Submission No 24

IMPROVING ACCESS TO EARLY CHILDHOOD HEALTH AND DEVELOPMENT CHECKS

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Date Received: 28 February 2024

Submission to the New South Wales Government Committee on Community Services Inquiry into Improving Access to Early Childhood Health and Development Checks

We, a collaborative coalition of leading Australian universities, research centers, state government, and non-governmental community organisations, is actively engaged in research and implementation through Sydney Partnerships in Health Education Research and Enterprise, Sydney Health Partners, and the National Child and Family Hubs Network. Our program of work includes capacity building to support scaling and sustaining over 460 Australian physical Child and Family Hubs, 85 of which are in New South Wales (NSW). This includes research into appropriate physical Hub models through programs, such as the First 2000 Days Care Connect (funded by NSW Health) and virtual navigation and digital Hub (funded by NSW Health) models including Centre for Research Excellence in supporting child and family health for priority populations via STARS (Strengths-Based Tiered Access to Resources and Supports) for Kids program (funded by NHMRC). A digital platform (e.g. Watch Me Grow-Electronic (WMG-E) to offer universal reach including for those families who are currently not engaging with developmental checks and integrated Child and Family Hub that provides a 'one stop shop', where families can access a range of supports are recommended to engage and empower families to access child development checks and improve child and family health and wellbeing. Integrated Child and Family Hubs have two critical roles:

1) Improving access to a range of health, education, and social services using a family centred approach

2) Providing opportunities to build parental capacity and for families to create social connections.

Additional work of this collaborative includes the new MyMedicare First 2,000 Days Program, currently being considered by the Federal Government. This can be replicated at state level via commissioning primary care services in partnership with state health and education services. We warmly welcome the opportunity to submit our insights to the Committee on Community Services Inquiry to enhance access to early childhood health and developmental checks.

In alignment with the inquiry's objectives, we aim to underscore the potential for enhancing equity and overcoming barriers to early childhood health and developmental checks. We do so by outlining how the approaches developed through our program of work can foster a Responsive, Integrated, Sustainable, and Equitable (RISE) service framework, ultimately improving child health and developmental outcomes. Drawing from the evidence detailed in this submission, our submission includes key recommendations, which are followed by a comprehensive discussion.

Recommendation

Investing in an integrated childhood health and developmental checks program to reach all children, including those who are hard to reach and not currently engaging with our service system, with specific focus on:

- Supporting the establishment and ongoing funding of Child and Family Hubs in NSW to improve attendance and engagement with developmental surveillance and integrate services and supports around families to intervene early
- Ensuring easy access for families by supporting General Practitioners and Child and Family Health Nurses to provide developmental screening and ongoing monitoring during opportunistic contacts (e.g., immunisation program, MyMedicare First 2,000 Days Program, parenting support services)
- Supporting technological innovations, such as the virtual Child and Family Hubs and the Watch Me Grow-Electronic program, with demonstrated evidence in engaging families including those from priority populations
- Improving the sustainability through continuous quality improvement and evaluation including economic analysis

Overview: Despite substantial investment in state and national early childhood education and care programs, uptake remains low, with only 20-30% of families accessing routine health and developmental services in certain regions. Children from disadvantaged backgrounds often miss recommended developmental checks, highlighting significant inequity. Our research underscores the necessity of transitioning to an integrated and joined up service model using a strengths-based tiered care (STARS) framework incorporating Child and Family Hubs, which can double the early accurate identification of developmental needs and referrals, improving outcomes for priority groups.

Investing in the early years can enhance child health and developmental outcomes, especially for children in priority populations, such as those residing in regional, rural, and remote areas, Aboriginal communities, children facing socioeconomic challenges, and culturally and linguistically diverse communities. As identified through our STARS program, the fundamental aspects that need to be addressed in NSW Health are:

