

COLAB POLICY PAPERS SERIES

PAPER 5: A vision for an integrated early childhood system in Western Australia

Envisage a world where every family with a child under the age of four could get all the advice and support they need, from pregnancy to the first day of compulsory school, within their neighborhood from friendly, well-trained staff with expertise in maternal and child health, early learning and parenting. In this world, the place and the people to go to for this advice and support would be as familiar as their local public primary school – and in many cases, the school would actually be where such services are based. They would likely include maternal and child health services, allied health services, parenting support, childcare, playgroups and kindergarten, i.e.: a coordinated suite of complementary services from which families can pick and choose according to their changing needs, aspirations and preferences. This would include extra support if it is needed or requested, ensuring that if families encounter additional challenges, holistic and appropriate support is readily available to them and is easy to find. Importantly, access to many of these services and programs would be an entitlement for all families and children, and provided free of charge.

This fifth paper in the **CoLab Policy Paper Series** unpacks the above vision of how an early childhood service system for Western Australia could look and outlines what is involved. It has been written to stimulate discussion amongst early childhood practitioners and policy makers in Western Australia and beyond, and is especially pertinent at this time of unprecedented upheaval associated with the COVID-19 pandemic. The pandemic has demonstrated the capacity of governments and service providers to be nimble and to 'think outside the square' so, in coming months and years as work proceeds to re-establish early childhood service arrangements in Western Australia, the opportunity to rebuild better should be grasped with both hands.

This Paper incorporates and builds on Papers 1 to 4 of the Series. These preceding papers addressed progress made over the last 50 years; the current developmental status of Western Australia's young children; issues in current early years services in Western Australia; and a summary of what evidence says about improving the development and learning of our children.



An integrated early childhood system for Western Australia

Our vision for an Integrated Early Childhood System for Western Australia places the right services and programs within easy reach (geographically, culturally and financially) of families with young children at the right time in their children's lives. Families have a major role in determining the right 'mix' of services and programs for their children in their particular community. Mechanisms are in place to ensure that services and programs are provided at the frequency and intensity required to meet local preferences and needs. Families will be in the 'driving seat', selecting and using the services that match their changing circumstances as their children grow, develop and learn prior to school entry.

The five essential and complementary elements of this vision are:

1. **High quality, accessible and affordable universal services**
2. **Tailored additional support for families with greater needs ('proportionality')**
3. **An integrated, multi-disciplinary childhood team for every community**
4. **Acknowledging and building family and community capacity**
5. **Co-ordination, including a joint monitoring system**

Within each element, consideration is given to the **critical success factors** shown by research to be crucial in any early childhood system: an equity of **access** for children and parents to services; and services being able to **reach** children and families, particularly those with greater needs.

ELEMENT 1: High quality, affordable universal services

Our vision of an integrated early childhood system is built on a universal 'platform' of high-quality and affordable services available to the families of all young children. This platform comprises a suite of complementary health and education services which cater for the changing needs of parents and children from conception to full-time schooling at five years of age. As outlined in Attachment 1, this suite of services will include maternal and child health, parenting support, playgroup, childcare and kindergarten, catering for evolving needs as children develop and family circumstances change.

These services provide a universal platform of service entitlement for all families and young children. They must be of sufficient quantity that families and children do not need to go on lengthy 'wait lists' to access, and must also be of high quality, i.e.: delivered by qualified, well-trained staff using evidence-based practices in a fit-for-purpose location.

Collectively, these services provide a comprehensive 'canopy' for monitoring the ongoing wellbeing of all children and families – and can assist with the early identification of potential risks or developmental issues, leading to appropriate referrals for intervention and support. They operate as a cohesive system, and make available a regular, welcoming touchpoint for



families. This touchpoint is critical in providing support to families at the margins who may otherwise remain unknown to service providers. When coming into contact with universal services, relationships can be built, and additional services offered as required.

The good news for Western Australia is that most of these services are already available in most parts of our vast State and, other than childcare, can be accessed for free. The flip-side, however, is that service utilisation is lowest among families with the greatest needs, particularly in remote localities. The challenge is to better coordinate existing services into a cohesive and integrated **system** which engages **all** families according to their preferences and needs, and to ensure that well-trained staff are attracted to (and retained within) remote and/or disadvantaged localities where the demand for their skills is highest.

ELEMENT 2: Tailored additional support for families with greater needs ('proportionality')

In our vision for a high quality integrated early childhood system there is sufficient capacity to provide additional tailored support and services to children and families with greater needs – either short-term traumatic events that pass quickly but create challenges for which immediate advice and assistance may be required, or long-term chronic hardship for which sustained assistance may be required. Mechanisms would be in place to ensure that families and communities who are beneficiaries of this additional support have a major role in shaping the nature, frequency and source of support. In all cases, these additional support services will be welcoming, non-judgmental, culturally safe and responsive. They may take the form of an extra 'dosage' of universal services, or referral to other supplementary (and more specialised) services.

