

Insights Series

How Check Ups Before School (CUBS) is helping kids start school well

July 2022



About The Hive and our Insights Series

We at The Hive, a place-based initiative, are developing an Insights Series of papers to drive an advocacy agenda and contribute to systemic change that improves outcomes for Mount Druitt.

The Hive is one of Australia's most established and effective place-based collective impact initiatives



The Hive has a goal for all children in Mount Druitt to start school well, with equal opportunity to learn, be healthy and participate in quality community life.

Since 2015, we have been embedded in the Mount Druitt community, helping bring community aspirations to life. Our staff live and work in and around the community and are committed to long-term change. The Hive is part of United Way Australia (UWA).

The Hive provides a community backbone that identifies local priorities, collaborates on innovative solutions and advocates for system-wide change.

What we do:

Collaboration and partnership building

- Facilitating collaboration between all stakeholders to drive a shared purpose and 'collective impact'
- Capability building with partners
- Convening working groups on early education and health

Planning and innovation

- Management and incubation of on-the-ground delivery projects
- Project and resource planning

Leadership and advocacy

- Advocating for change at a local, state, federal and sector level
- Leading strategy and securing investment

Learning

- Collecting data, commissioning independent evaluations and leading continuous quality improvement

Our approach is centred in our connection with community

Sustained change only happens when communities are empowered, and initiatives are driven by what really matters to people.

Our community development informs and drives all our work.

We facilitate collective impact work across key suburbs to create the conditions for change.

Community events to build trust, provide positive environments for children and access to support for families.

Suburb-level working groups that bring together service providers and community members.

Community conversations that focus on local aspirations.

Enabling local projects initiated and/or run by the community.

We go to families rather than asking them to come to us and we're consistently present in community, in the places and with the people the community trust.



Our Insights Series


Working on the ground in Mount Druitt, we hear consistent themes from the community and our partners. We want to capture and share what we've learned and contribute to sustainable systemic change. Our Insights Series will:


- Distill our knowledge and insights about what works to increase access to services and help grow empowered families and communities.
- Be evidence-based and solutions oriented.
- Build a case for system-level change and support real change – so all children in Mount Druitt are supported to start school well.


Executive Summary


The Check Ups Before School (CUBS) program has enabled hundreds of children in Mount Druitt to receive developmental assessments, with the goal of ensuring they start school well.


In Mount Druitt, there is a high level of unmet need for developmental assessments:

 Developmental assessments are essential tools for ensuring children start school well.

 However, Mount Druitt families face significant barriers to accessing developmental assessments.

 We also know that children in The Hive's target suburbs are significantly less likely to be developmentally on track by the time they start school.

 The current system has many limitations, and can be challenging for families to navigate.

 As such, we know that there is a high level of unmet need for developmental assessments in the Mount Druitt community – and a new approach is needed to address this.

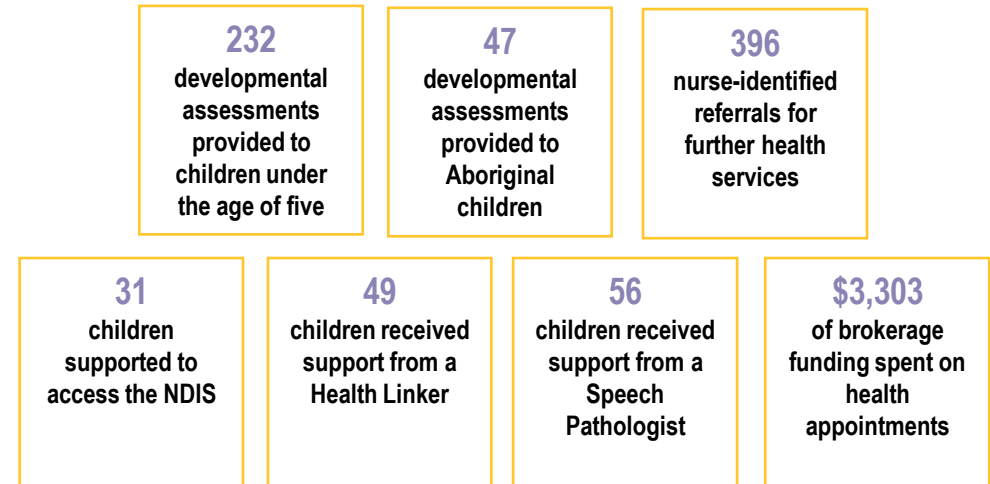
Since 2019, The Hive has been delivering CUBS to address this need:

Key features of the CUBS program:

- ✓ Operating in Mount Druitt since 2019 as a partnership between The Hive and Western Sydney Local Health District and Priority Populations teams at NSW Health
- ✓ A multi-disciplinary team – consisting of a Nurse, a Speech Pathologist and a Health Linker (social worker) – delivers developmental assessments and associated health supports to enable children to start school well
- ✓ The program is *place-based*, with services provided at early learning centres and community sites (rather than health centres)
- ✓ Given the needs in the Mount Druitt community, the program is also designed to be *flexible, collaborative, relational* and *trauma-informed*

The CUBS program has helped hundreds of children in Mount Druitt to receive developmental assessments and other health supports.

