



Background Evidence Paper

Early Years Initiative



Executive Summary

Develop a coherent system

There has been a hit-and-miss approach to early years services at the coalface, overly reliant on the perspectives and skills of those at the frontline in different sectors

The Initiative should build capacity for a system of preventive/promotive parenting support in the home that knits together at the family level as:

- Coherent;
- Time sequenced;
- Theoretically informed and evidence-supported; and
- Needs-based.

If the EYI clarifies the relationship and purpose of government investments in the early years, especially those directed to the home, which can then be confidently scaled-up across the State, the value of the investment will be substantial and long-lasting.

Recognise the constraints of the service sector

Children aged 0-4 spend less than one-hour-in-ten in early childhood education and care settings. In vulnerable communities and families, this is possibly as little as one-hour-in-twenty. Other services (eg child health) have the barest fraction of this capacity to influence children or parents. This practical reality is easily overlooked by frontline services and policy makers.

While superficially attractive, the massive US investments in service integration are deemed to have failed. A 2016 study of service integration in WA conducted by Telethon Kids Institute suggested the same was likely true here, even though the intentions of coalface staff and services to work in more integrated ways were often positive.

Focus on families

Parental patterns of accessing the formal and informal early years sectors are extremely variable. This means few services tend to be used routinely and those parents with the greatest needs are paradoxically the least likely to access early years services.

Opt-in, individualised or family-centred development/support plans should be at the centre of working to help families support their child's development.

Ideally, the commencement of the process leading to formal plans would entail engagement with all local families around (ideally before) a birth, an acknowledgement and welcome of the additional member of the family to the community and commencement of discussions



with parents about their parenting perspectives, plans and hopes and perceived needs for their family to successfully support their child's development.

Focus on communities

A substantial part of the broader 'resource capacity' within early years programs and services depends on volunteers. More advantaged communities have significantly higher levels of volunteering that translates into substantial 'staffing' which government services will never be able to compensate for in more disadvantaged communities. Building the volunteer sector and neighbourhood support is essential.

Governance

Investment in community boards should be part of the Initiative itself including board training, role 'codification' and ongoing support.

Utilise what already exists

Models and frameworks already exist that could be used to inform the development of governance structures at community level, ways of working with families to enhance service uptake and to transition power from services to families.



Background

This paper has been written for the Early Years Initiative (EYI) Board. It is intended as a plain language discussion spanning theory, evidence, and knowledge gained from practice in the early years field, both in WA and elsewhere. Its focus is on issues related to supporting the development of children aged 0-4 years living in relatively disadvantaged or more 'vulnerable' communities.

At the outset it is pertinent to reinforce that theory, evidence, practice and common sense all support the importance of the early years in shaping development across the subsequent years of life and impacting on long-term outcomes. It seems perhaps equally as important to stress that despite vast evidence pointing to the importance of the early years, especially the role of the home ecology in supporting development, this has not been altogether useful in informing what is to be done to make a difference when there are issues that hinder optimal child development in these settings.

In this sense, it is hoped that the WA EYI, especially through greater engagement with communities via EYI central and community boards, will help better navigate what has remained the challenging space between what science says about the importance of the early years and doing the coalface work that is able to make a substantial population-level difference to child development outcomes in vulnerable Western Australian families and communities.

Western Australian experience suggests this may be more likely to occur if more decision-making capacity about the design and delivery of services is located closer to the frontline. This seems especially true if this fosters local cultures that encourage evidence-informed innovation in early years' service delivery, which are in turn engaged in a cycle of evaluation and quality improvement.

Such cultures reflect both that much is known about fertile areas of focus for early years' service and support systems but are also an acknowledgement that *'the devil is in the detail'* when it comes to translating this knowledge into a suite of locally appropriate, sustainable, effective and efficient programs and services in distinct community settings. Among the many challenges lying within this detail are issues spanning local cultures and history, staff turnover, family mobility, leadership capacity, and so on.