Reflecting the 'circles of influence' on a child's wellbeing, additional support would be available according to the level from which the additional need arises – at the level of the child, the family or the community – noting that these circles are inter-related and that strengths or adversity at one level rarely occur in isolation of one (or both) of the others:

- **Child-level (the centre):** This is where the source of additional need arises from child-specific characteristics, for example: significant delay in key developmental milestones warranting specialised referral, intervention and treatment.
- **Family-level (the inner circle):** Where a family's circumstances lead to adversity for their children and additional services are needed to support the family through a short-term challenge or long-term issues. This support could include additional home visits that provide a gateway to join community networks such as supported playgroups and, reflecting the principle of proportionality, may also lead to other more intensive support services.
- **Communities (the outer circle):** For communities with a high proportion of families with greater needs, often associated with poverty and other forms of hardship. These communities will likely benefit from an extra concentration of universal services, community programs, and mechanisms to actively seek-out and engage families with young children.

Examples of additional supports reflecting these circles of influence already exist in Western Australia. One such case is that community health nurses have flexibility to offer extra home visits and services between 'standard' Purple Book universal health checks for identified children and, in some communities, universal child health services can broker intensive support services for identified families. Another example is the establishment of 22 Child and Parent Centres and KindiLink at 38 selected public schools, all located in communities with a high proportion of children and families with additional needs.



ELEMENT 3: An integrated, multidisciplinary early childhood team for every community

Our vision for an integrated early childhood system is one where families can access the help they need within their local community (within 'pram pushing distance' in urban settings), at a 'one-stop-shop' for advice, referrals and support. The ideal is to co-locate a multi-disciplinary team of early childhood practitioners comprising: midwives, nurses (child health and school), allied health professionals (speech pathologists, nutritionists, child and adult mental health specialists), family/parenting support staff and educators (playgroup leaders, early childhood teachers) at one convenient location in each suburb or town.

Accessing a multi-disciplinary team of early childhood practitioners in remote and rural localities is likely to include the innovative use of communications technology. In such localities, the lynchpin for access to such a team will be one or more local nurses with high-order training in culturally responsive practice and child health and development. These nurses will be resourced and enabled to build solid, ongoing relationships with every family who has a child in the pre-birth to four years age-range. They will take local responsibility for all children completing the full schedule of universal child health checks and, where additional needs are identified, they will broker timely access to the specialist support children and families request or need via virtual 'telehealth' consultations. This local, personalized service will include assisting families to raise questions, understand answers and treatments, and ensuring follow-up by the specialists and the families. This is not a model where generalist nurses deliver specialist services; rather, local nurses broker and support access to specialist services so all children are assured of optimal diagnosis and treatment regardless of locality.

There are advantages in co-locating the 'early childhood team' at or near public primary schools. Such schools are highly visible and centrally located within the community and benefit from a shared sense of community 'ownership' across the community. Establishing a sense of belonging at school – for children as well as their parents – by regularly engaging in services at the school site long before actual school enrolment can also facilitate a smooth transition to school in future. One disadvantage could be that some parents, particularly those with negative memories of their own school days, may

feel more comfortable at a health or community centre or a shopping centre that they visit more regularly than a school. Communities need to decide what location best suits them.

It is also desirable that centre-based childcare (long day care and outside school hours care) services are located at the same place. This has significant benefits for children and their families. For busy parents, having a single drop-off for all their children's services between 7:30am and 6pm makes life easier. For children, it facilitates continuity of 'place' and relationships – potentially from maternal health clinic visits through pregnancy through to the end of the child's primary schooling.

Our vision is that this multi-disciplinary team of health, education and family support services work as an integrated team, each supporting and building on the contributions of the other. This will require a high degree of coordination (which is further addressed at Element 5) and for each discipline to prioritise the needs and perspectives of the families and children they serve ahead of the systems and procedures of their particular discipline.

ELEMENT 4: Acknowledging and building family and community capacity

Whilst an unwavering focus on children is central to an integrated early childhood system, the primary recipients of most services provided through such a system are parents/caregivers and the communities in which they live. Notably, parents/caregivers are not passive or inept recipients of these services. Rather, families and communities have strong views about what they do and do not want for their children, and they engage selectively in services that align with their values and expectations – and avoid those that do not. It follows that our vision of an integrated early childhood system has mechanisms in place to learn about, understand and acknowledge the capacities and perspectives of families within each community¹ and to build their capacity to raise their own children.

This element reflects research evidence which shows that the strongest predictor of a child's long-term health, development and learning outcomes is their home learning environment². From the experience of health providers, this includes the physical and emotional well-being of parents and caregivers. It follows that an integrated early childhood system will not only deliver high quality services directly to children, but also pay attention to building the confidence and capability of the people with whom children spend most of their time: that is, their families.

