# Group Model Building

## Early Years Partnership: Bidyadanga

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**Prepared by Telethon Kids Institute Early Years Partnership Evaluation Team and Department of Communities**

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## Acknowledgement of Country

Telethon Kids Institute acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land and waters of Australia. We also acknowledge the Karajarri Elders, their people and their land and seek their wisdom in our work to improve the health and development of all children.

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# 1. Introduction

In partnership with the Department of Communities and Minderoo Foundation, Telethon Kids Institute (including the Kulunga – Broome – team) facilitated two Group Model Building (GMB) workshops with representatives from health, education, community support organisations, community members and community Elders. These workshops were part of the planning for implementation of the Early Years Partnership (EYP) in Bidyadanga.

In GMB, a group of community stakeholders identify:

- The drivers of a complex problem of interest
- The connections between those factors that may make the problem more difficult
- Action ideas to address and present opportunities to be more effective, and;
- Potential places to act based on insights from mapping the system.

The first GMB workshop was held on 15 November 2022 in Bidyadanga. The team set an ambitious target of developing the CLD prior to a lunch break with the goal to identify actions after the break. Due to multiple commitments from attendees, many attendees left at the lunch break and the team therefore decided to postpone brainstorming of action ideas. The output from this workshop was a well-developed first draft CLD summarising the group's views on the four priority areas previously identified by local stakeholders and endorsed by the Bidyadanga EYP Local Working Party (see section 2 below).

The same group of attendees were invited to participate in the second GMB held in Bidyadanga on 21 February 2023. Not all attended and some new individuals participated. Workshop attendees comprised representatives from health, education, community support organisations, community members and community Elders. This workshop was part of the planning for implementation of the EYP in Bidyadanga. This workshop built on the workshop held on 15 November 2022.

This report summarises the outcomes of both GMB workshops.

## 1.1 Priority Area Evidence Overview

The priority areas for Bidyadanga are listed below in alignment with the EYP Impact Pathways. Culture and Language is not specified along the pathways but is an underpinning theme:

- Culture & Language
- Community Factors
    - Physical aspects
    - Social aspects
    - Service aspects
- Family Factors
    - Parent health (Family Safety included as a sub-theme)
    - Financial wellbeing
- Child Factors
    - Child development

### 1.1.1 Culture & Language

## Culture and Language

Indigenous culture and language should be included in any solutions to issues that face Aboriginal and Torres Strait Islander people. Strong attachment to culture has been associated with positive outcomes across a number of socio-economic and wellbeing indicators (1). Stronger cultural attachment was related to higher levels of employment, lower levels of arrests, educational attainment (except in remote and very remote communities), and good health (1). Conversely, in adulthood, Indigenous children removed from their families, regardless of their cultural attachment, reported significantly worse health status, and higher incidence of arrest and alcohol abuse (1).

Some particular aspects of child-rearing are also regarded as universal, such as the need for an emotional bond with a caregiver or caregivers, the need for security and protection, and the need for growing emotional competence (2), however, how these are expressed differs across cultures. Understanding and incorporating the different cultural values and systems is essential to all people who work with Indigenous populations. For example, child rearing looks very different between Aboriginal and non-Aboriginal cultures. All parents, caregivers and the wider community want to provide their children with a nurturing upbringing that results in competent adults who can nurture future generations (3). The nuclear family model that is dominant in Westernised countries and so drives service models and policy, does not apply to Aboriginal families more generally and ways of child-rearing more specifically. Mothers do play an important role with the infant and the role of the wider family is to ensure she is doing a good job (4). However, as the child grows older, some child rearing responsibilities are taken up by other family members and the bonds between the child and the wider family strengthen (4). Aboriginal infants are accepted as valued members of the family and included in all community events such as births, deaths, illness, celebration, or ceremony (4). Sometimes these events impact attendance at school, milestone appointments, playgroup, etc. but this is an accepted part of life (4). Therefore, it is important for all services to take culture into consideration. Some other differences in parenting behaviours that need to be considered included attending to crying babies (Aboriginal women believe that non-Aboriginal mothers are cruel to leave a baby cry), ways of encouraging autonomous thinking and behaviours (children's behaviour is often influenced through stories and fear mongering rather than by directly forbidding the behaviour), using spiritual practices to help grow strong children, co-sleeping, exclusive breastfeeding for longer periods (up to 8 or 9 months of age) and continued breastfeeding on demand as guided by the child, carrying infants rather than letting them crawl or walk, and health beliefs (4). Judging Aboriginal parenting using a Western value system really sets up these parents for failure and may discourage them from seeking help when required.

Parents also have many of their own issues to deal with and may feel hesitant about seeking help because of fears that children may be removed. Many Aboriginal people experience intergenerational trauma and other entrenched inequities which often are associated with drug and alcohol abuse, poverty, overcrowding and inadequate housing (3). It is, therefore, imperative that services are seen as places of cultural safety and that learning is 'both-ways'. This can be achieved when people listen deeply and respectfully to one another, care for each other, and take time to build relationships. This is an important aspect of working with Aboriginal people and can easily be overlooked by Western services and departments as being too time consuming and costly. However,

this ‘both ways’ approach forms the foundation for improved provision of services for Aboriginal communities, families, and ultimately for children (3).

### 1.1.2 Family Factors

#### Parent health (Family Safety included as a sub-theme)

A central contributing factor to the successful early development of children is maternal health and wellbeing. Maternal health refers to the health of women during pregnancy through to childbirth and 6-8 weeks post partem (5). The health of the mother has strong associative links to children’s long-term health and their subsequent cognitive, emotional, and behavioural development (6, 7). Poor maternal perinatal health (mental or physical) increases the risk of poor general health in the child threefold. Further, a child has a 30% increased risk of having a chronic health condition if the mother has a chronic condition (8). Maternal health encompasses a range of health-related factors such as mental health (depression and anxiety), smoking, the use of alcohol and other drugs, teenage pregnancy, and general health status. Initiatives to promote the mental and physical health of mothers during the perinatal period can have substantial positive implications for the development of children.

