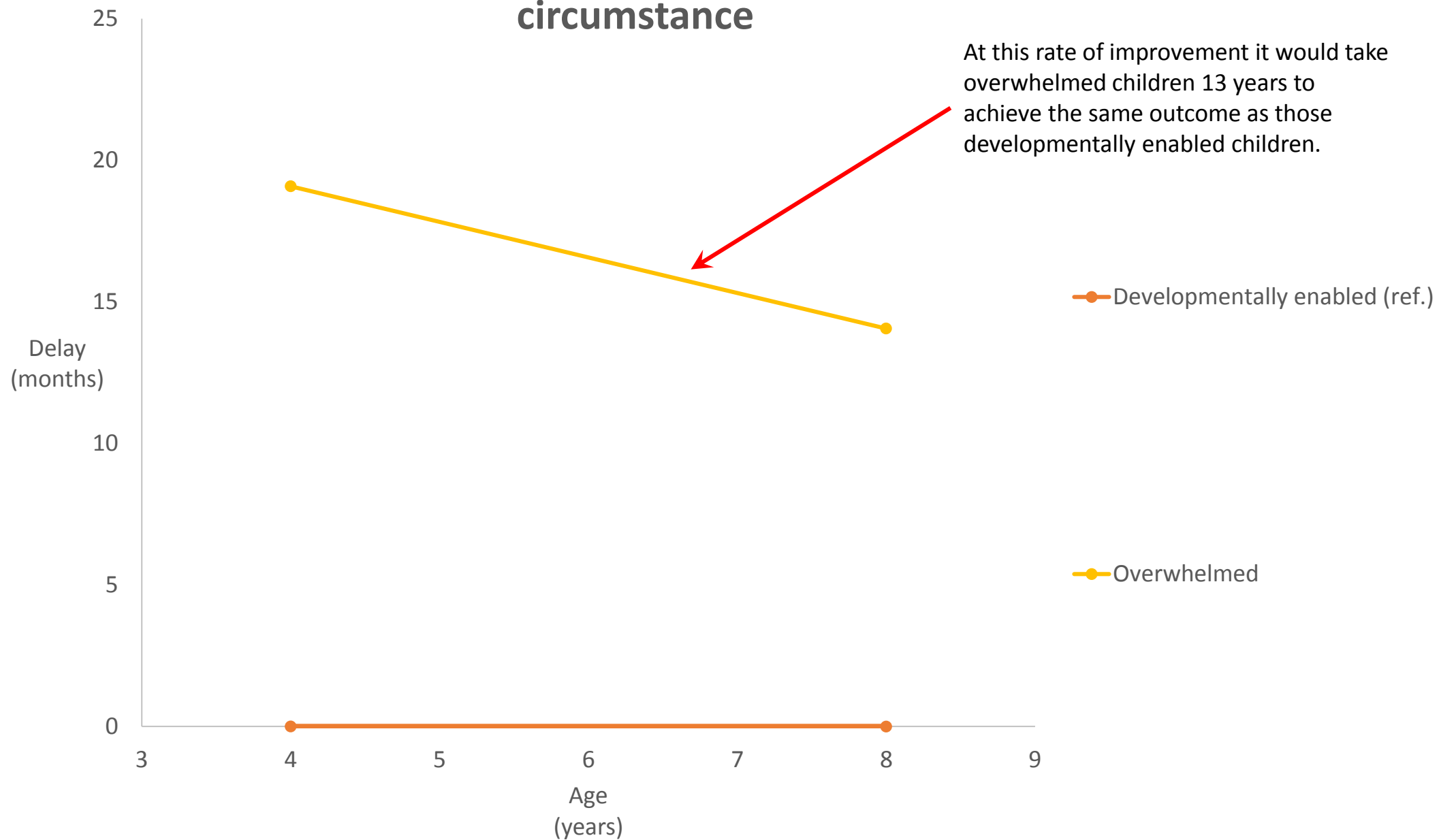
They have diminished capabilities to use existing services

They require early, repeated, sustained developmental support – *delivered differently*  
(e.g. Child and Family Centres)

# Child development delay (months) by developmental circumstance



## Child development delay (months) by developmental circumstance



# Developmental circumstances

Low human capital

Group	% of children	Age 4	Catch-up	Age 8
Low human capital	8%	6 months behind	None	6 months behind

