Royal Far West

Children's health, country-wide

Response to Early Years Strategy

28 April, 2023

Acknowledgement of Country

Royal Far West acknowledges the Traditional Custodians of the country throughout Australia and the ongoing and important wisdom shared through the continued connection with the land, waters and community. We respectfully recognise the Elders of the past and present and walk with the children who will become future elders.

About Royal Far West

Royal Far West (RFW), is a children's charity, supporting health and educational needs of country children aged 0-12 years. Next year, RFW will turn 100 years old, and we remain committed as ever to our mission to ensure that every country child has access to the services, they need to support their early development and enrich their lives.

Our three main services are:

1. Child and Family Services – we offer a benevolent multidisciplinary health and wellbeing service for children from rural and remote regions of NSW with complex needs and limited access to services. Three key components:

a) Assessment – a comprehensive multidisciplinary assessment to address concerns about a child's functioning and ability to meet expected developmental milestones.

b) Building capacity – strengthening and building the capacity of carers and local providers as part of the assessment process.

c) Connecting to care – referring and connecting families with services to support them locally, or through RFW treatment pathways who meet criteria.

2. Schools and Early Years services - We partner with schools, ECEC providers and parents/carers to support country children's behavioural, mental and developmental health in their own communities to unlock their learning potential and support their health and wellbeing. Our specialist allied health Multi-Disciplinary Teams provide wrap around care primarily through telehealth in a response to intervention model that concurrently builds capacity of the teachers and early educators to better respond to children with developmental challenges. Our work extends across 260 schools and early years settings in rural and remote QLD, NSW, WA and VIC.

3. Community Recovery Services - in community and telehealth services supporting recovery from disaster events. Our Community Recovery Program includes the Bushfire Recovery Program (BRP) (winner of a 2021 Resilient Australia Award), which has so far supported over 3,000 children and their caregivers. The program sees us working in schools in conjunction with local health professionals and community groups, across 60 communities in NSW. We support the wellbeing, mental health and resilience of children impacted by natural disaster events, to reduce the likelihood of long-term effects. We also support those around the child (carers, parents, teachers) to build their capacity to understand and respond to children's needs. We also deliver a similar Floods Recovery Program (FRP) to 30 schools and pre-schools across the northern rivers and South-East Queensland.

Overall, in FY22 we supported 5,196 country children with complex needs and 12,706 beneficiaries in total across three states. We worked in 169 schools, 61 preschools and 212 communities. Twenty per cent of our client base are Aboriginal and we have deep partnerships with remote Aboriginal communities.

Increasingly our focus is on the early years, targeting children who are developmentally vulnerable and working with them, their educators and families. Early intervention is key and support for children aged 3-5 years can make all the difference to changing the trajectory of a their life, however over 400 rural and remote communities are classified as childcare deserts so reaching children in this age range in these communities is an ongoing challenge and they are arguably the children that need the most support as evidenced by the growing divide between city and country in the most recent Australian Early Development Census.

Background

There is currently no overarching Commonwealth strategy to support the early years of child development in Australia. The Early Years Strategy aims to remedy this and create a new, integrated approach which prioritises the wellbeing, education and development of Australia's youngest children.

Royal Far West welcomes the opportunity to respond to the Early Years Strategy Discussion Paper's questions in this submission, which includes some recommendations and explanations that go to our mission – to strengthen the health and wellbeing of children living in rural and remote communities across Australia.

Q: What mix of outcomes are the most important to include in the Strategy?

Early learning is one of the best gifts we can give our children. Evidence shows that children who attend high-quality early learning are better prepared to enter school and have better outcomes later in life. School readiness – including social, emotional, developmental and educational readiness to engage with the first year of school – should be a key outcome to include in the Strategy.

Accessing early learning can be extremely difficult for families in regional, rural and remote Australia – in fact, 3.7 million people living in the country have poor access to early learning, and 1 million have no access at all. (Mitchell Institute: "Deserts and Oases – How Accessible is childcare in Australia" 2022)

However, change is happening. State governments are enacting various reforms which aim to provide greater access to early learning for children and families living in rural and remote communities.