Maternal depression is a known risk factor for a range of issues such as children’s early developmental trajectories or early developmental delay (9). Poor maternal mental health during pregnancy or post-partum significantly increases the risk of the child experiencing problems in early development including behavioural, cognitive, global, and socioemotional development (9). Subsequently, poor early developmental issues have implications for children’s school readiness and academic performance (10).

Smoking while pregnant is an identified maternal health factor that has a negative impact on a child’s general health and substantially increases the risk for Sudden Infant Death Syndrome (8, 11). Maternal smoking effects child in-utero lung development and subsequent respiratory health and can have lifelong implications (12). Children born of mothers who smoked while pregnant, have higher rates of bronchitis, pneumonia, asthma, wheezing, behavioural problems such as hyperactivity and inattention in children under 5 (12, 13).

Alcohol consumption during pregnancy poses a great risk of harm to the foetus, especially in the first twelve weeks of gestation (11). Exposure to alcohol during pregnancy can lead to child outcomes such as Foetal Alcohol Spectrum Disorder (FASD), low birthweight and pre-term birth (14). FASD is an irreversible disorder which manifests with facial characteristics, permanent learning, growth, development, and behavioural problems.

Though the rates of teenage pregnancy have fallen substantially over the last 50 years in Western Australia, there remains a relatively high proportion within the four partner communities. Smoking during pregnancy, higher risk of low birthweight babies, pre-term babies and higher morbidity are significantly more likely to occur with teenage mothers (14). Such health-related factors have significant implications for the early and long-term development of children’s outcomes.

Mitigating protective factors have been identified as reducing the overall negative impact of risk against developmental and behavioural problems. These protective factors may include early intervention strategies to promote higher social and interpersonal support, a reduction in child

screen time to less than one hour per day, and improving child sleep behaviours by age 2 (10). Therefore, strategies seeking to promote maternal health may have long-term beneficial outcomes for children's outcomes whilst reducing the overall risk of poor health-related factors.

## Family safety

Family safety is a widely used umbrella term to encompass forms of family and domestic violence (FDV) and family violence (FV). FDV describe an ongoing pattern of behaviour intended to coerce, control, or create fear within a family or intimate relationship. FDV includes physical, financial, emotional or physical abuse, and sexual violence (15). FV refers to violence between family members, such as between parents and children, siblings, and intimate partners. Children's experiences of FDV may be through direct abuse, or indirectly through witnessing or being otherwise exposed to violence or threats of violence (16). Children who *witness* violence experience the same degree of negative psychosocial outcomes as children who directly experience physical abuse (17). Further, different forms of violence tend to co-occur (18) and impacts of violence are cumulative (19). While Indigenous children are more frequently exposed to FV than children in the general population (20), FV in the Aboriginal and Torres Strait Islander communities needs to be understood in a wider context that acknowledges the impact of colonisation, trauma and dispossession (21). Children from culturally and linguistically diverse communities are also at a higher risk of being exposed to FDV (20). Community and cultural values, pre-migration experiences, immigration policy and visa status contribute to this risk (22).

Family and domestic violence can impact the health and development of babies in-utero, including health risks such as antepartum haemorrhage, low birth weight, preterm delivery and overall foetal morbidity (23). Evidence also highlights the impact of violence on foetal brain development, with consequences for children's later cognitive development (23). The detrimental effects of children's experience of family and domestic violence have been consistently documented in the research literature across numerous dimensions – psychological and behavioural; social and emotional; physiological and physical, and cognitive (24-28). Infants are considered especially vulnerable because their brains are developing rapidly and this development is heavily dependent upon what they experience (18), and because of the amount of time they spend in the family home and the level of their dependence on parents or other caregivers (17, 26, 29).

FDV impacts children's cognitive development and may include lower intellectual functioning, delay in speech development, memory, and executive functioning (18, 30). Impacts on psychological and behavioural functioning include both internalising symptoms (e.g., attachment disorders, low self-esteem, depression, anxiety, loneliness, or having fewer interests and social contacts (25, 29); and externalising behaviour problems (poor sleeping habits, poor general health and behavioural problems such as increased irritability, screaming, crying and general poor health (31). Other behaviours include aggression, non-compliance, problematic peer relationships, fighting, and being fearful (25, 29). Children may also exhibit symptoms of trauma - which in cases of severe violence or multiple episodes can lead to loss of already acquired developmental milestones (18), and symptoms of post-traumatic stress disorder (32). Children exposed to FDV have higher odds than non-exposed children of being vulnerable in all five AEDC domains: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based) and communication skills and general knowledge (29).

## Financial wellbeing

The environment in which a child is raised has a large impact on their wellbeing and development. Having regular adequate income is a key determinant of a family's economic situation. While there are strong links between poverty and poor child outcomes (33, 34), evidence suggests child development is also impacted by financial indicators such as low income, housing, food security, parent education, and employment.

Research shows that low family income unfavourably affects children's outcomes (35). 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 (36). In addition, studies have shown that children from low-income families are more prone to psychological or social difficulties, behaviour problems, lower self-regulation and elevated physiological markers of stress (37). Further, the Australian Institute of Health and Welfare states that low income affects 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 (38).

Holme's (2022) review of the known and potential impacts of families' housing affordability problems on child development and schooling outcomes called for the development of Government policies to support an expansion of housing assistance and for additional research on the impacts of housing affordability on children by scholars within the field of education (39). The review highlighted how the cost of living can impact child outcomes by reducing the amount of financial resources families have available to devote to their children's needs (40). Further, improvements in child learning outcomes when resources allow for supportive materials in the home such as toys, games, books, or instruments has been demonstrated (41).