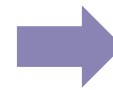
Since 2019, the CUBS program has delivered the following:



The success of the CUBS model in Mount Druitt since 2019 offers several important opportunities moving forward:



The lessons learned through the delivery of the CUBS program may have application for service providers operating in other communities with high levels of unmet need.



NSW Health has the opportunity to mainstream the principles of the CUBS program into nursing and allied health service delivery in Mount Druitt (and potentially other communities with high levels of unmet need).

The Problem



Importance of developmental assessments

The problem

How CUBS works

Impact

The opportunity

There is a strong body of evidence showing that developmental assessments are a critical intervention that can help children to start school well.



What are development assessments?

- Developmental assessments are checks undertaken at regular intervals to assess children's developmental milestones. They are usually undertaken by a nurse or general practitioner (GP).
- Developmental assessments are done to assess a range of child development issues – such as gross motor skills, fine motor skills, social-emotional skills, and personal skills.
- In NSW, routine developmental assessments are carried out through the use of the 'Blue Book' – a personal health record issued to families for free, which contains valuable information about a child's health and development.
- Blue Book checks provide an overview of a child's development. If a child is showing development delays, then the person undertaking the developmental assessment may use more in-depth assessment tools to understand areas of delay further (e.g. ASQ and ASQSE).



Developmental assessments are a vital tool to ensure a child can start school well

Developmental assessments can enable children to start school well in a number of ways:

- Identifying developmental delays early, in order to ensure children can access support as soon as possible
- Making a parent or carer aware of a child's developmental needs, and providing strategies and activities that can help address them
- Setting families up to get support from the child's pre-school or school (for example, a support class or support teacher)
- Identifying areas of delay that require referrals for additional support (for example, for speech, occupational therapy, dental) prior to school
- Enabling children with more complex needs to access additional support (for example, NDIS funding; diagnosis from a paediatrician)



The use of developmental assessments is strongly grounded in evidence

“Regular child health and development check ups from birth until age five can make a “significant improvement to a person's life experiences, health and development”

- NSW Government's 'First 2000 days framework'

“Early childhood provides a crucial “window of opportunity” for public policy interventions to shape long-term trajectories given the brain development occurring over the period of 0-3 years”

- Australian Research Alliance for Children and Youth (ARACY), 2015

“The outcomes that children's services might realistically seek to achieve includes ensuring earlier identification of child developmental / behavioural problems so that intervention can occur earlier”

- Centre for Community Child Health, 2008

Barriers for Mount DrUITt families

Families in Mount DrUITt face numerous barriers to accessing developmental assessments and have to work their way through a system with significant limitations.

Most of the twelve suburbs in Mount DrUITt are among the top 2-3% most disadvantaged suburbs in Australia



Median weekly household income is \$1,159, well below the NSW average of \$1,486.

The unemployment rate is almost double the NSW average.



30% of families are single-parent families, nearly double the NSW average of 16%.



Between 10-13% of the population in the suburbs in which The Hive works is Aboriginal or Torres Strait Islander (more than three times the NSW average).

Mount DrUITt is home to many refugees and new migrants, with 38% of the population born overseas (compared to the national average of 29%).

Families face numerous barriers in accessing development checks

Given the complex social and economic issues in Mount DrUITt, families face numerous barriers to accessing development checks for their children (as identified through community consultations):



Lack of access to reliable transport



Financial constraints



Fear of involvement of child protection



Complex family concerns (e.g. trauma, domestic violence, mental health issues)



Distrust of services (e.g. due to negative previous experiences)



Lack of health literacy / knowledge of developmental checks

Limitations of the current system exacerbate the challenge for some families:

- *'Hard edges'*: The current system is rigid and inflexible, creating 'hard edges' that put families off seeking support (for example, non-negotiable fees, strict eligibility criteria, inflexible paperwork requirements, lack of support staff).
- *Complex to navigate*: For families trying to access health services for their children, understanding health system complexity can be challenging and time consuming (for example, referral pathways, government subsidies, and eligibility for supports such as the NDIS).
- *Services operate in siloes*: Government systems operate in separate siloes (for example, health, education, Centrelink, child protection). This can be daunting and lead to inefficiencies for families trying to access support across multiple domains.
- *Lack of access to services*: Families can face issues in accessing essential services (for example, a lack of specialist services in their area; few services providing bulk billing; long waiting lists).

First Nations perspectives: Barriers Aboriginal children and families experience accessing health services

- First Nations educators said that Aboriginal children face complex, inter-related barriers to accessing health services (such as the cost, long wait lists, transport, cultural safety, etc.)
- They also pointed to the prevalence of inter-generational trauma in Aboriginal communities, and the challenge of knowing how to work around the system to support children displaying signs of trauma.
- Health interventions do have the power to be transformative when children get the support they need at the right time (e.g. access to speech and occupational therapists, developmental assessments from pediatricians, play-based therapy).
- However, this relies on everyone being linked up – the family, early childhood educators and health services – and access to health professionals being seamless, simple and safe.
- First Nations educators in Mount DrUITt said that some early learning services worked in partnership with speech and occupational therapists, with regular visits to the service. But this support was not available in every service, and not all health professionals worked in this way.

