



## Response to Commonwealth Discussion Paper on the Early Years Strategy February 2023

The Good Samaritan Catholic Primary School (GSCPS) is happy to provide the following response:

### **Context:**

The GSCPS community comprises at least 450 families. 93% of these families are from CALD backgrounds, with almost 30% having a direct refugee experience. Most of these families are from an Iraqi background, primarily speaking Arabic, Assyrian and Chaldean. The Roxburgh Park Child Health and Development Hub (*ASPIRE*) was funded by the North-West Melbourne Primary Health Network (NWMPHN) to “support early identification of development delays and improve integration of services that target early childhood development with primary health care and other relevant services” from 2018 until March 2023.

At the time of first seeking funding in 2017, Hume City was one of Australia's fastest growing and culturally diverse communities with more than 203 553 residents. Roxburgh Park was a diverse area of Hume that had 22,686 residents. Analysis of the country of birth of the population in Roxburgh Park in 2011 compared to Greater Melbourne, showed that there was a larger proportion of people born overseas, as well as a larger proportion of people from a non-English speaking background. Overall, 43.1% of the population was born overseas, and 40.8% were from a non-English speaking background, compared with 31.4% and 24.2% respectively for Greater Melbourne. Hume is now densely populated. In 2022 it was home to 240,000 people, about 4.5 per cent of Greater Melbourne's population, with an average household of 3.1 people, compared with Greater Melbourne's average of 2.7.

Since April 2015, approximately 2,500 Syrian and Iraqi families have settled in Hume, which is the highest number anywhere in Victoria. Of these, there were approximately 768 children aged between 0 and 14 years. There were a total of 359 births in Roxburgh Park, the 3rd highest birth rate in Hume. This included 155 first time mothers. 51 referrals were made by Maternal and Child Health Nurses regarding communication concerns and 48 regarding developmental concerns. Roxburgh Park and Craigieburn continue to be popular areas to settle due to the existing community connections in these areas and the supply and affordability of newer housing.

Today, significant challenges continue to arise in ensuring that families are aware of, and have access to services that are crucial for good settlement and child development outcomes. These include access to and participation in:

- school, playgroups, kinder and childcare
- English Language School
- Maternal Child and Health Nurse
- immunisation
- dental, and
- mental health support services.

In addition, there has been some evidence of an increased number of children presenting with a disability and requiring assistance through:

- cognitive ability assessments
- special needs schools

- paediatrician input
- Occupational Therapy
- Physiotherapy
- Speech pathology
- aids and equipment, and
- other support services for child and their families.

*ASPIRE* initially brought together five community partners from across three sectors: Local government, education, health. The partners were:

1. Hume City Council
2. Good Samaritan Catholic Primary School
3. DPV Health
4. Community Hubs Australia (until 2020)
5. Foundation House (until 2019)

The aims of *ASPIRE* were to:

- Support the early identification of developmental vulnerability in pre-primary children
- Develop an integrated model of service delivery based on families and children’s needs
- Enhance the capacity and capability of parent/carers to support their children’s learning and development.

Through involvement in the development of the project, the partners acknowledged that there was a need to employ disruptive practice to challenge the norm and explore new ways of reaching families and supporting them in the provision of health and development services.



## EVALUATION

Evaluations of *ASPIRE* were undertaken in 2019, 2020, 2021 and 2022 to determine the effectiveness, sustainability and impact of the approach.

It is intended that the outcomes of the evaluation will inform:

1. Practice change of educators, allied health and maternal and child health providers.
2. Capacity development of community and providers; e.g., changes in knowledge, attitude, norms, skills, aspirations, confidence, resource allocation, social networks and stakeholder collaboration.

From the outset, *ASPIRE* adopted a family centred approach, ‘doing with.... rather than doing to’ model that focused on listening to the voices of children and families.

The continued development of *ASPIRE* was underpinned by an inquiry approach, guided by questions that explore the impact and efficacy of current practice. The team was encouraged to take risks, undertake new ways of intervening, and were invited to disrupt existing approaches where necessary.

We believe that our findings are invaluable in contributing to this discussion paper.

Evaluations found the following:

- The *ASPIRE* partnership has resulted in **improved sharing of information across early years services involved** and has **improved the capacity and capability of parents/carers**. This has included enhanced parenting skills; ability to identify and address developmental vulnerabilities displayed by their children; and confidence in their ability to access and participate in appropriate early years services within their local community.
- The success of *ASPIRE* is due to the common commitment to deliver positive outcomes to the children and families it serves. The **partnership is built on a shared vision** that ‘more of the same’ is not good enough for the children and their families and that new models of working, led by family aspirations need to be enacted.
- **Relationships are the cornerstone** of the partnership work at *ASPIRE*. Without the high level of trust among the partner organisations and the trust built with participating families, it is unlikely that *ASPIRE* would be able to achieve the outcomes it has to date.
- While the impact of *ASPIRE* has been significant, partners recognise that having established the level of trust within the community, and the subsequent improved participation in services, **there is an obligation to continue to develop the ‘ASPIRE way of working’**.
- *ASPIRE* partners recognise the need to continue to explore opportunities for the expansion of service provision to meet the needs of families. In the first instance, the identification of additional health and community services available in the Roxburgh Park area, would serve as the catalyst for seeking new local partners.
- Extensive collaboration and willingness from all partners to understand and challenge each other’s diverse organisation perspectives and ways of working, has enabled *ASPIRE* to establish new planning processes and service systems.
- The partnership needs to become more influential in educating the wider public and professionals about *ASPIRE*’s work and how investing in early childhood and community capacity building can and does make a difference, especially for newly arrived families.
- At the present time, the project has failed to have any visible impact on medical and associated services with the exception of those Allied Health staff who have been involved. To facilitate this involvement the allied health staff were contracted at additional cost by *ASPIRE* despite their organisation being funded to service this catchment. **(Please see attached issues papers on Allied Health Services and Access to General Practitioners written by ASPIRE.)**
- The playgroup experience offers an opportunity for children to feel a part of a group where they are welcomed, accepted and feel equal. With an increased sense of trust, they can move forward, make new connections and reduce their isolation with ever increasing social capital.<sup>1</sup>
- High, consistent, attendance rates and satisfaction levels expressed by parents demonstrate that the playgroups are highly culturally and contextually appropriate.
- Evidence demonstrates the value of the playgroups at *ASPIRE* in building family awareness about the needs of the child, in improving parenting skills and in developing social wellbeing.
- The **family focused, collaborative case management approach** employed by the Early Years team has enhanced the opportunities of families to access services related to their individual needs.

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<sup>1</sup> Playgroup Victoria POLICY BRIEF NO 1 APRIL 2013 Community Playgroups: Building Social Capital p4

- The design of the early years program, and the playgroups in particular, using the **Victorian Early Years Learning Framework (VEYLF)** as a core policy statement is critical.
- This approach helps ensure that the programs are designed using reflective practice, they enhance the partnership with families and their role, builds their capacity to support their children and develop programs that are culturally appropriate and target the needs of each child.
- The role of Early Years Leader plays in facilitating collaborative partnerships in the local early years networks has helped strengthen the links with other early childhood services and schools, and promoted the important role families and children have in transition processes.
- By working within a multidisciplinary team, school staff have been able to seek advice and information from the allied health professionals in a timely manner which resulted in children's learning and, or developmental concerns being identified and addressed earlier within a mainstream setting as opposed to children being withdrawn from class.
- *ASPIRE* has challenged the accepted view of 'school readiness', that is, the child demonstrates a discrete set of characteristics that makes him/her 'ready' for a successful entry to school. Rather, it has adopted the principle of '**child readiness**', that is, the school values the unique characteristics of each child and is made ready for them to flourish.
- In the first years, the ongoing collaboration between MCH, Parent Support Worker and playgroup facilitators resulted in a high level of trust between the team and consistent messages to families about learning and development and 100% children being up to date with their key age and stage assessments. This was not the case during and following COVID where a focus on statewide initiatives and primary health led to a decline in the presence of Maternal and Child Health Nurses.
- 100% of children who commenced Prep at GSCPS in 2018 and 2019, attended kindergarten prior to starting school. This outcome was the result collaboration between *ASPIRE* partners and outreach interventions with families.
- The family centred, strengths-based approach and a child led approach developed by *ASPIRE* is an integral part of the model.

***Aim 2: Develop an integrated model of service delivery based on families and children's needs***

- In 2019, it was clear that an integrated model of service delivery was evolving based on a co-designed model with families and providers.
- There was still much work to be done in resolving the different ways each organisation and indeed each sector (local government, education and health) works. Silos were still in operation and barriers to integration remain.
- The initial integration of services improved the capacity and capability of providers (e.g. teaching staff, health professionals, organisational systems and practices) to meet the needs of families and children. Children with special needs were identified early but subsequent referrals to generic health services were not acted upon due to large waiting lists.
- The commitment of the partners to improving the outcomes for children and their families was clear. It was reflected in the core documents and it drove their work.
- Many decades of research have provided evidence of the association between early childhood education and improved child outcomes.
- Integral parts of the *ASPIRE* philosophy, vision and operations reflect current international and national theoretical constructs and research findings.

**Aim 3: Enhance the capacity and capability of parent/carers to support their children's learning and development.**

- Evidence indicates that through participation at *ASPIRE*, **parents have enhanced their capacity and capability to support their children's learning and development**. They demonstrate knowledge of the developmental stages they should expect in their child's early years and have the confidence to request an assessment or referral for their child if they have concerns.
- Evidence also indicates **that levels of relational trust have increased between families, ASPIRE and school staff**, as have parent-to-parent networks and connections increased. Families and children are familiar with the school and understand their roles in the educational partnership.
- A major focus of *ASPIRE* is on **building respectful and trusting relationships between all participants**. There is an understanding that no meaningful family engagement can be established until relationships of trust and respect are established.
- A whole of family practice has been implemented with **family centred and strength-based practice** provided by all partners. This case management approach adopted has resulted in enhanced ability for all participants to navigate the early years system, prepare children and family with skills and expertise to embrace their learning journey.

The *ASPIRE* partnership now needs to become more influential in educating the wider public and professionals about *ASPIRE's* work and how investing in early childhood and community capacity building can and does make a difference, especially for newly arrived families.