Food insecurity is defined as the limited or uncertain availability of nutritionally adequate and safe foods or the ability to acquire acceptable food in socially acceptable ways (42). Within Australia, certain groups experience food insecurity more frequently than the general population. The Australian Institute of Family Studies (2020) identified low-income earners, people who are socially or geographically isolated, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse groups, single parent households, older people and people experiencing homelessness as being more vulnerable to food insecurity (43). Rarely occurring in isolation, food insecurity is more commonly experienced alongside economic, health and housing insecurity (44). Reiterating the financial stressors identified above, the key determinant of food insecurity in Australia is material hardship and inadequate financial resources. Further, the geographical location of regional and remote communities exacerbates the difficulty of accessing affordable healthy food and is often accompanied by limited food and nutrition literacy (43). Research has established clear links between food insecurity and child outcomes. Evidence among younger school aged children demonstrates food insecurity is linked to school readiness (45), behaviour problems, academic problems, anxiety and depression (46, 47), as well as suspension from school (48). Additional evidence suggests food insecurity is linked to poor general health and developmental risk among children aged 0-4 years (49, 50) and school aged children 6-13 years (48, 51). Further, long-term effects have also been shown with older children experiencing food insecurity approximately twice as likely to have asthma (52) and almost three times as likely to have iron deficiency anaemia than food-secure children (53).

The role of maternal education in parenting practice, childhood development and lifetime success has been well established (54, 55), with recent research also indicating a link to paternal education and positive child development (56). Parents with a higher level of education are thought to be able to invest more capital, resources and quality time for their children than those parents having a lower level of education (57, 58). Further, studies have shown that mothers with higher education are associated with more knowledge of early childhood development (59), use a wider vocabulary with their kids (60), invest more in their child's health (61), and provide more children's books in the home (62).

The relationship between maternal occupational status and parenting practice and child development is a complex one, with the broader family context playing an important role (63). The notion that maternal work reduces the amount of time children spend with their parents and that time spent together positively influences child development underpin the maternal employment, child development debate (64). While some evidence suggests maternal employment has a detrimental effect on children's cognitive development when it occurs in the first year of life (65, 66), other research suggests mothers with high profile part-time jobs are positively associated with high quality parenting practice and better outcomes (67, 68). Further, positive associations between maternal employment and child learning outcomes are evidenced among low-SES families, with the mother's contribution to the household income providing more resources resulting in a higher quality home environment (63).

### 1.1.3 Child Factors

## Child development

The United Nations declaration of the rights of the child enshrines the right for all children to receive adequate provision of physical, psychological, spiritual, social and cultural needs for optimum growth and development (69). Child development refers to the physical and psychological growth of the child, from conception through infancy and early childhood (70). Working with communities to positively impact child development is one of the overarching aims of the Early Years Partnership.

High rates of preventable developmental delay and early onset of chronic disease have prompted international interest amongst multiple stakeholders for early detection and effective early intervention for these conditions (71). Early detection relies on appropriate and regular measures. Such measurement is complex and what is considered 'normal' varies widely (72). In Western Australia, the Ages and Stages 3 questionnaire (ASQ 3) is available for developmental screening at: 0-14 days, 8 weeks, 4 months, 12-18 months, and 2-3 years (73). The ASQ 3 is a validated instrument that has demonstrated high reliability and specificity. However, experts have noted the importance of considering cultural and contextual factors when using this indicator as 'normal' varies across cultures, ethnicities and religions (74). Across most populations in Western Australia the number of children who receive these checks decreases with age, with 98% of eligible children receiving their 0-14 day check, and 30% receiving the 2-3 year old check (75).

A further school entry assessment is administered when a child begins formal schooling via the Australian Early Development Census (AEDC) (76). 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 (77). 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 (78). Additionally in 2020, AEDC was included in Closing the Gap targets with a strengths-based focus and movement from 'developmentally vulnerable' to 'developmentally on track' (79). The latest AEDC data (2021) shows that 57% of all Western Australian children (80), and 31% of Aboriginal children (81) were developmentally on track across all five domains.

This series of health checks is recommended for two reasons: firstly to better understand the child's growth and secondly to detect possible developmental problems as early as possible. Intuitively, early detection should link with prevention and/or early treatment. Likely due to few studies, there is currently limited evidence to demonstrate this link, but existing evidence has demonstrated links between increased health checks and enhanced referrals, especially for psychosocial problems in children (82). A key reason for screening is early detection of developmental delays. Provision of adequate and prompt medical, or other relevant supports, may enhance the uptake of these checks. One study identified that early detection without timely access to care adversely impacted parental self-efficacy (83). Overall screening for child developmental delays is essential for early detection and appropriate education, support, referrals or management across the spectrum of 'normal' child development. Strategies to increase these health checks aligned with the provision of the necessary follow-up support, could comprise an important pathway for ensuring more children reach their full potential.

### Conclusion

In these communities, community-level factors strongly impact the healthy development and wellbeing amongst 0- to 4-year-old children. Access to and availability of networked services play important roles in engagement with services. It was recognised that the lack of suitable accommodation for service providers was a barrier to providing services at times suitable for community members. Housing stock, affordability and suitability all play roles in issues of overcrowding which then impacts on pre-school and school attendance. Social environments can be powerful vehicles for change as they can be positive or negative. Encouraging safe and healthful environments can have multi-faceted and multi-level benefits for all. Parental health, family safety, and financial wellbeing individually have strong impacts on child development and wellbeing. Each of these factors is complex and multifaceted and so call for a suite of solutions. However, they are not completely separate factors as there are many connections and common determinants to all these. Underpinning all of these is child health and development and overlaying all is culture and language. It is important to understand how these factors combine to create a local system so that local, culturally informed solutions can be developed and implemented.

## 2. Group Model Building

GMB workshop 1 was attended by eight participants who represented health, education, community organisations, community members and community Elders. In GMB workshop 1, participants worked either individually or in small groups to identify the main enablers and barriers (variables) to the health, learning and development of children aged 0-4 years in the region. During the workshop

most factors were 'mapped' used the software STICKE3 (see section 3.1 below). Additional work was conducted post the workshop to ensure all factors impacting the development of 0–4-year-olds identified by participants and the interconnectedness of these factors, were included.

