

**Submission
No 17**

IMPROVING ACCESS TO EARLY CHILDHOOD HEALTH AND DEVELOPMENT CHECKS

Organisation: The Northcott Society

Date Received: 27 February 2024

Submission to inquiry into improving access to early childhood health and development checks

Northcott

Northcott (The Northcott Society) is a not-for-profit disability services provider that has been in operation since 1929.

We provide a wide range of disability services direct to people with disabilities and their families across NSW, ACT and SE Queensland. We are one of the largest providers of disability housing in Australia.

Northcott in FY2022-23:

- We provided supports and services to 6,310 people (excluding Early Childhood)
- 73% lived in Metro areas and 27% in regional areas
- 4,281 were in NSW and the ACT, 2,029 in QLD
- 6% of these people said that they were ATSI
- We managed 123 disability homes across NSW
- We employed 2,623 staff members, of which 90% work directly with our customers in support and therapy roles
- Our total revenue was \$224,993,000, of which 94% was from government funding, grants and the NDIS
- We are midway through our second Stretch Reconciliation Action Plan (as an example of our deep commitment to reconciliation and inclusion)

NDIS Early Childhood Partner

We also have been a NDIS Early Childhood Partner since the service's inception in 2018, building on our previous Early Childhood Early Intervention services in many parts of NSW.

- One of the largest Partners in the Community supporting five regions in NSW including two of the largest regions in Australia
- Based on our December 2023 data, we have supported 18,866 children and their families
- We provided 5,582 with their first NDIS plans
- We reviewed 3,907 existing NDIS plans
- Supported 2,539 who identified as ATSI (16%) and 1,258 from a CALD background (8%)
- Very agile and flexible in service delivery with over 200 FTE staff
- Our biggest locations are in Western Sydney and Hunter/New England

- We are provider who has experience of both Federal and State funding and how that all works

Addressing Terms of Reference

We bring a range of insights from our long-standing early childhood services (we were providing state-funded services prior to the introduction of NDIS Early Childhood Partners). We have summarised our main observations and insights below.

Term 1: Changes needed to address gaps

- Diagnosis of condition approach rather than functional capacity
 - Fitting into funding buckets and models
 - Currently limited focus on the functional capacity of the child and coordinating services both mainstream and foundational centred around meeting these needs
 - Other programs also work on medical diagnosis models
- CALD experience is different to ATSI
 - More identified disability than developmental delay
 - Developmental concerns largely observed to be managed by family/community
 - Some cultural barriers and stigma around disability
- Desire to find singular solutions to complex issues
 - Must be a labelled condition
 - Not addressing or even viewing multiple factors and lack of a holistic approach
- Experience of refugees/recent migrants who find it difficult to locate services or may be ineligible for services and thus fall through the cracks

Term 2: Barriers that impact

- Not all children under the age of 6 are receiving regular milestone checks from birth to starting school:
 - Leads to more missed opportunities for early intervention and support meaning that children are referred later, only after having commenced school. This is against evidence showing that early input can reduce the amount of support requirements required later in a child's life.
 - Increasing social and behavioural issues seen in children who have not received support prior to school.
 - Delayed engagement means that any issues can compound, rather than being flagged and addressed from an early age.
 - School checks are often the first time that they are formally engaging with government

Impact: These children may have multiple needs and require more intervention and supports as they have been missed when younger

- Systems often can't deal with complexity and nuance
 - Children that have missed milestones then labelled as too complicated or difficult and are shunted/encouraged out of the mainstream system
 - There tends to be a focus on one dimension at a time to their needs (health, education, housing, other services), rather than addressing co-existing, overlapping needs with a holistic strength-based approach

- Developmental delay is the most common identification at this level

Impact: Services do not coordinate well and thus more resources needed to address complex/overlapping issues

- Don't have the necessary services in regional and remote areas:
 - Limited health centres
 - Limited affordable childcare or pre-school access
 - School is first engagement rather than a wraparound service looking at holistic needs earlier

Our statistics show that 4126 children aged 5-6 accessed the scheme under Development Delay and 298 children aged 5 accessed the Early Supports Service

Impact: The intervention becomes driven by medical approaches that seek to diagnose and fit the outcome to secure NDIS funding. This leads to a greater number of children receiving a diagnosis, setting up a continual cycle/dependence on therapy. Then participants tend to focus on reviews and the amount of the NDIS package, rather than seeking the right support provided at the right time

Term 5: Other related matters

Using our approaches and experience we would recommend:

- Focussing on function (which is how EC services work) including the principles of the World Health Organisation's International Classification of Functioning, Disability and Health (ICF)
- Look to work with multiple agencies (we can provide some insights into how we do this in areas such as Western Sydney)
- Education of multi and inter disciplinary teams so that they understand the strengths and gaps of each group involved
- Coordinated approach is essential, with federal and state government agencies and providers (the concept of a community is needed to raise a child)
- Functional assessments by appropriately qualified teams and less reliance on doctors to diagnose a classified disability
- Understanding when multiple agencies and funding bodies are involved and when people transfer from Federal to State systems, some cohorts will fall in between the gaps, requires providers that understand this, and can identify who this is likely to happen to, and place safeguarding and process in place to respond
- Focussing on early engagement, and identifying children with support needs prior to school-age
- Recruiting First Nations workers with experience and knowledge of their communities to support First Nations children and families within a strength-based, culturally responsive and holistic approach

Contact and opportunity to further discuss issues

We would welcome an opportunity to meet with the Committee and provide further insights and information about how childhood health and development checks could be better managed.

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