



# Next Steps to Child Wellbeing

Children's  
POLICY ADVISORY  
C O U N C I L  
F O R U M

WA  
5 SEPTEMBER  
2025



# Acknowledgement of Country

## Ngala kaaditj Whadjuk Noongar moort keyen kaadak nidja boodja

Parkerville Children and Youth Care respectfully acknowledge the Whadjuk people of the Noongar Nation as the Traditional Owners and Custodians of their culture, land and waters on which we work, live, and meet.

We pay our respect to all Elders past and present, for they hold the memories, traditions, and cultural knowledge of Aboriginal Australia.



### Meeting Place

Yarning circle  
Culturally safe place to meet.



### Circular Holistic Approach

Each child is supported, each family is supported from beginning to end to provide a circular connected approach.



### Walking Together

Joined paths represent walking this journey together and supporting the many different pathways for each child.



### Healing

Leaves and flowers represent the healing and growth that can happen through love and support.



### U Shapes

Represent all clients, participants, staff, parents, children and community.





# Next Steps to Child Wellbeing WA

Kim Brooklyn,  
CEO, Parkerville Children and Youth Care  
Independent Chair, CPAC  
Board Member, WACOSS



9 - 9.10 am

Welcome to Country

Tony Colbung, Cultural Practice Manager,  
Parkerville

9.10 - 9.15 am

Opening Address

Kim Brooklyn, CPAC Chair

9.15 - 9.45 am

Wellbeing Strategies for Children and Young People

Dr Kate Sollis, Consultant Policy Advisor,  
Centre for Policy Development

9.45 - 10 am

Australian Early Development Census Data

Gail Clark, WA AEDC Coordinator,  
Department of Education

### Morning Tea

10.20 - 10.40 am

Early Childhood Matters: Equity, Opportunity and  
Intergenerational Change

Rebecca Hershman, Family & Community  
Engagement Partner, Goodstart Early Learning

10.40 - 11 am

Inklings: A Collaborative Approach to Early Social  
and Communications Support

Gemma Upson, General Manager of Inklings,  
The Kids Research Institute Australia

11 - 11.20 am

WA Early Childhood Intervention Futures  
Collaborative

Melissa Boerkhoorn,  
Executive General Manager, Ability WA

11.20 - 12.20 pm

Practical Application of the Australian Child and  
Youth Wellbeing Atlas

Dr Sarah Priest, Research and Advocacy Lead,  
Parkerville & Marketa Reeves, Project Manager,  
Australian Child and Youth Wellbeing Atlas

### Lunch

1.05 - 1.25 pm

Parenting Connection WA: Supporting Parents  
and Caregivers Through Partnership

Prue Ward, Manager Service Development  
Unit, Parenting Connection WA

1.25 - 1.45 pm

Service Innovation for System Change:  
Specialist Response to Child Sexual Abuse

Dave Palmer, Detective Acting Superintendent,  
WA Police Force & Kate Pitt, General Manager  
Therapeutic Services, Parkerville

1.45 - 2.05 pm

Lived Experience: Helping Young People Be  
What They Can See

Larissa Muir, CEO, 12 Buckets

2.05 - 2.35 pm

Commissioner for Children and Young People

Jacqueline McGowan-Jones,  
Commissioner for Children and Young People

### Afternoon Tea

3 - 3.15 pm

Philanthropy into the 21<sup>st</sup> Century

Megan Enders, Executive Convenor,  
WA Children's Funders Alliance

3.15 - 3.25 pm

Introducing the Office of Early Childhood

Andrew Rayner, Executive Director, Office  
of Early Childhood

3.25 - 4.25 pm

PANEL  
DISCUSSION

- Andrew Rayner
- Marketa Reeves

- Megan Enders
- Gail Clark

- Jacqueline McGowan-Jones

4.25 - 4.30 pm

Closing Remarks

Kim Brooklyn, CPAC Chair

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# Wellbeing strategies for children and young people

Lessons for development and implementation

Dr Kate Sollis

*Next Steps to Child Wellbeing WA*

*5<sup>th</sup> September 2025*

# Outline of presentation

- **Why we need child and youth wellbeing strategies**
- **Our approach: Examining four child wellbeing frameworks**
- **Policy impact and lessons learned**
- **Changing the way governments work**
- **Enablers for effective and impactful child and youth wellbeing strategies**
- **A pathway to effective child and youth wellbeing policies**



# **Why we need child and youth wellbeing strategies**

# Policy needs to take a greater focus on children and young people

**One in six children** aged 0-14 live in relative poverty (ACOSS, 2023)

Over half of year 4 students report being **bullied at least monthly** (TIMMS, 2023)

Over one-quarter of children aged 5-14 are **overweight or obese** (ABS, 2022)

**14% of young people** aged 4-17 have a diagnosed mental disorder (Aus Govt, 2015)

Two-thirds of young people report that **climate change is having a negative impact on their mental health** (Orygen, 2023)

# What is a child and youth wellbeing strategy?

A child and youth wellbeing strategy is a **decision-making guide**.

They are usually developed by governments to **help inform decision-making**

They can include:

- Wellbeing dimensions
- Measurement dashboards
- Ways of working/principles to decision-making
- Reporting mechanisms
- Governance structures

We define **child and youth wellbeing** as multidimensional, child-centred, and context-specific. The Nest framework, developed by ARACY, is the most prominent definition of multidimensional child wellbeing in Australia.

# Key characteristics and benefits of child and youth wellbeing strategies

Adopt a **long-term lens** by ensuring children and young people have good health and wellbeing

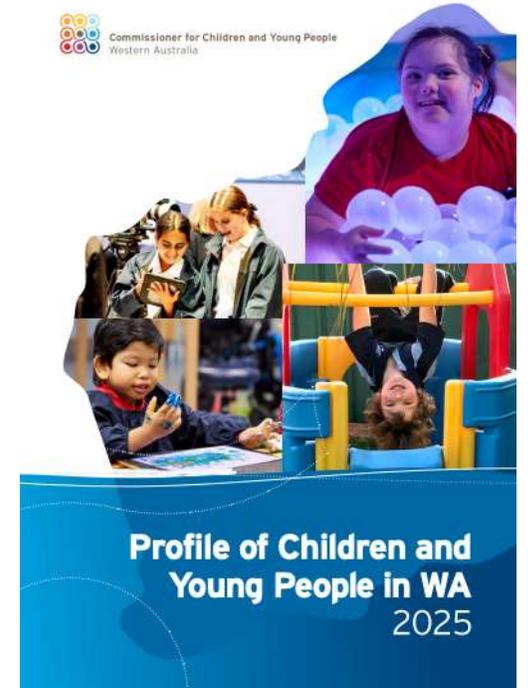
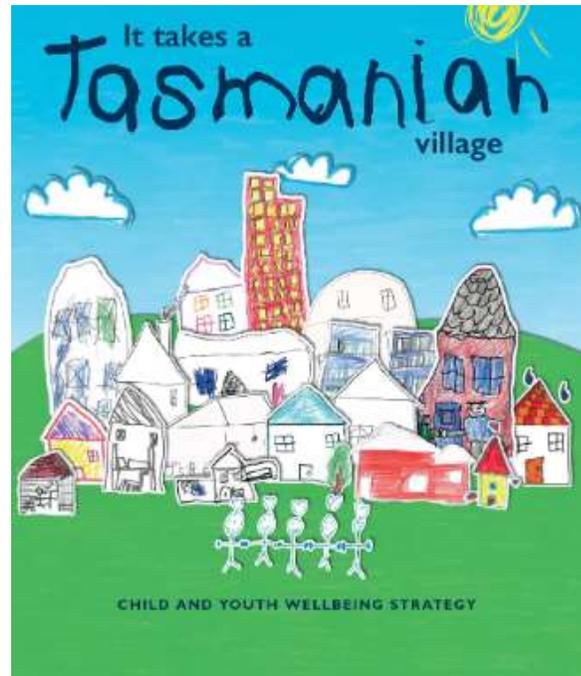
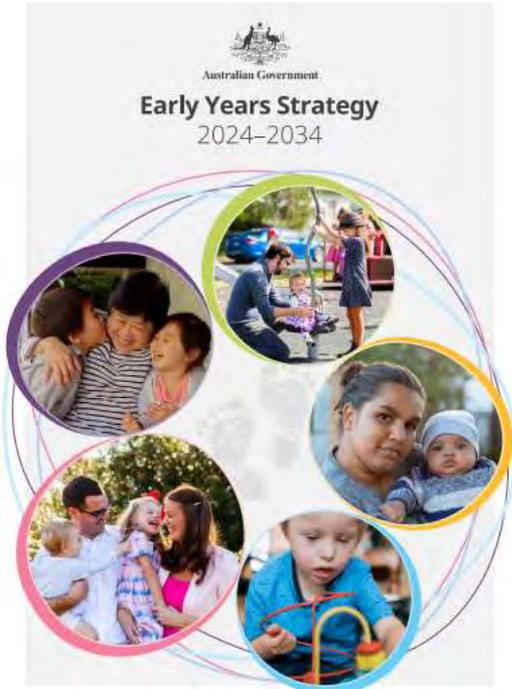
Help achieve systems-change by **breaking down silos and fostering collaboration** between policy departments

Support a **more preventative and upstream approach** to policymaking by intervening early

**Include children and young people** in their design



# Child and youth wellbeing strategies in Australia



**Our approach –  
Examining four child  
wellbeing frameworks**

# Four case studies



NEST framework



Getting it Right for Every Child

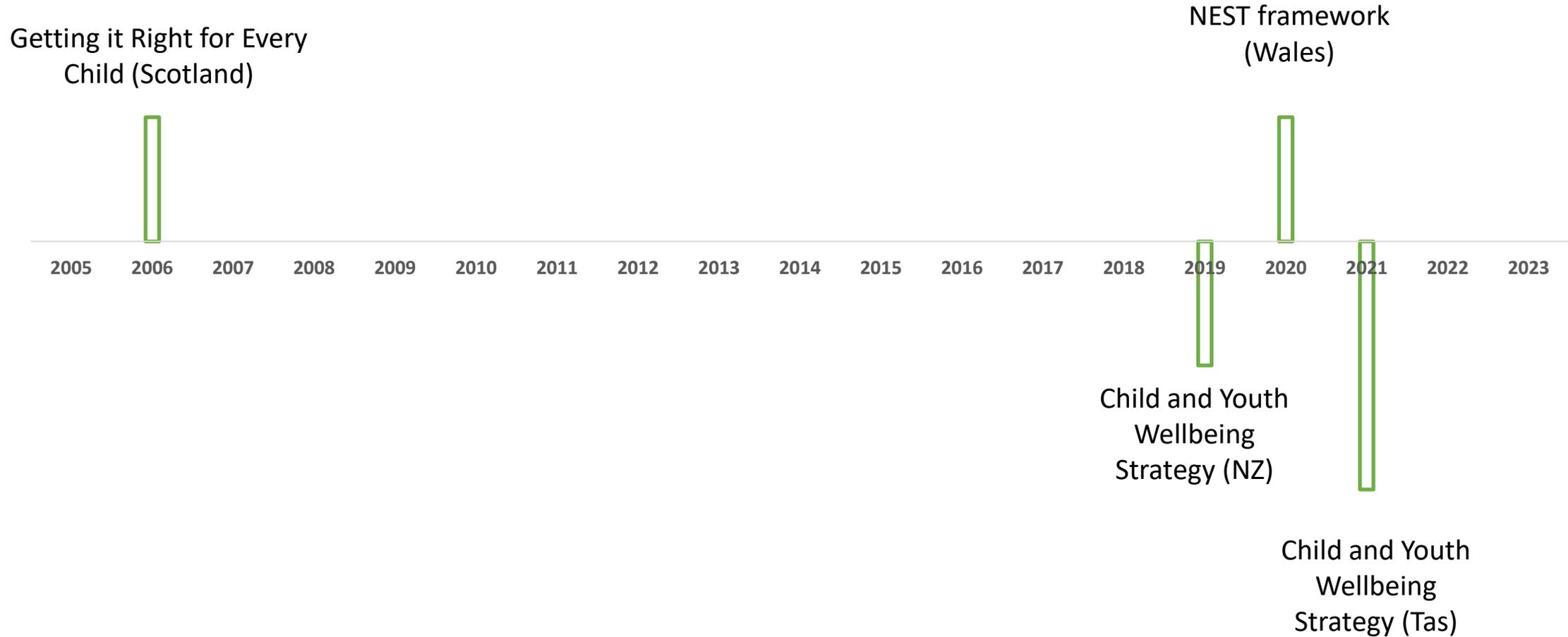


Child and Youth Wellbeing Strategy (NZ)



Child and Youth Wellbeing Strategy (Tas)

# Timeline of development



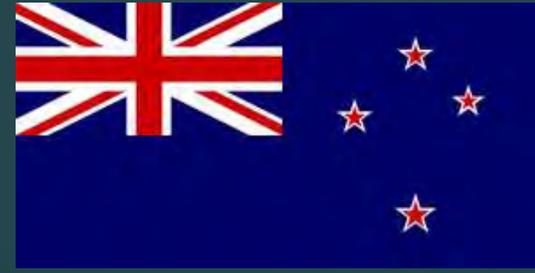
# What we did

- Review of publicly available documents
- Interviews with key policy-makers and child advocates in each jurisdiction
- Key questions:
  1. What are the core components of each framework?
  2. What are the benefits of the framework?
  3. The extent to which policy impact and systems-level changes has been achieved
  4. Any mechanisms through which impact and change has been attained



# **Policy impact and lessons learned**

# The case of New Zealand



## Child poverty

- 2018-2022: 8 of 9 child poverty measures significantly decreased
- 45,600 fewer children living in poverty
- A decrease in the poverty rate from 16.5% to 12%

## Ka Ora, Ka Ako Health School Lunches Programme

- 220,000 students provided healthy lunch every day
  - An evaluation of the program demonstrated significant improvements in a large number of wellbeing areas

## Leverage point for impact – Clear policy priorities

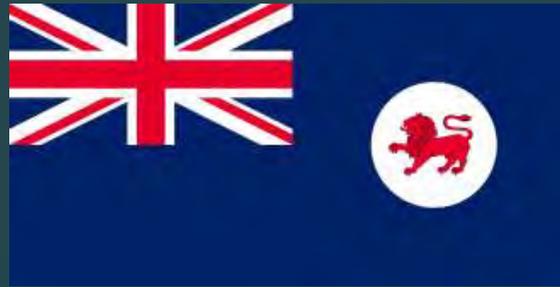
Reducing child poverty

Enhancing whanau wellbeing in the first 1000 days

Addressing racism, discrimination and stigma

Enhancing the mental wellbeing of children and young people

# The case of Tasmania



## Policy implementation – Kids Care Clinics

- Statewide community paediatrics service

## Policy implementation – Teenage pregnancy support project

*“We have a teenage pregnancy support project which is supporting young parents as they go through their journey of parenthood. And that’s supported some of them to go back to university, or to finish their schooling, while they’re still looking after their newborn bub.”*

## Leverage point for impact – Mandatory reporting for funded programs

Regular reporting by relevant departments and bodies on how the program is affecting wellbeing

# **Changing the way governments work**

# Breaking down silos and enhancing collaboration

*"I think [this strategy] has made a difference in getting those links made up at a policy level. It has changed. That culture that used to see the world very much in silos that didn't meet"*

Establishment of new cross-departmental and cross-sectoral bodies

*"There wasn't really a mechanism before for bringing together the heads of children's services, heads of education, public health and social care. So, that's made a really big difference"*

Unifying departments through a common language on child wellbeing

*"We need to be all talking the same language when we're talking about wellbeing. If we're going to measure it, we need to make sure that we're measuring what everybody thinks wellbeing is, and not different versions of it."*

# Elevating the importance of child wellbeing

*“[policymakers] said that this is the longest conversation they had ever had about children”*

*“Where the strategy had really added value was in elevating the importance of child wellbeing. It provided...a very clear articulation of something that was really important to this government and what they really wanted to focus on.”*

# Creating culture change and improving the way policy is developed

Creating culture change

*“And so, the hope would be that even if there’s a change of government and they [discontinue this strategy]... You’ve instilled the key principles enough that those ways of working will remain, and those partnerships and those links remain.”*

Becoming more outcomes-focussed, thinking more holistically, and taking a more preventative approach

*“[In the absence of a strategy] policy-makers might be more service focused on what they have delivered or how many people have gone through the doors. As opposed to...how has this actually improved the life of this child?”*

**Enablers for effective  
and impactful child and  
youth wellbeing  
strategies**

# Collaboration through consultation and co-design

Identifying what is important to children and young people

Helping achieve greater buy-in across different sectors and departments

Engaging children and young people in policymaking

*“For those that participated through their school or were part of a focus group, it is great for them to see if we have any actions that address the things that they brought up as a concern.”*



# Collaboration through consultation and co-design



Depoliticising the strategy

Government forming stronger relationships with NGOs and the community sector

*“The other thing that I do think helps with [longevity], is that it was coproduced...Ultimately, if the government wants to get rid of it, they can. But it makes it a bit harder because people are invested in it. Questions will be asked.”*

# A strong commitment to governance, resourcing and accountability

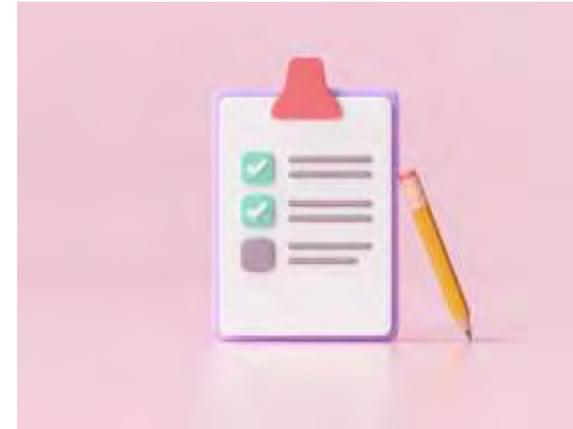
A single minister for children and young people

Cross-agency working groups

Accountability measures

Legislation

Resourcing and funding



Reporting on achieved outcomes, alongside targets



Single minister accountable

# Being embedded within a broader wellbeing approach



## Inclusion, fairness and equity

Healthy	Secure	Sustainable	Cohesive	Prosperous
A society in which people feel well and are in good physical and mental health, can access services when they need, and have the information they require to take action to improve their health.	A society where people live peacefully, feel safe, have financial security and access to housing.	A society that sustainably uses natural and financial resources, protects and repairs the environment and builds resilience to combat challenges.	A society that supports connections with family, friends and the community, values diversity, promotes belonging and culture.	A society that has a dynamic, strong economy, invests in people's skills and education, and provides broad opportunities for employment and well-paid, secure jobs.

**A pathway to effective  
wellbeing policies for  
children and young  
people**

# Policy recommendations

- 1 Integrate the Measuring What Matters framework with existing child and youth wellbeing strategies
- 2 Make child and youth wellbeing a national priority (through National Cabinet)
- 3 Strengthen the Early Years Strategy
- 4 Develop child and youth wellbeing strategies across federal and state/territory governments

Thank you 😊

[Kate.Sollis@utas.edu.au](mailto:Kate.Sollis@utas.edu.au)

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Australian  
Early  
Development  
Census  
An Australian Government Initiative



GOVERNMENT OF  
WESTERN AUSTRALIA

Our Children  
Our Communities  
Our Future

# Australian Early Development Census

## Early childhood development in Western Australia 2024 results

Gail Clark  
State Coordinator, AEDC  
Department of Education

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## Australian Early Development Census (AEDC)

- Nationwide census with data collected every 3 years since 2009
- Holistic measure of child development
- Teacher completed instrument
- Children enrolled in their 1<sup>st</sup> year of full-time school – pre-primary.
- Snapshot of children’s development
- Valid and reliable measure



2024  
288,483  
95%



Australian Early Development Census  
Australian version of the  
Early Development Instrument  
and response criteria

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## Measures child development across 5 domains



**Physical health and wellbeing**

Children's physical readiness for the school day, physical independence and gross and fine motor skills.



**Social competence**

Children's overall social competence, responsibility and respect, approach to learning and readiness to explore new things.



**Emotional maturity**

Children's pro-social and helping behaviours, and absence of anxious and fearful behaviour, aggressive behaviour and hyperactivity and inattention.



**Language and cognitive skills (school based)**

Children's basic literacy, interest in literacy, numeracy and memory, advanced literacy and basic numeracy.



**Communication skills and general knowledge**

Children's communication skills and general knowledge based on broad developmental competencies and skills measured in the school context.

