



# EARLY YEARS PARTNERSHIP

Central Great Southern

# Children Growing Strong

Early Years Community Plan

2023



## Acknowledgement of Country

The Early Years Partnership team and partner organisations proudly acknowledge the Traditional Custodians of Country, people of the Noongar nation, and recognise their continuing connection to their culture, lands, families and communities. We pay our respects to Aboriginal cultures, and to Elders both past and present.

## A note about language

In this document, the term Aboriginal people is used in preference to “Indigenous” or “Aboriginal and Torres Strait Islander” people, in recognition that Aboriginal peoples are the original inhabitants of Western Australia.

# Executive Summary

In December 2018, Hon. Mark McGowan MLA, Premier of Western Australia, and Hon. Simone McGurk MLA, Minister for Communities, announced the Central Great Southern as the first community to join what was then known as the Early Years Initiative and is now known as the Early Years Partnership. The Early Years Partnership aims to improve children's wellbeing and school readiness in four communities and in doing so learn what it takes to create change for all Western Australian children.

The Early Years Partnership is a 10-year partnership between four communities, State Government and Minderoo Foundation, with Telethon Kids Institute as evidence and evaluation partner. The Australian Government is a supporting partner via the Connected Beginnings program and National Indigenous Australians Agency (NIAA).

The four partner communities span metropolitan, regional, remote, and very remote communities in Western Australia. The Central Great Southern was chosen by the Early Years Partnership Board as the

regional site due to demonstration that there was a need for better outcomes for children under school age and their families, and evidence of the pre-conditions for success.

The Central Great Southern includes the Shires of Katanning, Broomehill-Tambellup, Kojonup and Gnowangerup. The total population of the four shires is almost 8,500, which includes approximately 553 children under the aged of four.<sup>2</sup> Of these 553 children, 13 per cent are Aboriginal and 8.1 per cent are from Culturally and Linguistically Diverse (CaLD) families. This diversity has been a key consideration when designing actions to address the priority areas of this Community Plan.

**This Community Plan is the result of a co-design process with the Central Great Southern community. It articulates the priorities identified by the community as critical factors to improving the wellbeing and school readiness of their children.**

These five priority areas, and associated actions, form the roadmap for change for Central Great Southern children. The five priorities and aims of this Community Plan are:



**Child Health** – To improve the health of babies and children including reducing the number of preventable hospitalisations of children due to dental conditions, and to increase the proportion of children entering school who meet the developmental physical domain (AEDC).



**Child Development** – To increase the number of children meeting developmental milestones and entering school developmentally ready.



**Financial Wellbeing** – To increase the number of families with children aged 0-4 years who have a stable home and regular, nutritious meals.



**Family Safety** – To reduce the number of children aged 0-4 years who have interactions with family violence.



**Maternal Health** – To improve access to and attendance at antenatal services to ensure mothers are healthy and babies have the best possible start to life.



# Contents

<b>Introduction</b>	<b>6</b>
Why the early years are so important	6
Purpose of this document	7
Early Years Partnership	7
Central Great Southern	8
<b>Early Years Partnership Co-Design</b>	<b>9</b>
Early Years Partnership Principles	9
Early Years Partnership Impact Pathways	9
Central Great Southern Co-Design Process	9
<b>Central Great Southern Priorities</b>	<b>14</b>
Child Health	15
Child Development	20
Financial Wellbeing	23
Family Safety	26
Maternal Health	31
<b>Governance</b>	<b>33</b>
Early Years Partnership Board	33
Implementation Group	34
Local Working Party	34
Connected Beginnings	34
<b>Monitoring and Evaluation</b>	<b>35</b>
<b>Limitations</b>	<b>35</b>
<b>Conclusion</b>	<b>36</b>
<b>Appendix A – Central Great Southern     Data Snapshot</b>	<b>37</b>
<b>Appendix B – Causal Loop Diagram</b>	<b>40</b>
<b>Appendix C – Potential Additional Actions</b>	<b>42</b>

# Introduction

## Why the early years are so important

The first four years of a child's life are critical for positive life outcomes. It is during this time that they build the foundation for lifelong learning, health, and wellbeing.



However, one in five children in Western Australia (19.4%) is considered developmentally vulnerable by the time they start full-time school, as measured by the Australian Early Development Census (AEDC).<sup>3</sup>



In the Central Great Southern more than one in four children (27%) are considered developmentally vulnerable.



## Purpose of this document

This Community Plan articulates the issues that have been identified and prioritised by the Central Great Southern community as being important factors in improving the wellbeing and school readiness of their children and areas where the community seeks to advocate for change or additional resources.

The plan identifies the aim, objectives and actions for each of these priorities at both local and system level and is a guiding document to help government, service providers and the local community to achieve better outcomes.

The Community Plan is intended to be a 'living document' which will be reviewed annually and updated as needed in consultation with the Local Working Party.



## Early Years Partnership

The Early Years Partnership (EYP) aims to improve children's wellbeing and school readiness in four WA communities and in doing so learn what it takes to create change for children across Western Australia.

The EYP was launched by the Premier of Western Australia, the Hon. Mark McGowan, and Minister for Community Services, the Hon. Simone McGurk, alongside Nicola Forrest, Co-Founder of the Minderoo Foundation, in March 2018.

The EYP has partnered with four communities in Western Australia:

- Armadale West (metropolitan)
- Central Great Southern (comprising the Shires of Katanning, Kojonup, Gnowangerup and Broomehill-Tambellup) (regional)
- Derby (remote)
- Bidyadanga Aboriginal Community (very remote).

The Early Years Partnership is a partnership between these four communities, the State Government, Minderoo Foundation and

Telethon Kids Institute (TKI) as evidence and evaluation partner. The State Government participates via the Department of Communities (lead partner), Department of Education and the Department of Health.

The \$49.3 million partnership includes:

- State Government investment of \$24.6 million over 10 years, which includes project management and effective alignment of existing funding to community priorities, and
- Minderoo Foundation investment of \$24.7 million over 10 years to test, trial and learn from new initiatives as well as fund research and evaluation by the Telethon Kids Institute.

In addition, the Australian Government is contributing \$2.7 million over 3 years via the Connected Beginnings program. In the Central Great Southern, Connected Beginnings is providing \$300,000 per year for three years. Badgebup Aboriginal Corporation is the Connected Beginnings partner in the Central Great Southern.

The Early Years Partnership aims to create change through increasing awareness about the importance of early development, strengthening whole-of-community governance and collaboration, providing the best data and evidence and mobilising resources at community, state, and federal levels. In doing so, the Early Years Partnership communities are empowered to identify the main enablers and barriers to children thriving in their communities, co-design agreed and targeted community plans and test, trial and learn from evidence-informed solutions.

This Community Plan for the Central Great Southern is a result of these co-design processes. It aims to improve the wellbeing of children and families in this region and support children to be ready for school. In doing so, it aims to create learnings to inform future reforms in our State.

## Central Great Southern

Central Great Southern is the regional community partner of the Early Years Partnership. This includes the Shires of Katanning, Kojonup, Gnowangerup, and Broomehill-Tambellup.

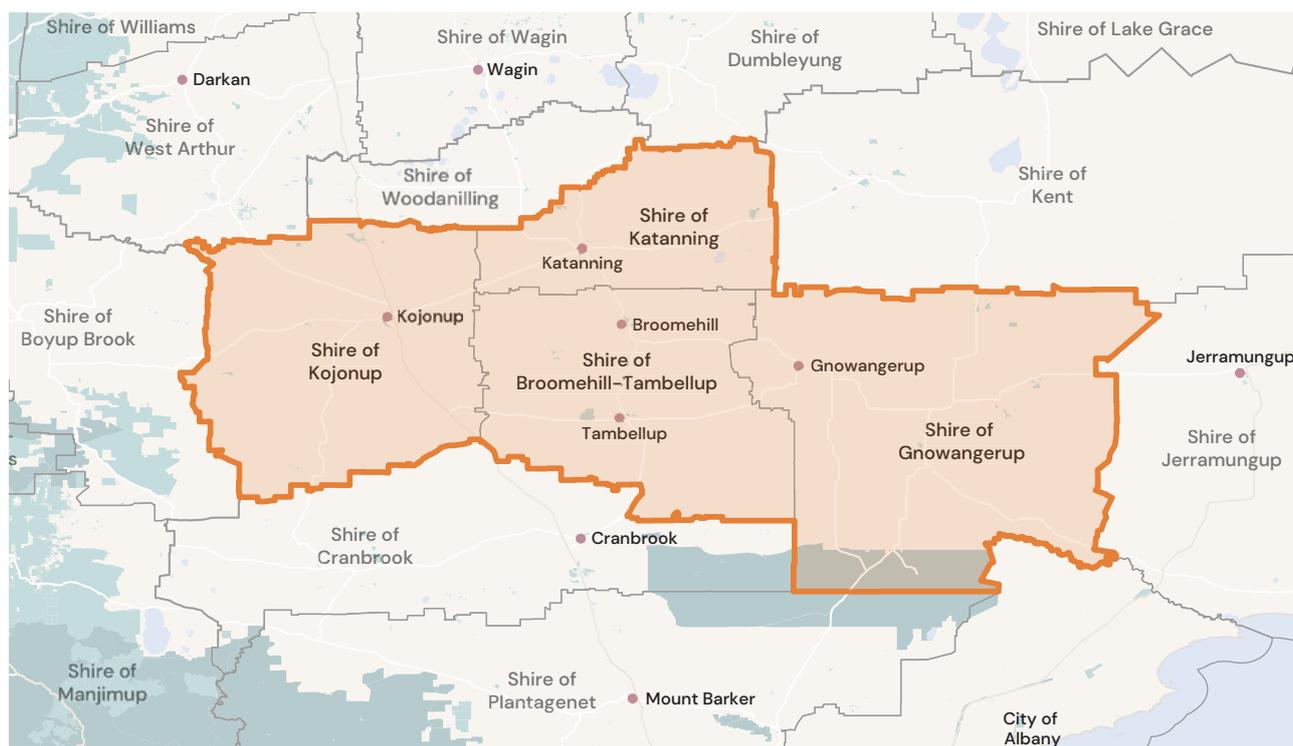
The Central Great Southern was chosen by the Early Years Partnership Board due to demonstration that there is:

- A need for better outcomes for children under school age and their families.
- Sufficiently broad and genuine interest within the community to achieve change, and
- A level of capacity to do so.

