



Insights into Queensland's early childhood development service system

A rapid review for the Thriving Queensland Kids Partnership

Summary Presentation

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ACKNOWLEDGEMENT OF FIRST NATIONS PEOPLE

We would like to acknowledge the traditional owners of the land on which we live and work. We also pay respect to elders past, present and emerging



#MORETOGETHERNOW





Approach

Two frameworks were combined to assess selected elements of the early childhood system in Queensland from a system and programs lens

1 Six Levers of System Change

There are many models for systems thinking, leadership, change and reform. The **Six Levers of Systems Change** highlight six critical elements for a **systems approach** to improve childhood wellbeing. By addressing these six elements, sectors and organisations in the Queensland eco-system will be better equipped and stewarded to work together well and support families and communities to raise children.

2 Restacking the Odds

Restacking the Odds (RSTO) focuses on five key evidence-based interventions or platforms in early childhood aiming to address the inequalities which emerge in early childhood and continue into adulthood. The study aims to develop measurable best practice indicators of **quality, quantity and participation** within each of the five initiatives or platforms. This study excludes early years of school as this falls outside the scope of the project which is the first 2000 days.



This six week current state assessment was formed by bringing together insights from a survey and interviews of TQKP stakeholders, alongside quantitative analysis and desktop research

1

Survey

- An online survey was used to build a broad evidence base for the current state assessment.
- The survey was **distributed by Accenture amongst 559 stakeholders who are known to the TQKP** within the early childhood sector in Queensland, including TQKP leadership.
- **There were 62 respondents to the survey.**

2

SME interviews

- **Seven expert stakeholders** from the early childhood sector were interviewed by Accenture.
- Interviews covered questions which aimed to assess the systematic and programmatic domains within the framework.
- The interview format enabled a more **nuanced view** to be formed of the current state and to identify linkages across assessment components.

3

Quantitative Analysis

- **Data was used in the assessment where it is publicly available through sources** such as AIHW and ACECQA.
- Data availability across the domains is limited to **workforce, antenatal care and early childhood education and care.**
- Analysis was undertaken to compare Queensland with the Australian national average across available indicators.

4

Desktop Research

- Desktop research, which included **reviewing program evaluations, literature reviews and published frameworks**, were incorporated into the assessment for the domains with limited data availability.
- Stakeholders provided guidance on priority evaluations and papers to incorporate into the assessment.

Note: 1. Further details on the four areas of insights can be found in the Appendix. This includes survey and interview questions, stakeholder interview list and a bibliography of relevant literature which was considered in this assessment. 2. This assessment was undertaken over a six-week period. The short time frames did not enable a detailed review of all the system components, their complexities and nuances of the system. It is not an exhaustive assessment of the entire system. The framework used for this assessment was designed to enable a rapid current state assessment of key aspects of the system. Therefore, there are components of the system which have been excluded from this assessment, which would be assessed in a longer, more detailed system diagnostic.





