



Group Model Building

Early Years Partnership: Central Great Southern



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**EARLY YEARS
PARTNERSHIP**



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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 in the Central Great Southern (CGS) as part of the planning for implementation of the Early Years Partnership (EYP) in the region.

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 20 October 2022 in Katanning. In this workshop participants worked together to identify the main drivers of child wellbeing in their communities (including the impacts of family wellbeing on the child) for children aged 0-4 years. The key output of the workshops was a series of Causal Loop Diagrams (CLD) which summarised the group's views on four priority areas previously identified by local stakeholders and endorsed by the CGS EYP Local Working Party.

The same group of service providers was invited to participate in the second GMB workshop held in Katanning on 7 November 2022, although not all were able to attend, and some new individuals participated.

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

This report summarises the outcomes of the GMB workshops.

2. Priority areas

A CLD was developed that included the four priority areas identified by local stakeholders and endorsed by the CGS EYP Local Working Party prior to the GMB sessions. These were:

- Child development
- Maternal health
- Family Safety
- Financial Wellbeing

In each of the workshops, participants were allocated to a priority area that best reflected their area of influence/interest to contribute to the discussion of drivers (barriers and enablers) of child well-being, 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 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, and crying (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).

2.1.5 Conclusion

Child development, maternal health, family safety, financial wellbeing individually has 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. It is, therefore, important to understand how these factors combine to create a local system so that local solutions can be developed and implemented.

3. Workshops

GMB workshop #1 was held in Katanning and attended by 30 local service providers representing 12 organisations. GMB workshop #2 was also held in Katanning and attended by 20 local service providers from eight organisations, all but one of which was represented at GMB workshop #1. Of the 20 individuals who attended GMB#2, seven had attended the initial session. (Participating organisations are listed in Appendix I).

In GMB #1, participants worked in groups to identify the main enablers and barriers to child wellbeing (variables), including the impacts of family wellbeing on the child for children aged 0-4 years in the region, and the links or connections between them. Each group was asked a specific question to focus their discussion on one of the four key priority areas. For example, *'what factors related to financial wellbeing influence child wellbeing in CGS'*. All variables and connections were 'mapped' in-situ to create CLDs using the software program STICKE 3¹ (see Section 3.1).

IN GMB #2, participants were first asked to review the CLDs (which had been refined by the Telethon Kids Institute team in-between workshops) to identify any new variables or connections that had not been 'mapped' in the initial workshop. 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 actions and strengthened ideas were first assessed by the group in terms of impact and feasibility, and then prioritised (see Sections 3.2 and 3.3).

3.1 Causal loop diagrams

The full CLD is provided below (see Figure 1). The colour coding in this CLD is as follows:

Roo: Family Safety

Sand: Financial Wellbeing

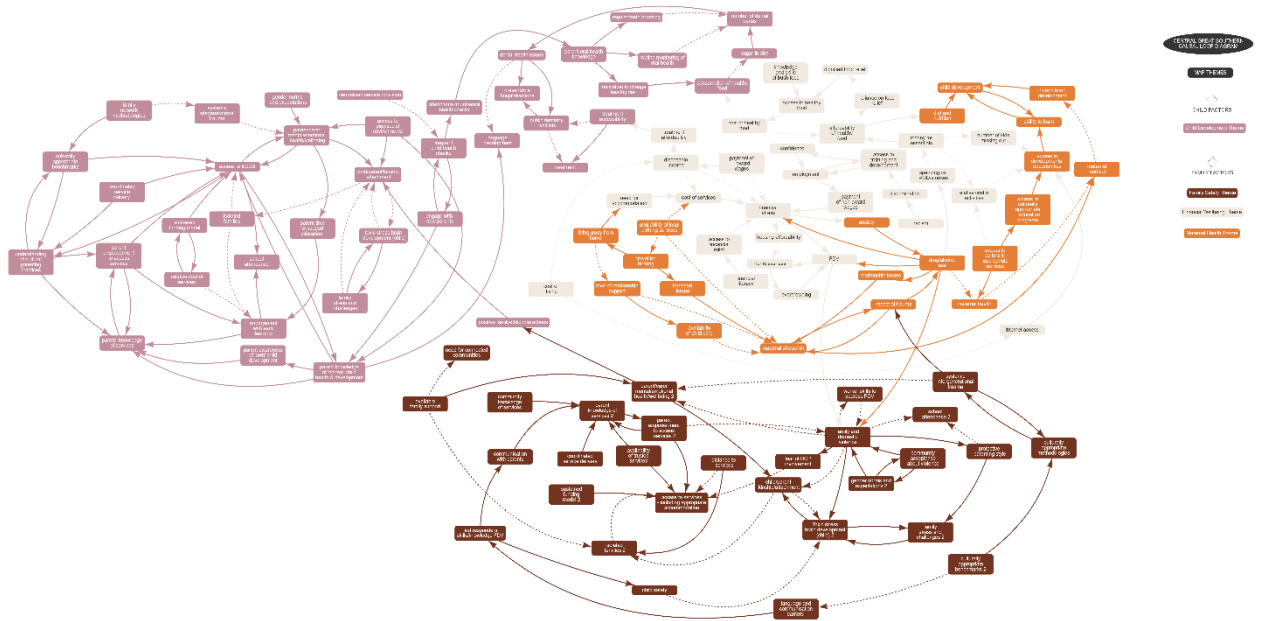
Flower: Child Development

Land: Maternal Health

Each theme is then discussed separately.

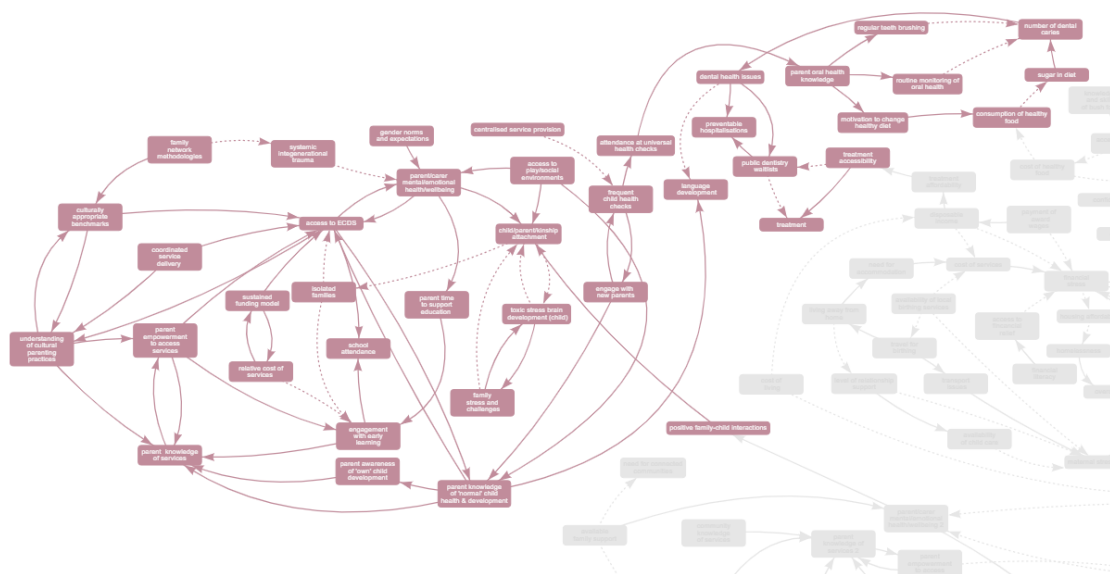
¹ Visual mapping software developed by the Institute for Intelligent Systems Research and Innovation, Deakin University in collaboration with the World Health Organization Collaborating Centre for Obesity Prevention. This application aims to facilitate community knowledge exchange to foster shared understanding of complex problems.