A recent online event (Feb 2023) of around 180 early educators, families and service providers, hosted by Thriveby5 and Royal Far West, discussed challenges and opportunities for the sector's reform, and found agreement around several priority outcomes. Agreement was based on the premise of delivering quality early learning services, with quality staff, family engagement and a sustainable, flexible model of delivery.

Event can be seen here

At the event it was agreed that outcomes should include:

- Equal, fair and reasonable access to early learning services
- A focus on mental health and wellbeing for children in their early years of life
- Availability and accessibility for early intervention services for children living in rural and remote locations
- Compulsory screening for developmental vulnerabilities in early learning settings
- Development of a sustainable early learning workforce
- Children do not start school with unidentified developmental vulnerabilities

As outlined in the Early Years Strategy Discussion Paper (Feb 2023), it is during the early years that children learn essential social, interpersonal, and cognitive skills. By the age of five, about 90 per cent of the size of a person's brain is developed. Children who are already falling behind in the first few years of their childhood face greater obstacles to catching up and succeeding at school and beyond. As early experiences shape the architecture of the developing brain, they also lay the foundations of sound mental health. Disruptions to this developmental process can impair a child's capacities for learning and relating to others — with lifelong implications. [1]

Early intervention for children vulnerable in one or more developmental domains is crucial – vulnerability is higher in rural and remote areas and twice as high in very remote areas. There are clear inequities between children living in rural and remote areas compared to children who live in major cities. According to Royal Far West data, there are currently around 190,000 children who need development support in Australia and the gap between city and country is widening.

The Discussion Paper also highlights the effective return on investment for supporting children's early years. International cost benefit analysis shows that for every dollar spent on effective early childhood intervention, there is a $13 return to society[2]. Improving children's developmental outcomes reduces the risk of adverse long-term impacts such as chronic illness, unemployment, mental ill health, substance abuse, homelessness, and incarceration. This represents a significant downstream saving for the government.

Addressing and preventing poor mental health, developmental vulnerability, and lack of access to healthcare services for children aged 5 and under, living in rural and remote areas of Australia, is a health problem, but one that is best addressed in early years settings such a pre-schools, and early learning centres, where children and families are easy to reach.

Investment in early intervention services will:

- disrupt disadvantage by helping to restore children to their optimal developmental trajectories

[1] https://developingchild.harvard.edu/science/deep-dives/mental-health/
[2] Garcia, Heckman, Leaf, Prados, 2016

- ensure improved access to allied health and mental health services for children living in rural and remote areas

- address elevated levels of disadvantage in early education years for children aged 3-5 years living in rural and remote areas, who are currently locked out of easily accessible extra support services to address developmental challenges

More broadly, early years reform which tackles the complexity and equity issues currently facing most country communities is crucial to a achieving a healthy and vibrant regional Australia that will ultimately benefit all Australians.

Q: What specific areas/policy priorities should be included in the Strategy and why?

1. There should be sufficient childcare places made available in rural, remote and isolated areas.

A shortage of childcare places is the number one issue in many rural and remote locations of Australia. Many country towns do not have enough childcare or pre-school places for their children. Even for rural children who do have some access to early education, the number of hours available can be inadequate due to staffing pressures.

There are many forms of early years care operating in rural and remote towns that are fit for purpose and or all that is available, such as mobile playgroups and in home care. More flexible ECEC options need to be considered, supported and funded to overcome the immediate lack of care available to rural and remote families.

The lack of childcare and pre-school places has a flow on effect for rural towns, making them less attractive for professionals such as teachers, doctors, nurses, allied health clinicians and police who might otherwise choose to live there.

The need is urgent

Research shows that the Covid pandemic has, and natural disasters have and will in the future, exacerbate developmental and mental health challenges for country kids. Teachers and early educators on the ground in rural areas consistently report to our RFW teams that following COVID lockdowns there are greater numbers of children they worry about, and these children are increasingly younger and more complex.

The latest 2021 AEDC that shows the gap widening between city and country children, does not consider the effects of COVID. Without an urgent response to the lack of access to Early Childhood Education and Care in rural and remote areas we will miss the developmental window for a generation of country kids that have faced unprecedented macro challenges.

2. There should be a specific focus on rural and remote areas which have unique challenges in the early learning space, and because of where they live, families can be significantly disadvantaged in terms of access and affordability.