A key to achieving this goal will be fostering culturally safe relationships with (and between) families and early childhood practitioners across multiple disciplines, including the sensitive area of child protection. The person who might 'knock on your door' or be the 'friendly face' at the early years services that parents/caregivers choose to attend will be crucial. If parents/caregivers don't experience a kind and friendly face at their first visit, they are less likely to return. Our vision is that families needing support have a positive, trusting and enduring relationship with the people providing that support.

To build family and community capacity, communities need to have a say in which services are provided and how they are delivered. Our vision is that early childhood teams are guided by local families whose deep knowledge of their own community complements and enriches the professional expertise of service providers. Services are delivered in a culturally responsive manner, recognising that an exchange of perspectives and expertise on what is best for each community's children is a two-way process. It is not a case of 'one size fits all'.

¹ Scrine C, Farrant B, Michie C, Shepherd C, and Wright M (2020). Raising strong, solid Koolunga: values and beliefs about early child development among Perth's Aboriginal community. *Children Australia* 45: 40–47. <https://doi.org/10.1017/cha.2020.7>

² 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. <https://ro.uow.edu.au/cgi/viewcontent.cgi?referer=&httpsredir=1&article=3155&context=sspapers>

ELEMENT 5: Coordination and a joint monitoring system

Our vision for an integrated early childhood system is one in which families can access all early childhood services via a highly visible and engaging single point of contact within their community. There is no 'wrong door' and any new family in the town or suburb can quickly work out where to go and who to ask when they want information or support. To facilitate this, early childhood health, education and community services will be co-located and integrated wherever possible – preferably at a public school site – and will share data (with privacy safeguards) and a common referrals process to minimise the likelihood of any child or family slipping through the cracks. This will include a tracking system to ensure that specialist referrals are followed-through by trusted individuals in a timely manner.

Active, ongoing and locally-tailored public promotion of the early childhood system is vital. Every effort must be made to ensure that all families are aware of the services and other forms of support that are available within their community. Regardless of affordability and convenience, families need to understand and believe in the value of services and feel a strong sense of belonging at those services before they will fully utilize them.

High levels of co-ordination and localised flexibility within clear universal parameters will enable early childhood services to be tailored to each community's unique context, strengths, priorities and needs whilst also maintaining a solid universal base. Western Australia's communities vary greatly across metropolitan, rural and remote locations so the specific 'mix' of additional services warranted in each community and the way they are delivered will vary.

The integrated early childhood system routinely collects and systematically analyses administrative data from the services being delivered in each community and region. These data will inform progress against clear key performance indicators pitched at a sufficient level of detail to identify groups, regions and neighbourhoods with additional needs. The data will inform decisions on how much and what type of additional resources and support are needed in each place.

Coordination enables child development and learning, and family support to be intertwined. The early childhood service system caters to the whole child, nested within their family and community.



Summary

Our vision for an early childhood system for Western Australia is built on a platform of high-quality universal services, delivered by a local, friendly team of early childhood practitioners trained in the complementary areas of maternal and child health, early childhood education and parenting. The team's role would be to draw upon and actively build community capacity to raise its children well.

The system will support every child. It will proactively engage with all families – those doing well and those with greater need. Families will have access to the services they need in their context according to their changing circumstances. Services and supports will be coordinated and harmonised across health, education and community services making sure there is no wrong door for families. The system is designed so that families have a say in which services are provided, and how, when and where they are delivered. Culturally secure and inclusive practices that respond to and build on existing family and community capacity and values are embedded features of our vision.

There is a clear and urgent need to improve the level, type and coordination of support currently provided, and to address the fact that one in every five Western Australian children starts school with at least one area of developmental vulnerability. A comprehensive and well-coordinated early childhood system will significantly reduce the likelihood that children with additional needs – or their families – are lost within our suburbs and towns before they start school.

The good news for Western Australia is that the 'frame' for a solid early childhood system has already been built. We already have exemplary maternity hospitals, an established system of universal child health and development checks, parent-run playgroups in most suburbs and towns, KindiLink supported playgroup at a growing number of public schools, high quality Kindergarten at every public and non-government school (free at public schools) and 22 Child and Parent Centres from which lessons about integrated service provision in the Western Australian context of can be learned. We also have numerous high-quality childcare providers and non-government organisations providing a range of parenting services across the state. Collectively, these services and programs are contributing to an improving trend in Western Australia's Australian Early Development Census (AEDC) data. In 2018, the AEDC data indicated that the proportion of children in this state who were on track on all five developmental domains was higher than all other states and territories.

