

**Submission
No 3**

**IMPROVING ACCESS TO EARLY CHILDHOOD HEALTH AND DEVELOPMENT
CHECKS**

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Please note that this submission reflects my personal views as a clinician who has worked within Public Health and the NGO sector and are not the views of the organisations I work for.

Challenges include:

- Screening services (eg Brighter beginnings pre-school checks) are not currently adequately funded to cover all pre-schools across NSW.
- There are no current standard screening tools that adequately provide the breadth, depth and brevity required to best provide universal developmental screening under 5.
- There is a dearth of services that can provide comprehensive developmental assessments when indicated, publicly and privately. Wait times for public developmental services (which almost exclusively provide the most accurate and highest quality assessments) are very long (can be 2 or 3 years) which runs counter to first 2000 days principles. Public developmental services can be difficult to access in rural and regional areas.
- Given the value of early intervention (esp. prior to school) and the length of wait for developmental assessments after identification of need 4 may be too old to screen initially. Consider 3 years of age.
- The most vulnerable children can at times miss out on universal screening through pre-schools due to not being engaged in pre-schools. Consider other options for screening this population (eg child and family health nursing, SNF) as well as follow up screening within the first year of school.
- Dual screening at 3 years of age and Kindergarten would allow for early identification, but also back up screening for those who are missed initially or when the full extent of developmental difficulties had not yet emerged within a 3 year old.
- The NDIS is broadly an excellent progression. However, the current model has some challenges:
 - o Fragmentation of service delivery using a private practice model has led to challenges around consistency in what is provided to NDIS participants, following of best-practice principles and governance issues.
 - o Listening to the voice of participants and families leading and choosing what they want/need from health and disability services is welcome and long overdue. However, the current system assumes they have a comprehensive understanding of what is available, what would best suit their needs from what is available and have clarity in how to advocate clearly and well for their needs. This is not universally the case – most of the population 'do not know what we don't know' in areas related to Health and disability, and some people with a disability have additional barriers. The current system is more likely to allocate additional resources to those who are the best advocates for themselves or a family member who is a participant, rather than to those with the greatest need.