



# Group Model Building

Early Years Partnership: Armadale

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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 Nyoongar Wadjuk, Yawuru, Kariyarra and Kurna Elders, their people and their land upon which the Institute is located 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 facilitated two Group Model Building (GMB) workshops with local Service Providers as part of the planning for implementation of the Early Years Partnership (EYP) in Armadale.

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.

GMB workshop #1 was held on 18 October 2022 in Seville Grove at the Champion Centre. In this workshop participants worked together to identify the main drivers of child well-being in their community (including the impacts of family well-being on the child) for children aged 0-4 years. The key output was a series of Causal Loop Diagrams (CLD) which summarised the group's views on the four priority areas previously identified by local stakeholders and endorsed by the Armadale EYP Local Working Party (see section 2 below).

The same group of Service Providers were invited to participate in the second GMB held in Seville Grove on 8 November 2022, although not all were able to attend, and some new individuals participated.

In addition to Service Providers, a group of parents also participated in separate GMB workshops, further details of which are below (see section 3.3.2).

The workshops were facilitated by various members of the EYP (principally Telethon Kids Institute, Department of Communities and Minderoo Foundation).

This report summarises the outcomes of these Group Model Building workshops.

## 2. Priority Areas

CLDs were developed for the four priority areas identified by the Armadale West Local Working Group prior to the GMB sessions. These were:

- Child Development
- Maternal Wellbeing
- Family Safety
- Financial Wellbeing

In each of the Service Provider workshops, participants were allocated to a priority area that best reflected their area of influence/interest to contribute to the discussion of barriers and enablers, and existing and new action ideas.

## 2.1 Priority Area Evidence Overview

### 2.1.1 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 (1). Child development refers to the physical and psychological growth of the child, from conception through infancy and early childhood (2). 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 (3). Early detection relies on appropriate and regular measures. Such measurement is complex and what is considered 'normal' varies widely (4). 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 (5). 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 (6). Across most populations in Western Australia the number of children who receive these checks decrease with age, with 98% of eligible children receiving their 0-14-day check, and 30% receiving the 2-3-year-old check (7).

A further school entry assessment is administered when a child begins formal schooling via the Australian Early Development Census (AEDC) (8). 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 (9). 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 (10). 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' (11). The latest AEDC data (2021) shows that 57% of all Western Australian children (12), and 31% of Aboriginal children (13) 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 (14). As 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 (15).

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.



### 2.1.2 Maternal Health

A central factor to the successful early development of children is maternal health and wellbeing. Maternal health refers to the health of women during pregnancy through childbirth and 6-8 weeks post-partum (16). The health of the mother is strongly associated with children's long-term health and their subsequent cognitive, emotional, and behavioural development (17, 18). 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 (19). 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 (20). 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 (20). Subsequently, poor early developmental issues have implications for children's school readiness and academic performance (21).

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 (19, 22). Maternal smoking affects child in-utero lung development and subsequent respiratory health and can have lifelong implications (23). 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 (23, 24).

Alcohol consumption during pregnancy poses a great risk of harm to the foetus, especially in the first twelve weeks of gestation (22). Exposure to alcohol during pregnancy can lead to child outcomes such as Foetal Alcohol Spectrum Disorder (FASD), low birthweight and pre-term birth (25). 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 (25). 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 (21). 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.

### 2.1.3 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 (26). 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 (27). Children who *witness* violence experience the same degree of negative psychosocial outcomes as children who directly experience physical abuse (28). Further, different forms of violence tend to co-occur (29), and impacts of violence are cumulative (30). While Indigenous children are more frequently exposed to FV than children in the general population (31), 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 (32). Children from culturally and linguistically diverse communities are also at a higher risk of being exposed to FDV (31). Community and cultural values, pre-migration experiences, immigration policy and visa status contribute to this risk (33).

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 (34). Evidence also highlights the impact of violence on foetal brain development, with consequences for children's later cognitive development (34). 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 (35-39). Infants are considered especially vulnerable because their brains are developing rapidly and this development is heavily dependent upon what they experience (29), and because of the amount of time they spend in the family home and the level of their dependence on parents or other caregivers (28, 37, 40).

FDV impacts children's cognitive development and may include lower intellectual functioning, delay in speech development, memory, and executive functioning (29, 41). 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 (36, 40); and externalising behaviour problems (poor sleeping habits, poor general health and behavioural problems such as increased irritability, screaming, crying and general poor health (42). Other behaviours include aggression, non-compliance, problematic peer relationships, fighting, and being fearful (36, 40). 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 (29), and symptoms of post-traumatic stress disorder (43). 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 (40).

#### 2.1.4 Financial Wellbeing

Alongside poverty, research evidence indicates that child development is significantly impacted by other indicators of financial status such as low income, housing, food insecurity, parental education, and employment (44, 45). Children living in households experiencing financial hardship are at greater risk of poor health and educational outcomes, both in the short and long term (46). In addition, children from low-income families are more prone to psychological or social difficulties, behaviour problems, lower self-regulation and elevated physiological markers of stress (47). Low household income affects a child's capacity to access a healthy diet and adequate medical care, live in a safe home environment, have stable quality care and appropriate housing, heating, clothing and educational materials (48-50). A recent review of housing affordability impacts on children's outcomes, makes the case for the necessity to expand family housing assistance in government policy (51).