The workshop commenced by asking participants what they hoped to get out of the workshop and whether they had any concerns about the session. Participants hoped for good outcomes, clarity of direction, new innovative ways of working and hoped that the work would be appropriate to their community. Participants were concerned that there would be too many words and not enough action, that there would be more delays and that nothing would change, that we would not all be on the same page and the many voices of those who were unable to attend would not be heard.

GMB 2 was attended by 24 participants (BACLG, KRICI, LaGrange remote community school (including KindiLink), Boab health, Connected Beginnings, WAPOL, EYP, TKI, community representation). During the second workshop, participants were asked to review the variables and connections on the CLDs (which had been refined by the Telethon Kids Institute team in-between workshops) and add any that were missing. Participants then worked through a facilitated process to identify existing actions, including ideas of how these could be strengthened and new actions to address parts of the system (see Section 3.2). New action and strengthened ideas were then assessed by the group in terms of impact and feasibility and prioritised (see Sections 3.2 and 3.3).

## 2.1 Causal loop diagrams

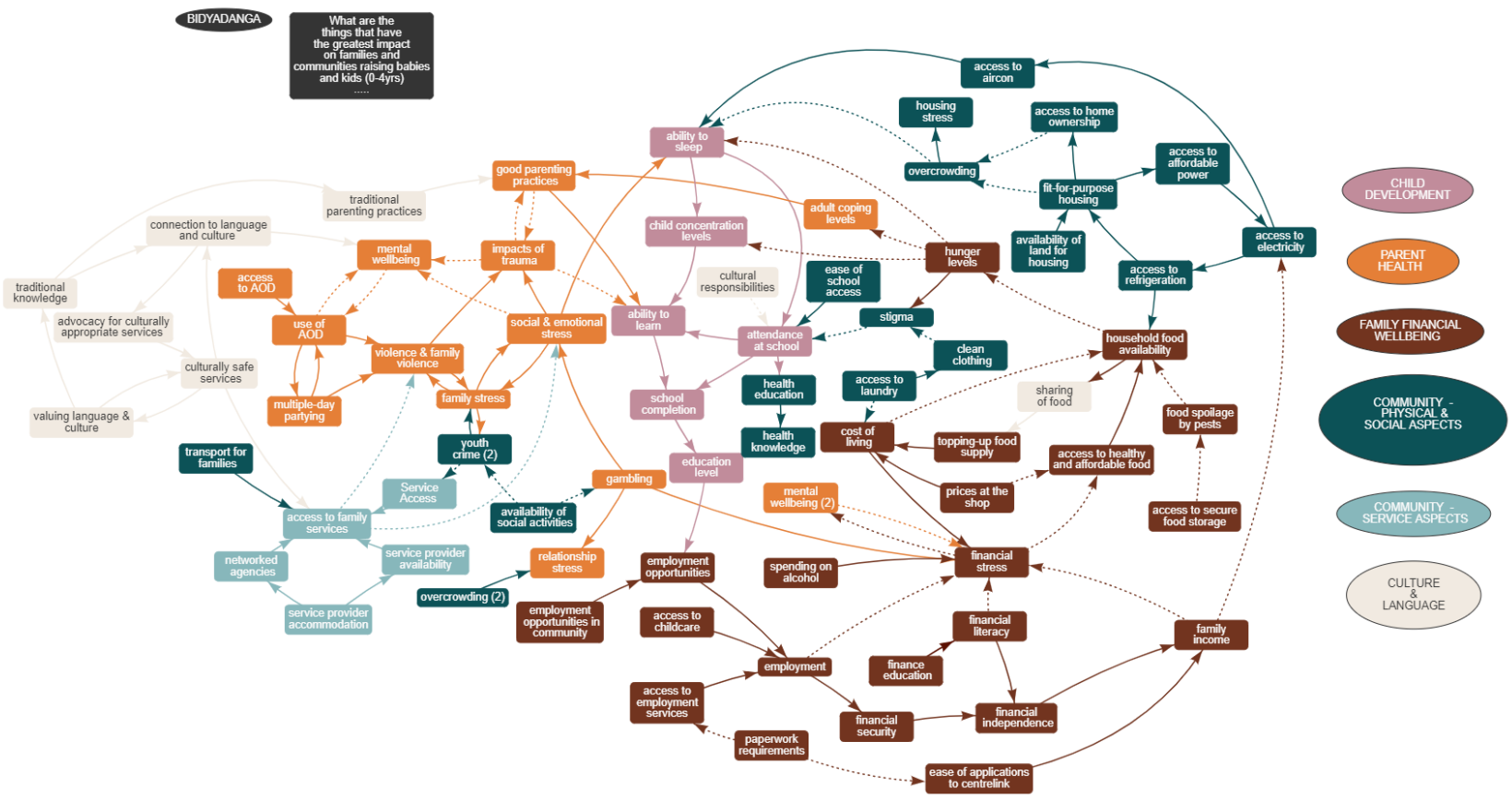
Although previous priority areas had been established in Bidyadanga, the GMB workshop focussed on the broad areas to identify underlying causal factors that may link across the multiple priority areas. Participants were asked to consider the question: 'What are the things that have the greatest impact on families and communities raising babies and kids (aged 0-4)?' One causal loop diagram was developed and themed. This is presented in Figure 1.

Underlying the three key priority areas (Child development, Financial security and Family safety) are six distinct but highly related themes to be addressed in the design of local solutions to address the issues experienced in the development of children aged 0-4 in Bidyadanga.

