



Review of Best Practice in Early Childhood Intervention

Findings from the SNAICC Engagements

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The University of Melbourne

Acknowledgements

The University of Melbourne acknowledges the Traditional Owners of the unceded land on which we work, learn and live: the Wurundjeri Woi-wurrung and Bunurong peoples (Burnley, Fishermans Bend, Parkville, Southbank and Werribee campuses), the Yorta Yorta Nation (Dookie and Shepparton campuses), and the Dja Dja Wurrung people (Creswick campus).

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We recognise the unique place held by Aboriginal and Torres Strait Islander peoples as the original owners and custodians of the lands and waterways across the Australian continent, with histories of continuous connection dating back more than 60,000 years. We also acknowledge their enduring cultural practices of caring for Country.

We pay respect to Elders past, present and future, and acknowledge the importance of Indigenous knowledge in the Academy. As a community of researchers, teachers, professional staff and students we are privileged to work and learn every day with Aboriginal and Torres Strait Islander colleagues and partners.

This report is part of an independent review of best practice for supporting young children with developmental concerns, delay or disability in Australia.

Funded by the Department of Social Services, the consortium is led by Professor Christine Imms of the University of Melbourne in partnership with Murdoch Children's Research Institute (MCRI), Professionals and Researchers in Early Childhood Intervention (PRECI), SNAICC - National Voice for our Children and Children and Young People with Disability Australia (CYDA).



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1. Introduction

This report has been prepared as part of an independent review of early childhood intervention (ECI) best practice commissioned by the Department of Social Services (DSS). The review is being undertaken in fulfilment of Action 2.4 of the Early Childhood Targeted Action Plan, which is part of the implementation of Australia's Disability Strategy 2021-2031.

The purpose of the action is to:

review guidance for best practice in ECI and prepare a framework for best practice in ECI that reflects current research and evidence.

This project will contribute to the second objective of the Early Childhood Targeted Action Plan (TAP):

to strengthen the capability and capacity of key services and systems to support parents and carers to make informed choices about their child

The primary objective of this work is to co-produce a practice framework that is founded on the best available evidence, is practical and can be implemented and evaluated for effectiveness and impact. The goal is that all children growing up in Australia live in thriving families and communities that support their health, development and wellbeing, and that children with developmental concerns, delay, or disability receive the support they need to participate fully in their families and community.

The practice framework will provide guidance for early childhood practitioners and families about what works well to support children (aged up to 9 years) experiencing developmental concerns, delay or disability so that they can thrive.

SNAICC engaged with Aboriginal and Torres Strait Islander community-controlled organisations and families to ensure that Aboriginal and Torres Strait Islander ways of knowing, being and doing are embedded in the new practice framework and supporting tools.

Other consortium partners, PRECI (Professionals & Researchers in Early Childhood Intervention) and CYDA (Children and Young People with Disability Australia) engaged mainstream organisations and families.

The next steps of the project are to bring together what was heard in the consultations with the findings of the desktop reviews to provide foundational evidence to inform the development of the framework; and then to draft the practice framework as the basis for further discussion.

1.1. Engagement methodology

SNAICC invited Aboriginal and Torres Strait Islander sector peaks and community-controlled child and family services to yarn about their experiences of providing early childhood developmental support. These semi-structured conversations took several forms:

- by video link or phone with individuals or teams from the same organisation
- webinars involving people from a range of organisations participating in SNAICC early childhood programs

- face-to-face meetings at sites where SNAICC was yarning with families.

Organisations participating in these conversations were from a variety of geographies: national, statewide, regional, remote and urban areas. Participants were predominantly female, with a small number of fathers (2) and male workers/managers (7). All family members identified as Aboriginal and/or Torres Strait Islander people, as did the great majority of participants.

In order to engage safely with families with lived experience, SNAICC asked a number of our sector partners to arrange opportunities for face-to-face yarns with family members at their service site. Preparatory conversations were held with each participating partner to share information about the project and to seek their advice about how best to approach discussions with their families in order to ensure culturally safe engagement and informed consent. Participating family members included mothers, fathers and grandmothers living in regional (North Queensland) and urban (western Sydney) areas. Participants signed a consent form and received a gift voucher in appreciation of their willingness to share their experience and knowledge.