OT5

DV1

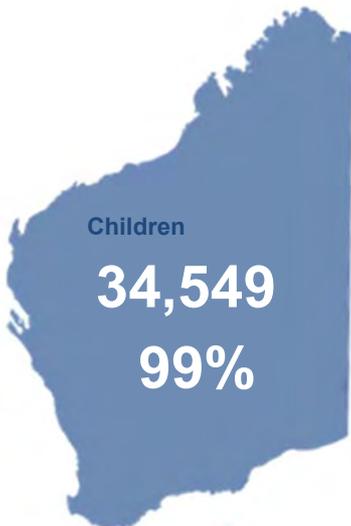
DV2

Measures the percentage of children developmentally *'on track'*, *'at risk'* & *'vulnerable'*

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## Western Australia – 2024 participation rates



**Children**  
**34,549**  
**99%**

Western Australia	
2009	27,575 99%
2012	32,160 99%
2015	33,816 99%
2018	34,368 99%
2021	35 450 99%
2024	34,549 99%



**Teachers**  
1,845



**Schools**  
951 (100%)

\*2024 AEDC results participation by state and territory and collection cycle

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**Western Australia - AEDC cohorts**

Mean age of children

**2009 - 2024**

5 years 4 months

**Demographic profile of children**

Demographics	2009	2012	2015	2018	2021	2024
Gender – Male (%)	51.5	51.3	51.4	51.0	51.6	51.4
Gender – Female (%)	48.5	48.7	48.6	49.0	48.4	48.6
First Nations children (%)	6.5	6.9	6.6	6.9	7.2	7.6
Children born in another country (%)	9.9	11.1	10.4	7.8	5.9	7.6
Language background other than English (%)	14.8	15.6	19.4	23.8	25.9	28.8
English only (%)	85.2	84.4	80.6	76.2	74.1	71.2



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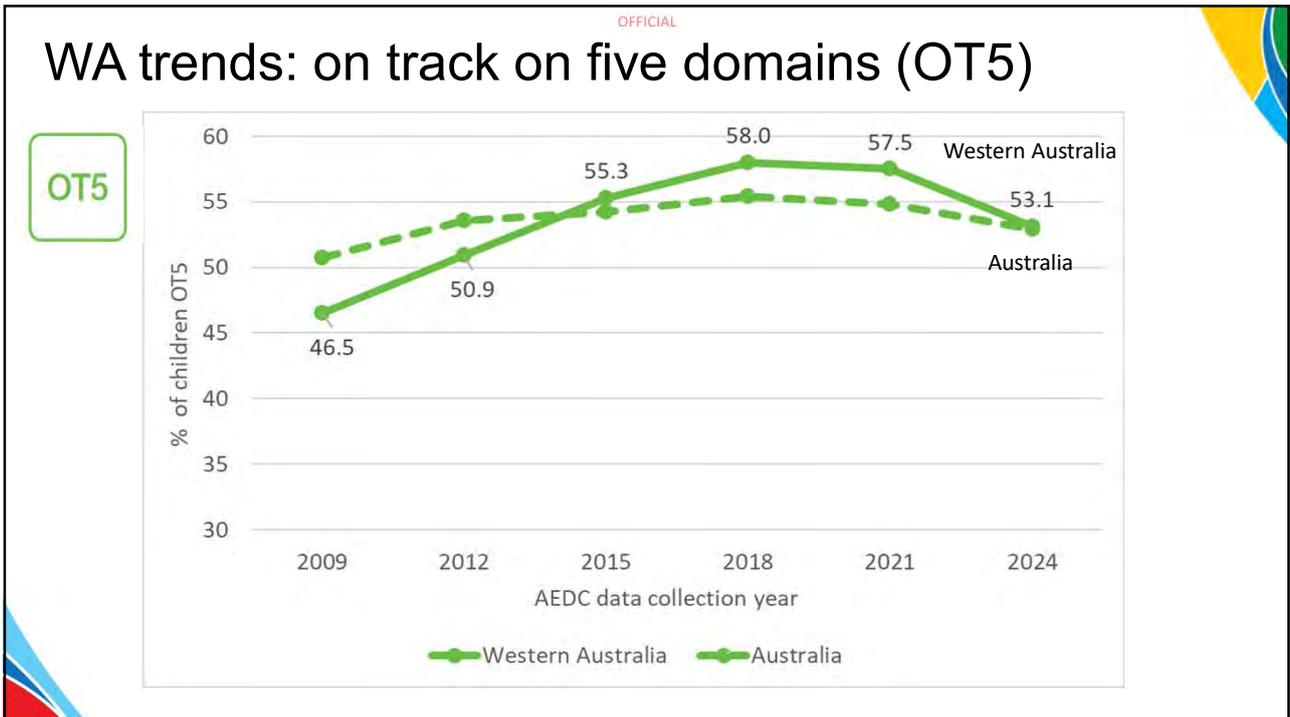
What do the latest results tell us about child development in WA?

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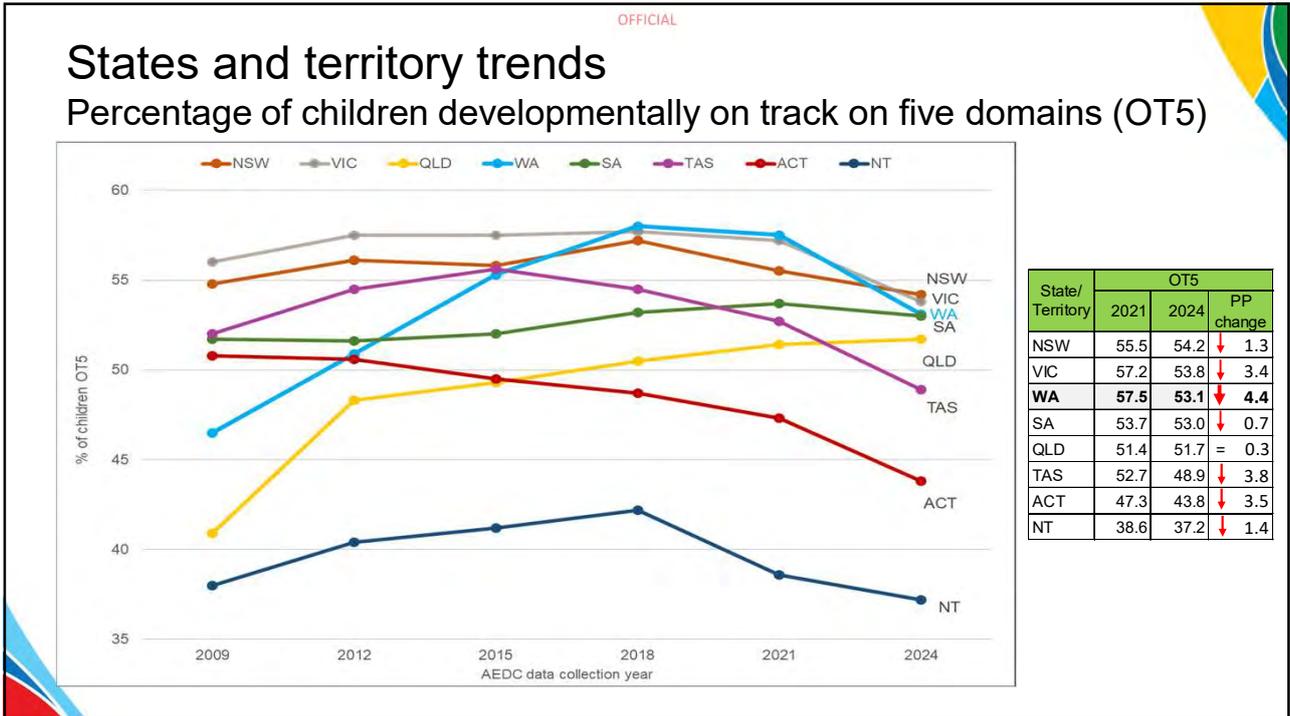
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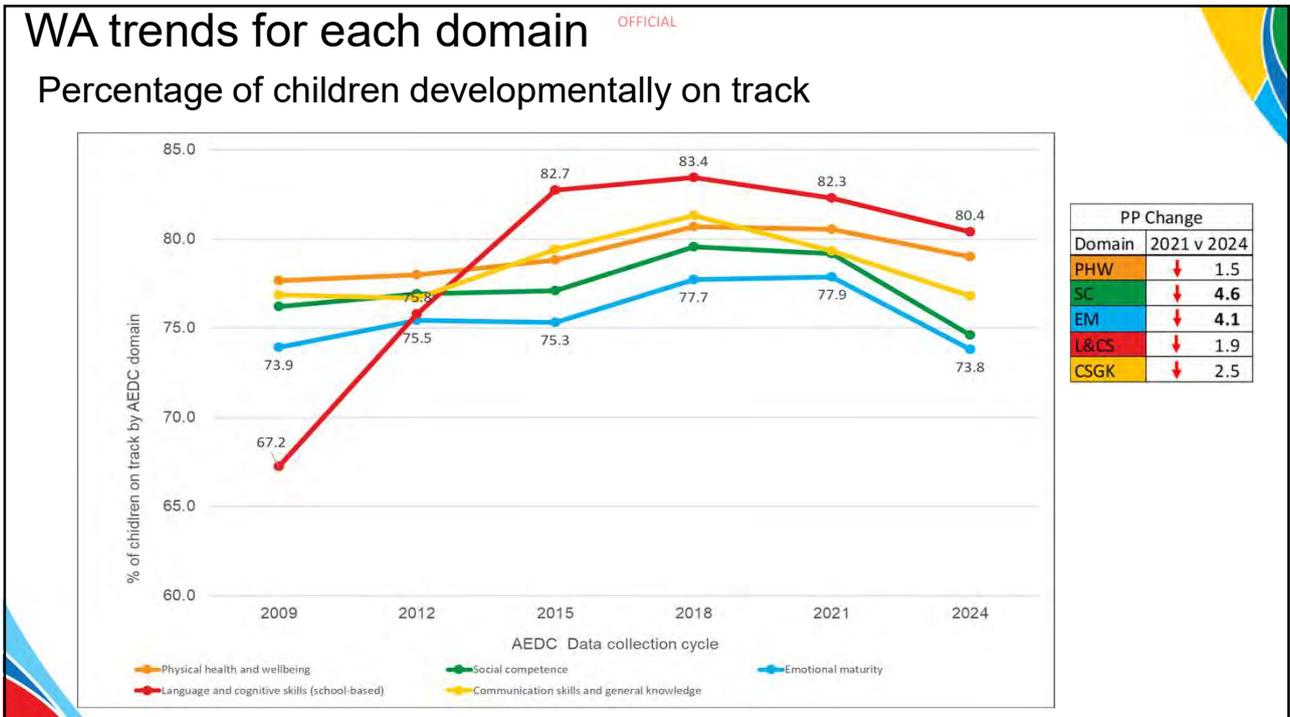
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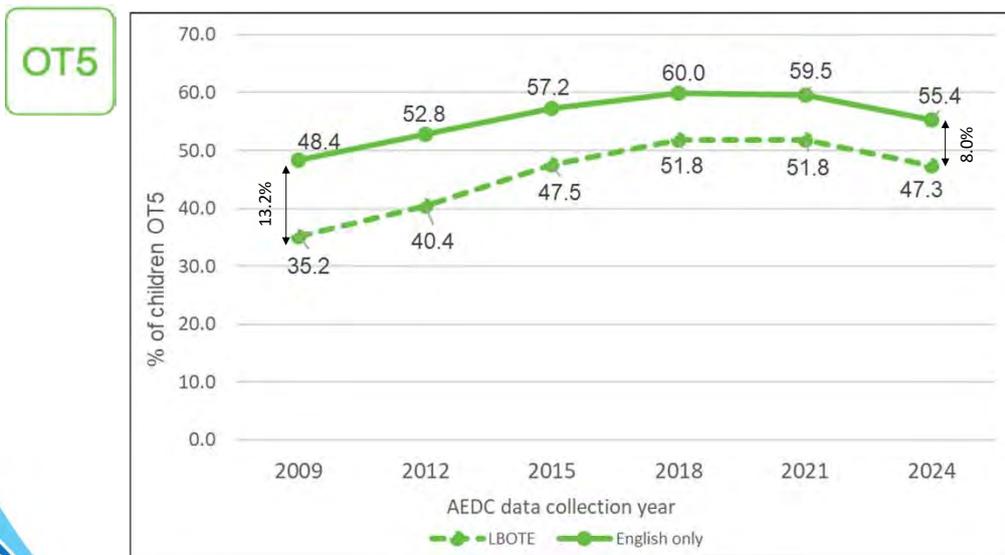
What other insights can we learn from the AEDC?

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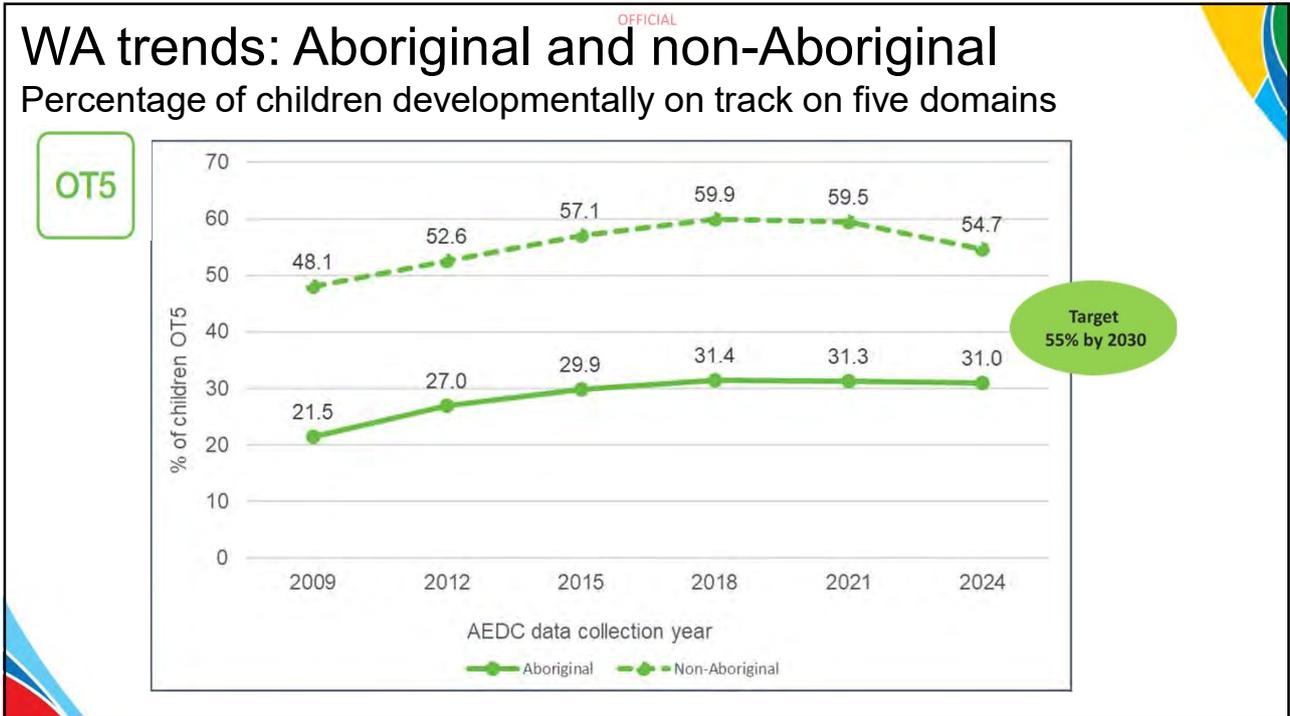
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### Language background other than English (LBOTE) Percentage of children developmentally on track on five domains