13,830 Western Australian children 0-4 years

Lowest income quintile **exclusively** – deep, persistent disadvantage

Teenage mothers, low maternal education, unemployed

Healthcare card

## Policy prerogative

Family planning

Maternal education/training opportunities linked with enriched early education and child care

# Developmental circumstances

Working poor

Group	% of children	Age 4	Catch-up	Age 8
Working poor	20%	6 months behind	None	6 months behind

34,574 Western Australian children 0-4 years

parent(s) are employed, 45% are in 4<sup>th</sup> quintile of income (\$600-999 per week)

Larger families, Low maternal education

Area disadvantage

Families that are cash poor *and* time poor

## Policy prerogative

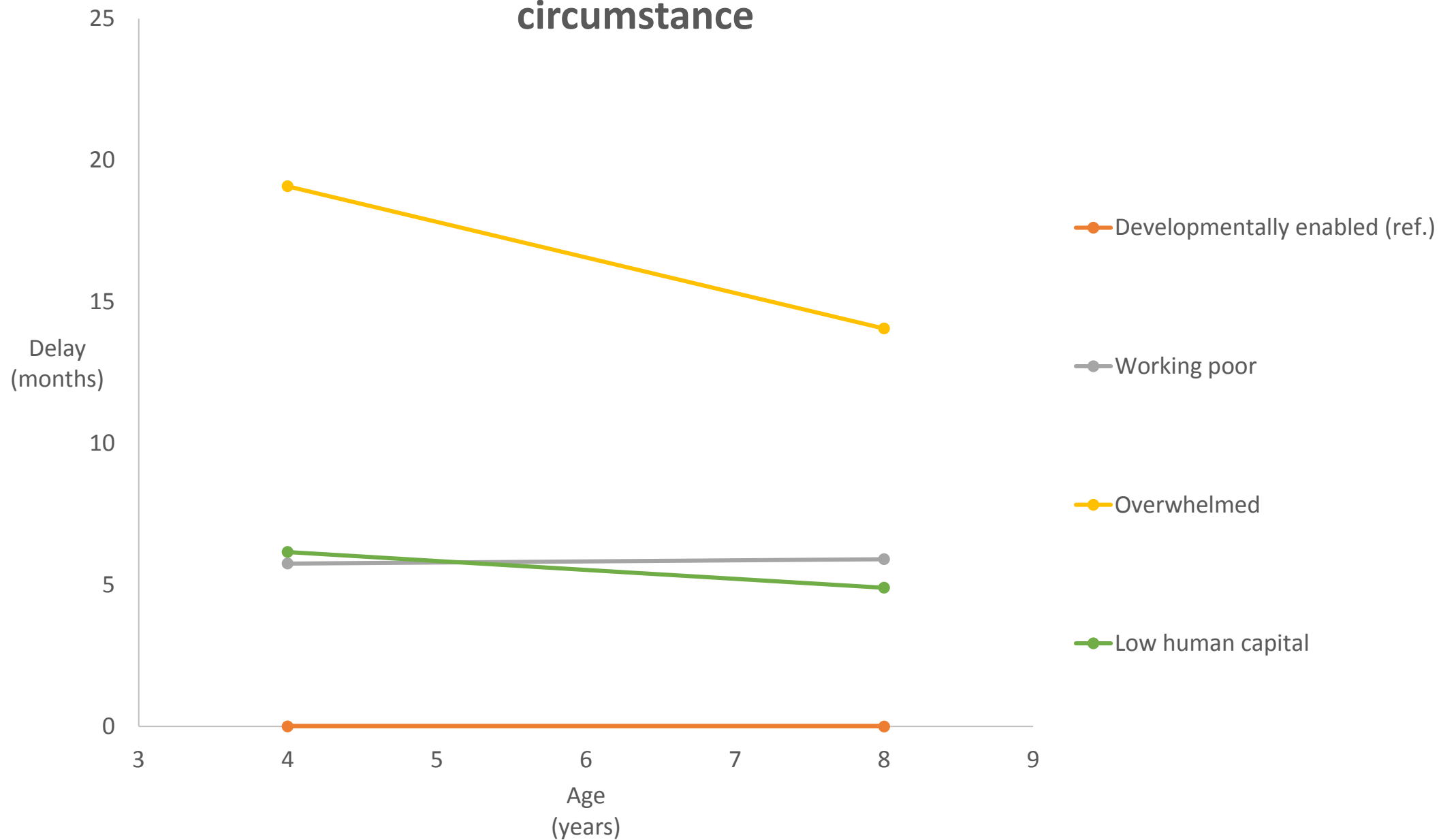
Family benefit increases/better pay/parent education, training

