Collaborate for kids

TELETHON KIDS INSTITUTE

minderoo

we the people

Supporting Children and their Families in the Midland Region

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Acronyms

Abbreviation	Full Form
ABS	Australian Bureau of Statistics
AEDC	Australian Early Development Census
AIFS	Australian Institute of Family Studies
CaLD	Culturally and Linguistically Diverse
C4C	Communities for Children
DCP	Department of Child Protection and Family Support
ECU	Edith Cowan University
EMHS	East Metropolitan Health Service
LGA	Local Government Area
MEYAG	Midland Early Years Action Group
NFP	Not For Profit/s
SEIFA	Socio-Economic Indexes for Areas
UK	United Kingdom
USA	United States of America
WA	Western Australia

Terminology

Term	Definition
Aboriginal	The word Aboriginal is used in this document as a collective term to describe Aboriginal and Torres Strait Islander people.
CoLab	Collaboration for Kids
we the people	we the people WA Inc.

Foreword

by Helen Dullard OAM, Chairperson, *we the people*

This report is an initiative of ***we the people***, in partnership with Telethon Kids Institute's Collaboration for Kids (CoLab) and Edith Cowan University (ECU). ***we the people*** is a community organisation based in Midland that is a service change agent ***with*** board members who are experienced and successful community members with expertise in human services, community development, policy, business, governance, education and healthcare. Its mission is to advocate for the people of Midland and the broader East Metropolitan region using the best available research underpinned by deep connections with local people. By doing this, ***we the people*** work to transform the lives of children and youth facing adversity, increasing opportunities and ensuring gaps in key social and community services are addressed.

The following pages detail the findings of a research study that looked at the developmental status of children 0-8 years in the Midland region and the services that support them and their families, focussing on children facing adversity. The report is a first step in establishing a stronger family foundations project in the Midland area. The aim is to bring together the best that science and practice from around the world can offer and combine it with the knowledge of people who have deep understanding of the Midland community. Through this methodology the intention is to create 'communities of excellence' with respect to fostering child development in our region.

The report offers a 'state of play' description that will help decision-makers to fully appreciate the needs of families and children facing adversity and the services that support them in the Midland area. It also helps identify where social and community services are being delivered, their effectiveness, gaps, and most importantly it clarifies opportunities for new approaches that I hope can deliver better outcomes for children and families.

The report was prepared for ***we the people*** by CoLab, which was established through a partnership between the Telethon Kids Institute and the Minderoo Foundation. Funding for the report was provided by the East Metropolitan Health Service (EMHS).

I look forward to the report being a conversation-starter and a catalyst for change. I further expect that any changes made within the Midland region can be used as a case study to better understand how communities can use evidence on child development and harness community energy so that all local children's life chances are the best they can be.

This report does suggest that we can do better and points to some of the ways we might work together to ensure more children in our community realise their potential. Please join with me in being part of a conversation about these new ways and in thinking about how you might be a catalyst for change in the interests of giving all local children a '*fairer go'*.

Helen Dullard
Chairperson, ***we the people*** WA (Inc.)

Executive Summary

The early years of a child's life fundamentally shape their lifelong health and wellbeing, educational success and future participation in society. A positive start in life helps children go on to reach their full potential. When they don't get this, they are more likely to experience adversity across their lifespan and this can even extend to the lives of their children and beyond [1-5]. Early childhood interventions can help ameliorate the effects of adversity and disadvantage on child development. This includes the intractable social problems that can stem from poor early childhood development, such as low educational achievement and attainment, crime, welfare dependence, family conflict and instability, unemployment and poverty [14]. The societal benefits from early intervention can also greatly outweigh program costs, delivering substantial long-term savings for societies and their governments [15].

Knowing the importance of early childhood, ***we the people*** has been concerned to ensure that the social and community services supporting families in the Midland region adequately meet the needs of all children and families. This concern has been heightened by both the experience of many of those who work and live in the Midland region and child development data, which appears to show there has been little improvement in the wellbeing of children and families facing adversity in the Midland region in recent years.

To explore this, ***we the people*** approached CoLab to help ascertain the needs of families with 0-8 year olds in the Midland region facing adversity and the services that currently exist to support them. Specifically, ***we the people*** asked CoLab to address four key questions:

How many children in the Midland region are facing developmental adversity?

The City of Swan comprises seventeen suburbs of varying sizes, levels of socio-economic advantage or disadvantage and numbers of families and children facing adversity. To identify suburbs with greatest needs, CoLab reviewed 2016 Australian Bureau of Statistics (ABS) data on engagement with service providers, the Australian Early Development Census (AEDC) and State and Local Government publications. This information identified the suburbs immediately to the east of Midland as the suburbs with the greatest number of children and families facing adversity: Bellevue, Koongamia, Middle Swan, Midvale and Swan View (and Midland itself). These suburbs, which are subsequently referred to as the Midland region, are the focus of this report.

There are approximately 40,000 people living in the Midland region of who 2417 are 0-4 year olds. The population of the region includes a higher proportion of Aboriginal people (4%), a smaller proportion of families with both parents born overseas and a higher proportion of single parent families than other areas of Perth. Using the proportions of children identified as being significantly developmentally vulnerable at 4 years of age on the AEDC (having 2 or more developmental vulnerabilities of 5 domains assessed) there appear to be approximately 160-180 children from 100 families that meet this criterion in the Midland region (i.e. substantial vulnerability).

Is the current service system meeting the community's needs?

This report identifies 126 human services comprising schools, early learning and care services, parenting services, community health services, family counselling, family and domestic violence services and public housing services either located or providing services to people in the Midland region. Most of these are in the central part of east metropolitan region in Midland (64) or Midvale (13).

With the resources available for this study, it was not possible to fully evaluate the extent to which the combined community and social services are meeting the needs of local children and their families. However, indications from stakeholder consultations suggest that many services have barriers to uptake and/or too few enabling factors to make them easy for people to access and use. Service providers interviewed also reported that many local families find it difficult to 'navigate' the service systems when they need support.

If the current service system is not meeting community needs, what other approaches could be considered?

This report points to the following features of service delivery and program design that might be more likely to lead to success in improving the wellbeing of families and children in the Midland region:

- **Place-based approaches**: Place-based approaches target entire communities and aim to address issues at the neighbourhood level, such as poor housing, social isolation, poor or fragmented service provision that leads to gaps or duplication of effort, and limited economic opportunities. By integrating services and using a community engagement approach to address complex problems, a place-based approach might enhance the engagement, connection and resilience of families and ensure communities are more engaged, connected and resilient.

- **Collaborative case management**: Collaborative case management means that multiple services are brokered by individuals/organisations nominated to lead interactions with clients or families. The goal is to form highly effective family and community interfacing relationships to maximise access/uptake and streamline needs-based service planning among higher-needs families. Generally, one or two case workers are tasked with forming trusting relationships with client families and are expected to broker the various services provided by other service providers to respond to the expressed needs of each.
- **Investing in the capacity of workers to build trusting relationships with families.** Such investments are central to the success of interventions or programs that depend on case workers building trusting relationships with target families.
- **Cultural Sensitivity:** Successful programs for Aboriginal, refugee and CaLD groups depend on the cultural sensitivity and capacity of individual workers who deliver services. This appears best achieved by involving such groups in the design of programs and services.

The early years literature also identifies several programs that might improve the developmental status of children in the Midland region. These include:

- **Nurse Family Partnership (NFP) program:** This is a home-visiting program for low-income, first-time mothers (i.e. no previous live births), particularly those who are adolescent and/or unmarried.

- **Facilitated Playgroups with Structured Language Learning (e.g. Abecedarian approach):** These are designed for 0-4 year olds and their parents/carers. They offer individually-tailored, age-appropriate adult-child interactions, beginning with educational games for infants, then progressing to a more conceptual and skill based educational curriculum, and more group activities for older pre-schoolers.