Given the scope of local challenges community boards will need to address, a uniform general guiding EYI framework seems a useful contribution to thinking about aspects of design. Consequently, this paper offers options for EYI Board consideration directed to giving trial communities broad guiding principles and key focus areas for local capacity building.



General Principles

1. ESTABLISH A PREVENTIVE-PROMOTIVE APPROACH IN TRIAL COMMUNITIES

At the outset, it is suggested that much of the emphasis of the EYI trials should be the goal of a coherent preventive-promotive approach to parenting support in trial communities directed to the first four years of a child's life.

The goal of such a framework would be that families and their children across the State receive sufficient, needs-calibrated support from locally delivered programs and services to positively contribute to their home *child-rearing* environments. Theory, evidence and practice point to this being the main determinant of the success of the EYI. Previous policy-relevant reports like the 1999 Canadian Early Years Study have made the same point.

This area of policy has remained a gap in Australia and elsewhere. Among the suggested reasons for this is that there has been cultural and political reluctance to any great degree in 'state' (i.e. Commonwealth, State and local government) involvement in what happens in the home across the early years. This has been regarded a 'feature' of countries that have assumed their policy and public-sector traditions and roots from the UK, including Australia.

Whatever the reasons, it does seem to have the general effect of keeping policy on intervention in this area at the relative margins, with significant or intensive service involvement only when it comes to more extreme cases such as a child with a disability or in cases of abuse rather than as broadly based well-resourced universal prevention/promotion-oriented action focusing on optimising population level outcomes across the early years.

Given this, a preventive/promotive framework specifying an evidence-informed approach to the society's relationship/involvement with home environments seems an important contribution. If the EYI clarifies the relationship and purpose of government investments in the early years, especially those directed to the home, which can then be confidently scaled-up across the State, the value of the investment will be substantial and long-lasting.

This is not to say that preventive-promotive programs and services are not currently offered in WA communities, nor that those that are being offered are not of good quality and delivered by well-trained and committed staff and volunteers. Rather, merely that the broader collective of early years policy architecture is not sufficiently coherent and purposeful; certainly not for many service providers and parents.

Coherence and clarity of purpose is critical for a variety of reasons. Not least among these is that prior Telethon Kids Research has found that a substantial minority of WA parents of 0-4-year-old children have arrived in the State relatively recently (i.e. within 10 years) and more than one-in-two were born elsewhere. This level of inward migration alone suggests that many new parents are likely to be unfamiliar with local systems and their characteristics.

Partly, the lack of coherence in the State's preventive/promotive early years policy is a case of mixed points of contact and funding for services and programs, sometimes with elements of



competition. As a simple example of this, in WA GP's (Commonwealth/Medicare funded) and Child and Community Health Services (State funded) both deliver aspects of developmental checks and immunisation services within communities, with little apparent transparency in the minds of those at the coalface about respective roles and objectives.

Other aspects that add to the confusion of early years policy include the nature of funding cycles, multiple funders, and so on. The result has been something of a hit-and-miss approach to early years services at the coalface, overly reliant on the perspectives and skills of those at the frontline in different sectors.

To offer one example reflecting the extent of this issue, child health checks were the subject of an WA Auditor General's report in 2010. At that time, the Auditor General reported 80 per cent of children in the WA Wheatbelt received the 18-month check in 2009-10. This compared with only 30 per cent of children in the metropolitan area and 8 per cent in the Goldfields for the same check.

Notably, *child health checks* are generally less about screening and surveillance and more about general parenting education (i.e. prevention/promotion). It is likely that the differences identified by the Auditor General were the result of local decisions about the degree to which an 18-month child health check was important in a broader context of resourcing constraints.

The point is not to critique the outcomes or the merits of checking development at 18 months. Nor is it to disparage the Department of Health's (DoH) performance; rather, there is a lack of policy transparency and coherence in the 0-3 space in WA. Notably, the issue of distinctly different approaches to child health checks across WA was only apparent because the Department gathers data that made this analysis possible. In many other domains of early years program and service delivery, the absence of data does not permit an equivalent analysis.