All group sessions were facilitated by SNAICC staff who are connected to Aboriginal and Torres Strait Islander cultures, with 2 of the 3 facilitators identifying as being of Aboriginal descent. The same scribe attended all the sessions/conversations. Notes summarising the main themes from each session were provided to participants for feedback and additions.

Contributions came from:

- 11 Aboriginal and Torres Strait Islander family members caring for children with developmental concerns, delay or disability
- 4 Aboriginal and Torres Strait Islander peak organisations (3 national, 1 state)
- Practitioners and managers from 18 Aboriginal and Torres Strait Islander community-controlled services, one Aboriginal health unit hosted in a non-Indigenous community health service (referred by a peak organisation) and a remote Northern Territory local government council hosting early childhood services.

Limitation: SNAICC did not engage with Aboriginal and Torres Strait Islander families using mainstream early childhood settings. Most families we spoke with were navigating mainstream providers in the health, school and disability systems and were able to give insight into how these services were working and what could be improved from a family's perspective. A number of community-controlled organisations also provided insights about their interactions with mainstream services.

2. What we heard/learned from engaging the sector and families

SNAICC's conversations with Aboriginal and Torres Strait Islander community-controlled services and peaks, and with families and practitioners were aimed at eliciting experience and knowledge for informing the preparation of a new practice framework and associated tools and resources.

They covered:

- what works well for achieving good outcomes for Aboriginal and Torres Strait Islander families and children with developmental concerns, delay or disability and what else is needed
- what support the Aboriginal and Torres Strait Islander community-controlled sector wants/needs to learn about, apply and measure good practice
- what advice the sector has in relation to implementing a practice framework.

Note: Participants commonly said they do not use the term “early childhood intervention” because of its negative connotations for Aboriginal and Torres Strait Islander families and communities. ‘Intervention’ is widely associated in our communities with statutory child protection regimes that lead to the removal of children from families. Participants want to use strengths-based language but did not have a preferred alternative. We used ‘early childhood developmental support(s)’ as an alternative descriptor in engagement activities and throughout this report.

Part 2 of this report is divided into two sections: principles and practices.

The principles were commonly identified as being the essential values and ways of knowing and being that need to underpin all practice (and systems) for providing early childhood developmental support for Aboriginal and Torres Strait Islander children and their families. These principles are related but not identical to the eight listed in the literature review.

The practices reflect the experience and knowledge of families and the Aboriginal and Torres Strait Islander community-controlled sector about what and how early childhood developmental supports should be delivered in order to support children and families to thrive. Our conversations about practice are grouped into themes that emerged across the conversations. Practices may be relevant to more than one theme, but duplication has been avoided to assist readability. Similarly, although there is summary paragraph for each of the practice themes, the full suite of suggestions/concerns will need to be considered in developing the practice framework.

Inevitably our conversations considered systemic issues as well as providing advice about practice. A consistent feature of our conversations was families' well-founded fear that engaging with service providers to seek support for children would result in notifications to child protection agencies and children being removed. Participants agreed that it is unrealistic to expect that good practice can be effectively applied in the face of persistent and systemic barriers/challenges.

2.1 Principles

In order to support Aboriginal and Torres Strait Islander families and children experiencing developmental concerns, delay or disability to thrive, the following principles should underpin all practice and service systems.

