

Insights paper

An early intervention system that makes a difference for Mount
Druitt's children and families

June 2023

This paper has been developed with contributions from the Hive's Collective Partners: Yawarra Community and Childcare Centre, Yenu Allowah Aboriginal Child & Family Centre, Tregear Presbyterian Preschool, Gulyangarri (Community Junction), Western Sydney Local Health District, SDN Children's Services, Willmot Public School, Jesuit Social Services, Ambrose Early Learning Holy Family Emerton, Nepean Speech and Occupational Therapy and Request Therapy & Consulting.



About The Hive and our Insights paper series

We at The Hive, a place-based initiative, are developing a policy insights series 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

Early intervention involves high-quality specialist supports provided by a range of professionals that respond to individual children's needs in the early years. Improving access to quality early intervention support will make a real difference for our children, families and community.

Educators, service providers, and families identify a need for increased early intervention services in Mt Druitt.

 Educators in early learning and schools, and early intervention professionals have identified that there has been an increase in the complexity and number of children coming through their services with developmental concerns and additional needs.

Mount Druitt is experiencing a shortage of early intervention professionals and services.

 The combination of high rates of developmental vulnerability in the Mount Druitt community mean that demand for early intervention services is outstripping supply.


We have a shared aspiration for how our families *should* experience early intervention.

Families are aware of and have equitable access to early intervention

All families have access to the information and supports they need – within systems that have soft boundaries rather than hard edges. There is no 'wrong door' through which families can access supports, which are accessible, affordable and coordinated.

Children experience high-quality, culturally safe early intervention

Children experience best practice early intervention that responds to them as individuals, is flexible to family needs and priorities, and builds on their strengths.

 **Children start school well**
All children have the opportunity to learn, and start school with the supports they need to thrive.

Currently, families experience barriers at every stage.







- **Getting access to early intervention:** A lack of information, not knowing what supports are available, navigating a complicated system, the lack of availability and long waitlists for appointments in addition to practical concerns such as affordability or transport to appointments make accessing early intervention challenging.
- **Staying in the system and receiving support:** When children are diagnosed with a disability or developmental delay, practical concerns can make it challenging to get and sustain access to specialist supports – and coordinate the multiple services they receive. Not all practitioners are equipped to meet the needs of families and children, causing families to disengage.
- **Seeing results:** If families overcome these barriers and get into the system to receive support, children need to receive best practice early intervention that is culturally safe, trauma informed, and family centered in order to improve outcomes for families and children.

Many families and children don't have the support to overcome these barriers and fall through the cracks in the system. This contributes to rates of developmental vulnerability far higher than the national average.

Because the barriers are complex, multifaceted and exist at every stage of the journey for families, we need to think holistically in order to address them.

There are a spectrum of holistic solutions which overcome these multifaceted barriers and achieve our shared aspiration.

-  **Building awareness – factsheets, information, videos and workshops.** Families in Mt Druitt need simple, easy to access and easy to understand information about early intervention – what it is, how it supports children's learning, and how to access it.
-  **Sustaining and scaling linker models.** Linkers provide one-on-one support to help families navigate complex systems. They are a proven model to increasing access to early intervention.
-  **Building capacity.** Early childhood educators and early intervention professionals leverage their interprofessional relationships to build each others' skills, knowledge and understanding of children and families in Mt Druitt and support outcomes.
-  **Place-based wrap around models.** Integrated community hubs and networks reduce barriers for families and support strong relationships and a sense of trust within the community.

Early intervention matters for the children of Mount Druitt



Early intervention changes children's trajectories and can significantly reduce the demand and intensity of services over time.



During the early years, children learn and develop at a rapid pace and build a foundation from which to thrive. Early intervention helps children develop the skills they need to participate and learn in everyday activities.

Early intervention enables children with a disability, developmental delay and / or other additional challenges to start school well. By offering support during a critical period of a child's development, early intervention creates a unique opportunity to achieve the highest impact in promoting child health, wellbeing and growth.

Early intervention is a phrase with various definitions. In this paper we are referring to high-quality specialist supports that respond to children's needs, and their families, in the early years.



A range of professionals and specialist supports that assist families to respond to the developmental needs of children are included in this definition, such as:

- **Paediatricians** – who provide specialist care to young children to conduct developmental and diagnostic assessments
- **Early Intervention Teachers** – with expertise in inclusive education, they work with children by implementing useful classroom strategies
- **Allied health professionals** – such as Occupational Therapists, Speech Pathologists, Physiotherapists and Psychologists
- **Other supports** – early childhood educators, Linkers and other community / case workers who help families get access to early intervention.



Getting a diagnosis and specialist supports in place early can:

- Build the capacity of parents / caregivers in fostering the skills to support their child's needs.
- Leverage young children's capabilities to learn and develop new skills quickly.
- Reduce the impact of a developmental delay and / or disability by strengthening protective factors and removing barriers to learning and development.
- Increase the overall effectiveness of the intervention and decrease costs over time.
- Improve children's outcomes across multiple developmental domains.
- Open doors to supports through the education system throughout their schooling.



There are multiple systems set up to support access to early intervention, including:

- The National Disability Insurance Scheme (NDIS) Early Childhood Early Intervention (ECEI)
- Medicare
- Department of Education Early Intervention classes and resource support, transition to school programs and schools for specific purpose
- Disability and Inclusion funding for preschools.

Given the importance of early intervention, it is important that systems are:

- **Flexible and adaptable** to individual child and family needs.
- **Inclusive and easy to navigate.**
- **Support collaboration** across multiple professionals working with a child and their family.

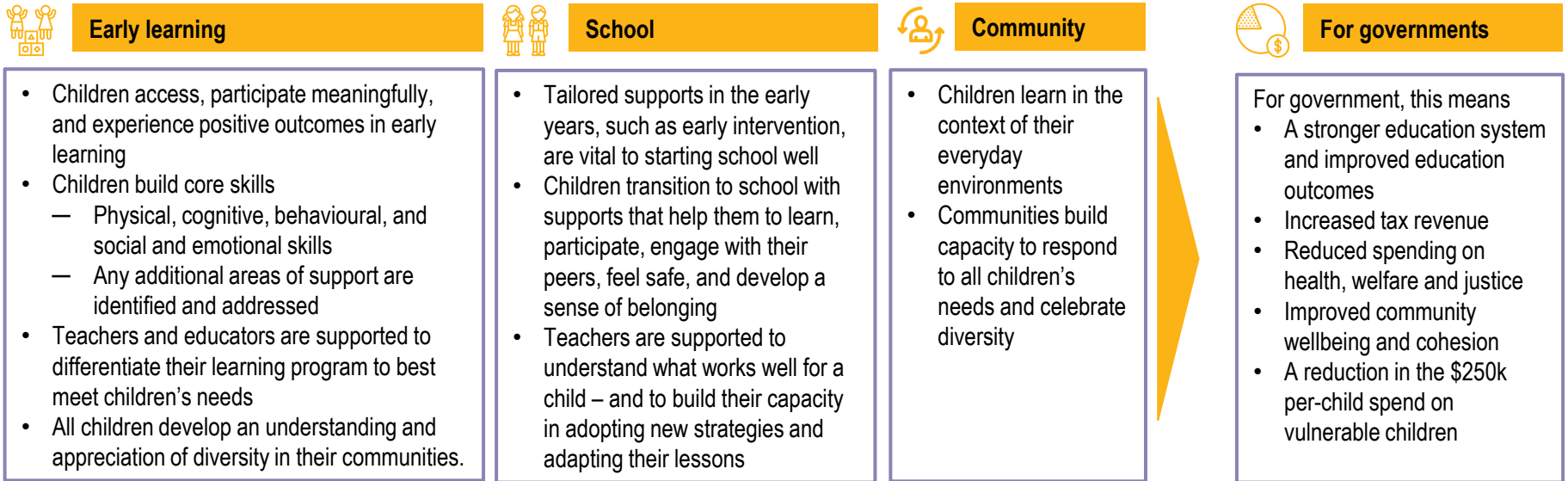
High-quality early intervention sets children up to thrive – across multiple settings.