Important to this selection, was identification of 'natural' communities with boundaries that make sense to residents (rather than statistical boundaries developed by the Australian Bureau of Statistics). Considering this, whilst Katanning was identified as the initial community for the Early Years Partnership, the Katanning community requested to include the surrounding Local Government Areas (LGAs) which was agreed by the Board.

Across the Central Great Southern, there are approximately 553 children under the age of four. Of these, 13 per cent are Aboriginal and eight per cent are from Culturally and Linguistically Diverse (CaLD) families.

### ▼ Central Great Southern Boundary Map



# Early Years Partnership Co-Design

## Early Years Partnership Principles

The Early Years Partnership's community engagement, planning and design process is based on the following principles:

-  **Children, families and communities are at the heart of everything we do**
-  **We listen to and act upon the wisdom of families, communities and their children**
-  **We value the strengths of the community, the assets and knowledge they already have**
-  **We take a place-based approach; community is at the core**
-  **We try, test, learn and improve, again and again**
-  **We build trust through equal partnership.**

## Early Years Partnership Impact Pathways

The Early Years Partnership Impact Pathways is an evidence informed tool that supports communities to identify the main enablers and barriers to children and families thriving in their communities. The Early Years Partnership partners acknowledge that children are born into families, families live in communities and communities are impacted by local, state and federal government systems and policies. Therefore, the Early Years Partnership Impact Pathways have been structured to reflect these four pillars: child, family, community, and systems. This tool outlines 50 enablers and 58 barriers to children thriving across these pillars. This document can be viewed on the Early Years Partnership website.

The Central Great Southern community was supported to identify which of these barriers and enablers to child wellbeing and school readiness were having the greatest impact on children living in their community. These have formed the local priorities.

## Central Great Southern Co-Design Process

The Central Great Southern has been supported through a community planning process, noting that this was over an extensive period due to significant disruption caused by COVID-19. The process has drawn from place-based data provided by Telethon Kids Institute, stakeholder knowledge and experience and families with lived experience of raising children in the Central Great Southern community.

# Outlined below is the seven-step community design process:

## 1 Engaging and listening

In 2018, the Central Great Southern was identified as the preferred regional Early Years Partnership community. The Early Years Partnership project team identified and engaged with key stakeholders and existing governance groups, to understand community aspirations for change and strengths that could be built upon.



## 2 Establishing

In February 2020, a service system workshop was held in Katanning. This involved community members, government services and non-government. There was a decision at this meeting to develop a local Early Years Partnership working party, to build a sense of local authority and efficacy to creating change. The Local Working Party was formed, with the first meeting in July 2020.



## 3 Discovering

A planning day was held in November 2020, to commence the identification of local priorities. This included a range of local stakeholders, community members, government, and non-government services. Local data on child health and development was presented by Telethon Kids Institute to build a shared understanding of the needs and opportunities for local children.

Appendix A shows a snapshot of data related to the Central Great Southern area drawn from a variety of sources as noted with each datapoint. The full situational analysis can be found on the Early Years Partnership website.



## 4 Co-designing local priorities

Based on the presentation of this data at the November 2020 meeting, the attendees voted on the Central Great Southern priority areas.<sup>4</sup>



## 5 Co-designing actions

A planning day was held in July 2021 to begin formulating actions around the priority areas. A working group was formed for each priority area to formalise and progress an action plan relevant to their priority area. Members of the priority working groups include both Early Years Partnership community working party members and content specialists.

In October and November 2022, two Group Model Building (GMB) workshops were held with local service providers as part of further planning for implementation of the Early Years Partnership in the region.

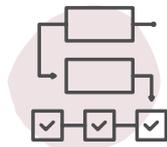
The first GMB workshop was held on 20 October 2022 in Katanning. In this workshop participants worked together to identify

## 5 Co-designing actions (continued)

the main drivers of the wellbeing of children aged 0–4 years in their communities (including the impacts of family wellbeing), according to their pre-identified priority areas. The key output of the workshop was a causal loop diagram which summarises the group's views across the five themes: child health, child development, family safety, maternal health and financial wellbeing. The causal loop diagram is provided in **Appendix B**.

The same group of service providers was invited to participate in a second GMB workshop held in Katanning on 7 November 2022, although not all were able to attend, and some new individuals participated. Participants were provided with existing services in their region, mapped against the priority areas, to build on the strengths that exist in the region. New actions identified by the participants were then prioritised in small groups, presented to all participants in the workshop and through a process of 'voting', top priorities were identified. The prioritised actions identified against each priority area are summarised in section 5, other actions are presented in **Appendix C**. A full report of the GMB workshop can be found on the Early Years Partnership website.

The causal loop diagram for child health was formulated prior to this workshop based on work that was already progressing through the Local Working Party. Factors from this child health map were incorporated into the final causal loop diagram as presented in **Appendix B**.



## 6 Collaborate and deliver

This Community Plan forms the foundation for the community to collaborate and deliver on improved wellbeing for children in the Central Great Southern, with the support of the Early Years Partnership Implementation Group and Board.

During this phase, Telethon Kids Institute will continue to support the community working party to ensure actions are evidence informed. In addition, the Department of Communities will work with Telethon Kids Institute to identify national and international leading researchers to explore opportunities where evidence-based initiatives could be adapted to the local context against the local priorities.

Implementation of the priority actions will be supported by an evidence-based implementation science framework called PRISM (Practical, Robust Implementation and Sustainability) to ensure the robust translation of research into practice, with specific attention to the local context and ensuring equity (reach and representation).

Where relevant, the Local Working Party will be supported to submit funding proposals to the Implementation Group or Board (as appropriate) where larger system level actions are proposed.



## 7 Review

The community will be supported to continually monitor and evaluate implementation of the plan to ensure actions are addressing the multiple system challenges identified and creating impact for children.





## Hearing the Voices of Aboriginal Families

Badgebup Aboriginal Corporation (Badgebup) partnered with the Early Years Partnership to facilitate the Connected Beginnings program, a national program funded by the Commonwealth Department of Education. Running since March 2022, Badgebup has employed three Aboriginal community connectors and four Culturally and Linguistically Diverse (CaLD) connectors.

The community connectors have held community meetings in Katanning, Kojonup, Tambellup and Gnowangerup to hear from Aboriginal families in each community about their experiences of raising children in the Central Great Southern.

Employing Aboriginal staff who have trusted relationships with local families has been key to hearing the stories of these families. Understanding both the strengths and gaps in current services has informed how the Early Years

Partnership and the community can address the priority areas identified in this plan.

Key challenges facing Aboriginal families identified by the community navigators include:

- Limited attendance at mainstream services including antenatal checks
- Family violence and the need for culturally appropriate services for men
- Intergenerational trauma
- Significant grief experienced by Aboriginal children through the loss of parents through death, child protection intervention, drugs and alcohol or imprisonment
- A general fear of government services and information sharing that impacts decisions made about their families, and
- High cost of healthy food which has impacts on child health and family wellbeing.



## Hearing the Voices of Culturally and Linguistically Diverse Families



The Central Great Southern is a culturally diverse community, with eight per cent of children aged 0–4 years from a culturally and linguistically diverse (CaLD) background.

Badgebup Aboriginal Corporation's employment of four CaLD community navigators in the Connected Beginnings program has been key to building relationships with CaLD families. The community connectors represent the Afghani, Burmese, Karen, Malay and Māori communities.

It can sometimes be stressful to raise young children, and access to information and services can be hard to find or confusing. This can be further exacerbated by cultural and language barriers. The community navigators are employed to listen and understand what difficulties CaLD families are facing when it comes to looking after their children and family.

It's all about listening to our local families and working with them to make sure they have access to support that suits their needs.

The CaLD community navigators have focused on working with their communities to understand the needs of families raising young children in the Central Great Southern. This work was particularly important during the COVID-19 pandemic as the staff were very involved in passing on the latest health warnings and information to families.





# Central Great Southern Priorities

The five Central Great Southern priorities for improving child wellbeing and school readiness are child health, child development, financial wellbeing, family safety and maternal health. This section outlines data that demonstrates the need to focus on these areas, the evidence of why these are important factors to improving child wellbeing, and overarching aims and objectives. Importantly, this section outlines priority actions for creating better outcomes for children and their families.





## Child Health

The Central Great Southern community has identified Child Health as a priority area, the initial focus is on dental health.

In the Central Great Southern, between 2015 and 2019, 5.6 per cent of all potentially preventable hospitalisations in 0–9 year olds were due to dental conditions. This is a rate 1.3 times higher than the State as a whole. Oral disease related hospitalisations of 0–4 years was 2.9 times higher in Katanning than the State average.<sup>5</sup>

In Central Great Southern, approximately

**5.6%**

**of preventable hospitalisations**

of 0–9 year olds is due to dental conditions.