Figure 1 CGS full System Map



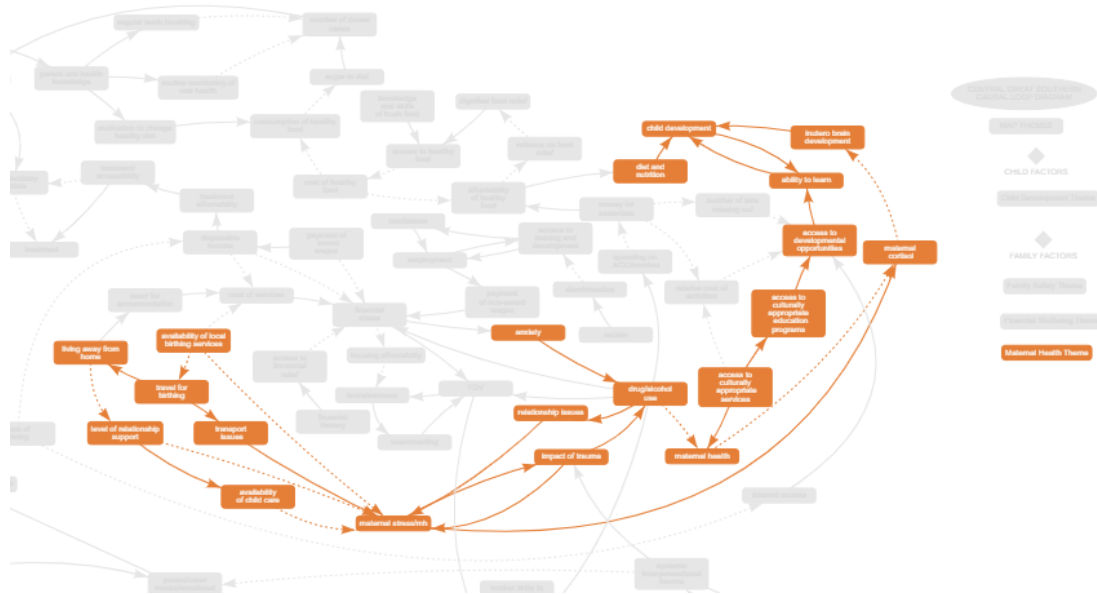
The themes identified in the Child Development CLD cluster around: engagement with learning; family/kin relationships; cultural considerations; health checks and parent knowledge, and service delivery (Figure 2).

Figure 2 Child Development



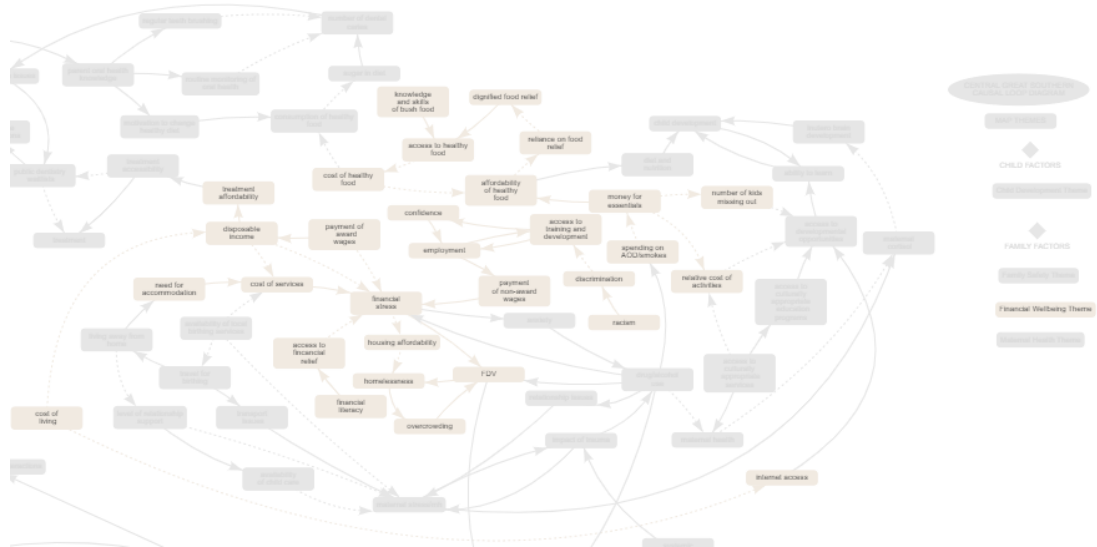
Birth on country was a significant theme in the Maternal Health CLD (Figure 3), and the map demonstrates a strong inter-relationship with Financial Wellbeing (Figure 4).