A major outcome of poor financial wellbeing is food insecurity which refers to the limited or uncertain availability of or capacity to acquire nutritionally adequate and safe foods (52). In Australia, low-income earners, Aboriginal and

Torres Strait Islander peoples, culturally and linguistically diverse groups, single parent households, older people and people experiencing homelessness are at greater risk of food insecurity (53). Rarely occurring in isolation, food insecurity is more commonly experienced alongside economic, health, and housing insecurity (54). 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 (53). Research has established clear links between food insecurity and child outcomes such as school readiness (55), behaviour problems, academic problems, anxiety and depression (56, 57), as well as suspension from school (58) in school-aged children. Further, food insecurity is linked to poor general health and developmental risk among children aged 0-4 years (59, 60) and school aged children 6-13 years (58, 61). Long-term effects are demonstrated with older children experiencing food insecurity are approximately twice as likely to have asthma (62) and almost three times as likely to have iron deficiency anaemia (63).

The role of maternal education in parenting practice, childhood development and lifetime success has been well established (64, 65), with strong links between paternal education and positive child development (66). Comparatively, parents with a higher level of education are able to invest more capital, resources and quality time for their children (67, 68). Mothers with higher education are associated with more knowledge of early childhood development (69), use a wider vocabulary with their kids (70), invest more in their child's health (71), and provide more children's books in the home (72).

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 (73). While some evidence suggests maternal employment has a detrimental effect on children's cognitive development when it occurs in the first year of life (74, 75), other research suggests mothers with high profile part-time jobs are positively associated with high quality parenting practice and better outcomes (76, 77). 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 (73).

## 3. Workshops

GMB workshop 1 was attended by 40 Service Providers, who represented 22 different organisations who provide services to the community of Armadale (see Appendix I for a list of Service Providers involved in the workshops). Participants worked in groups to identify the main enablers and barriers (variables) to child well-being (including the impacts of family well-being on the child) aged 0-4 years in the community, and the links between them. These variables and connections were 'mapped' in-situ to create CLDs using the software program STICKE<sup>1</sup> (see section 3.1 below).

GMB 2 was attended by 38 Service Providers and represented 16 different organisations. 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).

### 3.1 Causal Loop Diagrams

A map was developed for each priority area to help participants identify action ideas relevant to their specific priority. A copy of the full map was also provided to assist participants to see how interconnected many causal factors are across multiple priority areas (see Figure 1).

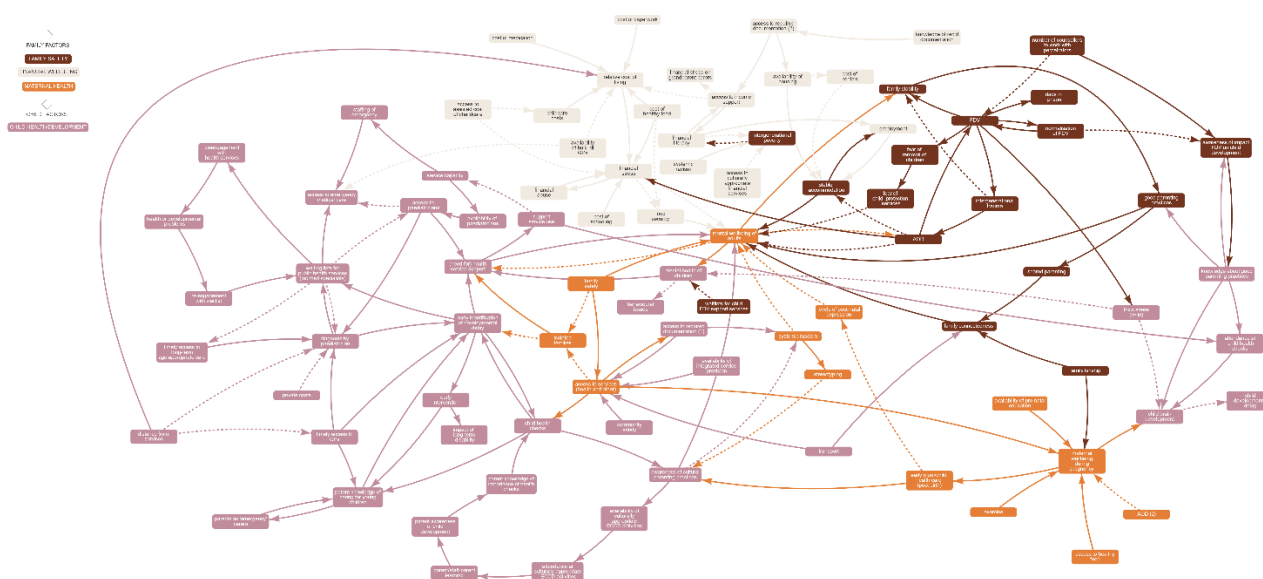
The colour coding in these CLDs reflects the priority areas as follows: **Roo** for Family Safety; **Land** for Maternal Health; **Sand** for Financial Wellbeing; and **Flower** for Child Development.

