



# EARLY YEARS PARTNERSHIP

Armadale West

## Koorlangkas Danjoo Koorliny (Children coming together)

Early Years Community Plan

2023



## Acknowledgement of Country

The Early Years Partnership team and partner organisations proudly acknowledge the Traditional Custodians of Country, people of the Noongar nation, and recognise their continuing connection to their culture, lands, families and communities. We pay our respects to Aboriginal cultures, and to Elders both past and present.

## A note about language

In this document, the term Aboriginal people is used in preference to “Indigenous” or “Aboriginal and Torres Strait Islander” people, in recognition that Aboriginal peoples are the original inhabitants of Western Australia.

## Koorlangkas Danjoo Koorliny

You might see different spellings of the words **Koorlangkas Danjoo Koorliny** as the Noongar language was never a written language, it was only ever spoken, and people interpret sounds differently. Due to this, there is no correct way to spell Noongar words. Many Aboriginal languages have been lost due to previous government policies banning and discouraging Aboriginal people from speaking their languages. These policies were not rectified until the 1970s. In many cases, children were barred from speaking their mother tongue at school or in Christian missions.

# Executive Summary

In March 2018, Hon. Mark McGowan MLA, Premier of Western Australia, and Hon. Simone McGurk MLA, Minister for Communities, announced the State Government's investment in what was then known as the Early Years Initiative and is now known as the Early Years Partnership.

The Early Years Partnership aims to improve children's wellbeing and school readiness in four WA communities and in doing so learn what it takes to create change for children across Western Australia. The Early Years Partnership is a 10-year partnership between four communities, State Government and Minderoo Foundation, with Telethon Kids Institute as the evidence and evaluation partner. The Australian Government also supports the initiative through participation by the National Indigenous Australians Agency (NIAA) and a partnership via the Commonwealth Government's Connected Beginnings program.

In 2019, it was agreed by the Early Years Partnership Board that Armadale West would be the metropolitan community. For the purposes of the Early Years Partnership, the Armadale West community comprises

the school catchment zones for Challis Community Primary School, Neerigen Brook Primary School and Willandra Primary School, plus families who use services provided through the Child and Parent Centre, Westfield Park. Armadale West is one of only four communities invited to participate in the Early Years Partnership. The other three communities are the 'very remote' community of Bidyadanga, the 'remote' community of Derby and the 'regional' community of Central Great Southern.

There are approximately 1,883 children under the age of four living in Armadale West.<sup>1</sup> Of these children, 9.2 per cent are Aboriginal and 9.5 per cent are from Culturally and Linguistically Diverse (CaLD) families. This diversity was a key consideration when designing actions to address the priority areas of this Community Plan.

**This Community Plan is the result of a co-design process with the Armadale community. It articulates the priorities identified by the community as critical factors to improving the wellbeing and school readiness of their children.**

These four priority areas, and associated actions, form the roadmap for change for children living in the Armadale West catchment. **The four priorities of this Community Plan are:**



**Child Development** – To increase the number of children meeting developmental milestones and entering school developmentally ready (as measured by the Ages and Stages Questionnaire (ASQ3) and Australian Early Development Census (AEDC) tools (adjusted for cultural relevance as appropriate)).



**Family Safety** – To reduce the number of children aged 0–4 who have interactions with family and domestic violence.



**Maternal Health** – To improve access to and attendance at antenatal services to ensure mothers are healthy and babies have the best possible start to life.



**Financial Wellbeing** – To increase the number of families with children aged 0–4 who have a stable home and regular, nutritional meals.



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# Introduction

## Why the early years are so important

The first five years of a child's life are critical for positive life outcomes. It is during this time that they build the foundation for lifelong learning, health, and wellbeing.



However, one in five children in Western Australia (19.4%) are considered developmentally vulnerable by the time they start full-time school, as measured by the Australian Early Development Census (AEDC).<sup>2</sup>



In Armadale West more than one in four children (30%) are considered developmentally vulnerable.<sup>3</sup>



## Purpose of this document

This Community Plan articulates the issues that have been identified and prioritised by the Armadale West community as being important factors in improving the wellbeing and school readiness of their children. The plan identifies goals and actions for each of these priorities at both local and system level and is a guiding document for the local community, in partnership with government and service providers, to achieve better outcomes for children and families in the community.

The Community Plan is intended to be a 'living document' which will be reviewed annually and updated as needed in consultation with the Armadale West Local Working Group.



## Early Years Partnership

The Early Years Partnership (EYP) aims to improve children's wellbeing and school readiness in four WA communities and in doing so learn what it takes to create change for children across Western Australia.

The Early Years Partnership was launched by the Premier of Western Australia, the Hon. Mark McGowan, and Minister for Community Services, the Hon. Simone McGurk, alongside Nicola Forrest Co-Founder of the Mindereroo Foundation, in March 2018. The Early Years Partnership has partnered with four communities within Western Australia:

- Armadale West (metropolitan)
- Central Great Southern (Comprising the Shires of Katanning, Kojonup, Gnowangerup and Broomehill-Tambellup) (regional)
- Derby (remote)
- Bidyadanga Aboriginal Community (very remote).

The EYP is a partnership between these four communities, the State Government, the Mindereroo Foundation and Telethon Kids Institute (TKI) as evidence and evaluation

partner. The State Government participates via the Department of Communities (lead partner), Department of Education and the Department of Health.

The \$49.3 million partnership includes:

- State Government investment of \$24.6 million over 10 years, which includes project management and effective alignment of existing funding to community priorities
- Mindereroo Foundation investment of \$24.7 million over 10 years to test, trial and learn from new initiatives as well as fund research and evaluation by the Telethon Kids Institute.

In addition, the Australian Government will contribute \$2.7 million over three years via the Connected Beginnings program. In Armadale West, Connected Beginnings is providing \$300,000 per year for three years. The City of Armadale, with Community Workers based at the City's Champion Centre, is the Connected Beginnings partner in Armadale West.

The Early Years Partnership aims to create change through increasing awareness about the importance of early development, strengthening whole-of-community governance and collaboration, providing the best data and evidence and mobilising resources at community, state, and federal level. In doing so, Early Years Partnership communities are empowered to identify the main enablers and barriers to children thriving in their communities, co-design agreed and targeted community plans and test, trial and learn from evidence-informed solutions.

This Community Plan for Armadale West is a result of these co-design processes. It aims to improve the wellbeing of children and families in this region and support children to be ready for school. In doing so, it aims to create learnings to inform future reforms in our State.



## Armadale West

Armadale West is the metropolitan community partner of the Early Years Partnership. This includes the school catchment zones for Challis Community Primary School, Neerigen Brook Primary School and Willandra Primary School, plus families who use services provided through the Child and Parent Centre Westfield Park.

Armadale West was chosen by the Early Years Partnership Board due to demonstration that there is:

- A need for better outcomes for children under school age and their families
- Sufficiently broad and genuine interest within the community to achieve change
- A level of capacity to do so.