Enriched early education and child care

Family friendly workplace arrangements and services



# Child development delay (months) by developmental circumstance



# Summing up

Children are not rockets

Helping vulnerable children develop *faster* than their typically developing peers is a huge task

It requires changing two aspects of their development:

- Where they start relative to typical children

- How rapidly they grow relative to typical children



# Summing up

- The research evidence firmly establishes what works in providing early prevention and child development opportunities – most intervention effects are very small
- We don't know how to get these opportunities nearer to the individuals that want or need them – it's about effectiveness
- Place-based initiatives are intuitively sensible - can governance arrangements change how things get arranged, located, and close to “wants and needs”?



# Summing up

- Be sure people/agencies/leaders/users actually know the developmental circumstances of their local child population (how many children are in this area, zone, community, place?)
- The numbers of children you are targeting really matter – scale, effort, impact!
- Think about the size of the population of children 0-4 years before you design intervention strategies
- Universal services are important – quality and reach



# Appendix

Supplementary slides



# Thank you



# Developmental circumstances

## Developmental delay

Group	% of children	Age 4	Catch-up	Age 8
Child developmental delay	9%	10 months behind	Slow	7 months behind

15,558 Western Australian children 0-4 years

## They will enter the system at any age

generalized developmental delay and/or disability with low school readiness

Children have high reactive temperament and low persistence

low parenting consistency with increased maternal psychological distress

low maternal education

## Policy prerogative

Require regular developmental monitoring and support services over an extended period

# Developmental circumstances

NESB – resource poor

Group	% of children	Age 4	Catch-up	Age 8
NESB resource poor	7%	27 months behind	Rapid	13 months behind