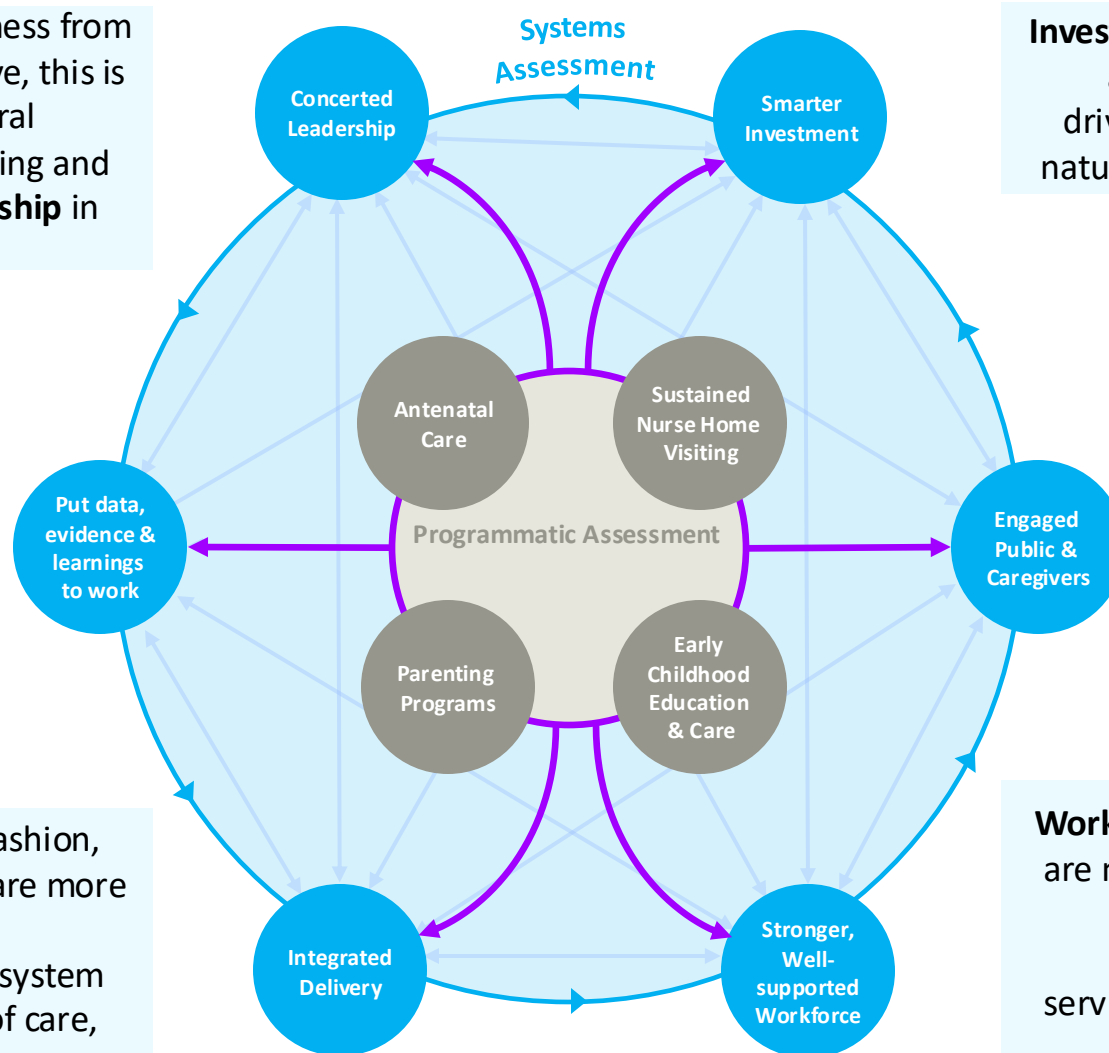
Analysis

Our *limited* assessment found that there are opportunities for greater action across a number of system domains

Whilst there is a strong personal willingness from leaders to be collaborative and innovative, this is not happening across the board. Structural barriers such as funding models, resourcing and the political cycle **limit concerted leadership** in the sector.

Data collection is improving, but the focus remains on outputs rather than outcomes. A concerted focus on outcome evaluation and data sharing is needed, to improve data-driven decision making.

Services are often delivered in a siloed fashion, which means that children and families are more likely to slip through the cracks. Greater collaboration and integration across the system would improve referrals and continuity of care, which requires more resources.