**Armadale West**  
boundary



# Early Years Partnership Co-Design

## Early Years Partnership Principles

The Early Years Partnership's community engagement, planning and design process is based on the following principles:



**Children, families and communities are at the heart of everything we do**



**We listen to and act upon the wisdom of families, communities and their children**



**We value the strengths of the community, the assets and knowledge they already have**



**We take a place-based approach; community is at the core**



**We try, test, learn and improve, again and again**



**We build trust through equal partnership.**

## Early Years Partnership Impact Pathways

The Early Years Partnership Impact Pathways is an evidence informed tool that supports communities to identify the main enablers and barriers to children and families thriving in their communities. The Early Years Partnership partners acknowledge that children are born into families, families live in communities and communities are impacted by state and federal government systems and policies. Therefore, the Early Years Partnership Impact Pathways have been structured to reflect these four pillars: child, family, community, and systems. This tool outlines 50 enablers and 58 barriers to children thriving across these pillars. This document can be viewed on the Early Years Partnership website.

From these barriers and enablers to child wellbeing and school readiness, Armadale West was supported to identify which were having the greatest impact on children living in their community. These have formed the local priorities.

## Armadale West Co-design Process

Armadale West has been supported through a community planning process, noting that this was undertaken over an extensive period due to significant disruption caused by the COVID-19 pandemic. The process has drawn from place-based data provided by Telethon Kids Institute, stakeholder knowledge and experience and families with lived experience of raising children in the community.

# Outlined below is the seven-step community design process:

## 1 Engaging and listening

In 2019, Armadale West was identified as the metropolitan Early Years Partnership community site. The Early Years Partnership project team identified and engaged with key stakeholders and existing governance groups, to understand community aspirations for change and strengths that could be built upon.



## 2 Establishing

In consultation with local leaders, a local working group was established. Implementation was initially focused on aligning the Initiative with the existing Womb to Workplace Strategy (led by Challis Community Primary School). A revised governance model inclusive of the broader geography of West Armadale and catchment of the three primary schools was established in early 2022.



## 3 Discovering

The Armadale West Local Working Group met monthly to discuss the identification of local priorities. A situational analysis—The ‘here and now’ for little kids and families in Armadale West, 2022 was developed by Telethon Kids Institute. The report provided an insight to local data on child health and development and built a shared understanding of the needs and opportunities for local children.



Appendix A shows a snapshot of data related to the Armadale West area drawn from a variety of sources as noted with each datapoint. The full situational analysis can be found on the Early Years Partnership website.

## 4 Co-designing local priorities

In May 2022, a survey was sent to service providers to get an understanding of what they believed were the priorities for improving outcomes for children. The survey was completed by 28 agencies who provide services to the local community, representing health, education, and community services.

The survey identified four key priority areas for Armadale West:



**Child Development**



**Family Safety**



**Maternal Health**



**Financial Wellbeing**

Once the various forms of data were collated, Telethon Kids Institute facilitated a group model building session on child development and it was decided by the Armadale West Local Working Group to make a start on implementing actions for this as a priority, whilst further priority areas were being confirmed.



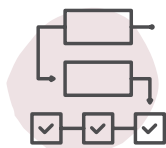
## 5 Co-designing actions

In October and November 2022, two Group Model Building (GMB) workshops were held with local service providers as part of further planning for implementation of the Early Years Partnership in the region.

The first GMB workshop was held in October 2022 at the Champion Centre. In this workshop participants worked together to identify the main drivers of child wellbeing in their communities (including the impacts of family wellbeing on the child) for children aged 0–4 years according to their pre-identified priority areas. The key output of the workshop was a causal loop diagram which summarises the group’s views across the four themes: child development (blue), family safety (red), maternal health (green) and financial wellbeing (orange). Refer to **Appendix B**.

The same group of service providers were invited to participate in the second GMB workshop held in November 2022, although not all were able to attend, and some new individuals participated. Participants were also provided with existing services in the community, mapped against the priority areas, to build on the strengths that exist. The actions identified against each priority area are summarised from page 15 onwards. A full report of the GMB workshop can be found on the Early Years Partnership website.

In addition, two workshops were held for local families to gain their views on raising children in the community. Twelve families were invited to attend the Champion Centre to participate in the GMB workshop with representation from both Aboriginal and CALD families.



## 6 Collaborate and deliver

This Community Plan forms the foundation for the community to collaborate and deliver on improved wellbeing for children living in the Armadale West suburbs, with the support of the Early Years Partnership Implementation Group and Board.

During this phase, Telethon Kids Institute will continue to support the Local Working Group to ensure actions are evidence informed. In addition, the Department of Communities will work with Telethon Kids Institute to identify national and international leading researchers in the priority areas identified in this plan, to explore opportunities where evidence-based models could be adapted to the local context.

Implementation of the priority actions will be supported by an evidence-based implementation science model called PRISM (Practical, Robust Implementation and Sustainability) to ensure the robust translation of research into practice, with specific attention to the local context and ensuring equity (reach and representation).

Where relevant, the Local Working Group will be supported to submit funding proposals to the Implementation Group or Board (as appropriate) where larger system level actions are proposed.



## 7 Review

The community will be supported to continually monitor and evaluate implementation of the plan to ensure actions are addressing the multiple system challenges identified and are creating impact for children.





## Hearing the Voices of Aboriginal Families

The City of Armadale has partnered with the Early Years Partnership to facilitate the Connected Beginnings program, a national program funded by the Commonwealth Department of Education. The City of Armadale employed three Aboriginal Community Workers in March 2022, who are based at the Champion Centre with the City's Aboriginal Development team.

Employing Aboriginal staff who have trusted relationships with local families has been key to hearing the stories of these families. Understanding both the strengths and gaps in current services has informed how the Early Years Partnership and the community can address the priority areas identified in this plan.

This has also resulted in an Aboriginal led playgroup, where families can come to the centre, have a yarn with community workers and access other supports as needed. Importantly, this playgroup provides a space for culturally safe learning and social connection with other children.

Another focus has been supporting Aboriginal families' engagement with child health checks. This has included brokering a partnership with the Child and Adolescent Aboriginal Health team to do outreach to the Champion Centre to ensure local families have accessible culturally safe health support.





## Hearing the Voices of Culturally and Linguistically Diverse Families

Since October 2021, the Early Years Partnership has funded 54 reasons (previously known as Save the Children) for a Family Connector program to gather the voices of local families, with focussed support for the CaLD community. The Family Connector program is currently funded until June 2023.

It can sometimes be stressful to raise young children, and access to information and services can be hard to find or confusing. This can be further exacerbated by cultural and language barriers. The Family Connector is employed to listen and understand what difficulties CaLD families are facing when it comes to looking after their children and family.

It's all about listening to our local families and working with them to make sure they have access to support that suits their needs.

During this time the Family Connector has engaged with families across the local area. Strategies to facilitate engagement have included connecting with families attending early years programs, proactive outreach to families with new babies, and targeted strategies to engage CaLD families.

The Family Connector supported the kindy orientation days by facilitating developmentally appropriate activities, which children will experience in the kindy program, so both children and parents understood what to expect when starting school. In addition, children received lunchboxes, drink bottles and educational games such as puzzles and books to support learning at home. The aim of this was to help ease the transition for these children, build strong connections with the families, and help families address any concerns they had about their child starting school.