### Aims:

- To improve the health of babies and children including reducing the number of preventable hospitalisations of children due to dental conditions, and
- To increase the proportion of children entering school who meet the developmental physical domain (AEDC).

In Western Australia, only one in five children has been reviewed by a dental practitioner by the time they are two years old and one in three children aged five to six, have tooth decay.<sup>6</sup> In the ten years to 2016, there was a 40 per cent increase in the number of children presenting at hospital emergency departments for dental health related problems, and dental issues are the second most common reason of preventable hospital admittance of young children.<sup>7</sup>

Oral health is a key component of child health as it impacts overall health, wellbeing and quality of life. Baby teeth are important because they help the child to eat, learn to talk and help to keep their face in the right shape to allow healthy adult teeth to grow. Early tooth loss caused by dental decay has been associated with the failure to thrive and impaired speech development. Early childhood is the best time for children to learn how to look after their teeth as these early healthy habits can last a lifetime.



Dental cavities in children are largely preventable and therefore education, early identification and treatment is critical and will reduce the social and economic burden of oral health issues in later life. Poor oral health is often a symptom of underlying issues such as oral hygiene and access to dental services. Access to sufficient nutritious food, and parental understanding of and skills in food preparation are also underlying causal issues, reinforcing the need to address issues of food security in this region (see 5.3 Financial Wellbeing).

Access to adequate dental services in Central Great Southern has been raised as an ongoing issue since 2002,<sup>8</sup> with multiple advocacy efforts to emphasise the priority need for this area. There is no public dentist practising in the Central Great Southern. There are two public dental clinics in the Great Southern – Narrogin and Albany. Travelling to these centres incurs significant

time and financial costs for people living in the Central Great Southern, exacerbating financial wellbeing issues reported in section 5.3. The public dental clinics service a population of almost 62,000 people so have significant waiting lists. The average waiting time for non-urgent dental care at the public dental clinic in Albany is 10.5 months (as at June 2019). This is the second longest waiting time in the state. While this may be within the guidelines of the National Oral Health Plan, it indicates pressure on those services.

Services and community members engaged in the dental health working group identified three key themes to address child dental health:

**1. Access to dental services**

**2. Prevention**

**3. Knowledge of the effects of poor oral health on the child.**

**1. Access to dental services**

Objective	Local level action	Systems level action
To provide a local service for children aged 1-4 years old giving parents an alternative to private dental fees or travelling to access the public dental system.	<ul style="list-style-type: none"> <li>Implement the Dental Project (see case study page 18) which will include:               <ul style="list-style-type: none"> <li>Dental health screening using photo identification prior to triaging by the University of Western Australia (UWA) dental team.</li> <li>Local dental services for five days, three times per year to treat minor dental issues.<sup>9</sup></li> <li>Increase awareness of, and promote access to, the Commonwealth Government’s Child Dental Benefits Scheme.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Ensure the project evaluation is provided to the Office of the Chief Dental Officer to inform the development and implementation of the State Government’s commitment to provide free dental assessments to Western Australian children aged between 6 months and 5 years old.</li> <li>To align all dental work with food security work to improve long term oral health.</li> </ul>



## 2. Prevention

Objective	Local level action	Systems level action
To increase parent/carer's knowledge of oral hygiene practices and the importance of good nutrition.	<ul style="list-style-type: none"><li>• Health Promotion: The Dental Project Coordinator will work with local community connectors and champions to build relationships and engage with local families, to address the underlying issues and causes of poor oral health including knowledge and understanding regarding healthy diets, barriers to healthy eating such as access to food and poor cooking skills.</li><li>• Distribution of health promotion resources: Promote dental health and oral hygiene through the distribution of localised health promotion resources (funded by the Communities for Children Facilitating Partner program, Amity Health), including tailoring existing resources to meet local cultural needs.</li><li>• Continue to work with Edith Cowan University on its project to assess and improve parent/carer's dental health literacy and knowledge including promoting good dental hygiene practices such as toothbrushing and the importance of not sharing toothbrushes.</li></ul>	

## 3. Knowledge of the effects of poor oral health on the child

Objective	Local level action	Systems level action
Improve parent/carer's understanding of the potential long-term impact of poor oral health on their child's speech development, general health and wellbeing.	<ul style="list-style-type: none"><li>• Support attendance at child health checks as child health nurses practice 'lift the lip' assessments which leads to children's dental issues being identified and referred earlier.</li><li>• Promote dental health and oral hygiene through the distribution of localised health promotion resources.</li></ul>	



## Local Agencies Partnering with the University of Western Australia for Improved Dental Care for Children

With the generous support of the Early Years Partnership, Amity Health received \$137,650 over 18 months to deliver the Central Great Southern Dental Health Project.

The Central Great Southern dental project focuses on dental health and aims to reduce the impact of a high sugary diet on oral health. It provides a dental service locally which will be cost effective, improve dental hygiene, and reduce the impact of early childhood tooth cavities in children aged 1-4 years in the Central Great Southern.

The project is teaching parents and carers to use photo identification which is analysed by dental professionals in Perth. Practitioners triage any dental work required and minor treatments will occur in the Central Great Southern reducing the need for families to travel to Perth for treatment.



University of Western Australia (UWA) dental students and a supervisor visit the community three times a year to provide free dental checks and early treatment for children aged 1-4 years who currently have limited local access to free dental services prior to starting school.

The work also includes understanding poverty and food insecurity and how these impact on the decisions families make when purchasing food.

Amity Health has employed a local Project Coordinator who is working with the UWA Dental School, Connected Beginnings workers and the local community.

The Department of Education has granted approval for the UWA dental team to access the Katanning Primary School dental clinic to conduct minor treatments.

Rural Health West funded the accommodation and travel of the dental students and Amity Health has granted \$3,000 to A Smart Start Great Southern to source and develop appropriate dental education resources for families.

The first dental week took place in early 2023. The dental team saw 183 of the 449 children eligible across Katanning, Kojonup, Tambellup, and Gnowangerup. That is, approximately 40 per cent of children aged 1 to 4 years. The WACHS Child Health team had identified 27 children in need of urgent treatment prior to the dental visit and 23 of these children attended with their parent or carer. Of these, seven have been referred to Perth Children's Hospital for treatment and are being supported to attend.

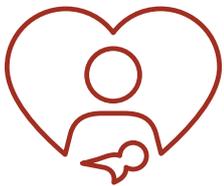
The success of the project highlights the collaboration of agencies and staff working in the Central Great Southern. Local agencies included Amity Health, Rural Health West, Badgebup Aboriginal Corporation, A Smart Start Great Southern, WACHS, Aboriginal Health, early learning centres, Katanning Primary School, playgroups and local Shires.





## Aim:

To increase the number of children meeting developmental milestones and entering school developmentally ready (as measured by the Ages and Stages Questionnaire (ASQ3) and Australian Early Development Census (AEDC) tools (adjusted for cultural relevance as appropriate).



# Child Development

Child development refers to the physical and psychological growth of a child from conception through to early childhood.<sup>10</sup> In Western Australia, parents can have their child's development assessed at five time points (14 days, 8 weeks, 4 months, 12 months, and 2 years) through the ages and stages questionnaire (ASQ 3) administered by child health nurses. These health checks help to understand the child's growth and detect any developmental delay as early as possible. Evidence has demonstrated links between increased health checks and enhanced referrals, especially for psychosocial problems in children,<sup>11</sup> but availability of timely care for these referrals is a genuine concern due to significant waitlists for child development services in Western Australia.<sup>12</sup>

Services and community members within the group model building workshops identified five key themes to address child development, these are:

- 1. Health checks and parental knowledge**
- 2. Engagement with early learning**
- 3. Family/kin relationships**
- 4. Cultural considerations**
- 5. Service delivery**

These themes have been developed into aims and objectives with corresponding priority actions outlined on pages 21–22, noting that no priority actions were identified for family/kinship relationships, and cultural considerations. Subsequent co-design workshops will be held to support the identification of actions for these themes following the implementation of priority actions.