1. **Flexible, place-based support** – tailored responses adapted to recognise and fit the diversity of cultures and circumstances of communities
2. **Flexible, timely, family-specific and determined supports** - every child and family have their own particular needs, aspirations and circumstances. Early and tailored support can make a significant difference to life outcomes.
3. **Cultural safety is essential** – Respect for Aboriginal and Torres Strait values and ways of doing, knowing, being and child-rearing; community/self-determined, strengths-based, family/community-centred, focused on culture; de-colonised assessment, support and services/practices, measuring change; addressing fear of child removal.
4. **Culture is inclusion** – Aboriginal way is to accept the child as they are and to let them go at their own pace. There is no rush to make them fit as long as there is no harm. As far as it can be ascertained people were part of the community no matter what their differing abilities might have been, with no word for 'disability' in any First Nations language.
5. **The whole community has a stake in good outcomes for children.** Extended family, community members and Elders also contribute to child raising. Shared knowledge of early childhood developmental journeys.
6. **Education is every child's human right** – everyone has a right to be included and to participate so that they can learn and thrive. The practice framework should apply a rights-based approach to disability.
7. **Wraparound support for the whole family** – family-determined, non-judgmental, holistic and integrated support that enables the family to meet its wider needs and therefore be able to provide an environment for children to thrive.

2.2 Good practice in early childhood developmental support for Aboriginal and Torres Strait Islander families and children

Place-based practice that recognises and adapts to local culture and circumstances

Participants stressed the importance of place-based practice that recognises the diversity of Aboriginal and Torres Strait Islander cultures and histories, the local service system and the needs and aspirations of the local community and families.

- Adapting practice to meet local circumstances to recognise and understand community history and diversity of cultures and circumstances and the lived

experience of ongoing removal of Aboriginal and Torres Strait Islander children, for example language, remoteness

- Recognising the millennia of successful Aboriginal and Torres Strait Islander child rearing practices and engaging with the wisdom of Elders to create opportunities for children and young people to learn from them such as inviting them into early childhood and school settings, and teaching and talking to children in their languages, as well as English
- Encourage system flexibility that enable service pathways and outcomes that are locally appropriate, locally determined, well understood and integrated, and which adapt systems to meet family and community needs rather than insisting families fit a standardised service system. EXAMPLE: enabling Queensland Health to be a NDIS service provider in remote areas where there are no other sources of specialist support
- Application of the practice framework should be place-based to meet locally diverse circumstances in order to suit families and children. This will be especially important in remote and smaller regional centres.

Empower families and tailor services to fit their circumstances

Participants emphasised that support for family and children needs to be available early, to be culturally safe, to empower families, and to be ongoing as, when and how the child and family want it.

- Early childhood developmental supports are part of a continuum of supports offered to families and young children to support children to thrive in their early years. Attachment is critical for the child – at least one good supportive adult is critical, highlighting the importance of family for children. Nonetheless Aboriginal families may have gaps in family trees/families and not have wraparound family support.
- Families must be part of all decision-making about their children, with supports led by family decisions. This may require providers to advocate for including families in all decisions/discussions affecting them; and being a trusted intermediary for family if requested.
- Need someone who can/will listen to what we are saying and who will act to support us.
- While it is important to recognise that a large number of Aboriginal and Torres Strait Islander people (possibly as high as 60-70%) are living with disability, it is essential that responses and supports should be tailored to each individual's specific circumstances and needs.
- Tailoring supports recognises the diversity of children and families and that every location, and every family is different .It requires practitioners to know the local cohort of families and children and who is supporting them; to find out what's going on at home for families, follow their lead, and to offer support that suits the family in the way that works best for them without judgement, blame or shame. This requires meeting families where they're at to improve culturally safe access to screening and assessment; fitting around the family rather than assuming they will fit the service(s) – assessment, planning,

implementation; recognising the impact of social determinants and the need to have the whole household on side for supporting children. It may also include supporting families with older children.

- Families are provided with resources that suit their own strategies for supporting their children
- Making sure that families have access to trauma informed, culturally safe and appropriate language services. Helping other educators to see/respond appropriately.
- Including children with developmental concerns, delay or disability in everyday activities and spaces (natural environments) has positive benefits and segregation of children with disabilities should be avoided unless there is a very clear case for a young person that that is the best setting for them as part of a tailored response.
- Supporting families/children as early as possible is good for families and children (time is short for kids; long for relationships). Supporting families/children while they are waiting for specialist services required for formal support pathways
- Some families are reluctant to engage with services or to talk about their concerns for their children because of the risk of child protection agencies becoming involved and children being removed; health including allied health and hospital settings are common sources of uninformed notifications to authorities about families – based on quick observation and judgement rather than knowledge and understanding of the family/children
- Access to alternative spaces, activities for children with special needs as they grow, especially if they find school difficult.
- Ensure respite is available for families.