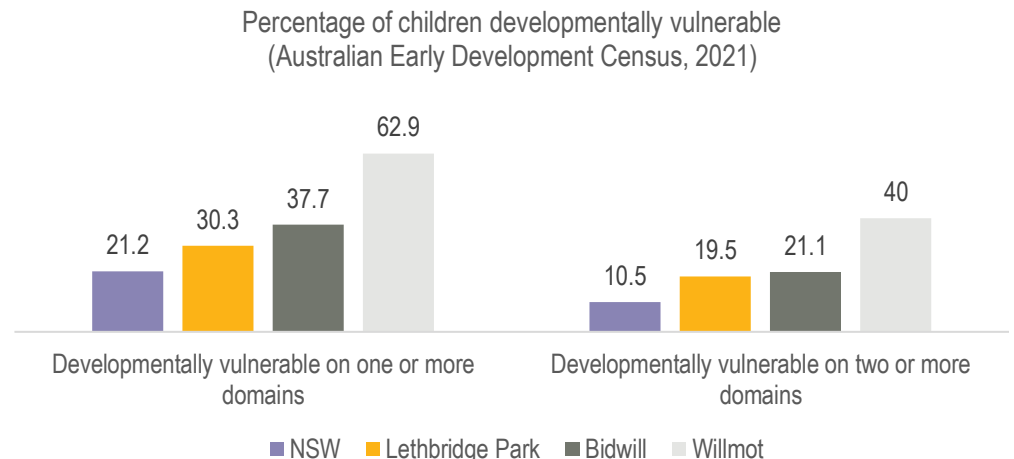
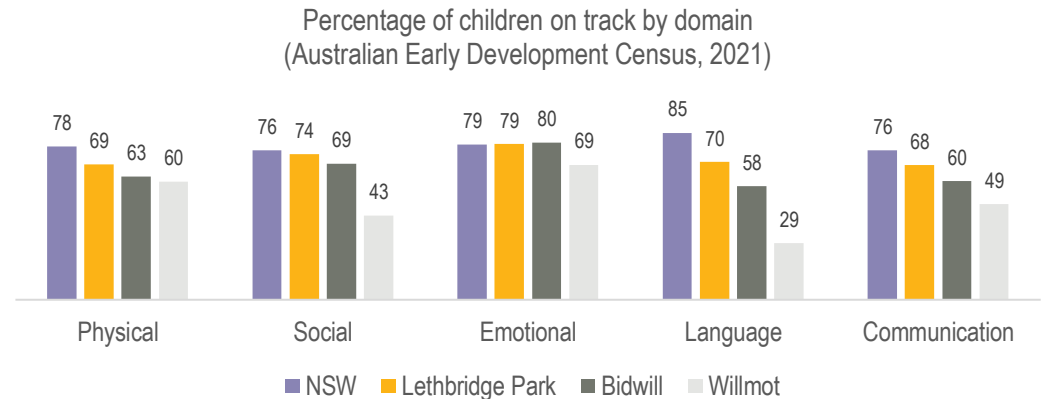
Unmet need in Mount Druitt

As a result of barriers and limitations, many children in Mount Druitt don't receive their development checks and will start school vulnerable.

There is no data showing how many children in Mount Druitt are missing their development checks. However, our deep roots in the Mount Druitt community mean we have considerable evidence of unmet need.

- The number of children in Mt Druitt accessing age-appropriate developmental assessment is anecdotally known to decline after 12 months.
- The Hive staff regularly encounter children presenting with complex development needs, who haven't had developmental assessments undertaken since they were 12-months-old or younger.
- It is evident from information from educational institutions, engagement at early childhood events, and reported information from families, that there is a high number of children in Lethbridge Park, Bidwill and Willmot with unmet health needs or incomplete developmental assessments.
- Early Childhood Services report difficulties in supporting families to access health support or understanding that their child's development is delayed.
- Prior to the commencement of CUBS, principals from public schools in Willmot and Lethbridge Park told The Hive that high numbers of children (up to 80%) were displaying delays with regard to speech development.
- Schools also reported a range of developmental concerns in high numbers among their kindergarten cohorts that were undiagnosed and were not receiving any intervention or support before starting school.
- Developmental delays in Mount Druitt are so prevalent that The Hive uses the in-depth clinical tools ASQ and ASQSE as a starting point for all developmental assessments performed through the CUBS program (instead of the universal assessment tool in the Blue Book).

We also know from Australian Early Development Census (AEDC) data that children in the CUBS target suburbs are much less likely to be on track by the time they start school.



How CUBS works



How does CUBS work?

In its current iteration, CUBS involves a multi-disciplinary team delivering developmental assessments to children between 0–5 years of age in a way that is place-based, flexible and collaborative.


What?


The CUBS program aims to conduct developmental health assessments of children aged 0 to 5 years, and assist them to access any necessary referrals for needs identified in the checks. CUBS currently operates across 6 sites within the suburbs of Lethbridge Park, Bidwill and Willmot – three Mount Druitt suburbs with high levels of developmental vulnerability.


Enabling these checks to be conducted, and supporting families to access referrals, contributes to The Hive’s goal of enabling children in Mount Druitt to start school well.

