

Dear Commissioners

## **Submission to the Australian Productivity Commission Inquiry into the Early Childhood Education and Care**

The Fairfield Integrated Kids Connect program, a partnership between UNSW Sydney and Karitane is pleased to contribute to the Productivity Commission Inquiry into the Early Childhood Education and Care (ECEC) sector that will support accessible, equitable, and high-quality education and care in Australia.

Aligned with the scope of this Inquiry, we seek to highlight opportunities in improving equity and address barriers to access and engagement of ECEC services by clarifying the role of the 'system navigator' and the effectiveness of such service navigation models of care via our two key service navigation programs. Based on the evidence (detailed below) of our work on service navigation models, our submission includes two key recommendations to the information request outlined in the draft report, followed by a more detailed discussion.

### **Recommendations**

Investment to support parents and carers in navigating the ECEC, health, and social care services and connecting them with appropriate support is critical. Findings from our research on service navigation models have shown significant improvement in access and engagement of child and family services, and better child developmental and family psychosocial care outcomes. Hence, we recommend:

#### **1) Use of opportunistic contacts for access, engagement, and care for children and families in the first 2000 days.**

*- A multi-prong approach of using every opportunistic contact (e.g., Immunisation and general practice clinic visits, child and family health nurse contacts), and ECECs (e.g., supported playgroups, day care centres), Social services, Council and Community (multicultural, Aboriginal etc.) programs in the preschool period to ascertain child and family needs is critical.*

*- Using the opportunistic contact families have with trusted service providers will not only help in early identification of needs and provide targeted supports, but also empower parents and caregivers in regularly monitoring their children's developmental progress.*

*\*An example is the Watch Me Grow Electronic program.*

#### **2) The need for wraparound health and social care, particularly for those experiencing vulnerability and/or disadvantage.**

*- Wraparound care for children and families with complex needs across multiple sectors, not just health, but also child and family welfare, social support, and parental mental health is essential.*

*- A national approach to support implementation, and training of Service Navigators to assist families in navigating the wider health including parental mental health, infant and child mental health) and social support systems, in addition to education systems.*

*\*An example is the ForWhen program.*

## Who we are – Fairfield Integrated Kids Connect program Karitane & UNSW

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Founded in 1923, [Karitane](#) is a not-for-profit organisation and registered charity who has been a pioneer in offering expert parental support, education, research, and advice. Over 100 years, Karitane has become a recognised leader in supporting families to navigate parenting in the first 2,000 days of their child's life. Karitane services are evidence based and delivered by a caring and highly trained professional team of child and family health nurses, paediatricians, social workers, psychologists, and psychiatrists offering complete holistic care. Karitane has a history of innovation, providing leading specialist early parenting services while driving accessibility and support for parents, to ensure that every child receives the best start in life. Our commitment to supporting Australian families when and where they need us, has seen our range and reach of services significantly grow, with face-to-face and virtual models of care and an extensive suite of programs to support some of the most vulnerable communities.

UNSW Sydney, positioned pre-eminently as 19<sup>th</sup> in the world on 2024 QS World University Rankings, has a keen interest in promoting equity and diversity and is engaged in a number of programs tackling critical social issues through research focusing on poverty, inequality, wellbeing and justice. The Academic Unit of Child Psychiatry South West Sydney has established the NHMRC Centre of Research Excellence in supporting child and family health for priority populations and in partnership with Karitane is leading the implementation evaluation of the Fairfield Integrated Child and Family hub delivering novel hybrid (digital and in-person) service navigation models of health with wrap around social care for disadvantaged (culturally and linguistically diverse (CALD), Aboriginal, low socioeconomic status, regional/rural) families, providing 'warm' handover of referrals and support, and continuity of care.

### Response to the Productivity Commission's information request

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We are specifically interested in contributing to the Inquiry, in relation to the Productivity Commission's information request on 'System navigator' roles in the ECEC sector:

- Are current initiatives to support families experiencing additional barriers to navigating the ECEC system sufficient?

