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BRISBANE SOUTH
An Australian Government Initiative

Early Years Strategy

Brisbane South Primary Health Network submission

Introduction

Brisbane South PHN welcomes the Commonwealth Government's focus on the early years and recognition of the critical role this period plays in the trajectory of a child's life.

During this time, there are many different touchpoints with government programs and services – reinforcing the importance of looking at the early years through one, whole-of-government lens.

As a PHN, we have been working towards improving the early childhood development support system in our region for some time and look forward to the opportunities this strategy will bring to highlight some of this important work.

Who we are

PHNs are independent, not-for-profit organisations funded primarily by the Commonwealth Department of Health and Aged Care to improve the efficiency and effectiveness of the health system. There are 31 PHN organisations across Australia.

Brisbane South PHN is the largest PHN by population in the state, with our region home to just under a quarter of all Queensland residents. The region covers a large area south of the Brisbane River, including metropolitan, rural and remote island locations.

PHNs conduct in-depth local assessments of their regions to determine the health status and needs of their residents. They then work with health system partners (including local health districts), community organisations and the primary health care community to plan and deliver accessible and affordable primary health care services.

Because of the way PHNs work, accessing and activating strong community and primary care networks, they are uniquely placed to respond to health and social issues that cross numerous government departments and systems.

We have leveraged this key strength to address high levels of early childhood developmental vulnerability experienced in some communities within our region, in an approach we believe to be nation-leading and one that holds great potential for communities across Australia with similar levels of disadvantage.

The strategy

Ensuring equity is a key focus

All children deserve the best start in life, regardless of where they were born.

As the discussion paper highlights, it is still the case in Australia that children from disadvantaged communities are more likely to be developmentally at risk or developmentally vulnerable.

This is particularly evident in our region.

In some parts of Brisbane south more than one in three children need help with their development. This compares to one in five children nationally.

It is for this reason that the vision for an early year's strategy must include a focus on equity – ensuring children from all communities across Australia are afforded an equal and best start in life.

Addressing the siloing of information is an important policy priority for the strategy. It is only through a collaborative, joined up approach that meaningful progress will be made.

Working as we do across the system, we consistently encounter barriers to collaborative, best-practice, shared policy approaches even when it's clear it's in the best interests of our population.

This includes navigating the federal and state government jurisdictional divide and inter-departmental siloing, as well as information silos between departments within each level of government.

The early years strategy must support the building of more effective conditions in place to remove these barriers. PHNs are well-placed to work across different communities, governments and their departments to implement place-based strategies which reflect the needs of communities.

For example, Brisbane South PHN has been working alongside the Southern Moreton Bay Islands community, sector and government to identify common objectives for improving outcomes for young children and their families and has recently developed a learning canvas to show collective results and learn together from what is occurring. Together, this group is starting to see positive change in the ecosystem and better outcomes for young children entering school.

Identify and leverage evidence-based approaches that are working

The TOTs program

Systemic inequality in the Logan region has been ongoing for decades, resulting in children not starting school ready. With what we now know about child development, these are inequalities that we could not allow to continue.

Brisbane South PHN has formed a collaborative alliance with Logan Together, key government and community partners to implement the First 2000 Days initiative[1] in our region, an innovative approach to tackling entrenched disadvantage and the barriers preventing many children from these communities starting school with the ability to do well. The alliance work integrates with the place-based, whole of population strategies of Logan Together.

One key initiative of this approach is the Thriving and On Track (TOTs) program, focusing on early identification of developmental issues in children in the 2 ½ to 3 ½ years age group in our lowest socio-economic areas. It involves building a highly accessible, trusted system response to support families and improve access to child development support.

The program is based in day care centres and works with educators and parents to screen and identify children who might require additional developmental support and connect with them appropriate services.

TOTs is run in collaboration with our program partners Logan Together, Children's Health Queensland and the Queensland Department of Education. It is a collaborative, place-based response that is successfully navigating the barriers between governments and departments, providing a seamless support system for families in the region.

In the last two years TOTs has:

- increased access to health checks and early intervention services for approximately 2500children, with 650 Child Health assessments and over 700 referrals for support, in partnership with over 80 childcare centres and community hubs
- enhanced the capacity of early childhood educators in over 80 centres to respond to children with developmental concerns
- identified over 400 children with developmental delays;
- and provided family support to more than 80 families with children with complex needs.

In some locations across the region, including Browns Plains, one in two children are now receiving support through TOTs.

An independent evaluation[2] found that 60 per cent of children being screened were identified as having developmental concerns, indicating the children

[1] Appendix 1, The First 2000 Days – an approach to supporting the early development of children in local and targeted ways.

[2] Appendix 2 - Thriving and On Track Evaluation Brisbane South PHN Final Report – June 2021

being referred by centres are those intended by the model.

Importantly, we found that less than 10 per cent of children identified through TOTs had accessed the child health system in the past 12 months.

It means the program is supporting our most vulnerable local children, who may not have otherwise received the additional support they needed, get a better start in life – improving lifelong health and education outcomes.

Anecdotal evidence[3] received from local schools confirms that TOTs is making a significant difference to the wellbeing of children when they arrive at school. Griffith University has also agreed to support a longitudinal research approach to this work, so we can see the impact over a longer course of time.

TOTs has been extended to 80 child care centres in Logan and Inala as well as six community hub sites. The goal of full expansion will be to extend to kindergarten and their preparatory year in school. This strategy will provide an opportunity for less-advantaged children and families to have full support from maternity to school as a result of the existence of complimentary, whole of population strategies including maternity hubs, nurse home visiting and family support (aligned with Restacking The Odds research).

What we've learned

The value of place-based programs and partnerships in supporting an improved approach to addressing developmental vulnerability cannot be overstated.

The TOTs program has been successful because it has included buy-in from all community and system partners, informed by high-quality data and local information about how and where families and children access health services.

TOTs was funded initially as a trial under the Commonwealth Health and Hospitals Program, but lacks a sustainable, ongoing funding source. We are in discussions with the commonwealth regarding the continuation of the program in the Logan region, which is currently supporting thousands of local children and their families.