In promoting this model of delivery to the expert advisory panel developing the Early Years Strategy, GSCPS acknowledges that they evidenced many barriers which they identified and partially addressed. These included:

- The referral process for each service is different, they take a lot of time to respond and often the process become a barrier
- Impact of community need and waiting lists on ability to provide in-kind supports
- Time constraints of providers
- Affordability and access to services
- Disruption by different providers coming in and out.
  
- Different expectations of funding bodies across partners
- Different sectors have very different language and ways of working – families have to learn all these
- Communication with families is heavy in jargon, requires prior knowledge and very rarely translated
- Knowledge and understanding of pathways for families to access to services is limited
  
- Working in partnership - *"we know that one thing we would have done differently is to invest and allow time to understand and know each other."*

Children and parents are at the centre of the *ASPIRE* model. They learn and grow in confidence. They develop enduring, trustful relationships with the *ASPIRE* team and longitudinal evidence gathered demonstrates that they have benefited from a collaborative new approach to the provision of early years services that truly embraces co design.

**QUESTION 1. Do you have any comments on the proposed structure of the Strategy?**

Good Samaritan Catholic Primary School (GSCPS) supports the proposed structure of the Strategy and positively notes the emphasis on Consultation and Evaluation in the Strategy.

The discussion paper, however, could be strengthened to provide more consideration of the needs of children from a refugee or newly arrived background. Prior to the establishment of *ASPIRE*, GSCPS

undertook a review of school operations which found that there was very limited evidence of English as an additional language (EAL) pedagogy applied in classrooms or a whole of school, shared understanding of effective EAL teaching practices. It also found that little information was gathered about new students and families and given to teachers. This led to a concentrated effort to focus on the use of EAL continuum to monitor and plan for newly arrived students' progress; to provide professional development and to employ bilingual co-educators. A refugee strategy was designed and implemented with the aims of supporting students, their families and school staff; establishing partnerships with agencies; providing a nurturing learning environment; and advocacy for refugee families.

GSCPS is acutely aware of the key role the early years program and the school can play in assisting families from refugee backgrounds to settle in Australia. Ensuring a whole of early years/ school approach, GSCPS has developed a framework for supporting these students. Using trauma informed practice, the school aims to provide appropriate support and referrals to students and their families to ensure that education and welfare needs are being met. With the establishment of *ASPIRE*, the school wanted to explore new ways of reaching out to their community, supporting their community and enabling them to access the full range of services available in the area.

*ASPIRE* staff demonstrate expertise in training and education around culturally sensitive care. Research shows that barriers to ideal practices in collaborative partnerships between families and service providers include (a) deficit views of families from a CALD background, (b) cross-cultural misunderstandings related to meanings of developmental vulnerability (c) differential values in setting goals for individuals with disabilities, and (d) culturally based differences in parents' views of their (d) culturally based differences in parents' views of their roles. In short, it is important to respect and be responsive to the racial, cultural, ethnic and socioeconomic diversity of families.

## **QUESTION 2. What vision should our nation have for Australia's youngest children?**

Our vision that our nation should have, would be **to optimise the learning and wellbeing of all children.**

Our experience from *ASPIRE* tells us that this would include:

A **community development approach** where both children and their families participate in a range of learning opportunities within a socially **inclusive and safe environment**. Research outlines that both social and physical environments influence **health and wellbeing**. Children's daily experience of **living and learning in the environment** around them is a significant factor in overall wellbeing. Children's welfare and family functioning are crucially dependent upon the **social support** available within local communities, and social isolation is a risk factor for both child development and family functioning.<sup>2</sup>

We have learned that most parents and families require support, education and resources to help them create an enriching, informal, **home learning environment** for their young children. **Playgroups, parenting classes and access to quality early childhood educators and other professionals** are all part of an effective approach to supporting parents to enhance children's learning and development in the early years. Improving the early home environment can help overcome the effects of disadvantage on a child or young person's developmental outcomes.<sup>3</sup>

Service provision for children and their families achieves positive outcomes when it is underpinned by an **understanding of cultural identity and cultural differences in parenting practices**.<sup>3</sup> We have found that working alongside established community leaders to promote access and to better engage and support a range of groups within the community often achieves positive outcomes. Community leaders

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<sup>2</sup> Pomagalska et al 2009:7

<sup>3</sup> Yu M and Daraganova G 2015, [The Longitudinal Study of Australian Children 2014 Report, Chapter 4: Children's early home learning environment and learning outcomes in the early years of school](#), Australian Institute of Family Studies

have the rapport and respect within the community to encourage and support. Our **Information must be accessible and available in a range of formats** with encouragement to use **our bi-lingual workers**, if required.

Educators, health professionals, support staff in community organisations and support networks and clubs are ideally placed and suited to delivering powerful messages to children, young people and their families, to actively engage in **healthy lifestyle choices**.