In summary, better child development outcomes seem possible via place-based models of service delivery and using principles of co-design and collaborative case management. Along with these, home visiting and facilitated playgroups with a structured language/learning approach seem to offer potential to lead to better developmental outcomes. In designing a system with these features, the cultural sensitivity of services and the interpersonal skills of their staff need to be considered.

Is Midland ready for a new approach?

Many factors point to Midland being ready for a new approach to delivering services to families with young children. First, there is a local network of capable and engaged professionals with vast experience dealing with the challenges faced by this group of families and who are optimistic about finding better ways to achieve outcomes in their community.

Second, service providers in Midland have made extensive efforts over a period of almost two decades to coordinate, focus and extend their services. As a result, there are robust relationships between local service providers, government bodies and community member networks. Such networks are critical in any process of designing and implementing state-of-the-art family and child support systems.

Third, the scope of any new approaches to family support in the Midland region are likely to be comparatively modest in relation to the collective resources of service providers. This report identifies that there are 12 organisations providing most of the key services to children and families facing adversity in the Midland region. The number of families and children at significant developmental risk is also modest.

The estimated 180 highly vulnerable children from 100 families are suggested as the appropriate initial focus. It is conceivable that if the key services in the Midland region coordinated their resources and integrated the delivery of services to this group of families, a place-based approach providing collaborative case-management for vulnerable families would be both feasible and effective. CoLab recommends that this be investigated further, although it is acknowledged that additional seed funding may be needed to help establish a new approach. It also recommends that any planned efforts draw on established networks of organisations such as the Midvale Hub, City of Swan and Swan Alliance working with ***we the people*** to consider issues of service re-design in the interests of children and families in the Midland region.

Where to from here?

The future use of this report is appropriately in the hands of Midland service providers and community leaders. Only this group has the deep understanding of the Midland region and

the approaches and programs likely to be successful. With this in mind, the following actions are suggested for consideration by these stakeholders:

1. Verify the number and location of families facing adversity in the Midland region and the networks they engage with to complement the information in this report.
2. Find ways to conduct in-depth consultations with a cross section of families in the Midland region to ascertain the needs, barriers and enabling factors to accessing services.
3. Build commitment among community leaders, local service providers and government policy-makers to strengthening networks and if appropriate redesigning aspects of service local delivery to children and families.

Purpose of this Report

Collaboration for Kids (CoLab), which was was established through a partnership with the Minderoo Foundation and the Telethon Kids Institute, was contracted by the East Metropolitan Health Service to write this report.

The report was written to inform service providers, researchers, government agencies and business organisations with an assessment of children's development and learning status, service mapping and community context related to children 0- 8 years and their families in the East Metropolitan region. The report is expected to inform local project and service planning and assist stakeholders in interpreting how they might best assist families with young children.

Where these efforts are successful, it is expected that the long-term benefits will include:

- Strengthened families;
- Improved child development (health and education);
- Reduction of child neglect and abuse;
- Increased access to needed services by individuals and families facing adversity;
- More efficient service delivery; and
- Better policy and decision making, including more effective service purchasing decisions.

Methods

The information obtained for this report included.

1. Mapping and analysis of services for families with 0-8 year olds in the East Metropolitan area.
2. Consultation with local stakeholders on success factors and barriers to service delivery.
3. A review of published evidence on the provision of services to children and families facing adversity.
4. Analysis of findings and drawing implications.

Study limitations include:

- The constraints on availability of AEDC and ABS data on distinct communities within the region.
- The time and resources available to consult with local stakeholders.
- The time and resources available to review literature.

Out of scope for the report were:

- Secondary and tertiary health services
- Secondary and tertiary education services

Background and Context

The focal point of this report was families with young children in the eastern suburbs of Midland. Emphasis was on suburbs with the highest levels of disadvantage in areas such as

housing affordability, income, education, numeracy and literacy, domestic and family violence and poor mental health.

The study area lies within the Swan Local Government Area (LGA). This LGA comprises seventeen suburbs, each with varying levels of disadvantage. To identify those with greatest needs, multiple sources of information were used including: engagement with local community and service providers; Australian Early Development Census (AEDC); Australian Bureau of Statistics (ABS) data; and State and Local Government information. This data suggested the suburbs of Bellevue, Koongamia, Middle Swan, Midland, Midvale and Swan View were home to the highest numbers of children facing adversity in the City of Swan.

Population Characteristics of The East Metropolitan Region

As at the 2016 Census, there were approximately 40,000 people living in the study area, with relatively equal numbers of males and females. Aboriginal and Torres Strait Islander people accounted for 4.0% of this population, substantially higher than the national figure of 2.8%. The median age of people in the study area was 39, with children aged 0-4 years making up 6% of the population. Of families in the area, 41% were couple families with children, 37% were couple families without children and 20% were one parent families. Of one parent families, most (80%) were headed by females.

The ABS reported that between 2006-2011, around 6,000 people had moved into the Midland region from other countries. Of people aged 15 and over in this area, 16% had completed Year 12 as their highest level of educational attainment, 19% had completed a Certificate III or IV and 8% had completed an Advanced Diploma or Diploma. One in eight (13%) had completed a bachelor's degree or above. This is much lower than the corresponding State-wide figure of 20%. At the time of the Census just over 20,000 people in the region reported being in the labour force, with a majority (57%) employed full time. Unemployment was 9%, somewhat higher than the respective National figure as shown in Table 1.

These indicators suggest the study area is one of concentrated disadvantage relative to the State as a whole, with:

- Fewer years of formal education among adults;
- Higher levels of developmental vulnerability at school entry measured on the Australian Early Development Census;
- Higher unemployment;
- Lower likelihood of participation in community groups or volunteering; and
- Lower likelihood to have a say on issues important to them.

With respect to children and families, a Community Asset and Gap Analysis prepared by the Swan Alliance in 2014 reinforced the status of the Region as an area of concentrated disadvantage. On indicators that reflect the accessibility of social-emotional and material resources, the data for Midland compared to Perth as a whole suggested it had an over-representation of single parent families, children in care and domestic violence incidents.

		Midland East	Swan	All Perth Metro
Population	Population	40,207	128,540	
	Median age	39	34	36
	Families	10,555	33,313	
	Couple families with children	40.9%	48.9%	46.3%
	Single parent families	19.8%	16.7%	14.5%
	Number of 0-4 in region	2417 (6.0%)	9,724 (7.6%)	6.5%
	Number of children attending pre/primary school	437/3074	1,695/11,989	
	Proportion Aboriginal & TSI	4.0	2.7	1.6
	Both parents born in Australia	42.7%	35.1%	33.7
	Both parents born overseas	33.8%	43.8%	45.7
	Speaks language other than English at home	14.8%	22.9%	22.6%
Economic / employment	Unemployment %	9.2%	8.2%	8.1%
	Median weekly household income	$1376	$1643	$1642
	#/% single or no income families	3394/41.3%	10,465/37.2%	40.1%
	% people over 15 earning less than $650 gross weekly income	21.2	15.3	17.6
	Method of travel to work: public transport	8.1	7.0%	10.4%
	Average motor vehicles per dwelling	1.9	2.1	1.9
	Method of travel to work: car	73.7	75.9%	71.3%
Education	Highest level of education attainment – year 10	14.6%	13.1%	10.7%
	Highest level of education attainment – year 12	15.6%	18%	16.7%
	Highest level of education attainment – Bachelor degree	13.1%	14%	23.2%

Table 1: Population Characteristics

The Need to Examine Service Delivery

Scoping work conducted by ***we the people*** and its partners identified that services designed to assist children and families facing adversity in the region had barriers to access and/or too few enabling factors. They believed this was hampered by the absence of formal cross-agency systems which empower service providers to plan and co-ordinate program delivery.

Despite having the desire to deal with issues confronting vulnerable families, a variety of organisational and policy barriers seem to have inhibited collaboration. Other considerations for the provision of services include their proximity to disadvantaged communities in the Region.