2. COMPREHENSIVE POPULATION APPROACHES DO WORK

When thinking about early childhood systems, an influential theory has been Bronfenbrenner's Ecological Systems Theory (EST). It is suggested this inform the view taken within the WA EYI trial communities. In his Theory, Bronfenbrenner argued development arises because of person-environment interactions.

He conceptualised distinct environments or systems, that 'encased' and shaped childhood development like a classic sequence of Russian dolls, embedded one within another. The level closest to the child was the more immediate environments in which most children spend most of their early years (e.g. the home). Beyond these were increasingly broader domains, ultimately extending to areas of developmental influence like laws, values and community norms.

Without elaborating the specifics of EST, Bronfenbrenner's Theory points to the importance of mutually reinforcing actions across the various areas of a child's ecology. This idea of a sequence of reinforcing actions across settings and systems increasing the likelihood of desirable developmental outcomes appears incontrovertible; if the same general 'messages' or directions are reinforced from a multitude of points in an environment, corresponding action is more likely.



This is consistent with what has become a standard approach to dealing with many population health challenges in Australia.

A reflection of the veracity of Bronfenbrenner's general ideas been amply demonstrated in Western Australian efforts to reduce the uptake and maintenance of tobacco smoking that commenced in the mid-1980's.

Reflecting a growth in appreciation of the core idea of mutually reinforcing actions, WA's large-scale anti-smoking efforts commenced in 1983. At that time, they comprised little more than controls on advertising along with health education messages. Over the subsequent years, these have progressed to include increased taxes, controls over smoking in most public places, explicit rotating health warnings on cigarette packaging, strict controls on point of sale practices, removal of tobacco sponsorships of sports and arts and increased fines for sales to minors and so on.

Importantly, it seemed that once a full suite of control measures was established and cohering as *a sequence of mutually reinforcing actions* that mutually discouraged uptake and maintenance of smoking, behaviour change accelerated. Thus, it appears it is the suite of coherent actions that matter most. Smoking prevalence in WA now sits at or around 10%, down from approximately 35% three decades ago. Notably, this prevalence is one of the lowest in the world.

For the EYI an apparent message from smoking control efforts is that the effectiveness of a *comprehensive* approach to a population level issue has been demonstrated. Much about this approach has been revised and extended as a result of action. Theory, research, experience and a cycle of evaluation and revision of understanding have been key drivers of this development.

Given the apparent success of this approach, something similar seems an appropriate general point of reference for the EYI.

3. FOSTER VOLUNTEER AND CIVIL SOCIETY CONTRIBUTIONS TO THE EARLY YEARS

A substantial part of the broader 'resource capacity' within early years programs and services depends on volunteers. This capacity seems to vary substantially across communities, with those in more vulnerable locations appearing to have least access to volunteer capacity across early years programs and services (e.g. playgroups, toy libraries). For example, research carried out by Telethon Kids Institute in 2015 suggested that early years volunteering was undertaken by around 10-15% of parents with 0-4 years old's in lower SES areas, whereas in their middle-upper SES counterparts, 35-40% of parents volunteered. This was calculated to 'translate' into substantial differences in 'full time staffing equivalents'.

The estimated difference appears unlikely to ever be able to be wholly compensated by government funded early years programs and services. It seems possible that this same issue extends to differences in broader areas of civil society *capacity* to support child development (e.g. neighbourhood influences).

Consequently, efforts to address this aspect within the EYI trial communities seem an important area for community boards to consider and foster.



4. THE PLACE OF EARLY CHILDHOOD EDUCATION AND CARE SETTINGS

An area of early years policy that is coherent is early childhood education and care (ECEC). While acknowledging the limits to which these settings are relevant across the 0-4 period, both childcare and schools are supported by agreed National and State policy that frames them as early developmental environments. This includes the relatively recent Australian Early Years Learning Framework (EYLF) and the National Quality Standard (NQS).