As a **localised, place-based approach**, *ASPIRE* attempts to address the broader problems that impact upon families at the community level (e.g., unsafe physical environments, non-family-friendly transport, limited social connectedness) as well as the barriers to families accessing services (e.g., fragmented service systems, lack of outreach capacity). Focusing on **collaboration and partnership** between services this approach seeks to reduce barriers, **building integrated service systems** that are flexible and responsive to family and community needs, with an **outreach capacity** to engage vulnerable and socially isolated families.<sup>4</sup>

We found that *ASPIRE* provided a **holistic approach** that supports the whole family, offering early learning programs; building social networks; providing access to services; and **creating pathways to education, training and employment**. A focus by staff on getting to know their local community and establishing strategic partnerships with local agencies to **maximise the use of existing resources**, services and assets was encouraged. Using a place-based approach to engage families, children and young people in a safe, accessible and welcoming environment in their own neighbourhood, the model plans and develops around their needs.

The *ASPIRE* experience has taught us that a **supportive service system** can greatly enhance the ability of a child, and their family to shine. Individuals in receipt of services in an **active learning community** are likely to be more regularly exposed to **health promoting activities** and experience the benefits. Communities that foster and cultivate mental health promotion can normalise and decrease stigma surrounding mental health, therefore supporting help-seeking behaviours. A supportive service system like *ASPIRE* is **inclusive** in nature, is **affordable and accessible**, **optimises the wisdom of participants** in the creation of activities and is able to address the needs of children of all abilities while also **respecting cultural heritage and providing appropriate services**. A supportive service system is built upon positive relationships and hard work!

Community support services may rely on other health and wellbeing services or networks to refer to them taking full advantage of community connections and networks. Most services are promoted by word of mouth, with satisfied participants telling others of their positive experiences. Some services may establish a network of current and former participants who inform people in their neighbourhoods about their organisation. This is particularly successful when dealing with newly arrived communities who may experience language barriers.

### **QUESTION 3. What mix of outcomes are the most important to include in the Strategy?**

GSCPS believes that for a child to experience a life fully lived their needs must be met in six interconnected dimensions that thereby allow them to:

#### **1. Feel Valued and Loved**

*ASPIRE* has highlighted that when children have positive experiences, they develop an understanding of themselves as significant and respected and feel a sense of belonging. As children are developing their sense of identity, they explore different aspects of it (physical, social, emotional, spiritual, cognitive), through their play and their relationships. When children feel safe, secure and supported they grow in confidence to explore and learn.<sup>5</sup>

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<sup>4</sup> Centre for Community Child Health 2011

<sup>5</sup> <https://www.kindalin.com.au/>

Children develop understandings of themselves and their world through active, hands-on investigation. They are absorbed and interested in their environments and are curious and enthusiastic participants in their learning. They use play to investigate, imagine and explore ideas. They follow and extend their own interests with enthusiasm, and energy. They concentrate on initiating and contributing to play experiences and participate in a variety of rich and meaningful inquiry-based experiences. With encouragement and support, children engage in learning relationships and use their senses to explore natural and built environments. They investigate and problem solve, explore ideas and theories using imagination, creativity and play use feedback from themselves and others to revise and build on an idea.<sup>6</sup>

## **2. Understand Faith, Identity and Culture**

*ASPIRE* created a place of mutual respect where people of all cultural orientations can freely express who they are, their own opinions and points of view and participate while feeling safe from abuse, harassment or unfair criticism. Cultural responsiveness requires an alertness to professionals' potential cultural stereotyping in valuing the faith, identity and culture of others. Cultures are continually evolving, and each person lives culture in their own way. At *ASPIRE*, people are invited to help others understand what is culturally significant to them, individually and in their relationships with other family members. This includes parenting practices. Secondary consultation or partnership with a bi-cultural worker can be invaluable to help build this understanding. The team strive to be curious and open to how culture might interact with other factors that impact on children and their families.<sup>7</sup>

Culturally safe responses to practice in a culturally safe way means to carry out practice in collaboration with the child and their family, with care and insight for their culture, while being mindful of one's own. A culturally safe environment is one where people feel safe and where there is no challenge or need for the denial of their identity.

When the community is safe and supportive for children and young people of all abilities, there is respect towards developmental, cultural and other needs resulting in improved peer, school and family relationships and support networks. This enables participants to feel safe, secure, and promotes agency and personal freedom, while building resilience should adverse events occur.<sup>8</sup>

## **3. Experience Good Health**

Healthy development and positive wellbeing require that children grow and learn in supportive and nurturing environments. Early disadvantage can have lasting effects—children who are vulnerable are more likely to develop problems with health, development, learning and behaviours. These problems may have a cumulative effect over their lives, which can have an impact on their ability to fully participate in society.

Factors such as socioeconomic position, educational attainment, employment opportunities, disability status, access to health services, social supports, and the built and natural environments can strengthen or undermine the health of individuals and communities.<sup>9</sup> It is when child and family centred approaches are combined with integrated service delivery in place based initiatives such as *ASPIRE* that children and their families can find their voice and co-design activities that address the identified needs of their community; that they have an increased capacity to own, create and address their health and wellbeing needs.

Once again, this dimension needs to be considered in relation to localised dynamics. Differences in access to health and wellbeing services have long been recognised between metropolitan and rural/remote areas. All too often the lack of access to areas of disadvantage in metropolitan areas is

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<sup>6</sup> Ibid

<sup>7</sup> <https://www.facs.nsw.gov.au/providers/children-families/interagency-guidelines/engaging-people/chapters/principles>

<sup>8</sup> Mentally Healthy Learning Communities: Supporting evidence.