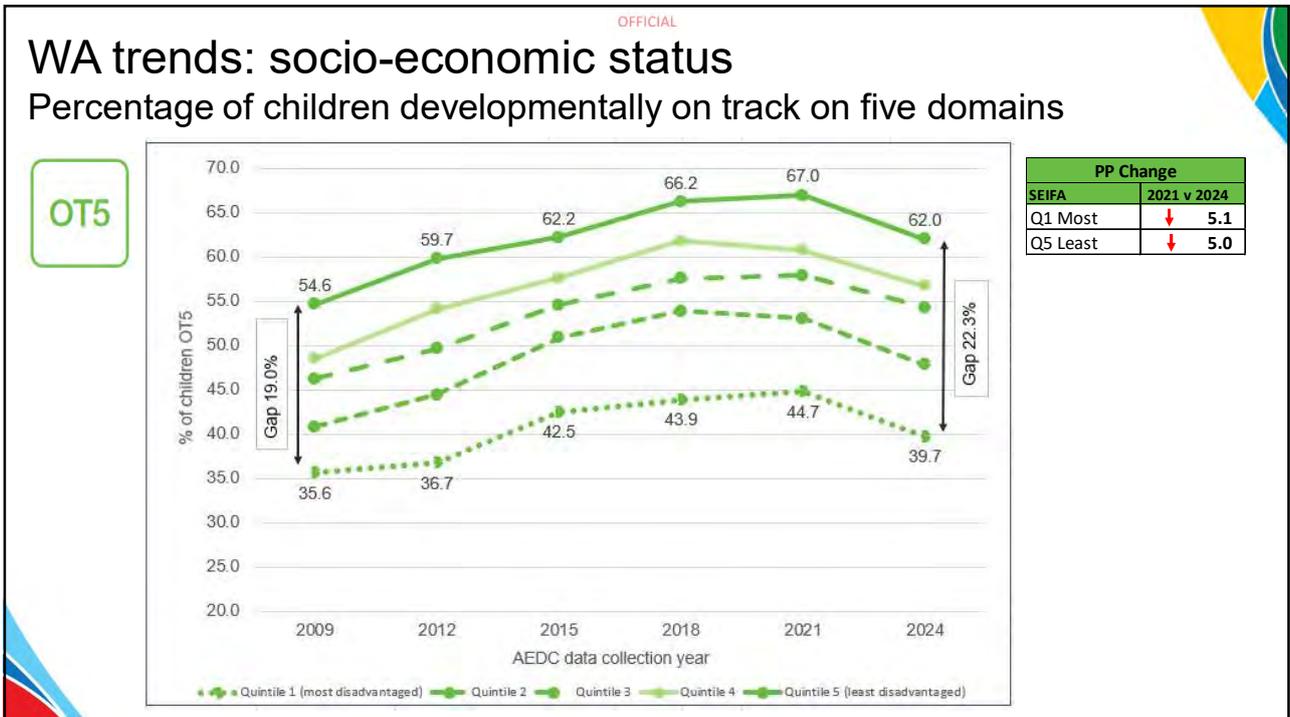


PP Change	
OT5	2021 v 2024
English only	↓ 4.2
LBOTE	↓ 4.4

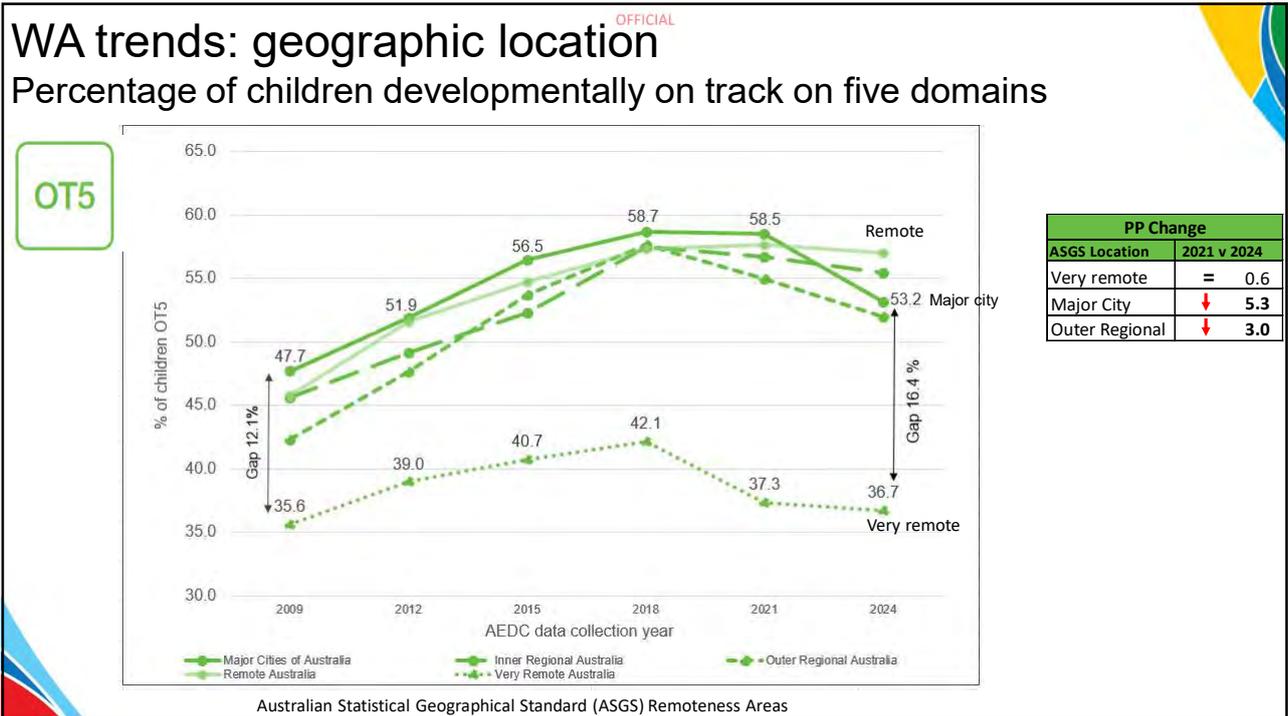
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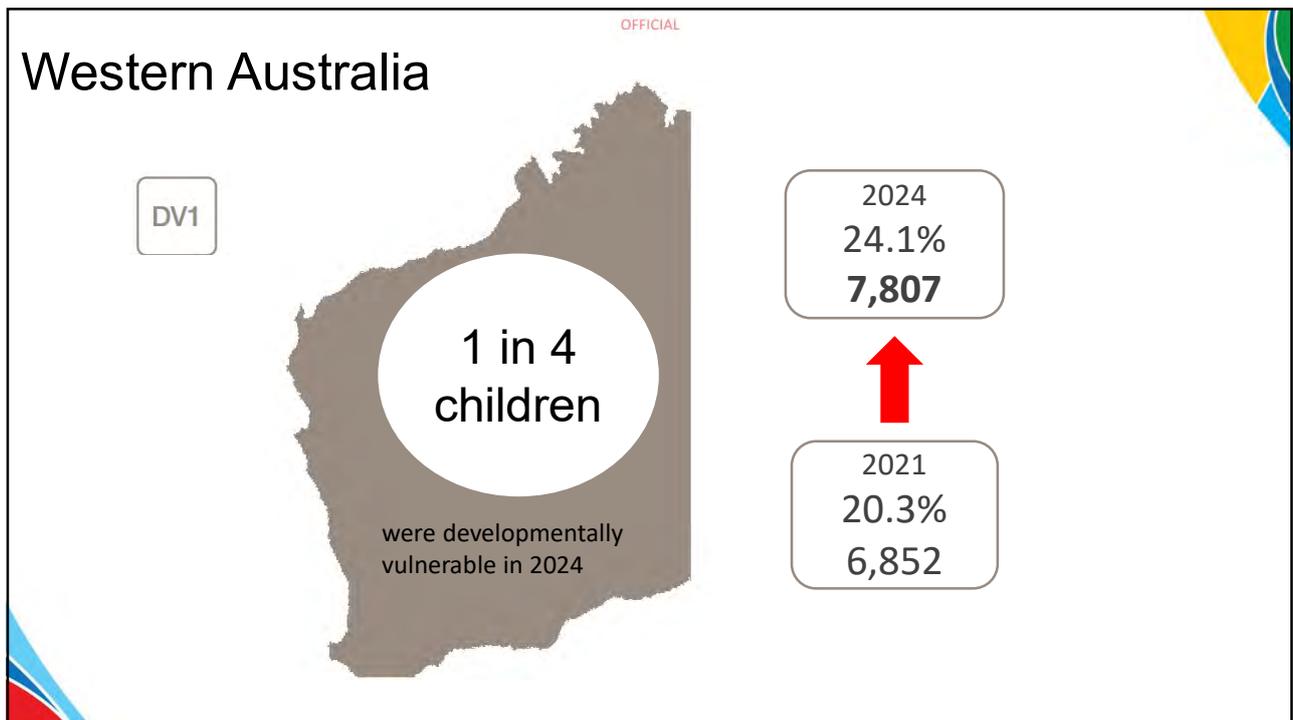
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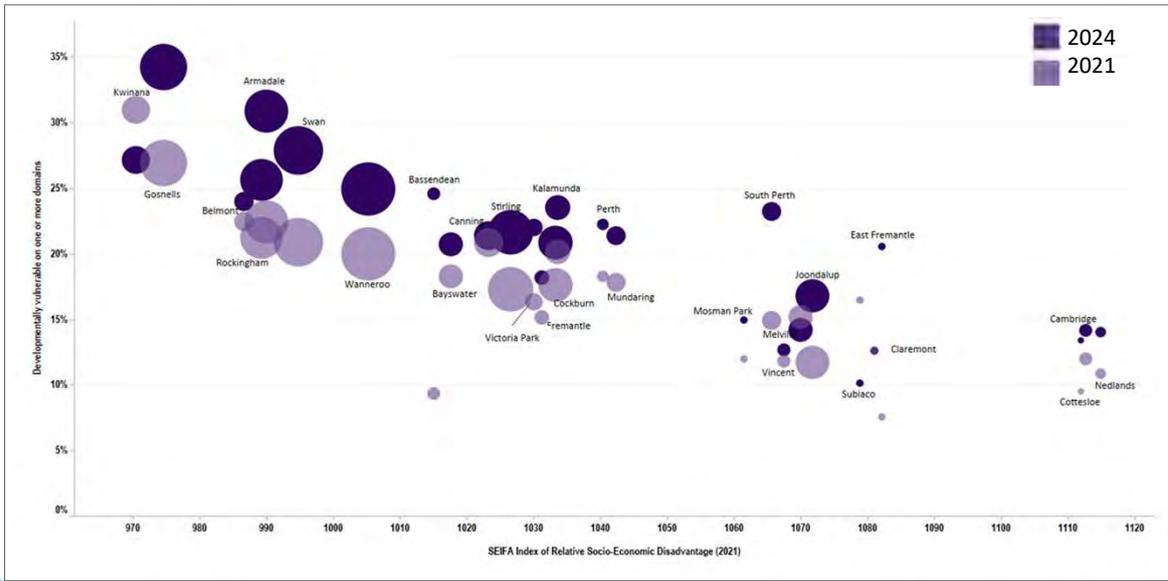


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# Western Australia - results by local government in the Perth metropolitan area

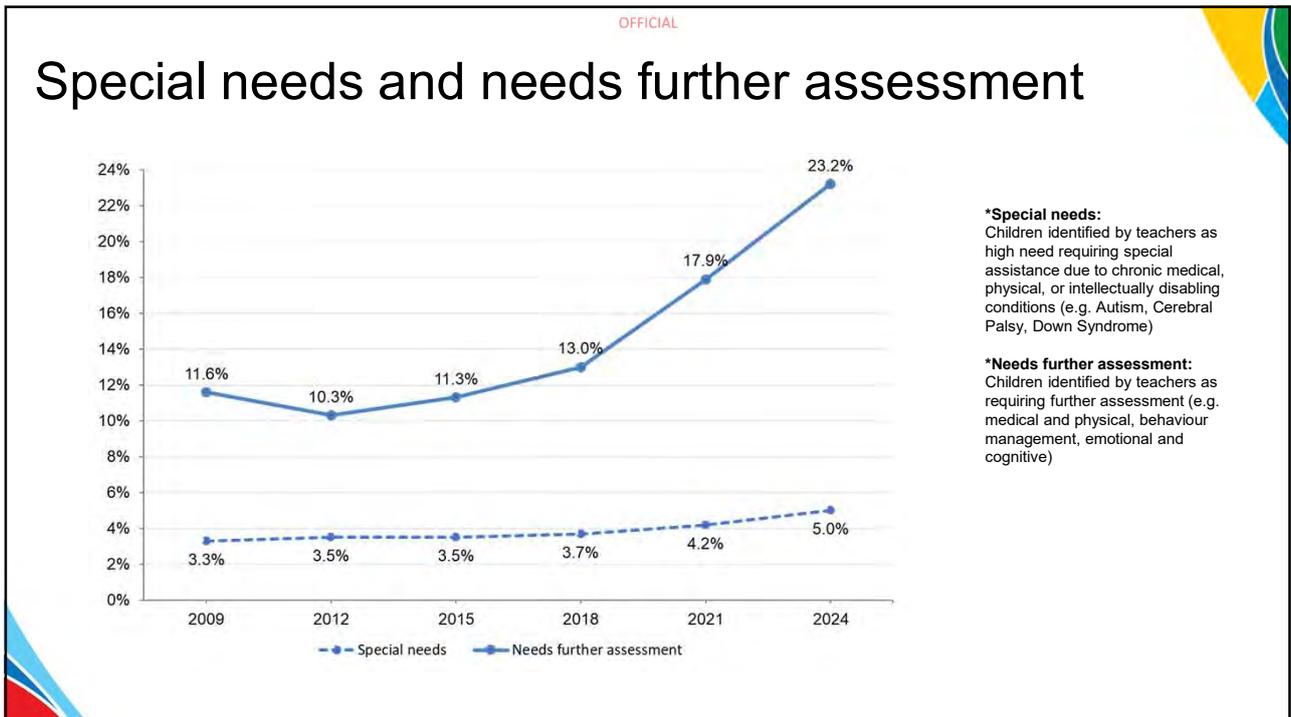


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A few more observations

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## Transition to school

**Children adapting to school in WA**

Teacher responses	2018	2021	2024
Very true	79.1	76.9	↓ 72.7
Somewhat true	18.6	20.3	23.6
Not true	2.3	2.7	3.6
Don't know	0.1	0.1	0.1

**Parents actively engaged with the school in WA**

Teacher responses	2018	2021	2024
Very true	75.6	76.0	↓ 73.7
Somewhat true	18.7	18.5	20.6
Not true	5.3	5.2	5.0
Don't know	0.4	0.4	0.6

**Children regularly read to and encouraged in their reading at home in WA**

Teacher responses	2018	2021	2024
Very true	71.9	71.0	↓ 66.2
Somewhat true	17.0	17.3	18.0
Not true	6.0	6.1	5.7
Don't know	5.1	5.6	10.2

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## Take aways

- 2024 cohort saw the **largest decrease** in children **OT5**.
- **Social** and **emotional** development declined the most.
- **Increased vulnerability is widespread** – not limited to a few WA communities.
- **High-quality** and **accessible** early years services are essential to support families.
- **Research** is needed to deepen our understanding of the factors influencing child development in WA.
- **Action** is needed to support the 2024 cohort.
- Consider what needs to change for the 2027 and 2030 cohorts.

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## Thank you

**Gail Clark**

**State Coordinator, Australian Early Development Census**

Department of Education 151 Royal Street, East Perth WA 6000

T (08) 6264 0114

### For more information

- Visit [www.aedc.gov.au](http://www.aedc.gov.au)
- Contact Gail Clark, State Coordinator – Western Australia

This PowerPoint uses data from the Australian Early Development Census (AEDC). The AEDC is funded by the Australian Government Department of Education. The findings and/or views reported are those of the author and should not be attributed to the Department or the Australian Government

Since 2002, the Australian Government has worked in partnership with eminent child health research institutes, the Centre for Community Child Health at The Royal Children's Hospital and the Murdoch Children's Research Institute, and The Kids Research Institute Australia to deliver the Australian Early Development Census program to communities nationwide. The Australian Government continues to work with its partners and with state and territory governments to implement the AEDC.

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# Early Childhood Matters : Equity, Opportunity and Intergenerational Change

5<sup>th</sup> September 2025



# Acknowledgement of Country



## David Williams

Born Rockhampton, QLD, 1983  
Wakka Wakka man of Brisbane, QLD

## The Heart of Reconciliation

2024, Brisbane – Meanjin Country  
Digital media

This painting was commissioned by Goodstart Early Learning to celebrate the Goodstart Stretch Reconciliation Action Plan 2024-2027.



# What Does Quality Look Like....



- Relationships
- Safe and stimulating environments
- Family & community collaboration
- Qualified staff
- Strong governance and leadership

# Why Early Childhood Education And Care Matters?

**23.5%** vulnerable on more than one domain; **12.5%** on two or more.

Close to **50%** children starting school in 2024 were developmentally vulnerable.

**11.5%** witnessed violence toward their mother.

**4.3%** witnessed violence toward their father.

**11.8%** of WA children live in poverty



# Equity in ECEC

**‘Not everyone gets the same, everyone gets what they need’**

# Social Benefits of Early Intervention



Improved educational  
achievement



Improved material  
circumstances



Improved employment  
outcomes



Improved mental and  
overall health



Improved parenting  
outcomes



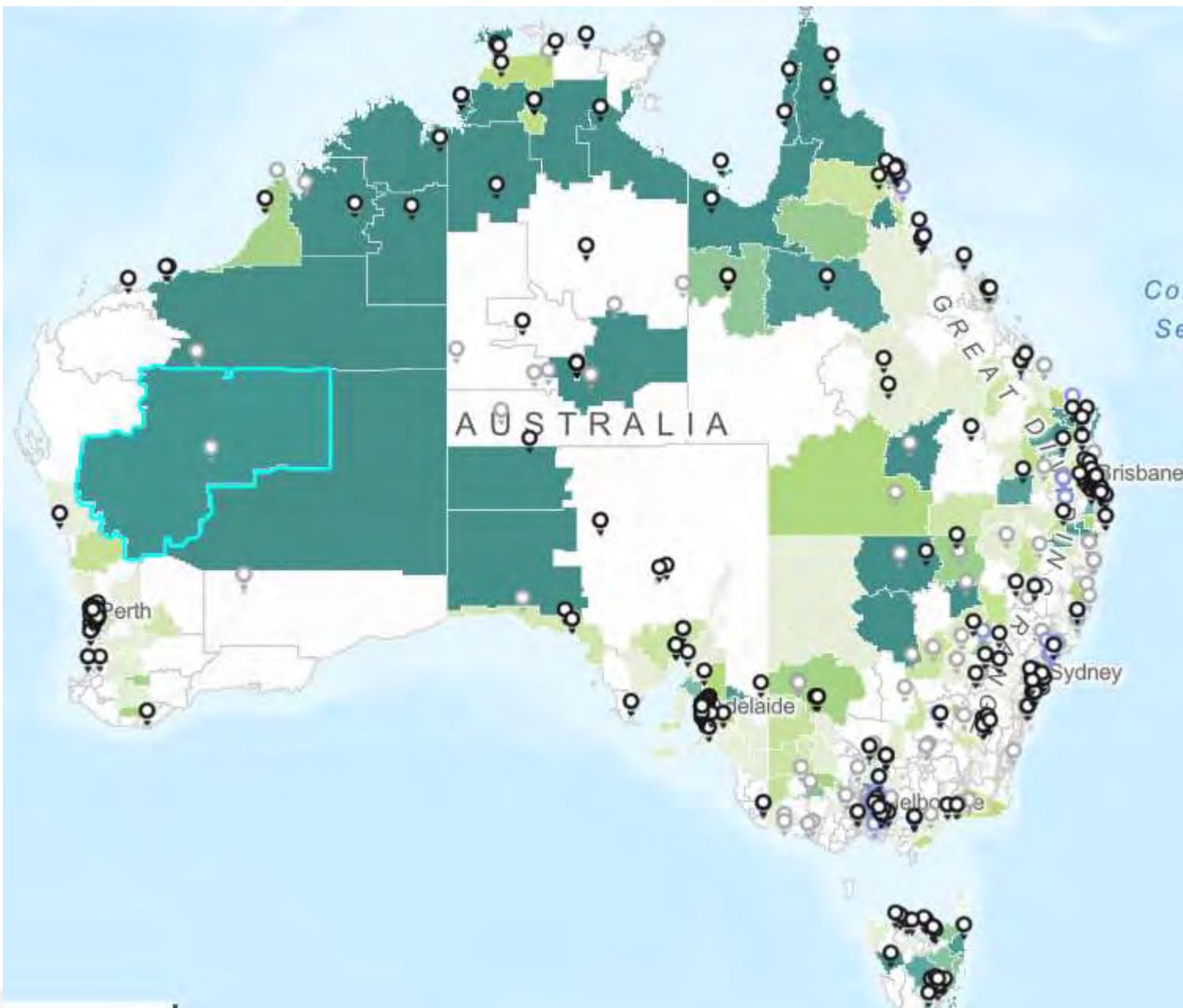
Reduced  
criminality



Reduction in child abuse  
and neglect

# Childcare Access

WA still struggles with some of the worst accessibility to ECEC in Australia.



# Barriers To Accessing Early Education



Assumptions

Adult disability

Literacy

Lack of cultural safety

Domestic violence

Complexities within the system

Location of centre

Transport

Medical complexities of families

Cost

# Benefits of Increasing Access and Participation

Centrelink support /  
Accessing subsidies

Enrolment  
Support

Finding a centre

Booking tours

Wrap around support  
for centre staff

# Early Childhood Education Matters!



An illustration of a woman and a young child standing together, holding a large white sign. The woman, on the left, has long brown hair and is wearing a grey short-sleeved top, dark pants, and black shoes. She has a name tag and a small circular badge on her chest. The child, on the right, is wearing a grey bucket hat with a blue stripe, an orange dress, and black shoes. They are both holding a large, white, rounded rectangular sign that is tilted slightly to the right. The sign has the word "Questions?" written on it in a bold, blue, sans-serif font. The background is a solid light purple color with a subtle gradient and a soft shadow on the ground beneath the figures.

Questions ?



# Inklings

Next Steps to Child Wellbeing WA –  
WACOSS 5.9.2025



The Kids Research Institute Australia acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land and waters of Australia. We also acknowledge the Nyoongar Wadjuk, Yawuru, Kariyarra and Kurna Elders, their people and their land upon which the Institute is located and seek their wisdom in our work to improve the health and development of all children.

# Inklings 1:1 Program

	#	Session Name	Session Theme
<b>Core Sessions</b>	1	 Take time to watch and wait	Watching, thinking about, and understanding baby
	2	 Understanding your baby	Understanding interactive and exploratory behaviours
	3	 Responding to your baby	Developing sensitivity chains during play
	4	 Responding during the everyday (mealtimes)	Developing sensitivity chains during daily routines
	5	 Sharing feelings	Recognising, accepting, and responding with empathy to baby's feelings
	6	 Sharing conversation	Having 'conversations' with baby and building interaction and communication
<b>Focused Sessions</b>	1-4	 Focused sessions	The number and content of the Focused Sessions are based on the individual needs of the parent and baby

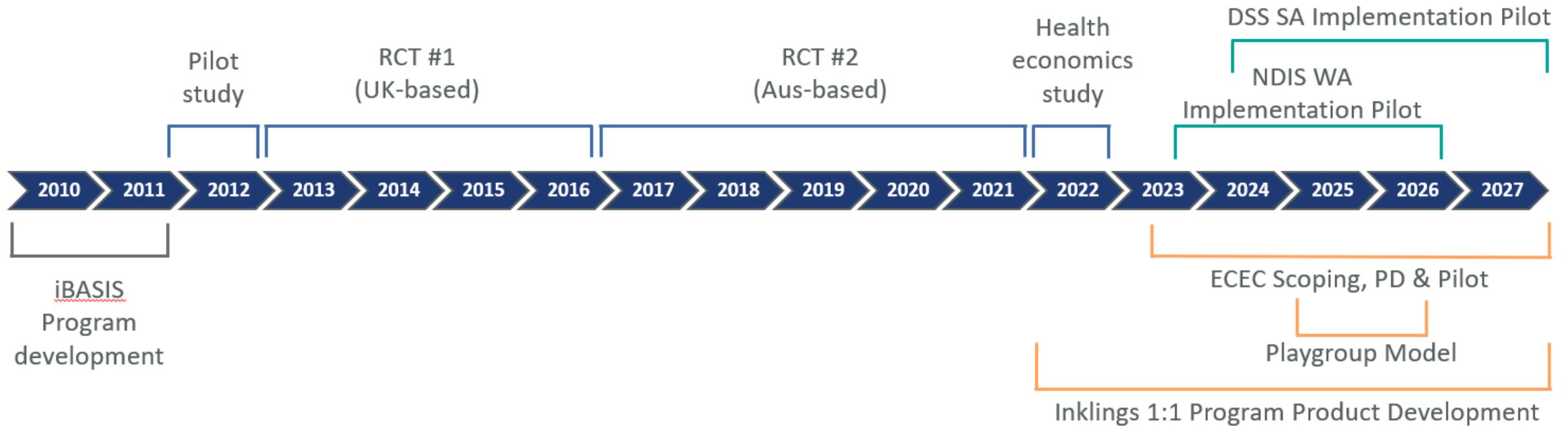


# Who is Inklings for?

- Babies 6-18 months showing differences in their early communication and connection with others
- Caregivers who would like support with their baby's early communication and connection with others



# Inklings journey



# Evidence based



# What do the sessions involve?

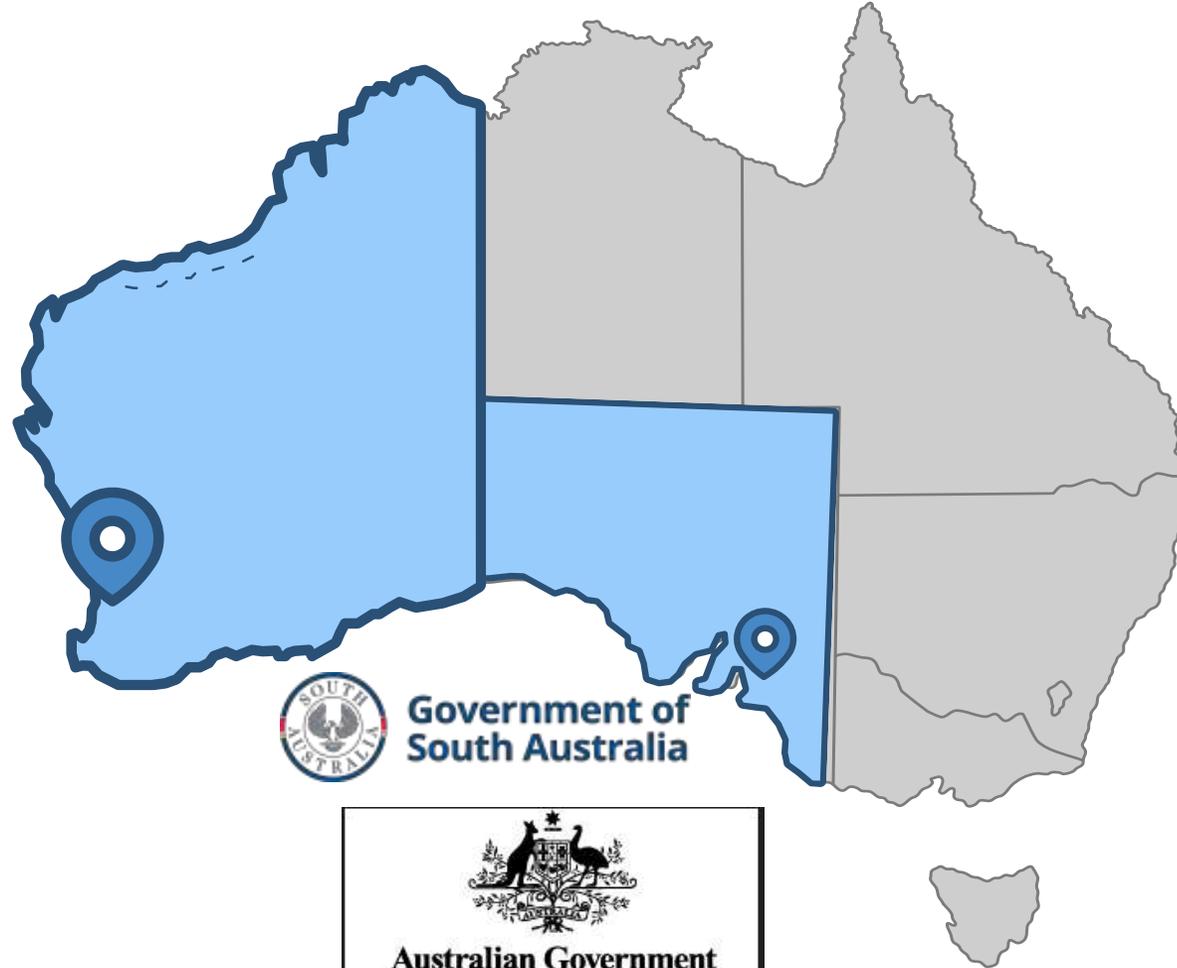


Inklings Practitioner videos a 5 – minute interaction between a caregiver and their baby

Video observations discussion. The practitioner then reviews the video with the caregiver.