## 1. Health checks and parental knowledge

Objective	Local level action	Systems level action
To increase the number of children aged 0–4 years attending health checks and improve parental understanding of the importance of the checks.	<ul style="list-style-type: none"><li>• Increase attendance at universal child health checks (with a focus on 2 years health checks).</li><li>• Increase parent knowledge of availability and access to additional community child health services to meet the family's needs.</li><li>• Improve transport infrastructure for parents to attend child health checks (bus).</li></ul>	<ul style="list-style-type: none"><li>• Explore international recommendations in relation to best practice for the ages at which scheduled child health checks should be administered, then if justified, the working party to advocate to Department of Health to trial additional child health checks to be added. Noting current attendance is low and therefore the first priority is to increase attendance at existing checks.</li><li>• Explore different models of child health nurse service delivery, e.g., virtual.</li></ul>

## 2. Engagement with early learning

Objective	Local level action	Systems level action
To increase the number of children who enrol in and attend early learning services such as day care, playgroups and KindiLink across the Central Great Southern.	<ul style="list-style-type: none"><li>• Improved transport infrastructure for parents (as noted above) to increase engagement with early learning.</li><li>• Support local government authorities to work with early childhood service providers in developing grant applications for the Attraction and Retention Packages for Regional Child Care Workers Program.</li></ul>	<ul style="list-style-type: none"><li>• Support the co-location of early years services at the planned Katanning Hub, once the building is complete.</li><li>• Support advocacy by parents and community members for better pay and conditions for early childhood educators to assist in attracting and retaining staff, through adding their voice and experiences to current national campaigning on this issue.</li></ul>



These objectives are:

### 3. Family/kin relationships

Objective	Local level action	Systems level action
To identify and implement evidence-informed initiatives that strengthen family relationships.	<ul style="list-style-type: none"> <li>Action to be developed.</li> </ul>	

### 4. Cultural considerations

Objective	Local level action	Systems level action
To support services to integrate cultural practises/safety into the design and delivery of all early childhood development services.	<ul style="list-style-type: none"> <li>Action to be developed.</li> </ul>	

### 5. Service delivery

Objective	Local level action	Systems level action
Improve coordination between agencies who deliver early childhood development services within Central Great Southern.	<ul style="list-style-type: none"> <li>To re-establish an Early Years Network in the region.</li> </ul>	





### Aim:

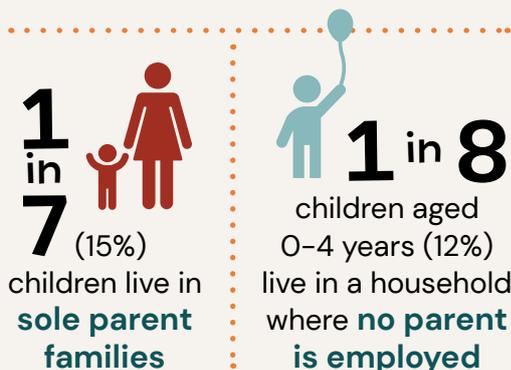
To increase the number of families with children (aged 0-4) years who have a stable home and regular, nutritious meals.



# Financial Wellbeing

Nearly 1 in 4 families (23 per cent) in the Central Great Southern receive income of less than \$1,000 per week. More than 1 in 7 (15 per cent) live in sole parent families, and 1 in 8 children aged 0-4 years (12 per cent) live in a household where no parent is employed.<sup>13</sup>

Having regular adequate income is a key protective factor for families. Child development is impacted by financial indicators such as low income,<sup>14</sup> stable and adequate housing, food security,<sup>15</sup> parent education,<sup>16</sup> and parent employment. Children living in households experiencing financial hardship are at a greater risk of poor health and educational outcomes, both in the short and long term.<sup>17</sup> Children from low-income families are more likely to experience psychological or social difficulties, behaviour problems, lower self-regulation, and higher physiological markers of stress. Low income can also affect a child's diet and access to medical care, the safety of their environment, level of stress in the family, quality and stability of their care and provision of appropriate housing, heating, and clothing. Important to note, is that participants at the co-design workshops expressed concern that workers from culturally and linguistically diverse populations were at risk of being paid low award wages, creating 'working poor' families within the community.





Services and community members within the group model building workshops identified four key themes that impact on financial wellbeing in Central Great Southern:

These themes have been developed into aims and objectives with corresponding priority actions outlined below.

**1. Food security**

**2. Employment and training**

**3. Financial stress**

**4. Stable and affordable housing**

**1. Food security**

Objective	Local level action	Systems level action
To increase the number of families/individuals who identify as food secure.	<ul style="list-style-type: none"> <li>To engage with families to understand the extent of food insecurity and explore the underlying causes of food insecurity in Central Great Southern.</li> <li>To address issues of access to emergency food relief to ensure such access is provided in a dignified and culturally appropriate manner.</li> <li>To explore existing evidence of successful food security projects and engage with them.</li> <li>To co-design a food security project with the community to ensure people have access to healthy food.</li> <li>WACHS to lead the delivery of the Food Sensations program in playgroups, antenatal groups etc across the Central Great Southern.</li> </ul>	<ul style="list-style-type: none"> <li>To explore current Western Australia systems of access to emergency food relief to ensure dignity is prioritised in access to these services.</li> </ul>





## 2. Employment and training

Objective	Local level action	Systems level action
To raise awareness of existing employment and training opportunities within the Central Great Southern, and to develop new, innovative, fair and equitable employment and training opportunities.	<ul style="list-style-type: none"><li>Promote Early Childhood Education and Care (ECEC) as a career option.</li><li>Seek accessible training opportunities for CaLD families, to increase access to adequately paid employment.</li></ul>	<ul style="list-style-type: none"><li>Explore and support opportunities for more local training options in ECEC sector.</li></ul>

## 3. Financial stress

Objective	Local level action	Systems level action
To improve the financial literacy of parents/ carers of children aged 0-4 years.	<ul style="list-style-type: none"><li>Seek resourcing for additional financial counsellors and/or support services in the Central Great Southern.</li></ul>	

## 4. Stable and affordable housing

Objective	Local level action	Systems level action
All families with children aged 0-4 years have appropriate and affordable housing.		<ul style="list-style-type: none"><li>Explore innovative social and affordable housing models that could be adopted in the regional context and seek resourcing for additional social and affordable housing in the region.</li></ul>



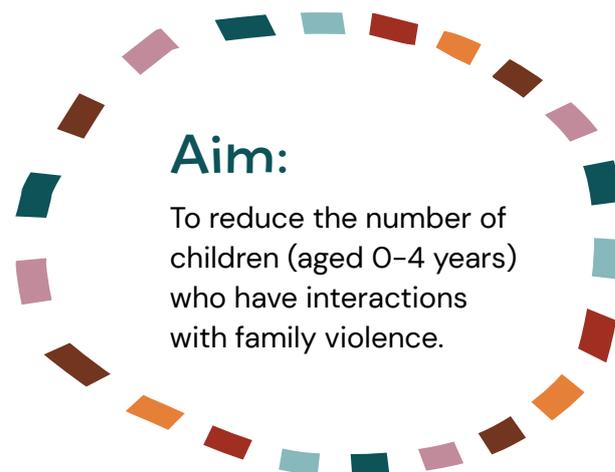


## Family Safety

According to Department of Communities data, approximately 1 in 10 children aged 0–4 years in the Central Great Southern has experienced or witnessed family and domestic violence (based on a 12 month period 1 December 2021 – 30 November 2022).

This ratio is even higher for the Central Great Southern’s most populated community. Approximately one in every 6.5 children aged 0–4 years in the Shire of Katanning experienced or witnessed family and domestic violence over the past year.<sup>18</sup>

The aim of family safety is to have a community free of family and domestic



violence and the related ongoing patterns of behaviour that coerce, control, or create fear within a family. This violence can impact the health and development of babies in-utero and impact foetal brain development. Infants are considered especially vulnerable because their brains are developing rapidly.<sup>19</sup> Longer term impacts could include a child not reaching their full intellectual potential, experiencing delayed speech development and poor memory. Children who do not live in a safe family are more likely to show multiple vulnerabilities on the AEDC measures.<sup>20</sup>

Approximately

**1 in 10**



children aged 0–4 in **Central Great Southern** was impacted by family violence over the past 12 months.



Nearly

**1 in 6**



children aged 0–4 in **Katanning** was impacted by family violence over the past 12 months.



Services and community members within the group model building workshops identified seven key themes that impact on family safety in Central Great Southern:

- 1. Service providers and first responder skills and knowledge related to cultural competency and a culturally appropriate response to family violence**
- 2. Cultural safety**
- 3. Contributing factors and drivers of family violence (FV)**

#### **4. Service access**

#### **5. Family and kin connections**

#### **6. Availability of refuge accommodation with appropriate resourcing**

#### **7. Behaviour change programs for those who commit acts of family violence**

These themes have been developed into aims and objectives with corresponding priority actions outlined on pages 28–29.



## **Family and Domestic Violence Awareness Training**

In September 2021 the Central Great Southern Local Working Party agreed to use a portion of the Early Years Partnership Community Funding to fund local hairdressers to complete the online Hairdressers with Hearts program.

Eight local hairdressers were enrolled to complete the program which assists them to identify FDV and/or elder abuse their customers may be experiencing and provides hairdressers with appropriate resources and referral pathways to support their clients and their children to be safe.



## 1. Service providers and first responder skills and knowledge specifically related to cultural competency to ensure a culturally appropriate response to family violence

Objective	Local level action	Systems level action
To increase the skills and knowledge of service providers and first responders to appropriately respond to family violence.	<ul style="list-style-type: none"> <li>To engage local cultural organisations (as far as possible) to deliver cultural competency training to all FDV service providers and first responders working in Central Great Southern.</li> <li>Provide mental health first aid training.</li> <li>Create awareness of lateral violence.</li> <li>Promote Safe and Together training for local service providers.</li> </ul>	<ul style="list-style-type: none"> <li>Compulsory FDV awareness training as part of first aid / Cardiopulmonary Resuscitation (CPR) refresher courses for first responders.</li> </ul>

## 2. Cultural safety

Objective	Local level action	Systems level action
Family violence support services are culturally safe.	<ul style="list-style-type: none"> <li>To engage local organisations (as far as possible) to deliver cultural sensitivity training.</li> </ul>	

## 3. Contributing factors and drivers of FDV

Objective	Local level action	Systems level action
To identify and adopt evidence-based initiatives that address underlying causes of FDV.	<ul style="list-style-type: none"> <li>WACHS to train health professionals, and other cultural support workers, in the Baby Makes 3 program.</li> </ul>	<ul style="list-style-type: none"> <li>Department of Communities to release FDV data to Shire Council.</li> </ul>