We know that today, in regional and rural Australia:

- 1 in 5 children have a mental disorder
- Indigenous children are twice as likely to be developmentally vulnerable and
- 190,000 children across rural and remote Australia need developmental support. And the gap between city and country kids is widening. (RFW data)

Funding early intervention services is key to helping provide a solution to this challenge, and that is why early learning is so important – providing access to screening and getting help early - along with more affordability and greater access to follow up services.

The latest figures released in the 2021 Australian Early Development Census (AEDC) show that one in five Australian children starts school with a developmental vulnerability. These rates are higher in regional areas and more than twice as high in very remote areas. Rates of developmental vulnerability increase the further a child lives from a metropolitan centre, and the gap between city and country kids has widened over the past three years.

This disappointing trend is not surprising given the workforce shortages that have reached crisis point in many country communities, and the incessant disaster level events that have inordinately impacted these same communities in recent years – chronic drought, bushfires, floods, mouse plague and COVID.

Based on the AEDC data, Royal Far West estimates that 190,000 children need development support in rural Australia. This is an increase of 10,000 children since 2018.

Developmental vulnerability means a child is in the lowest 10 per cent in at least one of the five developmental domains including social, emotional, physical, cognitive and language. Children who are developmentally vulnerable are at risk of a difficult start to school, and ongoing educational challenges which may adversely impact long-term health outcomes.

This comes at a high cost to individuals, families and society. Developmentally vulnerable children who don't receive the right support are at risk of growing up to be adults with poorer educational attainment, higher rates of chronic disease and mental ill-health, and higher rates of unemployment, homelessness and crime.

There is a solution to this problem. When a child can access evidence-based intervention as early as possible, the positive effects on their learning and development are significantly increased. It means they will be in a better position to learn at school, develop friendships and participate in recreation opportunities.

Research shows that early intervention services such as speech pathology, occupational therapy and psychology help a child overcome their developmental vulnerabilities by:

- Enhancing speech and language development
- Developing skills to support learning and better learning outcomes
- Improving well-being and mental health

- Building confidence and resilience.
- Improving social skills through broader language development

It is not the job of an early educator to address the needs of a child with significant developmental vulnerabilities. However, it is essential that early educators have the skills and knowledge to identify when children need support and the confidence and practical tools required to share their concern with parents/carers in a supportive and empowering manner and available allied health services to refer the child and their family for further assessment and support.

At RFW, our work in over 60 early learning settings – delivering weekly telehealth into very remote towns has shown significant growth in educator confidence to identify and support children with developmental vulnerabilities and 91% of children supported exceeded, met or made some improvement towards treatment goals. This work is resetting developmental trajectories before children commence school because they are receiving the right supports at the right time.

3. The Commonwealth should work with the States to ensure policies and structural reforms already announced deliver compulsory, early screening for development issues for all pre-school aged children, before starting school.

Many State Governments (NSW, VIC) have already announced plans to include developmental screening for all pre-school aged children. The Commonwealth Government should work with State Governments to ensure screening before starting school is compulsory, and co-fund consistent, comprehensive pre-school developmental screening and school-readiness programs for children aged 3-5 years in rural and remote communities that integrate health, education and disability. This should include a priority focus on small, isolated communities.

It should also ensure families who struggle to access compulsory screening are supported and include pathways from screening to other services once needs are identified.

During the past ten years, RFW's recently retired Healthy Kids Bus Stop (HKBS) program screened over 4,200 children aged between 3-5 years, conducted bus stop clinics in 120 communities and completed over 18,000 assessments. Over 80% of those children required a referral to a local service or our own paediatric allied health services. Of the children referred for further assessment, the highest need was for speech pathology, followed by occupational therapy.

This highlights the importance of screening and follow-up services for kids in the bush. We need to see more allied health professionals connected to rural communities, either in-person or via telehealth.