To ensure that new families in the local area are aware of the various local supports available, the Family Connector seeks to reach out to new families. At this stage, the Family Connector learns of new families in the area via local services, in the absence of a systemic approach, and seeks their consent to engage with them. They use gift hampers with useful baby items along with information on local supports, as a tool to engage – dropping off the hampers to the family to introduce the Family Connector and start a conversation.





# Armadale West Priorities

The four Armadale West priorities for improving child wellbeing and school readiness are child development, financial wellbeing, family safety and maternal health. This section outlines data that demonstrates the need to focus on these areas, the evidence of why these are important factors to improving child wellbeing, and overarching aims and objectives. Importantly, this section outlines 28 priority actions for creating better outcomes for children and their families.





## Aim:

To increase the number of children meeting developmental milestones and entering school developmentally ready (as measured by the Ages and Stages Questionnaire (ASQ3) and Australian Early Development Census (AEDC) tools (adjusted for cultural relevance as appropriate)).



# Child Development

Child development refers to the physical and psychological growth of a child from conception through to early childhood. In Western Australia, parents can have their child's development assessed at five time points (14 days, 8 weeks, 4 months, 12 months, 2 years) through the ages and stages questionnaire (ASQ 3). These health checks help to understand the child's growth and detect any developmental delay as early as possible. Evidence has demonstrated links between increased health checks and enhanced referrals, especially for psychosocial problems in children, but availability of timely care for these referrals is a genuine concern due to significant waitlists for child development services in Western Australia.

Community members and services identified four key themes to address child development, these are:

- 1. Recognition and support for cultural parenting practises**
- 2. Early identification and intervention of childhood developmental delays**
- 3. Parent knowledge of the importance of the early years**
- 4. Timely and affordable access to medical services**

Priority actions identified for these key themes have outlined ahead, noting that no priority actions were identified for timely and affordable access to medical services at this time.



## 1. Recognition and support for cultural parenting practises

Objective	Local level action	Systems level action
To recognise and support cultural parenting practises.	<ul style="list-style-type: none"> <li>• Welcome Baby to Country Community events.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve support for kinship carers including Aboriginal grand-carers, informally caring for their grandchildren.<sup>4</sup></li> </ul>

## 2. Early identification and intervention of childhood developmental delays

Objective	Local level action	Systems level action
To improve access to timely detection and support referrals of developmental delay in 0-4-year-olds.	<ul style="list-style-type: none"> <li>• Create a Local Services directory for families.</li> <li>• Child Health Services to deliver drop-in services at the Champion Centre.</li> <li>• Investigate transport options to early learning activities (playgroups, KindiLink, day care).</li> </ul>	<ul style="list-style-type: none"> <li>• Investigate an evidence informed program to support parents with the knowledge and skills to support their child's development during the waiting period for child development services.</li> </ul>
To increase attendance at universal health checks with child health nurses.	<ul style="list-style-type: none"> <li>• Promotion and active bookings of health checks at family and community events.</li> <li>• Develop a marketing campaign with key messages for families on the importance of child health checks.</li> </ul>	<ul style="list-style-type: none"> <li>• Department of Health to share data on attendance at child health checks with Local Working Group.</li> <li>• Collaborate with WA Primary Health Alliance to increase General Practitioners education/awareness of the process to refer families to child health nurses.</li> <li>• Develop key messages and tools for wider Early Years workforce in child development and referral pathways to child health nurses.</li> </ul>
To Increase sustainability of early learning programs that support healthy child development.		<ul style="list-style-type: none"> <li>• Evaluate the Challis Parent and Early Learning Centre model and implement recommendations.</li> </ul>





### 3. Parent knowledge of importance of the early years

Objective	Local level action	Systems level action
To increase parent knowledge of early brain development.	<ul style="list-style-type: none"><li>• Create an education tool (Brain Boxes) to be distributed to professionals working with families, in early years settings.</li></ul>	

### 4. Timely and affordable access to medical services

Objective	Local level action	Systems level action
To advocate for increased medical support for families and support access to timely and affordable medical services.	<ul style="list-style-type: none"><li>• Action to be developed.</li></ul>	





# Family Safety

Approximately one in 10 children in Armadale West was impacted by family and domestic violence over the past 12 months.<sup>5</sup>

The aim of family safety is to have a community free of family and domestic violence and the related ongoing patterns of behaviour that coerce, control or create fear within a family. This violence can impact the health and development of babies in-utero and impact foetal brain development.

Infants are considered especially vulnerable because their brains are developing rapidly.<sup>6</sup> Longer term impacts could include a child not reaching their full intellectual potential, delayed speech development and poor memory. Children who do not live in a safe family are more likely to show multiple vulnerabilities on the Australian Early Development Census (AEDC) measures.<sup>7</sup>



Community members and services identified three key themes that impact on family safety in Armadale West:<sup>8</sup>

1. **Distrust of Child Protection services**
2. **Support for good parenting practices**
3. **Systemic disadvantage and discrimination**

These themes have been developed into aims and objectives with corresponding priority actions outlined below.

Approximately



children in Armadale West was impacted by family and domestic violence over the past 12 months





### 1. Distrust of Child Protection services

Objective	Local level action	Systems level action
For Aboriginal community to gain trust with the Department of Communities.	<ul style="list-style-type: none"> <li>Provide an opportunity for local community members to share lived experience with the Department of Communities (Child Protection) and provide feedback on service delivery to support improved practice.</li> </ul>	<ul style="list-style-type: none"> <li>Where practical and where not already occurring, provide opportunities for the lived experience of families to influence child protection policy.</li> </ul>

### 2. Support for good parenting practises

Objective	Local level action	Systems level action
To provide support to families for good parenting practises.	<ul style="list-style-type: none"> <li>Capacity building including workshops and training to support good parenting practises.</li> </ul>	<ul style="list-style-type: none"> <li>Identify evidence-based perpetrator accountability programs and adapt to Armadale community context.</li> </ul>

### 3. Systemic disadvantage and discrimination

Objective	Local level action	Systems level action
To decrease systemic disadvantage and discrimination.	<ul style="list-style-type: none"> <li>Early childhood professionals to complete Trauma Education programs, with a focus on:               <ol style="list-style-type: none"> <li>Early identification of signs of abuse and how to respond</li> <li>Engagement strategies and techniques to support the learning of children who have experienced trauma.</li> </ol> </li> </ul>	





# Maternal Health

In Armadale West, nearly one in five (18 per cent) of women smoked during pregnancy compared to 7.9 per cent across the State, and around five per cent of births were to women who were aged 15-19 years, double the State average of 2.6 percent.<sup>9</sup>

Maternal health refers specifically to the health of women while they are pregnant, through childbirth and for six to eight weeks postpartum. Maternal health encompasses aspects such as mental health (anxiety, post-natal depression, depression, and stress), smoking, the use of alcohol and other drugs, and general health. The mental and physical health of mothers directly impacts the health and development of the child. A child under one year of age, is over three times more likely to have poor general health if the mother has poor general health in the year after giving birth. If the mother has a chronic condition during pregnancy, there is a 30 percent increased risk of that child also having a chronic condition in their first year of life. Stress, anxiety or depression while pregnant as well as poor mental health in that year after giving birth, also increases the risk of a child experiencing a chronic health condition. Teenage mothers are more likely to smoke during pregnancy and to experience disadvantage. There is also a higher risk of a low birthweight baby, a pre-term baby and higher morbidity and mortality rates.