Key Points

- The data confirms Midland as an area of relative disadvantage.
- Services designed to assist the children and their families facing adversity in the region appear to have barriers to access and/or too few enabling factors.

Development and Learning Status of Children

To interpret the development and learning status of children in the study area, data from the Australian Early Development Census (AEDC) was analysed. AEDC data is collected at the time children commence their first year of full-time school.

The AEDC measures five areas or 'domains' of development which are predictors of adult health, education and social outcomes. The Census data is derived from class teachers who assess the development of children in their classes on measures of physical health and wellbeing, social competence, emotional maturity, language and cognitive skills and communication skills and general knowledge.

Aboriginal children are at a among those at most risk for poor developmental outcomes. In 2015, at school entry, Aboriginal children were found to be twice as likely to be developmentally vulnerable on two or more domains than their non-Aboriginal counterparts.

Using ABS population data and the AEDC data, estimates of the number of vulnerable children in the study area were calculated (see Table 2). (Note: data was not available for the suburbs of Viveash and Woodbridge at the time the report was compiled). This data suggests that approximately 170 of the 1400 0-4 year olds in the study area are developmentally vulnerable. Using ABS data on average numbers of children per household, it seems likely that these 170 children reside in approximately 100 households.

Comparison of ABS Population Data and AEDC Domains

Location	Population of 0-4 yr. olds	Vulnerable in 2 or more domains (AEDC)	# 0-4 yr. olds
Guildford/Hazelmere	173	9.6%	17
Helena Valley/Koongamia	211	6.9%	15
Middle Swan/Red Hill	158	0.9%	2
Midland/Bellevue	311	15.0%	47
Midvale/Swan View/Greenmount	334	18.6%	62
Stratton/Jane Brook	252	11.8%	30
Viveash	n/a	n/a	-
Woodbridge	n/a	n/a	-
Total:	1439	-	173

Table 2: Estimated number of 0-4 yr. olds in the study area who are vulnerable in two or more AEDC domains

Key Points

- The most extreme levels of early childhood vulnerability seem located in approximately 100 families in the study area.
- Aboriginal children are over-represented among these children, but are nevertheless in the minority.

Services in the Midland Region

Mapping of services and programs available in the East Metropolitan Region was undertaken to:

- Provide baseline information on which programs and services are available; and
- Compare existing services against best practice programs for children and families facing adversity.

Mapping consisted of the following steps:

- Defining the boundaries of the East Metropolitan region through the use of data from the AEDC, ABS and LGA as defined by the WA Government.
- Desktop (internet based) search and review to identify relevant programs to children and their families facing adversity including; schools, early learning programs, parenting programs, community health services, family counselling, family and domestic violence services and public housing services.

Findings

Services were categorised into; schools, early learning programs, parenting programs, community health services, family counselling, family and domestic violence services and public housing services. Initial scoping revealed 126 services or programs across the seven (7) domains in the study area. The location of services across the region is shown in Table 3.

A majority of services identified are located in central Midland (64) and Midvale (13). The high number of early learning programs is a result of the primary schools in those locations often offering more than one program.

East Metropolitan Distribution of Services

Suburb	Schools	Early Learning	Parenting Programs	Community Health	Family Counselling	Family & Domestic Violence	Housing	Total
Bellevue								0
Boya								0
Caversham	2	4						6
Greenmount	2	1						3
Guildford	2	2						4
Hazelmere								0
Helena Valley	1	2						3
Jane Brook								0
Koongamia	1	3	2	1				7
Middle Swan	3	7	3	1				14
Midland	1	3	11	10	17	9	13	64
Midvale	1	5	3	2	2			13
Red Hill	1	1						2
Stratton	1	2						3
Swan View	1	2	1		1			5
Viveash								0
Woodbridge	1	1						2
	17	33	20	14	20	9	13	

Table 3: Summary of Midland Services by Number and Location

Key Organisations

Desktop searching and site interviews identified a number of key organisations that provide services to children and their families in the Midland region. A description of the core business of these organisations and the services they provide is Appendix 2.

Notably, the Midland region has two key early years organisations dedicated to coordinating other local child and family services:

- **The Midvale Hub** is a site for the delivery of a suite of early education and care services, parenting programs and adult study programs. The Hub also fosters partnerships with other organisations to deliver integrated programs and services catering for a broad range of community health, education and family support needs.
- **Swan Alliance** is a partnership between Ngala, Mission Australia and Anglicare WA. It supports other organisations to deliver services by funding their activities, including Playgroup WA and United Way Western Australia.

Key Points

- There are currently 126 distinct early years or related services or programs delivered in the East Metropolitan region. Whilst organisations collaboratively deliver some of these, there isn't a central point for planning or coordination of these services and programs.
- An opportunity seems to exist to leverage and build on the strong local relationships to institute more planning and coordination of early years and related services or programs in the East Metropolitan region .

Coordination of Midland Services

This section of the report relates to coordination of agency efforts in the study area. To investigate this issue, interviews were undertaken with people that had substantial interagency experience in Midland. Discussions were held with nine (9) local agency and/or service representatives. Past needs assessments and related documents completed by Perth Central and East Metro Medicare Local were also reviewed along with documents from the City of Swan and Swan Alliance.

Stakeholder Consultations

Interviews and the review of documents reinforced Midland as an area with a substantial population of people facing adversity. Reflecting this, in its *Our Swan 2030* document, the City of Swan referred to local residents as broadly enjoying a high level of health and wellbeing, but that considerable health inequalities existed in the community and that many families confronted complex clusters of problems.

The same report indicated that relative to the City of Swan as a whole, Midland had the highest proportion of low income families and the highest unemployment rate within its area. ABS Socio-Economic Indexes for Areas (SEIFA) further reinforce this point.

Midland Community Context

There has been increasing interest in placed based approaches to deal with disadvantage. This has included efforts to design local physical and social infrastructures to help residents build the capacities needed to navigate and succeed, especially in the context of what are increasingly changing social and economic environments.

In the City of Swan, the local authority's approach to 'place-management' has been at whole-of-organisation level, not merely as a response to local disadvantage [50]. In doing this, the City identified five place-management areas of 'shared interest', initiating staffing and other measures to increase local integration. Bishop characterised the City's approach as still evolving, with data on outcomes as yet unavailable [49]. Nonetheless, regarded the approach as having been useful to managing competing and diverse challenges. This experience with the challenges of implementing place-based approaches and their associated 'successes and failures' seems to have provided a platform of capacity for future efforts responding to the needs of local children and their families facing adversity.

From key informant interviews, actions to better plan and coordinate early years efforts have long been apparent in the study area. Examples include the Midland Early Years Action Group, the Swan Alliance (C4C), ***we the people***, and the Midland Leadership Group. Interviewees suggested that local action had benefitted from a history of "grass roots" or bottom-up approaches to addressing local issues/problems. These were said to have drawn on foundations of solid links between services and staff and strong community networks.

Yet interviewees consulted for this report suggested that despite having a clear intent to deal with the key themes of resident engagement, strategic integration, collaboration, and breaking down silos, challenges had constrained the effectiveness of past efforts. The literature suggests that such experiences are common, with service integration proceeding across a developmental continuum, beginning at the level of communication, extending to coordination and ultimately to consolidation [56, 53]. The features of these distinct levels are described in Appendix 1

From the interviews conducted for this report, it seems that despite having capacity for integration, with both interest in and commitment to the issue, local progression beyond the level of communication had rarely been achieved. This seems to have been especially true at cross-agency level, where establishing common agendas often tends to be challenging. Added to this have been basic issues like service requirements to maintain client confidentiality, which generally act as a barrier to information sharing.

