

SCHOOLS OF THE FUTURE WORKSHOP

May 13, 2011

Bunbury, WA

Attendance Register

Rhonda Oliver	Chair IIOY	Rhonda.oliver@curtin.edu.au
Jo Moore	Acting Director SW Population Health	Jo.moore@health.wa.gov.au
Jenny Barmby	Speech Pathologist	Jenny.barmby@health.wa.gov.au
Sheridan Carlin	Occupational Therapist	Sheridan.carlin@health.wa.gov.au
Alan Kidd	Principal Kingston PS	Alan.kidd@det.wa.edu.au
Darryl Owen	Deputy Kingston	Darryl.owen@det.wa.edu.au
Jan Bain	Physiotherapist	Jan.bain@health.wa.gov.au
Janelle Leiper	AEDI Champion	Janelle.leiper@health.wa.gov.au
Gillian Penman	Speech Pathologist	Gillian.penman@health.wa.gov.au
Claire Philipps	Community Child Health Nurse	Claire.philipps@health.wa.gov.au
Ian Harvey	Principal South Bunbury PS	ian.harvey@det.wa.gov.au
John Duzevich	Principal Dardanup PS	John.duzevich@det.wa.gov.au
Gary Quinn	Principal Dalyellup College	Gary.quinn@det.wa.gov.au
Joanie Taylor	Occupational Therapist	Joanie.taylor@health.wa.gov.au
Anna Flannery	Acting Community Nurse Co- ordinator	Anna.flannery@health.wa.gov.au
Anne Barker	Co-ordinator Parenting programs	Anne.barker@health.wa.gov.au
Alison Walker	Student	Alison.walker@health.wa.gov.au
Lucy Taylor	School Nurse	Lucy.taylor@health.wa.gov.au
Karen Collins	Bunbury Early Years Network	beyn@milligan.org.au
Carmen Gregg	IIOY Exec Officer	iioy@iinet.net.au
Anne Fletcher	Principal Cooinda	Anne.fletcher@det.wa.edu.au

Introduction

Investing In Our Youth Inc was privileged to host a 'Schools of the Future' workshop on May 13, 2011. The workshop was promoted as a 'think tank' and brought together representatives of SW Population Health and local school principals in the Greater Bunbury Region.

The workshop was organised in response to recent interest in the 'community in schools' concept and increasing focus on the 'one stop' availability of developmental and educational services for young children.

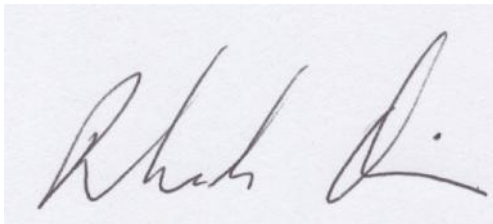
Children are presenting to school with many different needs in ever increasing numbers. We hope that the workshop is a first step in collectively finding some solutions to these concerning trends.

The following report contains abbreviated notes taken from the workshop followed by more detailed explanatory notes. Some of the explanatory notes contain new information that was not discussed at the workshop.

Workshop participants showed a great willingness to be flexible and consider a range of ideas, practices, and possible service models. It is wonderful to witness this enthusiasm for proactive planning and innovative service models.

Your time, good will, and input are very much appreciated.

Warm regards,

A handwritten signature in black ink, appearing to read 'Rhonda Oliver', is centered on a light gray rectangular background.