Thus, in terms of the EYI trial, the focus should be on the quality of implementation of the EYLF and the NQS and ensuring all vulnerable families have access to high quality childcare, especially in the year before their children commence formal schooling.

ECEC sites in trial communities might also serve as locations for broader delivery of suites of services and interventions directed to engaging parents and influencing home environments. As an example, *Goodstart Early Learning* has been implementing a *Family Connections* intervention in its centres located in disadvantaged areas of Perth (with funding support from the Woodside Development Fund). This evidence-informed program was originally developed to enhance the knowledge and skills of staff working in centres in disadvantaged communities in their interactions with children and families living in vulnerable circumstances.

Core parts of the emphasis reflected in Family Connections is a broadening of the role of childcare in the lives of vulnerable children by building closer ties with families, ensuring more effective transitions to and from care settings and the home, and building better links between childcare and community services (e.g. healthcare professionals, schools etc). This kind of role broadening approach seems a useful extension to the ECEC role.

Nonetheless, it is appropriate to contextualise the constrained significance of ECEC settings relative to home environments across the 0-4 period of children's lives. Calculations using Australian Bureau of Statistics data suggest that less than one-hour-in-ten of the 0-4 period of children's lives is spent in early childhood education and care settings. In vulnerable communities and families, this ratio tends to be even smaller, possibly as little as only one-hour-in-twenty spent in ECEC settings.

So, while ECEC settings will be extremely important, especially insofar as some aspects of school readiness are concerned, when it comes to where children spend time, the home is clearly dominant.

5. A CROSS-CUTTING STRATEGY MATTERS

Noting the prior reference to ECEC settings and the limited amount of time spent by children in these settings, other categories of formal early years' service and programs (e.g. government funded) have the barest fraction of this capacity to influence children or parents. This practical reality is easily overlooked by frontline services and policy makers.



For example, assuming a parent attended each of the possible scheduled contacts with a child health nurse over the course of the first 18 months of their child's life, the quantum of time available would be in the order of barely a few hours.

The opportunity this presents to influence child development outcomes (especially among vulnerable families that might be dealing with an array of day-to-day issues and are least likely to engage with available services and programs) is understandably small. This scale is also unlikely to meaningfully change, even with significant new investments. Consequently, if it is to be useful the deployment of available capacity needs careful thought.

In fact, without a strategy directed to optimising the totality of effort available to support and influence in-home parental behaviour, the chances of population-wide improvements in child development outcomes in EYI trial communities is small (consistent with previous interventions). The importance of strategy is increasingly recognised by early years policy thinkers, with the idea that a strategically oriented early childhood system would knit together all the various components of preventive/promotive support, resulting in a focused *whole*.

6. SERVICE SILOS MAY NOT BE THE PROBLEM THEY HAVE BEEN SUGGESTED TO BE

A major focus of past efforts to address the needs of vulnerable families has centred on the role service *silos* have played as barriers to accessing developmental support. Reflecting this focus, achieving better service integration has been seen as a key early year's strategy, with the idea that building closer relationships between coalface services staff would resolve problems related to a lack of coherence in human services systems, especially for families with multiple risks.

Prior efforts in this category have included the relatively small-scale investments in WA's Early Years Networks (EYNs). They also include large-scale integration efforts attempted in the US, beginning as far back as the Johnson administration's Great Society agenda and also in the terms of subsequent US Presidents.

While superficially attractive, the US investments were deemed to have failed. The conclusion from efforts there was that the innate features of professional training and the nature of human services organisations made them resistant to integration. A 2016 study of service integration in WA conducted by Telethon Kids Institute suggested the same was likely true here, even though the intentions of coalface staff and services to work in more integrated ways were often positive.

A message taken from this for the EYI is not that greater service integration is not a good thing in principle, but more that it should not be a major focus of an early year's strategy in EYI trial communities. Perhaps, it may be as useful to reinterpret the siloing of early years services into specialist areas as having predominantly positive features and that their shortcomings in vulnerable communities are best resolved via targeted strategies.

