Submission for the Families and Children Activity: Review of Children, Youth and Parenting Programs

Introduction

Please accept this submission on behalf of Parkerville Children and Youth Care (Parkerville CYC). We welcome the opportunity to provide feedback on the review of the Families and Children Activity Children, Youth and Parenting programs.

Our holistic support to children, young people, and families

Parkerville CYC is a For Purpose organisation that supports children, young people, and their families to build skills and capacity, address the impacts of trauma and adverse childhood experiences, and develop capabilities that will enable them to be the best versions of themselves. We see a future where Western Australia is the safest place in the world and all children, young people, and their families feel safe to dream, to thrive, and to reach their fullest potential. We have been working alongside vulnerable children, young people, and their families for over 120 years, and every year, we support more than 13,000 people across WA through our therapeutic, out of home care, youth, and education services. The future of those we serve depends on what we do in the present to support them to reach their potential.

Our Values

Our Purpose

Our purpose as an organisation is to support children, young people, and their families to build skills and capacity, address the impacts of trauma and adverse childhood experiences, and develop capabilities that will enable them to be the best versions of themselves.

1 Watertank Way, Midland 6056 | ABN 86 437 092 401
(08) 9235 7000 www.parkerville.org.au

Parkerville CYC's services

Therapeutic Services

- **Multi-agency Investigation and Support Team (MIST):** co-located, multi-disciplinary, trauma-informed model to reduce harmful impacts of trauma from abuse. It is WA's first truly integrated child sexual abuse (CSA) response, with Child Advocacy Centres in Armadale (2011), Midland (2019), and Rockingham (2024). MIST's core principle is to reduce instances of children having to tell and re-tell their story, and coordinate services (including Police) to wrap around the child and family, through collaboration and knowledge-sharing.
- **Therapeutic Services:**

  CSATS: We provide a Child Sexual Abuse Therapeutic Service (CSATS) in a regional area of WA.

  PACTS: We also provide a Parents and Children's Therapeutic Service (PACTS) in a northern Perth suburb. 84% of children and young people receiving a service had experienced child sexual abuse.

Out of Home Care

- Parkerville CYC have had children in our care for the entirety of our 122-year history. We are implementing an innovative, award-winning new model, Our Way Home: radically personalised shared care, that focuses on the needs and desires of each child, and deliberately seeking to establish, maintain and deepen connections between children and their families. We care for children through a mixed provision across family group homes, foster care, and temporary care homes.

Early Intervention, Prevention and Youth Services

- **Child and Parent Centres (CPCs):** Parkerville runs two CPCs in Perth, servicing 12 primary schools in vulnerable communities. The centres work to create an entry point into the school systema and help with school readiness, but importantly they focus on increasing family capacity and help them provide appropriate developmental experiences and a happy, healthy home.
- **Head to Health Kids Hub:** a new initiative aimed at providing comprehensive mental health and wellbeing services for children aged 0-12 years, targeting mild to moderate emerging complexity. This service will be delivered in collaboration with Koya Aboriginal Corporation, Pregnancy to Parenthood, Lifespan Psychology Services, and MIFWA, and will be operational by end January 2025.
- **Education Employment and Training Program (EET)**: For young people at extreme educational risk due to trauma, mental health, family issues
- **Support and Community Services (SACS):** For families with children aged 4-14 that are experiencing homelessness, or at risk of homelessness and living in supported accommodation.
- **Moving Out, Moving On (MOMO):** service for young people aged 15-21 who are experiencing homelessness, or at significant risk of homelessness or transience.
- **Reconnect:** a diversion and early intervention service for families with young people (12-18) at risk of homelessness or family breakdown.
- **Young Women's Program:** medium-term accommodation and support for young women (including those with children) aged 16-25 experiencing or at risk of homelessness, or who need help to live independently.
- **Ruby's Reunification Program:** seeks to prevent youth homelessness through part-time accommodation, whilst engaging and supporting the family with counselling and practical support. It aims to foster hope for staying together or reunification, and keep young people out of the youth (and ultimately adult) homelessness sector.