The partnerships that enable the success of TOTs were formed and are well-supported at a regional level – but we need the support of the Queensland and Commonwealth governments to properly invest in place-based approaches and unlock the benefits of working in true partnership across governments and departments.

We recommend the implementation plans that sit under the Early Years Strategy consider leveraging the potential for PHNs to play a key role in the implementation of a whole-of -government approach to tackling developmental vulnerability and entrenched disadvantage.

[3] Appendix 3 - Thriving and On Track program – Case Studies

The First 2000 Days

– an approach to supporting the early development of children in local and targeted ways.

Brisbane south areas identified as high-risk communities for child developmental vulnerability.[1&2]

Early childhood is a critical time for health, development and establishing the foundations for future wellbeing. The skills developed by children in the early years of life contribute significantly to their long-term health and wellbeing, and ability to realise their aspirations. Most Australian children are healthy, safe and doing well. However, childhood is also a time of vulnerability and a child's outcomes can vary depending on circumstances. The healthy development of children is crucial to the future wellbeing of all community members.

'We now know the in-utero experience of a baby, followed by a child's early life experience predicts their chances of succeeding at school, of doing well in life and of having chronic diseases as an adult.'[3]

The healthy development of children is crucial to the future wellbeing of all community members.

The evidence is clear that differences in social determinants impact on the long-term health and development of young children.[4] More than ever, we know that how a child is supported in their first years will impact on how they participate in education, the workforce and, in some cases, crime.

In the Brisbane south region, while many children are doing well and will start school with the ability to progress, there are areas where trends of developmental vulnerability are well above the state average.

In some parts of Brisbane south more than 1 in 3 children need help with their development. This compares to 1 in 5 children nationally.[1]

Systemic inequality has been ongoing for decades, resulting in children not starting school ready. With what we now know about child development, these are inequalities that we cannot allow to continue.

In the past, children and families in less-advantaged communities have experienced challenges and reduced access to the system. This situation is changing.

At both a state and federal government level, there is a strong focus on supporting the early years of life, through the Federal Government's Early Years Strategy and the Queensland Government's Advancing Queensland Priorities – A Great Start for all Children (whole of government strategy).

There are also a number of philanthropic and research partnerships focusing on the early years that seek to improve policy, systemic responses and investment from government into fundamental early childhood supports.

The above are all critical components to a system approach, however we need to now put the strategies, policies and research into action, to actually understand whether they work.

So, in a significant new initiative, Brisbane South PHN, partners and Logan community leaders have collaborated on a First 2000 Days approach to early child development. It's innovative and it's working.

This is through relationship-based maternity care in trusted community hubs; child health and development support in hubs, at home or in child care centres and kindergartens; as well as support in the first year of school - tied together through practical support.

The following diagram provides a picture of the early development ecosystem that has been built since 2015 in Logan and the extent of the partnerships involved.

Conception - 6 weeks

Community maternity hubs

right@home

6 weeks - 3 years

TOTs (community hubs and childcare centres)

right@home

3-4 years

TOTs (community hubs and childcare centres)

KindyLinQ

4-5 years

TOTs (community hubs and childcare centres)

School based pop-up clinics

Its success is based on placed-based ways of working that have been built over time, such as community engagement and collaboration; human-centric design in the context of community; and local learnings and evaluation. We've also taken the time to work with the communities to build trust and agree on what is important to their children's development.

First 2000 Days			
Community maternity hubs Midwifery-led continuity of maternity care in trusted community hubs. Wrap around, holistic support for families through community connectors. Midwifery support from antenatal to 6 weeks post birth. Supported transition of families to child health service.	**Right@home** Nurse home visiting program targeting women in early stages of pregnancy to 2 years post-natal, who need extra support.	**TOTs – Thriving and on Track (childcare centres, community hubs and schools)** Early development support program implemented in over 80 childcare centres, 7 community hubs and 4 schools in locations in Logan, Redlands and Inala. Wrap around, holistic support for complex needs families through community connectors (e.g. may include links to support services, transport, advocacy, etc.). Identification of developmental delays and engagement with early intervention services . Participation in supportive early childhood environments (e.g. playgroups, etc.) Provision of child health and allied health services in community. Workforce capability building including educators and health professionals (e.g. GPs).	**KindyLinQ** Facilitated playgroup program for 3-year-old children and their families targeting increased kindy attendance for children at-risk of experiencing developmental vulnerability.

Our First 2000 Days approach is working. Overall it has:

- improved access to early intervention for children and their families to ensure children are ready to do well at school – this cannot currently be achieved at an individual program level – including:[5]

over
2700
child development screenings conducted by educators

over
650
child health assessments conducted in childcare centres

over
370
children identified with developmental delays

over
700
referrals to early intervention services

over
85
vulnerable families supported through the Child Health Champion program to access the services they need

over
50
children supported through the school pop-up clinics to access child health assessment and early intervention services.

across
40
KindyLinQ sites the number of family registrations was between 390-490 with an average of 10 families per site. On average, schools reported that 75% of children registered for KindyLinQ in 2021 were enrolled in Kindergarten programs in 2022.[6]

- improved maternity care through a:[7]

42%↓ decrease in the number of birth-parents receiving no or inadequate antenatal care – from 478 to 201 birth parents between June 2020 to July 2021 – via maternity hubs

13% saving ($178K) to Logan Hospital (2020-21) on projected costs without the maternity hub model being in place. Savings were delivered through improved birthing outcomes (i.e. reduced number of caesarean interventions, inductions, epidurals and special care admissions).

- supported 470 families enrolled in the right@home program (July 2020 to June 2021). Families participating in the right@home program are experiencing high and disproportionate levels of risk and adversity. 88% of parents and carers reported greater enablement regarding parenting ability, confidence and coping, as a result of their right@home visits.

In some locations, including Browns Plains, 1 in 2 children are now receiving support through TOTs. We also found that less than 10% of children identified through TOTs had accessed the child health system in the past 12 months.[5]

TOTs is also being trialed with children and families across the 0-5 year age group, with the goal of full expansion in late 2023.