#### **Barriers to accessing and navigating the ECEC system – The problem and the consequences.**

Currently, access to relevant and timely support is hindered by the complex, fragmented, and inefficient nature of the Australian child and family service system. This is marred by poor communication between services that span the early childhood education; social and health system; unclear referral pathways; duplication; and service delivery gaps. **Further, this inequity in access has been exacerbated by COVID-19 with missed opportunities for developmental checks and psychosocial support due to service disruption.**

These missed opportunities of developmental checks and early identification are not without consequences. Every nine minutes, a child is born who is at risk of having a developmental problem (e.g., speech and language delay, autism) and at the start of school one in five Australian children do not have the developmental skills to thrive (Australian Early Development Census (AEDC))<sup>1</sup>. This rate is higher at 30% to 40% among children from priority populations as they **face multiple (financial, structural, and cultural/linguistic) barriers to early identification of developmental risk and hence miss out on early intervention**<sup>2</sup>. This leads to higher risk of them entering a 'downward spiral' of adverse health outcomes<sup>2-4</sup> making up a third of paediatric presentations, with greater risk of juvenile justice involvement, substance use, mental health problems and adverse longitudinal life trajectories due to poor education, employment, social and economic participation<sup>5-9</sup>.

Often, identification of difficulties among these children does not occur until school commencement or later, after complexities and comorbidities have occurred<sup>6</sup>. Late intervention is more expensive and less effective with an estimated cost of \$15.2 billion annually<sup>10</sup>. Further, our research has shown an **inverse care law** in that those children with the greatest developmental needs from the most disadvantaged backgrounds are least likely to access health services early, especially preventative programs, such as developmental checks<sup>11,12</sup>. **Thus, addressing this inequity requires a fundamental shift from the current fragmented approach to an integrated system complemented by service navigation models (i.e., Service Navigator or system navigator) to improve timely access to healthcare by helping families to “navigate” complex healthcare systems**<sup>10</sup>.

### **Service navigation models of care**

Evidence suggests that service navigation models of care offer family-centred approach enabling service referrals, treatment attendance, active engagement, continuity of care, and the retention of parents/caregivers with diverse health requirements<sup>13</sup>. The Service Navigator assists patients in navigating the complexities of the health, education and child and family eco system, ensuring prompt access to care, and promoting patient self-management through education, capacity building, and support<sup>14</sup>. Moreover, the role of a 'system or service navigator' is focused on connecting the consumers to available services, rather than providing their clinical care. Whilst this model has been used in different target population groups, findings of our systematic review indicate that service navigation has the potential to address the healthcare needs of vulnerable groups of parents in the perinatal period, improving their access to and engagement with mental health services<sup>15</sup>.

We present key findings of two of our major programs that utilise the service navigation models of care: (i) The ForWhen Perinatal and Infant Mental Health (PIMH) care navigation program and (ii) The Watch Me Grow-Electronic digital surveillance and service navigation program.

### **The ForWhen Perinatal and Infant Mental Health (PIMH) care navigation program**

#### **Overview**

ForWhen<sup>16</sup> is an Australian government-funded, national navigation service program that is led by Karitane in collaboration with the Australasian Association of Parenting & Child Health (AAPCH), the

Parenting Research Centre (PRC), and the University of New South Wales (UNSW). This program was designed as a free, national service for parents and carers experiencing moderate to severe mental health concerns during pregnancy and the first year after birth. Parents and health professionals access the program by calling the ForWhen helpline, which links them to a ForWhen Navigator based in their state or territory. ForWhen navigators work collaboratively with clients and health professionals to connect parents/carers with appropriate services and support. The ForWhen program considered nine key activities for the ForWhen navigation which included: 1) service mapping, 2) screening and assessment, 3) supporting clients, 4) identifying needs and goals, 5) providing information and education, 6) connecting clients to services, 7) active holding, 8) supporting clinicians, and 9) warm handover.

### ***Findings of the independent mixed-methods evaluation of the ForWhen program***

#### **1) Implementation evaluation outcomes**

Key themes that emerged from the qualitative in-depth interviews are presented below.

#### **Qualities and contributions of the Navigator**

Participants highlighted the pivotal role that their Navigator played in helping them to achieve positive outcomes through the ForWhen program.

*"[Navigator was] absolutely amazing and worth her weight in gold ... [Navigator] actually influenced and helped me a lot. I hope that she knows that she is making a very big difference." [P3]*

Clients described Navigators as attentive, easy to talk to, experienced and knowledgeable, reliable, and consistent.