Best practice early intervention is...

- **Family centred** – working in partnership with families, engaging with family priorities and choices to drive what happens in early intervention
- **Strengths based** – building on child and family strengths and supporting families to develop formal and informal networks
- **Culturally safe** – creating welcoming and culturally inclusive environments that are respectful of diversity, responsive, and flexible
- **Inclusive** – recognising children’s right to meaningfully participate in their family and community life, and have the same choices, opportunities and experiences as all children
- **Collaborative** – families and professionals work together in partnership as an integrated team around the child, sharing knowledge, information and skills
- **Capacity building** – building knowledge, skills and abilities of the individuals who spend the most time with the child to have as great an impact as possible
- **Evidence based** – engaging in practices and strategies that are grounded in research and sound clinical reasoning to ensure services are high-quality and committed to continuous improvement
- **Outcomes focused** – focussing on the outcomes families want for their child, identifying and supporting the skills needed to achieve these outcomes

Source: Best Practice in Early Intervention National Guidelines (ECIA, 2016)

... and can generate multiple benefits across different settings



There is an increased need for early intervention services in Mount Druitt due high levels of developmental vulnerability in the community.

The level of developmental vulnerability in Mount Druitt far exceeds the national average.



1 in 3 children in Mount Druitt are developmentally vulnerable when they start school, compared to 1 in 5 nationally (AEDC, 2021).



The percentage of children in Mount Druitt who are developmentally vulnerable on one or more domains has **increased between 2018 and 2021** – and the gap between Mount Druitt and NSW has also increased (AEDC, 2018; 2021).

Analysis suggests that developmental vulnerability increased across the board during the COVID period – but that this was more pronounced in areas with high levels of disadvantage. This could be because of social isolation during COVID-19 lockdowns, possibly as a result of reduced access to early childhood education and the limits placed on social interaction.



Rates of vulnerability are especially high in the suburbs in which we work intensively. For example, **63%** of children in Willmot, **38%** of children in Bidwill, **33%** of children in Tregear and **30%** of children in Lethbridge Park are vulnerable on one or more domains – compared with **22%** of children nationally (AEDC, 2021).



A high proportion of children have additional needs, including language and developmental delays, experiences of trauma and complex behaviours.



Given the levels of developmental vulnerability, there is an increased need for early intervention support in Mount Druitt.



Services and schools report increasing numbers of children requiring additional support

ECECs report an increased number of children experiencing additional developmental challenges and barriers for children to access early intervention supports (SEER, 2022)

Schools also report a range of developmental concerns in high numbers of their Kindergarten cohort (Health Linker Overview 2021).

Principals from the Public Schools of Willmot, Bidwill & Lethbridge Park reported high numbers of children (up to 80%) displaying a delay in speech development (Health Linker Overview 2021).



The demand for The Hive's early intervention and health linker programs highlights a sustained need in the community

The level of demand for the Check Ups Before School (CUBS) program exceeded The Hive's annual targets, and remained consistently strong throughout the program's history, indicating the significant unmet need for developmental assessments in the Mount Druitt community.

The Hive's Child Health Linker program, that assists families to overcome barriers and navigate the health system, has also had consistent high levels of demand.

The significant demand for the CUBS and Health Linker programs shows the need for a flexible, equitable and place-based approach to accessing health services including allied health as an early intervention.

The perspective of First Nations practitioners in Mount Druitt

Early intervention matters

Barriers

Solutions

We listened to First Nations early learning and health professionals to understand their experience of what works, and what doesn't, for First Nations children and families in Mount Druitt in accessing early intervention.



First Nations children and families benefit from culturally safe services

When early intervention services are culturally safe ...

- **Families feel a sense of belonging**
- **Children feel pride** because their culture and identity is recognised and valued and they are supported to learn language and culture
- **Children build safe and trusting relationships with professionals**
- **Families trust professionals** and can share their stories, goals and aspirations for their children
- **Children learn from professionals with shared lived experiences** and lives that are relatable

'We definitely need culturally safe spaces for yarning and spaces where mob feel safe asking for help'
First Nations Community Programs Manager

'[early intervention professionals] should have cultural awareness training, to understand people's behaviour and why people don't ask for help' – First Nations ECEC educator

'We have been working with an OT from the Hive and she has trauma informed training and it's been amazing...if [early intervention professionals] are going to be working with communities it is so important that they have the training and are required to do it.' – First Nations ECEC Director



However, there are barriers that get in the way of families accessing early intervention supports

- **Given the history of harm caused by the system, First Nations families are afraid to ask for help**, fear judgement of their parenting, and that their children will be taken away
- **There are not enough culturally safe spaces for First Nations families** to access information and across all the services First Nations families interact with
- **There's a lack of First Nations allied health professionals and services** – so families are forced to engage with professionals who may not have cultural awareness or trauma informed training
- **Processes are often complex and confusing**, particularly for families with low literacy, limited access to technology, and a history of challenging experiences with government agencies
- **Access to transport is difficult for many First Nations families**. While some services offer support within early learning centres, at school, or in the home environment, others require families to travel to attend appointments

'Mob aren't feeling culturally safe to ask for help...due to the historic experience of the system... they are afraid they're going to be reported if they ask for help' – First Nations Community Programs Manager



Embedding First Nations perspectives and voices creates high quality, culturally safe early intervention services.

First Nations early learning and health professionals in Mount Druitt highlighted the importance of building trust with community by:

- **Supporting families to understand what services are available**
- **Make it easy to access supports** – by meeting families where they are rather than expecting families to navigate complex systems
- **Building cultural safety** – where First Nations knowledge, language and culture is valued and integrated into strategies to support children's learning and development
- **Helping First Nations families feel at home in the service**
- **Employing First Nations professionals** – who can relate to local families, understand their perspective and experiences, and be role models for children
- **Growing cultural competence of non-First Nations professionals** – in particular building their knowledge of local cultures and experiences
- **Supporting and sustaining reciprocal relationships** between First Nations professionals and non-First Nations professionals to leverage knowledge, strengths, and understanding.

First Nations professionals identified key areas for improvement:

- Ongoing cultural competency and safety training for early intervention professionals in understanding how to support First Nations families and communities
- Additional education for early intervention professionals in how trauma impacts behaviour and child development
- Recruit First Nations ECEC educators and early intervention professionals

Our aspiration and the barriers to achieving it



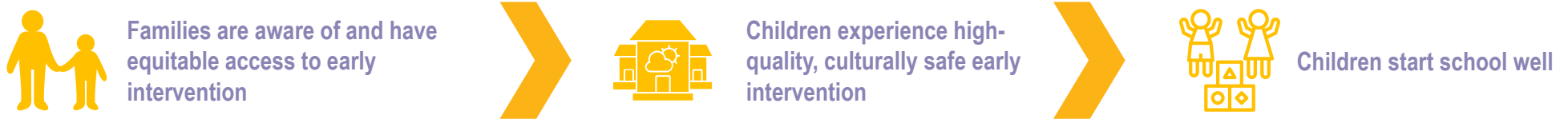
Our aspiration

Our aspiration is an early intervention system built around the needs and priorities of the children and families in our community.