12,101 Western Australian children 0-4 years

Migrant and refugee background

Maternal mental health distress, Low employment, low income, area disadvantage

Low book reading

## Policy prerogative

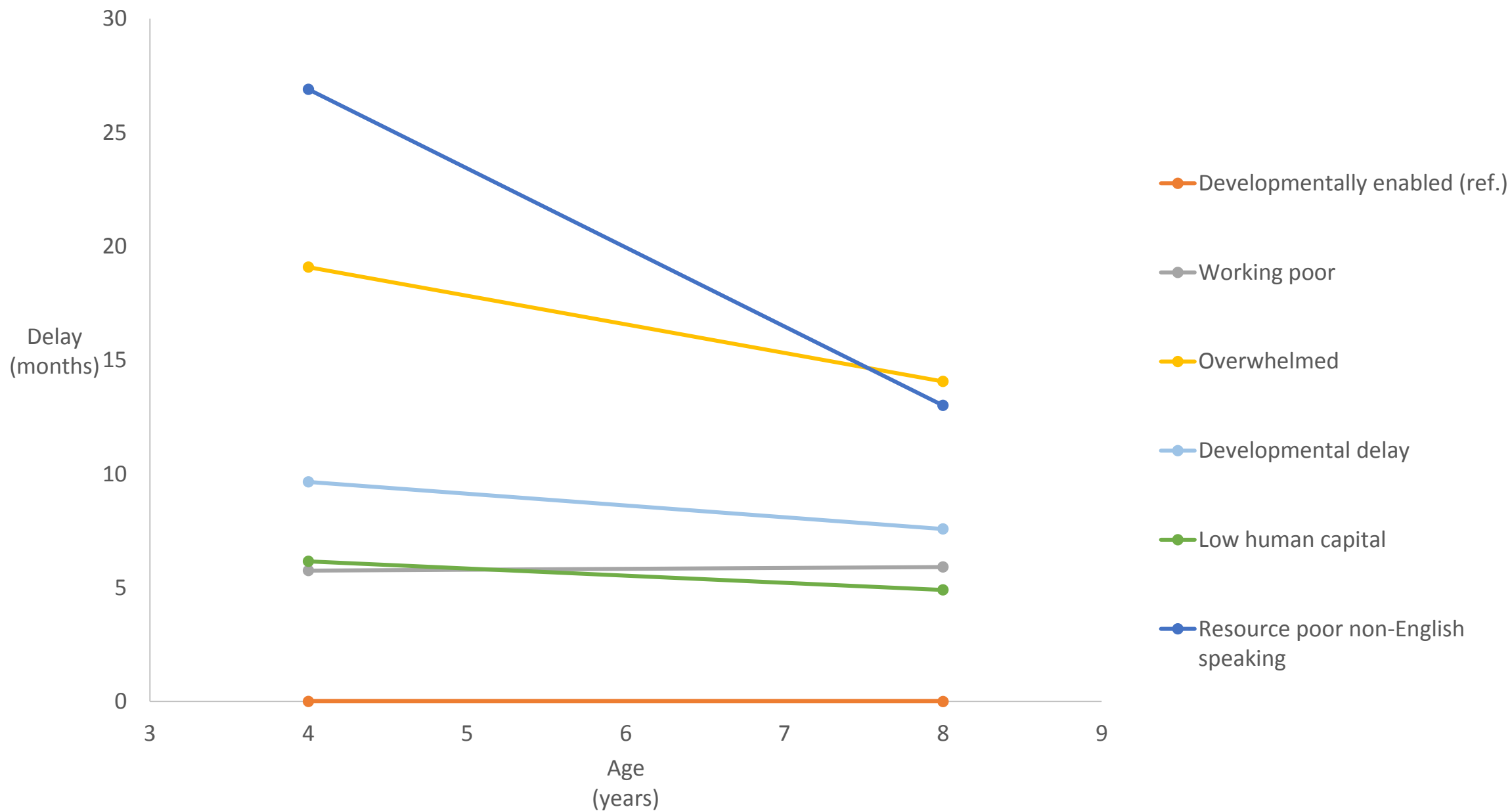
Monitor their progress

Provide family support and pathways to child development services

Cultural appropriateness



# Child development delay (months) by developmental circumstance



# ForWhen

Provided to you  
by Ngala

## Mental health support for expecting and new parents.

1300 24 23 22

ForWhen connects parents that may be struggling to navigate the complex waters of pregnancy and new parenthood to the critical mental health services you might need most.



## A judgement-free mental health care referral service

Pregnancy and parenthood is a time of big change for new parents. What's often not spoken about are the challenges that can come with it. Mental health struggles can come in the wake of a pregnancy, or when raising an infant and are far more common than many people realise.

You're not alone in how you may be feeling. Other parents are feeling it too. And while it can be difficult, it's important to realise that there's help available.

## Get the guidance you need, when you need it

ForWhen provides new and expecting parents—mums, dads, and guardians—with a caring, supportive mental health navigation service, to guide you and your family throughout your perinatal journey, from conception, up until your child is 12 months old.

It's a national support line that connects you to the right service that can help you understand what you're feeling and provide the guidance and support you need at the right time.

**It's estimated that 1 in every 5 new and expecting mums, and 1 in every 10 dads, experience perinatal depression and/or anxiety.**

ForWhen is a national navigation service provided in partnership with Karitane, Tresillian, Tweddle, QEC, Mercy Health O'Connell Family Centre, Ngala, Child & Family Health Service, Ellen Barron Family Centre, Figtree Private Hospital, Tasmania Child & Family Health Service, Catholic Care NT, Parenting Research Centre, and UNSW.



## You can take the first step by calling us



### Call our number

We're here when you need us.  
Call our helpline number at  
**1300 24 23 22** between 9.00am and 4.30pm Monday - Friday to speak with a local specialist.



### We'll listen

Your local specialist will listen to you, identify the challenges you're facing, talk through how you're feeling, and understand your needs.



### Get connected

Then, they'll connect you with the right local support service to help your mental health.

## Here's what to look out for

ForWhen is designed to support you onto the right pathway so you can access the help you need to better manage mental health challenges as they occur. These challenges can look and feel like:

- Anxiety, fear, or worry about your pregnancy, your baby, or yourself.
- Worrying you're not coping well, or not enjoying your pregnancy or newborn the way you think you should.
- Ambivalence, or even negative feelings, about your pregnancy, or your baby.
- Isolation and disconnection from friends, family, and the world around you.
- Feeling overwhelmed with the responsibility of parenting, and everyday coping strategies aren't working.
- A sense of hopelessness about the future.
- The inability to manage your feelings after a traumatic birth.

## How it works

### Access to local services

ForWhen helps you access local services based in your state or territory. The person you connect with on the phone knows your area and can identify the right service providers and referral pathway that can help you.

### Speak with a professional

Our helpline is staffed by clinical practitioners, not volunteers. You speak with a clinically-trained professional who's available to listen, talk with you, and help you access a local service provider.

### Support during those crucial first months

Our focus is providing you with the mental health support you need, as early as possible. You may not even know what support you need — we can help you talk through some of this, for when you're just not sure. ForWhen helps you connect with the right service, at the right time.