The Figure 1 map illustrates the interconnectedness of causal factors between the four priority areas (Child Development, Maternal Health, Financial Wellbeing and Family Safety) in Armadale. Some factors link to all the priority areas, in particular the mental wellbeing of adults and maternal wellbeing during pregnancy.

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<sup>1</sup> STICKE is an application developed by the Institute for Intelligent Systems Research and Innovation, Deakin University in collaboration with the World Health Organization Collaborating Centre for Obesity Prevention. This application aims to facilitate community knowledge exchange to foster shared understanding of complex problems.

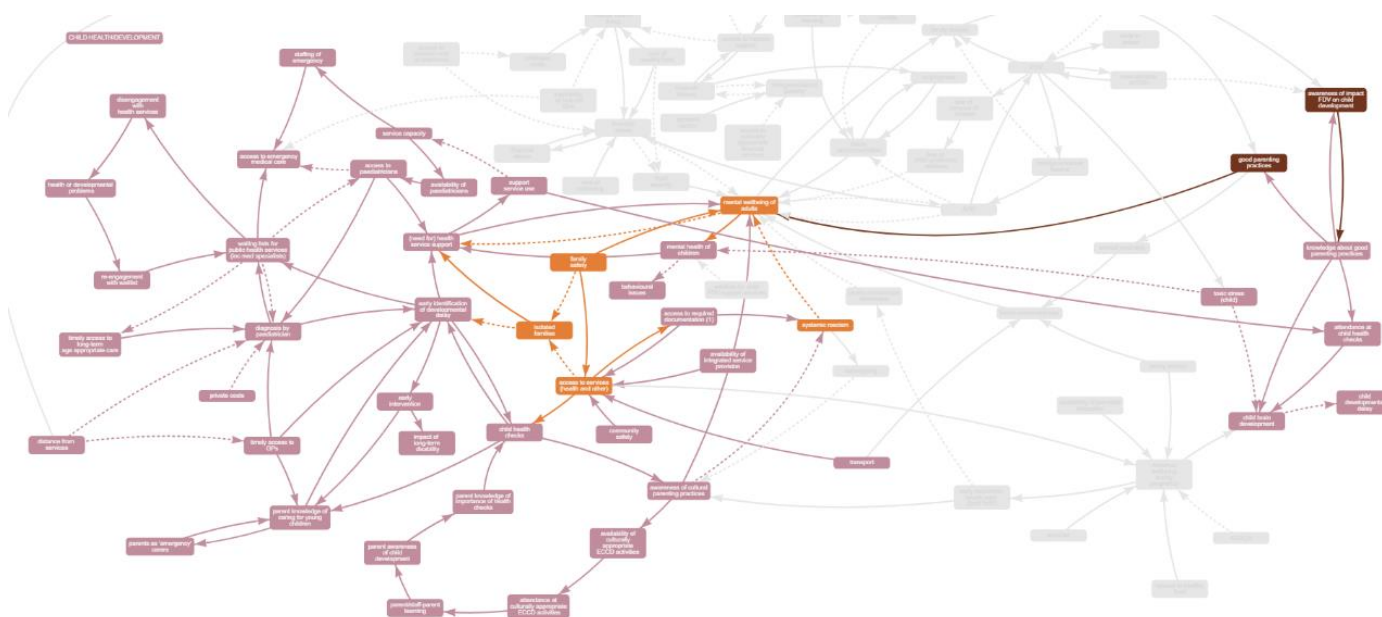
Figure 1 Combined priority areas map



### Child Development

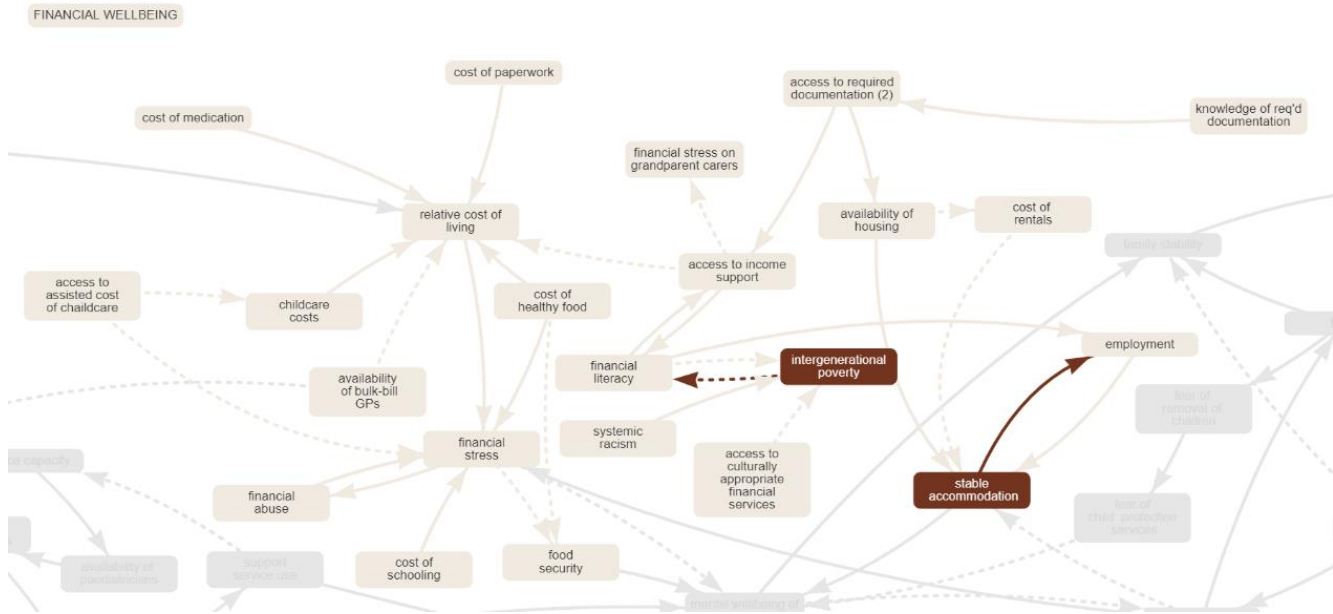
The Child Development CLD is the most developed of all the maps (Figure 2). The most significant themes are access to, and engagement with, a range of Service Providers in the Child Development space. Many aspects of service delivery were noted to be interrelated and were a significant part of the mapping. Parental knowledge or awareness of child health and development, as well as cultural considerations, are also important themes. The CLD also links strongly with the Maternal Health CLD through access to services, mental wellbeing, and isolated families.