Our responses

As an organisation that delivers holistic, trauma-informed, and innovative supports and interventions in WA, Parkerville is interested in the development and success of FaC programs as critical parts of the services ecosystem, and to produce the best possible outcomes for children, young people and families. Interventions cannot work in isolation. They should be part of a coordinated local support offer so that the families who most need support can access it. Below, we have responded to the questions that have the greatest relevance or relation to Parkerville's work, and to the communities that we serve.

Contemporary needs of families in Australia

1. With people from a CALD background less likely to access services, what (if any) change should be made to FaC children, youth and parenting programs?

We risk exacerbating inequalities in children's outcomes if parenting programs are not explicitly designed to meet the needs of parents and caregivers from minoritised and disadvantaged backgrounds. To address inequality, it is important to deliver programs that suit families of different needs, for example, those who speak a different language, and minoritised and structurally disadvantaged communities.[1]

It is important, therefore, to understand how interventions work for caregivers from different demographic groups and backgrounds. There can be specific stressors for women, children and families from diverse cultural, ethnical, religious and linguistic backgrounds and migrant and refugee families and children. These include the impact of visa status (for example, restricted eligibility criteria for access to government support and services, perpetrators using a women's visa status to control and abuse them), a lack of trusted local social/community networks or families, linguistic and cultural barriers to seeking help and reporting violence, experiencing discrimination and racism, and a history of trauma arising from having witnessed conflict in their homeland or from their journey to Australia (Harmony Alliance, 2021, Campo, 2015). Evidence indicates that one-third of women from refugee and migrant backgrounds have experienced family violence, with migration-related controlling behaviours the most prevalent form (91%) (Segrave et al., 2021).

Hub-based models for targeted, responsive early intervention:

We see the impact of this across our services, and the ways in which it can inhibit help-seeking for those affected by trauma and abuse, and create or compound isolation. Targeted programs can carry stigma and thereby reduce families' willingness to engage. Place-based, integrated hub-type models like WA's network of Child and Parent Centres (CPCs) help to simplify and destigmatise accessing support by offering access to all children and families in an area, and by being located on or near public schools to support families as they lay the foundations for their children's development and learning (ECU, 2013).

Parkerville's two CPCs serve diverse communities, with our Gosnells-located CPC in particular serving a community that is approximately 85% CALD. Our approach to best supporting the children and families is place-based, culturally sensitive and trauma-informed. Some local families distrust health and/or government organisations, and the CPC may be the only service with which they meaningfully engage.

[1] See What will it take to scale effective parenting interventions in the UK? | Nesta

For some families from CALD communities, counselling support is often associated with a stigma of weakness. This is also true regarding disclosure of intimate partner/family violence and control. The WA Department of Communities have reported to our Local Advisory Committee that they have been seeing a higher prevalence of CALD families presenting with FDV, and this is our daily experience also. We provide social support, a safe environment, awareness-raising primary prevention materials and maintain close relationships with specialist CALD organisations, to facilitate support when women experiencing FDV feel prepared to reach out for help.

And crucially, our CPCs' grounding in the community and range of supports helps to build social capital and community connections, a vital contribution to reducing isolation and supporting help-seeking. We work with families to build their trust in us, and thereafter, trust in the benefits of accessing support to help them fully thrive with their families into the future. We take great care to build this trust and act responsively to community need, including by co-locating with allied health services to embed early intervention services in communities.

We observe a notable degree of poverty/increased financial distress with increasing cost of living pressures, social isolation amongst families attending our CPCs, particularly for CALD and/or migrant families. We support these families by creating a social setting in which they can practise the skills they learn at the CPC without fear of judgment, prejudice, or the pressure of assessments; and access referrals and supports to help them address mental health, food security and financial distress. This contributes to building a sense of community, reducing isolation, increasing parental confidence around proactive engagement with their child's development, and reducing negative risks or factors, such as fear about money/rent payments/food, that are closely associated with higher incidence of FDV events as well as other maltreatment concerns.