*"She took her time to actually listen and get to know the situation ... she really dedicated the time to talking to me, she kept in contact with me all the time just to check in, see how we're doing." [P1]*

Participants described their interactions with Navigators as therapeutic, reporting that they felt heard and validated in conversation. Clients described the advice and resources they received from their Navigator as having been individualised and specific to their situations and needs. Clients also felt that by getting to know them in a personalised way, the Navigator was able to help them to find practical solutions to specific problems, and empower them to take steps to make important lifestyle changes.

*"She totally validated what I was feeling...and made me feel like...it was totally okay to feel overwhelmed sometimes, as opposed to how I was feeling which was, 'I'm a terrible mother', because I can't handle being overwhelmed." [P10]*

*"That's what I needed. I just needed to talk to someone, I needed to find solutions, alternatives to what I was going through and that's what I got from the program..." [P4]*

#### **Referrals to appropriate services and resources**

Clients said that because of ForWhen, they had been connected with clinical services (e.g., psychologists, parenting support), and that these services were affordable, accessible, and that they met their needs and expectations. Many clients were impressed with the way in which their Navigator

had been able to find a service that was suitable for them. They also appreciated the Navigator's ability to organise the referral and work behind the scenes to advocate on their behalf, facilitating access to services.

*"[Navigator] was able to go through and organise research psychologists that might be close to where I am, who specialise in perinatal, who are within my affordability range, it just took so much of the burden of trying to access care." [P3]*

### **Improved mental health and sense of connection**

Many clients reported a marked improvement in their mental health since their interactions with the ForWhen service. Importantly, it fostered a sense of connection, giving clients confidence that help and support were available to them if and when needed.

*"It's immensely helped my mental health, being able to cope as a new parent..." [P3]*

## **2) Outcomes evaluation**

Preliminary findings of the snapshot study conducted with 212 parents to examine clinical outcomes of the ForWhen program suggested that the ForWhen program was associated with significant improvements in a range of intended target areas including parental depressive symptoms, parent-child bonding, parenting self-efficacy and self-compassion.

## **3) Economic evaluation**

The preliminary results suggest that ForWhen is making a remarkable difference to client well-being. The economic analysis indicates that, if improvements in mental distress are sustained, the social return on investment (SROI) is at least 9 – **meaning that for every \$1 invested the return is \$9**. If the benefit estimation is widened from the health sector to include other outcomes, such as productivity and the monetary value of improved quality of life, then the SROI may be as high as 89.

## **The Watch Me Grow-Electronic digital surveillance and service navigation program.**

### **Overview**

The Watch Me Grow-Electronic (WMG-E) Platform is a digital application in the form of a weblink that was developed to help services reach vulnerable families, including those in CALD communities<sup>17,18</sup>. WMG-E assesses child development, family psychosocial, and parental mental health needs and is available in multiple languages. The platform serves as a universal 'digital front door' where parents could actively participate in their child's developmental screening using opportunistic service contacts such as immunisation visits or other routine health contacts or wherever they are at, in the community. Once engaged via WMG-E, automated reminders are sent at the next recommended ages when developmental checks are due, thereby ensuring ongoing monitoring. If developmental concerns are raised, service navigation (digital via phone, text or email or in person) is provided to link families with the rights supports for child developmental, parental mental health and family social care needs.

### **Key findings of the WMG-E service navigation program**

Participants included parents and caregivers from two priority population groups (parents from multicultural background in South West Sydney and parents from regional/rural and Aboriginal background in Murrumbidgee).

### 1) Access/uptake of services

The Watch Me Grow Electronic (WMG-E) platform has had a direct impact during Covid-19, in that, when GP and child health clinics were closed, the weblink was disseminated to reach families at homes/communities via services that families were already engaged with and trusted (e.g. childcare centres, multicultural playgroups). Hence, there was a doubling of early detection and referral rates from 30% to 60% and has supported the NSW First 2000 Days Policy initiative and the Brighter Beginnings program<sup>17</sup>. WMG-E was featured by the American Psychiatric Association TV in the 2019 conference as 'one of 3 exemplars of innovative global mental health programs'. Further, WMG-E was recommended by the 2021 Australian Health Research Alliance report as one of 10 programs of national impact benefitting 63,448 children via empowering parents including multicultural families to engage in developmental checks and facilitating early identification and raising community awareness.