RFW's almost 10 years of experience with Telehealth and over 1000 telehealth sessions per week, is a viable solution to limited access to allied health services in rural and remote communities and has many proven benefits:

- Children readily engage in this modality and regularly meet their goals
- Parents do not need to take time off work or travel hundreds of kilometers to access the service

- Early educators supporting children in this modality increase their own skills and capacity
- Weekly frequency fast tracks progress in this very special time of brain development

Case Study

Jameel, aged 5, Hervey Bay, QLD. When Jameel started kindergarten last year, his teacher saw that he was confused, sometimes angry and needed help separating from his mum. He spoke very little, needed teacher support to connect with peers and understood only a little English. He had recently arrived with his parents from the Middle East and had spent 12 months in COVID isolation with no contact with children other than his younger brother. Urdu is the family's first language. His parents wanted Jameel to be able to communicate in English and make friends. Access to local allied help support for Jameel meant a long waiting list and an expense his family could not afford.

Jameel was referred by his school to Royal Far West for help with speech and language and received weekly telehealth speech therapy services onsite. The RFW speech therapist set goals for the term and each week, followed up his therapy session with resources for his parents and teachers to be used both at home and in kindergarten. The program developed for Jameel included small group teaching sessions with three of his peers to build his social skills and a sense of agency.

After three terms, Jameel has made significant progress. He responds appropriately to questions, can follow directions, is naming familiar objects in English and enlarging his vocabulary. Jameel's interpersonal skills have developed; he enjoys helping adults, has made friends and joins in peer play. He can talk about basic feelings and is much more comfortable with new experiences and meeting new people. Importantly, he is showing awareness of others' feelings and is learning to assert himself in acceptable ways rather than shouting or throwing. His family and teacher are pleased with his progress. As his mother explained, "Jameel can tell me about a picture while we are reading, ('the goat is eating grass'). He's also started telling me about his day. For example, he tells me 'Jack did something funny', and 'Oliver and Luca' are his best friends. Jameel's self-esteem has grown and overall, I have seen a great improvement in him."

4. Transport to and from childcare and early learning centres in rural and remote areas should be considered in policy.

Cost and access to transport for families with young children influences their ongoing enrolments at early learning centres. This can impact enrolment turnover for some centres as well as children attending kindy sporadically when parents must come into town for other activities, etc. The cost of fuel for parents is also a compounding issue – and many families struggle to find the transport to the care their children need. The Federal Government should consider funding early education providers to address transport barriers for families.

5. Incentivizing rural remote workforce and addressing issue of staff shortages – States and Territories should have consistent requirements for staffing qualifications and ratios.

Attracting and retaining staff in rural and remote areas is difficult – early childhood educators command comparatively low salaries. Low pay exacerbates retention problems and many country towns have no casual pool of staff.

Pay, conditions, professional recognition and professional learning opportunities all influence the attraction and retention of early educators. Regional, remote and Aboriginal and Torres Strait Islander workforces are the worst affected[3] by these issues.

Providers report that the requirement for tertiary (degree) trained staff limits flexibility and the lack of access to appropriate allied health services contributes to the burnout of educators.

Providers comment that attracting staff is becoming increasingly difficult. The latest employment data (Labour Market Insights) show vacancies in childcare occupations are at a record high. A 2021 survey[4] of almost 4,000 early childhood educators showed 37% do not intend to stay in the sector long-term. Of this group, 74% intend to leave within the next three years and 26% within the year.

Continued professional development needs to be funded for educators, including orientation to child development, cultural training, CALD, regulation/behaviour. This would support the continued turnover of staff and potentially decrease turnover.

6. Compounding flow on effect for isolated communities and community services

Many rural and remote areas are disadvantaged by a lack of childcare places which then impacts other community services within the town. With no childcare, police, teachers, nurses, doctors etc cannot work and these services are therefore also affected by staff shortages. In addition, there are often restricted or few allied health services or long wait lists to help with developmental and/or regulation/behavioural challenges.

Housing shortages in rural and remote areas have a compounding effect with reports from pre-schools RFW supports where early educators are couch surfing or having to live away from home during the week in order to work. These conditions are commonly reported and not sustainable.

Some examples of these issues:

Barraba – a town of 1200 people NW of Tamworth, NSW – there is no childcare or long day care in the town and no before or after school care. It is a 45 mins drive to access long day care.

Bundaberg in QLD – there is a 12 month waitlist for the one paediatrician in town.
There are similarly big wait lists for allied health services.

Bourke in western NSW – there are 50 kids on the waitlist to access childcare.