Given this evidence informed by our practice experience, we believe that there is general learning for more generalist and/or universal services for children, youth and parenting programs, to promote service engagement and positive outcomes, centred upon applying the lens of culture when planning services and supports to meet local community needs:

- Provision of systems to collect and analyse cultural and linguistic data to help identify client needs, policy and service development, and evaluation of outcomes
- Supporting staff to apply effective communication methods with diverse groups, including cross-cultural communication, and making clear (e.g., visual cues such as posters/materials in different languages, marking events of significance to different CALD communities who access services) that services that are safe, welcoming and accessible
- Provision of materials that are appropriate to the literacy of target populations
- Provision of professional, trained interpreting/translation services, with the following considerations in mind:
    - Clients may have a fear of disclosure if interpreters are from the same community, or may be perceived to hold particular cultural beliefs
    - Potential challenges with accessing translation services in regional areas
    - Children may have higher English proficiency than parents/carers, but should not be asked or expected to translate on their behalf

Developing individual and organisational understanding about the intersections of culture, ethnicity, faith/religion, gender, gender identities, sexualities, and disability, and how they may interact with risk of harm and/or disadvantage. This includes the need to develop:

- Understanding about how these intersections may lead individuals from CALD communities to experience racism and discrimination, social isolation, socio-economic disadvantage, thereby creating barriers to accessing care and support.
- Knowledge of the specific forms of violence that may be relevant within some CALD communities (e.g., female genital mutilation, forced and/or early marriage, 'honour'-based violence).
- Understanding that there may be fear of disclosure and/or possible consequences, stigma attached to certain facets of identity, conditions or experiences.
- Awareness that there may be a lack of understanding of the right to confidentiality, or distrust that confidentiality will be upheld (including that interpreters are trained in issues of confidentiality).
- Understanding the ways in which different family structures, dynamics and gender roles within families from CALD backgrounds can impact on access to support/accessibility of support.
- Awareness of issues that may face LGBTQI+ community members from CALD backgrounds, including cultural beliefs about gender and sexuality, and how this may impact or affect LGBTQI+ client wellbeing and safety, and may otherwise lead to non-provision of necessary additional supports, or inhibit take-up of support.
- Understanding the impact of pre-migration experiences, particularly those involving trauma; and therefore, the importance of gaining situational awareness of an individual's background/cultural influences and what supports may be required.

More resourcing should be directed towards engagement and awareness raising with disadvantaged families about what universal services offer, to increase take up, reduce isolation, and bolster early intervention. This should start antenatally.

2. What (if any) change should be made to FaC children, youth and parenting programs to account for the different service needs and preferences of families?

Enhancing Data Transparency to Address Barriers to Parental Engagement

In general, there is a lack of data transparency and accuracy at the local community level about families' needs and preferences. We must make it easier for service providers and commissioners to navigate the complex market of parenting interventions and make informed decisions about which programs are most effective and will work best for their populations and the workforce that they have available. There is a lot more to be learned about how we can most effectively tackle issues that prevent parents from engaging with support, such as lack of information or perceived stigma.

These questions deserve focus and attention because there is a risk that if local services are not explicitly designed to target and meet the needs of parents and caregivers from, for example, communities that are minoritised, regional/remote, and/or disadvantaged, they will exacerbate inequalities in children's outcomes, rather than tackling them.

Addressing Accessibility and Affordability through Hub-Style Models and Proportionate Support

Accessibility and affordability are critical concerns for the children and families that we support, with particular issues around locational disadvantage, wait lists and availability as notable barriers to more disadvantaged children and families, particularly given the developmental impact of failure of early identification of potential risks or developmental issues. This can be even more true for families who

may otherwise remain unknown to services. Indeed, service utilisation is lowest among families with the greatest needs (CoLab Partnership, 2020).

We strongly believe that hub-style models have the characteristics to triage, or indeed meet, the different family service needs and preferences; acting as a local and welcoming 'front door' for families within their community.[2] They serve a vital early intervention function: they are universal in ambition, but with a priority focus on (1) enabling connection with an educational developmentally-focused environment that aids in the identification of impediments to the smooth transition to schooling, (2) reducing inequalities and supporting vulnerable children and families particularly, and (3) providing access to place-based specific services (wrap around services and supports that address developmental, social, familial, and structural issues such as poverty). They are generally place-based and co-designed with community – resulting in a responsive and agile service delivery model as far as they are able.