## Aim:

To improve access to and attendance at antenatal services to ensure mothers are healthy and babies have the best possible start to life.

Community and service providers identified the following three key themes which impact on maternal health in Armadale West:

### 1. Cultural aspects

### 2. Mental wellbeing

### 3. Physical wellbeing

These themes have been developed into aims and objectives with corresponding priority actions outlined below, noting that no priority actions were identified for Physical Wellbeing and Cultural aspects of maternal health as of yet.

In Armadale West, nearly

**1 in 5**



women smoked during pregnancy

Compared to 7.9% across the State

18%

Around **5%** of births



were to women aged 15-19 years

Double the State average of 2.6%



## 1. Cultural aspects

Objective	Local level action	Systems level action
To support services to integrate cultural practises/safety into the design and delivery of all services that aim to improve maternal health.	<ul style="list-style-type: none"><li>• Actions to be developed.</li></ul>	

## 2. Mental wellbeing

Objective	Local level action	Systems level action
To increase access and availability of maternal mental health support.	<ul style="list-style-type: none"><li>• Increase in local services who provide antenatal and postnatal support completing Maternal Mental Health training.</li></ul>	<ul style="list-style-type: none"><li>• Improved access of services locally (Health and other).</li><li>• Access to a consistent child health nurse, to support trust and continuity of care between mothers and health professionals.</li></ul>

## 3. Physical wellbeing

Objective	Local level action	Systems level action
To provide more opportunities for parents to engage in activities that promote physical activity and reduce stress during the antenatal and postnatal period.	<ul style="list-style-type: none"><li>• Partner with the Department of Education Participation Coordinators to strengthen the response to the needs of teenage parents/ pregnant women.</li></ul>	<ul style="list-style-type: none"><li>• Explore the current local antenatal care system/support services and how well this is accessed by families.</li></ul>

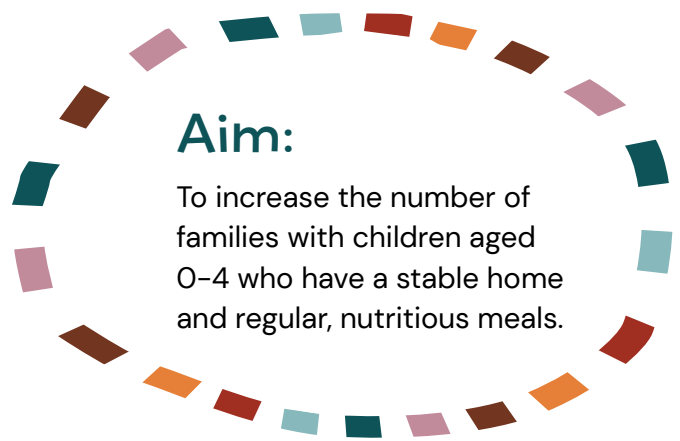




# Financial Wellbeing

Nearly one in five (19 per cent) families in Armadale West receive income of less than \$1000 per week.<sup>10</sup> One in five (21 per cent) children live in sole parent families, and 11 percent of children 0–4 live in a household with no working parent.<sup>11</sup>

Having regular adequate income is a key determinant of a family’s economic situation. While there are strong links between poverty and poor child outcomes, child development is also impacted by financial indicators such as low income, stable and adequate housing, food security, parent education, and parent employment.



## Aim:

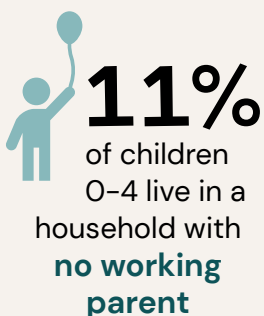
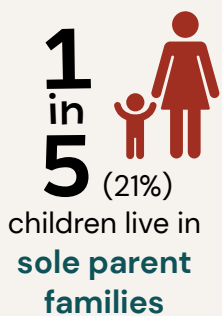
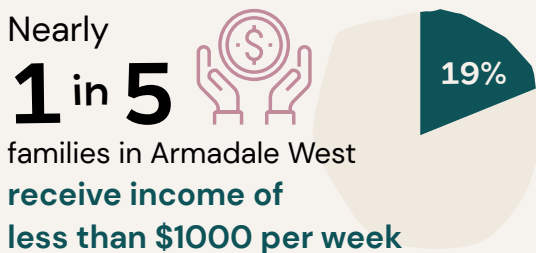
To increase the number of families with children aged 0–4 who have a stable home and regular, nutritious meals.

Children living in households experiencing financial hardship are at a greater risk of poor health and educational outcomes, both in the short and long term. Children from low-income families are more likely to experience psychological or social difficulties, behaviour problems, lower self-regulation, and higher physiological markers of stress. Low income can also affect a child’s diet and access to medical care, the safety of their environment, level of stress in the family, quality and stability of their care and provision of appropriate housing, heating, and clothing.

Community members and service providers identified four key themes that impact on financial wellbeing in Armadale West:

1. **Supporting access to income support**
2. **Supporting access to housing**
3. **General cost of living**
4. **Culturally appropriate service delivery**

These themes have been developed into aims and objectives with corresponding priority actions outlined below, noting that no priority actions were identified for culturally appropriate service delivery however this theme has been addressed in other areas of this Community Plan.





### 1. Supporting access to income support

Objective	Local level action	Systems level action
To support eligible families with children aged 0–4 to access income support.	<ul style="list-style-type: none"> <li>Provide opportunities for relevant services to hot desk at the Champion Centre and facilitate networking opportunities.</li> </ul>	

### 2. Supporting access to housing

Objective	Local level action	Systems level action
To support access to housing and advocate for appropriate housing support and relevant subsidies.	<ul style="list-style-type: none"> <li>Investigate possibility for Department of Communities Housing Officers to be based at the Champion Centre to provide opportunities to exchange information with community.</li> </ul>	<ul style="list-style-type: none"> <li>Advocate for the Housing Support Program (First Nations Homelessness).</li> </ul>

### 3. General cost of living

Objective	Local level action	Systems level action
To identify strategies that strengthen financial independence, including addressing affordable access to food.	<ul style="list-style-type: none"> <li>Extension of the existing food security program to reach all families in need.</li> </ul>	<ul style="list-style-type: none"> <li>EYP Board to advocate to Federal Early Childhood Minister to trial eliminating the activity test for childcare subsidy.</li> </ul>