We want the design and delivery of a placed-based approach to early intervention in Mount Druitt to be grounded in our core principles so that services are:

- **Equitable** – support, resources and investment that is proportionate to need, so our children have the same opportunity as others to thrive
- **Trauma-informed** – systems with soft boundaries, not sharp edges, which do not re-traumatise children and families
- **Relational** – services that recognise the need to work ‘at the speed of trust’ and allow time for slow, intention relationship building with families and community
- **Accessible** – a baked-in ability to respond to individual family circumstances and needs rather than rigid rules and boundaries

The Hive is working towards a system that responds to the needs and priorities of our families at every stage:



Families understand and value early intervention

All families have access to the information they need to help them make informed decisions about supports for their child. Families are brought along the journey to understand the supports and strategies they can implement.

Families have access to early intervention

All families have access to the supports they need – within systems that have soft boundaries rather than hard edges. Families who face barriers are assisted to access place-based supports, shorter waitlists and low-cost services.

Families experience quality services

Children experience best practice early intervention that responds to them as individuals, is flexible to family needs and priorities, and builds on their strengths.

Early intervention is delivered by a strong and supported workforce

Early intervention professionals provide culturally safe, trauma informed services and have expertise in working with young children and their families in communities experiencing high rates of disadvantage.

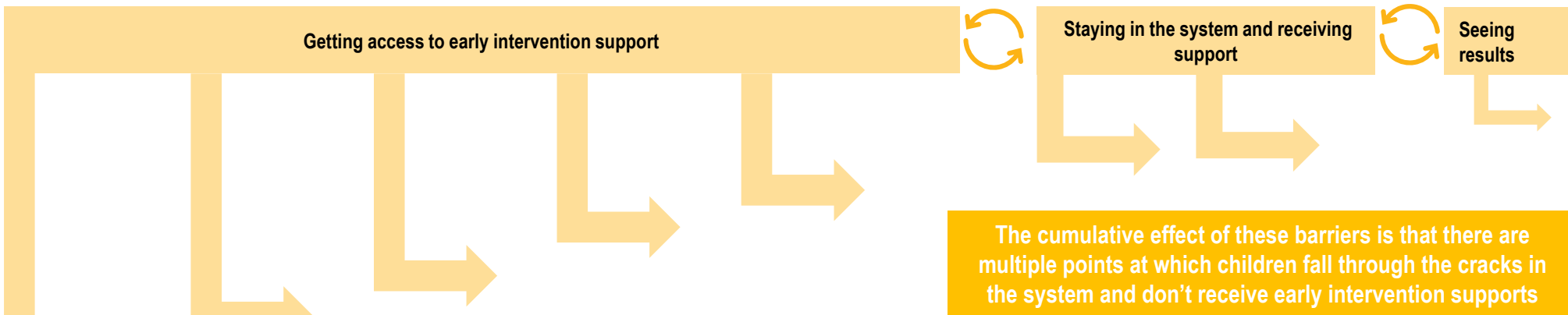
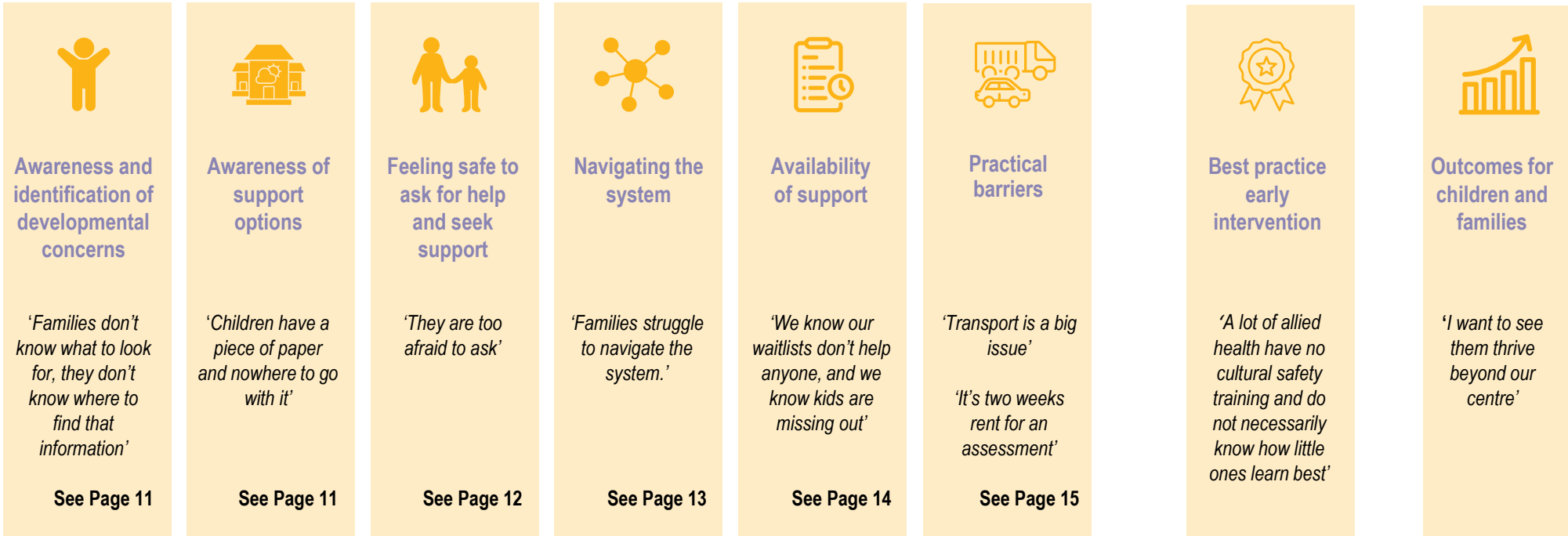
Children are supported to build the skills they need to thrive

All children learn and participate in their communities alongside their peers.

Children’s transition to school includes the supports that enable them to succeed. For example, collaboration between early learning, school and allied health professionals.

Barriers along the journey towards accessing early intervention

The journey for families to access early intervention for their children involves multiple steps – and currently there are barriers at every step along the way that result in children falling through the cracks in the system.



Awareness and identification

Families aren't always aware of potential developmental concerns, or what supports are available and how to access them.

Awareness and identification of developmental concerns



Barriers

We know that families in Mount Druitt want the best opportunities for their children – but don't always have access to information and resources to know that their child may require additional support.

Families who are socially isolated, disconnected from services or experiencing challenges may not be aware of early intervention or know where to start. If a child is not socialising with other children and families are not engaged with ECEC they may not have access to information about child development, the knowledge and experience of ECEC educators and the health checks including visits from early intervention professionals that take place in ECECs, and therefore may not be aware if their child is delayed.

Information is hard to find and understand. It is difficult to access and understand information about child development and early intervention pathways.

There can be a normalisation of developmental delays. Developmental delays can be normalised due to the high rates of developmental vulnerability in Mount Druitt.

What impact does this have?

Families are not aware that their child could have a developmental delay or disability, or the supports they could be eligible for, which hinders access to early intervention to help build their child's skills.