There is an imperative for a 'proportionate' approach, i.e., tailored, well-resourced additional support for children and families with greater needs. Additional supports should be available according to the level from which the additional need arises within a primary health step-up and step-down service framework – at the level of the child, the family, or the community – noting that these circles are inter-related and that strengths or adversity at one level rarely occur in isolation of one (or both) of the others. Child and Parent Centres are strong examples of community-focused, place-based concentration of universal, multi-disciplinary services and community programs to better support early identification and intervention.

Recommendations:

- Better coordinate existing universal services into a cohesive and integrated system which engages all families according to their preferences and needs: universal, targeted and specialist support for families.
- More resourcing should be directed towards engagement and awareness raising with disadvantaged families about what universal services offer, to increase take up, reduce isolation, and bolster early intervention. This should start antenatally.

3. What changes (if any) could be made to increase awareness and improve navigation of available supports for families?

Supporting Families in Crisis: Navigating Services and Building Trust

Families may be experiencing a range of issues that impact their caregiving. Many of the families that Parkerville supports are in a state of priority management, unsure of whether they will have a secure home, money for necessities, or be safe from violence.

This can mean that they are transient, and their ability to engage with services (with frequently fixed criteria and protocols, and a built-in expectation that those in need can navigate service pathways) fluctuates. This can lead to children's developmental or other support needs falling between the cracks, as referrals go missing and appointments missed as families try to navigate multiple services during times of heightened stress and trauma.

Enabling parents to support their children to thrive even under the most challenging circumstances requires the creation of integrated, priority referral pathways and outreach models for families in crisis and/or recovering from trauma, who are likely not in a position to meet rigid service criteria: we must flex the system to meet children/families where they are, not where the system thinks they should be, so that children's needs are better supported.

The children, young people and families in many of our services have had previous, and likely ongoing, involvement with public services, including possible engagement with child protection. As such, we find that there can be a high degree of discomfort about, and reluctance to re-engage with, these services. In some cases, much of our work may involve building trust and rapport in non-formal settings, helping children and families to feel comfortable, secure, and supported enough to seek a referral for occupational therapy, or attend a paediatric appointment – knowing that their support worker will walk alongside them and help to navigate the system and advocate for their needs.

Recommendations

- Create priority referral pathways for families in crisis and/or recovering from trauma, who are likely not in a position to engage with rigid service engagement criteria: flex the system to meet children/families where they are, not where the system thinks they should be.
- Design service responses that are agile, and willing to deliver outreach assessment and intervention to those people experiencing multiple and substantial barriers to service access.

Locational Disadvantage

We also note the importance of naming locational disadvantage as a significant, systemic barrier, and committing in stronger terms to addressing it through a coordinated Government response. Core services are too often centralised in CBDs or other central metropolitan locations, creating a structural access barrier for vulnerable and/or disadvantaged communities – especially in a cost-of-living crisis, when parents/caregivers are having to choose between buying food and paying rent, or travel costs to attend appointments away from their community. This is a failure of effective policy: not-for-profits often work to address or mitigate the impact of this through, for instance, more intentional place-based approaches and drawing upon naturally occurring community assets. However, a significant shift in Government policy and funding/commissioning practice is required to meaningfully address locational disadvantage.

The Community Sector Partnership Framework

4. Apart from the issues outlined above, are there any other changes to FaC children, youth and parenting programs that should be considered to strengthen the community sector? (If yes, please specify)

We do not propose other changes, but would highlight some additional thoughts regarding **Outcomes and impact measurement:**

In general, there is a need for better infrastructure and more capacity to collect robust and real-time data for analysing local family needs, monitoring local progress, and evaluating local implementation.

[2] National Child and Family Hubs Network, Child and Family Hubs - National Child & Family Hubs Network

Parkerville has been undertaking significant work to create and implement an outcomes-focused culture and practice in everything that we do. We recognise the value of this for accountability (internally, to those we serve, to Government and other funders and stakeholders), for continuous improvement, and for evidence-based service delivery and decision-making.