1) **INTEGRATION OF CHILD AND FAMILY SERVICE MODELS** through the implementation of place-based Integrated Child and Family Hubs serving as a non-stigmatising ‘one-stop-shop’ where families can access a range of supports that improve child development as well as child and family health and wellbeing.
2) **INCREASING RESPONSIVENESS** by engaging and empowering families to complete developmental checks using opportunistic contacts and technological advancement.
3) **ENHANCED SUSTAINABILITY** through informed collaborative leadership and interagency work with stakeholders, shared investment across agencies, co-design with target communities, information sharing, and ongoing evaluation.
4) **PROVIDING EQUITABLE SERVICES** based on needs and choices through the STARS tiered care program [4] comprising:
    a) **universal** access to early detection using the innovative technology of Watch Me Grow-Electronic (WMG-E) platform
    b) **additional** support with awareness, health literacy resources, sign posting and ‘light touch’ parenting programs and digital services (Tier 1)
    c) **targeted** services when specific issues are identified (Tier 2)

d) **specialised** interventions and complex psychosocial supports service navigator supports (Tier 3) using a proportionate universalism (universal services plus targeted supports commensurate with needs) framework

Response to the Committee on Community Services Inquiry

Our response is centered around the core themes of fostering responsive, integrated, sustainable, and equitable (RISE) services.

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 importance of the First 2000 days (from pregnancy to start of school) for healthy brain development and later health and wellbeing has been acknowledged by the NSW (Brighter Beginnings) and Australian government. Further, supporting this period of a child's life is a national policy and research priority to ensure all children flourish [5]. However, approximately one-in-five Australian children start school with 'developmental vulnerability' leading to increased risk of poor socioemotional functioning, school difficulties, lifelong disability, chronic disease, mental illness, reduced economic opportunity, and intergenerational adversity. The rate is higher at one-in-three to one-in-two for children from priority (multicultural, Aboriginal, low socioeconomic status, and regional/rural) groups. There is also significant inequity with children from disadvantaged backgrounds not engaging with recommended child developmental checks [6, 7]. Thus, despite the significant investment in early child services through state and national programs, these are underused, with only 20-30% of families engaging with routine health and developmental services in some jurisdictions. Addressing this inequity in health service use and outcomes requires a fundamental shift to an integrated service model. Our work has shown that digital platforms can be used successfully to engage families including those from priority groups to complete developmental checks [8] and that integrated Hubs in the first 2000 days can double early accurate identification of developmental needs and referrals, resulting in better outcomes [9]. Adapting the 'First 2000 Days maternal and child healthcare framework' in the aftermath of the COVID-19 pandemic [10] by using digital technology has been shown to significantly improve the reach, parental engagement, and child and family outcomes, particularly for those from priority (e.g. regional, rural, and remote communities, Aboriginal communities, children living in socio-economic disadvantage, and culturally and linguistically diverse communities) backgrounds[1].

Overview

- Implementation of the WMG program via the NSW Health COVID-19 grant demonstrated the feasibility and acceptance of digital technology, including among priority populations (e.g., multicultural community in Fairfield and regional/rural/Aboriginal community in Murrumbidgee) [1] and has been shown to be effective in correctly identifying children with developmental disabilities including autism [2]. This program is currently being scaled up in SWSLHD via the Brighter Beginnings preschool developmental checks program, in partnership with the Department of Education. Further integration with General Practice and the Child and Family Health Nurse service has been trialled. Also recommended are the use of opportunistic contacts during immunisation and other routine healthcare contacts for universal reach, with appropriate incentives for professionals and families for completing the developmental checks alongside immunisation.
- Implementation of the First 2000 Days Connect and Care (FDCC) Hub program for migrant and refugee families at SESLHD, SWSLHD, and NSLHD via a NSW Health TRGS grant has demonstrated that this is acceptable to families and service providers. Specifically, the Hubs doubled engagement with Child and Family Health Services (from 30 to 60%), increased the identification of health and social needs, and reduced inequities in access to services [3]

Fundamental elements of this approach include the Watch Me Grow Electronic (WMG-E) platform, place-based child and family hubs providing an integrated continuum of care, including navigation support and integrated models working with General Practitioners:

1) **Integrated Child and Family Hubs (physical Hubs):** Integrated Hubs are place-based interventions funded by government and non-government organisations with co-located health, early childhood education, disability, and social services (e.g., child health nurse, playgroups, financial counselling, legal support). These services share referral pathways with a 'no wrong door' approach. Families are supported to identify their priorities and linked through 'warm referrals' to relevant services by a navigator *(recommendation by the national child mental health and wellbeing* strategy [9]. Hubs thus address access barriers [11] by simplifying pathways to care for children from priority populations and communities. Migrant and refugee women, in particular, experience significant language, cultural, and psychosocial barriers to services. Our research has shown that Hub models, such as the First 2000 Days Connect and Care (FDCC) Hubs, are acceptable to families and service providers and can increase the identification of health and social needs, and reduce inequitable access to services [3]. Child and Family Hubs also provide an opportunity to integrate services to provide early intervention to those children experiencing a disability, developmental delay, or developmental concerns, including those who are ineligible for National Disability Insurance Scheme (NDIS) funding. Due to strict eligibility criteria and limited support outside the NDIS, children experiencing developmental delays are not identified early and support is unavailable. Hubs provide a non-stigmatising setting that can improve access to developmental surveillance and early intervention for those children who need it, potentially reducing the cost of NDIS to the government, reducing wait-lists and family stress. There is the potential to test Hub effectiveness in supporting children ineligible for NDIS via pilot-testing this approach in established Hubs that operate within a broader place-based approaches across states and territories.

First Steps Count Child and Community Centre in Taree, NSW, is a leading exemplar of a rural Hub forging strong partnerships with local government (e.g., Community Health) and non-government organisations (e.g., Uniting) to improve outcomes for children and families. With a service navigator embedded in the model, funded by Communities for Children (through Mission Australia) and implemented via Karitane, First Steps Count fosters stronger communities by working together with families and services in a warm and welcoming environment. Extensive co-design and community engagement activities with local Aboriginal and non-Aboriginal families continue to shape the way the Centre delivers services, activities, and programs, enabling a transformational change for children and families and at the system level (Figure 1).

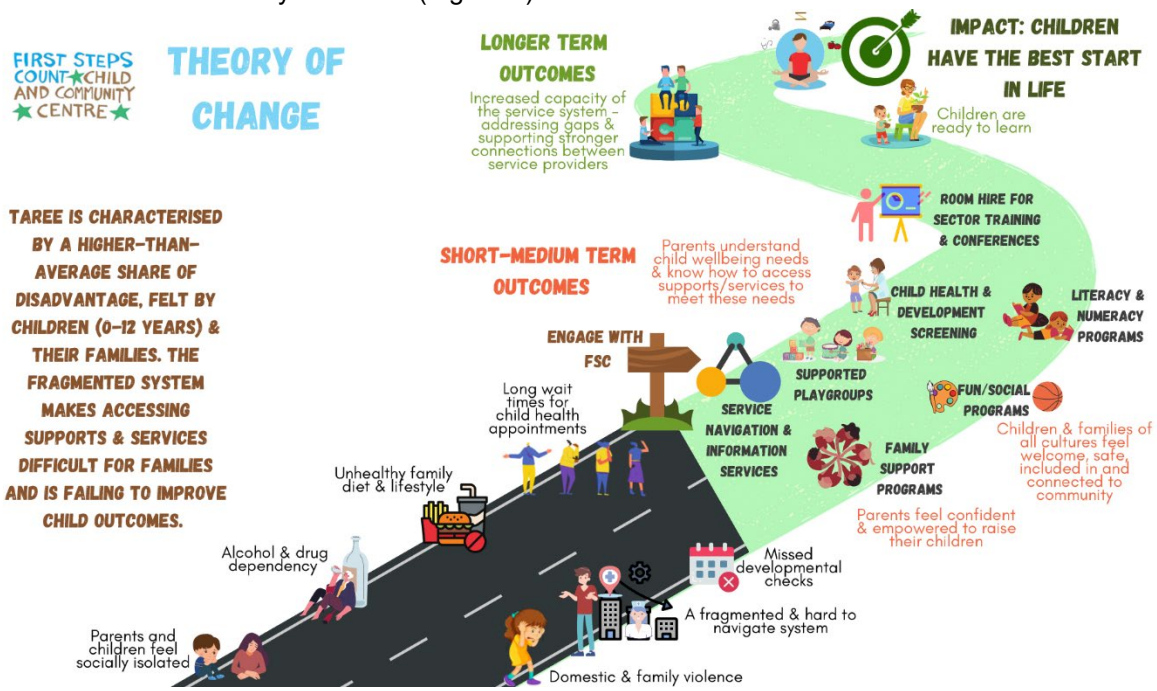

Figure 1. Co-design with community members of how centers should deliver services.