**Watch Me Grow Empowers families to detect developmental problems early:**

<https://ahra.org.au/2021/10/18/watch-me-grow-empowers-families-to-detect-developmental-problems-early/>

### 2) Implementation evaluation outcomes

The qualitative work is summarised below.

The participants highlighted the **comprehensive and personalised support** offered by the Service Navigators

*"[Service navigation] actually helps families get connected to what needs to be connected to, whether it's within the community or whether it is getting help for a mum or for things that you help with your family" (Family Member FA08).*

Participants discussed how the Service Navigator simplifies the dense and rapidly changing landscape of services by serving as a **central point of contact**.

*"I think always when services or families have one point of contact, it becomes far easier and far less overwhelming for them to navigate a service system" (Service Provider SP02).*

Additionally, the Service Navigator was also reported to **be beneficial in rural and remote regions** where specialist services are scarce.

*"In a remote area where we've got limited services for child and family, definitely it [the service navigator] is a good idea" (Service Provider SP06).*

### Summary

We agree with the Productivity Commission's key recommendation on the draft report on 'overcoming practical barriers to access and supporting flexible entry points' by making it easier for families to navigate the complex education system. However, based on our research, a similar approach is needed

to navigate the complex child and family health systems. Service navigation models of care offer significant benefits by building working relationships, solving problems and supporting families while they learn to self-navigate the care system. Further, given the first 2000 days (from pregnancy to start of school) of a child's life is critical for healthy brain development and later health and wellbeing, we recommend a multi-prong approach of using every opportunistic contact (e.g., general practice clinic visits, child and family health nurse contacts), and ECECs (e.g., supported playgroups, day care centres, Council activities) to improve universal access, engagement, and care for children and families.

#### Do they require additional information or support to perform this role?

Service Navigators of the ForWhen program were registered clinicians from a range of professional backgrounds including nursing, social work, psychology, and mental health. The program provided on-the-job training and professional development internally from the ForWhen consortium to ensure navigator competency.

On the other hand, as part of the WMG-E program, when participants were asked about further improvement to the Service Navigator's role, there was a general consensus that the Service Navigators will need to be continually trained and upskilled, particularly in terms of being aware of the nature of the new and existing services (type, waiting times, etc.) that they refer the families to. Further, one of the emerging themes under barriers included lack of culturally sensitive services where participants shared how clinicians sometimes do not understand their culture and emphasised the importance of service providers to have cultural sensitivity to help families build a relationship.

*"I like the [clinician] in [location] because they are [multicultural] like me, so very friendly talk... I think because of the people, because you know how this kind of relationship is important, especially new mum and also first baby" (Family Member FA43).*

Further, our systematic review found that, although service navigation was described as time-consuming, sufficient training and support was key to ensure program fidelity and success<sup>15</sup>.

#### Summary

Therefore, it is essential that the Service Navigators undergo initial and continual training, particularly in relation to cultural sensitivity to cater to the needs of priority population groups. Further, long term funding for continual training and upskilling of Service Navigators along with flexibility to respond to the diverse community needs is required.

#### • Is there a need for national investment in system navigator roles?

In our systematic review, we found that a majority of the service navigation programs were funded by grants (mix of government and private foundation grants) which were in many cases presumably time limited and linked to specific research projects.

Based on the findings of our two programs, service navigation models of care have shown promising findings both in terms of their acceptability among priority population groups (CALD and rural) and

uptake (access and engagement), with preliminary findings showing significant health outcomes as well as economic benefits. Given these evident benefits, ***we emphasise the need for a national investment to support implementation, funding, and training of Service Navigators for long term viability and sustainability of service navigation programs.***

**– If so, who would be best placed to perform these roles? Examples could include Inclusion Agencies or contracted delivery by a range of ECEC services, community organisations, local councils or ACCOs.**

Based on our experience, we believe that Service Navigator should be embedded as part of integrated child and family hubs, ECEC services (preschools, day care centres, playgroups), community organisations (e.g., Aboriginal and multicultural services/centres, refugee centres, ethno-specific organisations), and local council or community programs. This increases the reach and opportunity for early identification and support for all families, including those who are hard to reach or not currently engaging with our services.