The CUBS team

There are three professionals who work collaboratively as an integrated team to deliver the CUBS program:


 **A Child and Family Health Nurse (NSW Health):** Meets with parents, conducts the developmental assessments, discusses concerns, documents a health plan for the family and the child care centre that outlines the assessment results and recommendations, makes referrals through public and private health pathways to address needs.


 **Health Linker (The Hive):** Social worker who provides short-term case management to families requiring additional help to follow the health plan and referrals to services such as a paediatrician, NDIS or allied health services, and provides emotional and social support for families for any wider concerns.


 **Speech Pathologist (NSW Health):** Conducts speech therapy sessions in a place-based way in childcare settings with groups or individual children identified through the CUBS Nurse assessments to address their needs while waiting for NDIS or other formal speech supports.


The delivery principles that make CUBS different


The strength of the CUBS model comes down to the following delivery principles:

 **Place-based:** Importantly, CUBS does not administer development health checks in health clinics. Instead, it operates at early education centres, playgroups and community spaces. This makes the assessments accessible for families, lowering the barriers to participation by removing the need for transport and fear of accessing services in an unfamiliar setting.

 **Collaborative and relational:** CUBS works collaboratively with stakeholders to engage with families relationally, leveraging trusted relationships and local spaces to put families at ease and ensure the program is accessible for families. The CUBS team works in partnership with educators to ensure the families understand their child’s needs and the support pathways for holistic care.

 **Trauma-informed:** Many of the families and children that The Hive is supporting through CUBS have lived experience of trauma. By taking a trauma-informed approach, the CUBS team ensures that support is provided in a way that does not exacerbate this experience.

 **Flexible:** The CUBS program strives to create a system with ‘soft edges’ that is as flexible as possible, providing whatever services are required to support a family’s engagement with the health system. This can mean being flexible with appointment times, being available for families to directly contact the team, providing multiple chances to meet, and giving options for meeting locations.

 **Access to brokerage support:** Many Mount Druitt families face financial constraints. As part of CUBS, The Hive has brokerage funding available as a flexible support, which can be deployed if parents can’t get support through the public health system; if the child’s needs are too urgent to endure public health waitlists; if the child requires access to a private specialist for an assessment; or if funding is required to overcome transport or other barriers.

The story of CUBS

CUBS was launched as a pilot program in 2019. Since its inception, we have iterated its approach in response to lessons learned.

2019: CUBS launches as a pilot program

- CUBS was launched as a one-year pilot with the aim of conducting developmental health assessments of children aged 3–5 years old at early learning and kindergarten sites across two Mount Druitt suburbs (Lethbridge Park and Willmot). Assessments were carried out by a Child and Family Health Nurse.
- CUBS began as a collaboration between the NSW Department of Communities and Justice, NSW Health (through the Western Sydney Local Health District) and The Hive. The roles in the partnership were as follows:
 - *DCJ*: Provided funding for the pilot program
 - *NSW Health*: Employed the Child and Family Health Nurse and managed brokerage funds
 - *The Hive*: Oversaw and managed the program, leveraging its strong relationships with the Mount Druitt community and early childhood centres
- During the pilot phase, an Advisory Group was established to oversee the program, with representatives from program partners, each delivery site, and other early education providers. The Advisory Group provided expert advice on the program and shaped the approach.