Everyone in the community has a stake in good outcomes for children

Communities want to ensure that their children thrive. A common theme from the sessions was that building understanding and knowledge of child developmental journeys across the community would build confidence in advocating for children and families, in turn strengthening outcomes for children.

- Young mothers in particular said they wanted to build their understanding of child development and connection. They said that as young/new mums and dads they don't know what to expect about a child's development; may not know where to go for help; or not feel confident/safe to ask for advice.
- Sharing knowledge and understanding of early childhood developmental journeys especially the first 2000 days and where to ask for help among community members, including young women, partners, parents, families and extended family, Elders and other community members to build everyone's capacity to support children to thrive.
- Need to reach dads and other family members (aunties, grandmothers) as well as mums. Everyone needs to be part of the conversation and have common understanding and language.

- Ensuring families, extended families, community are informed and educated so that they can make their own decisions and lead what is happening.

Examples

- allied health practitioners share knowledge with early childhood workers who in turn build family capacity with the resources to hand at home; everyone learning more about the early childhood development journey
- community champions who are trusted to share advice about looking after children and how to get help/support if there are concerns
- community members leading ASQ-TRAK activities to build community and family understanding of child development journeys
- Culturally appropriate practice activities for supporting families and children. Share activities with (extended) families so that they can follow up rather than relying on external services. Family-led support services eg playgroups, Families as First Teachers.
- Self-advocacy and persistence/perseverance are required to get help for children. Building the family's confidence and/or knowledge to self-advocate for their child, and to access appropriate support. Many are doing this already, by default, but not everyone is confident to do it. Some are concerned that speaking up will draw negative attention from 'services'.
- Recognising that there may be developmental concerns; distinguishing between developmental concern/disability and the impacts of trauma

Culturally safe supports and services

Universally, participants said that all support and practice must be culturally safe for Aboriginal and Torres Strait Islander families, children and practitioners. Cultural safety is multi-faceted and is assessed and defined by Aboriginal and Torres Strait Islander people.

In terms of good practice for early childhood developmental supports, cultural safety is emphasised because:

- The very real risk of child removal arising from interactions with mainstream health and disability services is a significant barrier to families seeking advice and support for children who may be displaying behaviour associated with developmental delay or disability.
- Children are included/recognised at their own pace i.e. culture is inclusion; the worldview of disability is different. Nonetheless it is important to be mindful that sometimes there is shame or stigma about having a child diagnosed with disability*

***Culture is inclusion* this is a very different way of viewing disability. There can be separate words for separate things. - Everything has a role to play. Be with your mob. Let children go at their own pace. Don't need to match order of western scale of development. Disability – colonial view has a particular 'checklist'. Exclusion is a western concept derived from ability to participate economically.**

Ideally families will have strong, trusted relationships with local Aboriginal and Torres Strait Islander workers and services who understand family and community needs and can provide culturally safe, high-quality family supports.

- Trusted relationships are fundamental for supporting children and families. This means having culturally safe spaces where people can raise concerns without feelings of shame and the risk of child removal; and where they are supported to fully understand what is being said and suggested. So that they are in control and make decisions that suit them.
- Building relationships and collaboration is everybody's business – with clients, with communities and across services. Relationships are everything and personal connections are most reliable. building trusted relationships so that families are confident to engage and be introduced to and access support services eg the bus driver who yarns with people they pick up
- Time is critical when you're trying to build a relationship with families. You need to take time up front to build the relationship, because we will make up time in the back end. Need to allay the fear factor so they are ready to provide the information that helps to gauge and map out where they're learning, what foundational learning they have, and what are the gaps in those areas, and what support is available. . It is critical to have the time and the space to have face to face conversation with the families, then the children so that they understand what we're trying to do, to let them know that we're here to help them, and to overcome the significant fear factor in Aboriginal families that always leads back to child protection systems and the disengagement of those families with really young children who need support. There's an absolute fear that from the parents that they're going to be judged and then those children will be entering welfare.
- Establishing safe places/opportunities for family-led activities eg voluntary playgroups and safe service environments and support mechanisms for families and children
- Available early in a child's life – before, during, after diagnosis and formal support
- Taking a strengths-based approach to conversations about children and the stories we tell. Celebrating strengths of child and family; having fun; being joyful
- Soft, non-judgmental, helpful entry points
 - Playgroups and/or parent groups; non-judgmental, regular groups/chats for mums/dads; to exchange experiences, information and build knowledge and confidence. Playgroups can be a source of learning for families and children – internal and external referrals,