'[Parents may say] 'I know what they are saying', but when they socialise with other children then it becomes clear no one else can understand what they are saying' – First Nations ECEC educator

'There is a lack of information in the community' - First Nations ECEC educator

'Families don't know what to look for, they don't know where to find that information' - Speech Pathologist

'If all children have speech problems it is hard to identify it as an issue.' - Teacher

Awareness of support options



Barriers

When families have identified that their child may require additional support, there is a lack of information and guidance about what is available.

ECECs play a crucial role in connecting children to early intervention, but what if children aren't in ECEC?

ECECs are often the first step towards early intervention. ECEC educators know children well – and have a strong understanding of child development. They are often the first person to identify if a child may have developmental delays and connect families to additional support. If families aren't engaged with an ECEC, they may not have access to information and support to know what support is available. Many children only access ECEC in the year before school, which can delay access to supports and services which they may have benefitted from earlier.

Families don't know where to access support – and there are significant misunderstandings about the available options

Families are often unaware of the support available to access a diagnosis for their children, including bulk-billed paediatricians, allied health services or connection with the NDIS. Even if they are engaged with ECEC, families often don't have the contacts or resources to facilitate awareness of the support options available, and to know how to access them.

What impact does this have?

Families don't have access to the information and resources necessary to know what supports are available if their child needs additional support, particularly if they aren't in ECEC. This means children who need early intervention are not able to access it.

'Children have a piece of paper and nowhere to go with it' – First Nations ECEC Director

'If they don't have the contacts or resources, parents are not being informed about what is out there...it's not from a lack of parents caring' – First Nations ECEC educator

'The services and NDIS exist, and I have heard of some of them but no idea how to access them, or if I'm eligible' –Mt Druitt family

Feeling safe to ask for help and seek support

A lack of cultural safety, high-levels of fear, and the stigma associated with asking for help gets in the way of accessing support.

Cultural safety



Barriers

There is a lack of cultural safety across all services families engage with. Families do not always feel culturally safe when engaging with services, and there are a lack of culturally safe spaces families can go to access information.

The Mount Druitt community is culturally and linguistically diverse with 60% of the community born outside of Australia and a higher proportion of the community identifying as Aboriginal and / or Torres Strait Islander (3.7% in Mount Druitt compared with 2.8% nationally) (ABS, 2016; 2021). Services in Western Sydney need to understand their community and how to work in a culturally safe way in order to build trust and strong relationships with families.

Many early intervention practitioners are not supported with training to build cultural competence. There is a need for cultural competency training in how to engage and work with community – in particular First Nations, CALD and families and children who have experienced trauma.

First Nations families value culturally safe services – where there are First Nations staff and early intervention professionals that are culturally competent in working with First Nations families, children and communities understand local histories and experiences. However, they do not consistently experience this in all services. It is important early intervention professionals know how to work in a culturally safe, strengths-based way with First Nations families and their children.

What impact does this have?

First Nations and CALD families do not feel safe asking for help and seeking support.

‘Mob don’t feel safe asking for help with their children due to the historic experience of the system... they’re afraid they’re going to be reported if they ask for help’ – First Nations Community Programs Manager

‘Its all about knowing different cultures, because Western Sydney has multiple different cultures and not letting people feel shame about their different cultures, making sure people feel wanted, and heard’ – First Nations ECEC Educator

Fear and stigma



Barriers

Families also experience fear and stigma around asking for help and seeking support. Even if families do identify that their child may need support, they may experience fear and stigma gets in the way.

Families, in particular First Nations families, can feel fear and experience judgement about their parenting, lifestyle, or culture. Due to historical institutional failure and trauma, families in Mt Druitt are hesitant to trust organisations (including Health services) due to fear of child protection reports, personal judgement or prior negative experiences. This can prevent families from seeking support.

Asking for help requires overcoming significant stigma surrounding disability and developmental delay. As well as a mistrust of the system and services, families also may feel that their child needing additional support means that they have done something ‘wrong’. This may prevent families from asking for help or may even deter families from engaging with ECECs and other services due to the fear of judgement and the stigma that their child may not be accepted.

What impact does this have?

Families are afraid of asking for help due to the stigma, that their child may not be developmentally ‘normal’, they do not seek help or support.

“Fear for asking for help comes from generation after generation” – First Nations ECEC educator

‘Families are too afraid to ask’ – Speech Pathologist

‘It’s scary, admitting that your child is delayed.’ – First Nations ECEC educator

‘There’s always the fear, that they’ll be looking at other things than just the health issue the child is in for’ – First Nations ECEC educator

Navigating the system

A bewildering service environment and the number and complexity of administrative tasks that families must understand and complete to gain support is a significant barrier to accessing early intervention.

Navigating the system



Barriers

The early intervention system assumes a level of agency, literacy, social capital and mobility that is extremely challenging for some families in Mount Druitt.

Lack of awareness of the services available, low literacy levels, lack of access to technology or internet, and a complex system means that families facing disadvantage are left struggling to navigate a bewildering service environment.

Community have expressed that the ‘system’ doesn’t currently meet the needs of children families. Paediatricians, allied health therapists, health professionals, ECEC and early intervention support classes operate across multiple systems and funding streams – with very little coordination between them, contributing to the complexity and confusion families experience.

Often ECEC services need to support families to navigate the system. ECEC educators work hard to build trust and strong relationships with families. They are acutely aware the difficulties families face in trying to access allied health, and often go above and beyond to support them to navigate the system. However this work often goes unrecognised, unacknowledged and definitely unfunded.

What impact does this have?
The system is incredibly challenging for families, who may be unable to navigate through to getting the supports they need, or who may disengage due to the complexity and demands it places on them.

‘How the current system is set up is to provide a diverse set of available options, but at the moment requires a fair bit from families which they aren’t coping with’ – Occupational Therapist

‘Families struggle to navigate the system.’ – Occupational Therapist

‘The system is currently, let’s fund the therapy for the child, but there is no support for families to help the child access the support’ – Occupational Therapist

For example: Navigating the NDIS Early Childhood Approach



Barriers

The NDIS is a particular example of an incredibly complicated system that families are required to navigate to receive support for their children.

When it comes to accessing the NDIS, or using their NDIS packages, families don’t know who to go to, what to do, or how to manage a plan. NDIS plans are often written in a way that is confusing, doesn’t meet their child’s needs or reflect their priorities as a family. Families also experience significant challenges finding a service and managing waitlists.

Some families experience limited support from NDIS ECEI coordinators in the practical implementation of their plan or supports – and the majority of support is offered over the phone which can be challenging for families.

‘I’ve been trying to work with a child, the school has got a plan, but the parent didn’t understand the different types of plans, they didn’t understand they needed a plan manager to sign off on things, they didn’t know they needed to fill out forms. School helped support this. But then the plan manager has a whole other set of forms’ – Speech Pathologist

What impact does this have?
The NDIS is incredibly challenging for families to understand and navigate, and without sufficient support from ECEC and other services, families may drop out due to the complexities in operating within this system.

‘A lot of the mob aren’t aware of the NDIS process’ – First Nations Community Programs Manager

‘The NDIS is just a big, complicated process’ – First Nations ECEC educator

‘It can be incredibly overwhelming’ – Occupational Therapist

‘By the fourth or fifth person then you might be able to get your foot in the door to be assessed’ - First Nations Community Programs Manager

Availability of support

Access to early intervention is severely constrained by a lack of availability due to staff shortages and extensive waitlists.