2020: Recalibration due to COVID-19

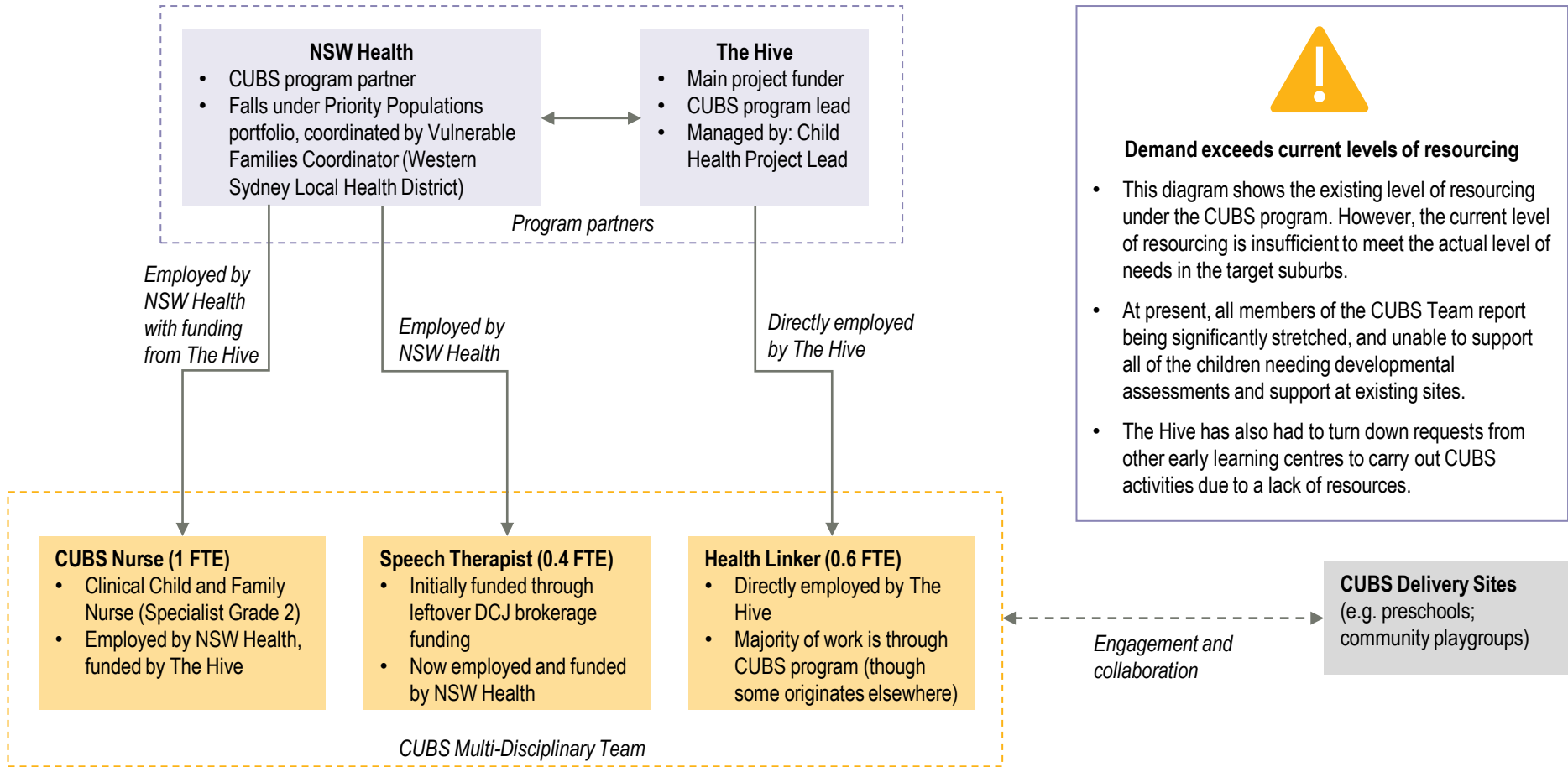
- The CUBS pilot phase continued up until early 2020, when it was disrupted by the onset of the COVID-19 pandemic. Extended lockdowns in NSW meant that the CUBS program was unable to carry out its activities in-person in early learning centres.
- In order to ensure needs were met during this time, the CUBS team ran pop ups in community spaces, where it was possible to operate despite lockdowns.
 - However, few families took advantage of these services, despite extensive advertising (e.g. through flyers, targeted advertising on Facebook).
 - A major 'lesson learned' from COVID-19 was that being place-based was necessary but insufficient – CUBS also needed to be collaborative and integrated with other services and leverage trusted relationships, not just local spaces.
- Several major changes took place in July 2020:
 - DCJ funding ended; The Hive became the funder of CUBS, continuing to work in partnership with NSW Health.
 - The scope of the project was expanded to include all children aged 0–5 years (due to a key learning that targeting 3–5 year-olds only was missing an opportunity for early identification for younger children).

2021-2022: Shift to 'CUBS 2.0'

- Following the disruptions of 2020, a redesigned 'CUBS 2.0' commenced, which included several major changes:
 - The program was extended to a third suburb (Bidwill).
 - The Hive also made assessments available to families living outside the target suburbs.
- The most significant shift is that, instead of having services provided by a Nurse working alone, CUBS 2.0 is implemented by a multi-disciplinary team (a Nurse, a Speech Pathologist, and a Health Linker).
 - The addition of a Speech Pathologist acknowledged that the biggest need for the children being assessed was assistance with speech delays.
 - The addition of a Health Linker acknowledged that families that had development assessments undertaken needed additional assistance navigating referrals for further services.
- CUBS continues to operate under this updated model (with funding currently in place until August 2022).
- CUBS remains a partnership between NSW Health and The Hive. Elements of the CUBS program are currently being mainstreamed into NSW Health service delivery in consultation with The Hive.