respite, activities for mums. Use different ways of sharing information: arts, creativity, interactive education.

- The early childhood sector has taken a strong lead in cultural safety and inclusion for children with disability. See for example the ECA Social Justice Charter. This is a more appropriate model for services than medical models and could be beneficially applied in primary and secondary school settings.

There is a significant need for training in cultural responsiveness/safety for providers/practitioners across all levels of the education system.

- Good midwives, post-natal follow-up, playgroups, childcare, early childhood education practitioners, early years teachers who can closely observe children and support parents to understand and look after children needing developmental support to enable early identification and support for children and families, including arranging appropriate referral pathways and helping mothers. Practitioners/services who can closely observe/pays attention to detail about women and take action to provide wraparound support and cultural safety. Supporting mum/parents/family with full participation of mum/led by mum.
- Support at school really helps – but needs formal diagnosis for child and for school to apply for support workers/resources. Schools need teachers and Aboriginal support workers who understand/empathise with the child and family.
- Services/functions that help include navigator, wraparound, support within all school environments (currently only high school).
- Opportunities for multigenerational support for mums/children from grandmothers and aunts.
- Aboriginal birthing units -> home care, early education for children in home, continuity, relaxed cultural service. But underfunded. Also have negative crossover with child protection.
- Services find it hard to reach families/children who don't present at formal programs/services
- Positive interactions/changes need to be maintained. Can be difficult to maintain
- ACCOs tend not to be funded for taking this soft, holistic approach, but do it anyway.

Examples

- playgroups supported by community-controlled organisations that are safe and universal, invite people in, build trusted relationships and only after that identify any issues.
- establishing a neutral space at a community centre where families could come and ask questions, have online telehealth chats, with local people employed as allied health assistants to be a conduit

- community navigators who understand the system; who are not responsible for delivery; but who can translate, reassure and support families
- being able to bring all children with you for meetings etc.

Aboriginal and Torres Strait Islander playgroups demonstrate good practice.

In relation to good practice for early childhood developmental support, participants in our engagement sessions described the positive attributes of playgroups as:

- parent-led
- pop-up events allow new people to readily participate
- transport to playgroup and appointments
- soft entry if people have concerns
- non-judgmental
- opportunities to introduce helpful services
- informal
- respite
- visiting specialists
- accommodate multigenerational participation
- help with knowing who to turn to for support
- learning from peers, common experiences
- culturally safe

Wraparound/integrated services

Effective early childhood developmental support for Aboriginal and Torres Strait Islander children and families must be embedded in a wider, holistic system of support for families, that can address each individual family's circumstances, needs and aspirations.

- Local Aboriginal and Torres Strait Islander services know what works for our communities, understand the gaps and inequalities families face, and have the relationships to support families through warm referral pathways to support services.
- Strong and respectful relationships between services and clients; within services; and between services so that families and children get the support they need in a timely way. Relationships not transactions.
- Extended family/community are part of the wraparound support. recognising extended family members and the importance of grandparents, aunties in caring for children.
- Continuity of care/support is not always available or known about. Support to navigate smooth transitions through system phases e.g., maternity → early

years → preschool → primary school → high school (and the associated support program requirements that change with age). Providing wraparound support for children and families during the wait periods, for example: keeping families/children connected with the waitlists/potential services; informal sources of support for children through playgroups, support for parents to address concerns/perceptions

- Access to transport is essential – bringing services into homes, playgroup. Bringing family (mums and children) to playgroup. The playgroup bus is a critical support for some families. Availability of transport is a barrier to accessing care, so providing transport to appointments is essential, especially if need to travel to larger regional centres/capital city for appointments
- Support parents & families with SEWB services that provide 'life' supports. Understand that there can be a lot going on for families.