## Who it's for

**New and expecting parents** experiencing any form of mental health challenges, from conception up until your child is 12 months old.

**Families and family members** who notice you're experiencing mental health challenges.

**Health practitioners** such as your GP, midwife, obstetrician, or family/maternal and child health nurse can access ForWhen on your behalf.



ForWhen acknowledges the Aboriginal and Torres Strait Islander people of the many traditional lands and language groups of Australia. It acknowledges the wisdom of traditional custodians both past and present and pays respect to their communities of today.





# Inquiry into child development services WA

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## Executive Summary

The following submission provided by Ngala addresses the following points of the Select Committee into Child Development Services;

*'How child development services impact on a child's overall development, health and wellbeing'*

*'What opportunities exist to increase engagement in the primary care sector including improved collaboration across both government and non-government child development services'*

*'How child development service models and programs outside of Western Australia could be applied in Western Australia.'*

## About Ngala

Ngala is Western Australia's leading non-government provider of early parenting and early childhood services, from pre-birth up till early adulthood (0-18 years of age). At Ngala, we believe every child deserves the opportunity to be their best and that raising children should be a joyful and rewarding experience for all.

Ngala has a passion for supporting and guiding families and young children through their journey of parenting. With 130+ years of working with families across Western Australia, Ngala continues to use the latest research and training alongside community stories and experiences, to develop and deliver services that meet the needs of today's parents and children.

At Ngala, our purpose is to support parents, families, and communities to enhance the well-being and development of children and young people.

Ngala welcomes the opportunity to provide this submission as part of the inquiry into child development services, especially given how aligned our history, approach and service delivery methods are with achieving the best possible outcomes for child and parent development.

Ngala's key focus is to hold the child at the center of everything we do. Having this valuable opportunity to shine the light on the importance of early intervention and to promote seamless, no wrong door access to child development services, will go some way to reduce the impact of delays on a child's overall development, health and wellbeing.

Innovative, evidence-based interventions are required to increase access to effective care and support. If we work to reduce stigma and reduce the gap between population need and effective intervention, we will go some way to lessening the gap currently experienced. Low cost or no cost access to services and supports ensures that all communities have the opportunity to receive the right service at the right time thereby avoiding the current unacceptable wait lists and time delays, causing increased negative developmental impact and potential health and wellbeing outcomes.

The Hon. Donna Faragher MLC in her Parliamentary Motion on 31<sup>st</sup> August 2022, expressed the need to implement the Select Committee, stating *"When a child is not hearing properly in the classroom, they are not learning; it is as simple as that. When a child is having difficulty with their speech and language, and they are having difficulty communicating, that will have an impact. It will impact on how they communicate with their family and how they interact with their teachers. It will impact on their ability to make friends in the playground. It is really hard for these kids, and it should not be. I do not accept, and I do not think anyone in this house accepts, that it is okay that thousands upon thousands of kids in Western Australia are on these waitlists"*.

In support of the motion, Ngala provides the following responses to the points raised.

## How child development services impact on a child's overall development, health and wellbeing

Research from Harvard University's Center on the Developing Child and other international studies teaches us that for babies and infants to develop to their full potential at all stages of their life, babies require strong minds and bodies, and families that provide loving, supporting environments in which to grow. Secure, nurturing and responsive relationships between parents and their babies are a crucial ingredient in the healthy brain development necessary for children to thrive.

In Australia 30% of new mothers are subjected to difficulties in taking care of their newborns in regard to sleep, breastfeeding and settling during their early stages of parenthood (Priddis et.al2018) Moreover because of the stress from the added exhaustion, physical and psychological changes, new mums are exposed to mental health issues such as anxiety and depression that can have both short- and long-term impacts on both the new born child, individual parents and family units more broadly. Evidence suggests that there is a strong correlation between these issues with infant and mother attachment (Lupien et. al 2019)

Without these relationships and supportive environments children can and do experience significant mental and developmental challenges. For example, a 2020 Bankwest Curtin Economic Centre report found that:

- 16% of toddlers in Western Australia had socio-emotional competence problems, 24% had behavioural problems and 20% had delayed language development. These numbers increased alarmingly to an estimated 44%, 44% and 40% respectively if the infant was growing up in an environment of limited or no parental affection or engagement.
- Approximately 30% of toddlers from households living in severe poverty were estimated to have delays in language development, twice as prevalent as those not living in poverty.
- 50% of children living in the most disadvantaged areas in Western Australia are developmentally vulnerable on two or more domains, compared with national average of 11%.