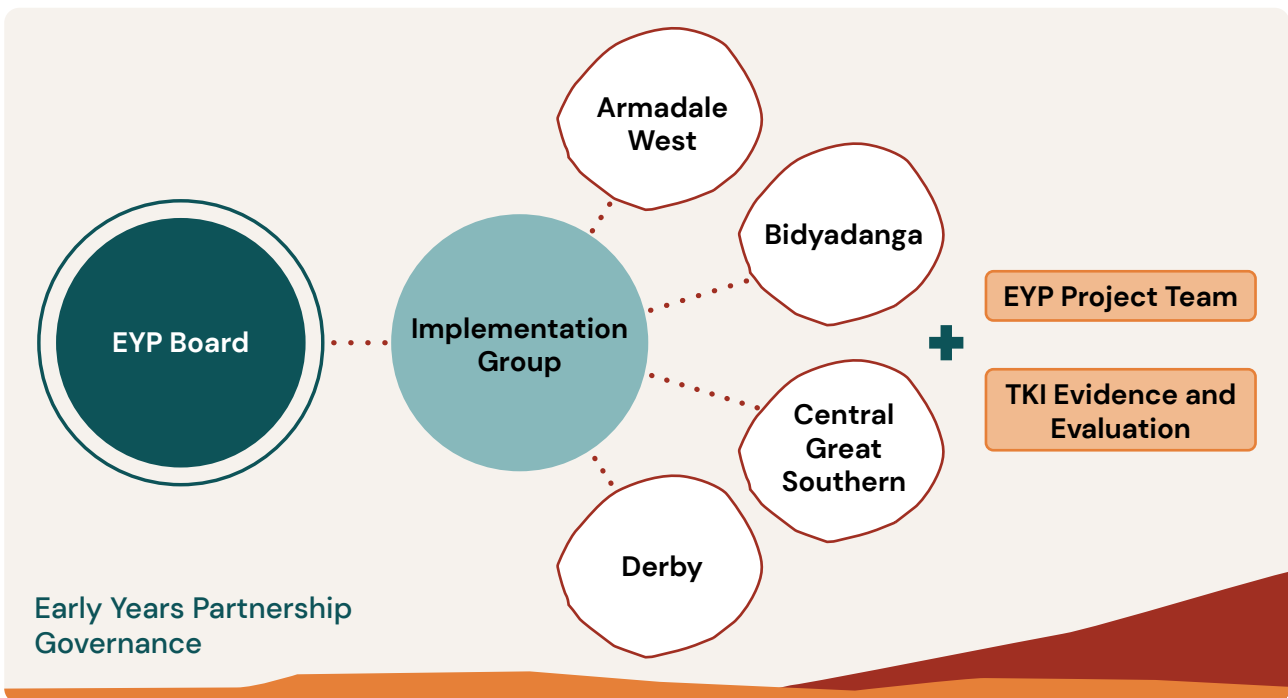
### 4. Culturally appropriate service delivery

Objective	Local level action	Systems level action
To support services to integrate cultural practises/safety into the design and delivery of all services that aim to improve financial wellbeing.	<ul style="list-style-type: none"> <li>Action to be developed.</li> </ul>	



# Governance

Governance of the Early Years Partnership is three-tiered with an executive level board, an implementation group and a local working group. This encourages and enables both system level changes and community-led changes.



## Early Years Partnership Board

The Early Years Partnership Board creates the authorising environment and mobilises the resources that enables the delivery of the partnership.

The Board meets quarterly<sup>12</sup> to provide strategic direction, oversee the delivery of the partnership, ensure agreed outcomes and targets are achieved and that any emerging risks or issues are appropriately managed.

It also provides advice and direction when issues are raised by the community. The Early Years Partnership Board includes two independent co-chairs and representatives from the partner organisations including:

- Matthew Cox, Independent Co-Chair
- Glenda Kickett, Independent Co-Chair
- Mike Rowe, Director General, Department of Communities
- Jay Weatherill AO, CEO Thrive by Five, Minderoo Foundation
- Juan Larranaga, Policy and Portfolio Manager Thrive by Five, Minderoo Foundation
- Jeff Moffet, Chief Executive, Western Australia Country Health Service (WACHS), Department of Health
- Lisa Rodgers, Director General, Department of Education
- Jacqueline McGowan-Jones, Commissioner for Children and Young People.



## Implementation Group

The Board is assisted by an Implementation Group which includes representatives from the partner agencies plus the National Indigenous Australians Agency (NIAA) and Telethon Kids Institute (TKI). The Implementation Group:

- oversees the scope, schedule and overall delivery of activities that enable the development and progress of community plans and the Early Years Partnership as a whole
- responds to and resolves issues that are raised by the community via community governance
- provides advice, recommendations, and updates to the Board, including escalating matters that cannot be resolved by the Implementation Group
- approves funding for actions that require new resources as per agreed community plans within its funding delegation.

## Local Working Group

The Local Working Group comprises community representatives from a variety of organisations, ensuring local knowledge, engagement and ownership of solutions and activities, including identifying opportunities and managing local level risk. The Local Working Group oversees the development and implementation of the local community plan.

The group works together to provide specialist advice, local knowledge, and transparent decision making, to inform the strategic and operational priorities of the Early Years Partnership in Armadale West and ensure these are successfully achieved to meet the local need.

The 10 members of the Armadale West Local Working Group include:

- Department of Communities
- 54 Reasons (co-chair)
- City of Armadale (co-chair) – Champion Centre Coordinator
- City of Armadale – Connected Beginnings Community Team Leader
- Challis Community Primary School
- Neerigen Brook Primary School
- Willandra Primary School
- Parkerville Children and Youth Care
- Department of Health, Child and Adolescents Health Service
- Early Years Partnership Senior Community Engagement Officer.

Other relevant stakeholders are invited to participate on an as needs basis.

## Connected Beginnings

Each Early Years Partnership community is supported by Connected Beginnings. Connected Beginnings facilitates greater integration of services to ensure children have the best chance to reach developmental milestones before school. Connected Beginnings uses a collective impact approach meaning community members and organisations work together to:

- identify the community's strengths, skills and resources
- identify issues affecting their community
- co-design solutions to these issues.

The City of Armadale is the Connected Beginnings Partner in Armadale West. Connected Beginnings provides funding for three community workers, to focus on engaging with Aboriginal families in the community. The Community Workers are based at the Champion Centre and provide support, guidance and connect community with services.

# Monitoring and Evaluation

The Early Years Partnership evaluation will incorporate a range of measures to capture the effectiveness of the initiative. That is, what works, for whom and under what circumstances in improving child wellbeing and school readiness for children aged 0–4 years in four distinct types of communities (metropolitan, rural, remote and very remote).

The Early Years Partnership will be evaluated using the Developmental Evaluation Framework. Developmental Evaluation is used to evaluate innovative, radical program design, and complex issues. This framework can help by framing concepts, test quick iterations, track developments, and monitor arising issues.

The Early Years Partnership evaluation aims to capture change at three levels: child, family, and community. Several linked data sets will be used to measure change in outcomes for children over time. Family outcomes will be captured using a series of online and hard copy surveys, and through other methods co-developed with communities. To measure changes in the strength of collaborations between organisations, innovative methods such as the use of a 'virtual' map of services targeting 0–4-year-olds in the community

sites. This 'virtual' map will be overlaid by a social network analysis that will be used to 'fact check' service access, reach and strength of collaboration between services.

Critical to the Early Years Partnership's aim of learning what it takes to create change for all Western Australian children is understanding 'how' the initiative made an impact. Concepts from 'Implementation Science' will be used to understand how implementation occurred within the communities and what implementation strategies were most effective. The PRISM (Practical Robust Implementation and Sustainability Model) framework will be used to support the development of strategies for each action. RE-AIM is a framework used to guide the planning and evaluation of programs according to the five key RE-AIM outcomes: Reach, Effectiveness, Adoption, Implementation, and Maintenance. RE-AIM framework will be utilised to evaluate the impact and effectiveness of the major strategies within each priority area.