#### 4. Service availability and access

Objective	Local level action	Systems level action
To increase parent knowledge of existing support services and empower families to access them.	<ul style="list-style-type: none"> <li>Establish a community reference group with the aim of strengthening co-ordination and collaboration between all agencies providing family violence services to Central Great Southern.</li> <li>This reference group will work with the Central Great Southern Family and Domestic Violence (CGSFDV) Action Group to build awareness of the impact of high rates of family violence in the local community.</li> </ul>	

#### 5. Family and kin connections

Objective	Local level action	Systems level action
To enhance community connectedness through co-designing locally feasible and culturally appropriate social connection mechanisms.	<ul style="list-style-type: none"> <li>Services to recognise the existence of diverse family structures and work inclusively with all models of family structures.</li> <li>Build capacity and provide support for fathers and male caregivers in positive parenting practices.</li> </ul>	

#### 6. Availability of refuge accommodation with appropriate resourcing.

Objective	Local level action	Systems level action
To enhance safety for women and children escaping family violence.		<ul style="list-style-type: none"> <li>To source funding for appropriate refuge accommodation for women and children escaping family violence based on demonstrated need.</li> </ul>

#### 7. Behaviour change programs for those who commit acts of family violence

Objective	Local level action	Systems level action
To change the behaviour of those who commit family violence.		<ul style="list-style-type: none"> <li>To explore preferred models of behaviour change for those who commit acts of family violence.</li> <li>To source funding for the preferred model of behaviour change for those who commit acts of family violence.</li> </ul>



## Family and Domestic Violence Primary Prevention Grant

The Family and Domestic Violence Primary Prevention Grants Program is an initiative of the [Path to Safety: Western Australia's Strategy to Reduce Family and Domestic Violence 2020-2030](#). The grant aims to deliver activities that work towards the prevention of violence against women and children.

Amity Health is one of 17 organisations across WA to receive a grant. On behalf of the EYP working party, Amity Health received \$157,009 for its project: Central Great Southern Family and Domestic Violence Prevention Collaborative.

The funding will enable Amity Health to employ a Katanning based FDV Coordinator to deliver a series of activities, workshops and events to raise awareness of FDV and bring the issue to the forefront of the community. The FDV Coordinator will provide information and support pathways for the community, promote respectful relationships and capacity building for families and community members. The FDV Coordinator will work in partnership with the already established program of the Central Great Southern Family and Domestic Violence (CGSFDV) Action Group. This group consists of agencies based in Katanning delivering services and support to Katanning and the surrounding communities of Gnowangerup, Broomehill-Tambellup and Kojonup.





# Maternal Health

In Central Great Southern, 17 per cent of women smoked,<sup>21</sup> nine per cent of women drank alcohol and eight per cent of women used drugs during pregnancy.<sup>22</sup> Around seven per cent of births were to women who were aged 15–19 years, and 10 per cent of births were to mothers who were experiencing a mental illness.<sup>23</sup>

Maternal health refers specifically to the health of women while they are pregnant, through childbirth and for 6–8 weeks postpartum. Maternal health encompasses aspects such as mental health (anxiety, post-natal depression, depression, and stress), smoking, the use of alcohol and other drugs, and general health. The mental and physical health of mothers directly impacts the health and development of



the child. A child under 1 year, is over three times more likely to have poor general health if the mother has poor general health in the year after giving birth.<sup>24</sup> If the mother has a chronic condition during pregnancy, there is a 30 per cent increased risk of that child also having a chronic condition in its first year of life.<sup>25</sup> Stress, anxiety or depression while pregnant as well as poor mental health in that year after giving birth, also increases the risk of a child's experience a chronic health condition. Teenage mothers are more likely to smoke during pregnancy and to experience disadvantage. There is also a higher risk of a low birthweight baby, a pre-term baby and also higher morbidity and mortality rates.

Services and community members within the group model building workshops identified three themes that impacted on maternal health in Central Great Southern:

1. **Birth on-country**
2. **Parent-child health**
3. **Maternal stress and trauma**

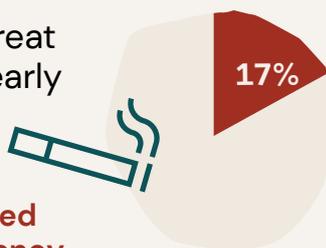
Priority actions identified for these key themes have been outlined on page 32.

In Central Great Southern, nearly

**1 in 5**

women smoked during pregnancy

Compared to 7.9% across the State



Around **6-7%** of births



were to women aged 15–19 years

**Above the state average of 2.6%**

## 1. Birthing on-country

Objective	Local level action	Systems level action
To create options for women to give birth locally rather than having to travel for childbirth.	<ul style="list-style-type: none"> <li>Work with, and encourage relationships between, South West Aboriginal Medical Service (SWAMS), WACHS antenatal team and Aboriginal women to ensure they feel more connected to country when giving birth.</li> </ul>	<ul style="list-style-type: none"> <li>Work with Western Australia Country Health Service (WACHS) to investigate options for all women in the Central Great Southern to give birth closer to home.</li> </ul>

## 2. Parent-child health

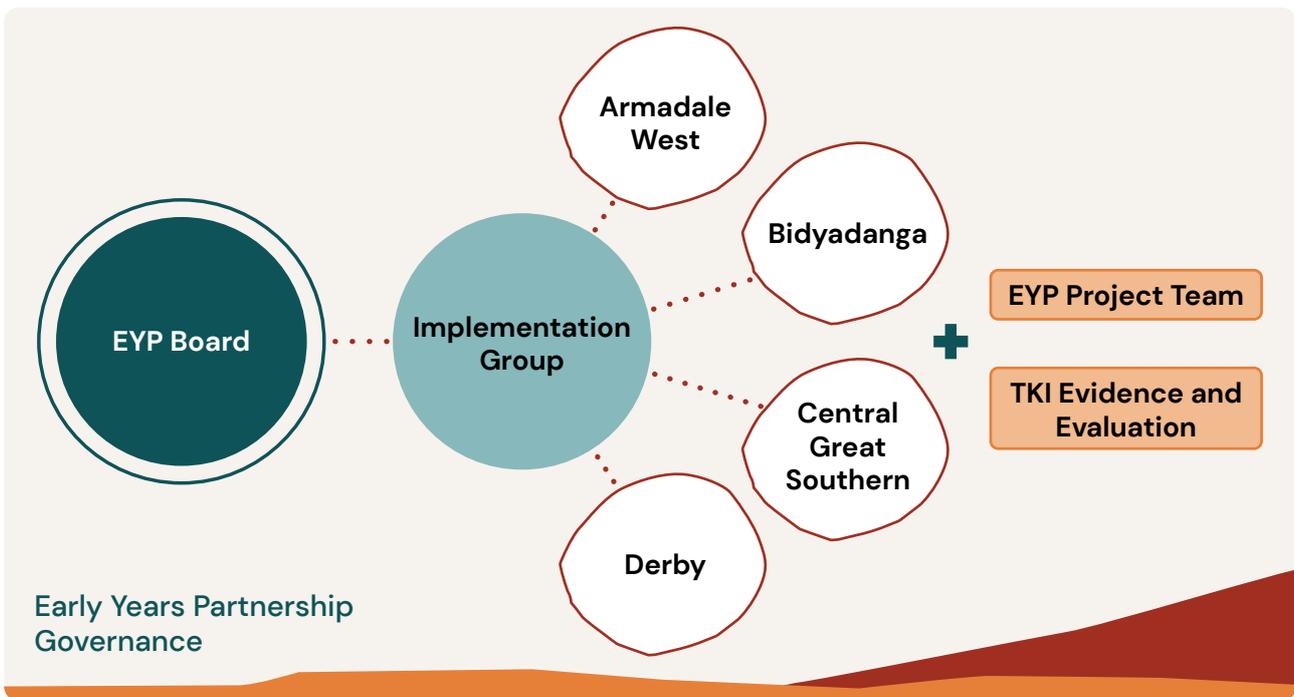
Objective	Local level actions	Systems level action
To provide educational and developmental opportunities that strengthen attachment between parent and child for all families.	<ul style="list-style-type: none"> <li>Create a safe space (health hub) for mothers to access culturally sensitive health checks and advice.</li> <li>Culturally appropriate pre-natal and post-natal education and support services (safe, accessible, face-to-face education and support / counselling services). Education workshops could also include information on FASD, blood born viruses, sexually transmitted infections (STIs) and safe sex.</li> </ul>	

## 3. Maternal stress and trauma

Objective	Local level action	Systems level action
To increase the proportion of women who report feeling safe and supported when giving birth.	<ul style="list-style-type: none"> <li>Support the Volunteer Family Connect worker commencing at Wanslea in February 2023 by referring new mothers as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Work with WACHS to identify relevant evidence-based initiatives that aim to reduce the stress and trauma experienced by women during the defined maternal period.</li> </ul>

# Governance

Governance of the Early Years Partnership is three-tiered with an executive level board, an implementation group, and a local working party. This encourages and enables both community-led solutions and system level changes.



## Early Years Partnership Board

The Early Years Partnership Board creates the authorising environment and mobilises the resources that enables the delivery of the partnership.

The Board meets quarterly<sup>26</sup> to provide strategic direction, oversee the delivery of the partnership, ensure agreed outcomes and targets are achieved and that any emerging risks or issues are appropriately managed.

It also provides advice and direction when issues are raised by the community. The Early Years Partnership Board includes two independent co-chairs and representatives from the partner organisations including:

- Matthew Cox, Independent Co-Chair
- Glenda Kickett, Independent Co-Chair
- Mike Rowe, Director General, Department of Communities
- Jay Weatherill AO, CEO Thrive by Five, Minderoo Foundation
- Juan Larranaga, Policy and Portfolio Manager Thrive by Five, Minderoo Foundation
- Jeff Moffet, Chief Executive Western Australia Country Health Service (WACHS), Department of Health
- Lisa Rodgers, Director General, Department of Education
- Jacqueline McGowan-Jones, Commissioner for Children and Young People.