This will provide an opportunity for less-advantaged children and families to have full support from maternity to school.

The research is clear: children and families across the Brisbane south region need a stronger and sustainable early development support system if we are to see long-term meaningful change.

The evidence is clear: the First 2000 Days approach - and its programs such as TOTs – proves that collaborative place-based approaches work, and are changing lives and futures. Griffith University has also agreed to support a longitudinal research approach to this work, so we can see the impact over a longer course of time.

However, we risk losing all this progress when funding for the TOTs program ends in June 2023, meaning less-advantaged children in Brisbane south will miss out on the support they need to meet their aspirations in life. It would also significantly impact the trust and established working relationships TOTs has with local childcare centres, service providers and the community.

'The highest rate of return in early childhood development comes from investing as early as possible, from birth through age five, in disadvantaged families.' James J. Heckman, Nobel Prize winning economist.[8]

To ensure the First 2000 Days is sustainable and can be delivered at scale, we need investment.

We need $7.05 million per annum to continue funding the First 2000 Days approach (excluding additional partner contributions). This long-term investment would enable us to continue making meaningful change for less-advantaged children.

First 2000 Days - Future investment	
Community Maternity and Child Health hubs $3.8 million per annum • meaning the maternity hubs will collectively support 40% of all births in Logan Hospital (1600/4000 births)	**TOTs – Thriving and on Track** $3.25 million per annum • allied health and community connectors in child care centres and community hubs • child health nurses in childcare centres and school pop ups • family support • project management
Total $7.05M/annum = support for 80 childcare centres, over 20 community/school sites, over 3000 children (mostly in Logan's least-advantaged communities) and 35%-40% of all births in Logan Hospital (1600 births) per annum.	

'The greatest investment we can make in the future of our country.' (Hon Amanda Rishworth MP, Minister for Social Services, on the Albanese Government's commitment to invest in the early years).[9]

We need to break the cycle of inequality in the Brisbane south region by investing in our children, today. Investment in the First 2000 Days has the potential to save billions of dollars of government funding over the life span of the children who receive it.[10] Children who will work, live, spend and contribute to their communities. We look forward to discussing this opportunity with you.

'We know that when developmental challenges are addressed in early childhood there is a minimum 7:1 return on investment.'[8] (Heckman)

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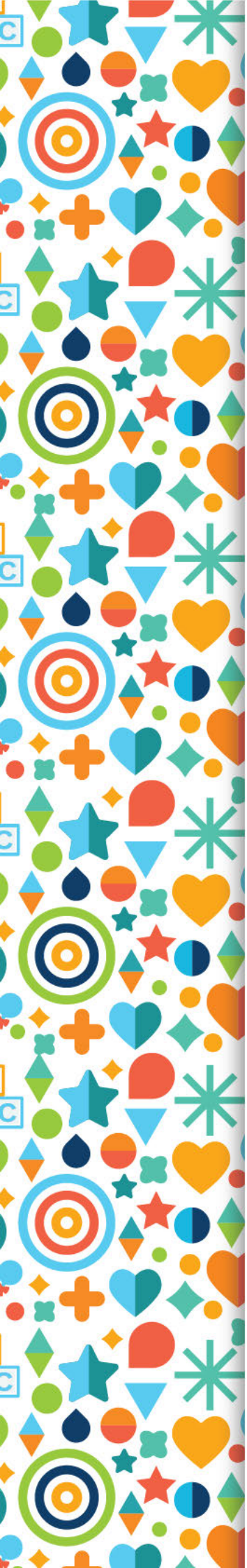
Our First 2000 Days approach is led by Brisbane South PHN and involves communities, local service providers and government, including Children's Health Qld, Metro South Health, Department of Education Queensland, Logan Together, The Salvation Army, Mission Australia, Griffith University, SMBI Listeners, Village Connect, The Benevolent Society, ACCESS Community Services and Gunya Meta. We thank them and many more.

References: visit https://bit.ly/3s6d7Ss



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BRISBANE SOUTH
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QUT Queensland University of Technology Brisbane Australia

Thriving and On Track Evaluation

Brisbane South PHN

Final Report – June 2021

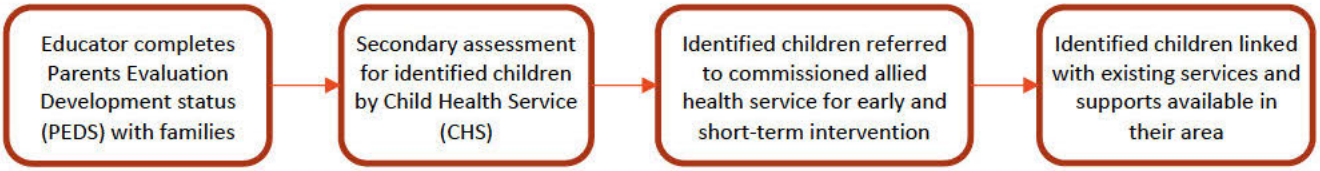
Final Version – 09/08/2021

Executive Summary

Overview

In 2020 [redacted] was contracted by Brisbane South Primary Health Network (BSPHN) to conduct an external review of the Brisbane South Thriving and on Track Program (TOTs). The program aims to improve the wellbeing of children in their early years of life through the timely identification of developmental issues and support access to early intervention systems. This aligns with existing empirical evidence which indicates that: the assessment and diagnosis of developmental delays is critical for long term success[1], developmental delays are commonly identified in routine health checks[2], and effective early intervention can positively alter a child's long-term trajectory[3].

The TOTs program provides access to developmental checks in children between 2.5-3.5 years of age and is delivered in collaboration primarily with the Department of Education Queensland (DoE), Logan Together and Children's Health Queensland (CHQ). The model is made up of several core components including formal activities such as the developmental check and early intervention pathway and training/capacity building, and informal activities such as building relationships and coordination between the parts of the system that are involved in the care. The core developmental check and intervention pathway of the program is:



The TOTs program aligns with a number of strategic priorities across BSPHN, key collaborations (CHQ, the DoE and Logan Together) and the Queensland Governments *Great Start Initiative* goal to improve the wellbeing of children prior to school. Additionally, the *Australian Early Development Census* (AEDC) data indicates that the specific locations being targeted in the current TOTs rollout are those with relatively higher vulnerability and risk.