Figure 3 Maternal Health



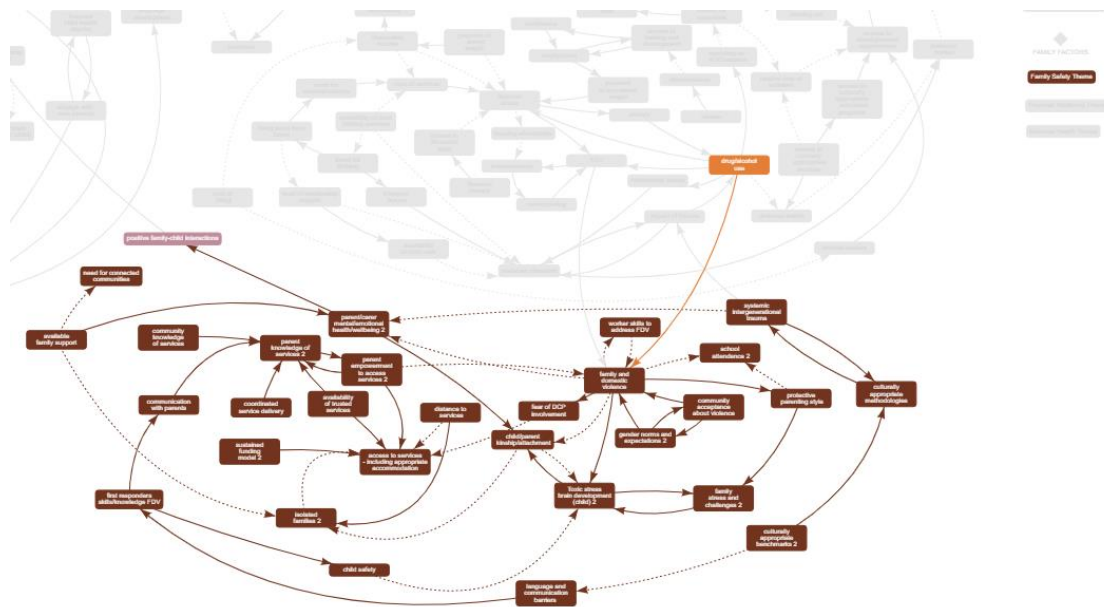
Themes in the Financial Wellbeing CLD (Figure 4) include food security, employment and training, generic financial stress, and housing. Links to other priority areas of Child Development and Maternal Health are shown.

Figure 4 Financial Wellbeing



The themes identified in the Family Safety CLD included: cultural sensitivity; contributing factors and consequences of FDV; service access; family and kin connections, and first responder skills and knowledge (Figure 5). The Family Safety CLD is also linked to Child Development via positive family-child relationships, and Maternal Wellbeing via impact of trauma.

Figure 5 Family Safety



3.2 Existing and new actions

As part of GMB workshop #2, participants were first invited to identify existing services that address the mapped variables, and then to brainstorm new actions without – at this stage – being ‘constrained’ by resources or feasibility. They were asked to name each new action idea, provide a brief description, and identify where on the CLD the new action would have impact. Next, they were asked to indicate whether the action idea could be implemented in the short (less than six months), medium (six months–two years) or long (two 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 36 existing actions and 43 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 existing and new actions is attached as appendices. (Appendix II: new/strengthened actions; Appendix III: existing 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 new/strengthened action ideas. (Note that existing action ideas were not part of the prioritisation process). Actions with the highest number of votes were identified and participants were given the opportunity to ‘sign on’ to those they wished to work on. The seven action ideas with the greatest number of votes are as follows:

Table 1 Action ideas with the highest number of votes

Priority Area	Title	Votes	Description
Child Development	School and pre-kindy access (bus)	9 votes	Free community bus to take children to/from day care/kindy.
Maternal Health	Health Hub	8 votes	Safe space for mothers to access culturally sensitive health checks and advice.
Financial Wellbeing	Emergency relief and food security	7 votes	Advocate for dignified and face to face emergency relief.
Family Safety	FDV awareness training (as part of first responder training)	7 votes	Make FDV awareness training compulsory as part of first aid / CPR refreshers for first responders.
Maternal Health	Birthing on country/ back to Katanning	6 votes	For women to birth at a local facility: access culturally appropriate service, and feel safe and return (short term); access to low-risk women birthing (medium term); local obstetrician (long term).
Maternal Health	Culturally appropriate pre-natal and post-natal education and support services	6 votes	Safe, accessible, face-to-face education and support / counselling services. Education workshops could also include information on FASD, blood born viruses, STIs and safe sex.
Child Development	Attendance at child health checks	6 votes	Reinstate three-year-old checks and promote attendance at 2-year-checks.

4. Next steps

The Group Model Building process brought key service provider stakeholders together to identify the main enablers and barriers to child wellbeing for children aged 0-4 years in CGS from a systems perspective and prioritise actions to respond to these issues. The next step is for the CGS EYP local working party (or specific sub-groups) to develop Community implementation plans with detailed steps, accountabilities, and outcome measures, for each action.

This GMB was attended primarily by Katanning-based service providers. In the future, consideration should also be given to conducting GMBs in Broomehill-Tambellup,

Gnowangerup and Kojonup. Consideration could also be given to GMB workshops for parents.

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A.1 Appendix I: Workshop participation

Amity Health

Badgebup Aboriginal Corporation

WA Country Health Service

Palmerston

South West Aboriginal Medical Service

Anglicare

Wanslea

Relationships Australia

Shire of Kojonup

Department of Communities

A Smart Start Great Southern

Gnowangerup Child Care Centre

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

Priority Area	Title	Description
Child Development	School and pre-kindergarten access (bus)	Free community bus to take children to/from day care/kindergarten
Child Development	Attendance at health checks	Reinstate 3-year-old checks; promote attendance at 2-year checks.
Child Development	CGS parent directory	Create online directory of services, activities and 'what's-on' section.
Child Development	Men's based playgroup	Men's based play groups / play days / activities in each community. Focused activities on development / education / health knowledge.
Child Development	Retain and attract ECEC educators	Better pay and conditions for ECEC educators (will also attract people to study)
Child Development	Bus to transport families to child development appointments	Transport from outer areas into Katanning.
Child Development	Educator shortage	Promotion of the industry
Child Development	Aboriginal specific women's group	Available in all communities. Re-instatement of play group idea but open to all women to support. Focused on early childhood focused education sessions from health / education professionals. (IAS funding).
Child Development	Fund Aboriginal Children's Days Event + Waitangi Day	Currently unfunded, seeking further funding
Child Development	Strengthening Training and Connections of Community Connectors	CALD Connectors 1:1 with therapy programs (child and family language barriers).
Maternal Health	Health Hub	Safe space for mothers to access culturally sensitive health checks and advice
Maternal Health	Birthing on country / back to Katanning	For women to birth at a local facility. Women to access culturally appropriate service and feel safe and return (?) (Short term); Access to low-risk women birthing (Medium term); Local obstetrician (Long term)
Maternal Health	Culturally appropriate pre and post-natal education and support services	Safe, accessible, face-to-face education and support / counselling services. Education workshops could also include information on FASD, blood born viruses, STIs and safe sex.
Maternal Health	Obstetrician services/Support	Local support for pregnant women even if not birthing on country but local support to ensure safe healthy pregnancies.
Maternal Health	Pre-natal education	FASD; Blood/ bone / virus; STI - safe sex; workshops (men and women); culturally appropriate services
Financial Wellbeing	Emergency relief and food security	Advocate for emergency relief: face to face; dignified; free options
Financial Wellbeing	Increase availability of translators to ensure	WAMMCO don't pay properly - high number of CALD, non-English speaking employees