Associate Professor Rhonda Oliver
Chair, Investing In Our Youth Inc

E: iioy@iinet.net.au

T: 08 9721 6951

www.investinginouryouth.com.au

Summary Workshop Notes

CHANGING LANDSCAPE

- Increased proportion of children requiring assistance (seeing many normal mainstream children with problems)
- Changing family dynamics – increasing debt, decreasing family networks, reduced family time, less reading - impacting on speech development
- School perceived as having a broader role – expected to solve problems impacting on education progress. However, schools are not skilled in specialist areas eg grief counselling
- A greater number of families than ever before access some form of child care (89%)

CONSTRAINTS

- At time of writing schools are only funded to provide a service for children from Kindergarten to year 12 (not 0-4 years).
- There has been minimal increase to community health staff for three decades. Funding is not linked to population growth.
- Very few families present their children for health screening as recommended at 18 months (30%) and 3 years (9%)

ISSUES IMPACTING ON THE GREATER BUNBURY REGION

- Transient population – some with no extended family
- Fly in, fly out workers
- Rapid population growth in the northern and southern suburbs
- Difficulty in planning ahead due to rapid population growth

ISSUES IMPACTING SCHOOLS

- Schools differ in growth rate, size, budget, space and facilities
- Schools have a degree of autonomy in setting their priorities. Interest in engaging with health staff varies and is voluntary.
- There is no 'one size fits all' solution

THE CHALLENGE

- identify effective, economically viable and sustainable collaborative models of practice
- improve access to school based primary health care for families with young children
- focus on early intervention
- promote a family centred approach – parents are the most important influence
- respond to individual community needs

POSSIBLE APPROACHES

- Access Commonwealth funded allied health sessions. For example, a cluster of schools in close radius could employ an OT or speech pathologist full time (explanatory note 1: p6).
- Community Health are also not receiving funding for new staff positions in the future and will be exploring options around contracting some aspects of their business
- Allocate proportion of school budget to employ a speech pathologist - good outcomes demonstrated at Kingston (explanatory note 2: p8)
- Linking Education and Families (LEAF) program provides a successful framework for early intervention (explanatory note 3: p9)
- Increased flexibility in service delivery – community health may be able to co-locate with schools (eg deliver service from school one day per fortnight?)
- Encourage families to tap into existing services such as parenting programs, libraries, Triple P, play groups.
- Allied health staff provide assessment service, and work collaboratively with teachers – teachers can implement strategies within the school environment (explanatory note 4: p10)
- Universal population health approaches – promote to young families the importance of physical activity and reading
- Trial new technology to encourage parents to attend 3 year old health screening eg text messaging.
- Utilise 'Outside of School Hours' programs
- Develop mobile teams that move around school sites
- Nurse practitioners operate in Canada and the US but none are currently operating in schools in WA (explanatory note 5: p11)
- AEDI school reports could be helpful in identifying priority issues. AEDI community report is attached.
- Co-location model such as Challis where a cluster of services (such as 3 year old Kindy, playgroups, parenting programs, social worker, GP, psychologist) are located on school site (explanatory note 6: p12)
- Community Liaison Officer as at Coinda Primary (explanatory note 7: p14)
- Portable solutions eg mobile hearing screening van
- Include local government in planning solutions
- Provide schools with service referral options and contact information

Note: 90% of kindy students will have a health assessment at school

POLICY IMPACTS

- National push for three year old mental health screening (explanatory note 8: p16)
- The growth in the 0-4 years population is not being addressed politically
- Community Child Health services are targeting 18 month old children

Explanatory Note 1: Commonwealth funded options

There are a number of programs that provide Medicare rebates for diagnosis and treatment services for children:

1) Better Start for Children with Disability Initiative

As part of a 2010 election commitment, the Prime Minister announced the Better Start for Children with Disability initiative. This initiative will make sure children with an eligible disability have access to intensive early intervention therapies and treatment from expert health professionals, similar to the Helping Children with Autism Program. Children diagnosed with sight and hearing impairments, cerebral palsy, Down syndrome and Fragile X syndrome will benefit from this measure.

The new Medicare arrangements and associated times will be implemented on 1 July 2011. Children receiving care under the initiative will be eligible for Medicare benefits for services provided by the participating health professionals from that date. Allied health services can be provided by eligible audiologists, occupational therapists, optometrists, orthoptists, physiotherapists, psychologists and speech pathologists.