Figure 2 Child Development





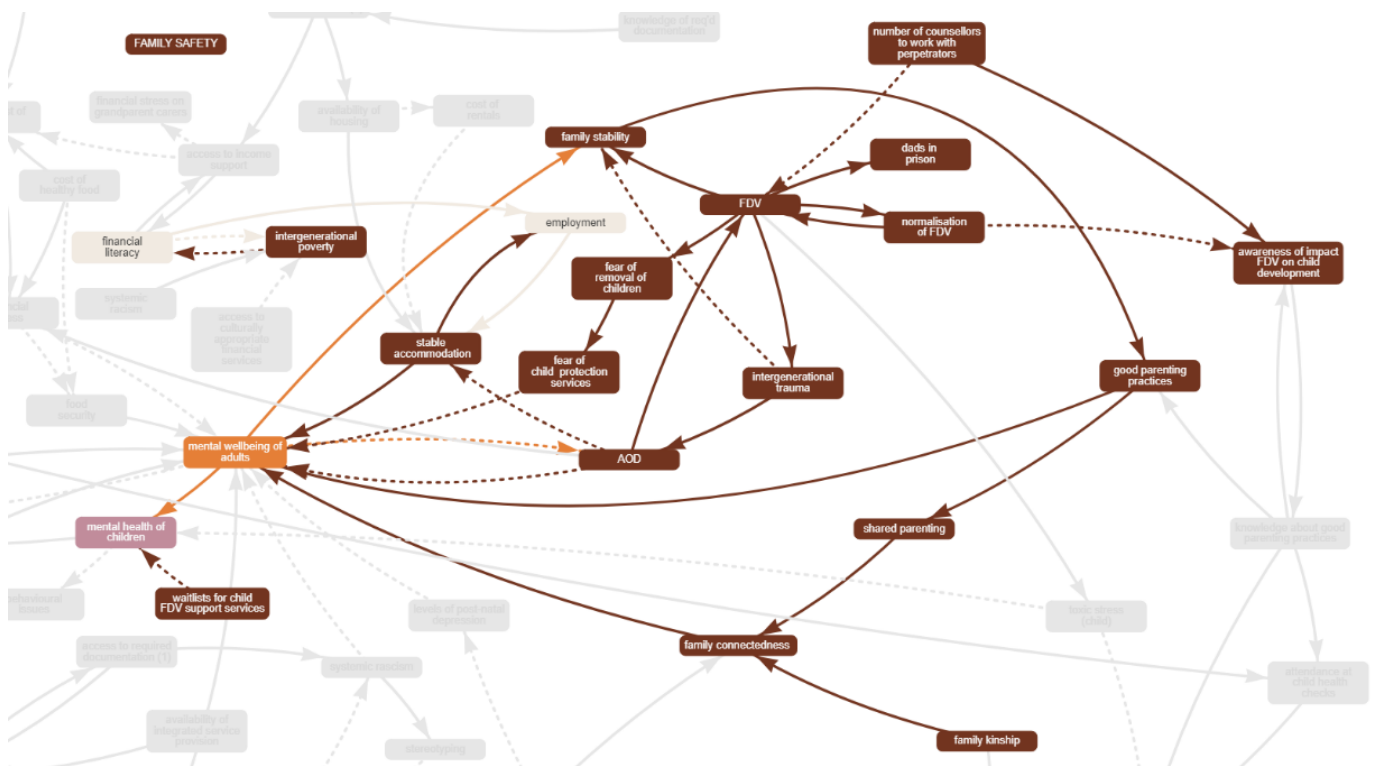
**Figure 4 Financial Wellbeing**



**Family Safety**

Themes identified in this Family Safety CLD include: the contributing factors and impacts on the child of family and domestic violence (Figure 5). A number of factors link Family Safety to other maps, for example, to Child Development via mental wellbeing of adults, and Financial Wellbeing via employment and housing.