# Inklings



**Government of  
South Australia**



# What is the eligibility criteria?

6 – 18  
months



# Referral Source locations

Spanning Western Australia from North to South

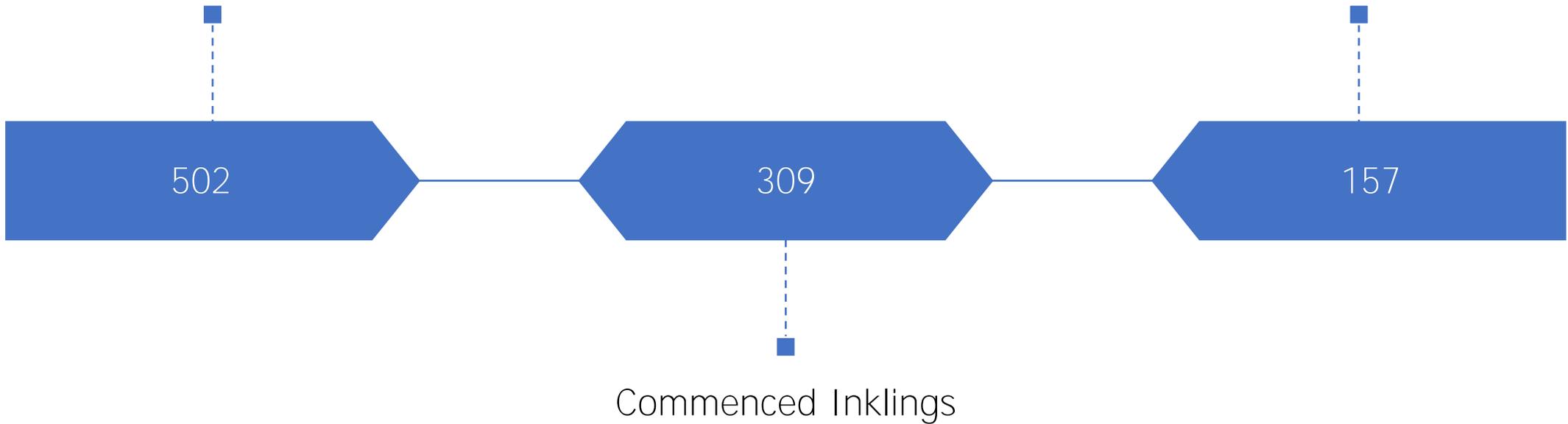
- Northernmost: Derby
- Central: Kalgoorlie/Kambalda
- Southernmost: Albany



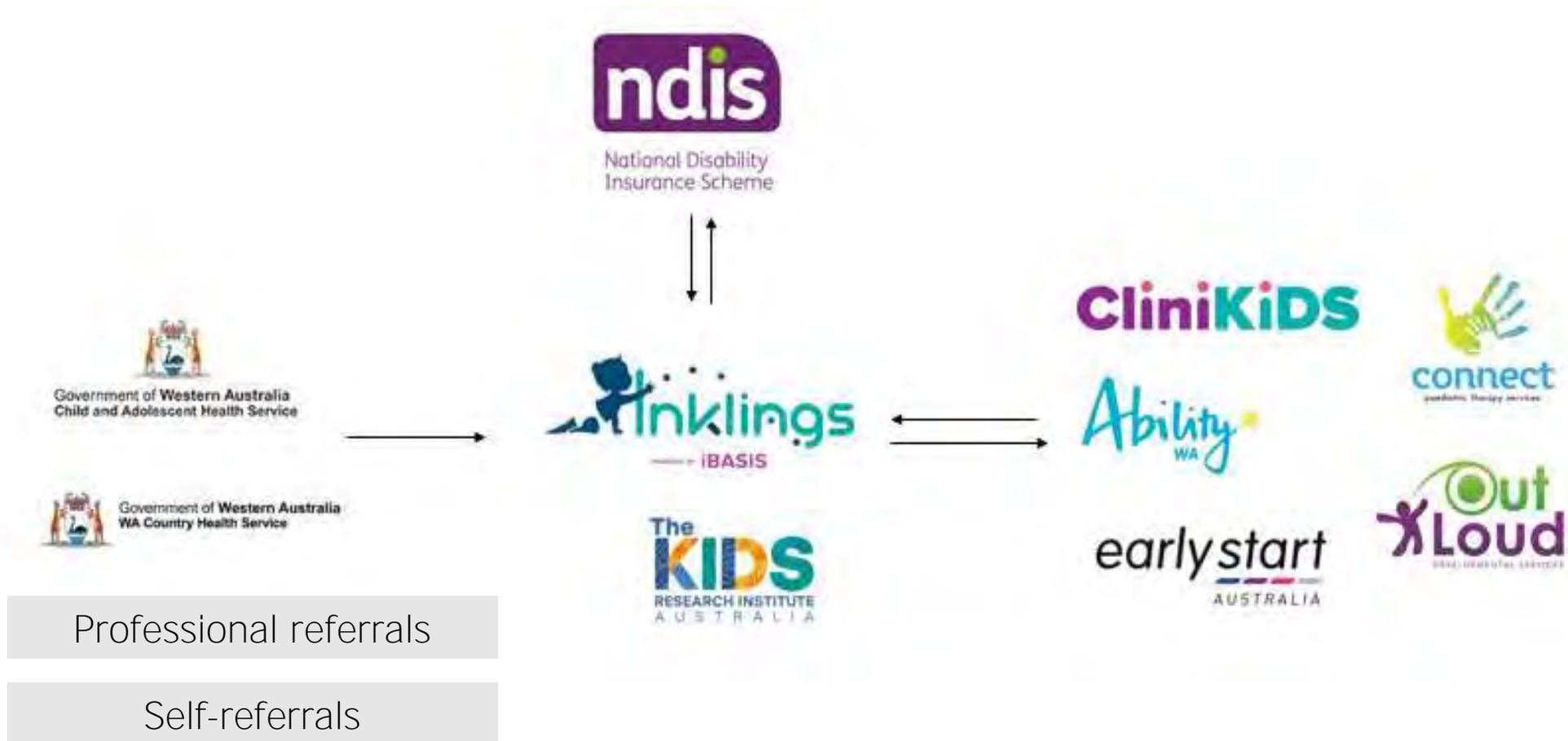
# Inklings in WA

Expression of Interest Submitted

Completed Inklings



# Referral Process for



# Where is Inklings delivered?



**CliniKiDS**

- Edgewater
- Subiaco
- Camillo (CPC)



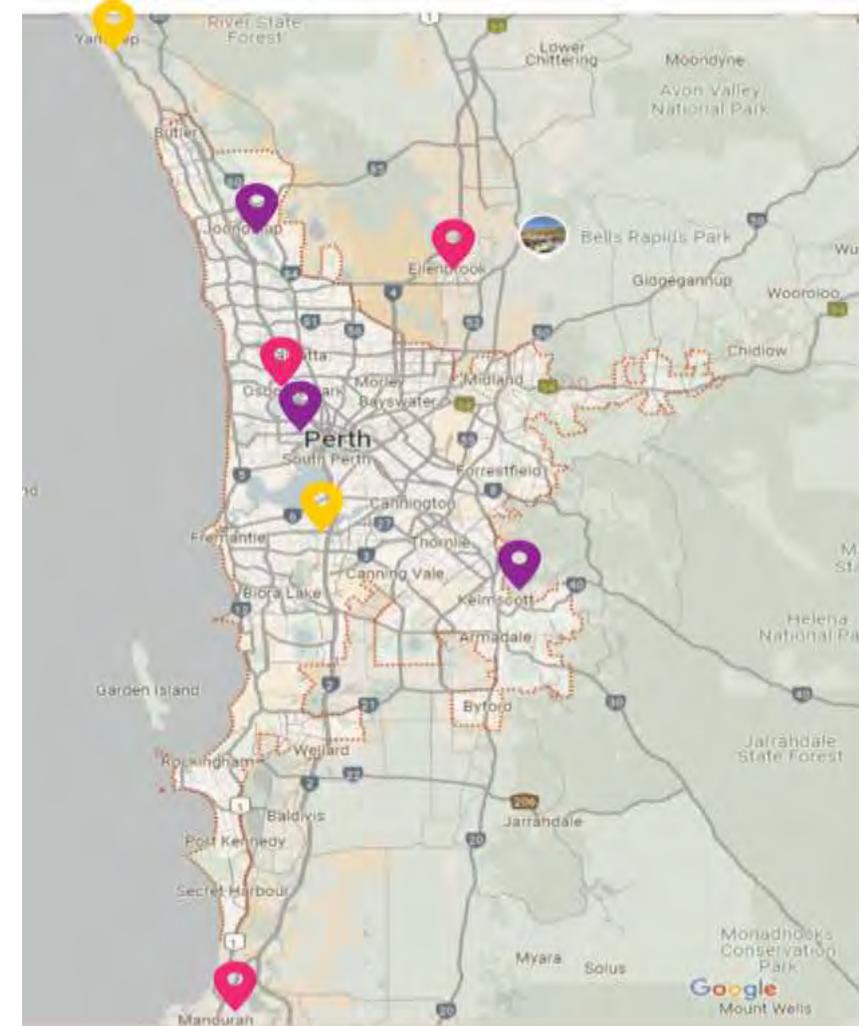
**Ability<sup>+</sup>**  
WA

- Murdoch
- Yanchep



**early start**  
AUSTRALIA

- Ellenbrook
- Stirling
- Rockingham/Mandurah



# Where is Inklings delivered?



•Karratha



• Bunbury

# What resources are available?



**Next steps**  
To make an enquiry or to see if your baby is eligible for Inklings, simply scan the QR code.



Alternatively, contact:  
Phone: 1300 030 655  
Email: [inklings@thekids.org.au](mailto:inklings@thekids.org.au)  
Website: [inklings.org.au/au](http://inklings.org.au/au)

**KIDS RESEARCH INSTITUTE AUSTRALIA**  
**Inklings**



A program to support babies showing early social and communication differences in Western Australia

Sponsored by:  
 

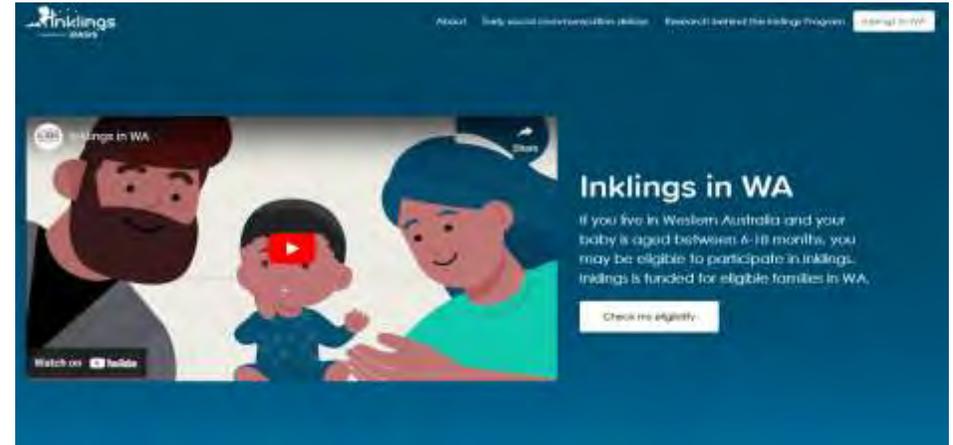


**Inklings**



برنامج لدعم الأطفال الذين يظهرون اختلافات اجتماعية وتواصلية مبكرة في أستراليا الغربية

Sponsored by:  
 



**Inklings in WA**

If you live in Western Australia and your baby is aged between 6-18 months, you may be eligible to participate in Inklings. Inklings is funded for eligible families in WA.

[Check my eligibility](#)

Punjabi | ਪੰਜਾਬੀ

**ਅਗਲੇ ਕਦਮ**

ਕੋਈ ਪੁੱਛਗਿੱਛ ਕਰਨ ਲਈ ਜਾਂ ਇਹ ਦੇਖਣ ਲਈ ਕਿ ਕੀ ਤੁਹਾਡਾ ਬੱਚਾ ਇੰਕਲਿੰਗਜ਼ (Inklings) ਲਈ ਯੋਗ ਹੈ, ਬਸ ਇਸ QR ਕੋਡ ਨੂੰ ਸਕੈਨ ਕਰੋ।

# Scoping and Consultation projects



## First Nations Consultation Project

FINAL REPORT

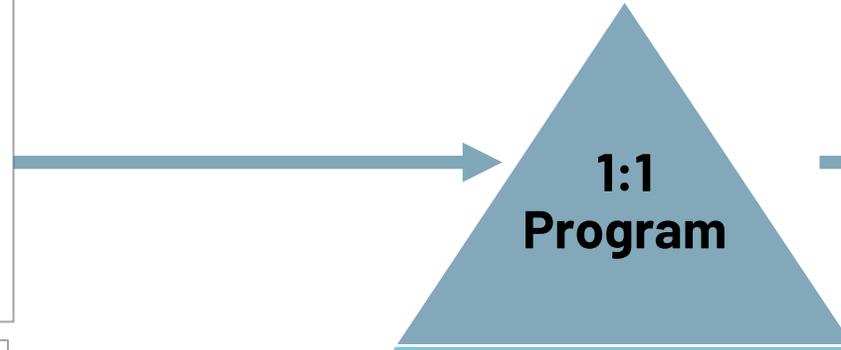


# Inklings Tiered Supports



# Tiered supports

- Suitable for babies 6-18 months old.
- Suitable for babies with social and communication differences.
- **Clinical Model.**
- Delivered by a trained practitioner to caregiver and their baby.

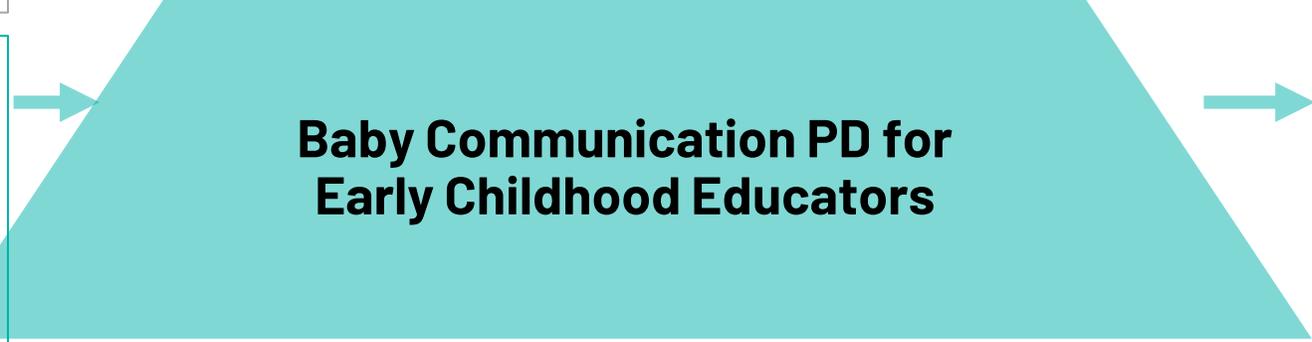


- Suitable for babies 0-2 years old.
- Suitable for all babies and their caregiver.
- **Supported Playgroup Model.**
- Delivered in a playgroup environment by a trained facilitator.



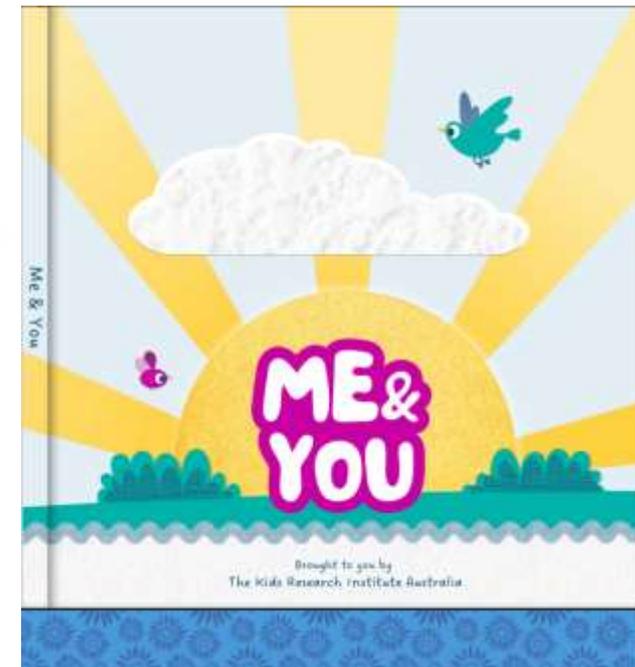
Tiny Moments Playgroup . . .

- Suitable for babies 0-2 years old.
- Suitable for all babies.
- **Professional Development.**
- Online e-learning module for educators working with babies.



Baby GEMS

# Baby GEMS: an educators overview of baby communication





Phone: 1300 030 655

Email: [inklings@thekids.org.au](mailto:inklings@thekids.org.au)

Website: [inklings.org.au](http://inklings.org.au)



# Early Childhood Intervention Collaborative

Melissa Boekhoorn

Executive General Manager Therapy Services



# Model for collaboration - shared vision of future of ECI in WA

## Bringing together 'ECI thought leadership' during a period of significant reform in Australia

In March 2023, a group of thought leaders in the early childhood intervention (ECI) space came together out of concern for the current state of early childhood intervention services in Western Australia (WA) and the potential negative impact of service gaps on the future of children and families affected by developmental differences.

From this initial meeting, *The Early Childhood Intervention Futures Collaborative* (The Collaborative) was formed, with the purpose of shaping a better future for ECI services in WA.

- Unique ecosystem in WA
- 'Current' and 'future state' mapping through a series of workshops
- Curated group of stakeholders from a diversity of backgrounds
- Including families with lived experience
- Inspiration from Dr Tim Moore and Dr Andrew Whitehouse
- Deloitte project team





# 'Current State' Report August 2023

Developed from a desktop review, environmental scan and co-design workshop

- Workshop one – *problem description, key insights and themes*
- Consensus that the ECI system is suboptimal and does not adequately meet the needs of WA children / families.
- Major strides have been made by Australia in the last 15 years in the form of investment and policy.
- WA's existing system still faces challenges in workforce capability and retention, service interconnectivity, and community engagement.
- These challenges require a collaborative, system-wide approach to solve them.

# Figure 2. Workshop 1 Output– Key Insights and Themes

Key insights and themes from the workshop discussion regarding opportunities for improvement in WA’s ECI space.

## Workforce

-  High allied health professional (AHP) turnover results in disrupted care and poor service continuity. Inability to fill vacancies results in gaps between positions being filled and issues with quality handover.
-  Early Childhood intervention requires experienced and highly skilled AHPs in order to provide quality services. Need better trained / experienced AHPs, especially in remote and rural areas. A larger proportion of the workforce, especially in country areas are new graduates. Lack of ‘speciality’ and suite of services.
-  Workforce shortages prevent utilisation of funding even when customers have the means (i.e., a funded plan or service).
-  Greater investment in advocacy & navigation support services, such as Aboriginal Liaison workers, that increase the chance of a plan being accessed and implemented.

## Family and Carer Support

-  With the focus being on the child with a disability, the needs of the carer are rarely prioritised. NDIS services focus on the individual (the child). The family’s wellbeing is essential to ensure the child thrives. There is significant stress placed on the primary care givers as they understand their child’s disability and navigate the system.
-  Close family relations can be strained if there is a lack of understanding amongst family and friends regarding how to support a family who has a child with a disability. The first years of childhood can be stressful for parents, especially for parents with a child who has a new diagnosis of developmental delay or disability. It can often feel like a lonely journey and it is important for families to connect with people in the community who are going through similar challenges. To aid new friendships forming, connectors such as peer support groups and social groups for parents to meet other parents can be highly beneficial.