Severe staff shortages in both early intervention and ECEC



Barriers

There is a lack of staff in both early intervention and ECEC meaning families are not getting the support they need.

The lack of early intervention professionals means demand is not being met. There are a lack of clinicians and early intervention professionals in Western Sydney. Western Sydney Health are struggling to fill vacancies meaning that positions remain unfilled. The lack of early intervention professionals results in extensive waitlists which can be as long as 12-18 months for some services.

The shortage of educators in the ECEC sector means less support for families. The ECEC staff shortage impacts the availability of child spaces in early learning, with some centres closing their doors on days they do not have enough staff. This directly impacts families' ability to access support from ECEC in building awareness, navigating the system and receiving support.

'Extreme staff shortages are the biggest barrier....We are repeatedly advertising the same positions, and not getting even one application, even when we're happy to develop people's skills and get them to the point they need to be. It's a huge challenge.' - Child & Family Health at Western Sydney Local Health District

'There are none of us' –
Speech Pathologist

'Finding anyone at the moment is a challenge.' -
Child & Family Health at
Western Sydney Local
Health District

'There is a lack of clinicians in Western Sydney, including doctors and allied health' - First Nations Community Programs Manager

What impact does this have?

There are not enough early intervention professionals to meet demand combined, with ECEC staff shortages, which means children and families are missing out on receiving support before they start school. Children transitioning to school without supports in place can experience significant challenges due to lack of effective strategies in place – and this can cause delays in accessing inclusion funding.

Waitlists



Barriers

Children are being left waiting for months or even years to access early intervention services due to extensive waitlists. To access support, first children are put on a waitlist to see a pediatrician to receive a diagnosis, then on a waitlist to access the NDIS, and then on a waitlist to receive therapy with that funding. These waitlists are currently extremely long, and often leave families in limbo.

Children are missing out on early intervention while sitting on waiting lists. Waitlists mean children aren't receiving therapy, families don't know how to best support their child and ECEC educators don't have the information to best support children's education and care. If children wait months or years to receive early intervention, this can have a significant impact on their learning and development.

Waitlists may also cause families to become disillusioned and disengage from the system. Long waitlists turn families away from trying to access support. Families may lose faith that their child will eventually see an early intervention professional and may choose to disengage from the system. This may mean their child never receives allied health support.

What impact does this have?

Even when children are in the system they are left waiting for months, or even years before receiving support, and families may lose faith and disengage causing children to miss out on engaging with early intervention.

'The waitlists are really long' - Child & Family Health at Western Sydney Local Health District







'Waitlists leave parents in limbo' -
First Nations
Community Programs
Manager

'It is hard to get into a service, and then when they do get there, they are told there is a 12- or 18-month waiting list' –
Occupational
Therapist

'By the time child needs it at 3.5 they don't get support until they are 5' – First Nations ECEC educator

Practical barriers

Families experience many practical concerns that exacerbate existing barriers accessing early intervention.

Practical concerns	What we heard	What impact does this have?
 <p>Affordability</p> <p>There are significant out-of-pocket costs associated with allied health services. Assessments to diagnose children with a disability or developmental delay are costly, and often not covered by Medicare. Families are unsure where they can get financial support.</p>	<p><i>'It's a whole week or two weeks rent for an assessment...funding is a barrier for families'</i> - First Nations Community Programs Manager</p>	<p>The costs for diagnosis and ongoing support are not affordable to families, so children may miss out on receiving a diagnosis and subsequent therapy due to financial constraints.</p>
 <p>Communication</p> <p>Families may not have access to a phone or internet making arranging referrals, appointments and communicating with allied health very challenging.</p>	<p><i>'Then the challenge of getting a referral, challenge of contacting families, either because they don't answer their phones or do not have access to a phone'</i> - Teacher</p>	<p>If early intervention professionals and other services supporting families (e.g. ECECs, schools, social workers) can't contact families then they struggle to navigate the system and their children may miss out getting into or staying in the system.</p>
 <p>Care for other children</p> <p>For children to receive early intervention support families must often attend multiple appointments which can be challenging for families with multiple children.</p>	<p><i>'I know a parent who needs to get to Penrith for a follow up for one child but has other children and needs someone to care for other children to get to the appointment'</i> - First Nations ECEC Director</p>	<p>If families can't arrange care for their other children, then they are often unable to attend appointments and their child doesn't receive support.</p>
 <p>Family stressors</p> <p>Families may be experiencing multiple stressors in addition to seeking support for their child. The additional stressors may create barriers to seeking support.</p>	<p><i>'What happens when a parent struggles with their mental health and they have two or three weeks when they aren't coping - what happens then'</i> - Occupational Therapist</p>	<p>If the additional stressors families are experiencing are too great, then families may not have the capacity to support their child to engage with early intervention, meaning their child may miss out on support.</p>
 <p>Transport</p> <p>Many families don't have access to public transport, don't own a car or are unable to afford petrol. This is challenging when early intervention support often requires multiple appointments / distances to travel.</p>	<p><i>'Transport is a big issue'</i> - First Nations ECEC Director</p>	<p>Families can't attend appointments they have to travel to, meaning children don't access allied health, or become 'do not attends' which can cause private allied health services to stop offering services.</p>
 <p>Medicare and NDIS eligibility</p> <p>Migrant and refugee families who aren't Australian citizens may not be eligible for Medicare or NDIS, making it exceptionally challenging for these families to access funding for ongoing therapy.</p>	<p><i>'I'm not a citizen so I can't access the NDIS for my son with Autism but I can't afford to pay for therapy. Am I just meant to do nothing while he gets further behind?'</i> - Mount Druitt family</p>	<p>Families who aren't citizens have to navigate the immigration and visa process in order to get the right visa to be eligible for Medicare, many still aren't eligible for NDIS. Without the right support, many fall through the cracks and their child does not receive early intervention.</p>

Breaking down the barriers to accessing early intervention in Mt Druitt

The multiple barriers to accessing early intervention are complex and multifaceted – requiring holistic solutions that place children and families at the centre.

Getting access to early intervention support



- Awareness and identification of developmental concerns
- Awareness of support options
- Feeling safe to ask for help and seek support
- Navigating the system
- Availability of support
- Practical barriers

Staying in the system and receiving support

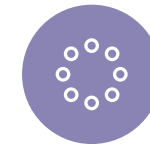


- Practical barriers
- Access to best practice early intervention

Seeing results



- Achieving outcomes for children and families



Because the barriers are complex, multifaceted and exist at every stage of the journey for families, we need to think holistically in order to address them.