[3] Shaping Our Future – National Children's Education and Care Workforce Study – Sept 2021
[4] Big Steps – Value Our Future – The Crisis in Early Education – United Workers Union 2021

7. Indigenous specific policies

Around 20% of the children seen by RFW clinicians are indigenous. Often issues are multi-generational and challenges are often impacted by intergenerational trauma. Specific policies addressing the widening gap in outcomes and significant increasing need for indigenous children and their families should be included as part of the Early Years Strategy.

Q: What could the Commonwealth do to improve outcomes for children – particularly those who are born or raised in more vulnerable and/or disadvantage circumstances?

1. Work with State Governments to improve and fund access to developmental services and screening, including the provision of allied health services for children.

Where a person lives should not be a barrier to accessing services nor a cause for disadvantage. Every child in Australia has the right to access quality health and developmental services.

Without services which are locally accessible, families incur additional direct costs and indirect costs, including taking time off work and travel expenses to attend services further away.

> *"Just speaking to the rural specialists' centre over in Tamworth with the five paediatricians that FIFO, they can give a referral for an OT, but you cannot find an OT. They are completely overrun with clients".*[5]

In 2020, RFW ran a pilot outreach project in Broken Hill that included a mix of online assessment via video and a visit by RFW clinicians. The aim of the project was to address gaps in access and avoid the need for families to come to RFW at Manly for assessment. Feedback from parents was overwhelmingly positive, especially given the pressing economic demands on families. As one parent described it:

> *"I think if [child's name] needed more appointments, for us to travel to Sydney is really difficult, because I've got 4 children, and they're all under 6 [years of age], … And my husband has two jobs – so it does make it difficult to be able to go anywhere. So appointments on Zoom is quite easier for me to do. …I would have had to pay for 4 children, two adults to drive, we'd have to drive because we couldn't fly, all the way to Sydney…there is a large cost of that for us, because we live so far away…and school and all of that stuff as well."*

In contrast to the high need for services, the supply of allied health services is low.

[5] Evidence given before the NSW Legislative Inquiry into Health Outcomes and Access to Health and Hospital

Speech Pathology

The map below shows the location of speech pathologists in Australia, with the overwhelming majority in or near major cities, and very few in country areas. Addressing this long-standing issue has been the focus of RFW's Telecare program, discussed below.

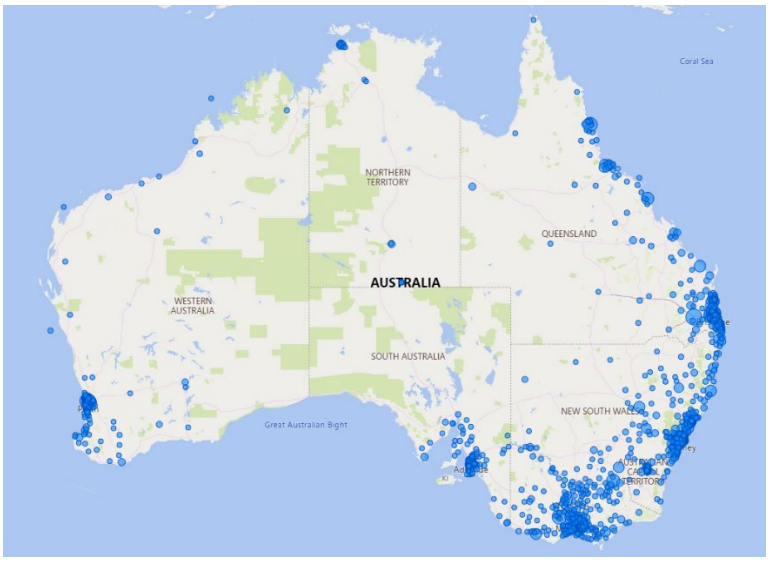
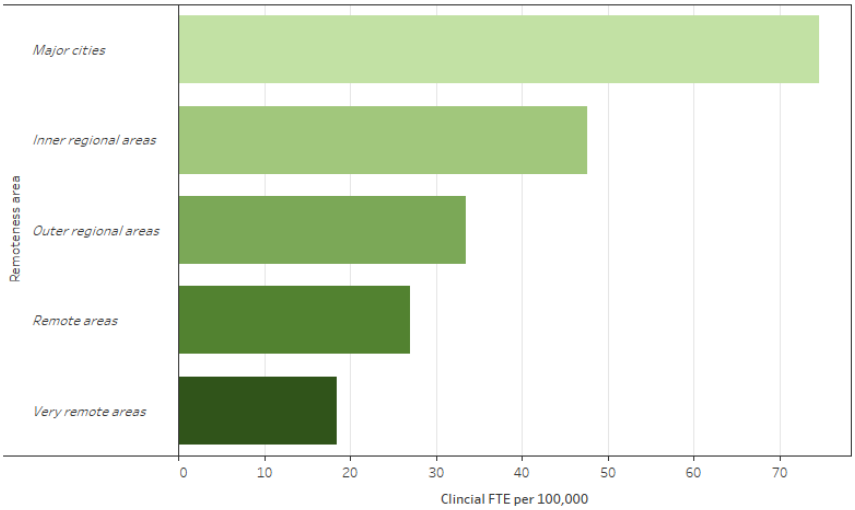