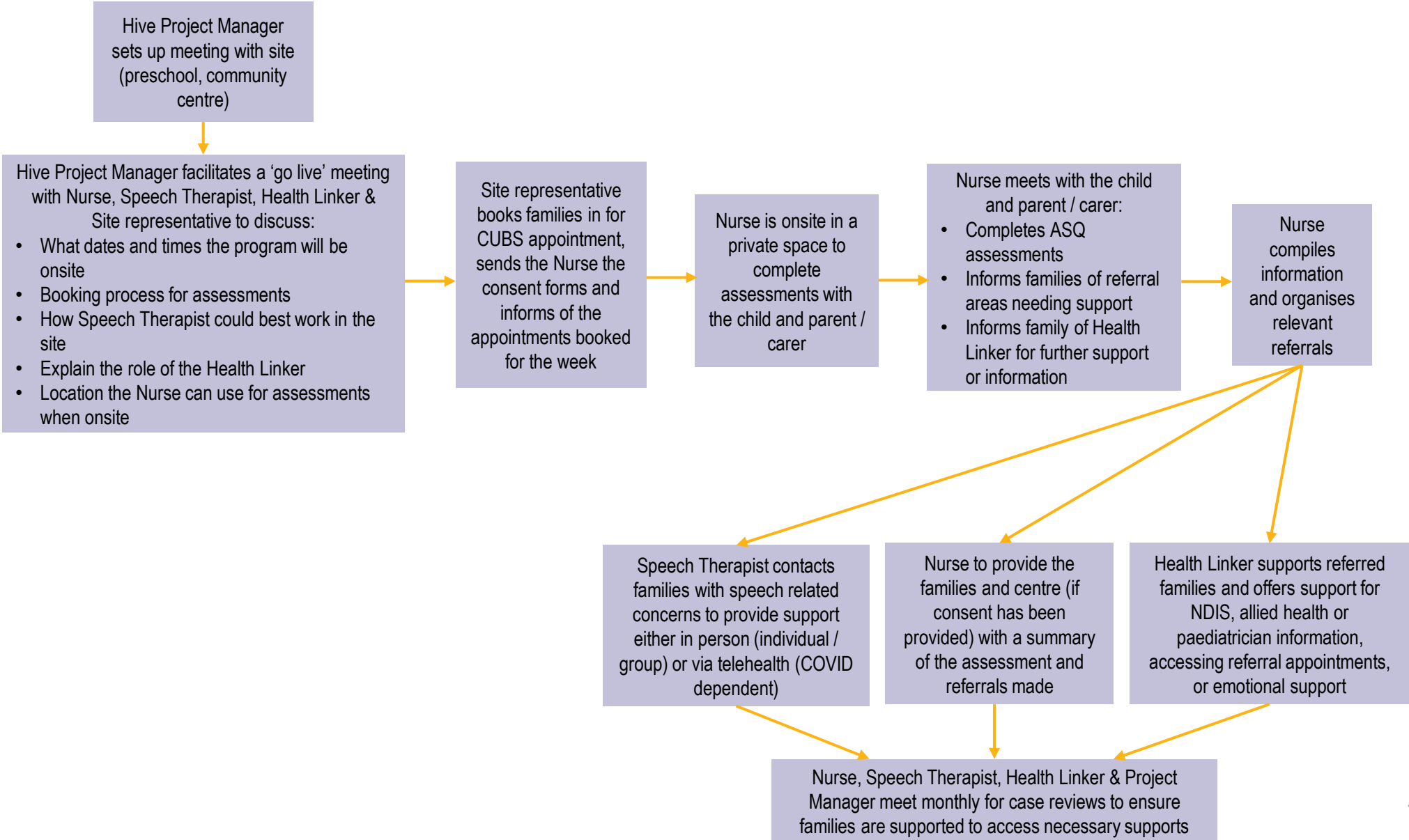
Program oversight

In its current form, CUBS is a partnership between The Hive and NSW Health.



Process

The CUBS process is grounded in strong relationships, and involves multiple stages of engagement with sites and families.



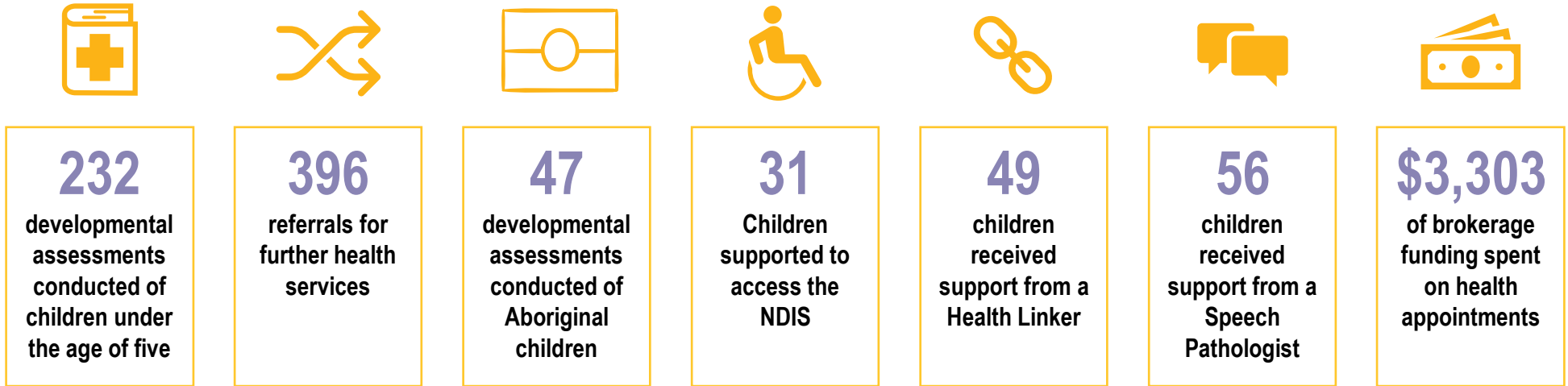
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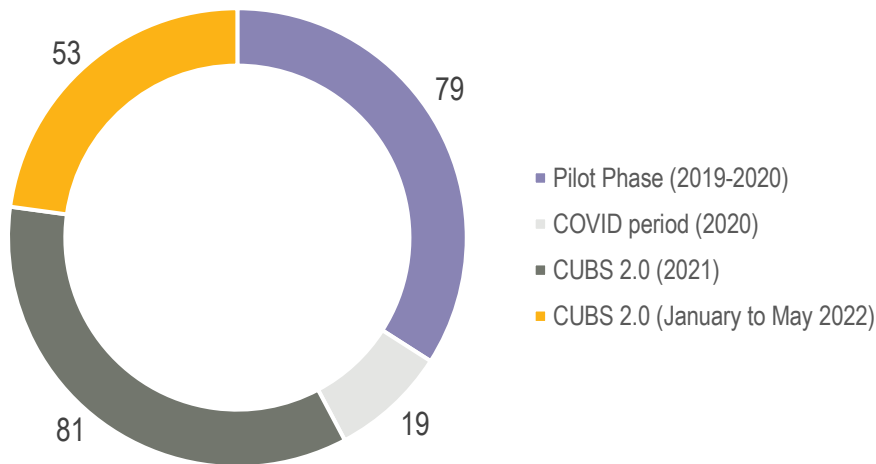
Results