This is not to say that relationships between coalface early years staff do not matter. Rather, an appropriate focus in this area might be to promote common policy/practice concepts like those in the Melbourne Centre for Community Child Health's *Platforms Strategy*. This is oriented to establishing some common ways of engaging families across the professions that have contact



with young children and their families and developing cross-agency understanding of services that are available.

In this more limited way, frontline staff are likely to be better placed to adopt evidence-based engagement strategies, to elicit parental concerns and needs, and to play more effective ‘*travel agency*’ or linking roles for families, especially those with complex needs.

Build three kinds of community capacity

Returning then to a systemic view of supporting early child development what issues might the EYI Board consider early on in its deliberations? Points of possible focus for both trial sites and as wrap-around strategy are outlined in the following sections.

1. BUILD LOCAL STEERING CAPACITY

One of the aspects proposed under the EYI that fits within a systemic perspective is the overall nature of governance. A key role is to be played by the EYI Board. Community-level governance is also expected to be an important element. This area appears both relatively under-theorised and under-researched.

The community governance considerations seem to include:

- appropriate membership and chairing assignment;
- the extent and type of training and support to be provided to members;
- the degree to which community boards are offered general guidance or frameworks which bound their roles;
- the degree to which specific strategies are to be designated as requirements of all EYI sites;
- the extent to which the community boards themselves are to be seen as part of the ‘intervention’ and consequently, any evaluation;
- as well as issues like sitting frequency, remuneration and tenure.

If community boards are to be effective, both in the short to medium term insofar as the EYI is concerned, and in the longer-term beyond the EYI trial via the establishment of a pool of effective early years advocates, it is suggested that the investment in community boards is seen as part of the Initiative itself. This suggests that investments be made in the areas of community board training, role ‘codification’, ongoing support and that the effectiveness of boards is evaluated, both in terms of their work and in terms of the community perceptions of board performance and utility.

As noted previously, the community governance role in contexts like the EYI does not appear to be well theorised. The World Health Organization (WHO) has, however, developed what appears a relevant architecture for population level governance activities and this is suggested as a point of departure for EYI governance. Referred to as a Stewardship Model, the WHO model draws on



concepts taken from corporate governance but interprets its functions/responsibilities in the context of achieving population level outcomes. If this model is used as a guide, delineating central and local board governance roles from among those identified by the WHO would obviously need to be considered. The US National Public Health Performance Standards Program (State and Local Governance Standards) provide useful guidance in this area and could be used as a model.

An implication is that there will be a degree of *'top-down'* direction from the overall EYI board along with elements of *'bottom-up'* decision making by community boards. It is argued that these distinct approaches are not incompatible.

With respect to training for community board members the following are suggested:

- a broadly-based program addressing the importance of the early years;
- information about the characteristics of evidence-based interventions;
- an overview of gaps in what is known;
- information about board roles and responsibilities; and
- skills development in community engagement.

Such a training program seems best developed as a composite of existing early years training programs as well as aspects that might be developed specifically for the EYI context.

Delivery over multiple sessions would seem appropriate given the likely density of information. Bringing all board members from the four WA sites together for training might be considered given the potential to share ideas and issues and to establish a broader sense of common purpose across sites.

Regarding ongoing community board support functions, it is suggested that these would need to be supported by a dedicated position within the EYI project team. Over the course of the EYI trials, the scope of this role might extend to arranging annual meetings of community boards, board member newsletters, support for board activities, evaluation tasks and so on.

2. BUILD LOCAL ENGAGEMENT CAPACITY

A second suggested element is that the EYI Board acknowledge that the formation of *trusting relationships* between all families and the formal (e.g. child health) and informal (e.g. play groups) community sectors is both an important end in itself (i.e. an outcome) and a critical means of establishing multiple functional gateways for families to access services (i.e. a process). Where relationships engender high levels of trust, most especially with more vulnerable families, they seem to have the capacity to increase the likelihood that parents will access support they need in timely ways. But such relationships also appear to help to increase parental agency, offering a raft of potential flow-on benefits to families.