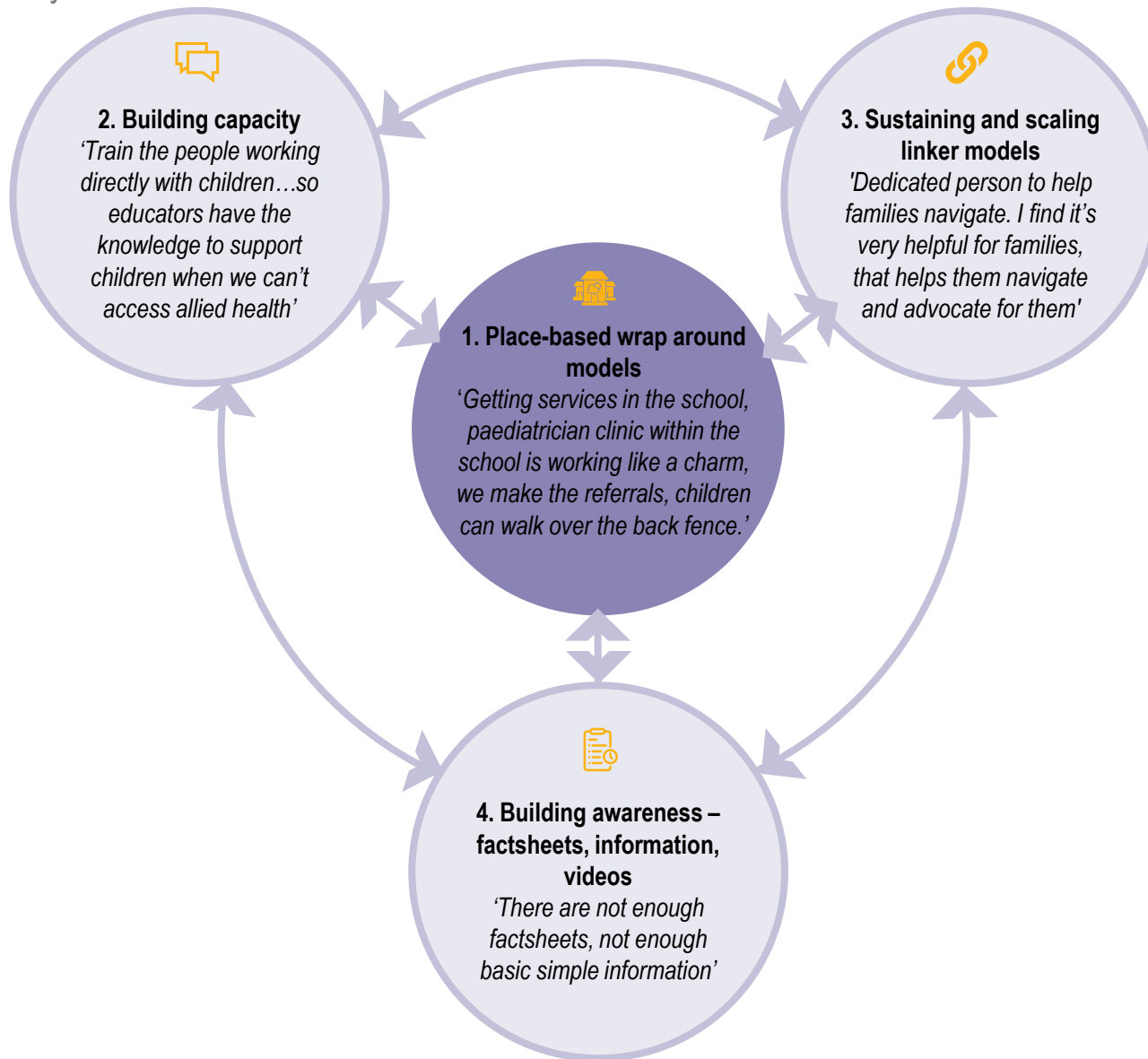
We're proposing a spectrum of solutions that target these barriers by delivering strengths-based, collaborative support that is delivered in place.

Solutions







Solutions

We're proposing multiple integrated solutions, with place-based wrap around models at the core, to target the wide-ranging barriers to accessing early intervention in Mt Druitt.



Solutions

We're proposing multiple integrated solutions, with place-based wrap around models at the core, to target the wide-ranging barriers to accessing early intervention in Mt Druiitt.

	What we heard...	What impact will this have?	Overcoming barriers by...
 <p>1. Place-based wrap around models</p>	<p>Integrated community hubs and networks reduce barriers for families and support strong relationships and a sense of trust within the community.</p>	<p><i>There is no 'wrong door' for families seeking support. Educators, early intervention professionals and families work together as a team around the child.</i></p>	<p>Providing wraparound support for all families in a culturally safe environment.</p> <p style="text-align: right;">See page 21</p>
 <p>2. Building capacity</p>	<p>Early childhood educators and early intervention professionals leverage their interprofessional relationships to build skills, knowledge and understanding of children and families in Mt Druiitt.</p>	<p><i>Enhanced capacity within every early learning service.</i></p>	<p>Providing children with access to early intervention while overcoming practical barriers of transport, waitlists and affordability, including children without individual funding packages.</p> <p style="text-align: right;">See page 22</p>
 <p>3. Sustaining and scaling linker models</p>	<p>Linkers provide one-on-one support to help families navigate multiple complex systems involved in early intervention. They are a proven model to increasing access to supports and preventing families from falling through the cracks.</p>	<p><i>Children who need additional support are supported to access early intervention. Children participate and learn throughout their everyday routines.</i></p>	<p>Supporting families to navigate the system, while also building awareness, capacity, relationships and trust so that families feel safe asking for and accessing help.</p> <p style="text-align: right;">See page 23</p>
 <p>4. Building awareness – factsheets, information, videos</p>	<p>Families in Mt Druiitt would benefit from simple, easy to access and understand information about early intervention.</p>	<p><i>Families are supported with clear, concise information that helps them make decisions and understand the systems around early intervention.</i></p>	<p>Building awareness of child development milestones and allied health and early intervention pathways available including step by step guides of how to access services such as the NDIS, Medicare and support for a diagnosis.</p> <p style="text-align: right;">See page 24</p>

Place-based wrap around models

Realising the potential for early intervention must consider options for incentivising and sustainably funding more wrap-around, integrated hubs and networks in Mt Druitt.

The problem we are solving

Families need access to early intervention but there are multiple barriers getting in the way of families accessing early intervention services in Mt Druitt.

- Families experience barriers ranging from awareness and identification of developmental concerns, through to the lack of availability of services due to long waitlists coupled with practical barriers such as lack of access to transport.
- Even if families have managed to navigate an extremely complex service system – they still face multiple practical concerns that stop them from staying connected to the system and receiving high-quality supports.

Families in Mt Druitt are seeking services that are:

- Culturally safe
 - Trauma-informed
- And that have paediatric expertise and knowledge of working using family centred approaches, and in community contexts such as hubs or early learning services.

Place-based wrap around models – evidence of impact

- Reviews of wrap around models demonstrate their ability to deliver individualised support through working flexibly with families and building strong relationships (Schurer Coldiron et al. 2017). This supports cultural safety and evidence-based approaches to working with families.
- Wrap around models are shown to break down barriers for families experiencing disadvantage by working across systems – bringing support to families rather than expecting them to navigate siloed and fragmented pathways to seeking support (Cumming et al., 2014)
- Wrap around hubs support better child and family outcomes (Honisett et al., 2022) and can deliver significant returns on investment for governments (Maier et al. 2017).

Every point along the way is a barrier for our families'

- Community Programs Manager

The way forward

Place-based wrap around models put the needs of children and families at the center...

- Place-based wrap around models recognise and respond to children and families holistically
- They leverage relationships to collaborate with communities towards achieving better outcomes
- Support feelings of belonging and connectedness

... and integrate a wide range of supports and services from across the service system to improve access.

- Place-based wrap around models can connect education, health, family support, allied health and employment services to provide pathways from universal services into more targeted supports for complex challenges – bringing these services into community hubs or locations where families can easily access and engage

What does a good place-based wrap around model look like?



Individualised, relationship-based support

Professionals build strong relationships with children and families, working to understand their priorities and needs.