For example, in addition to child developmental support, support families with transport, identity info, birth registrations, signing up for services. Multiple identification and eligibility requirements that are similar but distinct.

Complexity becomes too hard and cause people to give up e.g., birth registration, Medicare registration, childcare applications, NDIS applications

Mums with children with disability can find it difficult to get out of the house, including for shopping.

- Integrated/holistic support services
 - one stop shops, no wrong door, in-house referrals, relationships for warm referrals to services.
 - having services (early years and health, including maternity) on the same site – easy and safe access plus established relationships and networks
 - setting up collaborative practice/service models that accelerate decision-making and support according to need
 - wraparound supports available in-house through the health service or through warm referrals to other services. Note however, long wait times for external services. Preference for in-house services. Partnerships across ACCOs help to provide wraparound support for families. Collaboration with mainstream providers is harder as it depends on attitudes of individual workers. EG The area health service does not prioritise pregnant mums when they are most vulnerable.
 - playgroup provides drop-in service for immunisation and ante-natal care. Playgroup is also a place where people with worries about developmental concerns can get advice/referrals. Casual settings where staff can look out and potentially refer.
 - navigator program – visit home. Not rushed, no timing requirements, support families and liaison with professionals. Disability support may not be a priority for families compared to other stressors.
 - it would help children/families if our services understand what each is able to do and for who (e.g., poster with available services)

- shared resources for providers and families e.g. school has communication bank for students; would be helpful to have something similar for families.
- localised, place-based information for sharing among providers and community e.g., baby record book; practice framework.
- building strong relationships with people in other services, so that these can be called on to collaboratively support individuals as circumstances change
- inviting other services to learn about cultural safety and Aboriginal and Torres Strait Islander family structures and community child-rearing practices e.g., learning by observing
- encouraging other services to be flexible and collaborative in order to holistically support communities, families and children.
- Working towards holistic support for community members, families and children regardless of programmatic and service boundaries. Fund services to operate wraparound supports. They seek to do this anyway, despite the funding arrangements, but are limited in what can be provided.

Early support and waitlists

Getting help when the child is young is good for both families and the child. Early recognition and support to address the different needs of families and children makes a big difference to outcomes for children (and family).

- Childcare is a good setting for picking up if children are not keeping up.
- More needs to be done to identify children aged 5-8 who need developmental support. There's a lot going on/changes in the transition to school and early school years, so any signs will be assumed to be a parental issue rather than a disability/learning issue. If not picked up by 4 then won't be picked up until 8-9 years. In residential care, some in years 5 and 6 are diagnosed 'with disability', but not later than this.
- Good services exist but can have long waiting lists. In the meantime, children/families get further behind. In regional and remote areas, services have long wait times or may not exist.
- Existing services are stretched and can be constrained by program rules. Need greater, more timely availability of allied health services and paediatric specialties to address long waitlists for public/not-for-profit services diagnosis and support. Private services are very expensive. Impact on child/family of being on a wait list, followed by requirement for period of assessment/service prior to decision re formal support. No interim support available while waiting (particularly in regional/remote areas). Need to start again if an appointment cannot be confirmed or is missed or if move interstate (and possibly across health regions).
- Child and family's needs may change while they are waiting or after they have been assessed. NDIS is difficult to navigate and inflexible for meeting a child's changing needs.

Decolonising frameworks and assessment tools

Access to/opportunities for early, culturally safe assessment and supports can be life changing for children and families.

- Many diagnostic/assessment tools are not culturally appropriate and are ineffective. There needs to be completely different lens put on assessment tools and support for young people with developmental concerns, delays or disability. Decolonising western frameworks and assessment tools to preference local Aboriginal and Torres Strait Islander cultures and practice. ASQ-TRAKS has a good reputation
- Allied health professionals increasingly note that assessments are not culturally based. Needs improvement in integrating medical and social side.
- Soft approaches even for culturally modified tools/resources/assessments, while recognising need for 'fidelity'.