Figure 4: Location of speech pathologists by postcode: 2021
Source: Speech Pathology Australia

There are similar if not greater gaps in other key allied health professions.

Psychology

According to the AIHW, access to psychologists in remote areas is less than one-quarter compared to major cities. Yet the importance of early intervention for better outcomes in mental health has been widely demonstrated in Australia and overseas. Fifty percent of mental illnesses/disorders occur for the first time before the age of 15, and anxiety disorders, the commonest of all the mental health problems, often start in childhood. Moreover, they are more likely to continue or recur if not addressed early. Children who are helped to understand, reduce and manage their anxiety are better able to learn in school, socialise with their peers and are less likely to leave school early.



Developmental support in the early years that incorporates social-emotional and relational support positively impacts mental health in later life, including in childhood, where anxiety is the most common mental health disorder.

Figure 5: Employed psychologists, clinical full-time equivalent rate, by remoteness
Source:

Notes
1. Calculations are based on the FTE clinical rate and report health practitioners working in clinical practice using the Estimated Resident Population as at 2019.
2. FTE clinical rates are equal to the FTE number per 100,000 population, which is based on total weekly hours worked. For medical practitioners, the standard working week is 40 hours and for all other health practitioners it is 38 hours.
3. Remoteness area is derived from remoteness area of main job where available; otherwise, remoteness area of principal practice is used as a proxy.
4. Numbers represent not only those in the labour force, but those employed and working in their registered profession.
Source: ABS 2019d; Department of Health 2020.
http://www.aihw.gov.au/

https://www.aihw.gov.au/reports/australias-health/rural-and-remote-health

The following 2019 workforce data highlights the geographic inequities in the distribution of primary health services in Australia. For example, there were around 9,000 occupational therapists in major cities compared to 3,000 across all other regions combined.

	Size						Percentage Distribution					
Allied Health	Major	Inner	Outer	Remote	V. Remote	Total	Major	Inner	Outer	Remote	V. Remote	Total
Nutrition Professionals	3,454	655	240	58	23	4,430	78.0%	14.8%	5.4%	1.3%	0.5%	100.0%
Occupational Therapists	9,020	2,036	826	139	32	12,053	74.8%	16.9%	6.9%	1.2%	0.3%	100.0%
Audiologist and Speech Pathologists	6,716	1,536	516	84	16	8,868	75.7%	17.3%	5.8%	0.9%	0.2%	100.0%
Psychologists	18,122	3,413	1,094	206	46	22,881	79.2%	14.9%	4.8%	0.9%	0.2%	100.0%
Medical	Major	Inner	Outer	Remote	V. Remote	Total	Major	Inner	Outer	Remote	V. Remote	Total
General Practitioners	41,231	9,640	4,035	833	363	56,102	73.5%	17.2%	7.2%	1.5%	0.6%	100.0%
Specialist Physicians	6,233	763	234	34	1	7,265	85.8%	10.5%	3.2%	0.5%	0.0%	100.0%
Psychiatrists	2,486	281	96	31	1	2,895	85.9%	9.7%	3.3%	1.1%	0.0%	100.0%

In 2017, RFW commissioned a report; "Reporting the Health and Development of Children in Rural and Remote Australia" by the Murdoch Children's Research Institute", which identified 10 local government areas in Australia as having the greatest risk of poor developmental outcomes in children. All were located in rural areas. The report also highlighted a number of specific issues concerning access to and provision of services.

