

**Submission
No 6**

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

Name: Name suppressed

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Partially
Confidential

Improving access to early childhood health and development checks

That the Committee on Community Services inquire into and report on improving access to early childhood health and development checks, including:

1. [Changes needed to address gaps in outcomes for vulnerable children, including those in rural and remote communities, Aboriginal communities, and culturally and linguistically diverse communities.](#)

The key priority areas are parent education, access to early childhood education, and funding for increased health services.

Parents who are informed of developmental milestones for children will be able to identify when their child may not be meeting the milestone. Walking and talking are the milestone areas that many parents focus on, but there is insufficient information beyond this, in other gross motor skills and communication skills, as well as areas of fine motor developmental, personal skills, play skills, social skills, and emotional skills.

It is important for parents to understand the value of early childhood education to a child's development. I recall a conversation with a parent who commented that they would not send their child to a childcare centre because "I'm not paying \$150 per day for someone to change my child's nappy". There was no awareness of the degree of stimulation that early childhood education can provide to children. Even a parent who attempts to provide stimulating experiences at home cannot match that provided in an early childhood education centre, due to the availability of resources, the presence of other children of the same age, and that children are supported to become independent in a setting where the parent is not present to complete all tasks for them. The poor availability of early childhood education places is a well known issue, more prominent in rural and remote communities. Even in metropolitan centres, families experience challenges in securing a place for their child. High costs are a well known barrier where the cost in childcare fees can exceed the wage of a mother, especially in families with multiple children in care, leading to a disincentive for the mother to work and for children to attend early childhood education.

Funding for health services is inadequate. While developmental checks are generally accessible, there are long waiting lists associated with onward referral to services when a child is not developing typically. This is an issue for metropolitan Sydney as well as regional, rural, and remote areas.

2. [Barriers that affect parents' access to routine health and development checks that track their child's progress against developmental milestones.](#)

All children born in NSW are issued with a Blue Book at birth. It is a framework for the scheduling and conducting of developmental milestone checks that, despite its shortcomings, is an invaluable resource when used to the fullest extent. The issue is that the majority of children do not receive all of their Blue Book checks.

Drawing on my own experience of having children in NSW, as well as conversations with members of my mother's group, friends who are mothers, and parents who I work with in my professional role as a clinical psychologist working in a diagnostic assessment service, I see inadequate education about the use of the Blue Book and purpose of developmental milestone checks as a barrier, one that can be addressed. At discharge from the hospital shortly after giving birth, the midwives provide the Blue Book and explain how to organise the newborn checks. The baby checks during the first weeks and months of a child's life are generally utilised given the focus on settling and feeding. However, after the 1 year check, there is a decline in scheduling the 2, 3, and 4 year old checks. I've had countless discussions in my work with parents who weren't aware that they could attend an Early Childhood Health Centre for a developmental check with a Child and Family Health Nurse. We need better education, we need to promote the value of the 2, 3, and 4 year old checks

such that developmental concerns are identified as early as possible, such that referrals for intervention are made as early as possible. Too often, families are told (e.g., by childcare educators) that they should see a GP when they have developmental concerns, however with the significant decline in bulk billing GPs, this presents as another barrier (one that can be addressed).

3. Recruitment and retention of health professionals to address workforce shortages.

The response to workforce shortage is overly focused on the training of new health professionals through the funding of additional university places. While this may contribute to the increase in the number of health professionals overall, it does not address a fundamental issue within NSW Health; specifically the attrition of experienced health professionals. The value of a health professional with 10-15+ years of experience must be seen as greater than that of a new university graduate. An experienced health professional can identify and assist the family to resolve developmental concerns much quicker than someone who does not have the extensive experience.

There is an evidenced trend for many years now within NSW Health of experienced health professionals moving to the private sector. This is attributed to pay that has not kept up with inflation and poor working conditions. Under the pay negotiations of 2023, experienced NSW Health Allied Health professionals received a **2.8% pay increase**. Vacated positions sit for months before being recruited to, if that occurs at all, with remaining staff required to take on the additional workload with no extra remuneration. Career progression of experienced health professionals is an onerous process that discourages many from attempting it, leaving experienced health professionals to performing senior roles without senior remuneration. Health professionals working with children with developmental concern sit in the Community Health section of NSW Health. Community Health has for decades received less funding and been relegated to more rundown buildings with inadequate consult rooms to provide clinical services. My colleagues in the private sector laugh at my current workspace, within NSW Health Community Health, where my floor is not flat causing my chair to roll as I sit at my computer, and the corners of my shared office is not at 90 degrees. I sit in a shared office, making confidential phone calls and telehealth appointments impossible. Instead, I am required to use the consultation rooms that are in an adjacent building, if I am lucky enough to book the consultation room at the required time. This causes a barrier to the efficient provision of quality clinical services. Open plan workspaces are not suitable for health services. This can be addressed by ensuring Allied Health professionals have their own offices, in line with that provided to paediatricians in NSW Health, as well as allied health professionals in the private sector.

4. Funding for early intervention programs and screening to ensure children are given support for developmental issues, including telehealth and other models.

Funding for NSW Health Community Health Allied Health services are grossly inadequate and has been for many years. This leads to extensive waiting lists (2-3 years; with some families told not to bother) and pressure on Allied Health teams to identify strategies to address these waiting lists; the outcome, insufficient service provision of only several sessions of intervention, and webinars that deliver information to a large number of consumers but do not address individual needs of the child.

The concept of Brighter Beginnings is to be commended, with the aim to screen all 4 year old children attending an early education centre for developmental concerns. But what happens to these children once the concerns are identified? Do they join the extensive community health waiting lists or are they shifted to private services. More funding is required, within Brighter Beginnings for more health professionals to conduct the screening, then more funding for allied health professionals to address the identified developmental concerns.

Children identified with developmental concern in at least 2 areas are shifted to the ECA/NDIS pathway, for funding of private allied health services. There are current bottlenecks of months long waiting lists with the ECA providers, then again months long waiting lists for the allied health services. The recent NDIS review have uncovered significant issues that need to be addressed, issues that are well known to health professionals working with children with developmental issues. Only evidence based services with qualified health professionals should be funded. There needs to be improved oversight on the intervention that is being funded. I have seen NDIS plans for 52 weeks of intervention for minor developmental concerns yet also 52 weeks of intervention for severe developmental delays. Regardless of the difficulty or concerns, no evidence based plan can justify 52 weeks of intervention without progress review. I have also seen NDIS funding for developmental issues used for services that make grandiose and unfounded claims of benefits.

5. Any other related matters.

I commend the Committee on Community Services for seeking input on improving access to early childhood health and developmental checks. If we can improve the system and remove barriers, developmental concerns can be identified earlier, when the delay compared to typically developing peers is smaller.

While I suspect that the focus is on the First 2000 days, it is important that there is continuation of funding for allied health intervention and diagnostic and assessment services into primary school age as well. Unfortunately in some Local Health districts, there are no NSW Health services available once a child commences school, and the cost of private allied health services is a significant barrier (especially for those children who do not receive ECA/NDIS funding).

<https://www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=3026#tab-termsreference>