A CLD - or map - was developed to help participants identify action ideas relevant to their specific priority. A copy of the full map was also provided to demonstrate the interconnectedness between priority areas and causal factors – such as cultural considerations and service access - across multiple priority areas (see Figure 1). The colour coding in these CLDs reflects the priority areas as follows:

1. Sand: Culture and Language
2. Sky: Service aspects
3. Ocean: physical and social aspects
4. Roo: Family financial wellbeing
5. Land: Parent health (including Family Safety)
6. Flower: Child development

**Figure 1 Causal Loop Diagram Bidyadanga**



### 2.1.1 Culture and Language

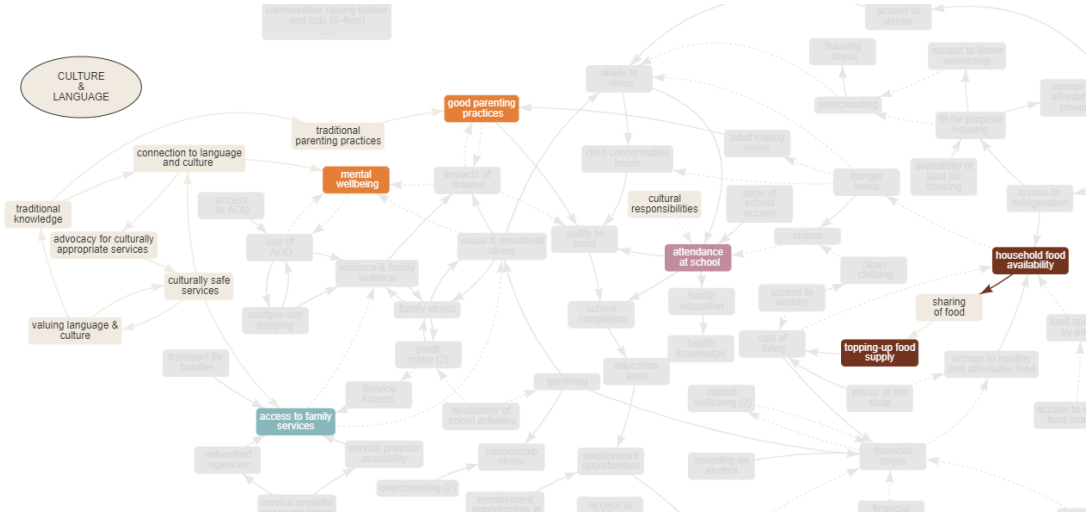
Community voice

This theme focusses on the importance of the integration of Aboriginal culture and language throughout every service that is provided to community members of Bidyadanga. Any solution posed to improve child development outcomes will need to overtly include both Aboriginal culture and language. The lack of understanding of language and culture currently means many (though not all) of the services that exist in or visit Bidyadanga are not culturally appropriate and neither understand nor take into account the culturally significant events with which community members are engaged.

Map interpretation

Culture and Language is related to trauma through good parenting practices and mental wellbeing (Figure 2). This suggests that integration of Culture and Language into services may provide wider benefits to families. Cultural practices are also related to attendance at school; family and cultural responsibilities take precedence, and they include young children. There are unintended consequences of some cultural practices such as the sharing of food. This practice can form part of a reinforcing loop where, as more food is shared, there is more need to top up the household food which leads to increased cost of living which impacts food availability which, in turn, comes back to impact on food sharing.

**Figure 2 Culture and Language**




### 2.1.2 Parent Health

Community voice

Use of alcohol and other drugs, gambling (cards) and partying for multiple days is causing disruption to community life and to the development of children. These are also related to family violence and violence more generally. Examples were provided such as multiple days of partying that meant that

it was difficult for children to get adequate sleep, thereby impacting other pathways in the causal loop diagram for school/early education attendance (figure 3).

Long term trauma experienced by Aboriginal people was mentioned which continues to impact mental wellbeing, social and emotional health and stress experienced within multiple households. This trauma also may impact parenting, compounded by the impacts of alcohol, drugs, gambling and lack of culturally appropriate services.

## Access to services

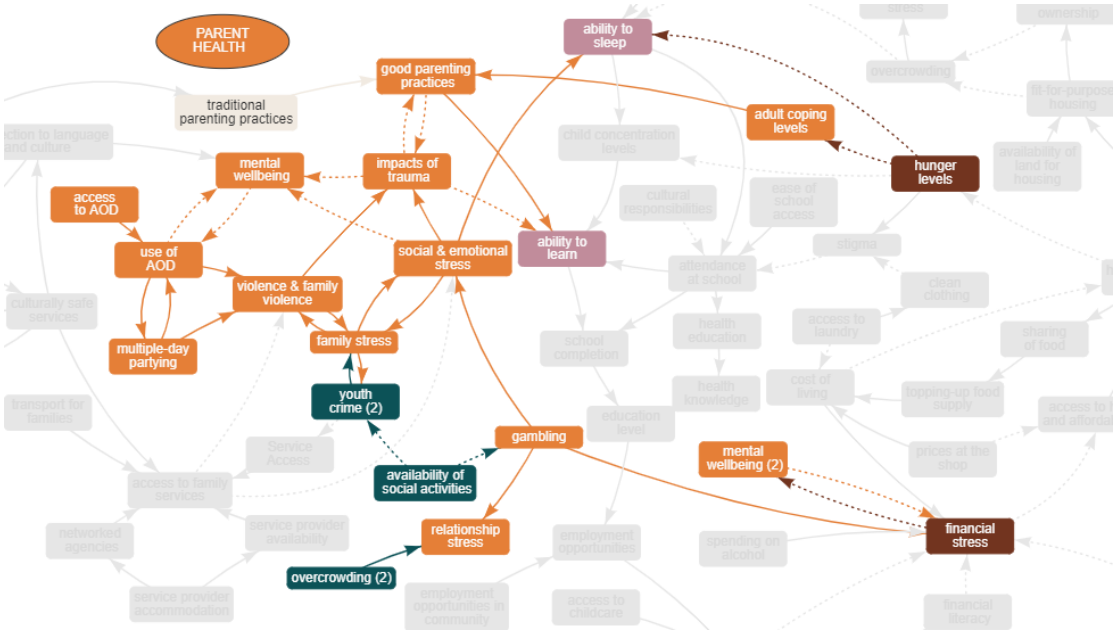
Community voice

Access to culturally appropriate services is sometimes difficult as many services operate on a drive-in, drive-out type of delivery model and so their hours-of-service delivery are restricted. This is partly because there is very little fit-for-purpose accommodation in Bidyadanga.