The model was first trialled in Eagleby and Waterford in 2019. Feedback and an initial evaluation of the TOTs model indicated the need for adaptation of the model for future implementation. In late 2019, it was agreed at the steering committee level and executive level to expand the TOTs program into the current rollout. The goal of the model remains the same, in that *it aims to address the challenges faced by families in accessing developmental checks and ensuring their children are meeting the appropriate developmental milestones between the ages of 1 and 4.* This has been recognised as a critical step in ensuring that children are on track for good health outcomes later in life and are ready to commence school.

- Round 1 of TOTS in 2020 rolled out in six locations between August and October, and the data from that rollout was reported in the initial Summary Report.
- Round 2 of TOTs in 2021 is currently rolling out in eight locations and data was collected between November and April and this data was reported in the latest Summary Report.
- This final report provides a high-level summary of the data, findings and considerations to date – from August 2020 to April 2021.

Unlike previous reports, all information provided will be presented as an amalgamation of data gathered over the course of the evaluation. The primary consultative data sources for this final report have come from case studies conducted at four specific sites that are currently involved in the TOTs program as well as survey data from Early Childhood Centres, BSPHN staff, and CHS of the involved communities. Consultations with families

[1] The Royal Australiasian College of Physicians, Paediatric & Child Health Division (2013). *Position Statement: Early Intervention for Children with Developmental Disabilities*.

[2] Choo, Y. Y., Agarwal, P., How, C. H., & Yeleswarapu, S. P. (2019). Developmental delay: identification and management at primary care level. Singapore medical journal, 60(3), 119.

[3] Centre for Community Child Health, Royal Children's Hospital Melbourne (2002). *Child Health Screening and Surveillance: A Critical Review of the Evidence,* National Health & Medical Research Council; KPMG (2011), *Reviewing the evidence on the effectiveness of early childhood intervention. 2011. Report to the Department of Families, Housing, Community Services and Indigenous Affairs*.

involved in the TOTs program and members of the steering committee were also used to complete this report as well as activity data provided from the Early Childhood Centres, CHS and the TOTs commissioned allied health provider over the course of the evaluation.

Findings

Overall, based on the data available, there is clear evidence that the TOTs program is improving access to child developmental checks and early intervention in the areas in which it is operating.

- 68% of eligible children (including participating and non-participating centres) in each community completed the PEDS screening (in Round 1).
- 1393 children have completed the PEDS (August 2020 – April 2021).
- 371 children attended a child health assessment which included a secondary assessment by CHS.
- 179 children were referred to a TOTs commissioned allied health provider and 178 have attended an initial appointment.

In Round 1, 88% of centres engaged in the program and, 89% in Round 2[4]. For centres that chose not to engage in the program the identified reasons included limited capacity, resourcing (limited staffing), concerns regarding COVID-19 or absence of support from centre leadership. Support from the PHN Program Coordinators (PCs) and other services in TOTs was seen as an important factor for maintaining connections with the Early Childhood Centres that chose to participate. This support has been highlighted previously in the evaluation as being of high quality and the relationships built by PCs and Department of Education Early Years Partnership Facilitators with Early Childhood Centres has fostered continued involvement with the program.

Educators in most Early Childhood Centres are completing the PEDS as intended and it was noted that where there were issues with the completion of screening, effective supports (e.g., Local Working Groups and the PCs) were available to help address these issues (e.g., changes in the approach to training for PEDS in the latest rollout).

For families that did not wish to engage with the PEDS screen the most common reasons reported by educators included not having developmental concerns, having existing links to services, and missing appointments (that were not able to be rescheduled). It was noted that engagement from families was a critical factor in ensuring ongoing participation in the screening process and intervention services.

On the whole it seems that the secondary assessments by Child Health Nurses (CHNs) are being completed as intended. Of those children screened, 60% have then been identified as having developmental concerns indicating that the children being referred based on the PEDS are those intended by the model. It is important to note that only 6% of the children who attended a secondary assessment had engaged with CHS in the last 12 months. This indicates that the program seems to be identifying children who may not have (or may not have recently) been actively engaged by CHS to seek help or support for issues (including developmental).

It was noted during the evaluation that there are some operational differences in how the screening is completed across communities and that a continuing aim of the program should be to continue to reflect on the model locally and consider what learnings might be relevant for other areas. Improvements throughout the program have included initial visits by a Nurse Unit Manager (NUM) to ensure that adequate space is available for the CHN to complete the secondary assessment, as well as the introduction of a feedback form to improve communication with families and educators.

Referrals

As part of the model, children who attended a secondary assessment with the CHN were referred on to a range of support services as required. In total, 446 referrals were made after the CHN appointment with 178 referrals for the commissioned allied health provider (40%), 87 to GP for medical concerns (20%), 73 to a GP

[4] Note: Round 2 has not been completed and more centres may wish to participate

for Child Development Program intake (16%), 25 to Early Childhood Early Intervention (6%), and 83 referrals (19%) to other supports (e.g., family support and parenting programs).

Overall, referrals provided to other services appear to be appropriate based on the needs of the children. Ongoing challenges include the need to further improve systems and processes to coordinate referrals. While there are limitations in the current ability to collect data to enable tracking of the uptake of appointments to other services, there is evidence that families are accessing appropriate supports. Some of the key enablers for accessibility of services noted by families included ensuring that the service is flexible and able to meet their needs in terms of time and location of service delivery. We note that there is ongoing work in supporting families to navigate and access early intervention services through the introduction of a Child Health Champion role.

Capacity Building and Capability Development

There was clear evidence that the range of activities undertaken by educators and their involvement in the screening process was improving their capacity and capability of identifying, responding to, and having conversations with families about development. Key enabling supports included the PEDS training, the continual support from the Program Coordinators (PCs) and the Early Years Partnerships Facilitators (EYFPs), and the ability to use the screening activity as a starting point in being able to have difficult conversations with families.