## Implementation Group

The Board is assisted by an Implementation Group which includes representatives from the partner agencies plus the National Indigenous Australians Agency (NIAA) and Telethon Kids Institute (TKI). The Implementation Group:

- oversees the scope, schedule and overall delivery of activities that enable the development and progress of Community Plans and the Early Years Partnership as a whole,
- responds to and resolve issues that are raised by the community via community governance,
- provides advice, recommendations, and updates to the Board, including escalating matters that cannot be resolved by the Implementation Group, and
- approves funding for actions that require new resources as per agreed Community Plans within its funding delegation.

## Local Working Party

The Local Working Party is made up of representatives from local and state government and non-government agencies, families and community members. It aims to have representation from all four shires to ensure local knowledge.

The Local Working Party oversees the development and implementation of the Community Plan. It is comprised of representatives from the following organisations:

- Badgebup Aboriginal Corporation (Co-Chair)
- Community member (Co-Chair)
- Department of Communities
- Shire of Katanning
- Katanning Primary School
- Shire of Kojonup
- WA Country Health Services (WACHS)

- Gnowangerup District High school
- Shire of Gnowangerup
- CaLD community representative
- A Smart Start Great Southern
- South West Aboriginal Medical Service (SWAMS).<sup>27</sup>

## Connected Beginnings

Each Early Years Partnership community is supported by Connected Beginnings, a Commonwealth funded initiative. Connected Beginnings facilitates greater integration of services to ensure children have the best chance to reach developmental milestones before school. Connected Beginnings uses a collective impact approach meaning community members and organisations work together to:

- identify the community's strengths, skills and resources
- identify issues affecting their community
- co-design solutions to these issues.

Badgebup Aboriginal Corporation is the Connected Beginnings Partner in the Central Great Southern.



# Monitoring and Evaluation

The Early Years Partnership evaluation will incorporate a range of measures to capture the effectiveness of the partnership. That is, what works, for whom and under what circumstances in improving child wellbeing and school readiness for children aged 0–4 years in four distinct types of communities (metropolitan, rural, remote and very remote).

The Early Years Partnership will be evaluated using the Developmental Evaluation Framework. Developmental Evaluation is used to evaluate innovative, radical program design, and complex issues. This framework can help by framing concepts, test quick iterations, track developments, and monitor arising issues.

The Early Years Partnership evaluation aims to capture change at four levels: child, family, community and systems. Several linked data sets will be used to measure change in outcomes for children over time. Family outcomes will be captured using a series of online and hard copy surveys, and through other methods co-developed with communities. To measure changes in the strength of collaborations between organisations, innovative methods such as the use of a 'virtual' map of services targeting 0–4 year olds in the community sites. This 'virtual' map will be overlaid by a social network analysis that will be used to 'fact check' service access, reach and strength of collaboration between services.

Critical to the Early Years Partnership's aim of learning what it takes to create

change for all Western Australian children is understanding 'how' the initiative made an impact. Concepts from Implementation Science will be used to understand how implementation occurred within the communities and what implementation strategies were most effective. The PRISM (Practical Robust Implementation and Sustainability Model)<sup>28</sup> framework will be used to support the development of strategies for each action. RE-AIM is a framework used to guide the planning and evaluation of programs according to the five key RE-AIM outcomes: Reach, Effectiveness, Adoption, Implementation, and Maintenance. RE-AIM framework will be utilised to evaluate the impact and effectiveness of the major strategies within each priority area.

## Limitations

The Early Years Partnership and local working party is committed to ensuring that the reach and impact of the partnership is inclusive of the whole Central Great Southern. Not all groups may have had an opportunity for their voice to be heard during the design process. It is acknowledged that further work is required to ensure that all communities in the region are provided with opportunities to contribute to action and continue to inform the Community Plan.



## Conclusion

This Community Plan represents the next stage in the Early Years Partnership for families living in the Central Great Southern community. It provides a roadmap for continuous improvement for children and families in the community over the next five years.

This Plan is an active document that will be reviewed annually and updated as required to ensure it stays up to date and relevant, including the addition of new actions as they are identified. More detailed implementation plans will be developed to allocate responsibilities and ensure accountability of delivery across the partnership.

While the community continues to lead and implement local level actions, the Early Years Partnership team will continue to engage experts across the sector and key actors across the system. The Early Years Partnership is committed to working together with the Central Great Southern community to improve child wellbeing and school readiness and in doing so learn what it takes to create change for all Western Australian children.



## Appendix A –

# Central Great Southern Data Snapshot

### Children



Number of children aged 0-4

**553**

Source: ABS (2021)



**13.0%**

of children 0-4 are **Aboriginal**

Source: ABS (2021)



**8.1%**

of children 0-4 are **CALD**

Source: ABS (2016)



Births per year to **Central Great Southern residents**

**92**

Source: ABS (2018)

### Families



**764**

Families with children under 15

Source: ABS (2021)

#### Family make-up



**39.5%**

with children



**15.1%**

one parent



**45.5%**

no children

**1.2%**

other

Source: ABS (2021)

### Maternal health



**17.4%**

of women smoked during pregnancy (WA average 7.9%)

Source: CDA (2018)



**8.9%**

of women drank alcohol during pregnancy

Source: Stork Perinatal Database (2019)



**7.8%**

of women used drugs during pregnancy

Source: Stork Perinatal Database (2019)

**6.0% - 7.0%**

of births were to women aged 15-19 (WA average 2.6%)

Source: CDA (2018)



**10.4%**

of births were to mothers with a mental illness (WA average 10.2%)

Source: CDA (2018)

## Appendix A – Central Great Southern Data Snapshot (continued)

### Child health



**7.3% - 7.8%**  
of babies had  
**low birth weight (<2,500g)**  
(WA average **6.5%**)

Source: CDA (2018)



**Vaccination  
rates 89.5%**

of children in SA3 are  
**fully immunised  
at 2 years old**  
(WA average **91.4%**)

Source: CDA (2018)

### Community



Total  
population  
**8,219**

Source: ABS (2021)

**Index of relative  
socio-economic  
disadvantage**



**Varies from  
906 to 999**  
which go from the  
**lowest to the  
sixth decile**

Source: ABS (2016)

### Hospitalisation rates for 0-4 year olds



**Oral Disease related**

**1.4-2.6**  
per 100 persons  
(WA average **0.8**)

Source: CDA (2018)



**Chronic Physical Illness**

**5.8-6.3**  
per 100 persons  
(WA average **4.3**)

Source: CDA (2018)



**Respiratory Disease  
related**

**1.2-1.5**  
per 100 persons  
(WA average **0.8**)

Source: CDA (2018)



**Emergency Dept  
presentations**

**138.6**  
per 100 persons  
(WA average **70.7**)

Source: CDA (2018)

### Diversity



**8.3%**  
of residents are  
**Aboriginal**

Source: ABS (2021)

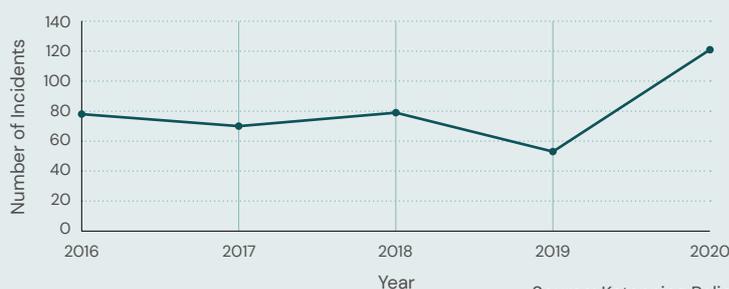


**11.1%**  
of residents are  
**CALD**

Source: ABS (2016)

### Family and domestic violence

#### Reported FDV Incidents in Katanning 2016-2020



Source: Katanning Police

## Education



**67-92%**  
of primary school students  
**attended school  
more than 90%  
of the time in 2019**

Source: My Schools website (2019)  
(excludes Gnowangerup DHS and  
Kojonup DHS as data not available  
separately for primary school students)



**Reading 95%**  
**Numeracy 91%**  
of Year 3 students in 2021  
achieved at or above  
National Minimum  
Standards in NAPLAN  
(N = 82)

Source: My Schools website (2021)  
(Gnowangerup DHS, Katanning PS,  
Braeside PS, Kojonup DHS)  
(data unavailable for other schools  
due to small counts)

## Qualifications



### Highest Level of Schooling

**13.8%** below Year 10  
**24.2%** Year 10  
**9.5%** Year 11  
**37.1%** Year 12

Source: ABS (2016)

### Post-School Qualifications

**51.0%**  
have a **post-school  
qualification** of some kind  
(WA average **61.1%**)

**24.4%** Certificate/  
Diploma

**9.7%** Bachelor degree  
or higher

Source: ABS (2016)

## Income

### Family income

**5.1%** less than \$500 per week  
(WA **4.9%**)\*

**18.1%** between \$500 and  
\$1,000 per week  
(WA **15.5%**)\*

**18.0%** at least \$3,000 per week  
(WA **21.7%**)

\*\* WA avg = 2016

Source: ABS (2016)



## Employment



**62.1%** work full-time  
**26.4%** work part-time  
**4.9%** are unemployed  
**6.6%** are away

Source: ABS (2016)