These statistics demonstrate that the current Child Development Services are not effective. It further highlights the impact a family's economic position and post code is having on the developing child.

In 2017 Professor Stephen Zubrick presented at the CoLab: Declaration for Young Children<sup>1</sup> research demonstrating how demographic circumstances, impact the developmental circumstances of the developing child. He further provided evidence explaining how these demographic circumstances, when considered to achieve best outcomes, offer different ways for government to design intervention strategies and determine policy prerogatives.

While these findings are based on data from 2016 it is clear from the Bankwest Curtin Economic Centre report (2020) that the developmental circumstances haven't improved they have potentially worsened.

Prof. Zubrick's research, based on the 30 June 2016 figures of 172,871 children in WA aged 0-4 years, showed that 46% of children (0-4years) are developmentally enabled – meaning their development is on time and robust – for government the policy prerogatives here would be to maintain developmental encouragement and opportunities and provide light touch universal interventions.

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<sup>1</sup> <https://colab.telethonkids.org.au/SysSiteAssets/media-docs---colab/colab----evidence-for-the-australian-declaration-for-young-children-final-for-uploading.pdf>

However, this is not the same for other demographics. The following table of 'Developmental Circumstances' shows the research statistics. *(for the full presentation please see Appendix 1).*

Developmentally enabled (ref.)	46% = 79,520
Working poor	20% = 34,574
Overwhelmed	10% = 17,288
Developmental delay	9% = 15,558
Low human capital	8% = 13,380
Resource poor	7% = 12,101

Early intervention, regardless of which developmental circumstance, must start in the antenatal period of an infant's life.

Perinatal Infant Mental Health (PIMH), covering the emotional and psychological wellbeing of babies and their parents from conception through the first 1000 days of life, acknowledge that the wellbeing of parents and babies is intrinsically interdependent. Unfortunately, this critical nexus between infant and parental mental health and physical health is too often not considered as a whole, with services focused on either the baby or the parents in isolation of each other. It also does not factor in the role that Community can play in supporting families with a peer-to-peer approach – an environment that is often 'less scary', more comfortable for parents without fear of being judged – often by the very system that they believe has previously 'let them down'.

The massive benefits associated with Early Intervention in child development cannot be understated in this inquiry. Not only from the aspect of achieving strong child, parent and family outcomes, but also on the fiscal impact to the broader economy with early intervention investment reducing the need to later in life intervention at a more costly and often broader scale.

The delays that parents and families are experiencing in accessing appropriate supports is causing significant impacts to the overall development including neural development, health, and wellbeing of WA children. This in turn highlights the importance of early access to child development services — including paediatric and allied health services.

A report released in 2016, ***'How Australia can invest in children and return more: A newlook at the \$15b cost of late action'***, clearly articulates that supporting children and young people is a social and economic priority. Early intervention is known to improve the lives of children and young people whilst at the same time, strengthens our communities, while reducing pressure on government budgets, enabling more efficient and effective spending.

Stepping in early to provide evidence-based support for parents, children and young people can make a significant difference in children's lives and will likely reduce demand for high-intensity and crisis services over time.

The report explains that Early intervention works by:

- preventing problems occurring in the first place
- tackling problems holistically and assertively when they first arise, before they get more difficult to resolve
- fostering the strengths and skills that ensure children and young people have the best opportunity to thrive and can participate in, and contribute to, their communities.

Whilst it is unlikely that increased spending and focus on early intervention will eliminate all spending on late intervention, it will go some way to reducing the intricacy of some of the complexities that



may be experienced in later life. There will always be a need for intervention strategies so there must be resources in place to respond effectively and support parents, children and young people overcome challenging times throughout their lives. However, the number of children and young people reaching crisis or significant difficulties demonstrates the system is not preventing issues from escalating, nor is it adequately responding when they first need help.

## A broken system

Currently, the WA system adopts a reductionist view to the complex needs of families during pregnancy and the early years of life. This has resulted in a fragmented approach to supporting the emotional wellbeing of babies and their families and a lack of appropriate Perinatal Infant Mental Health (PIMH) clinical services.

The 'Better Together' study (2019) revealed that families seeking help during pregnancy and in the early years of a baby's life are fearful of being judged when talking to a professional about their mental health. Families stated that they often experienced disrespect and a lack of compassion when interacting with service providers. This experience may be exasperated if the parent believes that the broader 'system' has somehow let them down previously – maybe removing a family member, reducing payments or access to appropriate services.