In summary, there seem to be many barriers to integration in Midland (as elsewhere) that, from interviews conducted for this report have resulted in the implementation of 'work-arounds' insofar as families facing adversity are concerned. For example, rather than being a feature of mainstream services, Midvale Child and Parent Centre often seems to play a case management role to ensure local families and children access the full range of needed services and build the skills and understanding to make use of local opportunities likely to mitigate risks and build new life possibilities.

The finding of limited levels of service integration in the study area resonates with prior Western Australian research undertaken by the Telethon Kids Institute [51]. Its data on frontline early years' service integration in other disadvantaged areas of Perth suggested it tended to occur within concentrated boundaries, such as within sections of the same

organisation. This was true even when local staff had extensive work-experience in an area and despite the existence of local service networks established to foster collaboration.

The Telethon Kids Institute study findings also accord with City of Swan's place based management experience in that professional 'silos' seemed a barrier, with few service staff seeing service integration as potentially more than a means to do their own job [49]. Reinforcing this, the Telethon Kids Institute study found some ambivalence about collaboration among local service providers, with fewer than half expressing confidence that the benefits outweighed the costs.

A possible explanation for this lies in the Australian Social Inclusion Board elements of good local governance of place based initiatives [47]. First, they suggest catchment populations of no more than 5,000 people; much fewer than most organisational catchments. They also point to:

1. A clear connection between economic and social strategies;
2. A framework for providing integration of effort across governments;
3. A level of devolution that allows significant and meaningful local involvement in determining the issues and solutions;
4. Capacity development at both local level and in government, without which greater community engagement or devolution of responsibility will be impossible;
5. Funding, measurement and accountability mechanisms that are designed to support the long-term, whole of government and community aims for the initiative, rather than attempting to build an initiative around unsuitable measurement and accountability.

Many of these points were endorsed implicitly (i.e. the aspect was described as a barrier/problem) or explicitly as governance-related requirements of doing a better job in Midland with children and families facing adversity. In general, few of these aspects appear to have been achieved in the study area, largely because they seem to entail decisions that are beyond the control of local stakeholders but also because they involve capacities and methods that are not easily developed or accommodated within existing practice/service models and demands.

As noted, however, a strength in the Midland region is that many of the core building blocks for the good local governance envisaged by the ASIB appear to be in place. For example, interviewees reported:

- A history of engagement with the evidence and promoting practices likely to address disadvantage;
- Experience of the challenges in finding workable solutions;
- General optimism that there are better ways and that more effort will help to achieve improvements; and
- A network of engaged professionals.

Given this, an apparent next step would be the kind of approach to place management outlined by the Australian Social Inclusion Board requiring in the first instance, agreement across the three tiers of government and a formal long-term agreement to implement a new approach to governance in the area, with the empowerment of local stakeholders to implement this.

Key Point

- There is a local network of engaged professionals in the Midland region with extensive experience with collaboration on early years issues who remain optimistic about the value of working together to achieve positive outcomes for the community.

Literature review

Brain Science

The early years of a child's life are fundamental in shaping their lifelong health and wellbeing, educational success and future participation in society. While a positive start in life can enable children to reach their full potential, those with a poor start in life are at risk of adverse outcomes that can have far-reaching consequences throughout the lifespan and for successive generations [1-5]. Brain plasticity is at its greatest in the first years of life, with the overproduction of neural synapses promoting an enormous number of neural connections and enabling rapid cognitive growth and learning [6, 7]. Children's experiences and activities shape the way the brain continues to develop, as neural connections are either reinforced or pruned according to whether they are used or neglected [8,9].

While positive experiences and interactions support the neural growth associated with healthy brain development, the experience of significant adversity during early life can compromise the development of the important foundational capacities of the brain. Early childhood development is severely compromised by environments that do not provide appropriate stimulation and positive early life experiences (this includes a poverty of words, touch and social interactions) [10, 11]. Socio-economic disadvantage is also important in determining the quality of early childhood development. Low income families experience a multitude of challenges, including difficulty accessing quality housing, healthcare, childcare and education [12, 13]. They are also more likely to experience food insecurity, mental health problems, unemployment and prejudice, and less likely to achieve goals due to resource constraints [12, 13]. Furthermore, children who are socio-economically disadvantaged, show less 'developmental mobility' than children of high to medium socio-economic status, who can essentially 'catch up' within the first few years of starting school, despite poor school readiness [14]. Exposure to significant or prolonged stress (such as poverty, neglect, violence), often referred to as "toxic stress", without the buffering support of responsive caregivers can severely disrupt stress response systems, and have lifelong adverse impacts on the learning, behaviour and health of a child [8,11,15].

Early Childhood

Early childhood interventions have the potential to help ameliorate the adverse impact of adversity and disadvantage on child developmental outcomes, including the intractable social problems stemming from poor early childhood development, such as low educational achievement and attainment, crime, welfare dependence, family conflict and instability, unemployment and poverty [14]. The societal benefits from early intervention can far exceed program costs and deliver substantial impacts on savings for governments [15]. Furthermore, it is more productive to invest in interventions in the early years for disadvantaged children, especially given that later-stage remedial interventions are considered generally less effective than those programs delivered in the formative years of life [16-18].

Early intervention should begin as early in the lifespan as possible, ideally in the prenatal period and the first three years after birth, particularly for children and families experiencing adversity [15-17]. Common program elements for quality early childhood programs also include: providing intensive and continuous support, addressing health outcomes, incorporating nutritional care, developing social and emotional skills, improving school readiness and transition to school; engaging parents to support the home learning environment; empowering parents with reliable and high-quality childcare, and; securing

well-trained educators and staff [19]. Several systematic reviews have identified early childhood interventions that are well supported [20-23]. However, there are no universally applicable solutions or "silver bullet" programs. The implications of existing evaluations are also limited by a lack of high-quality research specific to the Australian context [16].

Groups Facing Adversity

Research demonstrates that in Australia, Aboriginal children are at a particularly increased risk of poorer developmental outcomes. In 2015, the AEDC identified Aboriginal children are twice as likely to be developmentally vulnerable on two or more domains as non-Aboriginal children at school entry [24]. Of particular concern, on language and cognition domains, Aboriginal children were nearly four times more likely to be developmentally vulnerable than non-Aboriginal children [24]. Indigenous children are also significantly over-represented in the child protection and juvenile justice systems in Australia [25].

For CaLD and refugee people language and communication can be a major barrier for newly-arrived families. Difficulties communicating in English can cause challenges for families and undermine confidence. This may make finding a job or learning at school more difficult and contribute to social isolation. Concern about language skills can make communication with schools and other services more difficult for parents and carers. [65] Furthermore, linguistically diverse students who were not yet proficient in English when they began school are significantly more likely to be developmentally vulnerable up to four of the AEDC domains (physical health and wellbeing, social competence, emotional maturity, and language and cognitive development) [64].

A growing body of literature has linked the wellbeing of Aboriginal children and families to the far-reaching, persistent effects of dispossession and intergenerational trauma caused by colonisation and the government policies thereafter [26-29]. The affects of the Stolen Generation on the social and emotional wellbeing of Aboriginal people, and the profound cultural dislocation impacting subsequent generations has led to high levels of inequality and disadvantage, affecting the opportunities, health and educational outcomes of Aboriginal people, well into adulthood [29,31]. As reported by the Bringing Them Home inquiry (1997), parents who had been removed from their families as children ended up having children themselves who are at risk [33]. Further to this, The Western Australian Aboriginal Child Health Survey (2004) found that of the children whose primary carer had been a part of the stolen generation, nearly one third were at high risk of clinically significant emotional or behavioural difficulties as opposed to 21.8% of those without [27,30,33].

Early Childhood Interventions for Children and Families Experiencing Disadvantage

Early childhood interventions recognise how development is reciprocally influenced by characteristics of the multiple environments and settings that a child participates in, either directly or indirectly, including their family, school, community, and cultural and political systems [66]. There are a number of hypothesised pathways through which early childhood interventions, such as preschool programs, can lead to positive effects for a child in later life. Specifically, such programs can [66]:

1. provide children with a cognitive advantage through developing their literacy and numeracy skills;
2. facilitate children's better social development and adjustment;
3. encourage quality parent-child interactions and family support for learning;

4. offer a motivational advantage through improved self-efficacy, competence and persistence in learning, as well as;
5. enhance the quality of the school environment that children experience.