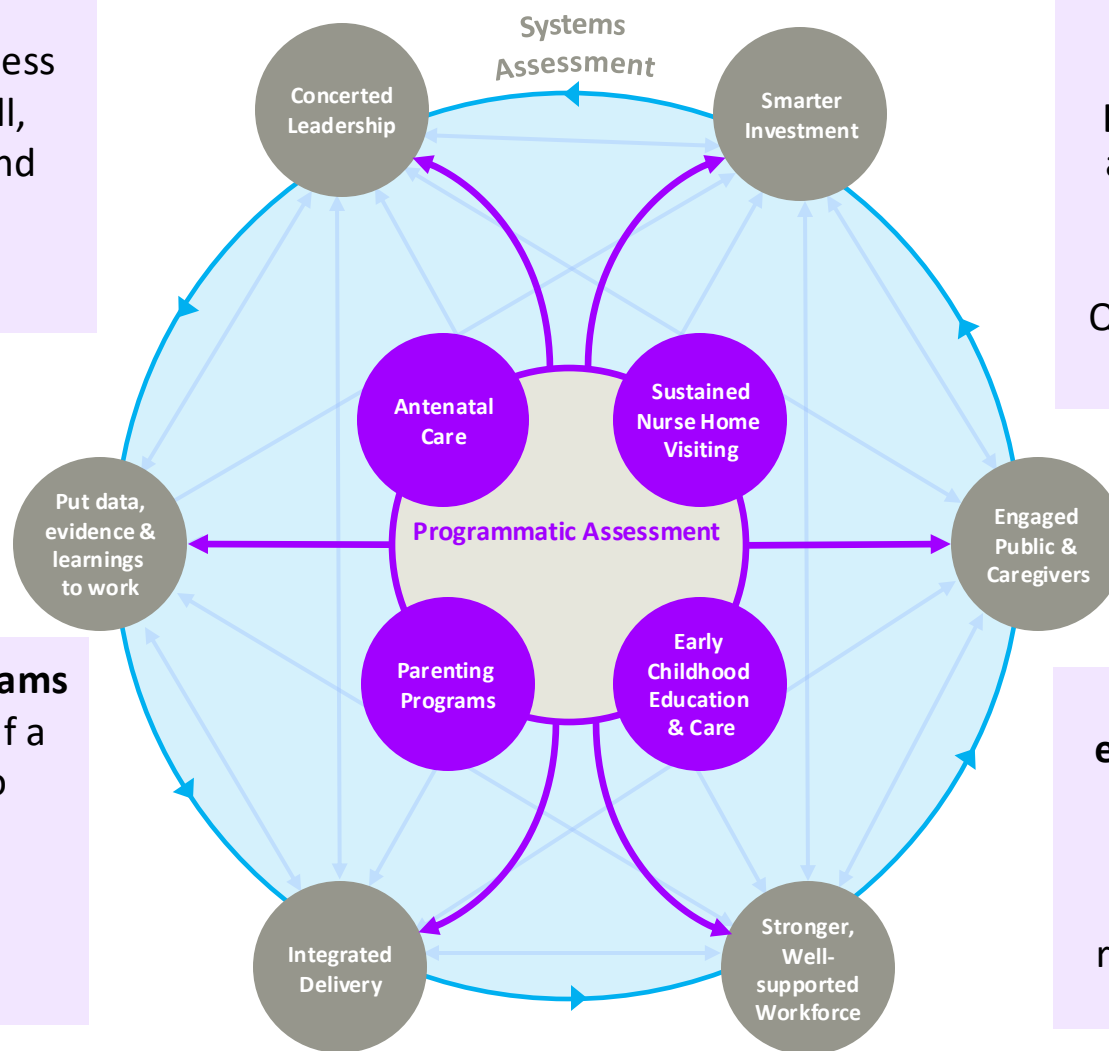
Investment in early childhood regularly occurs in a siloed fashion, is often not based on data-driven evaluation and is typically short-term in nature, all of which inhibits a systems approach.

The **public's** perceived value of the childhood development system is largely underdevelopment, and programs and services are often designed to meet the needs of the system, rather than the family.

Workforce shortages exist across the system but are most pronounced in regional, rural and low-socioeconomic areas which threatens the ongoing effectiveness and viability of the services. Digital and cultural sensitivity skills are lacking in some areas.

Our *limited* assessment found that there are opportunities for greater action across a number of programmatic domains

Antenatal health outcomes and access is comparable to other states overall, but significant variation in quality and access exists – particularly for more vulnerable population groups.



Queensland has some examples of **effective sustained home nursing programs**, but these are limited in size and offered in limited areas. There is a need for a suite of programs to meet the varying needs throughout Queensland and accommodate cultural and family needs

While some quality **parenting programs** exist in Queensland, there is a lack of a suite of evidence-based programs to meet the diverse needs of the community who may not meet the parameters and structure of current parenting programs.

Quality and access to **early childhood education and care** across Queensland could be improved significantly. Many services don't meet quality standards and accessibility is low in rural and regional areas and for more vulnerable population groups.