Therefore, whilst we welcome a greater focus on outcomes and impact measurement in general, outcomes measurement must be better recognised by service funders as an administrative cost both in time and money. Its successful implementation requires investment in systems and training, and information gathering adds an operational cost for staff to collect, record, and analyse the outcomes data. This is undoubtedly a worthwhile cost, but is frequently one that is borne by the organisation, and not by funders as a recognised essential part of service provision. Further, much value would be gained with greater information-sharing to track outcomes, particularly from Government. It is often the case that the needs of those we serve are such that outcomes will only become clear longitudinally. A lack of information-sharing capacity restricts opportunities to use data effectively for planning, reporting, and responding effectively to need.

Measuring What Matters and the Early Years Strategy

5. What changes (if any) should be made to FaC children, youth and parenting programs to help achieve the outcomes set out in the Early Years Strategy?

Early childhood is one of the most significant periods of human growth, critical in determining physical, social and emotional, behavioural and cognitive development in ways that can have lifelong impacts on health and wellbeing. We have a good understanding of the risk factors that can threaten children's development, and we know that intervening early can reduce risk factors and increase protective factors in a child's life. As we know, the true measure of a society can be determined by the way it treats its most vulnerable. The critical challenge, then, becomes having the political and community will to act for children in their early years.

Whilst we warmly welcome the Early Years Strategy, therefore, we note that the above requires more than a focus on early childhood initiatives – though vital. It necessitates a more strategic and coordinated approach that recognises how child abuse and maltreatment, alongside child poverty, inequality, family violence, intergenerational trauma and other systemic harms, shape early childhood for many Australian children. It is imperative to have a whole-of-Government approach that recognises this context and the profound impact on children in the early years, and as they develop throughout childhood, adolescence and into young adulthood.

The Early Years Strategy speaks to early detection and action on initial signs of developmental delay signals, and connecting families with the supports they need: all matters picked up across FaC programs to some extent. We note the significant, systemic barriers for families trying to access supports from Child Development Services. The significant (or closed) wait lists across the board, and/or the locational disadvantage frequently found in regional and remote areas in which there is a profound dearth of essential and specialised services, means that families seeking early intervention for developmental delays are left unsupported, with the early intervention window closing. Families cannot be connected to services that do not exist, or are so oversubscribed as to be largely inaccessible.

Given this, and given the scope of the Early Years Strategy's reach and ambition, we highlight the need to:

- Better coordinate existing universal services into a cohesive and integrated system which engages all families according to their preferences and needs: universal, targeted and specialist support for families.

Build the national evidence base about best practice in children's centre/hub models: knowledge is often necessarily developed and held at the local level, but an evidence-based national picture, with shared language and common metrics, would be welcome.

Australia's Disability Strategy and the National Autism Strategy

6. **What changes (if any) should be made to FaC children, youth and parenting programs to improve the access and inclusion of parents/ children with develop-mental concern or disability?**
7. **What type of services are preferred by parents or carers with disability or by children with develop-mental concern or disability?**

Parkerville supports many children with diagnosed/recognised or suspected developmental concerns across our services, from our CPCs where we can respond agilely to cohort need with targeted specialist interventions and partnerships, to children in our out-of-home care service or in our homelessness outreach services, where accessing diagnoses – let alone specialist services – can be exceptionally challenging.

Building on our practice knowledge and experience in support of children and families, we make the following recommendations in response to the questions in this section:

- **Consistent Priority Referral Pathways**: FaC programs should incorporate routine and consistent priority referral pathways for the most vulnerable children (such as those impacted by homelessness or in out-of-home care) to ensure that they receive timely and appropriate services.
- **Review of Service Provision**: Recognise the paucity of service provision in regional areas and/or areas where people experience locational disadvantage: explore ways to address the impact of poor availability of critical services for children with developmental concern or disability.
- **Flexible Appointment Criteria**: Create priority referral pathways for families in crisis and/or recovering from trauma, who are likely not in a position to meet rigid appointment criteria. The system should be flexible to meet children and families where they are.
- **Agile Service Responses**: Recognise the need for service responses that are agile and willing to deliver outreach assessment and intervention to those experiencing homelessness or other substantial barriers to service access.
- **Enhanced Service Provision**: Consider an enhanced service to improve service provision for young people whose needs were not identified earlier and who are not prioritised by, or aging

out of, child development services. This could be achieved via partnership delivery models that leverage existing relationships.