## Services

-  Services cannot meet demand resulting in long wait lists (e.g., 12 -18 months) in both the public and private sector.
-  The ECI system is no longer fit for purpose and the funding provided is for an out dated model. Privatisation of the NDIS (i.e., therapists moving into private practice and the growth of ‘for profit’ organisations) has resulted in an increase in all AHP pricing in line with NDIS rates.
-  Due to various reasons (cost, time, distance, transport, family context, etc), some families are not able to attend clinic / hospital based services. Telepractice is a cost effective method, although there are limitations to when this can be used. However, changes to service delivery need to be explored in the context of application and implementation of natural environment practices, rather than just delivering a clinic in the home. Best practice indicates that services should be offered in the child's natural environment and service providers need to reflect this in their set up (e.g., vehicles, travel policy).
-  The siloed nature of the ECI system makes it challenging for families to access and navigate with services being poorly integrated and connected.

# 'Future State' Report September 2023

Developed from co-design workshops

- Workshop two – *collective vision, impact and priorities*
  - Developed a vision for how the ECI system in WA should be experienced by families in the future:

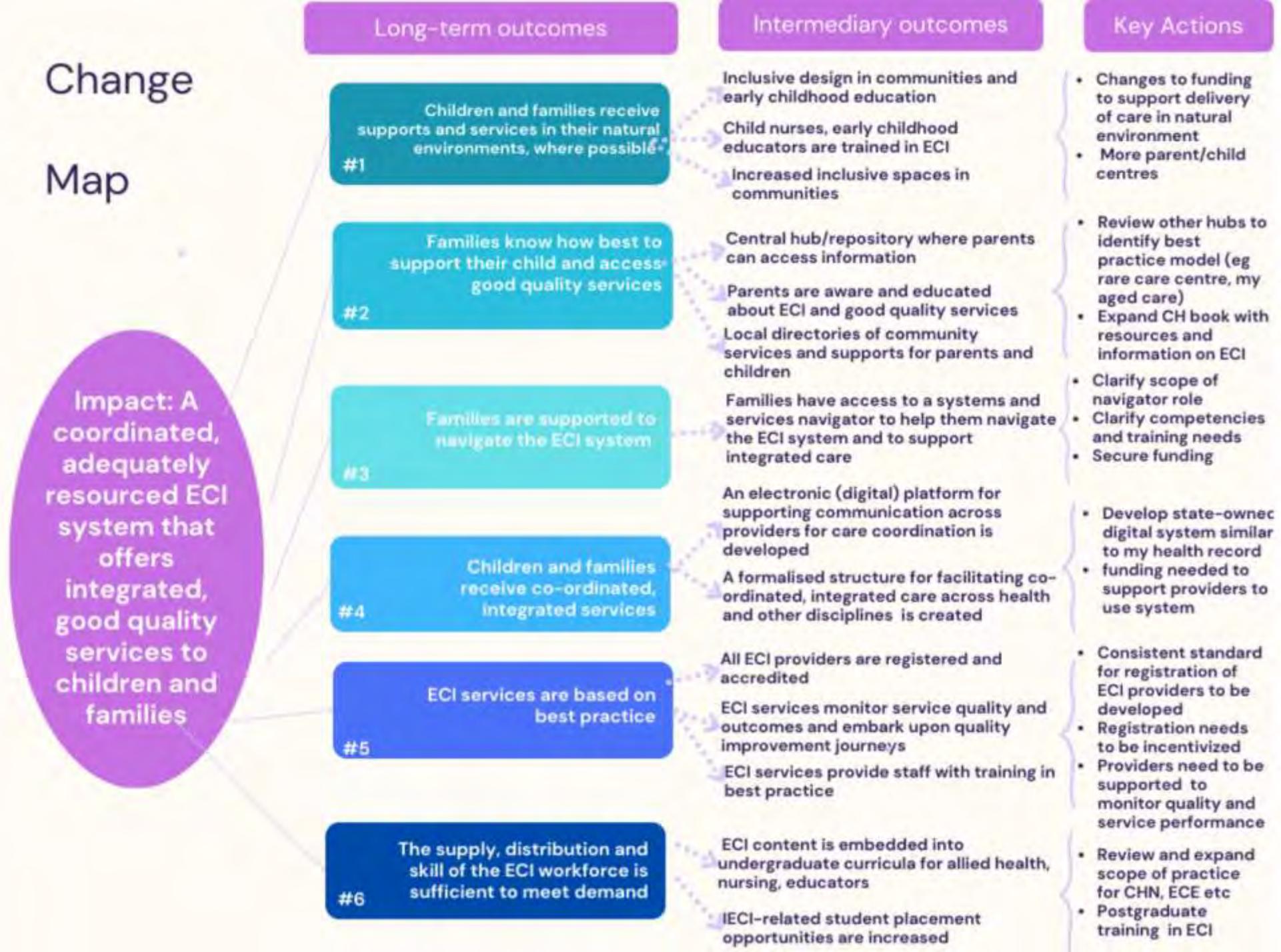
*“In the future, we wish families to experience a coordinated, adequately resourced ECI system that offers integrated, good quality services to children and families.”*

- Workshop three – *measures of success, intermediate and long term changes*
  - Identified changes necessary for achieving this vision
  - Identified potential indicators to measure progress towards desired outcomes (change map)

Figure 4. Summary of key priorities for ECI system improvement



# Change Map







# Ongoing Benefits

## Cross-sector connection and 'car-park conversations'

- 'Word on the street'
- Mechanism for government updates and consultation
- High level sharing of key pieces of research
- Building partnerships
- Shared understanding
- Response to political announcements
- Advocacy
- Professional connections and relationships developed, barriers broken down

*Concise meetings with a tight agenda - one hour every 6 weeks*







**Australian Child and  
Youth Wellbeing Atlas**

# The Power of Data: The Australian Child and Youth Wellbeing Atlas

**September 2025**

Prepared by A/Professor Rebecca Glauert and Marketa  
Reeves with the assistance of Neuro



# Introduction



The Australian Child and Youth Wellbeing Atlas maps data on children and young people aged 0 to 24 across Australia.

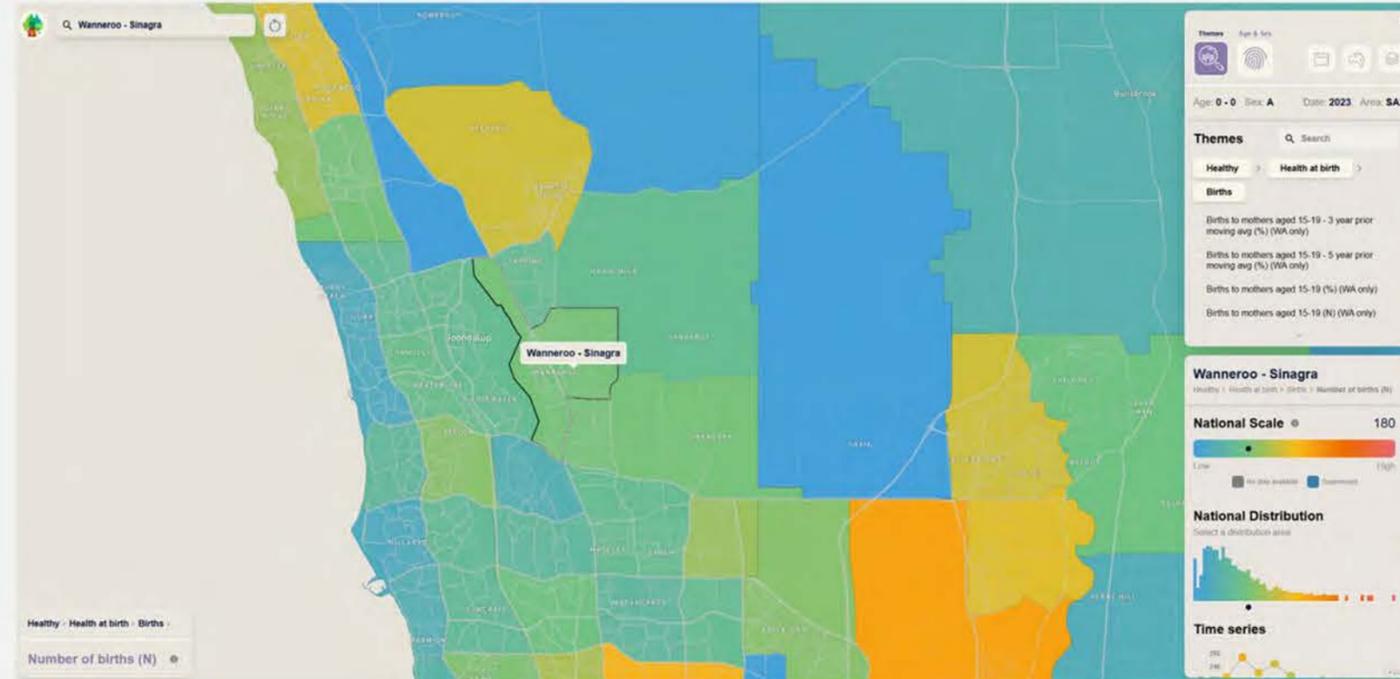
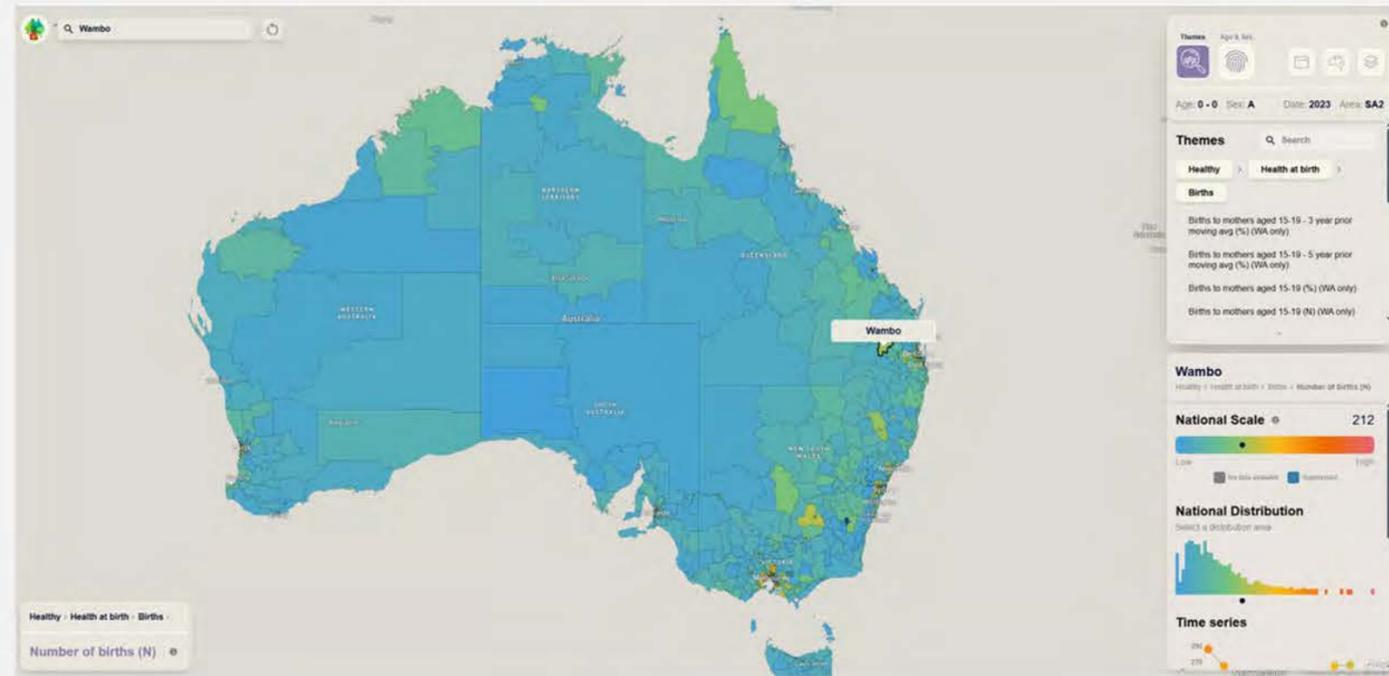
This new data asset is free, holistic and promotes equitable accessibility.

**The Atlas enables and accelerates** :

- **access**
- **visualisation**
- **analysis, and**
- **monitoring**

of health and wellbeing metrics for children and young people across our country.

# Introduction



# The need

- Data on children and young people are held in a multitude of disparate locations across the country – often ‘locked up’.
- There is no one single source where people can access data on children and young people.
- This makes it impossible to achieve a comprehensive picture of children & young people without significant effort (and money).

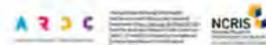
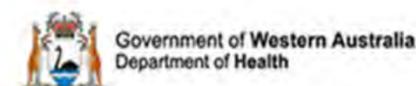
- Policy makers, researchers, service providers and community members require access to robust data on children and young people.
- Without this complete understanding, effective, efficient, and evidence-based decisions are unattainable.
- The need for geospatial data: **Where children live – their community or “place” – is important.**



# Our partnership

The ACYWA represents a significant partnership of:

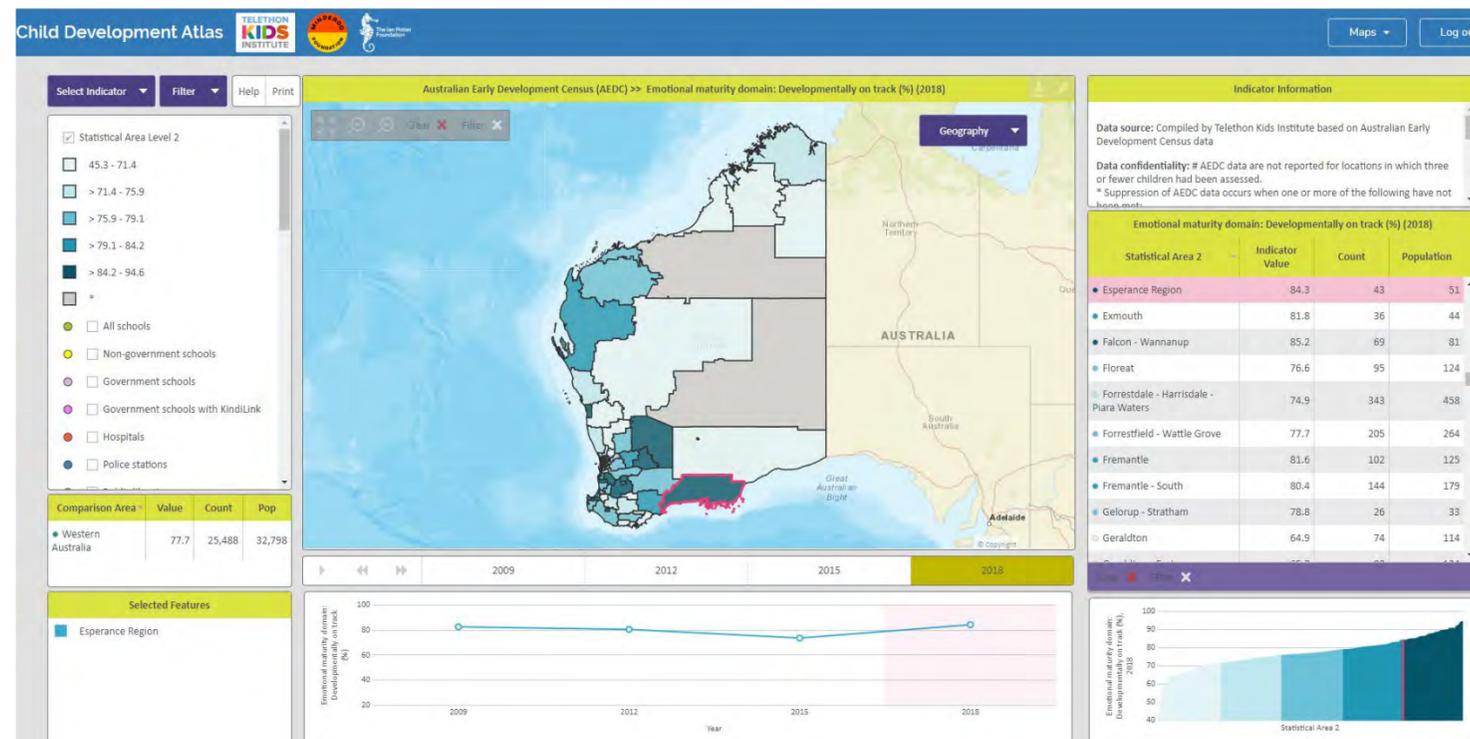
- researchers,
- policy makers,
- philanthropic organisations,
- clinicians,
- government,
- community advocates, and
- children and young people.



# Brief History



- Prof Bec Glauert and her team commence work on the WA Child Development Atlas in 2016.
- The CDA is first published in 2018 mapping data on area-level indicators of development for children and young people in WA.



- Great uptake of the resource from users across a diverse range of institutions and sectors.
- 2021: Funding to build prototype of national atlas. Launched in 2023.
- 2024: New funding to further develop the national atlas.

# The indicators



The Atlas project defines children's health, development, and wellbeing based on the Nest framework, an evidence-based model developed by the Australian Research Alliance for Children and Youth (ARACY).

**This framework encompasses six wellbeing domains or themes.**

A seventh domain (Sustainable environments) may be included.



**Healthy**



**Material basics**



**Valued, loved  
and safe**



**Learning**

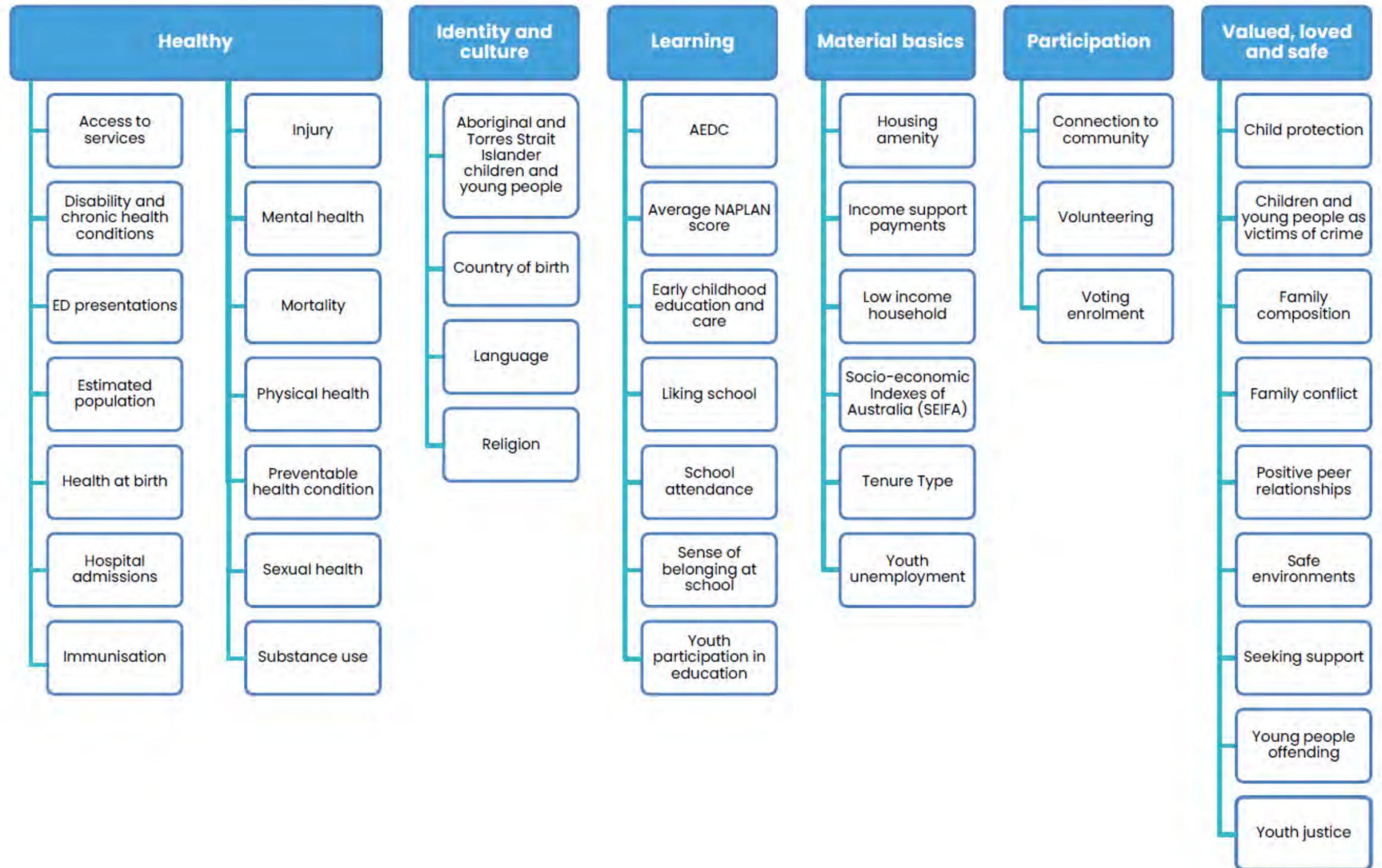


**Participation**

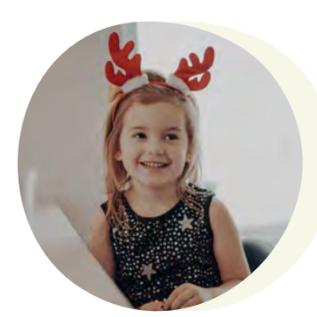


**Positive sense  
of identity  
and culture**

# The Nest domains



# Privacy



- No individual data are displayed (or accessible by users).
- Data is visualised to agreed levels of aggregation (e.g., suburb (SA2), SA3, Local Government Area or other).
- Suppression of low counts and populations.
- Withhold rate estimates from areas with small populations (or aggregate up).
- The 5 safes