The enduring challenge, however, is that this suite of early childhood services and programs do not function as a coherent, efficient and coordinated system – the sum of the parts is not greater than the whole. There is an urgent need to address this shortcoming because, notwithstanding the promising proportion of Western Australian children who are on track on all five domains of the AEDC, the 2018 data also show that one in every five Western Australian children start school vulnerable on one or more domains. Research shows that that they are unlikely to escape this burden.

The path forward rests with governments – local, State and Federal. Only governments have the authority and resources to effect the changes required. Their role will be to bind together the early childhood system through good governance, quality assurance, leadership and adequate funding.

Attachment 1

A CHRONOLOGICAL PATHWAY OF ENGAGEMENT WITH AN EARLY CHILDHOOD SYSTEM – from the perspective of families using the system

AGE	UNIVERSAL SERVICES	Focus for families
Pre-Birth	<ul style="list-style-type: none"> • General medical practice and obstetrics (public and private) • Midwifery care (public and private) • Tertiary care (as needed) • Information: <ul style="list-style-type: none"> • healthy pregnancy, birthing options (and classes) • child development: what is happening in-utero and what to do and expect after baby is born • Introduction to local Early Years Team 	<p>Health of expectant mother and her developing baby. A time of expectancy, excitement, trepidation and change for most families.</p>
Birth	<ul style="list-style-type: none"> • Hospital services (public and private) • Tertiary care (as needed) • Notification system to ensure Community Health Nurse in the local Early Childhood Team is informed of the child's arrival and of any additional parent/family needs warranting extra support • Advocacy and support for high needs women and families through local Early Childhood Team 	<p>Achieving a trouble-free birth and getting home as soon as possible in good shape with a healthy baby.</p>
0-6 months	<ul style="list-style-type: none"> • Two home visits by trained Child Health Nurse (more visits for families that need them plus access to additional family support). • Universal Health Checks (Purple Book) including vaccinations: 14 days, eight weeks, four months. • Highly visible, accessible, multi-disciplinary Early Years Team providing: <ul style="list-style-type: none"> • Information (including the Bright Tomorrows App), reassurance and a reliable, friendly ear; • connections to other local families through playgroups, parent programs, libraries, toy library; • referrals to specialized services and follow-up support as needed; and • information on local early learning options including childcare services, KindiLink, Better Beginnings and parent-run playgroups. 	<p>Seeking assurance that their baby's development is within the expected range, and that baby is feeding and sleeping well. This can be a time of high anxiety, fatigue and uncertainty – especially for first-time parents or families with additional needs including those whose baby has issues. Timely, reliable and supportive advice (and specialist referrals as required) is vital through this period.</p>

<p>6 months to 3.5 years</p>	<ul style="list-style-type: none"> • Universal Health Checks (Purple Book) including vaccinations: 12 months, two years. • Highly visible, accessible, multi-disciplinary Early Years Teams providing: <ul style="list-style-type: none"> • information (including the Bright Tomorrows App), reassurance and a reliable, friendly ear; • connections to other local families through playgroups, parent programs, libraries, toy library; • referrals to specialized services, allied health and follow-up support as needed; and • early learning options including high quality approved childcare services (centre-based and family day care), KindiLink, Better Beginnings at local libraries and parent-run playgroups. <p>NOTE: Child and Parent Centres on public school sites that also have links with childcare services and/or KindiLink and/or parent-run playgroups at the same school are good examples of visible and accessible hubs at which multi-disciplinary Early Years Teams could be based.</p>	<p>The focus through this three-year period gradually broadens from baby's physical needs (feeding, sleeping, bathing, hugging) to toddler's mobility, language, play, curiosity and expanding circle of security. The choices made and the support needed by families in this period vary significantly depending on the individual child and parents' home and work circumstances. The key through this period is for families to have a solid support network (family, friends, practitioners) and a range of good options from which to choose with respect to early learning. It is also vital that any developmental concerns are promptly identified and addressed, with timely access to allied health services as required.</p>
<p>3.5 to 4.5 years</p>	<ul style="list-style-type: none"> • Kindergarten – 15 hours per week. This is free at public schools, and also available through non-government schools and centre-based childcare centres (for which a subsidised fee is payable). • Universal Health Check and remaining vaccinations: 4 years (School Entry Health Assessment) 	<p>Seamless and positive transition to school through a high-quality play-based learning program. For children who missed regular contact with Child Health Nurses before Kindergarten, early childhood teachers may identify developmental concerns which require prompt diagnosis and treatment to mitigate long-term impact.</p>
<p>4.5 to 5.5 years</p>	<ul style="list-style-type: none"> • School enrolment (for full-time Pre-primary) compulsory. • On-Entry Literacy and Numeracy Assessment conducted in all schools • NOTE: This is the age at which AEDC data are collected (every three years). 	<p>Open and positive lines of communication between home and school, and regular updates on their child's learning progress and sense of belonging at school.</p>