**74.4%**  
of children 0-4 have  
**at least one parent  
employed**  
(WA average **85.7%**)

\*\* WA avg from 2016

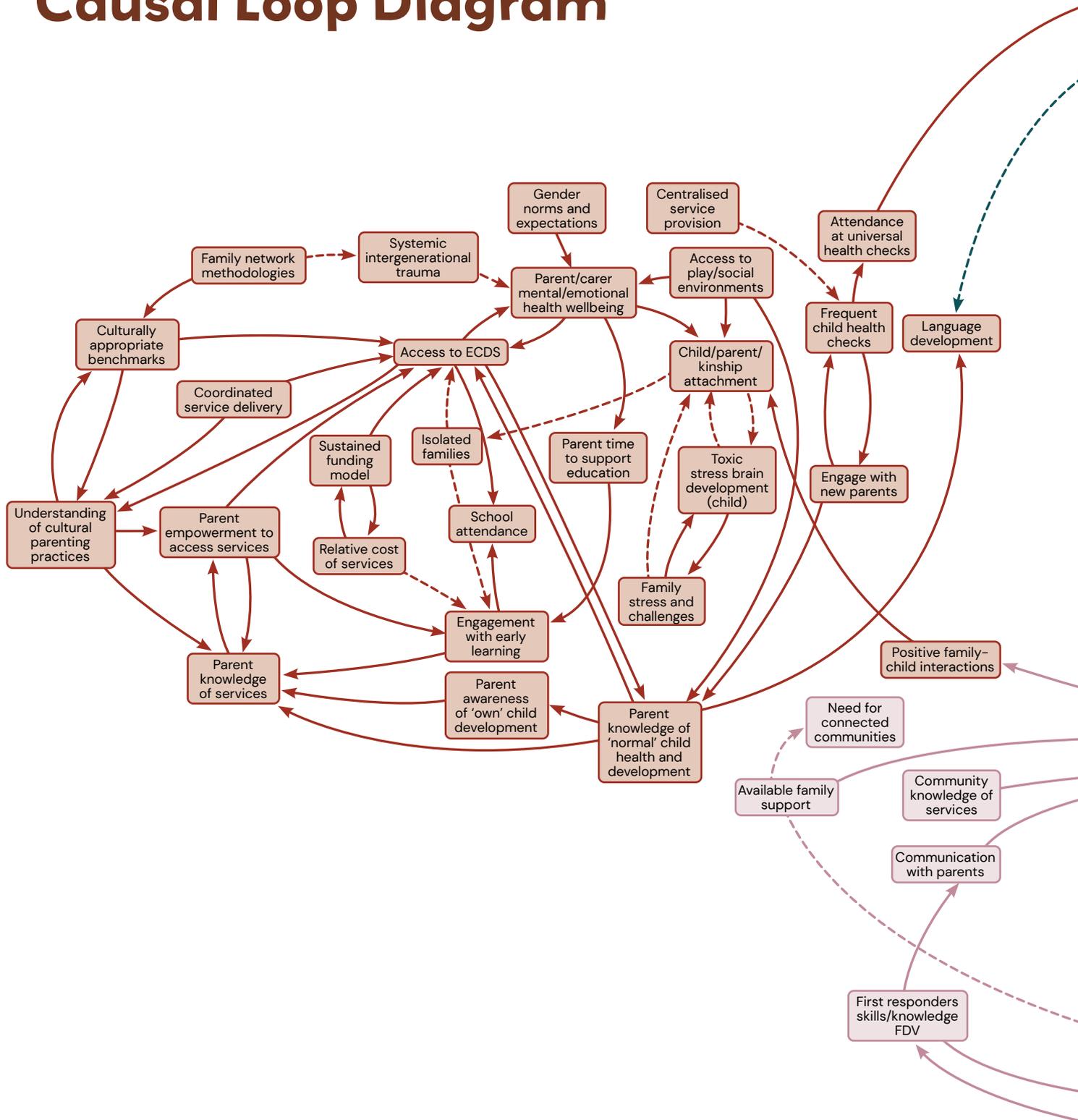
Source: ABS (2021)

**16.5%**  
of children 0-4  
**have no parents  
employed**  
(WA average **14.3%**)

\*\* WA avg from 2016

Source: ABS (2016)

# Appendix B – Causal Loop Diagram



© Deakin University under license to Trish 1 Project: Early Years Partnership Evaluation  
 Created with STICKE software <https://sticke.deakin.edu.au>



## Appendix C –

# Potential Additional Actions

In addition to the priority actions identified in this Community Plan, community participants in the Group Model Building workshops identified a number of potential additional actions which will be investigated further.

These are outlined below.



**Priority area:**  
Child Health

<b>Sub-theme</b>	<b>Premature births</b>
<b>System action</b>	<ul style="list-style-type: none"><li>• Investigate data regarding premature Aboriginal births and impact on families.</li><li>• Investigate changes to Patient Assisted Travel Service (PATs) which requires upfront payment of travel and accommodation costs and the impact on local families.</li></ul>



**Priority area:**  
Child development

<b>Sub-theme</b>	<b>Health checks and parental knowledge</b>
<b>Local action</b>	<ul style="list-style-type: none"><li>• Create an online directory of services, activities and 'what's on' to support parents' awareness of the types of services available.</li><li>• Establish a men's-based playgroup with activities focussed on development, education and health knowledge for fathers.</li></ul>
<b>Sub-theme</b>	<b>Cultural considerations</b>
<b>Local action</b>	<ul style="list-style-type: none"><li>• Aboriginal specific women's group to be available in all communities and the reinstatement of playgroups aligned with early childhood education sessions (for parents) from health and education professionals.</li><li>• Strengthening training and sector connections of community connectors.</li><li>• Fund Aboriginal Children's Days Events and Waitangi Day.</li></ul>
<b>Sub-theme</b>	<b>Service delivery</b>
<b>Local action</b>	<ul style="list-style-type: none"><li>• Promote early childhood education industry to address local educator shortage.</li></ul>



**Priority area:**  
**Financial wellbeing**

<b>Sub-theme</b>	<b>Food security</b>
<b>Local action</b>	<ul style="list-style-type: none"><li>• Engage with Community Harvest regarding broadening its eligibility requirements.</li><li>• Petition for local Foodbank or similar service that is more widely accessible.</li><li>• Consider other options to improve access to fresh food such as community garden, food share or farmers' market.</li><li>• Increase access to healthy food for families in need, e.g., through food boxes including recipes.</li><li>• Fund starter utensil packs for families attending food sensations.</li><li>• Fund take-home boxes with ingredients and recipes for each family that participate in training.</li><li>• Train community connectors to deliver food sensations.</li><li>• Work with CaLD connectors to adapt some favourite meal recipes with healthier ingredients.</li><li>• Create a community cookbook with new meal recipes and meal plans.</li></ul>
<b>Sub-theme</b>	<b>Employment and training</b>
<b>Local action</b>	<ul style="list-style-type: none"><li>• Employment, training and education/English classes for CaLD workers.</li></ul>
<b>Sub-theme</b>	<b>Financial stress</b>
<b>Local action</b>	<ul style="list-style-type: none"><li>• Increase availability of translators to ensure workers can advocate for award wages.</li><li>• Provide financial literacy education.</li><li>• Develop accessible groups and/or information and education about financial abuse.</li><li>• Additional funding for Southern Agcare.</li></ul>
<b>System action</b>	<ul style="list-style-type: none"><li>• Make Child Care Subsidy rebate pathway easier for parents/grandparents/carers to navigate.</li></ul>
<b>Sub-theme</b>	<b>Stable and affordable housing</b>
<b>Local action</b>	<ul style="list-style-type: none"><li>• Information sharing and accountability by service providers on programs available to local community (through Early Years Partnership local working party).</li><li>• Investigate options for a women's family and domestic violence refuge (or secure area within the Katanning Regional Emergency Accommodation Centre (KREAC) with ability for women and children to stay longer than the current three-day limit, thus enabling alternative accommodation to be secured and support services to be engaged.</li></ul>

## Appendix C – Potential Additional Actions (continued)



### Priority area: Family safety

<b>Sub-theme</b>	<b>Cultural sensitivity</b>
<b>Local action</b>	<ul style="list-style-type: none"> <li>• Employ CaLD counsellor.</li> <li>• Scope the community's perception of current support services.</li> </ul>
<b>Sub-theme</b>	<b>Service access</b>
<b>Local action</b>	<ul style="list-style-type: none"> <li>• FDV key service provider day – bring key service providers together to build targeted relationships: focused, relational, problem solving.</li> <li>• Worker employed to be at court as point of contact; liaisons with solicitors and magistrates, information, referral, identifying follow-ups.</li> <li>• Fully funded trauma counselling available in Katanning for victim survivors.</li> <li>• Identification and intervention when engaging in community e.g., vets, rent inspectors, finance.</li> <li>• Local governments are required to develop Public Health Plans – work with Shires to identify and improve community safety / FDV strategies for inclusion in PHP (importance of local government collaboration).</li> <li>• Investigate funding to employ additional resources to engage with women and families in the Central Great Southern beyond Katanning.</li> </ul>
<b>Sub-theme</b>	<b>Service provider skills and knowledge</b>
<b>Local action</b>	<ul style="list-style-type: none"> <li>• Give community members gift cards/hampers for attending/completing FDV awareness training.</li> <li>• Engage businesses regarding support for staff experiencing domestic violence.</li> </ul>