## Conclusion

This Community Plan represents the next stage in the Early Years Partnership for families living in the catchment of Armadale West. It provides a roadmap for continuous improvement for children and families in the community over the next five years.

This Plan is an active document that will be reviewed annually and updated as required to ensure it stays up to date and relevant, including the addition of new actions as they are identified. More detailed implementation plans will be developed to allocate responsibilities and ensure accountability of delivery across the partnership.

While the community continues to lead and implement local level actions, the Early Years Partnership team will continue to engage experts across the sector and key actors across the system.

The Early Years Partnership is committed to working together with the Armadale community to improve child wellbeing and school readiness and in doing so learn what it takes to create change for all Western Australian children.

## Appendix A –

# Armadale West Data Snapshot

### Children



A1

Number of children aged 0-4

**1,883**

Source: ABS (2016)



A1

**22.6%** of children 0-4 are in a sole parent family

Source: ABS (2016)

**9.5%** of children 0-4 in Armadale West don't speak English well or not at all

Source: CDA (2016)



A1

**3,485** Families with children

Source: ABS (2016)

Estimated births per year to residents of Armadale West



**622**

Source: ABS (2016)

A2



**46%** couple with children



**29.4%** couple no children

Family make-up



**22.3%** one parent

**1.8%** other families

Source: ABS (2016)

A1

### Child health



A2

**6.6%** of babies had low birth weight (<2,500g)

Source: CDA (2018)

**8.7%** of babies born pre-term (<37 weeks)

Source: CDA (2018)



AC

**Vaccination rates**  
**91.7%** of children in the City of Armadale are fully immunised at 2 years old

Source: CDA (2018)  
City of Armadale (LGA)



A2

In Armadale West children 0-4 have more hospitalisations than the WA average for **respiratory disease**

Source: CDA 2018

### Maternal health



A2

Births to women aged 15-19 were **5.2% double** the WA average of 2.6%

Source: CDA (2018)



A2

**18%** of women smoked during pregnancy, compared to 7.9% in WA

Source: CDA (2018)  
Kimberley SA3

## Education



A1

**51-66%**  
of students at local schools  
**attend school more than  
90% of the time**

Source: My Schools website (2019)  
(Neerigen Brook PS,  
Challis Community PS, Willandra PS)

## Australian Early Development Census

A2

**30.3%**  
of children are  
**developmentally  
vulnerable on one or  
more domains**

Source: AEDC (2021)  
Derby-West Kimberley SA2

## Housing



A2

**2.9%**  
live in **over-crowded  
conditions**, similar to  
the WA average of

**2.4%**

Source: CDA(2016)

## Income



A1

**Weekly income**  
for family households

**26.6%**  
less than \$1,000

**33.2%**  
more than \$2,000

Source: ABS (2016)

## Diversity



A1

**4.2%**  
of all residents and  
**5.9%**  
of children aged 0-4  
**are Aboriginal**

Source: ABS (2016)



A1

**25%**  
of residents  
**speak a language other  
than English at home**  
similar to the Perth average  
of 26.5% (includes people  
who also speak English)

Source: ABS (2016)

## Community

### Education

A1



**53.4%**  
have a  
**post-school qualification**

**9.3%** Bachelor Degree  
or higher

**24.9%** Certificate level  
(I to IV)

Source: ABS (2016)

### Index of relative socio-economic disadvantage

A2



**Armadale-  
Wungong-  
Brookdale SA2**  
is in the **lowest decile**

**Seville Grove SA2**  
is in the  
**4th lowest decile**

Source: ABS (2016)

## Workforce

### Employment status

A1



**55.9%** work full-time

**27.7%** work part-time

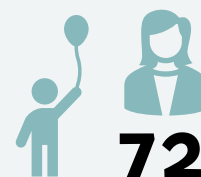
**11.3%** are unemployed

**5.3%** are away

Source: ABS (2016)

### Parental employment

A1



**72%**  
of children 0-4 have  
**at least one parent  
employed**  
compared to **85.7% in WA**

Source: ABS (2016)