<sup>9</sup> Australia's health 2020: in brief AIHW



overlooked. For example, *ASPIRE* found Hume has fewer General Practitioners per head of population. This is believed to be 2.8 compared to 6.4 General Practitioners in other areas, with those that are there very busy, with little time to spend to reach out to families who are hard to contact. Lack of availability then impacts on quality and nature of service. Residents stated that they wanted someone they trusted, was a good communicator, who listened and who treated them and their cultural values with respect. Gender was also important.

In Hume, long waiting lists for allied health services exist due to a mismatch between supply and demand. Waiting lists prevent individuals from accessing early intervention, negatively impact their wellbeing, and are challenging for organisations to manage. Advocacy may be required to educate the community that certain services will be beneficial to children and their families.

Establishing an effective partnership between service systems and communities' results in a greater sense of ownership, greater take-up of services, and better outcomes for children and families (Yeboah, 2005). This would in turn lead to improved outcomes for communities as a result of interventions and approaches that are tailored to the unique aspirations, concerns and values of that community.<sup>10</sup> Well-developed social networks that provide opportunities for participants to form social relationships and networks generally tend to be linked to a number of positive community outcomes. These include better educational achievement and health. There is also evidence linking a sense of community to lower levels of criminal activity. These positive outcomes are more closely related to connection between people rather than their attachment to a physical place.

During COVID lower levels of health literacy restricted some individuals in making informed choices about their health. People cited difficulties communicating with providers, and poorer health outcomes. Upon considering the experiences of the GSCPS community it appears that the pandemic has highlighted the need to improve cultural responsiveness of primary health provision to support cultural safety.

#### **4. Live with a positive Material Base**

*ASPIRE* has demonstrated the difference when advocacy achieves the creation of opportunities in the local community which support children and their families to build agency, citizenship and realise their fullest potential. Evidence shows a person's postcode directly affects their outcomes in life. The place where someone grows up and lives influences their health and wellbeing, as well as their access to opportunities.<sup>11</sup>

Our research and related principles of practice acknowledge the positive impact that having access to affordable and secure housing, healthy food, education, training and employment and adequate clothing; having information and access to community services if needed; and living a life free from poverty has on the quality of life and potential as the child journeys into adulthood.

Many of our families have arrived in Roxburgh Park having experienced protracted and confronting journeys with their families. Many are traumatised by what they have experienced. GSCPS conducts home visits with all new arrival families and reaches out to ensure that they have access to what they need and are supported as they settle into our community. They appreciate being made feel welcome and safe. They have aspirations for themselves, their family and their children. Having access to all the necessary basics for living in the community are essential.

#### **5. Feel Safe, Included and exercise Agency and Voice,**

GSCPS believes that through secure attachments and supportive relationships, children feel cared for and safe at home, and in their community. We acknowledge that support for their parents, opportunities for a work life balance, education and capacity building all impact on their wellbeing. It

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<sup>10</sup> **Community engagement. A key strategy for improving outcomes for Australian families** Tim Moore, Myfanwy McDonald, Harriet McHugh-Dillon, Sue West CFCA Paper No. 39 – April 2016

<sup>11</sup> [Introducing the framework | Victorian Government \(www.vic.gov.au\)](https://www.vic.gov.au/introducing-the-framework)

is important that children feel connected to their community and feel valued, safe, supported, respected and encouraged to develop their sense of identity with opportunities to participate and feel they have a voice. It is important that they are healthy, safe, educated and access education facilities, early childhood centres and affordable health care. It is important that they can access a good education especially in the early years to move out of the poverty cycle and that children and young people of all abilities have equal access to all agencies and equal opportunities to succeed. A great services network, that is interconnected and working together can make a major contribution to ensuring accessibility and well supported children and families.

It is essential to build communities where community members feel in control of their lives and that they have a role in making decisions that affect them. A child and family centred approach builds on the strengths of participants, encourages co-design of activities with joined up services being delivered through a place-based approach. An integrated, supportive service system can result in building a local community response where barriers to participation are removed and where local people feel a sense of community ownership.

## **6. Have Access to High Quality Learning**

A family centred, child/youth led approach acknowledges the key role that parents play as a child's first teacher and recognises that the family, child or young person may require support and guidance in determining what they need. Research shows that providing a safe, nurturing and stimulating home learning environment during the first three years of life is associated with better cognitive and social outcomes for children as they grow.<sup>12</sup> A key finding from *ASPIRE* demonstrated that positive outcomes are achieved when this support is provided in an inclusive, safe environment that is welcoming and non judgemental.