# Demonstration

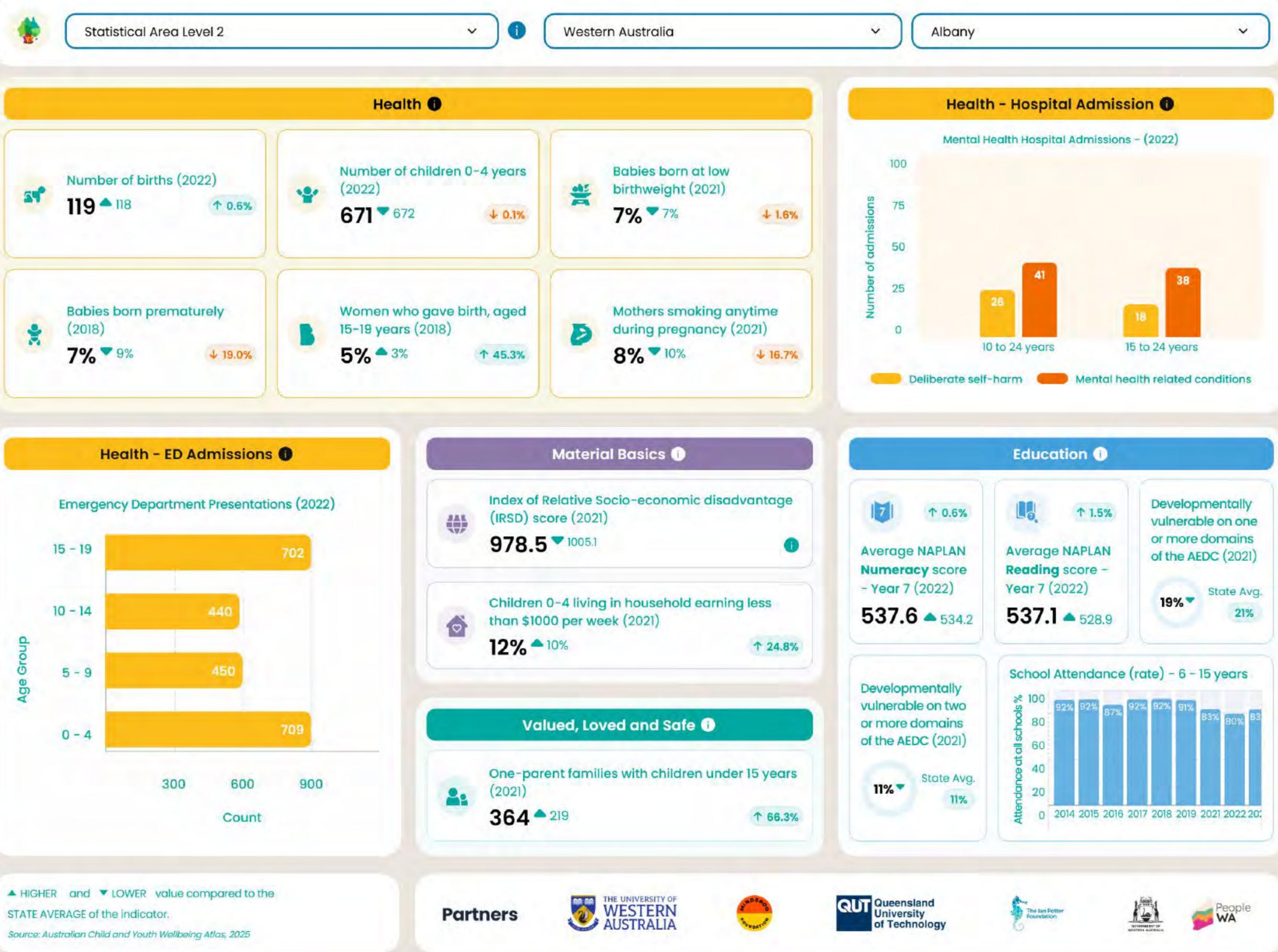


Australian Child and Youth  
Atlas platform  
(the maps)

Website: [www.australianchildatlas.com](http://www.australianchildatlas.com)



# Data Snapshot Preview :



# Community use



## Importance of data and information

**Drive Change:** Data highlights the need for transformation and improvement.

**Understand Situations:** Enables a clear view of challenges and opportunities.

**Set Priorities:** Identifies where focus and resources are most needed.

**Track Progress:** Monitors achievements and milestones over time.

**Evaluate Outcomes:** Assesses the impact of interventions and initiatives.

## Place-based enquiry

Utilise **Data Mapping** to explore and address specific community needs.



# Community

# use



## Empowering communities

- Keeps communities focused and informed through data-driven insights.
- Guides community-led advocacy to improve health and wellbeing for children and young people.
- Especially vital in communities facing higher levels of disadvantage and entrenched disadvantage.

## Data as a Narrative

Data is more than numbers—it's about stories.

- Administrative records
- Community experiences
- Survey results

Together, these diverse data sources create a comprehensive picture.



# Use Case - Katanning



## Local Agencies Partnering with the University of Western Australia for Improved Dental Care for Children



With the generous support of the Early Years Partnership, Amity Health received \$137,650 over 18 months to deliver the Central Great Southern Dental Health Project.

The Central Great Southern dental project focuses on dental health and aims to reduce the impact of a high sugary diet on oral health. It provides a dental service locally which will be cost effective, improve dental hygiene, and reduce the impact of early childhood tooth cavities in children aged 1-4 years in the Central Great Southern.

The project is teaching parents and carers to use photo identification which is analysed by dental professionals in Perth. Practitioners triage any dental work required and minor treatments will occur in the Central Great Southern reducing the need for families to travel to Perth for treatment.

In Central Great Southern, approximately

**5.6%**  
of preventable  
hospitalisations



of 0-9 year olds is due to dental conditions.

# Next Steps



## Extend platform functionality

- Overlay
- Reporting function
- Infographics
- Community data upload

## State/Territory based data collections

- WA exemplar
- First Nations Data Governance

## The Smarts

- Predictive modeling
- Fast tracking best practice:
  - Needs based intervention recommendations
  - Understanding the “why”
- Humanising the platform
- Developing indices (wellbeing, vulnerability, etc.)
- AI Integration
  - Smart insights
  - Generative tools



# The Team

**A/Prof Bec Glauert**  
Project Director



**Dr Nishani Musfer**  
Data Scientist



**Dr Scott Sims**  
Data Scientist



**Dr Aiden Price**  
Data Science Consultant



**Pascal Sun**  
Computer Science and  
Software Engineering



**Prof Kerrie Mengersen**  
Professor of Statistics



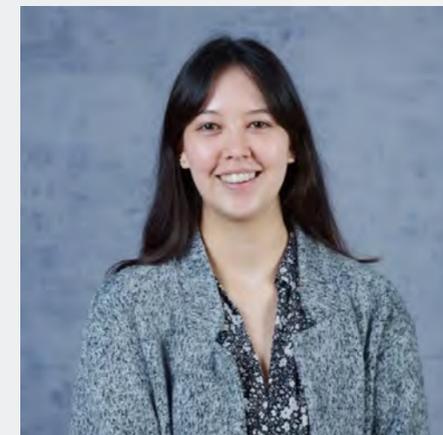
**A/Prof Wei Liu**  
Computer Science and  
Software Engineering



**Dr Ben Fitzpatrick**  
Data Manager



**Catherine Rennison**  
Senior Project Officer



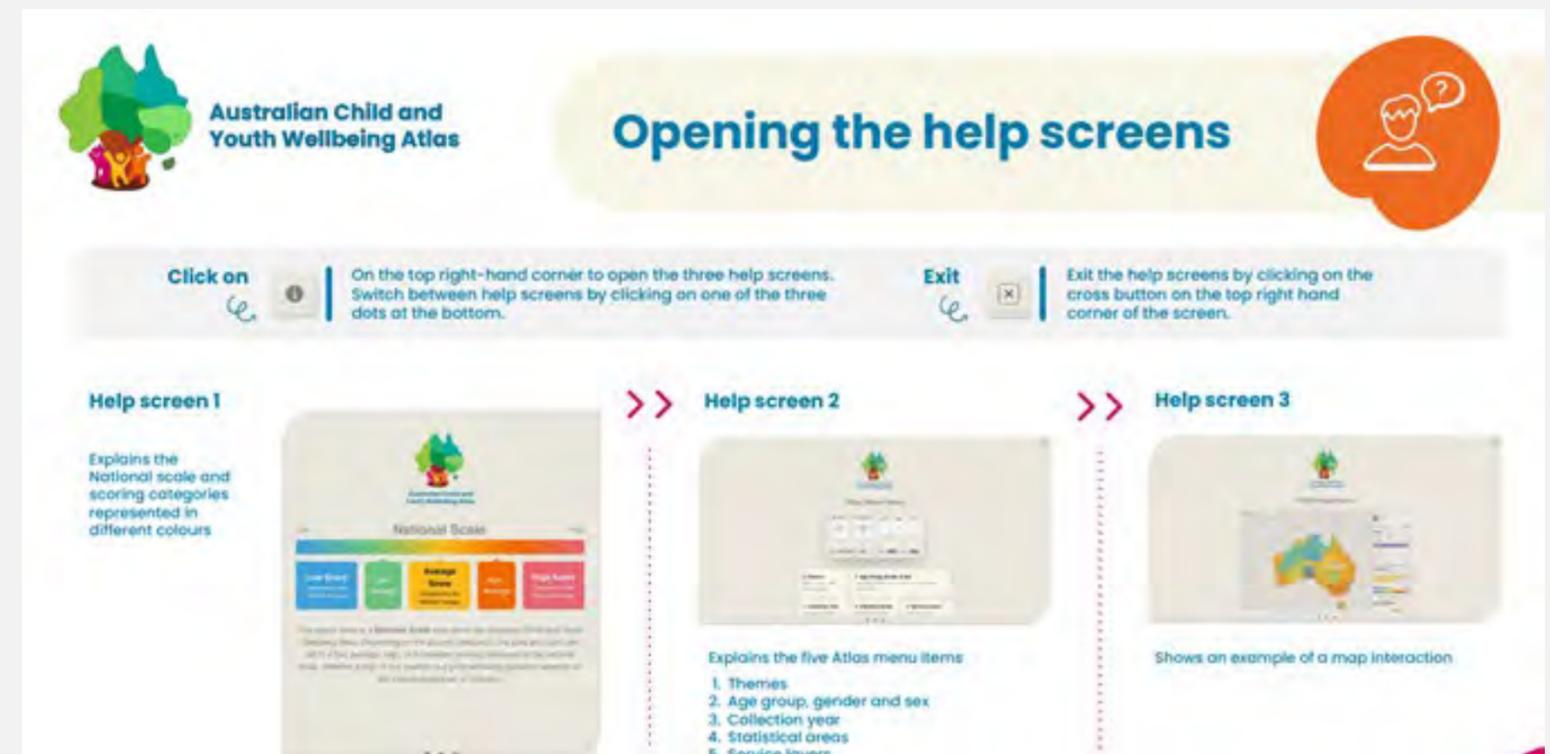
**Marketa Reeves**  
Senior Project Manager



# Other Resources

Additional Atlas resources are available through the main website: [www.australianchildatlas.com](http://www.australianchildatlas.com)

- **Indicators information** – description and policy context
- **Technical information** – metadata, technical methods, statistical areas, visualisation, licensing
- **User guides**





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Contact Us  
[info@australianchildatlas.com](mailto:info@australianchildatlas.com)





# Australian Child and Youth Wellbeing Atlas



# Practical Application of the Child & Youth Wellbeing Atlas

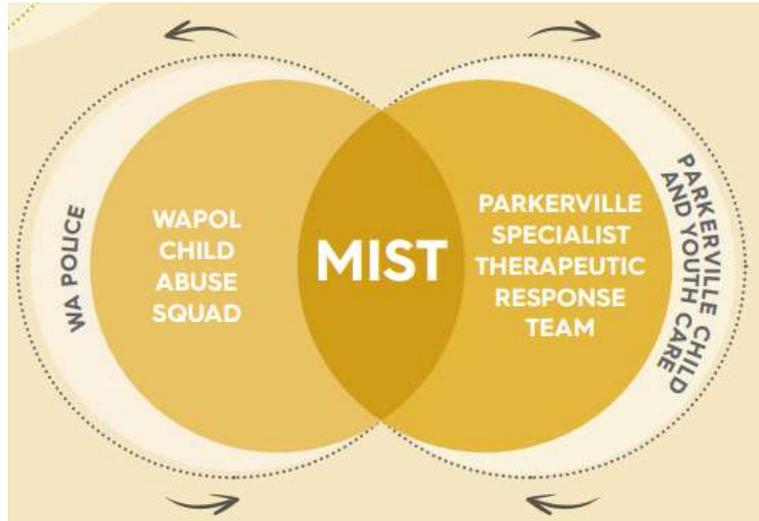


**Dr. Sarah Priest**

Research & Advocacy Lead,  
Parkerville Children & Youth Care



# Feasibility Mapping and Service Expansion



## MIST: A Collaborative Child-Centred Initiative

- Jointly delivered by WAPOL and Parkerville Children and Youth Care.
- Designed to support children and families impacted by sexual abuse through integrated, trauma-informed services that focus on both immediate response and long-term recovery.
- Offers a therapeutic care program tailored to the needs of survivors and their families.
- Prioritises the best interests of children through coordinated, compassionate, and sustained support.



### The 'Problem'

- WA Police data showed high CSA rates in Rockingham
- Needed to understand local demographics, services, and gaps
- No integrated tool for place-based planning
- Required strong evidence to support strategic and operational case for MIST expansion

### How We Did It

- Manually layered public datasets (ABS, SEIFA, AEDC, WA Police)
- Mapped demographics, crime, and service locations
- Lacked child-specific data, so used general indicators (e.g., family assault, sexual offences)
- Mapped existing services by function and location

### What We Wanted to Understand

- Where unmet need was greatest
- How local conditions shaped service demand
- Where trauma-informed supports were missing
- Whether expansion would improve statewide CSA response

# How The Atlas Could Have Helped



## Efficiency

- Faster, clearer access to indicators we manually sourced - like single-parent families with children under 15 where the parent is unemployed

## Child-specific data

- e.g., Out-of-home care admissions, care and protection orders, and child/young people offending data would have enriched findings from broad proxies like family assault rates

## Dual view

- Raw counts and rates per 10,000 - assess resource allocation based on actual demand, while also aligning with broader policy frameworks.

## Layered Insights

- Integrating data like child protection, youth offending, and wellbeing would have given us a clearer picture of localised pressures, including child and young people-specific; and the supports most needed.



# Reflections & Future Use

## Strategic & Localised Planning

- Can support Parkerville's trauma-informed, place-based service design by identifying strengths, gaps, and systemic barriers at the community level.

## Integrated Data Access

- Enable quick access to trusted data across child protection, vulnerability, and wellbeing domains.

## Stronger Advocacy & Investment Case

- Helps us build compelling, evidence-informed cases for funding and systems change, grounded in practitioner insight and community voice.

## Continuous Improvement

- Aligns our service data – and complements practitioner insight and lived experience - with Atlas indicators to track outcomes, monitor emerging needs, and refine approaches.



Local Government Area

Western Australia

Rockingham (C)

### Health



Number of births (2022)

**1663** ▲ 260 ↑ 538.5%



Number of children 0-4 years (2022)

**9571** ▲ 1140 ↑ 739.4%



ED presentations for 10 to 14y - Number of mental health attendances (2022)

**186** ▲ 37



Chronic physical illness related hospital adm. for 0-4y (2022)

**215** ▲ 34



Babies born at low birthweight (2021)

**5%** ▼ 7%



Births to mothers aged 15-19y (2021)

**38** ▲ 14

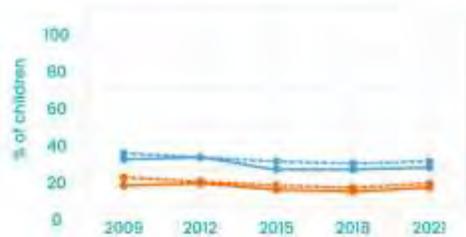
### Participation

Young people 18-24 years



### Early Child Development

Children developmentally vulnerable on one or more, or two or more domains of the AEDC



- Vulnerable on one or more domains (%)
- Vulnerable on two or more domains (%)
- Vulnerable on one or more domains (%) - State Avg.
- Vulnerable on two or more domains (%) - State Avg.

### Material Basics



Index of Relative Socio-economic disadvantage (IRSD) score (2021)

**989.3** ▲ 976.1



Young people 20-24 unemployed & seeking full-time work (2021)

**4.1%** ▲ 2.1% ↑ 96.3%

### Valued, Loved and Safe



One-parent families with children under 15 years (2021)

**3858** ▲ 429 ↑ 799.0%

### Education



↑ 1.6%

Average NAPLAN Numeracy score - Year 7 (2022)

**527** ▲ 519



↑ 1%

Average NAPLAN Reading score - Year 7 (2022)

**523.6** ▲ 517.9



↑ 2.4%

Average NAPLAN Spelling score - Year 7 (2022)

**534.1** ▲ 521.8

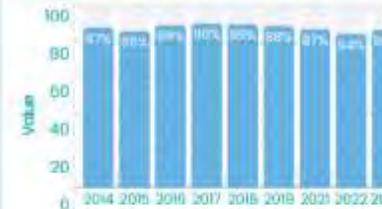


↑ 3.0%

Average NAPLAN Writing score - Year 7 (2022)

**507.8** ▲ 492.8

School Attendance (rate) - 6 - 15 years



▲ HIGHER and ▼ LOWER value compared to the STATE AVERAGE of the indicator.

Source: Australian Children and Youth Wellbeing Atlas, 2025

Partners



# Parenting Connection WA

## Supporting WA Parents

Supported by



Government of **Western Australia**  
Department of **Communities**



# Who are we?



**Parenting Connection WA (PCWA)**  
commenced 1 April 2017.

Funded by Department of Communities.

- 5 year contract 2017 to 2022
- 3 year contract 2022 to 2025
- 3 year contract 2025 to 2028

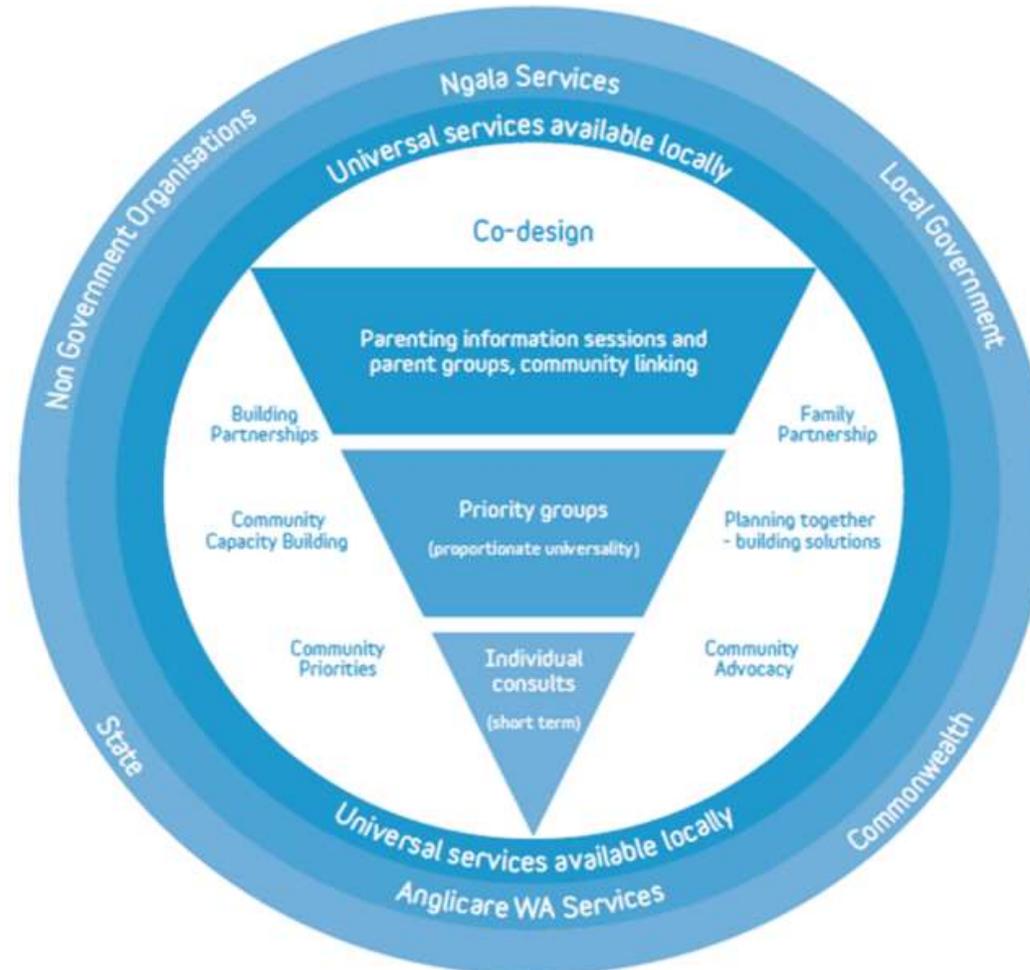
## Partnership in 9 Regions

**Ngala:** Inner City and North West Metro, Midwest and Gascoyne

**Anglicare WA:** Kimberley, Goldfields, Peel, South West

**Wanslea:** Wheatbelt and Great Southern

# Parenting Connection WA Model



# 9 Key Principles



## What we offer

**PCWA** is a universal parenting program supporting parents and carers with children from birth to 18 years to develop and enhance their skills, knowledge, and confidence to nurture the wellbeing and development of their child.