**Key:** Data availability

A1

Data available for  
Armadale West  
at SA1 level

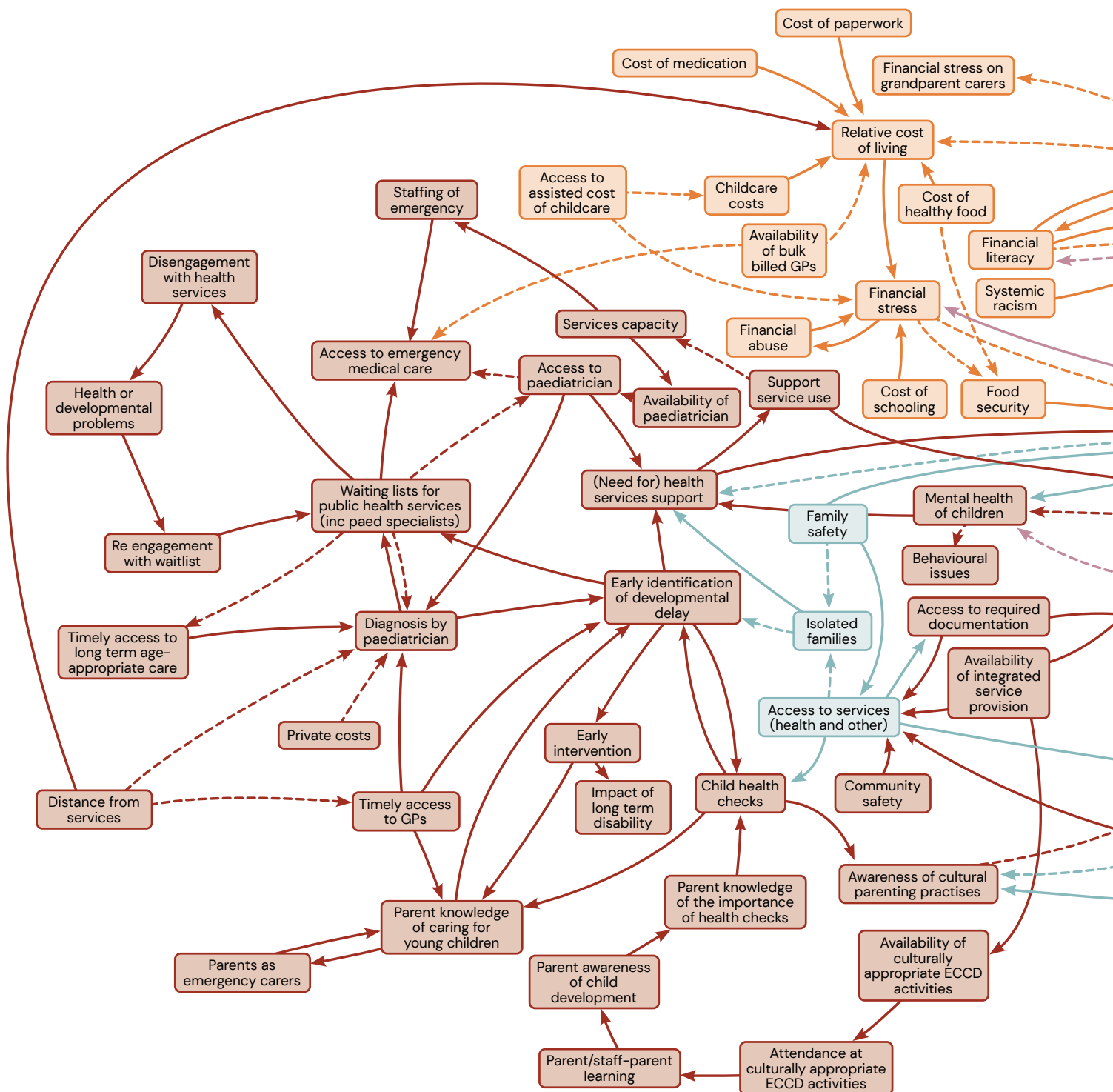
A2

Data available for  
Armadale West  
at SA2 level

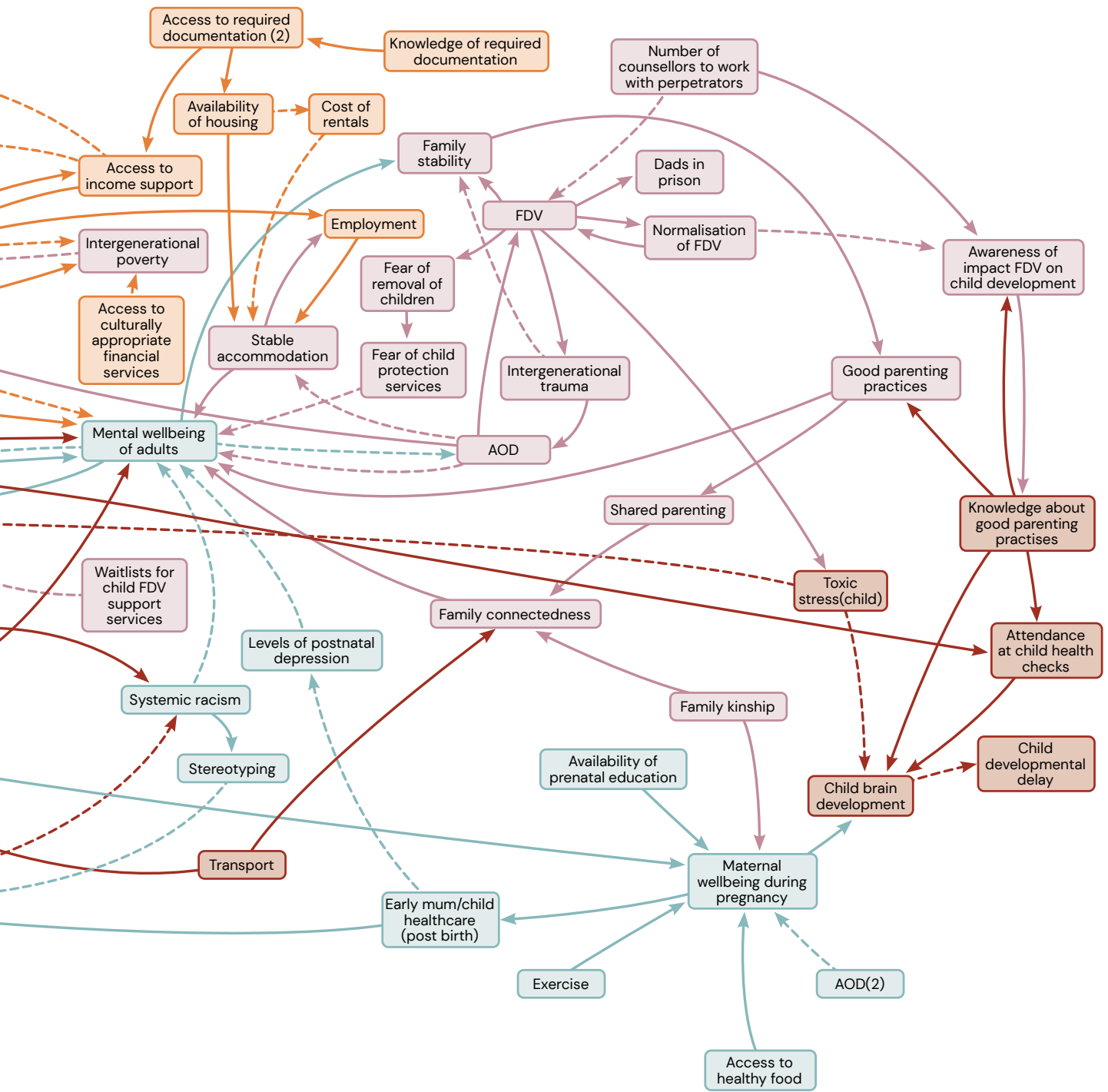
AC

Data available  
for the City of  
Armadale LGA

# Appendix B – Causal Loop Diagram








### Priority Areas

 **Child Development**

 **Family Safety**

 **Maternal Health**

 **Financial Wellbeing**



## Appendix C –

# Potential Additional Actions


In addition to the priority actions identified in this Community Plan, community participants in the Group Model Building workshops identified a number of potential additional actions which will be investigated further.


These are outlined below.

Priority area	Action idea	Description
<b>Child Development</b> 	Better awareness of disabilities, developmental delays and supports available in the community	Ensure parents are aware of supports available in their community if they are ever concerned about their child's development.
	Child centred system/ services	All services focussed on child health needs and development. Reviewing frameworks, intake and assessment rules to include a focus on the child. Including a workshop/collaboration with services about the importance of child centred approach in their service response.
	Community Harvest revamp	Advocate for eligibility broadened with free options.
	Consistent parent education promotion in the area	All agencies have a consistent focus and message around parent education from City of Armadale to services and schools.
	Australian Early Development Census (AEDC) resources	Resources utilising AEDC data that can be accessed at all city facilities.
	Events – Be Seen and Heard	Community Workers, Early Years project team to be active in community events promoting importance of early brain development.
	In home parenting support	Referral to an agency funded to support parents to establish routines that support children to thrive e.g. bedtime routine; getting ready for school routine, mealtime routine, managing emotions/behaviour and other routine-based activities.
	Outreach services for isolated families	Encouraging outreach child health services like FIFO early years therapies in addition to teletherapy.
Parent awareness/ knowledge about the importance of early screening	Camps / workshops for raising awareness of parents' knowledge.	