Providing children with a variety of enriching experiences outside the home is another important component of a stimulating learning environment. Playgroups provide a safe environment where children can play with similar aged children on a regular basis, and as such they offer an important opportunity for parents to assist in their child's development. In addition, *ASPIRE* has demonstrated that playgroups also have a range of positive effects on parents and caregivers which are likely to translate into better outcomes for children, such as reduced social isolation, improved parenting skills and self-confidence, increased knowledge of relevant community services, and a greater awareness of their child's needs. Findings from a study by the Telethon Kids Institute also demonstrates that children who attend playgroups during early childhood have significantly better child development when they start school.<sup>13</sup>

There is evidence that children from all backgrounds gain particularly strong benefits from attending high quality childcare as it provides them with a supportive environment for cognitive and socio-emotional stimulation and learning.<sup>14</sup> AEDC research snapshots show that children who attend preschool are less likely to be developmentally vulnerable and that attendance at Preschool is important for promoting children's readiness to take advantage of the learning opportunities in the school setting.<sup>15</sup> One of the key achievements of *ASPIRE* was that 100% of children attending playgroups enrolled in local preschool programs. The particular benefits of quality Early Childhood Education Centres for children experiencing disadvantage or with special needs also include early identification of any learning or developmental difficulties.<sup>16</sup> Early intervention is most effective when

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<sup>12</sup> [Informal learning opportunities | Age group 0-5 \(ccyp.wa.gov.au\)](https://www.ccyp.wa.gov.au/informal-learning-opportunities-age-group-0-5) Commissioner for children and young people. Western Australia.

<sup>13</sup> Gregory, T., Harman-Smith, Y., Sincovich, A., Wilson, A., & Brinkman, S. (2016). It takes a village to raise a child: The influence and impact of playgroups across Australia. Telethon Kids Institute, South Australia.

<sup>14</sup> Ibid

<sup>15</sup> O'Connell, Megan, Fox, Stacey, Hinz, Bronwyn and Cole, Hannah (2016) Quality Early Education for All : Fostering creative, entrepreneurial, resilient and capable learners. Other. Mitchell Institute, Melbourne, Victoria.

<sup>16</sup> Productivity Commission 2014, Childcare and Early Childhood Learning: Overview, Inquiry Report No 73, Commonwealth of Australia.

it addresses both children's and their families' needs, taking into account the context in which they live.<sup>17</sup> It requires a family centred approach that build upon the strengths of the child and their family.

#### **QUESTION 4. What specific areas/policy priorities should be included in the Strategy and why?**

**Any strategy developed must place children and their families at the centre of all we do and listen to their voices, their aspirations and their needs.**

A child led approach requires the development of a true relational model that enables families to have support and guidance with their child's development. It requires respecting the values, wishes and priorities of families. Assistance is sought with the child at the centre. They are not told by professionals what they need. It assumes that, while all families are unique that parents know their children best and want the best for their children and that professionals need to respect this. This involves doing with and not doing to.

#### **Localised, place based, integrated services:**

GCPS agrees with the identified priority of addressing and breaking down silos. A co-ordinated, joined up approach will reduce duplication, and use scarce resources more efficiently and effectively.

At *ASPIRE* the integration of services has improved the **capacity and capability of providers** (e.g. teaching staff, health professionals, organisational systems and practices) to meet the needs of families and children. Their stories demonstrate that working within the *ASPIRE* model has had a profound impact on the attitude and culture of the participating staff. They demonstrate the attainment of a whole range of skills including information gathering and dissemination, knowledge of ages and stages, points of identification, service networks, referral processes, refining of practices, understanding of the importance of parent engagement, family centred, strength-based practise among many others. This has been dynamic, rocky at times, and has required leadership, trust and respect.

**Relationships** are the cornerstone of the partnership work at *ASPIRE*. The partnership targeted additional health and community services in the Roxburgh Park area to address the unique needs of community capacity building of these newly arrived children and families, while also building the specialist expertise of kindergartens and schools in being ready and equipped to meet their needs. **It must be considered that partnership building takes time and additional resources.**

At *ASPIRE* the team play a significant role in the local area facilitating **collaborative partnerships** in the early year's networks, linking with other early childhood services and schools, and working in partnerships in ways that ensure families and children have an active role in transition processes. Evidence demonstrates the value of the playgroup at *ASPIRE* in building family awareness about the needs of the child, in improving parenting skills and in developing social wellbeing. One may question why consideration is not given to increase the reach of playgroups in integrated programs like *ASPIRE* to extend benefits to an increased number of children. If more playgroups were funded to meet the needs of more children and their families and the *ASPIRE* model was replicated considering local demographics and identified needs, just imagine the impact on positive outcomes for these families now, and what impact it would have for the future.

#### **Child /Family focus that is strength based**

The *ASPIRE* team is strongly committed to the principles of Family Centred and Strength Based practice. *ASPIRE's* practice reflects the ECIA definition of Centred and Strengths-Based Practice as: *"a set of values, skills, behaviours and knowledge, a way of thinking and acting that ensures that professionals and families work in partnership and that family life, and family priorities and choices, drive what*

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<sup>17</sup> Harrison LJ et al 2012, Childcare and early education in Australia, Social Policy Research Paper 40, The Longitudinal Study of Australian Children, Department of Social Services

*happens in planning and intervention.” ASPIRE also recognises that “all families, including families of children with disability and/or developmental delay, face a range of factors that can compromise parental, personal and family functioning. These include factors such as housing, finances, transport, social support, parental/caregiver physical and mental health, drug and alcohol issues and family violence. The presence of one or more of these factors can undermine parents’ abilities to address their children’s needs, and is particularly so for families with complex cultural backgrounds such as Aboriginal and Torres Strait Islander and CALD families. Capacity building practices are effective in increasing parents and self-efficacy, beliefs of their parenting abilities - their sense of confidence and competence.”*