These included:

1. Improve **access to regular allied health services.** A significant majority of the rural and remote communities which are identified in this study only have access to paediatricians and allied health professionals (e.g. speech and physiotherapists) on a sessional basis (sometimes less than once per month). Sessional availability can impact the quality of the service as it provides limited opportunity for health professionals to gain adequate knowledge of their client (and their community) and provide therapeutic input with adequate frequency. Limited availability also means longer wait times and less access.

2. Increase **access to paediatricians.** The capacity to recruit and retain paediatricians in remote and rural Australia is a significant problem. Issues pertaining to increased workload and greater working hours, social isolation and lack of financial incentive (due to reduced income and greater cost of living) have been identified as key contributing factors to the current state of affairs. Lack of access to paediatricians means that obtaining a diagnosis, which is required for a referral to appropriate allied health services, is much less likely. A late diagnosis invariably leads to later access to paediatric allied health intervention services, and as such, poorer outcomes.

3. **Improve access to mental health services.** Mental health services for children aged 0-12 are particularly difficult to source in rural and remote areas across all jurisdictions. The few services which were found are predominantly located inside hospitals in major townships and required long distant travel. The alarming lack of child mental health services means that the provision of adequate mental health care is made tremendously difficult. Recruiting and retaining staff in rural and remote mental health services is also a significant and continuing challenge, with chronic staffing issues widely reported.

A broader approach to children's mental health is needed. We need to create a new paradigm that supports a broader, more multidisciplinary, developmental perspective that looks at mental health in the context of the whole child and their whole needs.

Q: What principles should be included in the Strategy?

The three key principles underpinning the Strategy should be:

1. The primacy of the child's developmental growth through a child and family centred approach.
2. Eliminating inequity of access – ensuring that the existing disadvantages of distance, access and affordability are addressed, and the specific needs of rural and remote families and children are included.
3. Recognising that not one size fits all – providing solutions that give communities flexibility (staffing/funding) and providing support services that are community led.
4. Identifying and leveraging what is already working rather than recreating the wheel

Q: Are there gaps in existing frameworks- or other research or evidence that need to be considered for the development of the Strategy?

Invest in and improve better data on children in rural and remote communities, including developmental vulnerability throughout childhood and access to services. Encourage greater sharing of data between agencies and build evidence on what is working in the long term.

Q: What mix of outcomes are most important to include in the strategy?

Short-term outcomes:

- Introduce flexibility around funding and staffing, and professional learning

- Less paperwork and red tape for early learning centres
- Simplified access to inclusion support - eg: allied health services
- Better wages for staff
- Simplify complex funding requirements for additional supports in early learning centres
- Abolish the activity test

Medium-term outcomes:

- Recognise the value of telehealth and a hybrid model for service provision to early learning centres in rural and remote locations in a range of areas including professional development and special needs support. Using a hybrid model helps workforce issues, cost structure and increases efficiency.
- Establish pathways for early learning centres to integrated support in the developmental domains of speech, language and mental health, so that educators and families are better able to recognise issues and seek support early
- Increase and improve workforce and professional development as well as pay parity

Long-term outcomes:

- Through Early Learning Centres and by other means, promote awareness of and increase access to evidence-based parenting programs (such as Tuning into Kids), for parents in rural and remote areas. If parents understand what falls within the general range of behaviours and what requires intervention at each developmental stage, better outcomes will be achieved.
- Clearly define high-quality early learning – what does it mean and what should it include, nationally
- Needs to be whole of government approach – reduce silos with health and education working together
- Better integration and coordination between Commonwealth, States and Territories and local Government to deliver better outcomes
- Commit to clear targets and strengths so we are closing the gap on divide between city and country and between indigenous and non-indigenous children.