- **Speech Pathology and Occupational Therapy**: Explore ways to incorporate more speech pathology and occupational therapy capacity into community-based early childhood services and/or integrated service access points to help build parental capability and confidence.
- **ASD and ADHD Assessments**: Review service provision for child psychiatry, paediatrics, and allied services in terms of capacity to meet the need for ASD and ADHD assessments at the early childhood level.

Safe and Supported and National Plan to End Violence

11. What changes (if any) should be made to FaC children, youth and parenting programs to provide supports in a culturally appropriate and trauma-informed way?

The Multifaceted Impact of Family and Domestic Violence on Children

In our response to this question, we particularly focus on the prevalence and impact of FDV as it relates to children. The Australian Child Maltreatment Study (ACMS) has provided nationally representative data on the prevalence of all five types of child maltreatment and the associated physical and mental health impacts (Haslam et al., 2023; Lawrence et al., 2023). The ACMS study indicates that child maltreatment is endemic across Australia, with FDV the most prevalent form of maltreatment across those surveyed. The effects of FDV on children and young people present in multifaceted and interconnected ways. Experiencing FDV can influence the development of psychological symptoms such as anxiety, depression, post-traumatic stress disorder, aggression, and conduct problems. Along with transience stemming from FDV, these psychological impacts contribute to increased absenteeism and suspensions in children experiencing FDV. Childhood experience of caregiver intimate partner violence has also been associated with decreased emotional regulation, self-regulation and social competence. Children with these experiences are likely to require additional follow-up and supports to screen for mental health challenges (Willoughby and Schwarzman, 2024).

Despite multiple acknowledgements in Commonwealth and State-level Plans and Strategies, including the National Plan, children, and young people 'remain the ignored victims of this national crisis' (Fitz-Gibbon *et al*, 2024).[3] If we are to end violence against children and young people, a child-centred focus on specific safety, support, and recovery outcomes for this cohort is required. This will not only act to protect the children directly harmed by FDV, but will serve to benefit future generations, by breaking the cycle.

[3] Fitz-Gibbon, K., Pall, C., Moore, S., Campbell, E., & Meyer, S. (2024, May 6). The government wants to end gender-based violence in one generation but they have forgotten about children. *Women's Agenda.* https://womensagenda.com.au/latest/the-government-wants-to-end-gender-based-violence-in-one-generation-but-they-have-forgotten-about-children/

We welcome a greater focus on programs for children, youth and families delivering services in a more trauma-informed manner. However, in the context of FDV, we believe that this requires the spread and embedding of an FDV-informed culture across the sector: that recognises children and young people as victim-survivors of FDV in their own right, not as 'witnesses' or 'exposed to', and more consistent use of perpetrator accountability that engages with children as agents in their lives. This will give a greater foundation from which programs can identify FDV within a family, understand the impacts on children, and make referrals.

We would note generally, however, that there are not enough specialist/intensive supports for children impacted by FDV: FDV-specialist services for adult victim-survivors are building their capacity and practice around targeted support for children, however this is not yet consistent, while child-centred FDV-informed programs continue to not have sufficient capacity to meet need.

Gender Equality

13. What changes (if any) should be made to FaC children, youth and parenting programs to improve inclusiveness for all parents, carers and children, regardless of family structure, gender or sexual identity?

We note the critical importance of an intersectional lens, recognising the multiple and intersecting structural and systemic forms of discrimination, such as racism, ableism, homophobia, and transphobia, which can increase the severity or prevalence of violence, create barriers to help-seeking, and/or worse outcomes for particular groups (Coumarelos *et al*., 2023). This recognises that gender and gender inequality may be constructed and experienced differently, and that prevention, intervention and recovery and healing must therefore respond to the diversity of families and communities (*ibid*.).

