

**Submission
No 23**

IMPROVING ACCESS TO EARLY CHILDHOOD HEALTH AND DEVELOPMENT CHECKS

Organisation: Early Childhood Intervention Best Practice Network

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NSW Legislative Assembly
Committee on Community Services
Inquiry into improving access to early childhood
health and development checks.

28 February 2024



SUBMISSION BY

Early Childhood Intervention
Best Practice Network

SUBMISSION

About the Authors

This submission has been prepared by a network of nineteen (19) not-for-profit providers of early intervention services and/or early childhood education. Our network, the *Early Childhood Intervention (ECI) Best Practice Network*, supports over 5,382 children annually in early intervention under the NDIS and over 19,539 children and young people annually in total. We primarily operate across NSW, however, also have representation in VIC and the ACT. Our providers work in metropolitan and regional areas.

This submission has been prepared in response to the NSW Legislative Assembly's *Inquiry into improving access to early childhood health and development checks*. We consider barriers that affect parents' access to early childhood health and development checks that track their child's progress against developmental milestones, and changes to address gaps in outcomes for vulnerable children. We also comment on the recruitment and retention of health professionals to address workforce shortages, and funding for early intervention programs and screening to ensure children are given support for developmental issues.

Our submission draws on the *Gaps in Services for Children Age 0-6 with Developmental Delay and Disability* (ECIA NSW/ACT, 2018) which recommended the need to increase screening of all young children.

Feedback to Inquiry

We have considered all five of the terms of references follow:

- 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 following changes would assist to address gaps for vulnerable, Indigenous and culturally and linguistically diverse communities:

- Connecting with families using culturally competent approaches during the pre-natal period to establish a relationship and build trust. This proactive approach would be ideally completed in the community setting to reduce barriers for access – hospitals and institutions are often not a trusted institution.
- Employing staff with diverse cultural backgrounds and matching these staff where possible. Noting, Indigenous kinship structures and community frameworks can be quite complex and within a community setting the best person to provide support and care may not be considered the "primary caregiver" or "parent." They may also not be the person within community that holds a "qualification," but they are the cultural knowledge holder and have a responsibility under cultural frameworks.
- Working in partnership with trusted community organisations including CALD and First Nations specific organisations to build community trust.
- Preparing materials in various formats and languages to accommodate non-English speaking backgrounds and disabilities.
- Adopting a proactive approach to track families who fall into these categories and follow up regularly to ensure families do not fall through the gaps.
- Ensuring community health services are visible in the community at community activities.

With regard to rural and remote communities, our recommendations include:

- (a) Addressing transportation considerations – for instance providing community visits, a shuttle service, and using telehealth;
- (b) Addressing access to technology which will enable engagement – e.g. access to phone, internet;
- (c) Addressing workforce shortages with incentives to work in these communities or visit on a rotational basis;
- (d) Utilise the resources of existing trusted organisations in these regions when needed.

We also would like to mention a service gap with relation to the Brighter Beginnings program. This program is designed to provide developmental checks in preschools for children aged 3-6 years. Our concern is that this is missing the most vulnerable children in the community. Children in the cohorts noted (vulnerable, regional and

remote, Aboriginal, and culturally and linguistically diverse) are unlikely to be engaged in formal early learning for many reasons (e.g., affordability, parents may not be working, access issues, distrust of formal schooling, disability, cultural considerations around schooling and care preferences). As a result, as they are not attending preschools, they will not receive these checks.

These children are more likely to 'fall through the gaps' as they do not have the natural developmental screening that comes in those early learning environments. And, the family profile of these families is also likely to mean those families are not accessing developmental checks through other means (e.g., GP, paediatrician, or child and family health). These are the children we observe later starting Kindergarten and this is the first-time developmental delays are picked up.

We believe the Brighter Beginnings program should focus on those children not attending early learning as a priority before focusing on children enrolled in early learning. We believe this should program be provided by organisations which are local and have the relationships and trust of the local communities.

We also see a need to target supports for other vulnerable cohorts as outlined below.

- Pre-term infants: We suggest integrating the service response to track and monitor the development of children born prematurely with community supports. This integration entails partnering with the NSW Perinatal Services Network and respective Neonatal Intensive Care units to ensure that support pathways facilitate smooth transitions to community-based early childhood intervention services.
- Children of parents who are mental health service consumers or who have a disability themselves: We propose providing appropriate services to support parenting capacity, including assistance in connecting with referrals for their child.
- Children in the child protection system: We recommend establishing appropriate pathways for family preservation and family support services to better connect children and their families to early intervention services, given the higher incidence of developmental delays or disabilities in this group.