Map interpretation: Parent Health

Parent health is negatively affected by alcohol and other drugs, gambling, trauma and stress, and access to services (Figure 3). All these factors are intertwined and impact other parts of the CLD such as housing, financial stress, and child attendance at school. An unintended consequence of youth crime is that shop opening times are restricted which means community members cannot top up their electricity cards which may mean their electricity supply is disrupted. This limits access to refrigeration and household food availability. This then leads to hungry children and feelings of stigma which impacts school attendance.

**Figure 3 Parent Health**



### 2.1.3 Child Development

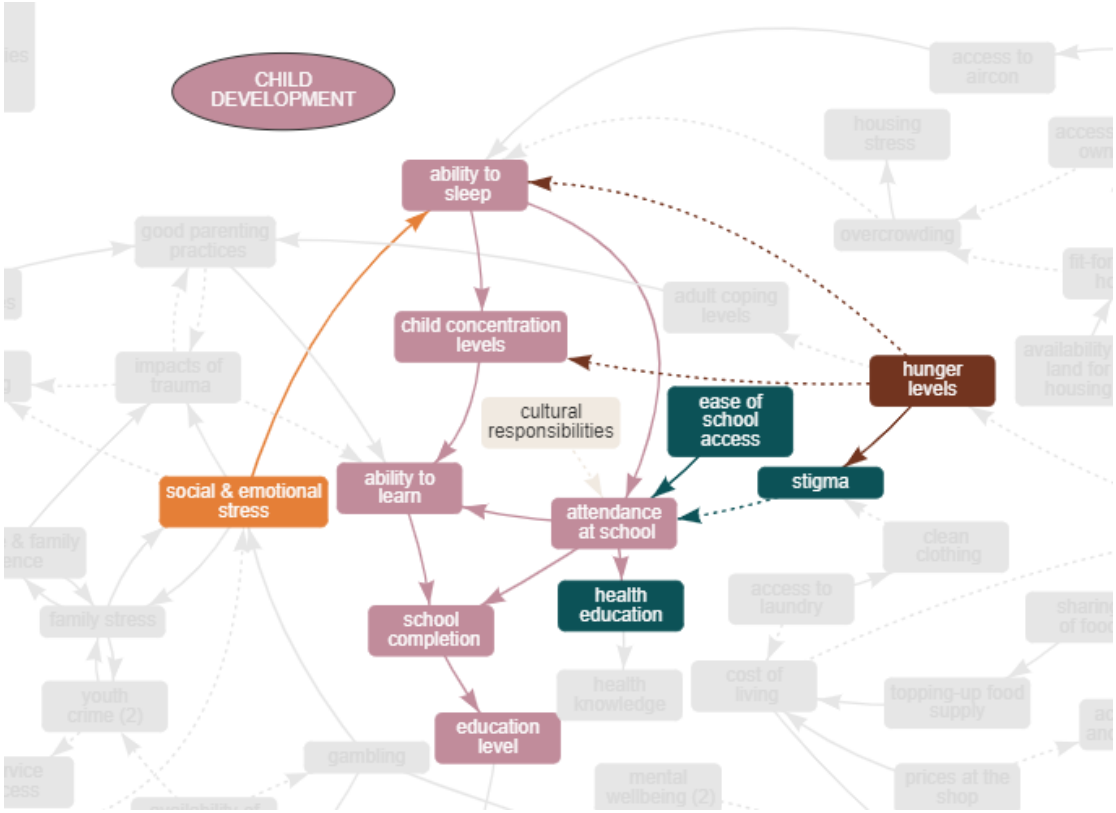
Community voice

The education sector identified attendance at school/early learning as an issue that had not recovered post COVID despite multiple efforts. Lateral solutions such as the provision of free laundry and thereby clean clothes has been noted to increase school attendance. Educators also reflected on the partying within the community, which had impacts on sleep and therefore school attendance. In addition, educators noted intergenerational trauma, including that caused by domestic and family violence that impact a child's ability to learn in the early years.

Map interpretation: Child Development

Attendance at school was affected by feelings of stigma about sending children who were hungry and/or wore unwashed clothes to school. The immediate impacts of not attending school were on the ability to learn and school completion (Figure 4). In the long-term, this is related to educational attainment and then to employment opportunities. This then feeds into financial wellbeing.