ACCESS: A Medicare benefit for the development of a treatment and management plan will be available for children under the age of 13. Medicare benefits will also be available for up to four allied health diagnostic services and for 20 relevant allied health services (in total) per child. These Benefits will be available for children up to the age of 15, provided the treatment and management plan is in place before the age of 13. To receive Medicare funded services under the Better Start for Children with Disability initiative, eligible children must have a referral from a specialist, consultant physician or general practitioner to an eligible allied health professional.

Source – Medicare Australia web site

2) Helping Children With Autism

The Helping Children with Autism initiative aims to address the considerable need for support and services for children with autism spectrum disorder (ASD) and their families.

The initiatives in the package are delivered by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). They total \$146 million and fall into two key categories:

- increased access to early intervention services for children aged 0-7
- education and support for families and carers of children with ASD.

To access the early intervention components of the package, families must have an acceptable diagnosis. An acceptable diagnosis will be consistent with one of the following listed disorders in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM) IV under Pervasive Developmental Disorders:

- autistic disorder
- Asperger's disorder
- Rett's disorder
- Childhood Disintegrative Disorder
- Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS).

The diagnosis of ASD must have been made under the new Medicare diagnosis items or by a state or territory government assessment service or by a private paediatrician or psychiatrist.

From 1 July 2008, the Department of Health and Ageing (DoHA) introduced new Medicare items. These new items are for:

- consultant physicians (paediatricians and psychiatrists) to diagnose and develop a treatment plan for children under 13 on referral from a GP
- psychologists, speech pathologists and occupational therapists to provide up to four services in total per child to collaborate with the psychiatrist or paediatrician on the assessment where required
- psychologists, speech pathologists and occupational therapists to provide early intervention treatment services following diagnosis (providing up to 20 services in total per child, in any combination of these providers).

Funding for families in regional and remote areas

Families who reside in an outer regional or remote area might also be eligible to access a one-off payment of \$2000 per eligible child to cover the additional expenses associated with accessing early intervention services. This payment is in addition to both the \$12,000 funding package and any outreach services available to these areas.

If you would like more information about the Helping Children with Autism package, call the Inquiry Line on 1800 289 177 and ask for Annette Ellis

3) Chronic Disease Management

The program provides Medicare rebates for a number of allied health services upon referral from a GP for individuals with chronic conditions and complex care needs. The program allows up to 5 services each calendar year with any number of the eligible allied health professionals (i.e. psychologist, occupational therapist, speech therapist). GPs will determine if a child is eligible for this scheme and determine the services that are most relevant.

Further information www.health.gov.au/epc

4) Better Access to Mental Health Care

This program provides Medicare rebates through the development of a GP Mental Health Care Plan for individuals with an eligible condition. The program allows for up to 12 sessions each calendar year (with an option of a further 6 session in exceptional circumstances). The sessions can be provided by allied health professionals who deliver focused psychological strategies, including psychologists and occupational therapists. A referral from a GP is required and he/she will determine whether your child is eligible for this scheme.

Further information www.health.gov.au/internet/main/publishing.nsf/Content/mental-boimhc

Positive Partnerships

This program will help improve the educational outcomes for school-aged children with ASD through:

- professional development for teachers and other school staff to support school students with ASD to achieve better educational outcomes
- workshops and information sessions for parents and carers of school students with ASD, including online access.

For more information www.autismtraining.com.au

Explanatory Note 2: Buying in assistance

Kingston Primary School is an Independent Public School and hence manages a one line budget and employs its own staff. The school opened in 2009 and the school demographic indicated large numbers of younger families in the catchment area. In 2011, the school supports 670 students, 110 of them in Kindergarten.

When looking at the key issues in improving literacy skills it became evident that the oral language skills of many students were poorly developed. In working with Community Health, we became aware of the number of students that were being detected as needing speech intervention through 0-4 screening. The waiting list for 0-4 year olds was up to 12 weeks and for older children could be 12 months or longer. The older they were, the more limited the service was. The waiting list for those students to actually receive a specialised speech program was 8-12 months and the older they were, the more limited the service was. The geographic location of some areas in our catchment such as Binningup meant that distance to Hudson Road prevented them from accessing early intervention.