Wide Bay – example of wrap around early intervention model that is working

Royal Far West (RFW) has been commissioned by Central Queensland, Wide Bay, Sunshine Coast PHN since January 2017 to deliver a range of early intervention services to children in early education centres (kindergarten or early learning centres) who were considered developmentally and / or behaviourally vulnerable. The service fills a gap in allied health service provision in the area as well as professional development for educators and increased awareness for parents.

The objectives are to:

- design and implement a complementary and integrated sustainable Paediatric Early Intervention Allied Health service model delivered by Telecare.
- improve access to paediatric allied health services (via Telecare) for the Wide Bay and Central Queensland regions.
- improve health & wellbeing outcomes for children and families for the Wide Bay and Central Queensland regions.
- reduce waiting times and pressure on local services.
- upskill and provide support to local services (early educators), kindergartens, parents and other adult facilitators.

About the program

Twenty-eight kindergartens are being actively supported during the period either through therapy, educator workshops or in-community visits. Screening of 3-5 years olds is also included. The model is delivered by a multi-disciplinary team, is flexible and community co-designed and led by each kindergarten.

Of the 50 children who received services for the past six months: 70% were male, 30% female 16% identified by carer as Aboriginal, 1% identified by carer as Torres Strait Islander.

- 1% were 2 years old, 10% were 3 years old, 47% were 4 years old, 38% were 5 years old, 5% were 6 years old.

During the July – December period last year, Royal Far West provided speech, occupational therapy and psychology services both via telecare and face to face in the community.

Psychology was a new service addition, and a psychologist attended the in-community visits in November. During these visits, the psychologist consulted with staff members on several areas of support, including behaviours of concern and trauma in young children. The feedback was positive from the centres and a definite need for the service was identified. Psychology in the early childhood age bracket consists mainly of indirect work with the parent/carer or early educator staff.

Capacity building for early educators and screening of 3-5 years olds and follow-up referrals was also included. Screening occurred during a face-to-face outreach visit and therapy was provided via telehealth - a hybrid model. During our November community outreach visits, we were able to provide several in--person education and mentoring sessions for educators, covering topics such as language/communication needs identifying behaviours of concern (6 centres), emotional regulation (6 centres), young children & trauma (9 centres).

Capacity building for early childhood educators and parents/carers also occurs when they co-facilitate with the RFW clinician the child's therapy sessions and engage with the resources provided to ensure day-to-day reinforcement of therapy activities for children. In addition we have noted that some early educators have broadened the use of resources provided; and are utilising them in one-to-one or group activities with additional children.

Some centres have also utilised therapy sessions when children have been away or sick to work with the clinician to develop their strategies and skills.

Outcomes

- Overall - 94% of children exceeded, met or made some improvement towards treatment goals
- 40% of children exceeded or greatly exceeded Global Assessment Scale (GAS) outcomes
- 83% of educators were very satisfied with the program as were 80% of parents
- 60% of parents said their child's progress was much better
- Over two thirds of educators said they strongly agree the program fills a gap in early intervention and builds capacity of early childhood teachers and early educators

Summary

We all know that the early years are the most crucial time in our lives to establish the most important foundations that will influence the outcomes of the rest of our lives. Historically there has not been an equitable investment in these years in Australia compared to other developed nations. This is particularly true in regional Australia that is a major contributor to this nation's wealth and prosperity. In fact, we have let country children fall behind their city peers for generations. Bridging the tyranny of distance and the wicked problems that our country communities face is not an easy task. The Early Years Strategy is a once in a lifetime opportunity to address these issues and we applaud the Labor Government for this commitment.

We recommend research, focus and investment in the following:

1. Unlocking wisdom, potential and capacity that already exists in our wonderful and resilient rural and remote communities across the nation

2. Embracing technology and innovation to offer flexible solutions to long standing challenges

3. As requested at the Early Years Summit – "lovingly wrap around parents" especially our most vulnerable that did not receive the right supports in their own early years who are struggling to give their children the best chance in life with access to trauma informed supports, knowledge and skills

4. Elevating the recognition, supports and pay for our early educators and reduce the barriers for them to work in rural and remote communities as are pivotal in the outcomes of future generations of Australian children

5. Most importantly reverse the growing divide between city and country children by ensuring every country child has access to the services they need to support their early development and enrich their lives.

Royal Far West is happy to provide more details and expand on this submission.

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