Early Childhood Centre staff also report feeling more able to assist families access child development pathways, however there are still instances where the complexity of the system made it difficult for them to assist. We note that it may be beyond the scope and role of educators to play a more formalised navigator role. This has led to the decision of the TOTs program to invest in a trial of a Child Health Champion (CHC) role to support families with both access and navigation of services.

There was evidence of families improved knowledge of and ability to respond to developmental delays and some evidence of their ability to access appropriate supports (where data was available). In a few instances however, limited feedback from CHNs or the TOTs commissioned allied health provider meant that families were unsure of the best ways in which they could support their children.

Families who did receive support noted improvements in confidence to engage with their child and complete developmental activities at home. We note that support from the CHNs and the TOTs commissioned allied health provider is a critical enabler of a family's ability to respond to developmental delays and the design of the program. Families also reported that they have increased their understanding of the range and sorts of services that are available to them in their local area. This included an increased understanding of the utility and availability of the Child Health Service. Many families reported that CHNs provided information on a range of supports that they were previously unaware of (both in development, health, and wider sectors).

However, there will need to be ongoing support for families to ensure that they can access the support services and navigate the system. One key consideration when working with families is the capability and capacity of the family to access support services at a given point in time. There are a number of factors that influence this, particularly for families in vulnerable locations (including housing instability, transport and competing priorities). The new Child Health Champion role in TOTs aims to support families to access services. We understand that this is a complex issue that may not always be able to be addressed by the TOTs program. Coordination of care is an ongoing challenge throughout the health sector, but an issue that the program should consider responding to in its design (e.g., through the champion role, consideration for further collaboration within the sector etc.) and through existing mechanisms within the system (e.g., GPs, Nurse Navigators for children in OOHC, AMS services and CALD services etc.).

Partnerships across Services

There are a number of strong relationships that have been formed between the variety of services involved in the delivery of the model, families and Early Childhood Centres due to their involvement in the TOTs program. This includes strong operational and strategic partnerships more broadly between the health and education

sectors which was seen as both a critical enabler of the program's success and as something that will have real benefit beyond just the delivery of the TOTs program. The shared knowledge and capacity building across DoE, BSPHN, CHQ, and all other stakeholders (e.g., Logan Together, Benevolent Society) has been a critical enabler of the success of the program. There was clear evidence in consultations that the relationship between DoE, CHS, and BSPHN was effectively supporting the rollout of the program at both strategic and operational levels, and that the effectiveness of this relationship was a critical enabler to solving problems and making decisions during the programs rollout.

Whilst there are some challenges and ongoing recommendations noted in the body of the report, in general there is good evidence of the TOTs program improving collaboration and coordination and that this ultimately improves the programs outcomes.

Cost to Early Childhood Centres of Delivering the TOTs program

There were limitations in the capacity of the data available at the time of the evaluation to complete a cost effectiveness analysis on this occasion. We suggest that participating agencies consider the value of the program in the short, medium and long term from a developmental and impact point of view and not just the immediate costs of delivering the model. Overall, the program has demonstrated strong progress toward achieving impact in the problem statement areas and real value for the children and families that have participated in the model.

Summary of Findings

Based on the triangulation of data available to the evaluation it seems that the TOTs program has been developed and implemented as intended.

Successes in the implementation were clear across initial screening, secondary assessment by CHS, access to the TOTs commissioned allied health provider, and the broader capacity building undertaken as part of the model. Throughout the report the key successes and ongoing development opportunities are discussed. Overall, stakeholders noted that the commitment to continual improvement and the use of data to review the model as it was rolling out meant that the TOTs program was able to be flexibly adapted when necessary to best meet the needs of the areas in which it was being implemented. There is also a strong commitment to the continual support for families in navigating the system, and on linking the model better with wider initiatives in development including Child Development Programs (CDPs) and Early Childhood Early Interventions (ECEIs).

It is clear that, at the current stage of the model (e.g., moving into its second year of full operation) there is demonstrable early evidence of impact of the model on supporting areas of high developmental vulnerability, improving access to developmental checks and improving system navigation for families (as aligned with the programs problem statement).

Health and Education System Literacy

There was clear feedback received in qualitative interviews that the TOTs program was helping Early Childhood Centres and families better understand the range of services available to them and where and from whom to seek help. While we have noted some continual work may be needed to improve the role clarity for the different groups involved in the delivery of TOTs, we also recognise that the system in which TOTs operates (e.g., child health and development) is inherently complex. We understand that there is continual work from BSPHN to help families better understand and navigate the sector, including the introduction of the Child Health Champions (CHC) role.

Recommendations

Final recommendations for the future of the program include:

- Further increase to the capacity of Early Childhood Centres to have developmental conversations with families through training (including increased support around communication, relationship building, child development knowledge in general).
- Continue to support educators to complete the PEDS as intended, through continued refresher training and feedback on any required changes (e.g., if issues are raised in local steering groups/obtaining feedback from CHNs about the PEDS received) to ensure utility of the screening tool in practice.
- Prioritising stronger engagement from families to ensure they are completely involved in their child's ongoing development.
- Continual and targeted promotion of the program using new methods (e.g., social media, online resources/website, emblems at centres etc) in an effort to further increase the number of children and families accessing the program (additional funding permitting).
- Continue work underway to improve navigation and understanding of the health and education sectors for families and review the impact of this on the program objectives.
- Commence work to involve and build capacity with GPs involved in the delivery of the model.
- Support future improvements in the flexibility and availability of commissioned allied health services for families and educators ongoing inbuilt monitoring and evaluation of the program as system change occurs or new parts are added to the program for action learning purposes.
- Continue to measure experience of families and Early Childhood Centres in the program to identify any issues early and use to develop the program.
- A streamlined approach to data management and sharing between services that promotes ownership, analysis and use of data within and across each service.
- Ensure that there are appropriate communication and feedback mechanisms between the different parts of the system at key points in time (e.g., Early Childhood Centres, CHS, Allied Health, Families etc.).
- Collection of medium-term outcome data to create a full picture of the impact of the TOTs program.
- Formal MOUs or partnership agreements between stakeholders regarding:
    - More direct and purposeful communication (to limit miscommunication issues)
    - KPI/Tracking/Monitoring involvement at each stage of the model
- Scaling of the program in the future (e.g., either in terms of geographic location, ages targeted).
- Continue to build good partnership/relationship building practices between services (i.e., relationship between the TOTs commissioned allied health service provider and Early Childhood Centres or the relationship between the CHS and the TOTs commissioned allied health provider).
- Continue to monitor and evaluate the TOTs program, including developing an ongoing Monitoring and Evaluation Framework that includes outcome data and may include longitudinal data (e.g., outcomes for TOTs families once they reach school) for better evaluation of the impacts of the program and to support any further costing analysis (e.g., social return on investment etc.) when appropriate for the programs level of implementation.
- Continuing to increase the capacity and capability of educators in vulnerable locations to 1) promote the development of all children (particularly given the increased risk of developmental issues), and 2) include children with developmental issues in classroom activities.