There must be a commitment to empowering parents by building their confidence and parenting skills on their terms. They recognise the vulnerability factors of many families whilst valuing their diversity. They provide **non-judgemental, inclusive, culturally competent services that respect heritage, and family values with provision of accessible information.**

*ASPIRE* has demonstrated that **knowing what services you need and how to access them** in a timely manner is essential. For some, there are barriers to accessing services. Some services do not exist or have long waiting lists. Others are difficult to access physically. Some do not offer what the community needs or are not reaching those most in need. Often participants are experiencing circumstances that make access to services difficult for them. For some cost and transport is an issue. Cultural barriers are another. For others, the access to some services has a social stigma attached to them that children, young people and their families may see as evidence of failure.<sup>18</sup>

**Other strategies that must be considered include:**

- **Holistic approach**
- Opportunities for **Co-design**
- Undertaking **evidence based, robust planning**, development and review
- Leading teams to take mitigated risks, undertake new ways of intervening, and inviting service providers to **disrupt existing approaches** where new understandings of practice are developed through evidence of shared perspectives to contribute to positive outcomes.
- A clear, strategic, shared vision of community integration and inclusion established amongst all stakeholders that they own and believe in.

**QUESTION 5. What could the Commonwealth do to improve outcomes for children—particularly those who are born or raised in more vulnerable and/or disadvantaged circumstances?**

GSCPS recognises that children from families experiencing disadvantage and disconnection have poorer social capital which can reduce capacity to participate in community life. In partnership with community services, GSCPS employs a **whole of school approach** to provision of support incorporating trauma informed and family centre practices aimed at enhancing education and wellbeing needs. This is even more pertinent when dealing with children and families who are newly arrivals from a CALD background and who may experience social isolation.

*ASPIRE* is an **integrated early years model** providing culturally safe playgroups and parent education. During playgroup sessions families are assisted with kinder enrolments, parent next forms, Centrelink enquiries, school readiness discussions, and participation in MCH key age and stages. Staff also follow up on referrals and issues apparent through outreach visits. *ASPIRE* is a supportive, respectful and **deep-listening environment** where our bi-cultural workers are integral to enabling better engagement with families while promoting their access to appropriate supports.

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<sup>18</sup> Improving services: Community Toolbox. <https://ctb.ku.edu/.../access-health-and-community-services/main>

The need for such a service was evidenced during the waves of the COVID 19 pandemic where families struggled to understand the COVID virus and subsequent restrictions. Anxious about the potential impact on them and their families, their main challenges included understanding COVID messages, obtaining reliable translations, accessing health and other support services and dealing with the isolation from extended family. Through *ASPIRE* Early Years staff were able to assist them navigate the system.

Starting school is an exciting but also potentially stressful time for children and families. It is one of the key transition points during childhood. All such transitions are known to be times of particular vulnerability for young children, when earlier developmental and social progress is placed at risk. A successful transition to school is important for all children. *ASPIRE* is enabling the school, early years services and health and wellbeing providers to work together to provide cohesive support to all families, particularly children experiencing vulnerability. A smooth transition from playgroups to kindergarten and kindergarten to school increases the likelihood of continuous learning and decreases the degree of discontinuity children and families have to negotiate. Improving communication practices and enabling the sharing of information between early years services and teachers is building more effective collaboration and greater alignment between all services engaged. *ASPIRE* is also challenging the simplistic and dated view of 'school readiness' as being a quality of the child rather than the collective responsibility of families, early years services, communities and schools. By creating a school environment that is more supportive and inclusive of families and establishing strong links with a wider range of family and community services, the school has prior knowledge about the needs of particular children and is putting in place a range of support strategies to meet their needs and encourage family involvement. There is evidence that a model such as this can be effective in promoting student learning, stronger families and healthier communities (Blank et al, 2003; Cummings et al, 2006) Comprehensive child and family service systems that integrate early years programs and schools (including sharing staff and premises) and become more family friendly community hubs should be supported through funding and policy at all levels of government.

The multidisciplinary team approach at *ASPIRE* has been instrumental in providing parents, educators, clinicians and HCC MCHN and Parent Support Worker with an enhanced understanding of developmental vulnerability. The Project team in June 2018 report that not only has there been a positive difference in the children and family's involvement and interactions at *ASPIRE* but there is also "an IMPACT on staff – the conversations are different; the changes are incremental and supported. Early years are re-shaping transitions in the school. Good Sam is now 0 – 12 years."

From 2018 to 2023, there has been a fivefold increase in children attending playgroups who have developmental concerns. This is not necessarily a change in the enrolment demographic but rather a reflection of changed practices including consolidation of information about students learning needs, the introduction of the Nationally Consistent Collection of Data on Students with Disability and all staff engaging in professional learning. For example, in 2019, 17 children attending *ASPIRE* were identified by the Early Years Co-ordinator and Playgroup Assistants as requiring an assessment for developmental delay. All seventeen children were subsequently assessed by Allied Health clinicians as having developmental concerns. This demonstrates the value of the multi-disciplinary team and how information dissemination and joint consultations have developed the expertise of the Playgroup staff to contribute to early identification of children's needs.