In 2010, it was decided that through flexibilities in the one line budget, the school would purchase the services of a speech pathologist, one day per week. A business case was presented to Treasury and Finance stating that the best option was to contract from Community Health rather than go to tender. An agreement was reached with Community Health and the school bought the services of their speech pathologist for one day each week.

The brief was to work with every child requiring speech intervention in the school, write an individual program for each child, train existing Education Assistants to deliver the programs and to monitor the delivery.

In 2011, Community Health lost their Speech Pathologist and could no longer provide our service. The school contracted a private Speech Pathologist and the service has continued. All students are now on a program and there is no longer a wait list for Kingston students.

Of the students who were identified in Pre-Primary in 2010 as needing speech intervention, 75% are now in year 1, age appropriate in literacy and no longer requiring intervention.

The School Board supports the initiative continuing based on the data presented.

Alan Kidd, Principal, Kingston Primary School

Explanatory Note 3: Linking Education and Families (LEAF)

The LEAF program is a school-based program that targets families with children aged 0-4 years. .

The program utilises existing infrastructure by offering weekly 'Play Cafés' at the school kindergarten. At Play Cafés, parents of young children can relax, share information, develop support networks, and interact with their children while they participate in developmental learning opportunities through play. This provides an opportunity for parents to develop a partnership with the school and a relationship with the kindy teacher who facilitates Play Cafés. The kindy teacher is accessed as a resource who can provide reassurance and early child development information. This connection helps raise parental awareness of the importance of the early years and the important role that parents have in nurturing their child's development. Play Cafés also provide opportunities for parents to interact with support services such as the community child health nurse who visits several times per term.

A family visit is offered early in the school year (or alternatively in the fourth term of the year prior to kindergarten). A family visit provides an opportunity for the teacher to build a picture of the child that includes favourite things, toys and pets etc. This makes conversations much richer and rewarding and helps build a personal relationship between the teacher, child and parent. The visit also gives the kindy teacher an opportunity to learn about the child from and with their parents. Parents appreciate the opportunity to have their questions and concerns about parenting answered in the privacy of their own home.

Importantly, both family visits and Play Cafés provide opportunities for early intervention and referral where required. The program has been instrumental in identifying issues such as speech delay, sleep problems, difficult behaviour, continence problems, sight and hearing issues and concerns with communication and language skills. The program also provides opportunities to increase understanding of family issues that could influence the child's progress at school. These can include, for example, parental mental health problems or chronic illness in the family, and shared custody issues or prolonged absences of key family members.

A formal opportunity for health screening for all children enrolled in kindergarten is provided through a kindy orientation session coordinated jointly by the kindy teacher and community child health nurse. This is a prime example of the successful partnerships and collaboration brokered through the LEAF program. At this session, the community child health nurse utilises the PEDS (Parent Evaluation of Developmental Status) survey and 3-3 ½ year check questions from the Department of Health Personal Health Record.

The program meets current best practice recommendations for early child development and parent support programs. Parents and children benefit from the successful transition into Kindergarten. The LEAF program minimises the potential for anxiety and provides an early opportunity to address barriers to learning.

Ian Harvey, Principal South Bunbury Primary School

Explanatory Note 4: Allied Health Support Schools

Community Health support schools and the students who may have a range of speech and communication issues, fine and gross motor issues, visual-perceptual and sensory issues. Support from Occupational Therapy, Physiotherapy and Speech Pathology may include:

- School-based assessment of children referred.
- Providing school-based programs for Teachers or Education Assistants to provide to the child/children.
- Up-skilling in how to run groups, for example, “Hands & Fingers” groups in school.
- Participation in school Case Conferences involving parent, teachers, significant others, allied health professionals.
- Participation in 3-year-old sessions, on invitation, to provide information informally to parents, and to be available for questions in either a group or 1:1 setting.
- Observing a child/children in class to obtain functional information about how the child operates in that setting as compared to 1:1 assessment at Community Health or in a separate room at school.
- Providing PD to Teachers and Education Assistants.
- Supporting Teachers and Education Assistants with the provided school programs.