2. Barriers that affect parents' access to routine health and development checks that track their progress against developmental milestones.

There are many barriers that affect parents' access to routine health and developmental checks. We have observed the following main barriers:

- The requirement in many NSW Health Districts to have health and developmental checks at community health centres can be a barrier for many families. This may be a barrier due to transportation, but also due to mental health and general wellbeing post-partum. Offering these families an option of home visits, telehealth or a combination would improve access.
- Some NSW Health Districts (e.g., Sydney) do not send reminders for appointments and may not follow up missed appointments. Having automated appointment reminders would improve access.
- In most NSW Health Districts we have observed a requirement that engagement with families be driven by the families, especially after the first visit. In some districts, if families do not know about the checks and initiate contact themselves, they may never engage post-hospital. For most districts, even if families do engage, there is no ongoing follow up to ensure families continue to connect at key milestones. Even in the case of high-risk families or children, this has been consistently observed that the family must follow up this contact if the developmental checks are to continue beyond 4-6 weeks of age. It is important to have a system to ensure all families are seen post-hospital and at minimum, ensure high-risk families are followed up at key milestones.
- The hours of community health centres can be a barrier for working parents, having extended hours which are reserved for families with this barrier would improve access.
- Generally, comfort with assessment and health professionals may vary. There may be fear of judgment from many parents which may be a barrier. Where possible having consistency in staff will reduce barriers to engagement.

For Indigenous, culturally and linguistically diverse, and vulnerable families barriers can include:

- Distrust of hospitals and institutions. Therefore, a proactive community approach prenatally would build relationships, trust and rapport as discussed previously. Further, engagement of staff from diverse backgrounds and partnerships locally with cultural groups would also promote comfort. Both strategies are anticipated to increase engagement.

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

Workforce shortages are difficult in many areas exist in fields related to early childhood development, exacerbated by the introduction of the NDIS. We believe the following are important considerations for addressing workforce shortages:

- Ensure a more effective use of allied health and other staff resources. This can be achieved by work according to the Best Practice Guidelines for Early Childhood Intervention by adopting a 'Team Around the

Child' approach using transdisciplinary practice and Key Workers. This would support a more considered use of other allied health professionals such as Occupational Therapists, Speech Therapists, Physiotherapists, and other professionals such as Early Childhood Teachers. As an example, Early Childhood Teachers are well trained in early childhood development and would be well positioned to complete developmental checks. This is a resource which is used commonly in early childhood intervention in disability settings.

- Offer universal training to all professionals who complete developmental checks on the Best Practice Guidelines – [What is early childhood intervention? | NDIS](#) – and the role of Key Workers.
- Work in partnership and through a commissioning approach with local non-government not-for-profit early childhood intervention providers who can be commissioned locally to complete the developmental checks. This local connection will be important for trust and will help to reduce barriers mentioned previously.

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

We believe that the re-design of the service system with relation to 'Foundational Supports' as a result of the recent NDIS Review Final Report creates an important opportunity to ensure appropriate services are introduced to ensure all children receive required screening for developmental issues.

With this in mind, we suggest the following:

- Introduce a commissioning approach with established community based not for profit early childhood intervention providers who can be commissioned locally to complete the developmental checks. This local connection will be important for trust and will help to reduce barriers mentioned previously. These providers should work in line with Best Practice Guidelines for Early Childhood Intervention and use a 'Team Around the Child' approach.
- Integrate developmental checks in existing community programs – e.g., the Start Strong Pathways program funded by the NSW Department of Education and supported playgroups funded by the NSW Department of Communities and Justice.
- Expand the Brighter Beginnings program to reach children who are not attending early childhood education centres.
- Fund capacity building programs for parents starting during the prenatal period – this would provide education regarding development and support around how to access supports. Continue these programs to age 5 years in a variety of formats – online sessions and in person sessions.
- Fund ongoing follow up and tracking of families to ensure families do not fall through the gaps with regard to developmental checks.

5. Any other related matters.

- Development of a consistent screening and assessment approach which is both formal and uses family-centred and play based assessment models would better align to best practice principles.
- It would be helpful to review protocols for developmental checks to ensure the wellbeing of both parents is well assessed. Research, evidence, and experience tell us that children thrive when their parents are also thriving. Understanding the importance of this broader ecosystem is important. In our experience, we have observed that only the mother's health is reviewed during developmental checks.

Conclusion

This Network appreciates the review into development checks and screening for children in NSW. We believe this is an area where there is much opportunity to improve outcomes for children through earlier access to supports and intervention.

The Network would welcome the opportunity to meet with the Committee Members. And would also be happy to assist with recommending families who may be well positioned to discuss their experiences.

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