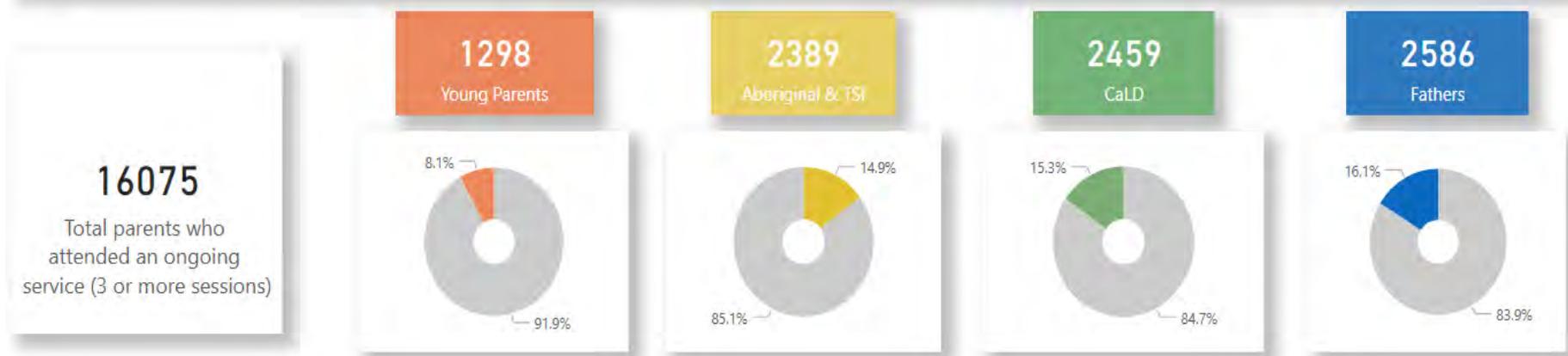
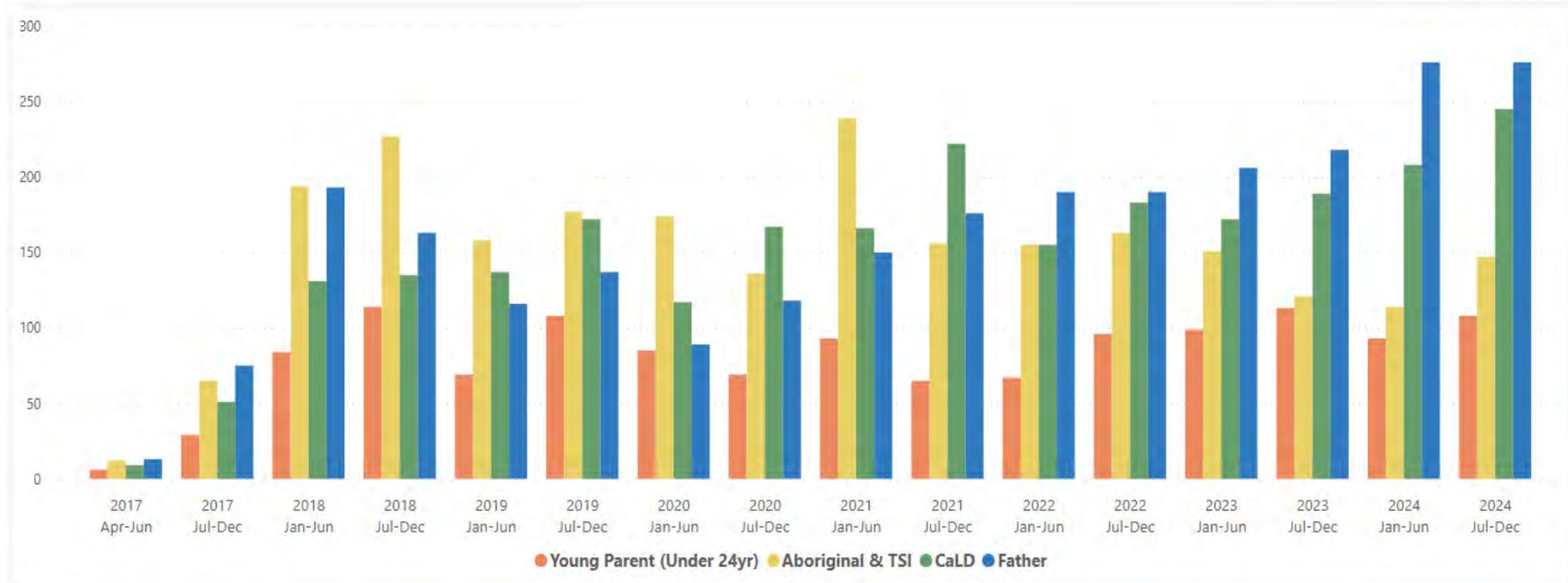
- **Individual consultations**
- **Workshops** - Protective behaviours, Toilet training, Cyber bullying, Screens and Teens,
- **Groups** - Circle of Security Parenting, Bringing Up Great Kids, Tuning into Kids and Teens, Playgroups, Mums and Bubs Yoga, Drama Stars,
- **Community Events** - Children's Week, NAIDOC, Fun Days, local community events
- **Keynote Speakers** - Dr Justin Coulson, Karen Young, Maggie Dent, Brad Marshall, Gen Muir

**Parenting Capacity Fund** to broker external services to deliver parenting programs.

**Local Area Partnership Group** in each region - community members such as parents, local council staff, child health nurse, family agencies, school staff and other service providers.

**All services are free**

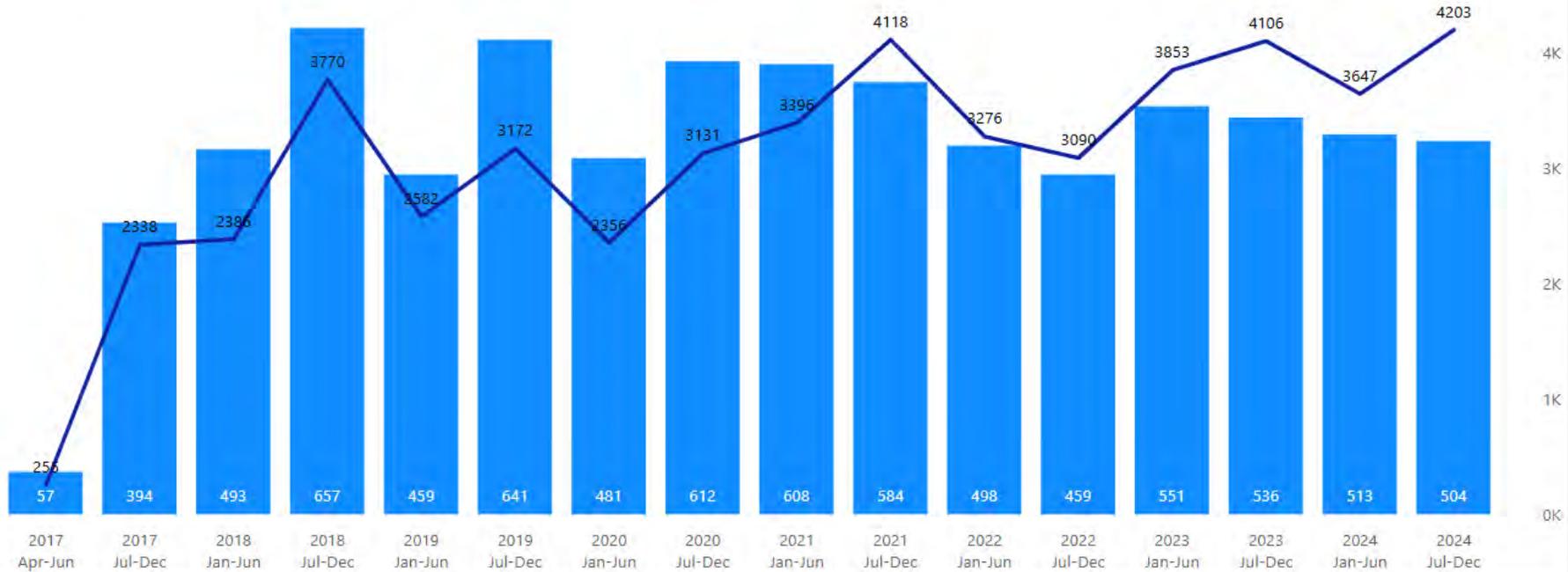
# Target Groups



# 8 years of Parent Support

Total Service Delivery (Incl multi, single, ind) and Total Parents Served

● Total Service Delivery (Incl multi, single, ind) — Sum of Total Parents Served



**8047**

Total Service Delivery (Incl multi, single, ind)

**49679**

Total Parents Served

# Governance and Service Development Unit

## PCWA Governance:

- Monthly Parenting Coordinator meetings
- Service Operation Group
- Project Governance Group  
(CEOs alternate meetings)

## Service Development Unit:

- Coordination of statewide services
- Contract compliance
- Oversight of data collection and reporting
- Marketing, social media and website
- Support and professional development
- Annual Staff Gathering
- Regional visits



# Case Study

- **Jack** - separated, employed parent, two daughters aged 12 and 9.
- Highly overwhelmed by his parenting circumstances and deeply stressed about safety and mental wellbeing of eldest daughter.
- High conflict with ex-partner, family court and police involved.
- **Eldest Daughter** - acute anxiety, depression, school refusal, suicidal ideation and disordered eating.
- **PCWA Parenting Coordinator** - Compassionate conversations, referrals to local counselling service, Headspace, School counsellor, RAWA 4 families, counselling and eating disorders clinic for daughter, and recommended KKIM parenting group.
- **Keeping Kids In Mind** - 5 weeks, shifts focus away from disputes to meeting the emotional needs of children. Provides tools to support parenting, manage interactions with ex-partner more constructively and teaches how to communicate better with children.
- **Outcomes** - KKIM seen as a pivotal moment for change. Reduced parental conflict and Jack now a more emotionally attuned parent. Enrolled in Tuning into Teens.
- ***“I had no idea how much this was all affecting them, and I had absolutely no idea how to talk to my daughter. Like I was stressed every time I went to work, went out, I was stressed coming here because of what she might do to herself. It’s been such a big help, thanks so much.”***

## Where to find us



### Website

<https://parentingconnectionwa.com.au>

### Facebook page

<https://www.facebook.com/ParentingConnectionWA/>

## For more information

- Prue Ward
- Manager Service Development Unit
- Email: [prue.ward@anglicarewa.org.au](mailto:prue.ward@anglicarewa.org.au)
- Phone: 0448 266 199



# Service Innovation for Systems Change

Specialist response to child sexual abuse:

Multi-disciplinary Investigation and Support Teams (MIST)

05/09/2025



# Parkerville Children and Youth Care Partnership

The WA Police partnership with Parkerville Child and Youth Care commenced in 2010 and was recognized as best practice in the recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse.

That year, WA Police and Parkerville launched the Armadale Multi-disciplinary Investigation and Support Teams (MIST) pilot. The success of this initiative led to its permanent establishment in 2017, followed by expansions to Midland (2019) and Rockingham (2024).



# Parkerville Children and Youth Care Partnership

Parkerville now supports approximately 75% of Child Abuse Squad investigations at existing MIST sites (Armadale, Midland and Rockingham).

This partnership has significantly enhanced:

- **Accessibility** – Victim-survivors can access services within their local communities.
- **Efficiency** – Reduced travel time and improved resource deployment for investigators.
- **Community Engagement** – Strengthened ties with local organisations and increased public awareness of child sexual abuse.
- **Collaboration** – Improved coordination with policing districts.



# Future of the Program



# The Service Model



# Why the Model Works



# MIST: Why it works and the Impact

- Theme 1 – Integrated Response
- Theme 2 – Reducing Trauma
- Theme 3 – Accessibility & Efficiency
- Theme 4 – Measurable Outcomes
- Theme 5 – Positive Ripple Effects





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**Detective Acting Superintendent Palmer**

[David.palmer@police.wa.gov.au](mailto:David.palmer@police.wa.gov.au)



# Lived Experience:

# Helping Young People Be What They Can See!



12buckets.org



## 12 BUCKETS

— Pour out to fill up —





# Acknowledgement of Country

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“Ngala kaaditj Whadjuk Noongar moort keyen kaadak nidja boodja”

We acknowledge the Whadjuk Noongar people as the original custodians of the land on which we live and work.

12 Buckets acknowledges the continuity of Whadjuk Noongar culture, connection and contribution to country and community.

For this, we pay our respect to Elders past, present and emerging.

# 12 Buckets- Who Are We?



- Early in 2010, Founder Travis Fitch, his wife and a friend spoke about what it might mean to give back to their local community.
- All were passionate about investing in young people, the same way people had invested in them.
- From this the 12 Buckets idea emerged.
- Initially based at Balga Primary School, they began to offer mentoring to Primary School students. By focusing on the social & emotional wellbeing of students and providing a safe space for them to take a “break”– they noticed the children began to flourish in many other areas.
- With such positive results, The 12 Buckets program organically grew with the support of the local community.

# Lets start with a story.....

As you can probably tell the sharing of stories is the theme today. To continue with this theme I'll be sharing a story of my own.

2016 my twins Jacob and Ksenia were born. They hit all their developmental milestones and when they turned 3, I decided it was time to start introducing them to the wider community. I signed them up to a toddler dance class and we rocked up on the day ready to go. Jacob went straight to the mirror, dancing away and not following the teachers instructions, Ksenia spent the whole lesson hiding in between my legs. It was chaotic, however I thought for our first attempt we did well. We rocked up the following week for the dance class and it was the same as the week before. The only difference being that the evening I received a phone call from the dance instructor who told me " This class isn't set up for kids like Jacob, so please don't come back". I tried a few other community groups, however after the second session I would receive a phone call saying the same thing, that their community group wasn't set up for kids like Jacob.

I took Jacob to the doctors as I was worried that there was something missing that I couldn't see. Their response to me was " There is nothing wrong with him..... he'll grow out of it". However he didn't grow out of it and he continued to be rejected by the community. After 3 years of being pushed from one specialist to another, my paediatrician finally agreed to send a referral to have Jacob assessed by a Psychologist. At the age of 6 Jacob was diagnosed with ADHD and Autism.

You would assume getting a diagnosis would solve everything, except it didn't. Jacob was prone to experiencing meltdowns at home after being at school. I remember this one particular afternoon, where I could just tell that there was something different about Jacob. He took one step inside the house and what began was the meltdown of all meltdowns. Thankfully Bluey had just started at that time, so I quickly set the other kids up with snacks and Bluey and then supported Jacob to shuffle into his bedroom.

He spent the next hour destroying his room and banging his head against the wall. He finally ran out of steam and sat on the floor. I remember sitting on the floor in his room and watching this lone white feather slowly float to the ground. It was something that you might see in the movies. I knew in that moment that any questions to try to understand what brought on this meltdown was not going to work and instead I asked him this. "Jacob, what's it like being you?" He took a big breathe in and said these three things:

1. It's hard
2. I'm the only one with a broken brain and I just want a brain like everyone else
3. I wish people could see through my eyes

This moment was important for a few reasons, not all of them I would understand until later on, however what I did understand in that moment was Jacob couldn't himself in the communities he was a part of. There were no ADHD/Autistic Teachers, Principals or school staff, his doctor wasn't Adhd or Autistic and even in his family home there was no one there that looked and sounded like him. In Jacob's world he was alone, he was misunderstood and he had no one that could help him. There is nothing more terrifying than thinking you are broken and that you are alone.

From this moment I started to see similarities between Jacob and I that ran deeper than just our shared DNA. This led to me also receiving a diagnosis of ADHD and Autism. Overnight I not only became an anchoring point for Jacob to feel less alone, I also became his translator as I helped him navigate a society that has not been set up for neurodivergent minds. I also started to talk openly not only about the challenges I faced in certain environments , however the strengths that our brains had in their different way of thinking and processing information. Jacob at the age of 6 who felt so alone everywhere and thought he was broken, was now proudly talking about his "rainbow brain" and the unique way it thinks during the day. He had established a positive connection to his identity allowing him to understand his needs better and that his diversity was to be celebrated.

At the time I was working at 12 Buckets and I began to reflect on the number of children and young people who weren't as fortunate as our family to be able to afford a private assessment and whose parents had the literacy and health literacy skills to support their children due to the challenges they faced in their own lives. So I began to openly speak about my diagnosis, firstly with the staff at 12 Buckets then also with the young people accessing our services. What this allowed was for other staff members feeling comfortable talking about their own hidden disabilities and the strategies they used to manage daily activities in the community. It wasn't about diagnosing, it was about sharing the lived experience and practical tools that we had learnt to navigate communities and set the environment up for our own access and inclusion.

# What our neurodiverse young people have told us

*-“I’m concerned about how to access support when I have been publicly humiliated when asking for help by teachers, so now I hesitate to do it again and don’t know where to go to ask for help/get supports.”*

*“I used to try really hard to listen to the teachers at school, however, why should I if they don’t listen or believe me when I ask for help?”*

*“12 Buckets is the first place that I have found people just like me.....I didn’t have to hide or mask up and because I knew some of the staff had ADHD it made easier to ask for their help”*

*“When I don’t have to explain to someone why I need a support I feel understood....like I’m not broken or dumb...I’m just like everyone else... but different because I am still me”*

# Lived Experience in action



# Another Perspective.....

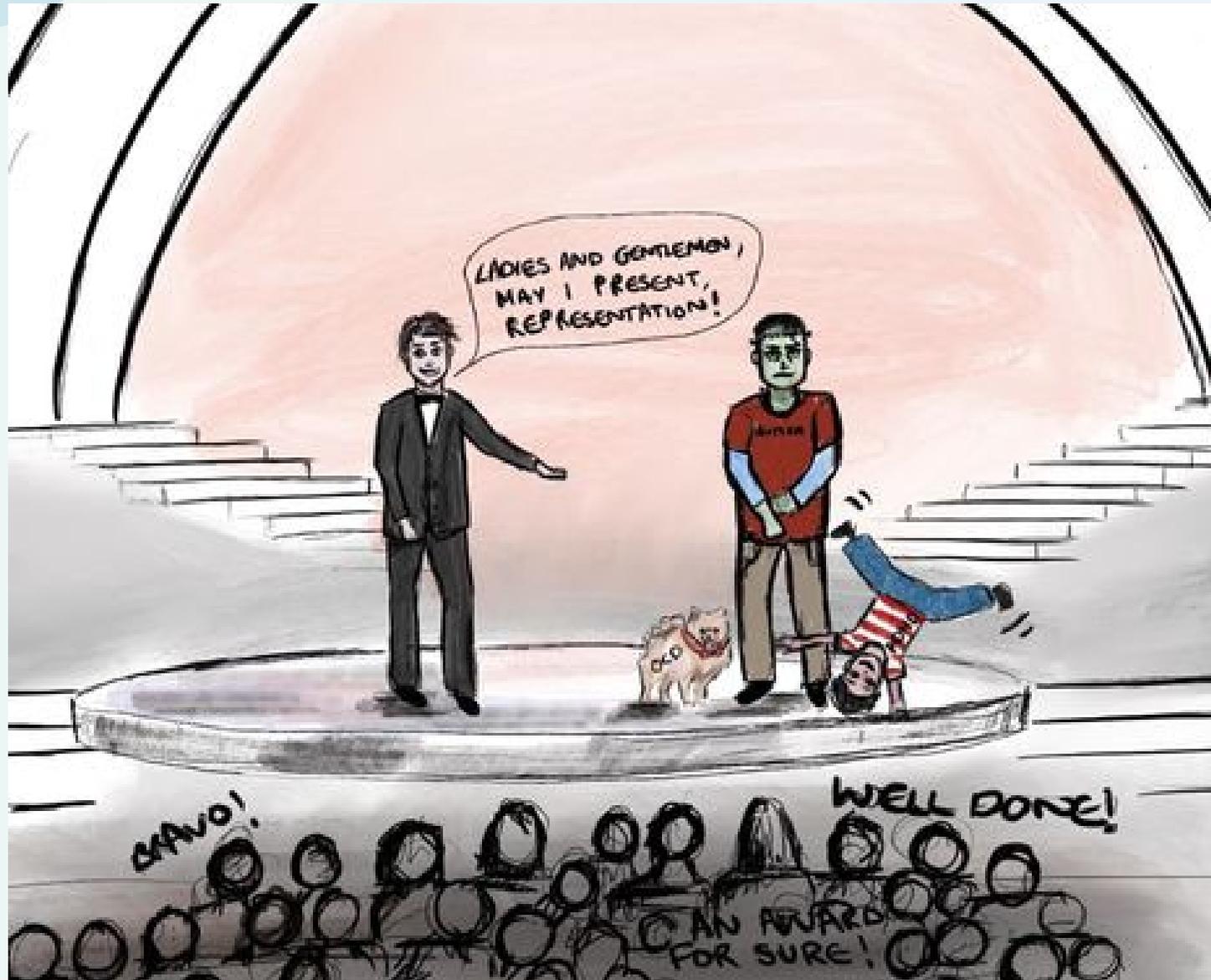


# What did I learn?

1. For young people lived experience cannot be subtle
2. It needs to model a positive connection to identity
3. It needs to be consistent

**The use of lived experience is asking people to be vulnerable about themselves..... so what gets in the way?**

# The Trap: When representation is a one person show.....



## Language can get in the way.....

“That’s just my ADHD”

“Your so good in social situations”

“Everyone’s a little on the spectrum”

“I can be so OCD at times”

“But you don’t look autistic”

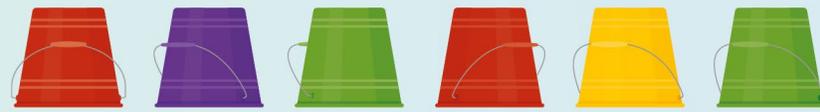
“But your making eye contact”

“You don’t look like you need help”

“We’re all a little autistic”

# Tips and Questions to ask when you are supporting lived experience in your place of work.....

- 1. Invest in communications training : One that focuses on shared responsibility in communication
- 2. Ensure that you are not placing 100% responsibility on your staff with Lived Experience- What are you doing to learn more about their experiences?
- 3. How do you check in with them, when the outside world is burning?