Gillian Penman, Speech Pathologist

Explanatory Note 5: Nurse practitioner model

A nurse practitioner is a registered nurse who has completed a masters' degree and is endorsed by the relevant regulatory body to function on his or her own and with other health professionals in an advanced and extended clinical role.

The role of the nurse practitioner includes assessing and managing clients and may include directly referring patients to other health care professionals, prescribing medications and ordering diagnostic investigations.

To practise as a nurse practitioner in Western Australia you must be registered as a registered nurse with the Nursing and Midwifery Board of Australia, endorsed to practise as a nurse practitioner and be employed in a designated nurse practitioner area.

A national survey of nurse practitioners was conducted late in 2007. This survey, which had an 85% response rate, identified that 25.0% of nurse practitioners worked in emergency departments, 8.3% in mental health and 6.9% in the clinical areas of paediatrics and continence management.

In October 2009, the Australian College of Nurse Practitioners estimated that there were 375 registered nurse practitioners in Australia. It must be noted, however, that not all of these had positions as nurse practitioners.

A nurse practitioner model would need to consider organisational planning processes to facilitate successful implementation and be self-sustaining using access to the Medicare Benefits Schedule and any other existing funding sources. They should also provide evidence of workforce succession planning activities such as clinical supervision and/or professional support to the nurse practitioner from suitably qualified clinicians. Communication and promotion of the role and scope of practice would be a crucial component in ensuring people access the service provided by the nurse practitioner.

A WA nursing federation representative, Annette Fraser, has been contacted for comment and responded that although, to her knowledge, this model had not been trialled across Australia, she thought it would definitely be doable and would be happy to meet for further discussions.

Annette can be contacted on:

Annette Fraser,
Senior Nursing Officer,
T 9222 4385,

E annette.fraser@heath.wa.gov.au

Explanatory Note 6: Challis Parenting and Early Learning Centre

Challis Parenting and Early Learning Centre (CPELC) is an integrated and comprehensive multi-agency school and community resource focused on Early Learning and Family Support located on the school premises. It provides programmes for children from 0 - 3 years and support programmes and services for their carers.

It is a model of interagency collaboration and is being developed as a hub of service delivery. It is funded jointly by both of the Challis schools and coexists on the grounds of the Armadale Primary School. The vision for the CPELC is that children residing within the Challis School boundary will enter school with the health and developmental readiness to become proficient in literacy and social competency, leading to a positive pathway of optimal social and emotional well-being, physical health and success at school.



Other Services include:

- Bulk billing GP from site.

- Multicultural Learning Centre which includes a playgroup, support for migrant and refugee families and Health and Life Skills for parents provided by Save the Children.
- Parenting Information Centre.
- School Chaplain
- School based Support Worker
- Rolling workshops for parents and community members through the terms. Workshops coming up in Terms Three and Four are Food Sense and Physical Activity.

Challis Model excerpts from http://www.challisecec.wa.edu.au/text/school_profile_axbh.htm

Explanatory Note 7: School Based Community Liaison Officer

Cooinda has 2 trained teachers in the LEAF strategy. We were involved for 2 years when it was supported with funding. When we stopped the backlash was quite strong and we have reinstated it using our own funding this year. We are focussing on Play Cafes more than home visits this year.

With the new facilities we have a designated 'Community Room' from which we run our Play Café on alternate Fridays. Two teachers facilitate this, with the support of our School Based Community Liaison Officer (SBCLLO). The school also resources this position (0.2FTE or one day a week). This position provides a safe conduit for many of our parents. The role is to up skill parents in ways to achieve and meet their own and their family's needs and is not restricted to school based issues. It is not to fix the problems but to support and guide parents in ways they can resolve concerns. Capacity building!!