The provision of high-quality education and care (i.e. childcare) in the early years has demonstrable benefits among at-risk populations, including educational success, cognitive development, social-emotional development and health behaviours [68, 69]. Moreover, these programs can also benefit society at large, by minimising children's future social deviance and criminality, while also increasing social participation [68]. Indeed, it is premised that investing in disadvantaged young children yields substantial returns, over and above the initial cost of such programs, through a reduced need for expenditure on remedial-stage educational, health and criminal justice, as well as by promoting children's greater economic productivity in adulthood [71, 72].

Types of Early Childhood Interventions

This section presents a selection of early childhood intervention programs to demonstrate the range of strategies that exist in service provision for young children and their families, and the evidence underpinning their use. The following programs differ in terms of their key components and mode/s of delivery, as well as the main outcomes focused on (e.g. health-related, cognitive, parenting behaviours). Whilst it is not an exhaustive list, a more comprehensive list of program evaluations and effectiveness ratings is available elsewhere, including reports from the Lowija Institute (Good Beginnings: Getting it right in the early years) [73], and the Commissioner for Children and Young People (Building Blocks: Best practice programs that improve the wellbeing of children and young people) [74, 75]. As outlined below, the various types of early childhood interventions include: maternal and child health interventions (e.g. home-visiting models, pre-natal and ante-natal health care), early learning interventions such as preschool programs (e.g. Abecedarian, Perry Preschool, and Chicago Child-Parent Centres), and positive parenting interventions.

Maternal and Child Health Interventions

Nurse Family Partnership (NFP) program

The Nurse Family Partnership (NFP) program is a model of home-visitation developed by David Olds for low-income women who are first-time mothers (i.e. no previous live births), particularly those who are also adolescent and/or unmarried, thus indicating their overlapping risk [75, 76]. It aims to prevent maternal and child health problems commonly experienced among this population, including: a) poor birth outcomes; b) child abuse and neglect, and injuries, and; c) compromised parental life-course. Correspondingly, the NFP program was designed to affect three broad domains of modifiable risk and protective factors: a) prenatal health-related behaviours; b) sensitive competent care of the child, and; c) early parental life-course [76]. The NFP program is delivered to eligible women during their pregnancy and for the first two years of the child's life, by trained nurses. Program strategies are designed to increase parents' economic self-sufficiency, assisting them in completing their education, finding work and securing safe housing, as well as reducing social isolation. The program also encourages the involvement of the father in the child's life (where appropriate), and seeks to improve partner communication and commitment, and the planning of subsequent pregnancies [76].

Evidence to support the effectiveness of the NFP model comes from three randomised trials conducted in different locations of the United States (US): Elmira, New York (1977);

Memphis, Tennessee (1987), and; Denver, Colorado (1994) [76]. The number of participants in the three trials ranged from 400 to 1,138 women, who were randomly allocated to either a NFP program condition, or received comparison services. The frequency of home visits differed according to the different stages of pregnancy, and the specific needs of parents. However, across the initial three trials of the NFP program, the average number of visits ranged from 6-9 visits during pregnancy, and 16-26 visits during the child's infancy, with each visit approximately 75-90 minutes in duration [76].

Program participation from the three NFP randomised trials was associated with an array of positive outcomes, however these effects differed according to the participant samples and contexts in which the trials took place [77]. Among the reported benefits of the NFP program were: improved parental care of the child (e.g. more responsive interactions and less injuries indicating neglect), better prenatal health (e.g. less instances of hypertension and cigarette smoking) and mothers' greater informal social support, and improved use of formal community services [76-78]. Improvements in maternal life course and economic self-sufficiency were also observed, including greater workforce participation, reduced use of welfare and food stamps, and fewer unintended subsequent pregnancies [78]. Positive outcomes for children included better intellectual and language development, fewer behavioural problems and improvements in emotional vulnerability [77]. Longer-term (adolescent) benefits for the children involved in the program were also found at the follow-up stages, including reduced substance use and less internalising mental health problems at age 12, and fewer arrests and convictions at age 15 and 19 [77, 78].

Nurses were selected as home-visitors due to their abilities in competently managing the complex situations experienced by at-risk families, and because of their formal training in women's and children's health [77]. However, the trial of the NFP program in Denver, Colorado, compared home visits delivered by nurses with those delivered by trained community members (para-professionals). Overall, it was found that home visits by paraprofessionals produced some positive outcomes for participating women and children; although, these were approximately half the size of the effects observed among those participants who were visited by nurses [77]. To sustain a high quality, home-visiting model such as NFP in communities requires careful consideration of program structure and content, including clear program protocols and detailed visit-by-visit guidelines [77, 79]. Certain local and state capacities are also necessary to increase the likelihood of success, including: community and organisational knowledge and commitment to the program; well-trained and well-supported staff, as well as; continuous evaluation of the program to guide quality improvement [77, 79].

Women Infants and Children (WIC) program

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) aims to ameliorate the risk posed to low-income individuals through inadequate nutrition during pregnancy, infancy and early childhood [79]. The WIC program has been operating in the US since 1974, where it is integral to public health efforts to lessen the effects of disadvantage on nutrition and health outcomes. In doing so, the WIC program provides three main benefits: 1) supplemental foods designed to provide specific nutrients needed at different stages of growth and development; 2) nutrition education, including promoting the benefits of breastfeeding; 3) referrals to health care and social services [79]. WIC participants include: pregnant women, breastfeeding and non-breastfeeding women during the post-partum period, infants up to 1 year of age, and children aged 1-5 years. Children comprise approximately half of all WIC participants, and around half of all infants, and a quarter of all

children aged 1-5 years in the US receive WIC benefits. Entry into the program is based on meeting the income eligibility requirements, and assessment of 'nutritional risk' as determined by a competent health professional [79].

Under the WIC program, supplemental foods are made accessible through provision of a voucher, check or electronic benefit to eligible participants along with a list outlining the quantities of specific food (including iron-fortified formula) that can be purchased from specified food vendors and pharmacies [79]. In addition, by teaching participants the key concepts of good nutrition and food preparation, the WIC program aims to improve dietary quality and nutritional status over the short-term and long-term. The referral services that are a key component of the WIC program act as a gateway to service systems, including routine preventative healthcare, as well as social services, such as housing assistance, mental health and substance abuse programs. Most of the evaluations of the WIC program have focused on the effect of prenatal WIC participation on birth outcomes, by comparing WIC participants to a group of income-eligible non-participants [79]. Specifically, the WIC program is associated with increased birthweights, and reduced rates of low and very low birthweights, and provides substantial cost savings for governments. Several studies on the effects of WIC participation among infants and children have revealed generally positive outcomes on anaemia and iron status, weight and height, nutrient and food intakes, as well as access to and use of heath care [79]. While the WIC program is generally considered to be successful, and supported by a comprehensive research record, methodological limitations of WIC program evaluations, including selection bias, are important to consider in interpreting the evidence on its effectiveness [79].