Priority area	Action idea	Description
<b>Child Development</b> (continued) 	Resources for awareness in different languages for documentation	A community workshop/hub for awareness in different languages e.g. can use local community halls for ongoing workshops. For example, a pop-up on how to access NDIS.
	Transport to early learning (playgroups, Kindilink, day care)	A bus to take Aboriginal children to and from school education safely and on time, that will go to any location/activity kids at the specific school go to before/after school.
	Waitlist communication	Referrals, updates and communication for parents on waitlists.
<b>Family Safety</b> 	Family interagency case management	Consent and systemic support for departments to discuss. Mobility plan (family tracking). Central communication point for families. Long term vision for families without cut off points. Some families will require more support than others, but everyone knows who to call first. NZ has a parent system of support, also Victorian Government's "the orange door".
	FDV specific counselling for children	Program or frequent counselling for children in kindy/pre-kindy who are witnessing FDV at their home. Home visits and support to parent. Easy access, short waitlist, individual or group, specialising in play therapy for younger children.
	Housing	Long term housing not a refuge. Ability to relocate and escape FDV with wrap around support services and no lengthy waitlists. Ability for high-risk victims and children to be housed somewhere safe and appropriate.
	Perpetrator accountability programs	Minimal waitlist (need to capture them when willing and not months down the track). Focus on impact of FDV has on child development. Outreach or services after hours at no cost. Increasing education of professionals on Safe and Together i.e., police, health professionals, education and magistrates.
	Toxic stress/ mental health of children	Domestic violence service that schools could call and report instead of everything going to the Department of Communities. Could be connected to Early Childhood Centres and schools to triage/ case manage and support families with history of FDV to access allied health and financial supports without involvement of child protection services.


## Appendix C – Potential Additional Actions (continued)

Priority area	Action idea	Description
<b>Maternal Health</b> 	2-year-old health checks	All post-natal health checks at 8-month, 12 month, 2 years.
	Access to health services	More child and parent centres. More staff, more private centres. A two-year check triggered by a letter sent before the birthday. Child Health appointments increase in amount. Child health check in before baby is born. eight-month check by child health nurse. Easy access to immunisations.
	Breastfeeding support	A program like King Edward Memorial Hospital breastfeeding centre, offered in other areas.
	Bring back 8-month check	Babies need to be checked at 8 months, so parents stay engaged in the child health system.
	Childcare assistance	Including: GP visit to assist with childcare letters. Apply to Centrelink for childcare subsidy. Regular child development checks with child health nurse. Child health nurse to assist with childcare letters.
	Dyslexia disability/ language barrier	Improve language policy. Services to increase their responsiveness to parents who have language understanding as a barrier. Services to identify one person to implement language policy.
	Early intervention	Pre and postnatal care for all vulnerable women that includes support to access transport, coordination, and education.
	Government funded Ngala beds	Parents able to access Ngala hands on parenting support without child protection and family support or private health with government funded beds. This had been looked at prior to COVID.
	Health care during pregnancy	Longer GP appointments to assess full health and social support needs e.g. referral pathways access to transport and care coordination that extends to post-natal.
	Increase child and parent hubs	More specialised centres to have access to health all in one place.
Mindfulness for parents	Small groups over 4-6 weeks running mindfulness sessions/course to mums to be or new mums. Could be run in conjunction with community health. Trial done at King Edward Memorial Hospital.	

Priority area	Action idea	Description
<b>Maternal Health</b> (continued) 	Mindfulness training course for child health nurses, midwives and community workers	Create/source a training program to upskill health professionals in mental health for women during pregnancy. Explore research conducted by King Edward Memorial Hospital, and interstate networks, for relevant work where a psychologist or psychiatrist is engaged in the planning and/or delivery of the program.
	More supported playgroups	Parents to be supported through playgroups to strengthen knowledge of child development to provide peer to peer support to reduce isolation. e.g. Challis Parenting Early Learning Centre, child and parent centres, as it takes a village to raise a child.
	Parent Empowerment Programs	Identify areas of interest. Certification of completion towards employment or for empowerment etc.
	Parenting support.	Extend parenting support to all families. Increase access to practitioners (five for each cohort).
	Postnatal education	A purpose built, for cohort, course on parenting and how to take care of baby.
	Support network	Prenatal support groups run through services. More child and parent centres and prenatal support groups.



## Appendix C – Potential Additional Actions (continued)

Priority area	Action idea	Description
<b>Financial Wellbeing</b> 	Community store	Shop on 'high street' to provide food and essentials to people in need, but allow dignity to 'shop' (refer to St Pat's Community Store), provides access to an alternative location to Champion Centre.
	Fit for purpose (families) homelessness support	E.g. Indigo Junction, Midland. More emergency accommodation for short and long term in Armadale.
	Housing support based at Champion Centre	Have a housing rep to service the community; NRAS workers to help navigate community to affordable housing.
	Housing support based at Champion Centre	Apply for funding – jobs, office.
	Housing Support based at Champion Centre	Interagency meetings with housing, champion centre, Wungening, to support development of a plan.
	Increased availability of Centrelink hot desk	Current visitation is one day per week, not enough to meet demand. Double the current capacity reaches more people in need and those who can't attend on the allocated day. Increased understanding/support to get relevant documentation and increases access to available financial support.
	Increased rate of jobseeker allowance – 'Raise the Rate'	Evidence that increased Centrelink benefits through COVID resulted in people having greater access to healthy life choices (more food, healthy food).
	More open days for Identification & Support being subsidised	Subsidise for ID to support large families.
	Networking with services	More marketing of programs and service hotdesking at Champion Centre.
Rehabilitation systems change	Change the system of rehabilitation for ex-offenders. Link to employment and services to ensure reintegration into community.	

## Endnotes

- 1 Australian Bureau of Statistics 2021 Census.
- 2 AEDC measures five domains: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills; communication skills and general knowledge. This measure has been shown to be a reliable predictor of literacy and numeracy in later primary school years. Between 2007 and 2009, revisions were made to the tool to make it more culturally appropriate for Aboriginal children with a preference that the AEDC measure be administered to Aboriginal and Torres Strait Islander children with an Indigenous Cultural consultant present. In 2020, AEDC was included in Closing the Gap targets with a strengths-based focus and movement from 'developmentally vulnerable' to 'developmentally on track'. The latest AEDC data (2021) shows that 57% of all Western Australian children and 31% of Aboriginal children were developmentally on track across all five domains.
- 3 Commonwealth of Australia and Department of Education, Western Australia, 2019. Early childhood development for children living in Western Australia by region: Australian Early Development Census 2018. Accessible via <https://www.education.wa.edu.au/dl/vnnm73>
- 4 Armadale West Local Working Group identified Grandcarers, however EYP acknowledges that kinship networks play an important role in families and therefore there may be other family members caring for children that also require support.
- 5 This is based on Department of Communities data during the period 1 December 2021 to 30 November 2022, which identified that approximately 10.1 per cent of children in the Armadale West boundary had an interaction with family and domestic violence over this period.
- 6 Currie J, Mueller-Smith M, Rossin-Slater M. Violence While in Utero: The Impact of Assaults during Pregnancy on Birth Outcomes. *The review of economics and statistics.* 2022;104(3):525-40.
- 7 Orr C, Fisher C, Glauert R, Preen D, O'Donnell M. The Impact of Family and Domestic Violence on Children's Early Developmental Outcomes. *International journal of population data science.* 2020;5(5).
- 8 EYP acknowledges that family and domestic violence is a complex issue. Actions outlined do not provide a comprehensive response to reducing all domestic violence but do provide action toward progress in creating change for families with children aged 0-4.
- 9 Western Australian Child Development Atlas (2018), <https://childdevelopmentatlas.com.au/>
- 10 ABS Census of Population and Housing, 2021.
- 11 Ibid.
- 12 The Board may meet out of session if required.



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