Investment opportunities

Long list of investment opportunities (1 of 3)

Domain	#	Investment opportunity
1. Concerted Leadership	1.1	Create a systems-level strategy which articulates an agreed upon set of child health and development outcomes , for all leaders and stakeholders to sign up to.
	1.2	Review of leadership role responsibilities and KPIs , assessing the level of which leaders are required to take a systemic and collaborative view to their job and organisation. Incentivise leaders and organisations to work together through KPIs and other methods to ensure more collaboration and concerted leadership throughout Queensland.
	1.3	Create a Qld Chief Pediatrician role tasked to provide systems-level child health and development leadership and to facilitate a Qld First 2000 Days Initiative and establish an inter-disciplinary Qld Council on the Developing Child comprising leading clinicians, researchers, experts and system leaders to facilitate knowledge, data and evidence generation, translation and mobilisation suitable across the Qld context.
	1.4	Establish an integrated Thriving Qld Kids, Thriving Places program , that aligns, builds and supports Qld child-focused, place-based initiatives with Federal level recommendations for childhood place-based initiatives. Learnings from successful Qld programs (e.g. Moreton Bay's Children partnership) would be prioritised as best practice and folded into these initiatives.
2. Engaged Public & Caregivers	2.1	Develop and deliver a state-wide Qld child development and parenting support public information and education campaign to uplift community perceptions of the importance of early childhood development and shift mindsets and narratives about early childhood development. This should be supported by a digital platform and app, focusing on accessible delivery to generate better outcomes for families and children.
3. Integrated Delivery	3.1	Establish a state-wide consistent Child Health & Wellbeing referral pathway .
	3.2	Establish an integrated state-wide program to facilitate the roll out of multi-disciplinary community-based Thriving Kids and Families Hubs and Pathway services . This should support, extend and integrate existing community-based services and infrastructure.
	3.3	Create an early childhood navigator position , who's job is to help families and parents navigate the many supports and services in the existing early childhood system . This role should be the one stop shop for assistance and be able to point families to different parts of the system, such as various referral pathways (8.1), operate out of Thriving Kids and Families Hubs and Pathway services (8.2) and help bridge the handover gaps between maternal and child health services.
	3.4	Review existing adult health services that may involve families or children (for instance, services where children might accompany parents). Identify areas of opportunity to provide additional support to both adults and children. Collaborate with providers of services to deliver integrated solutions that improve overall outcomes for children and families.

Long list of investment opportunities (2 of 3)

Domain	#	Investment opportunity
4. Workforce	4.1	Develop and deliver a comprehensive Qld Child Health and Development Workforce Capability Action Plan to build contemporary and common knowledge, language and skills. This should build on existing efforts such as the Universal Essential Elements framework, ARACY's Common Approach and the Thriving Qld Kids Brain Builders Initiative (TQKP, QBI & Emerging Minds et al).
	4.2	Conduct a review of existing professional development and training courses and identify opportunities to update the programs. This could include learning from programs such as Kindy uplift pilot. ¹
	4.3	Review prerequisites for early childhood system qualifications to identify areas which are blocking upskilling and career progression through the early childhood system. Ensuring qualifications such as midwifery are considered comparable to a registered nurse qualification for Graduate Certificate in Child and Family Health Nursing qualifications, for example, would allow for transition between roles and knowledge retention within the system.
	4.4	Increase the compensation received by teachers and health care professionals to supervise and train tertiary students who are on placements in childcare, schools or health and hospital facilities. Rates passed onto supervisors should be increased to more accurately reflect the time commitment required from staff, potentially contributing to burn out.
	4.5	Review the content of tertiary education courses that train early childhood system workforces and identify gaps in content that covers First Nations and CALD cultural competencies and understanding of trauma informed practice. Where gaps have been identified, microcredentials could be incorporated into degree-level qualifications at university or TAFE ensure workforces have the appropriate knowledge to work in local communities in a culturally appropriate way.
	4.6	Review existing curriculum across early childcare and healthcare workforces and identify gaps in digital skills training. Where gaps have been identified, microcredentials could be incorporated into degree-level qualifications at university or TAFE.
	4.7	Review effectiveness of rural and remote relocation incentives and supports to identify ways to increase uptake of positions in rural and remote areas. Current funding exists for accommodation and relocation costs in some workforces such as the program piloted to help rural and remote services attract and retain early childhood teachers. ²
	4.8	Develop a mentoring program to engage older, potentially retired early childhood educators and health care workers to remain engaged and involved in the workforce and pass on skills and knowledge to younger teachers, while also alleviating workforce pressures.
	5. Data & evidence	5.1
5.2		Establish a Qld Child Health and Wellbeing Data Portal through the proposed GenQ data platform, building on and integrating existing data platforms such as those held by CHQ and DoE. This should be co-designed with, and accessible to professional, public, community, philanthropic, tertiary and community organisations to connect and learn from each other.