Early Learning Interventions

Preschool programs

The Abecedarian preschool program is one of the oldest and most cited studies that sought to determine whether an intensive and enriching early childhood environment could prevent developmental delays among children from children from low-income, high-risk families [66]. Many children growing up in families affected by poverty may need full-time, out-of-home child care from infancy, and this provides a vital opportunity to enrich their learning and alter their environmental trajectory into adulthood [80]. This preschool stage of the historical, ground-breaking study in North Carolina, United States (US), consisted of year-round, child and caregiver, full-day attendance at a child-care setting for five days a week, beginning soon after birth and continuing until five years of age. The program emphasised individually-tailored, age-appropriate adult-child interactions, comprising educational games initially for infants, then progressing to more conceptual and skill based educational curriculum, and more group oriented activities for older pre-schoolers. The teaching and learning strategies emphasised in this program (i.e. The Abecedarian Approach), consisted of: learning games, conversational reading, language priority, and enriched caregiving [81]. A nutritional and healthcare component to the intervention was also incorporated, including periodic medical check-ups and daily screenings, and the provision of two meals and an afternoon snack for children at the centre [82]. The one hundred-eleven (n=111), high-risk, predominantly African American infants who originally participated in the Abecedarian project from 1972-1977 were tracked throughout early childhood, adolescence, and well into adulthood, to follow their cognitive development, educational attainment, employment and health outcomes [66]. Program participants demonstrated significantly better cognitive development, reading and mathematics skills as young adults (age 21), as well as better educational attainment at age 30 [66, 80]. However,

there was limited effect of the program on participants' criminal involvement and earnings [80]. The Abecedarian program was also associated with participants' significantly better physical health outcomes and healthier lifestyle behaviours in their mid-30s, hence indicating the use of such programs to prevent costly chronic diseases such as hypertension, heart disease, diabetes and obesity [82].

Like the Abecedarian Project, the Perry Preschool intervention was targeted at children from low-income families. The one-hundred twenty-three (n=123) participating African American children in Michigan, US, were selected into the project based on low intellectual performance between the years of 1962 and 1965 [18]. The Perry Preschool program started at age 3-4 years and involved children's half-day attendance at preschool (2 ½ hour classes on weekdays), supplemented with weekly (1 ½ hour) home visits over the school year. The classroom and home visits utilised the High Scope early childhood educational model; an open framework of ideas stemming from child development theory, designed to explicitly support the young children's cognitive and social skills, though an individualised program of teaching and learning [82]. The program participants were tracked to age 40 and, while only short-term impacts were observed on children's intellectual and language performance (suggesting a fadeout in effect), the program was found to have important long-term effects on high school graduation, adult earnings and employment, and reduced crime. Notably, it has been found that the primary mechanism through which the Perry Preschool program resulted in better life outcomes was through developing participants' character skills (rather than cognitive skills), thus suggesting the need for a greater emphasis on character skills development in future early childhood education programs [83]. The superior success of the Perry Preschool program is also attributed to the involvement of highly qualified teachers, extensive engagement of parents, as well as a valid child development curriculum, ongoing assessment of children's developmental outcomes and measurement of program implementation [82].

A longitudinal study of the Child-Parent Center (CPC) in Chicago also investigated the enduring effects of preschool program participation on children's outcomes in later life. The CPC program was a federally funded, sustained intervention, administered through public schools, with sites typically co-located within, or adjacent to, elementary schools, in districts with high concentrations of low-income children [67]. A half-day preschool program for 3 and 4-year old children operated throughout the school year, and consisted of language-based instructional activities and an activity-based curriculum. The multifaceted and intensive parent component of the CPC program included: parent involvement to strengthen the family-school relationship; participation in educational courses for personal development, and; a parent resource teacher to aid family support for children's learning at home. Comprehensive services and outreach activities were also offered to those most in need by a school-community representative, including home visitation and resource mobilisation. Health screening and nursing services, as well as free and reduced-price meals, also formed part of the CPC program [67]. To evaluate the effects of the CPC program over time, a longitudinal study followed the life-course development of 989 children, predominantly African American, who participated in the CPC program between 1983 and 1985, in high-poverty neighbourhoods in Chicago [67]. Compared to a control group of children who attended other government-funded early childhood programs, the CPC program participants demonstrated higher educational attainment and occupational status at age 24, as well as lower rates of criminal behaviour and less depressive symptoms. The success of the CPC program was attributed to six main principles of effectiveness, including: 1) a coordinated, integrated system developed in partnership with communities; 2) sufficient program length to strengthen learning gains; 3) well-trained and well-compensated teaching staff; 4)

emphasis on cognitive and language skills within a structed but diverse learning environment; 5) the provision of comprehensive family services to meet different and complex needs, and; 6) ongoing evaluations of effectiveness including cost-benefit-analysis [67].

Positive parenting interventions

The quality of parenting a child experiences is a key factor to be targeted through preventive interventions and there are a wide range of Australian and International parenting programs that target various child, parent and family outcomes [85]. Evaluations of parenting programs suggest they hold much promise for improving outcomes for children and families. A recent analysis of parenting programs conducted by the Parenting Research Centre found 34 international and 25 Australian programs with strong evidence (including Multisystemic Therapy, Incredible Years, Nurse Family Partnership), with only two programs with strong evidence at both the international level and within Australia (Triple P and Parent-Child Interaction Therapy) [85]. A number of recent systematic reviews from the Cochrane Database of Systematic Reviews also support the use of parenting programs, particularly to improve the short-term psychosocial wellbeing of parents [86]. parental responsiveness among teenage parents [87], and the emotional and behavioural adjustment of children under three years of age [88].

While much progress has been made in understanding the benefits of early childhood interventions, questions remain about the reliability of long-term effects for large-scale programs [67]. Some of the interventions described above are model programs implemented as part of a demonstration project (e.g. Abecedarian, Perry Preschool), and it is yet to be seen whether the remarkable effects observed in the original studies can be replicated on a broader scale in typical early childhood settings. Notwithstanding this concern, the success of such programs points to the power of prevention, and demonstrates the dramatic and lasting difference that quality early childhood education can make in the lives of disadvantaged children [66, 82]. While a number of program models have been developed in traditional research contexts, the remaining challenge is the successful expansion of such programs in community sites where they can reach a significant portion of the target population, without running the risk of programs being watered down in the process of being scaled up [76]. Essentially, we know what can be accomplished, and now the challenge that remains is to enact these proven strategies, with larger scale investments in early childhood education and intensive parent support programs, that do not compromise on quality [67, 83]. Indeed, the evidence presented here suggests that high-quality interventions should be made accessible to all young children living in low-income families, such that they are provided with the opportunity to reach their full potential to contribute to society [83].

Place Based Approaches

Disadvantaged families and communities have been the emphasis of substantial policy interest, especially over recent decades in Australia and elsewhere. A good deal of this has been associated with a desire to respond to the challenge of reducing the likelihood of lifelong disadvantage resulting from the immediate circumstances of children's family circumstances. Initiatives like Sure Start in the United Kingdom (UK), Communities for Children (C4C) in Australia, and Promise Neighbourhoods in the United States of America (USA) reflect attempts to circumvent the negative effects of current family and community poverty so that children's long-term life chances are improved. This has been particularly influenced by an extensive and growing body of research that points to the early years in the life-course as being a critical time to establish the foundations for long term social and

economic vitality [61]. Alongside this, there has been the concern that early childhood policy and practice has been especially fragmented [61].

Among the theories that inform thinking about issues like place management and program and service integration, one of the more widely cited has been Bronfenbrenner's Ecological Systems Theory (EST) [58]. While the nature of EST evolved as Bronfenbrenner progressively refined his ideas, the notion that human development is a product of the interaction between a person and their environment has remained central [60]. Bronfenbrenner conceptualised environments as inter-dependent, multi-level systems [58]. While his multiple levels each carried different labels, the mesosystem is the label referring to the links or connections between distinct areas of local service delivery and the focus of this section of the report.

At their core, initiatives like C4C and Sure Start attempt to achieve a coherent and aligned suite of mesosystem programs and services beginning from early childhood and stretching beyond with a more or less clearly stated objective of increasing the likelihood that those exposed to interventions will enjoy productive, healthy and engaged adult lives [64]. To some degree, such approaches assume that the complexity associated with higher-level local family and community disadvantage locates these issues in a policy space referred to as one of 'wicked problems'. The ASIB describes these as problems that go beyond the capacity of individual organisations to solve, so that, as a consequence, they need robust internal and external collaboration and coordination; engagement of citizens and the community in policy making and implementation; and some degree of innovation in designing and testing comprehensive solutions [47]. As noted previously, these are matters of local governance.