Cooinda is also a KidsMatter school – both primary and early childhood. We have been part of this national initiative for a number of years - there is lots of info on the website. On the alternate Fridays we run what we call 'KidsMatter Cuppas' - Our SBCLLO invites various organisations and agencies to talk with parents about concerns and issues they raise – sometimes they just have the Cuppa!

We are working on providing Out of School Hours care from the facility and have been developing strong connections with a range of agencies and organisations with the view to then using our facilities to bring resources closer to families. We have generated quite a deal of interest thus far!

We are also working on a partnership to develop a Community Garden adjacent to the school.

Our vision is for our school to become a pivotal community resource and facility that supports families and as a consequence provides the best platform from which children can launch their education and development. We have lots of ideas and heaps of enthusiasm.

You are all very welcome to come by and visit some time.

Anne Fletcher, Principal, Cooinda Primary School

Explanatory Note 8: Three year old mental health screening

The Government has allocated \$11 million to bring forward current universal health checks to three-year-olds and to expand them to include 'emotional wellbeing and development'.

This measure will adjust the existing health check for four year olds to include consideration of emotional wellbeing and development, and change the target of the health check from four-year-old to three-year-old children. These changes will provide the best chance for preventing mental disorders, or providing early intervention to minimise the impact of mental illness, across the child's lifetime.

Families and carers of children who will turn three years of age on or after 1 July 2012 will be affected by this budget measure.

Under this measure, there will be an increase in services in the first year of the program when three year olds start to undertake the health check as well those who are four years of age in the 2012-13 financial year. The health check will also now include consideration of emotional wellbeing and development.

The changes to the health and wellbeing check will be implemented on 1 July 2012.

The checks will be voluntary, but it is expected that the Government will 'promote' the benefits to families.

Many of the checks will be tied to receiving the Family Tax Benefit.

Details of the mental health checks are yet to be developed, with the Government proposing to establish an expert group for advice.

Excerpts from media release and Medicare Australia web site

Attachment 1. AEDI Results for South West

Spread sheet collated by Janelle Leiper (SW Population Health)

For more information please contact Janelle (Janelle.leiper@health.wa.gov.au) or see the Australian Early Development Index website at http://www.rch.org.au/aedi/index.cfm?doc_id=13051

AEDI Results South West Region		Proportion of Children Developmentally Vulnerable (%)							
Community	No of children	Physical	Social	Emotional	Language	Communi- ication	Vul 1	Vul 2	SEIFA
Australind/Leschenault	210	17.3	6.4	7.5	13.4	6.4	27.4	11.9	1057.53
Binningup	30	3.6	3.6	3.6	10.7	0	14.3	3.6	1041.6
Brunswick/Roelands	27	24	16	8	4	12	36	12	976.59
Harvey and surrounds	66	33.3	13.6	10.6	12.1	10.6	45.5	18.2	940.9
Burekup	18	0	5.6	11.1	0	0	11.1	5.6	1030.12
Dardanup and surrounds	24	0	4.2	4.2	0	0	4.2	4.2	1056.41
Eaton/Waterloo	100	9.2	13.3	11.3	13.3	9.2	28.9	12.2	1019.75
Millbridge	38	10.5	2.6	5.3	10.5	2.6	18.4	10.5	1086.7
Community	No of children	Physical	Social	Emotional	Language	Communi- ication	Vul 1	Vul 2	SEIFA
Collie and Surrounds	122	15.4	7.7	10.3	12.8	8.5	20.5	15.4	943.3
Donnybrook/Balingup and Surrounds	68	1.5	1.5	1.5	6	3	10.4	3	987.2
Community	No of children	Physical	Social	Emotional	Language	Communi- ication	Vul 1	Vul 2	SEIFA
Bunbury	103	5.1	6.1	7.1	13.4	5.1	25.5	9.2	1035.83
Carey Park	54	20	8	10	20	18	36	22	915.42
East Bunbury/Pelican Pt	42	7.3	12.2	22.5	17.1	12.2	39	15	1005.56
Glen Iris	32	10.3	3.4	10.3	31	13.8	44.8	17.2	1017.28
South Bunbury	68	7.9	1.6	8.2	9.7	4.8	23	8.1	1013.77
Usher/College Gr/Davenport	48	26.8	14.6	17.5	26.8	17.1	43.9	26.8	995.38
Withers	39	14.7	14.7	11.8	14.7	14.7	38.2	17.5	862.38*
Boyanup/Nrth Boyanup	20	5.3	5.3	10.5	0	10.5	15.8	5.3	1025.68