Building on our practice knowledge and experience in support of children and families, we make the following recommendations in response to the question in this section:

- **Enhanced resourcing for targeted supports to LGBTQIA+ children and young people,** by increasing capacity in specialist and mainstream organisations. This will ensure that these young people receive safe, inclusive, and trauma-informed care.
- **Provision for Transgender Young People**: Recognise and address the specific needs of transgender young people by increasing the provision of services that are safe, appropriate, and welcoming. This includes ensuring access to mainstream accommodation services and creating specialised support where necessary.
- **Awareness and Education**: Increase awareness about the differential risks of all forms of violence that LGBTQIA+ children and young people face. Better resource specialist organisations to support these communities and provide continuous education and public awareness campaigns.
- **Cultural Competency in Mainstream Services**: Enhance cultural competency in mainstream services to ensure that supports are delivered in a culturally sensitive and community-

informed manner. This includes responding to community needs in a place-based way and ensuring that non-specialist services are equipped to address multiple intersecting barriers.

Trauma-Informed Therapeutic Responses: Increase resourcing for evidence-based, trauma-informed therapeutic responses and community-based wraparound services to children exposed to FDV and other forms of child maltreatment.

Family Mental Health Support Services (FMHSS)

19. Should changes be made to FMHSS, so services are able to focus solely on early intervention? (If yes, please specify)

Parkerville is strongly committed to early intervention and prevention in mental health. We advocate for a robust, bold, and systemic approach to support children and young people to thrive, remain safe, and connected to family, community, and culture; and through our practice, seek to achieve this through early identification, targeted intervention, and parental capacity-building and support. It is critical to find and respond quickly to early opportunities for stopping the escalation of mental health difficulties to crisis point, and/or embedding longer-term harm.

In general, therefore, we strongly agree that FMHSS services should be early intervention-focused; and moreover, redouble efforts to reach children with experience of child maltreatment and multiple adverse childhood experiences (ACEs) (noting evidence that children with these experiences are likely to require additional follow-up and supports for their mental wellbeing (Willoughby and Schwarzman, 2024)).

Further, given that a holistic and systemic response is essential to respond effectively to emerging children's mental health challenges, we would be interested to see a review of how FMHSS aligns with and can work complementarily with the network of existing and forthcoming Head to Health Kids Hubs. Programs work best in a service ecosystem that avoids duplication, reduces the burden on families to navigate often confusing or complex systems, and does everything it can to lessen bureaucratic load both for families and services themselves. As the new provider of the first WA Kids Hub, Parkerville is committed to becoming a crucial part of early intervention efforts for children's mental health and wellbeing, including working collaboratively and effectively in a place-based and flexible manner.

References

Campo, M. (2015). Children's exposure to domestic and family violence: Key issues and responses, (CFCA Paper No. 36). Melbourne: Child Family Community Australia information exchange, Australian Institute of Family Studies

CoLab Partnership (2020). "A vision for an integrated early childhood system in Western Australia", CoLab Policy Papers Series, Paper 5

Coumarelos, C., Weeks, N., Bernstein, S., Roberts, N., Honey, N., Minter, K., & Carlisle, E. (2023). *Attitudes matter: The 2021 National Community Attitudes towards Violence against Women Survey* (NCAS), Summary for Australia (Research report, 03/2023). ANROWS.

Edith Cowan University (ECU) (2013). Child and Parent Centres on Public School Sites in Low Socioeconomic Communities in Western Australia: A Model of Integrated Service Delivery

Harmony Alliance (2021). Migrant and refugee women in the COVID-19 pandemic: Impact, resilience and the way forward, National consultation report

Haslam, D., *et al* (2023). "The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report." Australian Child Maltreatment Study, Queensland University of Technology.

Lawrence, D. M. *et al* (2023). "The association between child maltreatment and health risk behaviours and conditions throughout life in the Australian Child Maltreatment Study." *Medical Journal of Australia*, *218*(6), S34–S39

Segrave, M., Wickes, R., and Keel, C. (2021). Migrant and refugee women in Australia: The safety and security survey. Melbourne: Monash University

Willoughby, M., and Schwarzman, J. (2024). 'Individual and family factors associated with child mental health and wellbeing', *Australian Institute of Family Studies*

Contact details

For further enquiries on this submission please contact:

Dr. Sarah Priest
Research and Advocacy Lead
Sarah.priest@parkerville.org.au
0424 273 663

January 2025