phn
BRISBANE SOUTH
An Australian Government Initiative

Thriving and On Track program

Case studies

Contents

Testimonials

Case studies

Testimonials

Department of Education partnership facilitator (May 2022)

I've been a partnership facilitator early years improvement for 2 years and it's been my pleasure to be part of the Thriving and On Track Initiative and collaboration. I listed this work as a major success and achievement in my performance review development recently and know the impacts are a great start for children, families, communities and educators. As a collaboration we continue to learn and improve. Currently we are using the most significant change methodology to learn from stories collected from partners and commit to actions resulting in improving children's wellbeing. As the story outlines we cannot do this work alone- we must do it together and the Thriving and On Track Initiative gives us this ability.

TOTs Early Childhood Education Centre (May 2022)

At Early Birds Forest Lake, we have been blessed enough to be part of the TOTs program for 2 years. Through this time, we have had 13 interviews set up with families to support them with their child's development and milestones. Not only are we connected to the TOT's team, but also many other avenues through child health centre- this helps our centre programs and allows to find more information on services in our area for our families. The programs set up and delivery is second to none- our families feel secure, connected and safe when participating with in our centre. The convenience is amazing and really does help us as a centre to gain the trust of families to participate in TOTs. Our centre and community thrive off the program which has helped many families, children and also us as educators. We really look forward to many more years with [redacted] support us as we access pathways for early intervention- we need to be together to recognise the need for more support BEFORE our children reach kindy.

Case studies

Department of Education (Regional Office)

Background

As a partnership facilitator early year improvement, one aspect of my role under the Connect 4 Children Strategy is to work with early childhood services to meet the national quality standards.

Prior to TOTs I began to work with a service located in Logan who had twice been rated as working toward the National Quality Standards. They described their families as low socio-economic, highly vulnerable and culturally diverse. Although they had good relationships with families they where unsure how to have developmental conversations and who, where or how to refer families with concerns.

This service was invited to participate in Thriving and on Track.

Actions

As a Partnership Facilitator I arranged an initial meeting with PHN and the centre to learn about the steps of TOTs. We then delivered the Parent Evaluation Development Screen (Peds) training to 10 educators at the centre and worked with them to prepare families for PEDS conversations.

Out of the 27 eligible children, 27 PEDS conversations occurred between the educator and family. Every family that expressed a concern received an invitation to a child health appointment at the centre. This resulted in referrals to services such as Early Childhood Approach, Parenting programs and other local pathways.

The centre hadn't yet connected with their Inclusion Support Professional or developed a Strategic Inclusion Plan but are now underway with completing this to access supports for children and educators in their centre.

This centre continues to collect data of children who will transition to school in 2023 and we expect that the evidence of TOTs as an early intervention strategy will be significant.

We already hear anecdotally from schools that TOTs is making a huge difference to children's wellbeing when arriving at school.

Impact

As a partnership facilitator I hear from services and schools that the outcomes from TOTs is lifechanging for children and families. It's lifechanging for educators too, who were thrilled when they recently received their assessment and rating of meeting the National Quality Standards for the first time in their professional careers.

Department of Education (Early Years Coach)

Background

The child, aged 4.1 years, identifies as indigenous. His parents have significant needs and benefit from ongoing support. Prior to the TOTS program, the ECT had experienced little success in being able to find support for the child and it had been challenging to engage the family due to their disabilities.

The family were supported to identify developmental concerns on the PEDS with the educator. The educator arranged a Child Health check with a nurse in the child care centre using the Ages and Stages Questionnaire.

The child was referred to HeadStart Qld as part of the TOTs program.

Actions

During the initial assessment, it was determined that there were speech, language and gross and fine motor concerns. Various therapists were able to visit the ECEC, over the course of several months, to provide ongoing support to the child and advice to the Educators. The summary reports noted significant improvement in each of the nominated areas. Further referrals have since been made to ECA and CDS.

Following the intervention, provided by TOTS, AITSICHS have made support available to the child and family.

The most significant benefit was access to allied health whilst attending kindergarten as the parents have limited resources to be able to avail themselves of this support independently.

Impact

In 2022, the child, presently aged 5.1 years, has commenced school close to the ECEC where he accessed the TOTS program. The Child Health Pathways staff, who supported the TOTS program, have been able to assist the family by communicating the child's developmental needs and the types of support that have been accessed and those that are needing to be continued.

The parents were unable to do this independently and therefore, the additional assistance has been vital to continuity of support and future planning.

The TOTS initiative has been identified by school personnel as being central to the child's successful transition to school.

CDS (Allied Health Provider)

Background

A childcare centre, located in a [redacted], is approved for 75 enrolments per day and has approximately 30 children within the TOTs targeted age range (2.5 – 3.5 years).

The centre director and educators in the target room identified their learning needs to be around supporting children with communication development (speech clarity and expressive language skills), as well as quality connections and interactions with children. Staff expressed interest in learning strategies that can be implemented as part of their overall program, across all age groups and rooms within the centre. There was also a request for information to support educators' confidence in having sensitive conversations with families about children's development.