	workers can advocate for award wages	
Financial Wellbeing	CCS rebate	Make CCS rebate pathway easier for parents/grandparent carers to navigate. To access full CCS with no gap fee, parents/grandparent carers in financial hardship currently have to 1. have formal enrolment; 2. Apply through Centrelink or child must be assessed at centre as 'at risk'. (NB government policy is that parents must make a co-payment')
Financial Wellbeing	Access to health food (foodbank)	No Foodbank locally. Petition for Foodbank locally or similar service that is accessible to more people.
Financial Wellbeing	Community Harvest re-vamp	Eligibility broadened. Free options.
Financial Wellbeing	Community garden	Barter; food share; farmer's market
Financial Wellbeing	Develop accessible groups/ education on financial abuse to people affected	
Financial Wellbeing	Financial education	Increased accessibility to budgeting and financial education; develop a basic budgeting program for parents; Wanslea PCWA
Financial Wellbeing	Food literacy programs - primary and secondary schools	Greater implementation / education of food literacy: recipe selection; label literacy; cooking
Financial Wellbeing	Access to Healthy food	Recipes; food boxes
Financial Wellbeing	Employment for CALD workers	Training/ English classes TAFE
Financial Wellbeing	Financial assistance for CALD families	Payment of non-award wages
Financial Wellbeing	Job and skills development	TAFE courses; interpreter; English classes
Financial Wellbeing	Service providers	Service providers need to be accountable to the local community and programs need to be endorsed by the EYP LWP so that we are aware of what they are delivering to CGS region.
Financial Wellbeing	Additional funding for Southern Agcare	Southern Agcare has limited funding for ER; additional funding is needed
Financial Wellbeing	KREAC - 3 days - emergency	
Financial Wellbeing	Women's refuge	
Family Safety	FDV awareness training (as part of first responder training)	Make FDV awareness training compulsory as part of first aid / CPR refreshers for first responders.
Family Safety	Release data on FDV	Release our data for public to acknowledge issue
Family Safety	Drain the silo	FDV key service provider day - bring key service providers together to build targeted relationships: focused; relational; problem solving
Family Safety	Incentivised community awareness / FDV training	Give community members gift cards / hampers for attending / completing FDV awareness training

Family Safety	Internal workplace	Engage businesses re support for staff experiencing domestic violence
Family Safety	Local government engagement (Public Health Planning)	Local governments are required to develop PHPs - work in Shires to identify and improve community safety / FDV strategies for inclusion in PCP (importance of local government collaboration)
Family Safety	Support for CALD FDV	Employ CALD worker - counselling
Family Safety	Trauma counselling	Fully funded trauma counselling available in Katanning > 10 years and older
Family Safety	Workplaces (external)	Identification and intervention when engaging in community e.g. vets; rent inspectors; finance
Family Safety	Local support services for people experiencing FDV	KREAC
Family Safety	Male triage and crisis intervention court day worker	Worker employed to be at court as: point of contact; liaisons with solicitors and magistrates; information; referral; identifying follow-ups