Since its inception in 2019, CUBS has ensured 232 children have received development checks, and resulted in 396 referrals.

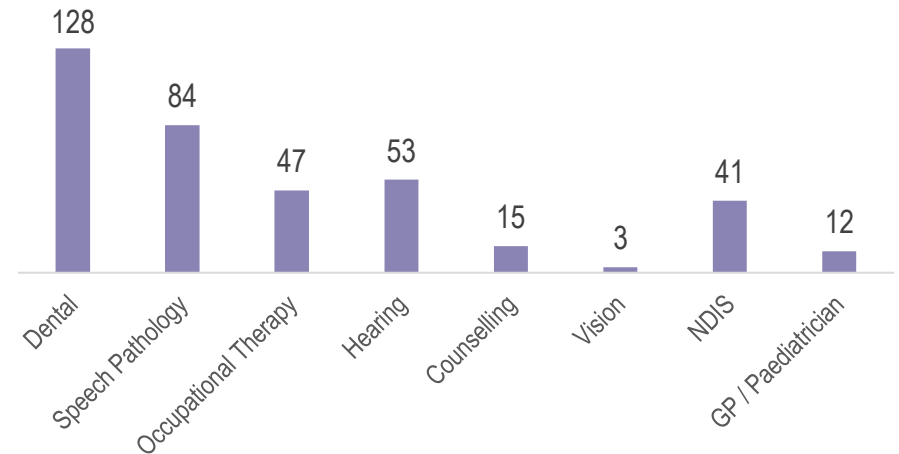
Between July 2019 and May 2022, the CUBS program achieved the following results:



Breakdown of developmental assessments over time:



Breakdown of referrals by type (July 2019 to May 2022):



Broader impact

There are numerous indications that CUBS has had a broader impact on health outcomes and contributed to the goal of more children in Mount Druiitt starting school well.

What the Mount Druiitt community has told us about the impact of CUBS:



A **Preschool Director** told us that having the CUBS nurse onsite didn't only help the children to get their developmental assessments. It also meant parents were more willing to engage in conversations with the preschool about their concerns for their child's development, and were more receptive to hearing educator concerns. It also increased the confidence of educators to hold conversations with families about children's development.



A **School Principal** noted a difference in the cohort of Kindergarten students that had arrived in 2021, compared to the group that had arrived in 2020. While there were many possible reasons for this difference, the principal acknowledged that the lack of CUBS assessments during the COVID period in 2020 may have contributed, as children would have missed out on these checks and the follow up support they would have otherwise received.



A group of **educators at a preschool** was delivering small group sessions focused on language skills with the children. After the CUBS Speech Therapist worked with the children, she noted that they were particularly struggling with prepositions and pronouns. The educators incorporated this advice into their sessions. As the term continued, they noticed an improvement in the children's language skills.

CUBS Program Evaluation

Western Sydney University (WSU) is currently undertaking an independent evaluation of the CUBS program. This evaluation will draw on qualitative and quantitative evidence to establish the level of impact that CUBS has achieved.

Having CUBS formally evaluated demonstrates The Hive's commitment to transparency, continuous improvement, and taking a data-driven approach.

Case study 1

The CUBS Nurse undertook a developmental assessment of a 4-year-old girl at a preschool. The preschool director had long suspected that the child had autism, and wanted to support the family to apply for a supported place at a School for Specific Purposes (SSP) for the child for the following year – however, this required a formal diagnosis.

The preschool had struggled to engage with the family about the need for a diagnosis and formal assessment. The mother told the CUBS nurse she had seen a paediatrician, but was told to 'come back in six months'. The CUBS team liaised with the paediatrician to advocate for the child to receive another appointment at an earlier date, so the assessment could be completed ahead of the student placement process for SSPs.

The CUBS Team convinced the paediatrician to squeeze the child in as a priority, and the child received a diagnosis of Autism Level 3. The preschool was then able to support the child to access the Early Intervention panels to start the process to secure a place at an SSP.

Case study 2

The Health Linker met a 2-year-old boy and his aunt at a community event. The aunt, who was taking care of the child to help her sister, had concerns about the child's speech and short attention span. The Health Linker provided information about CUBS.

The mother later called to book a CUBS assessment. The CUBS Nurse identified delays on multiple domains and referred the family to a paediatrician. The mother was experiencing family stressors, including financial trouble and domestic violence. The Hive provided transport and brokerage funds for the family to access a paediatrician.