Children from various cultural backgrounds attend the centre, including Chinese, Indian, Aboriginal and Torres Strait Islander, Maori and Pacific Islander cultures. The centre describes feeling passionate about connecting with families and their communities, embracing and welcoming the unique cultural mix that is present within the centre. There are two Chinese-speaking staff members working in the centre, there are staff members who have built connections with the local Pasifika Maternity and Child Health Service, as well as a designated Cultural Leader on staff.

This centre has participated in the TOTs program in previous years and have been strengthening their relationships with families to proactively engage in conversations about their child's development and potential need to access services. The centre has a Strategic Inclusion Plan (SIP) in place to engage with Inclusion Support Services for ensuring all children can access and engage with their program, as there are some children who are accessing the National Disability Insurance Scheme (NDIS), due to significant developmental needs.

TOTs Allied Health staff are aware the centre is accommodating of allied health clinicians from the Queensland Health Child Development Service (CDS) attending to complete observations of specific children as part of a developmental assessment. Staff have described a high level of developmental complexity and range of needs for many children within the centre to CDS staff, which may be a contributing factor to some level of educator stress, and a broad range of educator learning and support needs.

As part of the TOTs process, an initial planning meeting with the director of the centre was held, to understand the context and the needs of the centre, and plan how the TOTs Allied Health service could best support the educators at this centre. After gathering this information, the director introduced the TOTs Allied Health team to the lead educator of the target room for informal conversation and broad observation of routine, play and the environment.

Actions

A guided reflection of the physical and sensory environment was then undertaken with the lead educator - this forms a key component of the provision of TOTs Allied Health support, promoting specific, sustainable modifications within the environment to positively influence the development and engagement of all children. In

this way, there is significant value being present in the room, with the educator, to directly observe and discuss the functionality of the environment. This guided reflection and discussion was completed using an Inclusive Environment Checklist for Early Childhood Education & Care Settings (a tool developed by the TOTs Allied Health team), which references the National Quality Standards (NQS) alongside each of the elements. A copy of the tool was provided to the director to encourage continual reflection on the environment, not only of the target room, but all rooms across the centre – this is an additional sustainability measure.

Whilst observing the room and in conversation with the educator, the TOTs Allied Health team consciously applied principles of adult learning and reflective coaching strategies. Stimulating educators to identify the concerns, goals and/or priorities they have for the room is crucial for building their ownership of the goals, identification of achievable and relevant strategies, and capacity to implement change to the environment or shifts in practice.

In this instance, the educator was guided to identify some immediate components of the room which he could influence, such as removing non-functional, inappropriately-sized furniture; adapting the lighting of the room with consideration to sensory input; reducing clutter to manage overwhelm; and enhancing his existing visual scaffolds (for developing a sense of belonging, independence, communication and pre-literacy skills).

The completed checklist and documentation of the discussion points were provided to the educator and director, by the TOTs Allied Health team to reduce the load of the centre staff and provide opportunity for reflection, discussion and future referencing. Having this documentation, with specific strategies and references to the National Quality Standards, was reported by the educator to increase his confidence and success with advocating for the needs of the room, for the benefit of all children.

The TOTs Allied Health team were responsive to the needs of the educator, being guided by his pace, capacity to influence change, wellness and engagement, before scheduling subsequent visits to the centre. Support for this centre is ongoing.

Impact

Whilst some furniture in the room was appropriately sized and positioned to support children's participation in various activities, there was a full-sized single bed in the room. In reference to NQS 2.2, 3.1 & 3.2, the presence of this bed needed to be reconsidered to ensure safety of children, allow for clear pathways around the room and that furniture is of appropriate size and accessibility for the age group. The educator indicated this furniture item wasn't necessary to the activities or rituals in the room and children were climbing and jumping, being heightened by the bed's presence. Since removing the bed, he has reported the children are calmer and less hyperactive. The increased space in the room allowed for a better positioned book reading area, which meant children were using the indoor space more meaningfully to engage in other learning experiences.

Reflecting on the lighting of the room, the educator reported turning lights on and off during the course of the day, for various activities occurring within the room; additionally, he was encouraged to consider the over-abundance of lights in the room. In keeping with NQS 2.1, 3.1 & 3.2, we discussed visual stimulation, minimising distracting lights from inside or outside the room, and the impacts of sensory overwhelm on behaviour and engagement of children. The educator was encouraged to consider the following impacts:

- fairylights can be stimulating, rather than calming - consider how many light sets are in the room, the purpose of these, and whether they contribute to heightened energy of the children, which can negatively impact engagement, interaction and focus.
- the shared windows to the other rooms also reveal their fairylights, so consider the total impact across adjoining rooms.
- the discussion mat and book area are located in darker spaces, which would likely not entice children to sit/lay and explore the books, during free play opportunities – consider shifting these spaces towards natural lighting or how best to light these spaces.

Since making changes to the lighting in his room, the educator reported he had shared this recommendation with the educators in adjoining rooms, who had also made changes. He described the children were generally calmer, rather than being over-stimulated, and at rest-time they settle to sleep quicker, resulting in better quality and extended rest-time for the children, plus less educator time required to support children with settling to sleep.

Resources and materials were accessible to the children and were grouped well, however the educator was encouraged to consider labelling baskets/containers/shelves of play items, to support: communication (developing vocabulary, ability to request items), promote independent access and choice-making (easy to see where items are stored and select from them), and to increase independent packing away and care for items (visual matching of items to their labels) (NQS 1.1.3, 1.2, 3.1, 3.2). The educator was motivated to implement this, as he described understanding the value of supporting these various aspects of children's development.

Educator confidence improved and he indicated enthusiasm for making positive changes to the room, which would support the children's behaviour, engagement, development and learning. Some of his existing strategies, such as a 'Sign-in Station' (which involved children's name cards being placed on to a board to indicate their presence), were able to be reinforced as excellent for promoting a sense of belonging and as a good strategy for early learning about written text. Enhancing this strategy by including photos was suggested, which the educator was keen to implement.