Capel/Peppermint Gr Beach	40	5.3	5.3	13.2	10.5	2.6	23.7	7.9	1005.16
Dalyellup/Stratham	138	6.3	1.6	7.1	4.7	1.6	14.2	4.8	1101.76
Gelorup	21	15	5	5	5	5	15	5	1093.15

Community	No of children	Physical	Social	Emotional	Language	Communi- cation	Vul 1	Vul 2	SEIFA
Manjimup and surrounds	108	27.1	14	13.1	33	15	43.4	27.1	945.39
Northcliffe/Quinninup	24	13	4.3	8.7	17.4	4.3	26.2	8.7	921.48
Pemberton/ Channybearup	22	26.3	10.5	10.5	26.3	21.1	47.1	21.1	1004.48
Walpole/North Walpole	19	41.2	23.5	17.6	17.6	11.8	47.1	17.6	962.51
Bridgetown	48	22.2	8.9	8.9	8.9	4.4	28.9	13.3	987.06
Greenbushes/North Greenbushes	20	26.3	15.8	21.1	21.1	10.5	36.8	21.1	961.97
Boyup Brook	28	18.5	3.7	0	11.1	3.7	25.9	3.7	968.81
Nannup/Cariotta	24	0	0	8.3	4.2	4.2	12.5	4.2	962.03

Community	No of children	Physical	Social	Emotional	Language	Communi- cation	Vul 1	Vul 2	SEIFA
Australia	247232	9.9	9.5	8.9	8.9	9.2	23.6	11.8	1000
Western Australia	26127	10.2	7.7	8.8	12	8.9	24.7	12.2	1007

AEDI Results South West Region		Proportion of Children Developmentally Vulnerable (%)							
Community	No of children	Physical	Social	Emotional	Language	Communi- cation	Vul 1	Vul 2	SEIFA
Broadwater/Abbey	52	4.2	4.2	6.3	10.4	6.3	18.8	6.3	1021.62

Busselton	27	4.8	0	4.8	10	0	19	0	897.07
Dunsborough/ Quindalup/Quedjinup	85	9.8	4.9	11	8.5	4.9	19.5	8.5	1072.41
Geographe	35	0	5.9	17.6	11.8	2.9	23.5	11.8	988.04
Vasse	17	0	0	17.6	0	0	17.6	0	1038.74
West Busselton	89	3.4	1.1	5.7	8	2.3	15.9	3.4	985.66
Yallingup/Wilyabrup/ Marybrook	23	9.5	4.8	19	9.5	14.3	33.3	14.3	1087.62
Yongarillup and surrounds	27	8	8	4	16	0	20	12	1060.2
Community	No of children	Physical	Social	Emotional	Language	Commun- ication	Vul 1	Vul 2	SEIFA
Augusta/Karridale	23	4.8	0	4.8	9.5	14.3	14.3	14.3	985.89
Cowaramup/Gracetown	28	3.6	0	0	0	0	3.6	0	1057.87
Margaret River/Gnarabup	105	4.9	2	5.9	10.8	2	17.6	5.9	1029.79
Rosa Glen/Rosa Brook	15	13.3	0	0	13.3	6.7	20	13.3	1056.77
Community	No of children	Physical	Social	Emotional	Language	Commun- ication	Vul 1	Vul 2	SEIFA
Australia	247232	9.9	9.5	8.9	8.9	9.2	23.6	11.8	1000
Western Australia	26127	10.2	7.7	8.8	12	8.9	24.7	12.2	1007

*Highest disadvantage in Australia are those with SEIFA scores of 875 and below