Sitting behind this broad area of policy is a critique that centralised governments have tended to deliver vertically disconnected services. This has been regarded as most problematic in disadvantaged areas whereas the apparent 'ideal' is services that are horizontally integrated, with needs being addressed more seamlessly [53]. As Elliot Richardson, a former USA Secretary of Health, Education and Welfare and champion of service integration suggested, the point of such policy is to identify how existing programs and services can be designed so they do a better job within existing commitments and resources [57]. Consequently, rather than simply entailing more spending, the objectives of service integration centre on aspects like:

- coordinated delivery of services for the greatest benefit to people
- holistic approaches to individuals and families
- comprehensive provision of services locally
- rational allocation of local resources to respond to local needs

Notwithstanding the possible merits of place-based approaches and features like greater service integration, it is worth noting that the area is one that has been developed theoretically more than empirically. an assessment of Australian and overseas evaluations of place-based approaches by the Albany Consulting Group (2002) sheds light on factors that may have led to the limited state of empirical work [53].

While pointing to the difficulties of conducting studies that involve issues of complexity in communities, they refer to aspects like a past tendency to implement short-term approaches in response to long-term systemic issues in disadvantaged communities, the use of 'soft targets', and theoretical vagueness as constraints to drawing any firm conclusions about the potential contribution of place-based efforts. Firm evidence on the aspects within place-based approaches that contribute most when it comes to causing and/or remediating issues

related to disadvantage remain to be determined [55]. Thus, the current state of play with regards to dealing with disadvantage at community level via better integration is, at best, located at the level of themes and practices.

Along with this, it is worth adding that an assessment based on vast USA experience, was that there are logical challenges to integrating services because they had usually been intentionally designed to be highly specialised and professionalised [57]. A resultant barrier seems to be that specialisation and professionalisation lead to mind-sets that are less receptive to integration. Getting departments within single organisations to align their efforts was hard enough, leave alone attempting anything broader [49]. Bishop's description of the experience implementing place-management (a strategy to increase integration) in the City of Swan resonates with these points; he referred to the biggest challenges in their efforts at the City as human and cultural, encountered as what he referred to as siloed 'departmental thinking' [50].

Best Practice Examples

Research conducted by the Australian Institute of Family Studies (AIFS) showed that engagement with the community is broader than simply providing referral pathways, program information and access as continued participation in programs must be considered and fostered [42]. Previous research identified that listening to and connecting with families, and delivering programs in flexible, informal and (especially) non-stigmatising manners are paramount in successful engagement with families. AIFS noted that relationships and networks play a critical role in providing for families by identifying community and family needs, finding and reaching clients, and for building capacity and ensuring service continuity [42].

In terms of staffing, work-style and skill can play a more important role than specific qualifications. Employing local community members is important to limit the perception of distance between service providers and families who access services. Where there is less of a perception of distance and difference trust is established more easily and relationship building progresses with fewer hurdles. Ensuring that staff loads are such that time can be taken to establish an individual relationship, that families are able to set their own goals, and that service delivery can be conducted in a flexible manner is also important to ensure engagement and build a trust-based relationship.

The research by AIFS also shows that the most successful interventions or programs were the activities that are tailored to fulfil needs of target group, in particular via the provision of services not otherwise available from existing services. Offering existing programs and services to new client groups, new programs and services to existing client groups, or new programs/services to new groups was one way in which this strategy has been implemented. Thoughtful responses to the needs of disadvantaged families through "warm" referral is a common strategy to link families to helpful services, as were "no wrong door" policies and the use of soft entry points, particularly in the realm of active program provision such as playgroups. Other soft entry strategies include; co-locate services with other internal or external services, inviting other services into their programs to meet clients and provide information and education.

Successful community engagement often takes place were families feel the most comfortable for example via outreach services. These activities include actively attending places where families and children facing adversity would be, such as home visits, government services, public housing estates, parks and shopping centres.

Providing incentives to the families to attend the programs or services, such as transport and food has also proven to be successful. There was much consideration of transport issues that prevented families from accessing services, and these were dealt with in a number of ways:

- via access to the organisation's own, or shared use of a bus;
- by distributing public transport tickets;
- via outreach to family homes;

Accessibility issues for families facing adversity can be addressed by services, including affordability (via reduced or waived fees), physical accessibility (e.g., proximity to public transport, easy access for wheelchairs), and flexible hours. Some organisations found ways to adapt the delivery of programs to suit the often-chaotic lives of families who were largely driven by basic survival needs and unable to commit to a "timetable" of service delivery. Staffing is considered a key factor in engaging with hard-to-reach groups. Employing staff members from these groups often proves to be a challenge. This can be a resource heavy exercise as it requires allocation of funds and appropriate training or professional development.

For non community-controlled organisations, capacity and capability building of staff members particularly in the area of cultural sensitivity should also be a main point for consideration. This is important to providing a culturally safe environment to enable Aboriginal, refugee and CaLD groups to access services. Cultural safety aims to enhance the delivery of health services by identifying the power in the relationship between the healthcare professional and the person receiving care, and empowering the service user to take full advantage of the health care service offered. Cultural safety is based on the experience of the recipient of care, and involves the effective care of a person or family from another culture by a healthcare professional who has undertaken a process of reflection on their own cultural identity and recognises the impact their culture has on their own practice. Cultural safety on a continuum of care with cultural awareness being the first step in the learning process (which involves understanding difference), cultural sensitivity being a next step (where self-exploration occurs), cultural competence, and cultural safety being the final outcome of this process. This is a dynamic and multidimensional process where an individual's place in the continuum can change depending on the setting or community.

Key Points

- A positive start in life is a key enabler for children to reach their potential.
- Providing families with early childhood programs, education and support can address barriers to development and empower them.
- Aboriginal children are at increased risk of comprised developmental outcomes.
- The uniqueness of the Aboriginal population requires community led strategies.
- Place based approaches are likely to require stakeholder collaboration and coordination and community engagement.
- Trusted, culturally safe, and coordinated or case managed approaches provide an avenue to improve access to services among underserved families.
- The success of services for Aboriginal, refugee and CaLD people depends on the capacity of staff delivering the program to provide culturally safe environments.

Considerations

Any actions or steps in using the information in this report need to be made by Midland service providers, community leaders and service users. Only they have the deep understanding of the Midland region and the approaches and programs likely to be successful. The following steps are presented for their consideration as a possible pathway.

Determine Levels of Service Provider Interest in Extending Collaboration

Ascertaining the commitment, participation and willingness of local agencies to work even more closely together to implement a new approach to the delivery of services will clarify whether further investments of time in this issue are warranted.

Progress Collaboration to Verify Needs

Working with service providers and community leaders will help to verify the number of families facing adversity, where they live, and what networks they engage with to compliment the basic information suggested in this report.

Conduct In-Depth Community Consultation

Conducting in-depth consultations with local families will provide a better understanding of their needs, current barriers and enablers to accessing services. This should include gathering their ideas for re-designing services and programs.

Community Lead Initiatives

Engaging community leaders, local service providers and government policy-makers in a process to re-design services to best meet the needs of all children and their families in the study area seems a realistic goal.

To summarise, the opportunity seems to exist to make a difference to the life course of many local children. Considering the data, evidence and modest target group identified in this document, it is realistic to expect that well designed coordinated, case managed, place based approaches could make a major contribution to the community.