**Figure 5 Family Safety**



## 3.2 Existing and new actions

As part of GMB workshop #2, participants were invited to identify existing services that addressed the mapped variables, and then to brainstorm new actions without – at this stage - being ‘constrained’ by resources or feasibility. They were asked to name the new action ideas, provide a brief description, and identify where on the CLD the new action would have an impact. Next, they were asked to indicate whether the action idea could be implemented in the short (less than 6 months), medium (6 months-2 years) or long (2 years +) term. The feasibility and impact of each action idea were then discussed with the wider group and placed onto a large impact and feasibility grid.

Participants identified 66 existing actions and 53 new actions relating to the four priority areas. Some actions were classified as ‘strengthened’, to denote actions to strengthen already existing activities and have been included with the new actions. A complete list of Service Provider actions are attached as appendices. (Appendix II: all new/strengthened actions, Appendix III: existing non-prioritised actions)

All the Action descriptions provided in the tables and the appendices are in the Participants’ own words.

## 3.3 Priorities

Participants were provided with five sticky dots each 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 were identified.

### 3.3.1 Service Providers

Twelve top prioritised actions are listed below. Those with the highest number of votes were identified for participants to ‘sign up’ to work on. Those priorities are as follows:

**Table 1 Service Provider prioritised Action Ideas**

Priority Area	Title	Votes	Description
Child Development	<b>Better awareness of disabilities, developmental delays and supports available in the community</b>	12 votes	Ensure parents are aware of supports available in their community if they are ever concerned about their child's development.
Child Development	<b>Welcome Baby to Country</b>	11 votes	Elder - female - male, group, babies, smoking, welcome baby onto country. Full day event, funding is running out of money for ongoing projects, transport. Benefits are stronger connection to Country, healthy community, proud, knowing your place in your community, stronger family connection.
Financial Wellbeing	<b>Extension of Food security</b>	9 votes	Have access to more food stalls and bigger scope of products. It will be high impact. Ensuring nutritional needs are met. Decrease crime rate, decrease of Child Protection and Family Services involvement, right to have access to food. There was also a related action of: Running education classes to assist families to cook on a budget.



Financial Wellbeing	<b>Re-funding of Housing Support (First Nations Homelessness)</b>	9 votes	Provides support to community at risk of homelessness & eviction. Advocacy & support regarding housing/bond assistance/rentals. Clean up of properties at risk of eviction
Family Safety	<b>Perpetrator Accountability Programs</b>	8 votes	Minimal waitlist (need to capture them when willing and not months down the track). Focus on impact of FDV has on Child Development. Outreach or services after hours at no cost. Increasing education of professionals on Safe and Together i.e., police, health professionals, education, and Magistrates.
Child Development	<b>Access to 12-seater buses for Aboriginal Transport</b>	7 votes	Seek funding for 12-seater buses or Champion Centre staff to drive children to/from home appointments
Child Development	<b>Child Centred system/services</b>	6 votes	All services focussed on child health needs and development. Reviewing frameworks, intake, and assessment rules to include a focus on the child. Including a Workshop/Collaboration with services about the importance of child centred approach in their service response.
Financial Wellbeing	<b>Housing Support based at Champion Centre</b>	5 votes	Have a housing rep to service the community; National Rental Affordability Scheme workers to help navigate community to affordable housing
Financial Wellbeing	<b>Networking with Services</b>	5 votes	More marketing of programs & service hotdesking at Champion Centre
Child Development	<b>Waitlist Communication</b>	5 votes	Referrals updates and communication for parents on waitlists.
Family Safety	<b>Childcare and School Trauma Education</b>	4 votes	Education for staff in childcare centres and schools on how childhood trauma manifests in behaviour and development and important protective factors they can implement to scaffold/reduce impact on children as well as share resources/services with families
Child Development	<b>Grandparent Carers</b>	4 votes	Aboriginal GP care for their grannies where they find it's a struggle with everything identified by the map. With a relative placement most GPs find CPFS will only support for a short time.



informed there would be an opportunity to be involved in the progression of action ideas via the EYP implementation community planning process.

**Table 2 Parent prioritised Action Ideas**

CLD Map: Theme	Title	Votes	Description
Service Provider: Child Development	Local Services List	7 votes	Local services (including list of services that accept NDIS)
Service Provider: Maternal Health	Access to services (Health and other)	5 votes	The idea of having the Centrelink/Medicare people at the community centres/public schools/library to have chat with the people who need to meet them, just to avoid long phone call waiting to seek help with them. A couple of such sessions a month would be highly appreciated.
Service Provider: Child Development	Child Health drop-in Service	5 votes	Drop-in centre for Child Health in the Armadale community available. One stop shop.
Parent: what things make it easier or harder to raise young children in Armadale?	Collaborating with Community Centres	4 votes	Provide informative sessions at community centres where struggling mothers get together. Sessions could involve teaching mothers how to provide the best care for their children. Information should be presented by qualified individuals who are also aware of Indigenous cultural practices.
Service Provider: Family Safety	Cultural Awareness for services	4 votes	Awareness and training of cultural awareness. (That is, to train service providers and government agencies to be more welcoming of Aboriginal people)
Service Provider: Maternal Health	Community Safety	4 votes	More buses, Crimewatch, new effective neighbourhood watch
Service Provider: Family Safety	Cost effective childcare	3 votes	Subsidy for childcare so mums can return to work
Parent: what things make it easier or harder to raise young children in Armadale?	Isolated families' support	3 votes	Maybe more community workers/providers could help the families who need support. Get the families to come forward to speak up their problems and / or anxieties
Service Provider: Maternal Health	Health Nurse	2 votes	Consistent child health nurse to be able to have a relationship. Always open, reliable.
Service Provider: Family Safety	Short term housing	1 vote	Places for housing, short term housing

