

23 December 2024

Legislative Assembly Committee on Community Services
Inquiry into 'Improving access to early childhood health and development checks'

To Whom it may concern,

Supplementary question: *'Your submission noted that a more consistent approach to identifying a child's developmental needs could lead to change. What are current inconsistencies in the screening process and how can they be improved?'*

I write regarding your supplementary question to NDS dated 18 November 2024. Thank you for giving us the time to develop the response with members and please find our response below.

We begin our response by providing a description of a parent's journey with the child and family nurse (CFHN) to illustrate some of the current key challenges.

Parent's perspective with Child and Family Health Nurse

- After discharge from maternity the parent was provided a number to call for the CFHN, the parent had to leave a message for them to call them back.
 - **Suggestion:** hospital refers new parents to their local CFHN directly
- At the 1–4-week baby check the CFHN provided a QR code with details of parents Groups, again requiring parents to opt in.
 - **Suggestions:** Allocate parents to a parent's group when baby is born and send an SMS telling them a parent's group is coming up
- There was an inability to book appointments into the future i.e. at 6-8 week check the parent couldn't book in the 6-month check. The responsibility is again placed on the parent for ongoing engagement with CFHNs
 - **Suggestion** Create a system where appointments can be easily booked online and/or an app for future appointments
- CFHN referral pathway is back to the GP, for busy working parents it made more sense to book directly to GPs rather than using CFHN services.
 - **Suggestion:** Make it easier to use the CFHN rather than GP when this is the appropriate clinician, thereby freeing up GP time.
- From birth to 18 months the child health checks are scheduled for the same age as the immunisations (i.e. 6 weeks, and 6, 12 and 18 months). The parent has to attend a GP practice and see a Doctor and a Nurse for the immunisations. In regional areas with a lack of GP appointments this seems like an inefficient use of GP's time.

- **Suggestion:** Doctor working at the CFHN practice so that immunisations and health checks are done together. This would be more efficient for parents and GP practice appointments could be freed up.

One general comment is that parent's often have trusted relationships with their GP. The new relationship with a CFHN who is not a known and trusted health care provider can result in lack of continuity of care. There are also challenges in that CFHN only see children in clinical settings, not in the child's environment.

Current Inconsistencies in the Screening Process

1. Increasing Developmental Delays:

- A growing number of children are starting school with delays in key developmental domains, including speech, motor skills, and social interactions.

2. Lack of Universal Access:

- True universal screening is not available. Access depends on location, availability of experienced professionals, and awareness among families.
- Screening programs are not integrated, leading to fragmented or missed opportunities for early identification.

3. Limited Awareness Among Families:

- Many families are unaware of available screening programs or how to access them.
- Information dissemination about screening is inconsistent and often inadequate.

4. Inconsistent Follow-Up Support:

- Families whose children are identified with developmental concerns frequently face long waitlists, high costs, or a lack of accessible intervention services.
- This creates stress and renders the screening process ineffective if no support is available post-identification.

5. Fragmented Screening Programs:

- Screening is conducted for specific domains (e.g., vision, hearing, motor skills) but lacks coordination.
- Existing programs are often siloed within different service providers, including early childhood education centres (ECECs), community health, and specialist services.

6. Variable Delivery and Quality:

- Delivery depends on the availability of trained professionals, particularly in rural and remote areas.

- Programs like the Blue Book checks in NSW are inconsistently utilised, and many families disengage due to logistical challenges e.g. transport, cost or lack of appropriate providers
- Blue Book developmental checks rely on families being proactive and the referral and booking processes are not always efficient or effective for families.

7. Inadequate Early Intervention Pathways:

- Early identification often fails to lead to timely intervention due to long waitlists, funding gaps, or inaccessible services.
- Families in multicultural communities or lower socio-economic areas face additional barriers, including cultural stigma and lack of understanding from some medical professionals.

Suggestions for Improvement

1. Enhancing Accessibility and Awareness:

- **Universal Screening Availability:**
 - Ensure all families have access to screening in their local communities through skilled professionals.
 - Increase funding to expand hearing and vision screening programs across all settings.
 - Increase funding for children younger than 4 to participate in developmental screening programs or checks and ideally provided by providers of early intervention services who can use multidisciplinary teams in local communities with expertise in developmental delay across the domains
- **Public Awareness Campaigns:**
 - Promote child development awareness through tools like posters, apps, and campaigns similar to the "Lift the Lip" oral health initiative.

2. Streamlining Screening and Follow-Up Processes:

- Introduce a universal child development partner or Key Worker assigned to every child at birth. Their role would include:
 - Supporting families through the screening and referral processes.
 - Coordinating with local transdisciplinary services for tailored support.
- Integrate developmental checks with immunisation appointments to reduce logistical challenges and improve continuity.

3. Improving Professional Training:

- Develop targeted training programs for GPs, especially those in rural and remote areas, focusing on early identification and referral pathways.
- Equip early childhood teachers and allied health professionals with specialist screening tools and knowledge.
- Fund Early Intervention Providers in local communities to support ECEC educators with further developmental knowledge and screening support.

There are a number of allied health screening tools that ECEC educators can be supported to use.

4. Leveraging Technology:

- Implement online or app-based systems for booking and tracking child health appointments.
- Use digital tools to send timely reminders for health checks and immunizations.

5. Enhancing Follow-Up Services:

- Increase funding for community health, early intervention providers, and private practitioners to address long waitlists and improve service accessibility.
- Expand place-based services that provide intervention in children's everyday environments to ensure inclusivity and reduce reliance on clinical settings.

6. Addressing Specific Barriers:

- Ensure culturally appropriate education and support in multicultural communities.
- Develop initiatives to integrate early identification and intervention programs into existing community structures.

Specific Recommendations for NDIS-Related Improvements

1. Broaden Access Pathways:

- Adopt a "No wrong door" approach, allowing needs to be identified through ECECs, GPs, allied health professionals, and early intervention providers.

2. Streamline Referral and Diagnostic Processes:

- Address long waitlists for diagnostic assessments and intervention services.
- Provide funding support for families unable to afford costly diagnostic services.

3. Support for Families:

- Offer capacity-building programs for parents to support their child's development and navigate the intervention system.
- Enhance community-based services to reduce isolation and improve mental health outcomes for families.

4. Improve Integration with mainstream services:

- Align screening processes with the NDIS Review Foundational Supports for consistent and high-quality assessment.
- Develop inclusive mainstream services to reduce over-reliance on NDIS funding.

By addressing these inconsistencies and implementing the suggested improvements, the screening process can become more effective, equitable, and impactful in supporting children's developmental needs and ensuring timely interventions.

Please let us know if you have any further questions. We appreciate the opportunity to provide this additional information.

Yours sincerely,

Dr Debbie Jagers
State Manager NSW