2) **Virtual Child and Family Hubs – The Watch Me Grow-Electronic (WMG-E) Platform** is a digital application in the form of a weblink that was developed to help services reach vulnerable families, including those in culturally and linguistically diverse (CALD) communities. WMG-E uses a weblink with a QR code to ascertain child development, family psychosocial, and parental mental health needs and is available in multiple languages. The platform serves as a universal 'digital front door' where parents can actively participate in their child's developmental screening using opportunistic service contacts, such as immunisation visits or other routine health contacts or wherever they are at, in the community (early childhood education centres, Council or multicultural play groups, Aboriginal led services etc.). If developmental concerns are raised, service navigation (digital via phone, text, or email, or in person) is provided to link families with the right supports for child developmental, parental mental health, and family social care needs. This is particularly helpful to regional, rural, and remote communities. This is because children with concerns that are identified via the WMG-E could be prioritised for assessment by primary health staff such as GPs, Child and Family Health Nurses etc., thereby improving reach and efficiency in the best use of scarce resources. The use of technology, such as the WMG-E [12], is feasible and acceptable (to parents, including parents from regional, rural and remote communities, multicultural and Aboriginal background) [1]. The WMG-E platform allows parents to complete developmental screening online (along with additional measures, such as parental mental health and family social care needs screeners) [12], with auto-reminders for

parents to complete the checks again at the recommended ages and stages, as per the Personal Health Record (Blue Book) program [12]. Once again, this is particularly helpful in resource constrained environments such as regional, rural, and remote communities. Further, the use of opportunistic contacts leveraging on the high uptake (>90%) of the immunisation program in the preschool period can increase parent engagement in the developmental checks program. However, for the program to be successful, incentives need to be introduced like that of the immunisation program for both health professionals and parents for completing the developmental checks.

3) **Integrated Models working with General Practitioners.** General Practitioners who operate under the Federal health system have not traditionally been involved in developmental screening; but they offer an ideal opportunistic interface between families and the health system to introduce a 'Medicare-bundle' funding to facilitate developmental (including social-emotional) checks. Based on the concerns raised during developmental checks, further assessment and early intervention and supports are to be provided (Figure 2: Developmental checks in GP clinics). Karlov, Masi [2] study involving GPs in New South Wales and Victoria showed that it was feasible to administer developmental checks in the GP waiting room during opportunistic visits and that the measures used identified children with developmental needs, early and accurately.