The TOTs Allied Health support with this educator is ongoing. He has self-selected these additional areas as his next priority:

In keeping with NQS 1.1.1, 1.2, 2.1, 3.1 & 3.2, we reviewed the content of the room with the educator, with consideration given to how materials are arranged to be accessible, promoting independence and exploration, without clutter or over-abundance. We identified some areas where blank space could be created, by keeping shelf-contents minimal and rotating items (with some kept in storage for later use). The educator identified that removing items purely for display, rather than function (i.e.: décor items), would be a strategy he could implement to minimise clutter, as well as maximising vision at the child's eye level. He was also supported to identify hanging and fluttering artworks could be turned into wall displays to minimise the sensory load of the play space, however he would need to discuss this with the director, as there were rules around what could be attached to walls in the centre. Website links were provided, so the educator could review to continue his work in this space.

In reference to NQS 2.1.1 & 5.2.2, we also discussed creating a designated quiet space for children to retreat to for regulation. The educator was encouraged to consider ways to repurpose some existing furniture and equipment to create a semi-enclosed space, away from visual distraction and with noise reduction. Further discussion and

coaching are likely to be beneficial to build all the educators' understanding and ability to support children to use this space effectively (e.g. adult moving with a child to the calm space to co-regulate, prior to or at the commencement of an escalation).

Early Childhood Education Centre

Background

The child is 2 years 8 months Australian-born with speech delay concerns. The mother was born Australia and the father born in Iraq. Both parents' cultural background is Iraqi.

The family had moved from Melbourne, they didn't have a set up GP and found it hard to find one that related to their needs. We had a red flag referral meeting- they attend GP but then 'got lost' with the process.

The family was receptive of the TOTs initiative for the convenience, as they don't drive. They were aware of five free speech pathology sessions through the GP, however it all felt too much for them to go forward with.

The TOT's program was safe for them.

Actions

The family booked in the first session we had available (Child Health appointment) and had a referral within 90 days to a local speech pathologist, who was able to assess the child and recognise a speech delay.

This resulted in the child qualifying for NDIS and Inclusion support within the centre, to allow our educators to have a more supportive environment with the addition of an educator to work in smaller groups in the room to allow more time to be spent focusing on language and building vocabulary.

Impact

We are still waiting on inclusion within the centre however we are still able to work with the speech pathologist and the family to implement the basic strategies for the child to build on their journey.

Our little one is now using more words in the room and is doing repetitive words and even using words in sequence.

The family are forever grateful to the Nurses who come in to support us through the TOTs program.

Early Childhood Education Centre

Background

[redacted] child (4 years) with developmental delays. His mother is a young mother of three children (aged 6 years, 4 years and 18 months).

Prior to entering the program, the mother was aware that her child may have had developmental delays. She describes him as 'louder than his brother was at the same age, heaps more active and clumsy, falling over all the time'. She often feels exhausted looking out for him, especially since the birth of the younger sibling.

[redacted] was attending an ECEC when a nurse attending the centre asked if she was concerned about her son's lack of speech. His mother acknowledged that she was, sometimes, but wasn't sure what to do about it.

His mother was advised to speak to her GP about her son, and to seek a referral to a paediatrician. The GP told her that her son would likely benefit from having a grommet inserted into one or both of his ears. This would help with his hearing.

The ECEC referred [redacted] to the [redacted] program and through this program was linked with the [redacted] at [redacted]. [redacted] for Aboriginal families and has access to a visiting speech therapist.

Actions

[redacted] has attended the hub 'four or five times to date. At each of the visits, the [redacted] coordinator welcomes the family and facilitates a session with the visiting speech therapist, who engages [redacted] in play. His mother watches but does not participate directly. His mother describes the sessions as being helpful because they give her ideas of what to do at home.

Feedback from the family includes praise for the [redacted] coordinator for providing a 'fun family feel' to the sessions, where her and her son feel welcome and safe. She said she feels valued for her own opinion, feels culturally safe to be herself and for her son to be himself, and is grateful that she is able to ask the speech therapist and the coordinator questions whenever she does not understand something.

Impact

[redacted] has had the first round of surgery to insert a grommet in one ear. He is on a wait list to have a second grommet inserted in the other ear.

Speech Therapy at [redacted] continues and the family now attends weekly.

Access Community Hub

Background

The child is a 4 year old boy who lives with parents and siblings in [redacted] The family is originally from [redacted] and arrived on humanitarian visa in [redacted] The family speak [redacted] in the home.

The family attended the playgroup at [redacted] and were linked in with health support after it was noticed the child may have developmental issues. Child was linked in with HIP Wellbeing/Occupational Therapist ([redacted]) and then the Speech Therapy Assistant ([redacted]).

The parents reported that their child had ceased attending childcare after a couple of weeks due to family's concerns for his safety associated with risk-taking behaviours. Childcare educators had flagged developmental delays with the family during the short time he attended.

Their child had difficulty with "listening and learning", childcare educators had difficulty understanding his speech, he frequently injured himself and had difficulty with self-care (specifically toilet training, sleep and eating).

Actions

With parent's consent, [redacted] Wellbeing/Occupational Therapist and Speech Therapy Assistant subsequently:

- Provided education regarding benefits of early intervention in addressing developmental concerns; specifically recommending occupational therapy, speech and language therapy, Early Childhood Development Program (ECDP) and commencing kindergarten in 2022.
- Facilitated [redacted] occupational therapy and speech therapy assessments and reports.
- Facilitated referral to and joint appointment with Benevolent Society, for access to National Disability Insurance Scheme (NDIS); provided OT and speech reports to support NDIS application.
- Referred the child and family to Child Health Pathways Coordinator for assistance to navigate health and educational pathways.
- OT and Speech Therapy Assistant provided support, education and practical strategies at [redacted] playgroup.

Impact

Follow up feedback from the family is that the child has been approved for NDIS and the family is being supported by the Child Health Pathways Coordinator to implement recommendations.

Collaboration between the Community Hubs, the TOTs speech therapist, Health Impact Project and Child Health Pathways Coordinator ultimately enables families to understand their child's needs, identify health and educational supports and importantly overcome barriers to access relevant support services.