Research conducted by Telethon Kids Institute in 2015 found that parental patterns of accessing the formal and informal early years sectors are extremely variable. This means few services tend



to be used routinely (i.e. at least monthly) and those parents that do appear to have the greatest needs are paradoxically the least likely to access early years services.

Training in the *Family Partnership Model*, an evidence-based approach to working with families, is suggested as a possible standard for all EYI communities. This model has played a central role in the inception, design, planning and delivery of integrated Child and Family Centres (CFCs) in Tasmania.

3. BUILD SYSTEMS CAPACITY TO DETERMINE AND RESPOND TO FAMILY NEEDS AND TO CONDUCT EYI EVALUATION

A third suggested element of EYI community capacity is to build capacity for a system of preventive/promotive parenting support in the home that knits together at the family level as:

- Coherent;
- Time sequenced;
- Theoretically informed and evidence-supported; and
- Needs-based.

To be effective, such approaches will need to overcome past challenges, especially the propensity of those who appear to most need support being least likely to access it.

A core suggested element of this is individualised or family-centred development/support plans. Models have been developed (i.e. Professor Margaret Sims) and implemented in WA in vulnerable communities and with parents with multiple risk factors (e.g. Midvale Child and Parent Centre).

Support/service plans (or agreements) seem appropriately time-limited or staged as a developmental sequence, responsive to both the needs and preferences of parents/carers and to their 0-4-year-old child(ren). These are suggested as something to be entered into voluntarily (i.e. opt-in/opt-out) giving emphasis to the intent being to help families support their child's development. Given the focus of the EYI on school readiness, consideration might be given to how this relates to these plans.

The detail surrounding effective recruitment, what it means to attain family '*commitment*' to individual preventive/promotive plans in practice (e.g. formality, duration etc.), and who should attempt this process seem best left as issues for community boards, especially in the context of their need to respond to cultural and other differences within and between EYI sites. However, while acknowledging that relatively assertive approaches to engagement might sometimes be an appropriate part of parent recruitment in EYI sites, the absence of clear and informed parent/carer consent with sufficient commitment to participate in the implementation of a preventive/promotive plan seems likely to render the exercise pointless.

Where commitment is not secured, parent access to relevant community preventive/promotive services would be expected to proceed on a self-directed basis (*'treatment as usual'*) within respective EYI communities, but this is suggested to lie outside the formal EYI trials and their evaluation.



Within the broader processes of securing what is regarded *sufficient* commitment, it is envisaged that an element of planning processes includes informed consent to participate in the EYI evaluation, including permissions to monitor participation through warehousing administrative data and to collect psychometric, behavioural and health data from families. An added element of this should be agreement to maintain the current address for participating families, because family mobility both within EYI sites and out of them will be a challenge in all trial sites, especially so among the most vulnerable.

Ideally, the commencement of the process leading to formal plans would entail engagement with all local families around (ideally before) a birth, an acknowledgement and welcome of the additional member of the family to the community and commencement of discussions with parents about their parenting perspectives, plans and hopes and perceived needs for their family to successfully support their child's development. This process should encourage consideration of a full range of family needs and flexibly engage with issues that emerge. For example, these discussions might span parents' healthcare needs, career/work plans, community linkages as well as perspectives, plans and hopes for the parenting role itself. Discussions on preferred linking staff and service providers should also ensue insofar as this is achievable in different settings.

Identification of prospective and new parents is possible through the currently-used Midwives Notification System (i.e. for child health nurse home visits), however, stronger and more effective links with General Practitioners, hospitals and other community services might facilitate earlier contact. A broader range of mutually reinforcing alternatives might help reinforce the merits of participation and facilitate greater long-term success for the same reason.