PIMH clinical services aim to meet the needs of families experiencing significant adversity, including infant difficulties, parental mental ill-health, parental substance abuse, family and domestic violence and trauma. Sadly, many of the families most in need of PIMH services are also economically vulnerable and require low-cost, if not no cost, access to services.

Whilst there are some government, community and private practices offering PIMH services, highly vulnerable families struggle to access no cost or low cost specialised PIMH community services in WA. Unfortunately, where a baby is born, and the parent's income level, determines the PIMH services a family is able to access and receive. There are also limited services to families, 'at risk' or with complexity, for whom early detection and prevention efforts could reduce unnecessary suffering and avert the need for more costly clinical, tertiary services.

The psychosocial needs of families outstrip available service provision. Evidence based interventions are scarce, less likely to be available to, or accessible by, families who are vulnerable or living with disadvantage. (Cassells R. et al 2020).

With parents and children currently experiencing excessive waiting times to access specialised care and allied health support, there is a gap in service provision that can be met by child development services. Families need choice. There is the ability to better utilise Child Parent Centres across the state in order to support parents navigate through the often-complex systems whilst also offering parents the opportunity for to enter a 'safe' space to gain support, a place where they do not feel judged, a place that is not considered as part of 'the system' a system that they believe causes them more harm. Parents who feel judged and not 'safe' to be a parent lends parents to not getting babies checks done, no hearing tests completed, or health concerns followed up at an early stage. Going into a CPC that is familiar, where a child health nurse comes to you enables parents to be more relaxed to openly discuss concerns and be supported to follow up with the required interventions and health checks.

## **Opportunities that exist to increase engagement in the primary care sector including improved collaboration across both government and non-government child development services**

Australia's National Framework of Universal Child and family care services identified key services all Australian families ought to receive with no incurred costs regardless of the location, living standards or how much of other health services they are utilising. This framework discusses universal healthcare made accessible to families and children starting from birth to eight years of age all the while concentrating on the needs and requirements for specialist services for children with additional needs (National Framework for Universal Child and Family health services, 2011).

Bring child development services to the table! The request and subsequent demand to increase engagement in the primary care sector including improved collaboration across both government and non-government child development services is not new. The sector has been demanding it.

Increased engagement across the primary care sector is part of the solution – the importance of government and non-government organisations working together as equals is paramount to successful outcomes being achieved.

The state needs to be comfortable with the fact that it does need the support of the sector and to stop trying to take back control and manage systems and services that are not ultimately supporting the development of healthy babies, parents, families and communities. Working in partnership with organisations who hold specific focus and specialized skill sets will only enhance the outcomes experienced by parents and young people.

Raising the profile and need through inquiries such as this one, will go some way to increasing collaboration and engagement. Prior to COVID, Child Wellbeing was considered a government priority and held its place on the State Government Agenda with a working group at the Supporting Communities Forum. This forum was ceased during COVID and when it did resume new priorities were set and child well-being was dropped from the list of priorities. It is imperative that Government brings Child Wellbeing back on the State Government Agenda, this must become and remain a priority.

Increased engagement and collaboration between Government and non-government sectors, will allow for the experts in the field to be heard. It will raise the opportunities that exists to bring about the change needed. No one sector, organisation or initiative can meet the challenge of creating large scale, positive change for all children. We all have a role to play.

## **How child development service models and programs outside of Western Australia could be applied in Western Australia**

As mentioned previously, the WA system currently adopts a reductionist view to the complex needs of families during pregnancy and the early years of life. This has resulted in a fragmented approach to supporting the emotional wellbeing of babies and their families Residential Parenting Services, offered in all states of Australia are ideally placed to be part of the solution to this gap. RPS's identify early indications of parental mental health issues, parental stress, postnatal depression and anxiety. Parental mental health concerns (including perinatal depression, anxiety and stress) and factors that affect the mother-infant relationship (such as maternal distress, parent-child dysfunctional interactions, difficult child characteristics/behaviours and lower parenting confidence) can adversely affect mothers, and their infants and the quality of dyadic interactions. A powerful component of RPS is the role it takes of supporting families to navigate through the myriad of supports they may require.