The paediatrician recommended that the child start speech and occupational therapy. The Hive assisted the mother to apply for the NDIS, with supporting documentation from the CUBS Nurse and paediatrician. The mother was also connected with The Hive's Early Learning Linker, who supported the family to enrol the boy in childcare.

The Opportunity



Lessons learned

We have learned a number of lessons since CUBS was established. These may have relevance for governments, community organisations and other service providers working in Mount Drutt or other communities with significant levels of unmet need.

What we've learned about the program



Undertaking developmental assessments opens up a 'Pandora's Box' of needs to be addressed. While undertaking developmental assessments is essential, it often leads to identification of further needs (e.g. referrals to other services; identification of additional required supports) – which leads to families once again facing all the barriers CUBS seeks to overcome. This learning led to the addition of a Health Linker to the CUBS Team from 2021 to overcome barriers to accessing these additional services such as NDIS, paediatricians and allied health assessments.



CUBS relies on leveraging trusted relationships with early learning staff. Where site staff were willing to support the CUBS program and promote it to parents, the CUBS team was able to engage with families more thoroughly and effectively to ensure families feel safe and comfortable to have assessments and referrals completed.



The success of CUBS is the result of having staff willing to work flexibly, relationally and collaboratively, and to 'go the extra mile'. On its own, delivering developmental assessments would be insufficient to achieve outcomes. The program owes its success to having staff – both on the CUBS team, and preschool staff at CUBS sites – that understand the need to flexibly and patiently provide whatever assistance families require to access developmental supports (e.g. repeated follow ups for paperwork, multiple appointment times offered if missed).



For families that are hesitant to access developmental assessments, CUBS offers a 'soft entry' point. Early learning centres have told us that CUBS can be a useful tool to start the conversation when there are concerns about a child's development but families are reluctant to seek help or hesitant to acknowledge a delay or concern. Because health checks are billed as universal, CUBS is seen as a less intimidating starting point into the health system than seeing a paediatrician.



Taking a flexible and adaptable approach to program management has been integral to the success of CUBS. Locating the multi-disciplinary CUBS team within a supportive structure at NSW Health (the Priority Population portfolio) enabled the program to be flexible and adaptable, contributing to its success.



To reach the most vulnerable children, CUBS needs to be present at community sites other than early learning centres. Children that are not engaged in early learning may be more likely to have undiagnosed developmental delays due to minimal educator engagement. Being present elsewhere in the community (e.g. at community centres or playgroups) increases the chance of bringing these children into the program.

What we've learned about the context



The level of need in Mount Drutt is very high, creating significant demand. Through three years of delivering CUBS, The Hive has confirmed the program's ongoing hypotheses that there is significant unmet need for developmental assessments in the Mount Drutt community; and that there is significant demand for the CUBS program and a flexible and equitable approach to accessing health services.



CUBS exists within the context of the broader health system. Issues with the existing system – such as a lack of trauma-informed paediatricians in key suburbs, and unacceptably long public health waitlists for allied health services – create additional challenges for CUBS staff and families. Programs like CUBS can be effective, but do not replace the need to strengthen the underlying health system.



There is significant unmet demand for additional information and supports for parents and carers. CUBS staff consistently observe that concerns or delays may be a result of a home environment where developmental skills aren't practiced or encouraged – often due to a lack of information or resources available to local parents. Additional in-home supports could help to bridge this gap.

The future of CUBS

Since its inception in 2019, CUBS has shown strong results and emerged as clear proof of concept. Now is the time to build on these foundations and permanently embed the principles of CUBS into how services are delivered in Mount Druitt to ensure equitable child health services for the children who need it most.

Through our experience delivering CUBS, we know...

There is a clear, ongoing need for the CUBS program

- Many children presenting for CUBS assessment have not had contact with the health system since infancy, and there are significant levels of unmet developmental needs. Unless a new approach is adopted, this is unlikely to change.
- There is greater demand for the program than CUBS can action under its current levels of resourcing.



CUBS works as a proof of concept

- The results of the CUBS program since its inception in 2019 clearly show that it is achieving its goal of ensuring children access developmental assessments and related health supports in order to start school well.
- The CUBS program is well-established and respected as an effective intervention in the Mount Druitt community.



CUBS was never intended to continue as a program indefinitely

- CUBS was set up as a pilot program, with the agreed intention of establishing a proof of concept in order to inform local health delivery.
- The program was never intended to continue indefinitely – rather, it was always intended to use learnings from the CUBS rollout to create an evidence base for NSW Health to consider opportunities to change and strengthen mainstream service delivery.



In light of these factors, we believe that now is the time for NSW Health to mainstream the CUBS approach into service delivery in Mount Druitt.

Why is now the time to mainstream CUBS?

- With The Hive funding for CUBS ending in August 2022, there is a natural transition point for the program.
- The findings of the WSU Evaluation (currently being finalised) can be incorporated into the approach going forward.
- A transition now could take advantage of the program's momentum, and ensure continuity of delivery for CUBS sites and the children of Mount Druitt.

How should this be done?

- NSW Health could embed the principles of place-based supports for developmental assessments within childcare and community sites.
- Success would hinge on the delivery principles – which are at the heart of the CUBS program – continuing (working flexibly, collaboratively and relationally).
- The Hive can continue to play a supporting / advisory role to ensure the transition is seamless and institutional knowledge is retained.