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Appendices

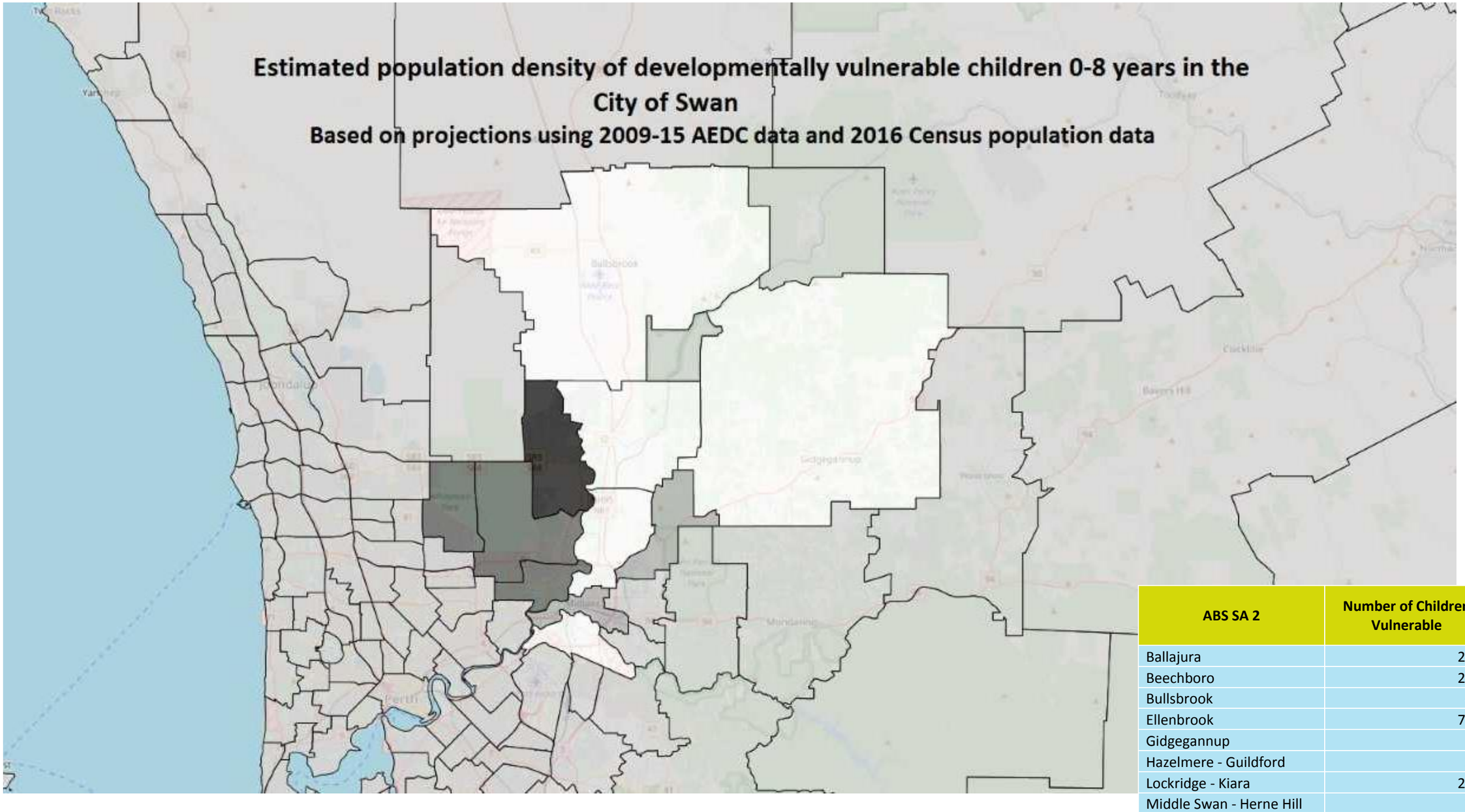
Appendix 1: Enhanced relationship intensity scale

Level	Place on continuum	Relationship features
1	Communication	• Procedures for information sharing • Regular interagency meetings on problems & opportunities • Informal service "brokering" arrangements
	Cooperation	• Groups & committees that review/approve plans • Consensus concerning best practice • Cross system's dialogue and/or training • Cooperative monitoring/case reviews
2	Coordination	• Formal interagency agreements to "coordinate" • Joint mission statement/principles • Joint training/retraining/cross-training • Contractual procedures for resolving inter-agency disputes • Temporary personnel reassignments • Coordinated eligibility standards
	Collaboration	• Coordinated personnel qualification standards • Single application form/process • Common case management protocols • Centralised functional administration • Coordinated IT/(re)programming authority
3	Convergence	• Contractual provisions for fund transfers/reallocations • Contractual "lead agency" agreements • Pooled resources/budget contributions
	Consolidation	• Multi-agency/multi-task/multi-discipline service plans and budgets • Seamless interagency service delivery teams • Fully blended interagency planning/division of labour/responsibility • Shared human capital/physical capital assets

Appendix 2: Midland Key Service Providers

Organisation	Description	Service Provided					
		Early Learning	Parenting Programs	Community Health	Family Counselling	Family & Domestic Violence	Housing
Centrecare	Centrecare is a Catholic not-for-profit, community services organisation that delivers counselling, support, mediation and training services. The focus of Centrecare is to provide services that build and strengthen families.		✓		✓	✓	✓
Derbarl Yerrigan Health Service	Derbarl Yerrigan Health Service Inc. is an Aboriginal Community Controlled Organisation providing a range of health services across multiple sites.		✓	✓			
Eastern Region Domestic Violence Services Network Inc.	Support, counselling, advocacy and crisis accommodation for women and children who are escaping domestic violence and/or who were homeless				✓	✓	✓
Helping Minds	Support children, young people, adults and families who are affected by mental illness. The majority of services focus on advocacy, understanding the mental health system, education, counselling and support, school holiday programs and respite.		✓		✓		
Indigo Junction	A not-for-profit organisation providing homelessness services to youth, families and the local community. Indigo Junction's Family Service offers housing, support and education. They also assist families to connect to specialist supports such as counselling, health and employment services where required.		✓		✓		✓
Midvale Hub	The Midvale Hub delivers a suite of early education and care services, parenting programs and adult study programs that are designed with local families to meet grassroots needs. The Hub also fosters partnerships with other organisations to deliver integrated programs and services to provide solutions that cater for a broad range of community health, education and family support needs. The Midvale Hub has three purpose built community-based facilities in Middle Swan, Midvale and Swan View. In addition to this Midvale Hub also provide programs and services at the Midvale, Middle Swan, Clayton View and Swan View primary schools	✓	✓	✓			
Ngala	Ngala is a provider of Early Parenting and Early Childhood services. Ngala works with and for families and community members to enhance their experience of parenting and the development of children and young people.	✓	✓		✓		
Parkerville Children and Youth Care Inc.	Provides protection and care for vulnerable children and youth. Their core business is responding to the needs of children and youth that have suffered chronic histories of multiple abuse and display a range of trauma-related behaviours.		✓		✓	✓	✓
Relationships Australia	Provides relationship support services to enhance family relationships and programs to support families at all stages; people starting relationships, those wanting to make their relationships stronger, people with relationship difficulties and those affected when families separate		✓		✓	✓	
The Smith Family	A National, independent children's charity helping disadvantaged Australians with a focus on education.	✓					
St John of God Midland Public Hospital	Public/Private tertiary hospital that provides community and other health services. Parenting and counselling programs are mostly focused around peri-natal care, this includes programs designed specifically for the local Aboriginal community.		✓	✓	✓		
Swan Alliance	The Swan Alliance is an equal partnership between Ngala, Mission Australia and Anglicare WA. The Swan Alliance delivers services in the Swan Local Government Area. Swan alliance also supports other organisations to deliver services through funding, such as; Playgroup WA.	✓	✓		✓		

Appendix 3: Population map of developmentally vulnerable children



ABS SA 2	Number of Children Vulnerable
Ballajura	279
Beechboro	256
Bullsbrook	47
Ellenbrook	741
Gidgegannup	6
Hazelmere - Guildford	34
Lockridge - Kiara	219
Middle Swan - Herne Hill	77
Midland - Guildford	119
Stratton - Jane Brook	139
The Vines	100