**Consideration must be given to longitudinal funding rounds.** Short term projects that have been undertaken aimed at empowering children and their parents have had project outcomes gained during the life of the project but there appears to be no sustainability after the project ends, outcomes being the tip of the iceberg only.

At *ASPIRE* project funding has allowed for additional services to be accessed at the playgroups, and access to assessment and therapeutic intervention and referral. There is a marked change to workplace practice and culture. It is evident that as the project has progressed that the model has been dynamic. Aspects such as the intensive play-based assessment undertaken in 2019 further enhanced the knowledge of educators in relation to identified needs of the children prior to commencing school.

Should this practice be undertaken each year, it is envisaged that further positive outcomes would be achieved. It has not only enhanced professional awareness and expertise but has also resulted in increased family awareness of early years services therefore leading to children having an improved level of preparedness to start primary school. It is also evident that despite passion and commitment, the pressures of waiting lists and scarce resourcing in this region impacts on the ability of the partner organisations to provide consistent in kind support.

**QUESTION 6. What areas do you think the Commonwealth could focus on to improve coordination and collaboration in developing policies for children and families?**

**Communication:** A key learning from COVID was one of government communication particularly to people from a CALD background. One can imagine the confusion and frustration for those who require access to information in various formats. While Australia's first case of Covid-19 was recorded January 2020, it was mid-August 2020 when the Victorian Government went beyond translations and announced funding to reach culturally and linguistically diverse communities with health messaging. Translated materials, while not timely in the first instances of the pandemic, were too often direct translations of English language resources. These did not reflect cultural differences and differences in how languages function. Translated resources can often be hard to understand for people from migrant backgrounds who are themselves not fully literate in their first language or who are fluent in dialects beyond standardised languages. So too, we need to consider the day to day messaging from services provided only in English. The referral letters, the hidden rules for participation, the black and white eligibility..... the endless form filling in.

**Understand that localised, place based services know their communities and the issues they face and are best left to co-design localised responses to address need.** Most services are happy to abide by a framework and be accountable for funds provided but governments need to acknowledge that **not one model fits all and be less directive** in what they will and will not fund. Uniformity of approach stifles innovation and capacity building. The best models are individualised and based on nurturing the existing potential of children and families by deep listening, hearing their voices and respecting their aspirations with the mantra of "doing with and not doing to".

**The following factors are critical in the development and operation of an integrated model of service delivery:**

- Trust
- Respect
- Excitement at positive outcomes being met
- An awareness that all the parts make up the whole and that positive outcomes are easier to achieve when everyone is working together.

**Recognise that immediate reform is required in Maternal and Child Health and Allied Health Services:**

The hours allocated to each Maternal and Child Health nurse and the recent reduction in practice time and the decision to further target children who are considered to require the determination of issues based on their ages and stages assessment has left many children in Hume unassessed before they enter school. The funding model determines how the services are to be delivered and all children and families are treated the same. The needs vary greatly and there is only limited flexibility to respond to those needs. More flexibility in local service provision is needed, as is funding to support the provision of interpreter services. MCH is

When families arrive in Australia, they have no prior knowledge or understanding of the systems that are in place for supporting families and children in the early years. They do not have a **Green book**, the Infant Health Record. Therefore, they do not have the starting point and they have no knowledge of the system. They do not speak the language, they cannot read English so the system needs to be designed to reach out and work with them in their home and their community.

Allied Health services have been put under enormous pressure through COVID and providers have not recovered. We now have limited capacity to find allied health providers who can commit to the school. When we do find a provider with time the cost for these services is unsustainable. We have demonstrated that through the ASPIRE partnership we can identify the children with learning needs but our capacity to intervene with the appropriate support services has diminished. All the evidence tells us that early intervention saves money in the long run.

Starting school is an exciting but also potentially stressful time for children and families. It is one of the key transition points during childhood. All such transitions are known to be times of particular vulnerability for young children, when earlier developmental and social progress is placed at risk.

A successful transition to school is important for all children. *ASPIRE* is enabling the school, early years services and health and wellbeing providers to work together to provide cohesive support to all families, particularly children experiencing vulnerability. A smooth transition from playgroups to kindergarten and kindergarten to Prep increases the likelihood of continuous learning and decreases the degree of discontinuity children and families have to negotiate. Improving communication practices and enabling the sharing of information between early years services and school teachers is building more effective collaboration and greater alignment between all services engaged.

*ASPIRE* is also challenging the simplistic and dated view of 'school readiness' as being a quality of the child rather than the collective responsibility of families, early years services, communities and schools. By creating a school environment that is more supportive and inclusive of families and establishing strong links with a wider range of family and community services, the school has prior knowledge about the needs of particular children and is putting in place a range of support strategies to meet their needs and encourage family involvement. There is evidence that a model such as this can be effective in promoting student learning, stronger families and healthier communities (Blank et al, 2003; Cummings et al, 2006)

Comprehensive child and family service systems that integrate early years programs and schools (including sharing staff and premises) and become more family friendly community hubs should be supported through funding and policy at all levels of government.

Report to NWMPHN from HCC