## 4. Next Steps

The Group Model Building process brought key service provider stakeholders and parents from the community together to identify the main enablers and barriers to child well-being for children aged 0-4 years in Armadale from a systems perspective, and to prioritise actions to respond to these issues.

The next step is for the EYP local working party to develop implementation plans with detailed steps, accountabilities, and outcome measures, for each action.

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## A.1 Appendix I: Service Provider Participation List

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### Service Provider name

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54 Reasons  
Aboriginal Elders  
Agency  
Boodjari Yorgas  
Centrelink  
Challis Community Primary School  
City of Armadale  
Communicare  
Department of Communities  
Department of Communities: Prevention of family and domestic violence  
Department of Communities: Housing  
Department of Health  
Department of Health: Child and Adolescent Health Service  
Derbarl Yerrigan Health Service  
Neerigen Brook Primary School  
Parkerville  
Stronger Together  
The Fathering Project  
WA Primary Health Alliance  
Wanslea  
Willandra Primary School  
Wungening Moort

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## A.2 Appendix II: Service Provider all new/strengthened actions

Priority Area	Title	Description
Child Development	<b>Access to 12-seater buses for Aboriginal Transport</b>	Seek funding for 12-seater buses for Champion Centre staff to drive children to/from home appointments
Child Development	<b>Better awareness of disabilities, developmental delays and supports available in the community.</b>	Ensure parents are aware of supports available in their community if they are ever concerned about their child's development.
Child Development	<b>Child centred system/services</b>	All services focussed on child health needs and development. Reviewing frameworks, intake, and assessment rules to include a focus on the child. Including a Workshop/Collaboration with services about the importance of child centred approach in their service response.
Child Development	<b>Community Harvest Revamp</b>	Eligibility broadened with free options
Child Development	<b>Consistent parent education promotion in the area</b>	All agencies have a consistent focus and message around parent education from City of Armadale to Services and Schools
Child Development	<b>Early development census resources</b>	Resources utilising AEDC data that can be accessed at all City Facilities
Child Development	<b>Events- Be Seen and Heard</b>	CW, EUP Project team to be active in community events promoting importance of Early Brain Development
Child Development	<b>Grandparent Carers</b>	Aboriginal GP care for their grannies where they find it's a struggle with everything identified by the map. A relative placement most GP find CPFW will only support for a short time
Child Development	<b>In home parenting support</b>	Referral to an agency funded to support parents to establish routines that support children to thrive e.g., bedtime routine; getting ready for school routine; mealtime routine; managing emotions/behaviour and other routine based activities
Child Development	<b>Outreach Services for Isolated families</b>	Encouraging outreach child health services like FIFO early years therapies in addition to teletherapy
Child Development	<b>Parent Awareness /knowledge about the Importance of Early screening</b>	Camps for / workshops for raising awareness of Parents. Consistency.
Child Development	<b>Resources for Awareness in different languages for documentation</b>	A community workshop/hub for awareness in different languages e.g., can use local community halls for ongoing workshops. For example, a popup on how to access NDIS.
Child Development	<b>Transport to early learning (playgroups, KindiLink, day care)</b>	A bus to take indigenous kids to and from school education safely and on time, that will go to any location/activity kids at the specific school go to before/after school.
Child Development	<b>Waitlist Communication</b>	Referrals updates and communication for parents on waitlists.
Child Development	<b>Waitlist Programs</b>	Programs for parents to administer to kids while on waitlists.