**Figure 4 Child Development**



### 2.1.4 Family Financial Wellbeing

Community voice

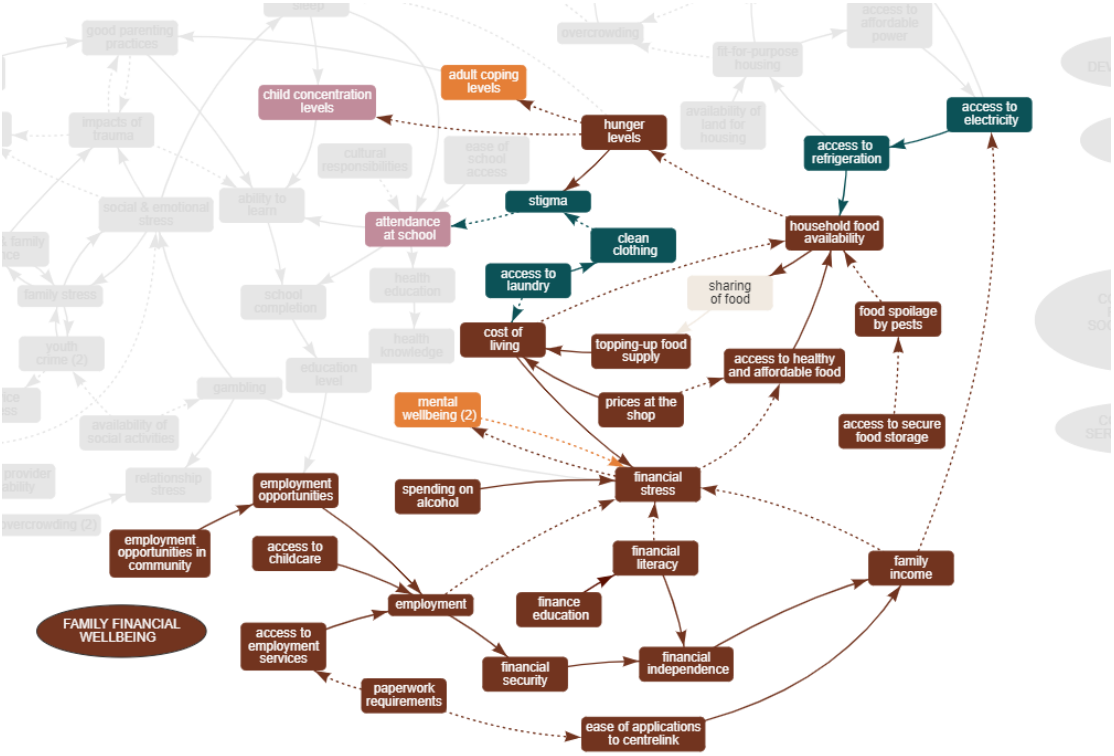
Access to available land, housing, home ownership, housing stress and overcrowding impact relationships and multiple indicators of wellbeing through the map (for example, ability to sleep, attendance at school (early years) and the ability to learn).

Financial stress was reported multiple times in different ways within the workshop. Access to income support services was hindered by requirements for documentation (paperwork requirements) which were often difficult to access. Without such paperwork they are unable to access employment services or income support. There was also acknowledgement that the recent increases in the cost of living were causing more stress to households.

Map interpretation: Family Financial Wellbeing

Family financial wellbeing comprised a large section of the CLD (Figure 5). Housing impacted child development in several ways.  Low levels of home ownership led to overcrowding which made it difficult for children to sleep, which then affected concentration levels and ability to learn. Access to an affordable, constant, and reliable electricity supply was a major factor in Bidyadanga. Lack of access to electricity impacted school attendance and learning as children were unable to sleep without air conditioning, and food could not be refrigerated (Figure 5).

**Figure 5 Family Financial Wellbeing**



## 2.2 Existing and new actions

In GMB workshop 1, an informal discussion was held regarding current actions and proposed next steps for their work. The existing actions attributable to the EYP are in Appendix II.

## 2.3 Priorities

Participants were provided with five sticky dots and asked to vote on the action ideas. (Existing actions ideas were not part of this prioritisation process). Actions with the highest number of votes are as follows (Table 1):

**Table 1 Service Provider prioritised Action Ideas**

| Priority Area | Title | Votes | Description |
|---|---|---|---|
| Parent health (trauma and stress) | Prevention of youth crime | 14 | Multifaceted approach:<br>Engagement with youth activities – provide more things for children to do – remembering that younger children will role model older siblings (Fair Game)<br>Employment of qualified sport and recreation officer: dedicated person (not multi-hatted) and could do things after hours (lack of housing and availability of the right person)<br>Programs to engage with youth who are disengaged with school (re-engaging older siblings with school and educational outcomes – good role modelling; using older girls as stepping stone to KindiLink)<br>The Yiriman project – community informed youth crime solution |
| Family financial wellbeing (housing) | Access to housing | 11 | Increase the number of houses available in Bidyadanga for community members |
| Family financial wellbeing (housing) | Explore renewal energy options | 10 | Provide solar power or wind power (on every house) |
| Family financial wellbeing (income and employment) | Indexing of Centrelink payments | 7 | Index Centrelink payments to **remoteness index.** (there is some indexation but it does not differentiate between level of remoteness) |
| Family financial wellbeing (income and employment) | Suite of actions to address food insecurity | 5 | Expand lunch program at school (including exploration of free lunches)<br>Have teenagers cook for younger kids during cooking classes |

| | | | |
|---|---|---|---|
| | | | Longer hours at breakfast club to suit demand<br>Holiday food programs to counteract the lack of food available for children during school holidays |
| Family financial wellbeing (income and employment) | Completing/streamlining paperwork requirements | 4 | Perhaps create an App that allows people to complete and submit government service paperwork easily. The App could store copies of vital/essential documents online to submit future applications. |
| Family financial wellbeing (income and employment) | Subsidise healthy food | 2 | Make healthy food cheaper than less healthy options at the local store. |
| Family financial wellbeing (income and employment) | Reinstate a food coding system | 1 | Reinstate Palya Mayi (good food) – easy coding system for healthier choices at the local store.<br>Bundle with health promotion in store: include recipes with shelf promotions of healthy food choices. |

## 3. Next steps

The Group Model Building process brought key service stakeholders together to identify the main enablers and barriers to the health, learning and development of children aged 0-4 years in Bidyadanga from a systems perspective. A community plan will next be developed.