### Priority area: Maternal health

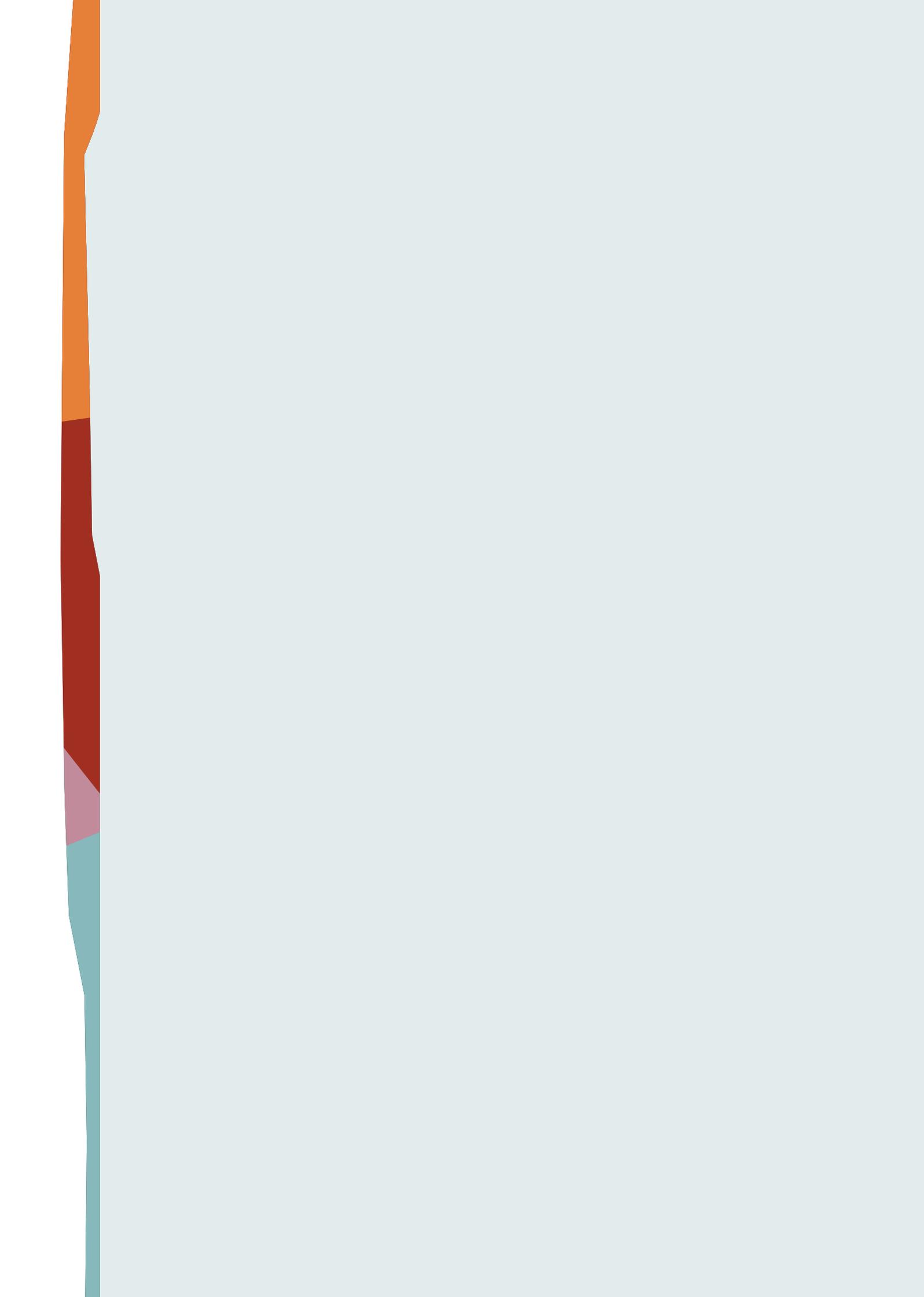
<b>Sub-theme</b>	<b>Birth on-country</b>
<b>Local action</b>	<ul style="list-style-type: none"> <li>• Local obstetric services/support for pregnant women even if not birthing on country but local support to ensure safe healthy pregnancies.</li> </ul>
<b>Sub-theme</b>	<b>Parent-child health</b>
<b>Local action</b>	<ul style="list-style-type: none"> <li>• Pre-natal education – FASD; blood borne virus, STI – safe sex, workshops for men and women, culturally appropriate services.</li> </ul>

## Endnotes

- 1 Aged 0–4 years.
- 2 2021 Australian Bureau of Statistics Census data.
- 3 AEDC measures five domains: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills; communication skills and general knowledge. This measure has been shown to be a reliable predictor of literacy and numeracy in later primary school years. Between 2007 and 2009, revisions were made to the tool to make it more culturally appropriate for Aboriginal children with a preference that the AEDC measure be administered to Aboriginal and Torres Strait Islander children with an Indigenous Cultural consultant present. In 2020, AEDC was included in Closing the Gap targets with a strengths-based focus and movement from 'developmentally vulnerable' to 'developmentally on track'. The latest AEDC data (2021) shows that 57 per cent of all Western Australian children and 31 per cent of Aboriginal children were developmentally on track across all five domains.
- 4 SLIDO was used to support the voting process.
- 5 Western Australian Child Development Atlas 2023. Available from: <https://childdevelopmentatlas.com.au/>.
- 6 Australian Dental Association WA. One in three children have tooth decay Perth: ADAWA; 2019.
- 7 Sustainable Health Review. Sustainable Health Review: Final Report to the Western Australian Government. Western Australia; 2019.
- 8 Education and Health Standing Committee. Adequacy and Availability of Dental Services in Regional, Rural and Remote Western Australia. Perth, WA: Legislative Assembly; 2002. p.213.
- 9 Initially there may be a higher percentage of children presenting with acute needs, however it is expected that this will reduce over time with the effectiveness of health promotion and early detection.
- 10 Woodhead M. Child development and the development of childhood. The Palgrave handbook of childhood studies: Springer; 2009. p. 46–61
- 11 Nikander K, Hermanson E, Vahlberg T, Kaila M, Kosola S. Parent, teacher, and nurse concerns and school doctor actions: an observational study of general health checks. *BMJ open*. 2022;12(11):e064699.
- 12 Parliament of WA. Inquiry into Child Development Services 2023. Available from: [https://www.parliament.wa.gov.au/Parliament/commit.nsf/\(EvidenceOnly\)/4F80772DF02D4AE6482588B0000A7782?opendocument#ToR](https://www.parliament.wa.gov.au/Parliament/commit.nsf/(EvidenceOnly)/4F80772DF02D4AE6482588B0000A7782?opendocument#ToR).
- 13 Australian Bureau of Statistics. 2021 Census QuickStats 2023 [cited 2023 16/01/2023]. Available from: <https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA54340>.
- 14 Chaudry A, Wimer C. Poverty is Not Just an Indicator: The Relationship Between Income, Poverty, and Child Well-Being. *Academic Pediatrics*. 2016;16(3):S23–S9
- 15 Australian Institute of Family Studies. Understanding Food Insecurity in Australia. Victoria: Australian Institute of Family Studies; 2020

## Endnotes (continued)

- 16 Dickson M, Gregg P, Robinson H. Early, late or never?: When does parental education impact child outcomes? *The Economic journal* (London). 2016;126(596):F184–F231
- 17 Ryan RM, Fauth RC, Brooks–Gunn J. Childhood poverty: Implications for school readiness and early childhood education. In: Saracho ON, Spodek B, editors. *Handbook of research on the education of young children*. New York: Routledge; 2013. p. 301–21.
- 18 The previous figure of one in every five children in Katanning being exposed to family and domestic violence was based on 2016 census data which showed 255 children aged 0–4 in the Shire. The 2021 Census shows an 8% increase in the number of children in this age group, bringing it to 276.
- 19 Currie J, Mueller–Smith M, Rossin–Slater M. Violence While in Utero: The Impact of Assaults during Pregnancy on Birth Outcomes. *The review of economics and statistics*. 2022;104(3):525–40.
- 20 Orr C, Fisher C, Glauert R, Preen D, O’Donnell M. The Impact of Family and Domestic Violence on Children’s Early Developmental Outcomes. *International journal of population data science*. 2020;5(5).
- 21 Western Australian Child Development Atlas 2023. Available from: <https://childdevelopmentatlas.com.au/>.
- 22 Stork Perinatal Database (2019).
- 23 Western Australian Child Development Atlas 2023. Available from: <https://childdevelopmentatlas.com.au/>.
- 24 Ahmad K, Kabir E, Keramat SA, Khanam R. Maternal health and health–related behaviours and their associations with child health: Evidence from an Australian birth cohort. *PLOS ONE*. 2021;16(9):e0257188.
- 25 Ahmad K, Kabir E, Keramat SA, Khanam R. Maternal health and health–related behaviours and their associations with child health: Evidence from an Australian birth cohort. *PLOS ONE*. 2021;16(9):e0257188.
- 26 The Board may meet out of session if required.
- 27 To join in early 2023.
- 28 Steering Committee for National Working Group on RE–AIM Planning and Evaluation Framework. What is PRISM? 2023. Available from: <https://re-aim.org/learn/prism/>.





**[earlyyearspartnership.org.au](http://earlyyearspartnership.org.au)**

Translating and Interpreting Service (TIS) – Telephone: 13 14 50

If you are deaf, or have a hearing or speech impairment, contact us through the National Relay Service. For more information visit: [www.communications.gov.au/accesshub/nrs](http://www.communications.gov.au/accesshub/nrs)