Strengths-based and culturally safe

Supports leverage family and child strengths and capabilities to help meet their aspirations and goals.



Family-centred

Families are at the centre of decision-making. Services build family agency and capacity to participate and engage in the activities that are important to them.



Multi-systemic

Supports cut across multiple systems and sectors, wrapping around families and children who experience multifaceted and complex challenges.



Ongoing and responsive to need

Building strong and trusted relationships with children and families is the key to breaking cycles of intergenerational disadvantage.

Who needs to act?

- Stakeholders should work together to co-design sustainable place-based models for funding and delivery that include paediatricians and allied health services.
- Both state and federal governments stand to benefit from families getting access to early intervention within wrap around models of support.

Building capacity and effective collaboration

When educators, playgroup facilitators, and early intervention professionals are resourced to work in collaboration, they support better outcomes for children and families. This capability needs to be embedded in the system and reflected in funding models.

The problem we are solving

Families in Mt Druitt can't always attend clinic-based early intervention services – and need access to place-based services that are embedded in early learning or community settings

- Accessing early intervention within a clinic-based service can be challenging for families – and those who most need support are also most likely to miss out.
- Early intervention support classes and resource support offered by the NSW Department of Education have limited spaces, and constrained eligibility criteria.
- We know from our work in Mt Druitt that embedding early intervention within early learning – including ECEC services, early intervention classes and playgroups – works well by reducing many of the barriers and leveraging the relationships that services have with families.

Early learning can serve as the 'backbone' for early childhood development services, leveraging existing trust structures

- Early learning is often the first 'door' families access in a service delivery context – which provides a gateway for accessing other supports for their children as necessary.
- Early learning services build strong relationships with other child development providers - such as community and allied health, making them well-placed to connect families with the supports they need.

Early learning needs to be resourced to collaborate with early intervention professionals effectively

- Embedding early intervention within early learning places additional demands on leaders, educators and facilitators – which is currently not recognised in existing funding arrangements.

'Working at the ELC is amazing, the kids that needed it that probably wouldn't have gotten it, and now have'
- Occupational Therapist

'Educators just don't have the time...support is needed and staff need time off the floor so everyone is on the same page.'
- ECEC Director

The way forward

Improve processes for accessing existing opportunities for funding

The Hive supports multiple early learning services to connect with early intervention professionals through a range of funding options available from the Department of Education, including the disability and inclusion program. These existing funding options allow services to bring an early intervention professionals– such as a speech pathologist or occupational therapist into a service to provide specialist support for educators, building their capacity to educate and care for children with additional needs .

But, the current application process is complex, places a considerable administrative burden on early learning services, and constrained to registered preschools

- Long day cares are eligible for inclusion support, however it is scarce and inadequate in supporting children's needs.
- Services report significant administrative burdens seeking support through existing funding processes – which can take several days to gather evidence and compile for each child who requires additional supports
- Current funding models don't reflect sufficient time for educators and allied health professionals to engage in reflective conversations and plan for opportunities to support children's learning. The time they are funded for usually only covers the hours they spend in the classroom – and not planning together outside of session times.
- Strong interprofessional relationships are key to improving practice and developing effective strategies. Current funding models don't reflect this – and are often short-term engagements rather than longer term opportunities to build on practice.

Funding models need to be revised to reduce the burden on services, streamline processes and reflect the value of relationships.

Pilot approaches to including early intervention professionals as staff in early learning services and place-based locations, such as playgroups

We know that a high proportion of children attending early learning services in Mt Druitt have additional needs which require specialist support. Our services should be resourced to respond to children's needs effectively – by having early intervention professionals working as part of the team to strengthen capacity.

Who needs to act

- Stakeholders should work together to co-design sustainable models for funding and delivery – including increasing supports / resources for ECEC services, Department of Education early intervention classes, and supported playgroups.

Sustaining and scaling the use of linkers

Linker models are a proven strategy for increasing access to early intervention for the children who stand to benefit the most, but are at the greatest risk of missing out. They should be sustainably funded and scaled up.

The problem we are solving

Families experiencing complex challenges need individualised support to navigate the systems involved in early intervention

Mount Druitt has a higher proportion of families with complex needs than more advantaged communities – and more intensive support is needed.

- Without additional support, these children are the ones who will "fall through the cracks", missing out on valuable months and years of early learning.

"We need to support parents as much as we're supporting the child, helping families to navigate the system"
- Occupational Therapist

Linker models in other sectors have been shown to be highly effective – but they aren't yet a core part of the health or early learning system

- While the service system remains complex and opaque, Linker models will be needed. Apart from the Hive's Child Health Linker, there's no sustained, ongoing funding for Linkers that focus on supporting children to access early intervention. There is a need to transfer learnings and current evidence to expand health Linker models.

Linker programs: Evidence of Impact

- An ARTD evaluation found that The Hive's Child Health Linker had supported 110 children in Mount Druitt into early childhood education, and confirmed that "families often need long-term holistic support in order to overcome barriers and address challenges".
- Access to Early Learning (AEL), a Victorian Government program seeking to deliver linker-like inclusive and responsive services to ensure children could access early learning, resulted in 99% of children being enrolled in an ECEC service.
- The Hive's Health Linker Program directly addresses inequitable health access for families in the wider Mt Druitt suburb, and provides a place-based solution for supporting families to access developmental services before they start school.

The way forward

Sustainable funding and scale up of Linker models in priority communities

A linker provides direct, individualised support to families to identify and address barriers, in order to support them to access early intervention. They provide "wraparound"-style one-on-one services that can span a family's whole journey through early intervention (from helping them understand the benefits of early intervention for their child, assisting with access and funding options, and supporting communication across early learning and early intervention services). This approach is grounded in trusting, strengths-focused relationships.

What does a good model look like?

The use of linkers is not unique to The Hive, and different organisations have different approaches. Our experience identifies some critical success factors:



Caseloads: Many Mount Druitt families require high levels of support. The Hive's experience suggests that an appropriate caseload for a full-time linker is not more than ~25 families.



Timeframes: Helping a family to overcome barriers to accessing early intervention can take time, especially in cases where trust needs to be built before a family is willing to seek support. Successful models should ensure timeframes are flexible and engagement should be sustained.



Flexibility: Linkers have decision-making autonomy and discretionary funding to address the practical barriers stopping a child from attending early intervention (e.g., Helping a family navigate the NDIS; supporting families to find allied health services with availability; working through practical considerations such as transport to appointments, including providing access to brokerage funds when there are no other options family can access).



Community engagement: To be successful, a Linker can't sit behind a desk. They must be resourced to spend time out in the community, making connections and building trust with families that would benefit from Linker support. This requires a place-based focus.

Who needs to act?

Stakeholders should work together to co-design sustainable models for funding and delivery.

Building awareness and sharing information

Families should have access to easy to understand information that leaves them confident to access and navigate early intervention services, and understand the benefits for their child via the trusted people and places they already know.

The problem we are solving

Families need easy to understand information and resources

- Families in Mt Druitt want the best outcomes for their children – but don't always know when or where to seek support.
- Rates of developmental vulnerability are high in the community – contributing to developmental delay becoming 'normalised' and not knowing when to seek help.
- For children who cannot access early education, some may miss out on accessing early intervention during the foundational years of early learning – with many instances where developmental concerns are only identified at the start of school.
- Children who start school behind their peers often stay behind – with the gaps growing wider as children progress in their learning and development.