Long list of investment opportunities (3 of 3)

Domain	#	Investment opportunity
7. Antenatal care	7.1	Increase funding across Hospital and Health Services and ACCHOs to increase service capacity to provide access to a minimum number of consultations with community or HHS-based midwives and child health nurses for all mothers in Queensland during pregnancy and in the months after birth, with additional consults available for parents at risk of poorer health and well-being results.
	7.2	Establish a Qld Deadly Families Investment Fund , co-designed and delivered with First Nations community-controlled organisations, to resource the state-wide roll-out of Birthing on Country / Birthing in Our Community collaboratives, supported playgroups, family wellbeing services, home visiting, integrated ECEC services such as Deadly Kindies, and First Nations Hubs / Early Years Places.
	7.3	Establish a telehealth service for providing antenatal care from a midwife (without the need for a GP referral to a midwifery service) at points between scheduled appointments and in the place of missed appointments.
	7.4	Integrate brain development and the importance of the first 2000 days into the high school health curriculum to improve education and awareness amongst adolescents before they become parents on the importance of the first 2000 days.
8. Early childhood education and care	8.1	Expand existing Queensland Kindergarten Funding which covers four-year-old Kindy to include a minimum of 15 hours of three-year-old Kindy to bring Queensland in line with the best practice overseas.
	8.2	Expand the existing funding for Queensland playgroups (through the Play Stars initiative or alternatives) to ensure all families with children under the age of one have access to playgroup and online resources to accompany playgroup attendance.
	8.3	Provide a 100% Child Care Subsidy for families or individuals with children who are experiencing significant vulnerability. This is separate from the Kindy and playgroup subsidy.
	8.4	Provide funding to select ECEC providers in areas with a high proportion of vulnerable families to provide free meals and essential supplies such as nappies and clothes while children are attending early childhood education and care. This assists in addressing the hidden costs associated with early childhood education and care.
9. Sustained nurse home visiting	9.1	Fund expansion of the screening program <i>Thriving and on Track</i> throughout Queensland to offer developmental screening and early intervention services. This program is currently only offered in the Brisbane South PHN.
	9.2	Expand capacity of developmental support services such as developmental paediatrician, child psychologist, speech-language pathologist and occupational therapist through additional funding for more roles in Hospital and Health Services. This ensures children who are screened through programs such as <i>Thriving and on Track</i> receive the required support without long wait-lists and delays.
	9.3	State-wide roll out of community-based Home Visiting services which are tailored for the needs of the communities they serve. Service offerings should include a suite of evidence-based programs such as Right@Home and CareCo. Currently these are only offered in two Primary Health Networks (Brisbane South and Brisbane North).
10. Parenting programs	10.1	Fund existing, evidence-based programs to be expanded and rolled-out in other areas which have comparable demographics and community need as the original pilot location. Expand programs such as the BabyOne Program to other First Nations communities.
	10.2	Provide funding for new community-led parenting programs as they emerge which are designed for the needs of a specific population group or local community needs to continue to develop a pipeline of new parenting programs.

Recommendations on funding

From our stakeholder interviews, survey results and research, we found insights that pointed to how funding should be executed in order to achieve better outcomes and longevity in programs.

Funding Need

Guaranteed funding: Funding for childhood development should be guaranteed year to year, at a set percentage of the budget. Duration of funding should also be increased, giving ample time for evaluation as well as funds to assess the benefits of different programs across different cohorts.

More collaborative funding: Funding should incentivise collaboration and partnership with other services providing programs in the early years (playgroup, childcare, health services, parent supports).

Focus on early intervention & prevention: Funding and investment into early intervention and prevention will provide better outcomes overall.

Evaluation Funding: All funding should include a dedicated evaluation component, particularly for new programs. This will facilitate a practice of evaluation and outcome assessment.

Needs-based funding: Government should fund supports so that families with higher vulnerabilities can access it too, not only people who can afford it.