**– How could this be delivered across different groups of families (for example, regional or remote, Aboriginal and Torres Strait Islander and culturally and linguistically diverse families), including ensuring delivery in a culturally sensitive manner?**

Our research<sup>19-22</sup> has also found a research participation inequity, in that priority populations are not represented in health systems research, and hence service type and delivery are not designed for their needs. Similarly, the involvement of multicultural and other priority population families and Aboriginal and Torres Strait Islander people in research and service planning that is expressly participatory is critical and yet limited<sup>19-21</sup>, which is highlighted in the recent productivity Commission Closing the Gap Review<sup>23</sup>. Further, our work with children from multicultural families through a Youth Advisory Council has shown families' and communities' frustration at the focus on risks and deficits and only limited incorporation of individual strengths and differences, while providing developmental interventions and supports<sup>17,24</sup>.

***Working closely with the community in collaboration with stakeholders (service providers and policymakers) is key*** and is expected to fundamentally empower families and shift the access and service delivery gap that currently exists. We have strived to break this common discord of priority populations groups' participation and involve them in extensive collaboration via co-design research methodology with equal weight given to professional and lived experience expertise, to pursue a common purpose of building resilient children, families and communities. Hence, all our programs follow extensive stakeholder consultation and consumer engagement, particularly with families from priority population groups (e.g., CALD and Aboriginal families, Aboriginal leaders, etc.) to ensure our work is culturally proficient.

Several stakeholders reported examples of success in using the ForWhen service to connect vulnerable clients to appropriate services, including First Nations and CALD clients. Stakeholders that had



interacted with ForWhen Aboriginal Liaison Officers or made use of the services had very positive feedback about those aspects of the program, though not all stakeholders were aware of them.

*"I want to sing the praises of the Aboriginal Liaison Officer...she's been amazing at engaging with clients. And if she can't, she'll go back to us, the referrer, to see whether we can make contact, then go back to the family and talk some more about it and any barriers that are in place ... having that ALO available has been really useful within our service." [S25]*

Similarly, findings from our WMG-E digital surveillance and service navigation program also indicated that families from CALD background expressed that the use of a service navigator provided the additional personal interaction needed to promote service uptake whilst assisting families with low health literacy or communication difficulties by providing clear information about services that are available for their specific needs<sup>25,26</sup>.

***Final note - Need for a holistic approach among priority population experiencing vulnerability and/or disadvantage***

Our children cannot wait as challenges in early identification of needs and wait lists are lethal to the developing brain. Hence we urge that the Commonwealth Government in partnership with the states and territories establish universal developmental checks and wrap around supports as per needs including service navigation, using programs such as the WMG-E platform. Further, via using opportunistic contacts with health (e.g. mandatory vaccination visits) and early childhood education attendance (currently preschool checks are proposed to be made universal) it will be possible to systematically reach **all** children, regardless of their family (cultural, linguistic, geographic or socioeconomic) background. Also, where there are significant challenges in continuity of care as maternity services are disconnected from early childhood services, this is to be complemented by Integrated Child and Family hubs to provide one-stop-shop access to co-ordinated tiered services to families in the first 2000 days (pregnancy to start of school). This will address the current lack of co-ordination between health, early childhood education, social services, justice, and disability sectors. We believe this will be a game changer for overcoming the current inequity in service access, further compounded by structural, technological, social and financial barriers.

We have found that current approaches to identifying and supporting children with developmental needs are failing to consider the cumulative impact of health as well as social determinants of health including parental mental health and family psychosocial needs, particularly among the priority population communities. Such approaches also hinder preventative care by over-relying on diagnoses and not responding to early developmental needs and the socioeconomic contexts (patient-centred and prevention-focused care) in which children and families are embedded, thus missing opportunities for holistic care. Hence, ***we call for integrating health care with strengths-based approaches and wraparound health and social care with 'warm handover' to referred services and 'continuity of care' to ensure the referral needs are met, particularly for families from priority population experiencing vulnerability and/or disadvantage.***

### For further Information - Contact Details:

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