Child Development	<b>Welcome Baby to Country</b>	Elder - female - male, group, babies, smoking, welcome baby onto country. Full day event, funding is running out of money for ongoing projects, transport. Benefits are stronger connection to Country, healthy community, proud, knowing your place in your community, stronger family connection.
Family Safety	<b>Childcare and school Trauma Education</b>	Education for staff in childcare centres and schools on how childhood trauma manifests in behaviour and development and important protective factors they can implement to scaffold/reduce impact on children as well as share resources/services with families
Family Safety	<b>Family Interagency Case Management</b>	Consent and systemic support for departments to discuss. Mobility plan (family tracking). Central Communication point for families. Long term vision for families without cut off points. Some families will require more support than others, but everyone knows who to call first. NZ has a parent system of support. Also, Victorian Gov "the orange door".
Family Safety	<b>FDV specific counselling for Children</b>	Program or frequent counselling for children in kindy/prekindy who are witnessing FDV at their home. Home visits and support to parent. Easy access, short waitlist, individual or group, specialising in play therapy for younger children.
Family Safety	<b>Housing</b>	Long term housing not a refuge. Ability to relocate and escape FDV with wrap around support services and no lengthy waitlists. Ability for high-risk victims and children to be housed somewhere safe and appropriate. Not a refuge.
Family Safety	<b>Perpetrator Accountability Programs</b>	Minimal waitlist (need to capture them when willing and not months down the track). Focus on impact of FDV has on Child Development. Outreach or services after hours at no cost. Increasing education of professionals on Safe and Together i.e., police, health professionals, education, and Magistrates.
Family Safety	<b>Toxic Stress/ Mental Health of Children</b>	Domestic violence service that schools could call and report instead of everything going to DCP. Could be connected to EC Centres and schools to triage/case manage and support families with history of FDV to access Allied health and financial supports without involvement of Child Protection Services.
Financial Wellbeing	<b>Community Store</b>	Shop on 'high street' to provide food & essentials to people in need, but allow dignity to 'shop' (refer to St Pat's Community Store), provides access to an alternative location to Champion Centre
Financial Wellbeing	<b>Extension of Food security</b>	Have access to more food stall and bigger scope of products. It will be high impact. Ensuring nutritional needs are met. Decrease crime rate, decrease of CPFS, right to have access to food. Teaching families to cook on a budget.
Financial Wellbeing	<b>Fit for Purpose (Families) Homelessness Support</b>	(e.g., Indigo Junction (Midland)); More emergency accommodation for short & long term in Armadale
Financial Wellbeing	<b>Housing Support based at Champion Centre</b>	Have a housing rep to service the community; NRASs workers to help navigate community to affordable housing
Financial Wellbeing	<b>Housing Support based at Champion Centre</b>	Apply for funding - jobs, office.

Financial Wellbeing	<b>Housing Support based at Champion Centre</b>	Interagency meetings with housing, champion centre, Wungening, to come up with a plan.
Financial Wellbeing	<b>Increased availability of Centrelink hot desk</b>	Current visitation is one day per week, not enough to service demand. Double the current capacity not only reaches greater people in need but opens to those who can't attend on the allocated day. Increased understanding/support to get relevant documentation and increases access to available financial support to affect all the flow on.
Financial Wellbeing	<b>Increased rate of jobseeker allowance - 'Raise the Rate'</b>	Evidence that increased Centrelink benefits through COVID resulted in people having greater access to healthy life choices (more food, healthy food).
Financial Wellbeing	<b>More Open days for Identification &amp; Support with being subsidised</b>	Subsidise for ID to support large families
Financial Wellbeing	<b>Networking with Services</b>	More marketing of programs & service hotdesking at Champion Centre
Financial Wellbeing	<b>Raise the Age</b>	Kids committing petty crime to obtain food, leading to ongoing intergenerational poverty. Increasing age of incarceration to minimum of 14 required to stop putting kids in jail for kids at risk
Financial Wellbeing	<b>Re-Funding of Housing Support (First Nations Homelessness)</b>	Provides support to community at risk of homelessness & eviction. Advocacy & support regarding housing/bond assistance/rentals. Clean up of properties at risk of eviction
Financial Wellbeing	<b>Rehabilitation Systems Change</b>	Change the system of rehabilitation for ex-offenders. Link to employment and services to ensure reintegration into community.
Maternal Health	<b>2-year-old Health Checks</b>	All post-natal health checks at 8-month, 12 month, 2 years
Maternal Health	<b>Access to Health Services</b>	More child and parent centres. More staff, more private centres. A 2-year check triggered by a letter sent before the birthday. Child Health appointments increase in amount. Child health check in before baby is born. 8-month check by Child Health Nurse. Easy access to immunisations.
Maternal Health	<b>Breastfeeding Support</b>	A program similar to KEMH breastfeeding centre, offered in other areas
Maternal Health	<b>Bring back 8-month check</b>	Babies need to be checked at 8 months, so parents stay engaged in the Child Health System
Maternal Health	<b>Childcare assistance</b>	Including: GP visit to assist with childcare letters. Apply to Centrelink for childcare subsidy. Regular child development checks with child health nurse. Child health nurse to assist with childcare letters.
Maternal Health	<b>Dyslexia Disability / Language Barrier</b>	Improve language policy. Services to increase their responsiveness to parents who have language understanding as a barrier. Services to identify one person to implement language policy.
Maternal Health	<b>Early Intervention</b>	Pre- and post-natal care for all vulnerable women that includes support to access transport, coordination, and education
Maternal Health	<b>Government funded Ngala beds</b>	Parents able to access Ngala hands on parenting support without CPFS or private health with government funded beds. This had been looked at prior to COVID