A.3 Appendix III: Existing actions by priority area

Priority Area	Title	Description
Child Development	Connectors to midwives/WACHS	CaLD community workers met with WA Country health midwives to create a referral pathway
Child Development	Early Childhood Hub	Katanning Shire is building an Early Childhood Hub consisting of three buildings including a childcare centre and office accommodation. The EYP component will include 3 hot desks and a therapy room available for use by practitioners working with children aged 0-4 years
Child Development	ECHC Forums and Show Displays (attraction and retention)	Early Childhood Educators meet regularly to find local solutions to the early childhood sector staffing crisis
Child Development	ENT Pathways doc distributed to GPS	ENT pathway document created which outlines the referral pathway for GPs, health workers and families.
Child Development	Food Security (ECU)	CGS EYP intends to work in partnership with ECU community food project
Child Development	Funded Therapy packs	EYP Community Funds have been used to purchase sensory therapy packs for children to use at home to undertake therapies outlined by WACHS Speech Therapists, Occupational Therapists and Physiotherapists
Child Development	Library story time	EYP Community Funds have paid for an extra staff member to present Storytime at Katanning Library due to high numbers of babies attending in 2022
Child Development	Scoping of local bus project	A scoping report was created for existing bus services in CGS; the report also describes other bus models used in WA regional areas.
Maternal Health	Amity Health	ATSI WBDK works with children in Tambellup and Gnowangerup through Relationships Australia
Maternal Health	Amity Health	GP drop-in clinics – Tambellup, Kojonup, Katanning. The doctors have their own fortnightly meetups in the surrounding towns.
Maternal Health	Amity Health IPMHC Program	Referral based mental health program currently operating one day per fortnight in Katanning.
Maternal Health	Baby Makes 3	CHNs trained in FDV – focus on gender norms and prevention; WACHS will fund the BM3 program in CGS 2022

Maternal Health	Badgebup Community Connectors	FDV primary prevention grant will pay for the transport and costs of presenters to come from Melbourne to train local presenters
Maternal Health	PIVOT services	Homelessness services supports ex-prisoners and perpetrators to adjust to life after prison, connect with family and community, find a place to live and find a job
Maternal Health	Relationships Australia WA	
Maternal Health	SWAMS GP Services	Have a male and female GP
Maternal Health	Volunteer Family Connect	Wanslea (just beginning contract)
Financial Wellbeing	Anglicare financial counselling	Regular, well attended financial literacy and education training; based in Katanning with regular outreach in Kojonup and Gnowangerup
Financial Wellbeing	Badgebup Aboriginal Corporation teaching and education	
Financial Wellbeing	Badgebup Aboriginal Corporation/Woodside food security program	
Financial Wellbeing	Bush food program to cook - from mum's learning	
Financial Wellbeing	Job Network	Two job network services are situated in Katanning -services are for clients on Centrelink payments to assist them into employment or approved activities
Financial Wellbeing	Multicultural (CALD) offer emergency relief MCS (Multi-Cultural Service) Centre (WA)	Service is based in Perth but offers emergency relief for CaLD families
Financial Wellbeing	Multi-Cultural Service (MCS) Service Centre offers emergency housing to CALD.	
Financial Wellbeing	Palmerston - Counselling and some parenting programs	Palmerston offers drug and alcohol counselling; situated in Katanning, outreach to Tambellup, Gnowangerup and Kojonup weekly
Financial Wellbeing	Promotional materials generated for community harvest advertised	EYP created advertising for local community harvest project to advertise the service
Financial Wellbeing	Southern Aboriginal Corporation - FVPLS	Southern Aboriginal Corporation have one worker based in Katanning
Family Safety	16 days of activism	In 2022 the FDV action group organised 16 different events, displays etc in the CGS

Family Safety	Baby Makes 3	See above
Family Safety	Community connectors trained	Community connectors meet monthly & will receive FDV training in 2023
Family Safety	Department of Communities advocacy for funding	In 2022 the EYP team met with services and DoC to discuss the response to FDV in the region, resulting in additional funding being secured
Family Safety	Finding FDV informed accommodation	DoC is working with AWA to improve KREAC response to FDV. DoC Homelessness Directorate will visit Katanning early 2023 to view current KREAC service
Family Safety	Hairdressers with hearts	Hairdressers with Hearts training for community members; this training is also relevant to others, e.g., first responders.
Family Safety	Posters raising awareness	Posters help to create community acceptance.
Family Safety	White Ribbon Day march	Overall engagement is good.