'If I'd like to get help for my daughter, what is the process for that' – Mt Druitt family

Families find the system complex – and information on how to navigate it difficult to access, confusing, full of jargon and text heavy

- Accessing early intervention supports can be extremely challenging and complex for families – who may find themselves having to navigate through the NDIS, health and education to get the supports they need without information that helps make the steps they need to take clear and unpacks what they are eligible for.
- Families are often coping with multiple life stressors – and working through the demands of the system to access early intervention becomes too difficult.

We need to resource families with the information and supports they need to make decisions about their children's learning and development

- Families need access to clear, concise information via the platforms and existing trust structures they already know and use to help them make decisions and understand the systems around early intervention.

Who needs to act

- Both state and federal governments stand to benefit from families getting the support for their children to access early intervention – and solutions need to work across education, health and the NDIS.
- Early learning and early intervention providers are critical partners – but need to be supported appropriately to deliver information, build understanding and consult with local families to ensure the information is understandable.

The way forward

Making pathways to early intervention easier to understand and access

Governments and service providers should provide and promote easier to understand information about the supports available – including videos and fact sheets that set out typical scenarios for families and providing an overview of the steps involved towards seeking support. This would ideally be shared through community health centres to consider local needs and priorities. There is information available – such as on the NDIS website, or through NSW Health – but the information provided is not always up to date, easy to access, or easy to understand.

This information should also include raising awareness of the importance of early learning, child development and early intervention in building the strong foundations for children's futures.

Information should be shared:

- In multiple languages and easy read formats
- Via video as well as diagrammatic representations of the pathways towards seeking support
- On platforms families already use, such as social media
- Through formal and informal community networks, leveraging existing trust structures e.g. handing out a fact sheet through playgroups as a soft point of entry.

Consulting with local families and services to inform the development of resources and toolkits, and piloting approaches put forward by families through consultations – The Hive Parental Health Literacy Consultation Report

The Hive recently conducted research into parental health literacy to understand how parents access, interpret and utilise health-related information. The findings of the report show:

- Most participants wanted more information on knowing what supports were available, how to find allied health supports and use NDIS funding, accessing the NDIS, and engaging supports before their child started school
- Families demonstrated a preference for receiving information via social media, text messages, and from trusted health providers.

This research should be used to inform an approach to providing resources to families, which should be piloted in collaboration with service providers in Mt Druitt.


Case study – the Hive’s approach to wrap around support in place

The Hive's approach to wrap around support in Mt DrUITT

The Hive coordinates wrap around supports for children and families through a collaborative, multi-systemic place-based approach.


What support is provided?

Early Learning Linkers




Early learning Linkers provide one-on-one support to help children and families experiencing multiple and complex challenges overcome barriers to early learning. They are a proven model that increases access for the children most likely to miss out on early learning.

CUBS




The Check Ups Before School (CUBS) program utilises a multi-disciplinary team including a Nurse, a Speech Pathologist and a Health Linker (social worker) to deliver developmental assessments and associated health supports. The program is place-based in ECECs and community sites and is flexible, collaborative, relational and trauma-informed to meet community needs. Children supported into early learning are referred to CUBS.

Willmot Paediatrician Clinic




The Hive partnered with Western Sydney Local Health District to embed a paediatrician clinic in Willmot Community Hub to deliver developmental assessments. The paediatrician works with stakeholders supporting the family to coordinate next steps in accessing supports. A NDIS ECEI staff member and Community Hub staff are present at the Hub to assist with further support the family may require post-assessment.

Health Linkers



The Hive's Child Health Linker provides one-on-one support to help families overcome barriers in accessing services for their children with developmental delays or disabilities. This includes supporting families to navigate waitlists, providing transport to appointments, using brokerage to access a diagnosis, accessing the NDIS, helping them transition to school, and understanding information.

Capacity building supports



The Hive have a partnership with trauma-informed allied health therapists to be embedded in early learning services for a period of time to upskill early educators in implementing strategies to meet the needs of children in their service. This builds the capacity of educators to support children with additional needs for the long term.

What does this look like in practice?

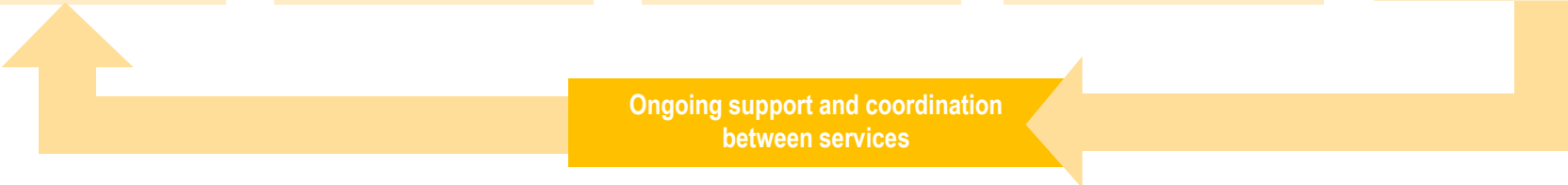
Early Learning Linkers support children into early learning.

Children attending early learning services can be referred to CUBS for a developmental assessment

Children identified as having any potential developmental concerns through CUBS or by local schools or caseworkers can be referred to the Paediatrician Clinic at Willmot.

If a developmental delay or concern is identified – the Hive's Health Linker supports families to access early intervention services.

Children can access early intervention within the ECEC service where educators and early intervention professionals work together to ensure children receive the right support.



Appendix



References

Australian Bureau of Statistics (ABS) (2016) Mount Druitt 2016 Census All persons QuickStats.

Australian Bureau of Statistics (ABS) (2021) Mount Druitt 2021 Census All persons QuickStats.

Australian Early Development Census (AEDC) (2018). Data Explorer: Percentage and number of children developmentally vulnerable 2016.

Australian Early Development Census (AEDC) (2021). Data Explorer: Percentage and number of children developmentally vulnerable 2021.

Cumming T.M., Strnadova I., Dowse L., At-risk youth in Australian schools and promising models of intervention (2014) International Journal of Special Education, 29 (3) , pp. 1-10.

dandolopartners, Links to Early Learning, <https://paulramsayfoundation.org.au/wp-content/uploads/2021/10/L2EL-Evaluation-Report-Final-Version.pdf>.

Early Childhood Intervention Australia (ECIA) (2016). Best Practice in Early Intervention National Guidelines.

The Hive (2021). Health Linker Overview.

Honisett S, Loftus H, Hall T, Sahle B, Hiscock H, Goldfeld S. Do Integrated Hub Models of Care Improve Mental Health Outcomes for Children Experiencing Adversity? A Systematic Review. International Journal of Integrated Care. 2022 Jun 17;22(2):24, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9205372/>

Maier, A., Daniel, J., Oakes, J., & Lam, L. (2017). Community schools as an effective school improvement strategy: A review of the evidence. Palo Alto, CA: Learning Policy Institute

SEER Data & Analytics, (2022). The Hive MEL Indicators.

Schurer Coldiron, J., Bruns, E. J., & Quick, H. (2017). A comprehensive review of wraparound care coordination research, 1986–2014. Journal of Child and Family Studies, 26(5), 1245-1265. doi:10.1007/s10826-016-0639-7

Victorian Government, Access to Early Learning, <https://www.education.vic.gov.au/Documents/childhood/AEL-Evaluation-Implementation-Report.pdf>; ARTD.