# 12 BUCKETS

— Pour out to fill up —



[12buckets.org](http://12buckets.org)

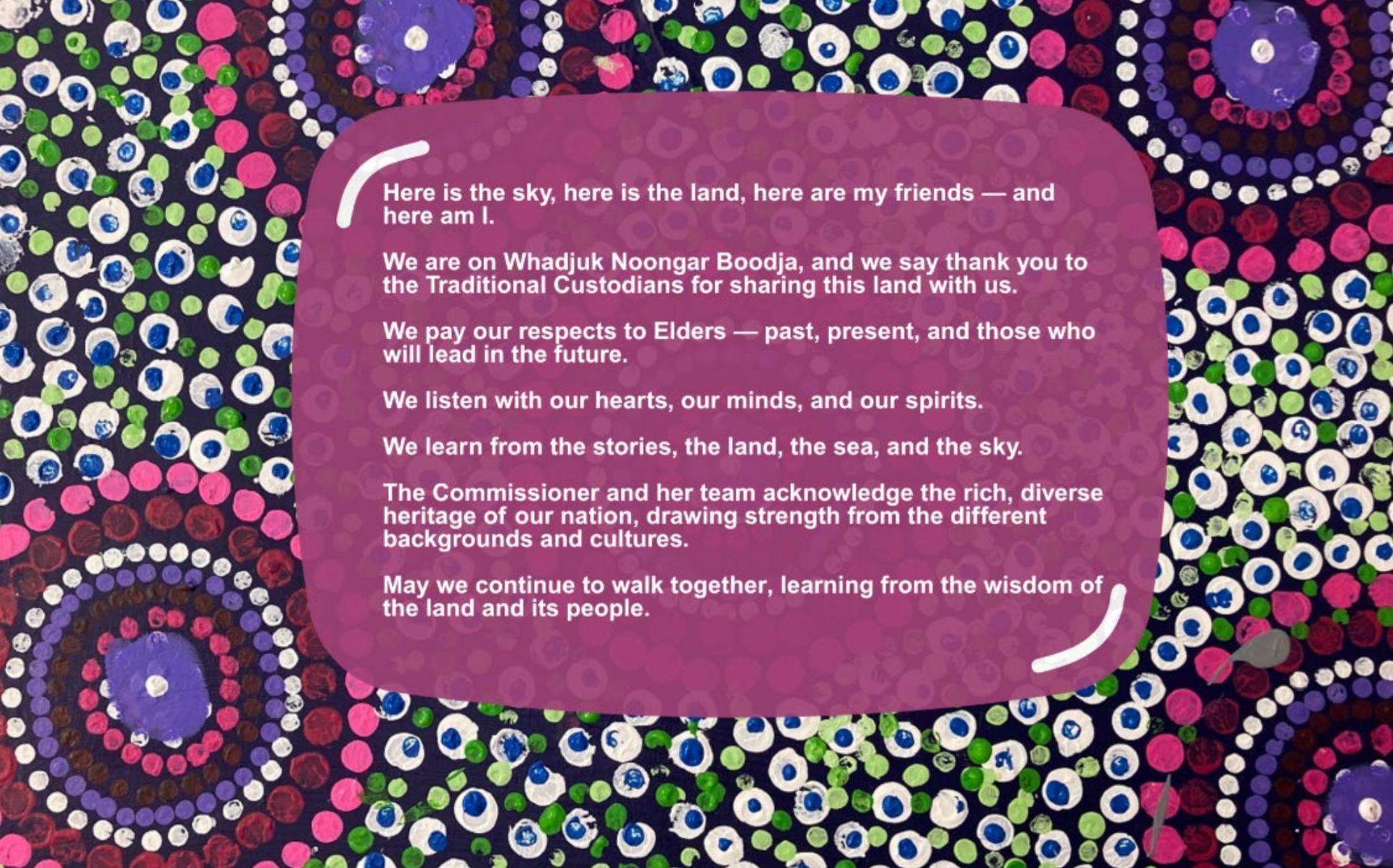


Commissioner for Children and Young People  
Western Australia



**Jacqueline  
McGowan-Jones  
(She/Her)**

**Commissioner  
for Children and  
Young People  
WA**



Here is the sky, here is the land, here are my friends — and here am I.

We are on Whadjuk Noongar Boodja, and we say thank you to the Traditional Custodians for sharing this land with us.

We pay our respects to Elders — past, present, and those who will lead in the future.

We listen with our hearts, our minds, and our spirits.

We learn from the stories, the land, the sea, and the sky.

The Commissioner and her team acknowledge the rich, diverse heritage of our nation, drawing strength from the different backgrounds and cultures.

May we continue to walk together, learning from the wisdom of the land and its people.

# Commissioner's role



**Promoting the rights,  
voices and contributions of  
children and young people**



**Prioritising the needs of  
disadvantaged and  
vulnerable children and  
young people**



**Monitoring and advocacy to  
strengthen the wellbeing of  
all WA children and young  
people**



1  DEFINITION OF A CHILD	2  NO DISCRIMINATION	3  BEST INTERESTS OF THE CHILD	4  MAKING RIGHTS REAL	5  FAMILY GUIDANCE AS CHILDREN DEVELOP	6  LIFE, SURVIVAL AND DEVELOPMENT	7  NAME AND NATIONALITY
8  IDENTITY	9  KEEPING FAMILIES TOGETHER	10  CONTACT WITH PARENTS ACROSS COUNTRIES	11  PROTECTION FROM KIDNAPPING	12  RESPECT FOR CHILDREN'S VIEWS	13  SHARING THOUGHTS FREELY	14  FREEDOM OF THOUGHT AND RELIGION
15  SETTING UP OR JOINING GROUPS	16  PROTECTION OF PRIVACY	17  ACCESS TO INFORMATION	18  RESPONSIBILITY OF PARENTS	19  PROTECTION FROM VIOLENCE	20  CHILDREN WITHOUT FAMILIES	21  CHILDREN WHO ARE ADOPTED
22  REFUGEE CHILDREN	23  CHILDREN WITH DISABILITIES	24  HEALTH, WATER, FOOD, ENVIRONMENT	25  REVIEW OF A CHILD'S PLACEMENT	26  SOCIAL AND ECONOMIC HELP	27  FOOD, CLOTHING, A SAFE HOME	28  ACCESS TO EDUCATION
29  AIMS OF EDUCATION	30  MINORITY CULTURE, LANGUAGE AND RELIGION	31  BEST PLAY, CULTURE, ARTS	32  PROTECTION FROM HARMFUL WORK	33  PROTECTION FROM HARMFUL DRUGS	34  PROTECTION FROM SEXUAL ABUSE	35  PREVENTION OF SALE AND TRAFFICKING
36  PROTECTION FROM EXPLOITATION	37  CHILDREN IN DETENTION	38  PROTECTION IN WAR	39  RECOVERY AND REINTEGRATION	40  CHILDREN WHO BREAK THE LAW	41  BEST LAW FOR CHILDREN APPLIES	42  EVERYONE MUST KNOW CHILDREN'S RIGHTS

43-54



HOW THE CONVENTION WORKS

# CONVENTION ON THE RIGHTS OF THE CHILD

# SPEAKING OUT SURVEY

## 2025

SOS asks about key areas of  
wellbeing



# The voices of children and young people in WA

**“Our childhood will be different and you have to cater to it and not to your old childhood’ (child aged 12 years)**

**“Respect goes two ways.” (child in detention)**

**“You should feel safe when making a complaint – no-one should get you in trouble for it and you should not feel scared that someone will get back at you.”**

# The voices of children and young people in WA

**“Systemic racism in the justice, medical, education systems etc. Homophobia. Transphobia. Extreme cost of living crisis. Rental Crisis” (child aged 6-11 – Belonging Across Borders)**

**“I’m worried people will make fun of what I say”**

# Other work

Commissioner for Children and Young People  
Western Australia

To be able to have been heard and not make the involvement of my parents when it was my parents."

"It needs to be specific and not just vague. There's a lot of words, but not a lot of meaning."

"Not adaptive or supportive enough for being a young person."

All of our complaints processes take a while and it's frustrating when you just get your letter and nothing has happened and you're waiting for more.

"You don't want to further bother yourself."

"Being afraid [of] my care being compromised."

"I don't want to complain because what they're doing is discrimination, but they're lonely and I don't want to bother them."

"There are too many and they're not helpful."

"I don't want to be heard even more for doing it [making complaints], being treated as a burden."

"I don't want to look someone to be seen as a child by complaining about something without recognition."

"There are too many and they're not helpful."

"I don't want to look someone to be seen as a child by complaining about something without recognition."

"I don't want to look someone to be seen as a child by complaining about something without recognition."

"I don't want to look someone to be seen as a child by complaining about something without recognition."

## Monitoring of Child-Focused Complaints Systems Report

Commissioner for Children and Young People  
Western Australia

## VOTING AGE SURVEY

Key findings from the WA Commissioner for Children and Young People's "Voting Age" Survey 2024



Illustration of diverse people holding signs that say "GO VOTE!" and "VOTE". One person is in a wheelchair.

Commissioner for Children and Young People  
Western Australia

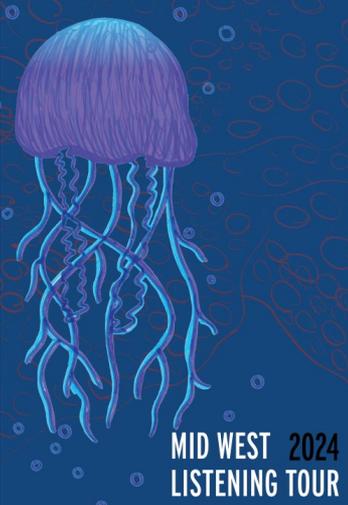
## Belonging Across Borders

Understanding the challenges faced by Culturally and Linguistically Diverse children and young people

Key findings from the WA Commissioner for Children and Young People's "Belonging Across Borders" Survey 2024



Illustration of colorful speech bubbles with various emotions (happy, sad, angry, neutral).



MID WEST 2024  
LISTENING TOUR



Commissioner for Children and Young People  
Western Australia

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au

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me





# Philanthropy into the 21<sup>st</sup> Century

**Megan Enders**

**5 September 2025**



# Philanthropic Models



Source: "Philanthropy – The continued journey to real impact and better practice," The Menzies Foundation and The University of Melbourne, Melbourne Business School's Asia Pacific Social Impact Centre, 2023, page 10



## Thriving Queensland Kids Partnership

Established in 2020, with support from Paul Ramsay Foundation.

A systems-focused coalition and broker, involving a wide range of organisations.

Its vision is every young Queenslander thriving.

It works by 'connecting, catalysing & learning' via six portfolios that support 'The Nest'.

Part of the ARACY family, it is funded by multiple philanthropies today.

# Investment Dialogue for Australia's Children

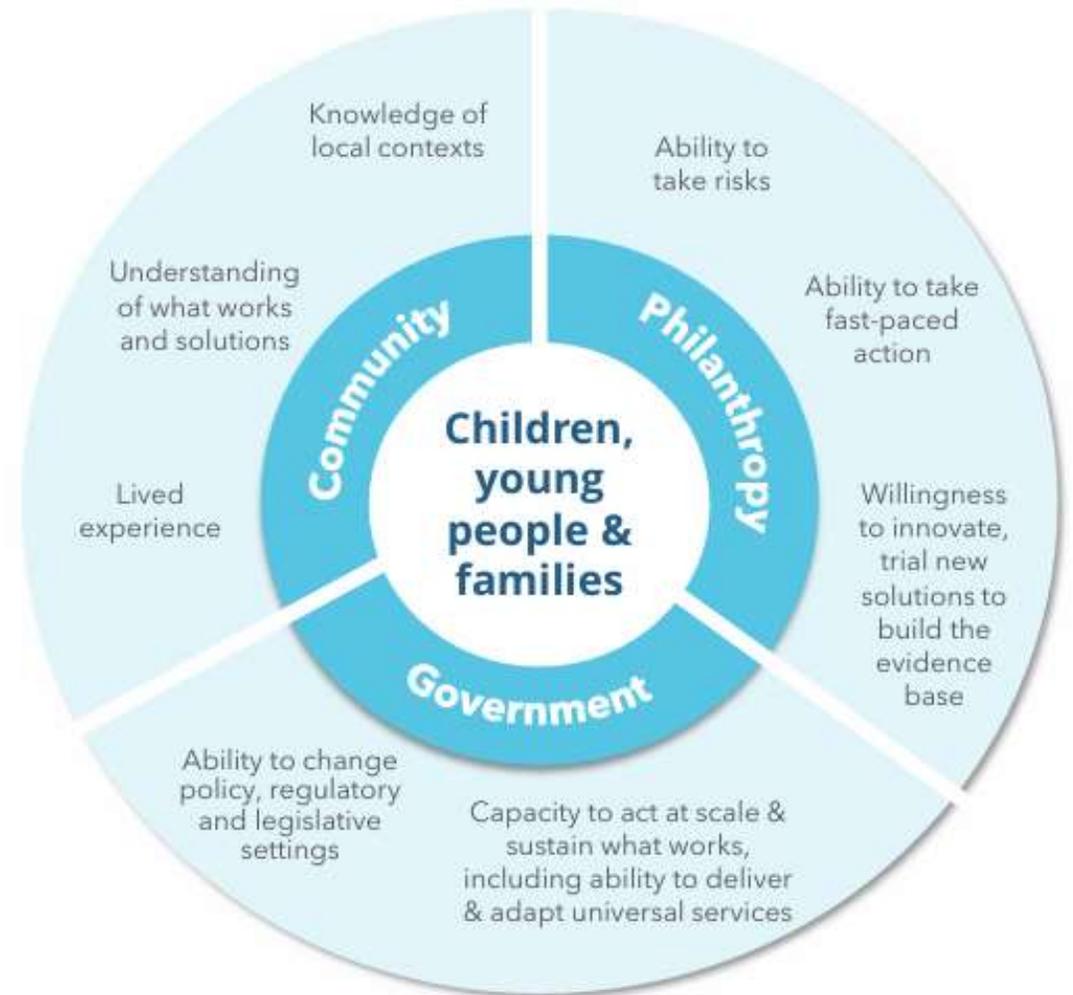
Formalised in 2023.

A 10-year collaboration between government and 25 philanthropies.

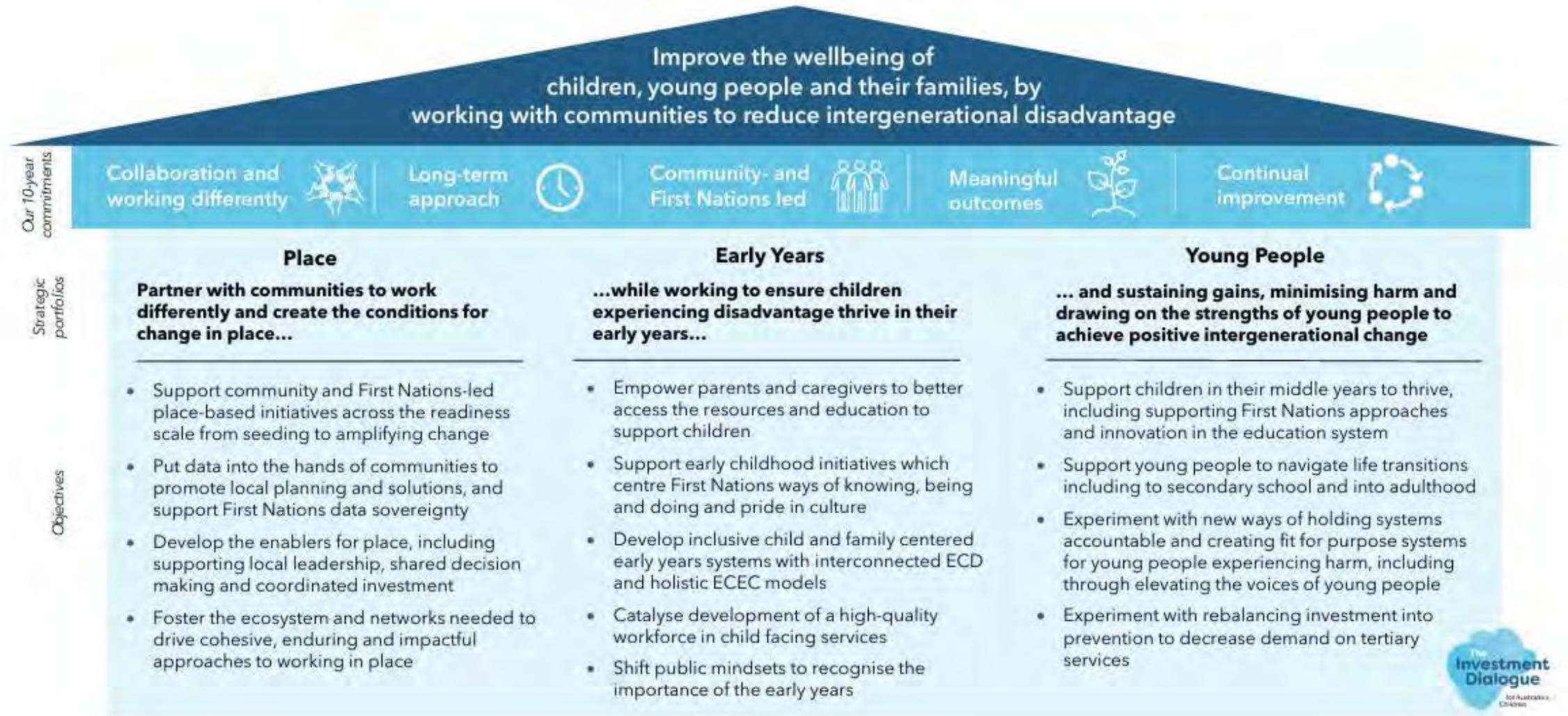
Aim is to improve the health and wellbeing of children, young people, and their families.

Part of the ARACY family, its convening work is funded by a handful of member philanthropies.

Plans to approach WA Government soon.



# IDAC's strategic framework



# Western Australian Children's Funders Alliance



In conversation since February 2023, this collaboration was formalised in 2025 and is part of the ARACY family.

Comprises a diverse range of funding organisations.

Focused on helping to improve the health and wellbeing of children, young people, and their families in Western Australia.

Minderoo Foundation and Stan Perron Charitable Foundation fund the work involved to convene members.



Sisters of St John of God





# Next Steps to Child Wellbeing

## PANEL DISCUSSION

- Andrew Rayner, Executive Director, Office of Early Childhood
- Megan Enders, Executive Convenor, WA Children's Funders Alliance
- Jacqueline McGowan-Jones, Commissioner for Children and Young People
- Marketa Reeves, Project Manager, Australian Child and Youth Wellbeing Atlas
- Gail Clark, WA AEDC Coordinator, Department of Education

# Next Steps to Child Wellbeing WA – calls to action

Kim Brooklyn



# Over the course of today...



- We have re-affirmed the importance of early intervention, community-led innovation, and data-informed planning.
- We have explored how to embed children's wellbeing into services, but also into systems and structures.
- We have highlighted the need to ensure that children and families are not just heard, but meaningfully included and reflected in everything that we do.
- And we've challenged ourselves to think strategically and systemically, beyond short-term cycles, toward a future where wellbeing is a shared responsibility and a public policy imperative.



# With Thanks to...

- The CPAC team at WACOSS – Maya, Chris, and Rachel
- The team at Parkerville who have been instrumental in today: Bev, Narelle, our IT team Tony and Sam, Lachie, Ella and Sarah



# Next Steps to Child Wellbeing

Children's  
POLICY ADVISORY  
C O U N C I L  
F O R U M

WA  
5 SEPTEMBER  
2025