A suggested general feature of, and objective for, such efforts to support early child development is the concept of *proportionate universality*. Acceptance of proportionate universality as early years policy has generally been reflected in Australia as a set of universally-offered suites of programs and services, with some added supports tailored to specific needs. While conceptually useful and well-grounded as policy, its utility has been limited in part at least because it has not been framed with clear positions about appropriate resource allocations to universal and targeted services and their mix.

Initial data gathering in EYI trial sites to 'map' current services for families with 0-4-year-old children within communities across agencies and the volunteer sectors seems a sound starting point. This will enable a better understanding of local levels of investment and utilisation of universal and targeted programs and services.

Ultimately, the idea of proportionate universalism centres on the needs segmentation. Nowhere has 0-4-year policy segmentation been better clarified than by Professor Zubrick at Telethon Kids Institute. His work specifies the prevalence of broad categories of developmental circumstance (risk clusters) in WA and offers related policy prerogatives. This general architecture is a useful point of reference for EYI communities and a guide to the possible foci of individual family plans. Where possible, basing parent directed interventions on evidence-supported theories of behavioural influence is also appropriate.



Support the implementation of a broad range of community-level and state-wide supports

Consistent with other population-level issues, there is no single solution to reducing the impacts of disadvantage on child development. Consequently, as Bronfenbrenner's Theory suggests, the appropriate approach seems to have a sequence of strategies that envelop or scaffold child development.

This aspect is clearly multi-dimensional, with roles for volunteer, community, business and local government sectors. State-wide and broader supports also play a key role through Departments (e.g. Health, Education, Communities) and non-government agencies (e.g. childcare, Ngala, Playgroup WA, Telethon Kids Institute etc.). These provide both direct community-level supports along with indirect aspects like information and tools (e.g. parenting information and tools like 'apps').

In EYI trial communities, interpreting how these different systems and services can best contribute to local families with 0-4-year-old children is likely to be complex. Two approaches are suggested.

1. EARLY YEARS 'INFRASTRUCTURE' PLANS

Part of a broader solution to coordinating the myriad distinct infrastructures directed to supporting the early years seems to be the development of a local government or 'municipal' Early Years Plans (MEYPs). In WA, such plans may best fit within a context of the now required Local Government Public Health Plans (i.e. under the WA Public Health Act).

Victoria has relatively extensive experience in this area, with all local government authorities (LGAs) having MEYPs. They provide strategic direction for the development and coordination of early years programs, activities and other local community development processes.

Sometimes, Victorian LGA MEYPs appear to have become a form of *collective impact* approach, acting as catalysts for consistent multi-agency planning to focus on common outcomes. The plans accommodate the collective roles of those providing early years services, programs and infrastructures in an area not just those provided by the relevant LGA.

A similar approach would seem to have merit within WA EYI trial sites. In the WA trial sites in a larger LGA context (metropolitan only) the approach might best focus on *place-based* early years planning (i.e. defined areas within the respective LGA). The City of Swan have progressed place-based planning (although not oriented to the early years). Consequently, there is a general frame and Western Australian LGA experience to draw upon from that organisation.

2. SOCIAL MARKETING PLAN

A suggested second part of the coordination of the different broader suite of resourcing is to have a strategy focusing on technological supports for parenting. Developments spanning social media, mobile telephony, apps, and the broader internet and associated resources have offered a spectrum of possibilities for supporting parents and encouraging positive parenting practices. The



quality and quantity of what is available is also vast and navigating this appears a challenge for many WA parents.

Agencies within WA (e.g. Ngala, Department of Health etc) have or are developing resources and tools within this domain, including CoLab. There are also high-quality parenting resources and tools accessible from a range of authoritative national and international organisations.

Translating the array of possibilities into a locally appropriate, streamlined social marketing strategy seems appropriate, recognising the potential of services within communities to promote resources of known quality and to foster use of tools that have been demonstrated to have positive outcomes on parenting behaviour.