Examples

- ASQ-TRAK/TRAK 2 to address fear/reluctance; culturally adapted baby-books that can be shared across services; community members trained to deliver ASQ-TRAK with a strengths-based focus, for example celebrating when a child completes a task on ASQ-TRAK

Noted that on Groote Eylandt, community members/women (playgroup members?) have been trained in using the ASQ-TRAK assessment tool and are able to follow what's happening for children over time and to tailor supports to address the assessment results.

- informal connecting with families to alleviate feelings of shame associated with children having diagnosed or undiagnosed disability, and to address fear of child removal. This approach is now taken by the Victorian Department of Education's disability inclusion team, and by the playgroups and other ACCOs that SNAICC visited as part of this project.
- Long term goal – culturally appropriate diagnostic tool for family support
- There needs to be more investment in assessment and supports in remote communities. For example, recently in a remote community, all 45 children assessed using a modified assessment tool administered by video link were found to have some level of cognitive impairment.
- The Growth Empowerment Measure (GEM 6 and GEM 7) is an evaluated, accredited tool adapted for Aboriginal children and families from K5 and K10.
- The cultural safety lens should also be applied to data collection and analysis to overcome existing deficiencies and to apply Indigenous data sovereignty principles and practices.

Issues of child protection/notification

Fear of child protection agency involvement is a major barrier to Aboriginal and Torres Strait Islander families seeking support for children experiencing developmental concerns, delay or disability. Service providers reported that there

is no systematic consideration of the needs of children with developmental delays or disability living in out of home care.

- Ongoing imperative to avoid removal of children. Includes addressing intergenerational trauma of removal and supporting parents who themselves experienced removal. Need to get away from removal. Work before removal to provide ground base to support families. Needs to be strength-based for supporting families.
- Health and hospital settings are a high source of notifications to child protection. Children may be anxious in these settings and then be notified. The risk of child protection agencies becoming involved during assessments is very real. Examples of where allied health professionals have discovered that their disability assessments and NDIS reports have been taken out of context and used to support court applications to remove children from their families.
- What is disability vs behaviour that is trauma driven? Assessors/diagnosers lack disability/trauma training. For young children who are removed or living in difficult circumstances, their response to trauma isn't to feed anger and act out like older children, rather they are confused. They don't know who, what or why, but they do know where they are. It takes a very well-trained practitioner to work with the child's trauma response while also trying to map out their level of learning or disadvantage. Need to untangle if the child is displaying a trauma response from being separated or if it is developmental.
- People don't want to talk about disability in relation to children in out of home care (OoHC). Carers may not want to take them. More expensive for government if there is a disability diagnosis. If can see disability, then can't blame parents, which messes with the narrative/ justification for removal.
- Supporting children with developmental delay or disability who are placed in out of home care depends on the attitude and abilities of individual carers; not systematically considered by department/agencies.
- If Aboriginal children with disability get removed from family and whole community, they may access supports in state care, but these supports aren't available for families in regional areas. Can't involve parents because the children are in state care. Can't deal with what happened prior to OoHC. Continuity of assessments for child/reports are therefore inconsistent.
- Functional capacity assessments - providers need to argue for implementation for funding. Child with disability has to mould to the service rather than the service being matched to the needs of the child. Years go by doing the wrong thing. Evidence is used to argue not to shift child back to parents if in OoHC.

Tracking what's making a difference for children and families

Service providers want to be able to gather evidence and data in order to understand and share what's working. There were a range of suggestions about what data should be collected and analysed.