A Residential Parenting Services (RPS) study carried out in NSW showed that 83% of the women were admitted for sleep and settling (Priddis et.al 2018). Besides adjusting to the baby (73%), RPS Services also helped mothers get over fatigue exhaustion (84%), traumatic pregnancies (16.5%) and family issues (4.0%) by providing continuous help through a team of GPs, Nurses, Social Workers, Psychiatrists and Psychologists (Priddis et.al 2018).

One example of service models and programs outside of Western Australia is that of Residential Parenting Services - which help to close the gap by providing the highest quality, evidence-based care with a focus on prevention and early intervention addressing the serious cases in which the infant difficulties are the primary reason for referral, in contrast to Mother Baby Units that focus on the mental health of the mother only.

WA is the only jurisdiction where universal access to RPS is not available, that is, it does not provide families with equitable and universal access to RPS. Aside from funding by the Department of Communities (\$1.9Mpa), which relates to supporting parents who are at risk of their baby/infant being taken into care of the Department, Western Australia government does not support universal access to RPS as there is currently no budget allocation for non-financial/uninsured families in need of this critical service.

At a time where both public and private allied health and perinatal specialist (?) waitlists have exploded across WA, only families who meet a key criterion or are from certain postcodes or with specific financial means, have the ability to access the very support that is considered the most appropriate and essential at that time and during the first 1000 days of a baby's life.

### ***Other Jurisdictions***

As an example of the inequitable approach, in NSW where there are two service providers Karitane and Tresillian, the NSW Dept. of Health funds Tresillian's operating costs of circa \$23M per year which includes \$16M for 63 adult beds and 63 infant beds along with a further \$7.2M (\$600,000 for each of the twelve (12) day centres).

Similarly, Victoria Dept. of Health provides \$3.9M per year of recurrent funding for the delivery of RPS in an 18-bed facility and 8 day stay beds.

<b><i>Organisation</i></b>	<b><i>Number of beds</i></b>	<b><i>Funder</i></b>	<b><i>Amount of Funding</i></b>	<b><i>\$ value per bed/ per year</i></b>
Ngala	Total 30 beds	WA Dept. of Communities	\$1.9M	\$63k
Tresillian	Total 126 beds 63 adult / 63 infant	NSW Dept. of Health	\$16M	\$127k per bed
Tweddle	Total 26 beds 13 adult / 13 infant	Vic Dept of Health	\$3.9M	\$150k per bed

A further example that the previous Federal Government saw value in is the ForWhen program which is a National Perinatal Infant Mental Health – Connect and Care Program (NPIMH-CCP). This is a consortium of members of the Australasian Association of Parent and Child Health (AAPCH) <sup>2</sup>

<sup>2</sup> AAPCH is a national organisation of agencies providing early parenting services including centre based residential and community outreach model of care. We are experienced PIMH service providers, with services that are family-centered, strengths based, inclusive, multi-disciplinary, evidence based, and outcomes focused. Our PIMH services focus on attachment relationships as an essential component of early parenting and early brain development in the infant.

(including Ngala for WA) and Parenting Research Centre and UNSW Academic Child Psychiatry South West Sydney.

ForWhen is a transformative care and navigation system that provides a comprehensive stepped continuum of care for parents experiencing moderate /severe PIMH concerns, supporting them to navigate the complex and fragmented PIMH service landscape.

A no-stigma intake service leverages existing pathways (no wrong door approach) to ensure parents are referred to the right intensity of services that best match their support needs. Care navigators provide active case coordination to support the parent to access appropriate services, in a trauma informed and culturally safe way.

The NPIMH navigation model of care's principles of practice could be translated into a similar model of care for WA Child Development services and would result in a cohesive, joined up, child-centered, family friendly model that places the child's outcomes at the centre of the service.

The NPIMH-CCP Care navigation is an evidence-based model designed to support better access to services and was drawn together from a range of resources including NSW Agency for Clinical Innovation Care Enablement Guide and NHS Care Navigation Competency Framework.

Investing in the emotional and physical health of infants and families is committing to a healthier, more creative and more productive Western Australia and will impact on the resilience of our State for the next 100 years.

The fact that there are many Western Australian parents traveling interstate for diagnosis and prescriptions that aren't recognized in WA, out of pure desperation for a better life for their children is not ok. We must work together to create the environment that enables all parents and children to access appropriate services in a more timely, appropriate way.

## Appendix 1.

Please see PDF Power Point attachment -

People living in place: Circumstances for early childhood development and learning

Professor Stephen Zubrick

CoLab: Declaration for Young Children

Telethon Kids Institute

27 November 2017

## References

- A FrameWorks Map the Gaps Report  
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