Maternal Health	<b>Health Care during pregnancy</b>	Longer GP appointments to assess full health and social support needs e.g., referral pathways access to transport and care coordination that extends to post-natal.
Maternal Health	<b>Increase Child and Parent hubs</b>	More specialised centres to have access to health all in one place
Maternal Health	<b>Increase in Maternal mental health training</b>	This will allow for more maternal mental health nurses in the community for pre/post
Maternal Health	<b>Mindfulness for parents</b>	Small groups over 4-6 weeks running mindfulness sessions/course to mums to be or new mums. Could be run in conjunction with community health. Trial done at KEMH
Maternal Health	<b>Mindfulness training course for child health nurses, midwives, and community workers</b>	A training program created to deliver to upskill health professional KEMH in conjunction with a psych in Victoria did a trial.
Maternal Health	<b>More supported playgroups</b>	Parents to be supported through playgroups to strengthen knowledge of child development to provide peer to peer support to reduce isolation. CPELC, CPC (child and parent centres), ITAV (It takes a village)
Maternal Health	<b>Parent Empowerment Programs</b>	Identify areas of interest. Certification of completion, (towards employment or for empowerment etc)
Maternal Health	<b>Parenting Support for Parents</b>	Extend parenting support to all families. Increase access to practitioners (5 for each cohort)
Maternal Health	<b>Postnatal Education</b>	A purpose built, for cohort, course on parenting and how to take care of baby.
Maternal Health	<b>Support Network</b>	Prenatal support groups run through services. More child and parent centres and prenatal support groups

### A.3 Appendix III: Service Provider existing non-prioritised actions (duplication indicates the action had multiple mentions)

Priority Area	Title	Description (where available)
Family Safety	0-5 years health checks IMMS	
Family Safety	Anglicare Financial Counselling	
Family Safety	Anglicare YPSS	
Family Safety	Art group	
Family Safety	Change Starts with	Community Event
Family Safety	Choose Change	
Family Safety	Circle of Security	
Family Safety	Communicare Emergency relief	
Family Safety	Communicare through your voices	
Family Safety	Communicare through your voices	
Family Safety	Communicare through your voices	
Family Safety	Cooking Group	
Family Safety	Food programs	2022 - Foodbank 5-week programs
Family Safety	Headspace Young parents	Parents under pressure
Family Safety	Introduction of FDV Hub	
Family Safety	Palmerston	Parenting under pressure
Family Safety	Parkerville - cool kids	
Family Safety	Playgroup	Bentley Base
Family Safety	Starick FDV counselling	Starick Children's outreach / Starick safe at home
Family Safety	Thy Y - Drumbeat (older)?	
Family Safety	Triple P	
Family Safety	Welcome baby to country	
Family Safety	Wungening AOD counselling	
Financial Wellbeing	CAHS	Champion centre (Child Health)
Financial Wellbeing	Centrelink	Champion centre - Hot desk 1 day
Financial Wellbeing	Elders Support Group	Champion centre
Financial Wellbeing	Employment Services	Champion centre / Momentum / JOB & Skills
Financial Wellbeing	Financial Counselling	Champion Centre - Anglicare
Financial Wellbeing	Food security (Pop Up Shops)	Champion Centre - Thread it Van, Back to school drives / Food bank
Financial Wellbeing	Moorditj Djena	Champion Centre 1 x month
Financial Wellbeing	Street Dr	Champion Centre (every Tues)
Maternal Health	Adult Mental Health	New Adult Mental Health service being commission in Armadale and Gosnells 2023
Maternal Health	Anglicare Playgroup	Young Parents playgroup at CPC Westfield Park
Maternal Health	Antenatal Edinburgh Postnatal Depression Scale check	This is done via CHN, refer to GP for Raphael Centre

Maternal Health	Antenatal education through hospital Existing	
Maternal Health	Beyond Blue	Website/phone line for Mental Health help
Maternal Health	Breastfeeding Support	
Maternal Health	Child and Parent Centres	
Maternal Health	Child Health Nurses	
Maternal Health	Circle of Security program with community health via referral	
Maternal Health	Communicare	For extra support, programs, housing
Maternal Health	CPC Westfield Food programs	
Maternal Health	Developmental groups at Challis CPELC	
Maternal Health	Family support Network	Red cross volunteer support
Maternal Health	Fathering Project Case Work	
Maternal Health	Free Interpreters with Child Health	
Maternal Health	General Practitioners	GPs providing basic medical care and consultations
Maternal Health	General Practitioners for pre-birth care	GPs providing pre-birth care
Maternal Health	Mother and Baby Unit (MBU)	At King Edward, treats mothers with severe depression and mental health disorders until the child is walking
Maternal Health	New Parent Groups	
Maternal Health	Ngala	Ngala only available via CPFS referral - psych on site
Maternal Health	Palmerston	Provide support for Alcohol and Drug
Maternal Health	Panda	National helpline
Maternal Health	Parental Class - Developmental	
Maternal Health	Parenting Support for Aboriginal and CALD parent	
Maternal Health	Partnership programs with CHN for complex cases	
Maternal Health	Playgroup	Playgroups at Westfield Park CPC parenting education
Maternal Health	Playgroups	
Maternal Health	Raphael Service	Mental Health at St John of God
Maternal Health	Sleep talks	
Maternal Health	Solid food talks	
Maternal Health	Street Doctor	
Maternal Health	Street Doctor	
Maternal Health	Universal Child Health Checks	Child health checks for babies at milestone points: 0-14 days; 8 weeks; 4 months; 12 months
Maternal Health	Wanslea NDIS ECEI	
Maternal Health	Wungening	ACCHO offer drug and alcohol support services