- Recognising that children and families will 'progress' at their own pace

- Being transparent about data sharing about families/children between services. Families determine what information can be shared. Consent from family and being very clear about what data could be shared, with who and why. Going back for new consent if there are any changes.
- Collecting quantitative data such as ASQ-TRAK, ADC/pre-school attendance, referrals, records of support provided, community feedback, health checks, school readiness:
 - via child milestones for 0-5 years.
 - Measure birth outcomes for children and mothers
 - Measure: when we prevent removal of newborn children
- Responding to data:
 - Prevent and support if there are risks
 - We make subtle changes to how services are delivered which change outcomes e.g., making sure someone's prescription is filled before they go home to community
- Outcomes for children and young people are tracked by state-level data systems rather than associated with programs or initiatives. Children's Commissioner can do case reads which may allow activity effort to be assessed.
- It would be helpful to have a consistent framework/tool for ACCOs and NGOs to assess their partnerships/collaborations. Otherwise, partnerships are measured based on the judgement of individuals and their relationships across organisations, usually situated in a hierarchy.
- Measuring outcomes should include collecting qualitative measures/information as well as quantitative in order to describes the richness and complexity that comes from community and everyone working together to support children and families
- Impact statements that document what changed for that family and why, what they'd like to see change, photos of the outcome.
- Case studies
- Celebrating and promoting good outcomes/stories for children/young people and families by word of mouth and social media

Workforce implications

All practice has implications for how workers deliver services for communities, families and children. This section reflects conversations that were specifically about workers and their needs.

- Practice needs to be framed through a cultural lens and be delivered in culturally safe places/ways
 - having more Aboriginal and/or Torres Strait Islander practitioners/staff in a wider range of supports and services

- creating culturally safe spaces for families and children to support their decision-making
- supporting early childhood workforce/services to understand and accommodate complexity rather than 'it's too hard'.
- Don't leave practitioners and families to navigate bad systems by themselves
- Non-Indigenous practitioners and services must place a high priority on being culturally responsive and contributing to cultural safety. This requires whole of organisational commitments to change including workforce training and development.
- Applying good practice when working alongside mainstream services very much depends on the individual practitioner. If they are the 'right person' then they'll bend over backwards to get things done regardless of what organisation they are working in. They will seek to 'flex the system'. Systemically, NGOs tend to treat everybody the same and as numbers to 'hustle through like cattle'.
- Staff are encouraged to both learn from NGOs and also to teach NGOs about how to engage effectively with Aboriginal families. We need consistent training (possibly a training framework) for mainstream organisations so that there is the highest possible minimum skill set for practitioners, which goes beyond cultural training to how we engage with family, how we work. It means educating NGOs and their non-Aboriginal and Aboriginal staff. It's a similar conversation that goes across sectors. It's not just about resources and numbers; it's about getting the workforce synchronised to understand where they fit, what they should be doing and doing it to the best of their ability.
- In the ACCO sector, key mechanisms for learning and sharing good practice include
 - drawing on the lived experience and reflection of workers and families
 - advice from Elders and community members
 - embedding the cultural lens required by our workplaces into our practice
 - sharing knowledge and experience among peers/communities of practice e.g., across ASQ-TRAK users, across Connected Beginnings sites.
 - using the systems and pathways available through peak organisations for sharing information about effective practice including face-to-face forums for practitioners; webinars and podcasts; member visits; member consultations and informal discussions; Centre of Excellence emerging issues, case studies etc.

Implementation

Peak organisations and some services raised issues associated with implementing a good practice framework.

- Addressing systemic issues is essential for practice outcomes to be achieved
- The language and concept of a 'practice framework' is problematic. What is its status in relation to the other practice frameworks that are in place, and how are differences negotiated at a workplace level? Needs to be investment in local implementation as well as design.
- Practice cannot be separated from the systems in which it is implemented. It is common, but unreasonable, to 'gift' frameworks to practitioners and to expect them to navigate how it will be implemented in their particular [systemic/ community/ organisational/ workplace/ professional] context.
- Implementation is often the most difficult element of any project/framework. Requires funding for training and systems changes.
- Consider attaching the practice framework to an existing framework. For example, the Victorian Child Safe Standards have recently been updated and now place Aboriginal and Torres Strait Islander children front and centre. Early childhood services need to be accredited against the standards. The standards could therefore be a useful leveraging point for applying the practice framework.

Contact us

healthy-trajectories.com.au/eci-review/
info@snaicc.org.au