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## A.1 Appendix I: Workshop Participation

Attendees at GMB 1 and/or 2 were:

- BACLG: Francis Fernandez, Clare (Louise) McLean, Elle Ledesma
- KRCI: Ingrid Elmitt
- La Grange RCS: Dan Walker, Bree Wagner, Jules Lockhart, Courtney Yanawana,
- Boab Health: Sarah Ludo, Tayla Squires
- Connected Beginnings: Amy Walker, Rosita Billycan
- WAPOL: Tammy Pendergast, Michael Sedgman, Lani Cremer
- EYP/ TKI: Karina Chicote, Jill Whelan, Lynne Millar, Tammy Prior, Juan Larranaga, Ana Gowrea
- Community Representatives: Barbara White, Madeline Jadi, Agnus Walbidi

## A.2 Appendix II: New and strengthened ideas by priority area

| Priority Area | Title | Description |
|---|---|---|
| Child Development | **Increase number of children attending health checks** | Develop and implement strategies to improve attendance at child health checks (there are some existing actions – see Appendix III)<br><br>Provide transport options to help parents take children to child health checks |
| Child Development | **Parent and school co-design of early childhood education – 0-2 years** | Work together to ensure families have more knowledge about what their child should know or be able to do/learn through:<br>• Connecting families with KindiLink<br>• Connecting families with Family Centre services<br>• Better co-ordination of service delivery from service perspective<br>• Provision of wrap-around services for families<br>• Raising awareness of role of services and link families with relevant services |
| Child Development (Social Development) | **Provide social activities for children in Bidyadanga** | i) Bidyadanga Olympics (or obstacle course) – an event that brings together fun and movement, includes all ages (could include cultural activities) – links to other youth activities in family safety (prevention of youth crime)<br>ii) Linking agencies together for comprehensive youth activities (e.g. activity, food, safe environments)<br>iii) Activities outside of 'work hours' to provide respite through recreation and educational wellbeing for children, young people and their families.<br>iv) Safe overnight accommodation for service providers (NOTE: LOCAL housing is a problem for overnight service stays) |
| Family Safety | **Develop a dedicated men's space** | Funding and providing of an ongoing space dedicated to men's health and wellbeing including family violence, physical health, mental health, social connection, food security, training and education, drug and alcohol awareness support. |
| Family Safety | **Positive parenting program and parent wellbeing** | Identify who is able to run culturally appropriate programs: (examples: Triple P (Indigenous Focus). Going out with Rangers (on country kids camp in some school holidays), men's and women's on country (education sessions after dinner – get to know the service and build trust for future service use), Learning Bush Foods |
| Family Safety | **Addressing parent stress and mental health** | Currently addressing parental stress and mental health through events like the Boab Health dinner with women with included education on handling stress. There is planning for a men's dinner. It has been found that group sessions are better to begin with and these can lead to individual counselling. |
| Financial Wellbeing | **Access to banking services** | Explore options for access to culturally appropriate banking services and identification/password access etc |

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|---|---|---|
| Financial Wellbeing | **Meal provision** | Community dinner – provide dinner during the week and/or cooking classes (could also enhance social relationships and strengthen community to deal with other problems) |
| Financial Wellbeing | **Meal preparation in the home** | Pest control and maintenance of cooking equipment – access to affordable pest control – impacts food storage. Also impacts child development as it is not safe for the child to move around the house |
| Financial Wellbeing | **Access to supplies from Broome** | Explore feasibility of a of bus run to town and a click and collect access for Bidyadanga online purchases – (access for community to order supplies from Broome supermarkets with delivery a few times a week) |
| Financial Wellbeing | **Access to childcare** | Explore ways in which child care could be provided in the community so that parents have more opportunities to work or become work-ready |
| Financial Wellbeing | **Provision of baby supplies** | Funding and expanding networks to provide families with baby supplies to provide more mobility and freedom to move around the community (home to KindiLink or school with 1 or more children). This would also ensure easier access to school and so encourage attendance. |

## A.3 Appendix III: Existing actions that strengthen new actions by priority area

| Priority Area | Title | Description |
|---|---|---|
| Child Development | **Increase number of children attending health checks** | Working with KindiLink and the Family Centre, the Connected Beginnings Child Health Nurse and Aboriginal Health Worker will coordinate with specialists to provide health checks at the school KindiLink facility and at the Family Centre |
| Child Development | **Increase number of children attending health checks** | Mobile health checks across community with focus on 3-year olds working way back to capture older kids |
| Family Safety | **Develop a dedicated men's space** | A 'mens' space is requested where men can go to access multiple private services, eg violence prevention, Indigenous employment services. An existing space has been identified that could be re-purposed for this use. |
| Family Safety | **Positive parenting program and parent wellbeing** | • Agencies such as Cyrenian House, Kimberley Community Legal Services, Kimberley Aboriginal Medical Services, Boab Health and Men's Outreach Services provide well-being and drug and alcohol counselling<br>• General health and wellbeing for men and women with exercise class<br>• Boab Health visits our community three days a week, offering exercise classes, healthy food education, and mental health counselling.<br>• RUOK day held with seven service providers, good turnout<br>• Community held meeting to address drug and alcohol issues, with a zero tolerance focus<br>• Community speaking up against drug dealers, loud noise, and parties<br>• Police addressing party/noise issues<br>• Women's centre and art centre provides a safe place<br>• Respite is provided through the Family Centre, Women's Centre, Home And Community Care Centre, and Community Resource Centre<br>• FDV hub in Broome outreach service, soft entry point, not women's refuge. Provides legal advice and creche facilities, not a crisis points of access. |
| Financial Wellbeing | **Access to banking and financial services** | • Currently meeting with major banks about streamlining access and improving banking services<br>• Broome circle financial hub are also providing one on one education support including support with loans and budgeting |
| Family financial wellbeing | **Completing/streamlining paperwork requirements** | ID support: Open day with Dept of Transport and Birth Deaths and Marriages to support community |

| | | |
|---|---|---|
| Financial Wellbeing | **Meal provision** | • There have been efforts to raise awareness of using affordable, generic brands of food options. There seems to be some stigma around using generically labelled food products<br>• Providing crisis, emergency financial relief for power, two emergency food packs per month, and ongoing support for the breakfast club |
| Financial Wellbeing | **Meal preparation in the home** | Long term investment in fresh food gardens providing healthy, affordable food for the table and creating employment and business opportunities |