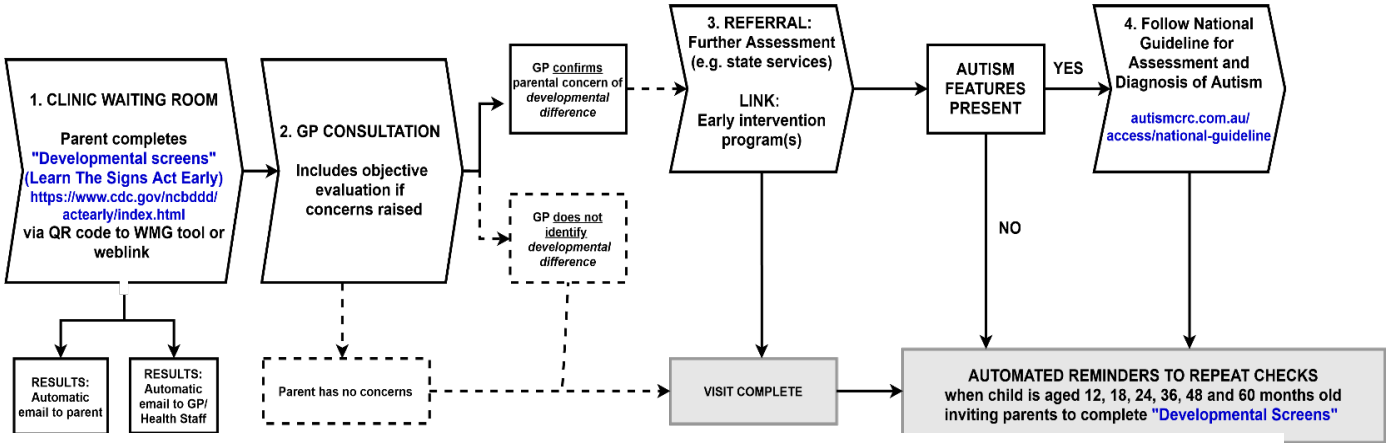

Figure 2: Developmental checks in GP clinics

Such an approach aligns with the Department of Health and Aged Care's work on a potential new MyMedicare First 2,000 Days Program to support better continuity of care and better integrated multidisciplinary care for disadvantaged parents and their children in the first 2,000 days from conception. Program elements might include:

- an annual family 'check' of child development, parental mental health, and key social determinants of health (e.g., housing, employment, and financial concerns)
- enrolment of families in MyMedicare to facilitate the annual check
- support for primary care to respond to issues arising from the annual check, including mapped referral pathways to community-based services and strategies for families to use at home to support their child's development
- secondary consultation and a regional Community of Practice, led by a salaried paediatrician, to support primary care in the management of more complex children and families

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

Currently, 21% of children starting school in NSW are developmentally vulnerable, meaning they do not have the skills to flourish at school and in life [13]. They are at risk of lifelong disability, chronic disease, reduced economic opportunity, and intergenerational adversity. Children from priority populations (Aboriginal and Torres Strait Islander, socioeconomically disadvantaged and culturally and linguistically diverse (CALD) communities), have an increased risk of being developmentally vulnerable and not being school ready. These children are twice as likely to struggle at school, experience adverse childhood events, have high healthcare costs, and poor long-term health outcomes, compared to other children. This is compounded by the 'inverse care law' in that those with the greatest health and social needs are least likely to have them identified and addressed early [6]. While the Federal Government has increased spending to those services supporting young people early in their illness (e.g. headspace), it is critical that support is also offered much earlier in life as younger children including those in the preschool years and their families will reap greatest benefits in the longer term. Late intervention results in an estimated $15.2 billion per annum in education, health, and welfare costs, and lost productivity [14].

Further, access to timely support is hindered by the complex, poorly coordinated, and inefficient nature of the Australian child and family service system with fragmentation, duplication, and service delivery gaps. Such inequity to early identification and support has been exacerbated by the COVID-19 pandemic with missed opportunities for child developmental checks and supports to identify and address parental mental health and psychosocial needs, necessitating novel models of care [15]. Our work with consumers including priority families have identified the following barriers and suggestions for improvement: 1) the use of opportunistic contacts (going to where the children and families go) to reduce the need for families to have additional appointments; 2) navigation help with 'warm handover', as families typically struggle to find their way around the service system; 3) service integration and continuity across places, systems, and organisations so that they are coordinated; and 4) the need to recognise and support individual and family strengths to redress the imbalanced focus on deficits and untailored referral and care pathways. As part of our post-pandemic recovery, we need an urgent refresh of the existing system, so that difficulties are detected early and equitably, allowing for coordination of health and social care for children and their families.

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

The development and implementation of Hubs streamlines professionals' workload by consolidating necessary services into a single location to facilitate coordination and integration with social care services to wrap support around families with complex psychosocial needs. This holistic approach fosters improved collaboration, collegiality, workload sharing, and job satisfaction among healthcare professionals, ultimately leading to enhanced efficiency, effectiveness, and outcomes.

A transition in the service model for Child and Family Nurses, coupled with the virtual models, such as WMG-E, offers a promising solution to mitigate workforce shortages. For instance, leveraging WMG-E in collaboration with preschools, childcare centers, allied health professionals, and nurses (including Child and Family Health Nurses and practice nurses at General Practitioner clinics) would enhance the efficiency of Primary Health Care Professionals (PHCPs), by facilitating uptake of developmental checks in the community and via early childhood education services through the Brighter Beginnings program, thereby identifying children whose parents are concerned for further assessment

and follow-up. This approach enables PHCPs to function as consultants, providing expert advice and guidance while evaluating children identified as at risk through WMG-E (Figure 2).

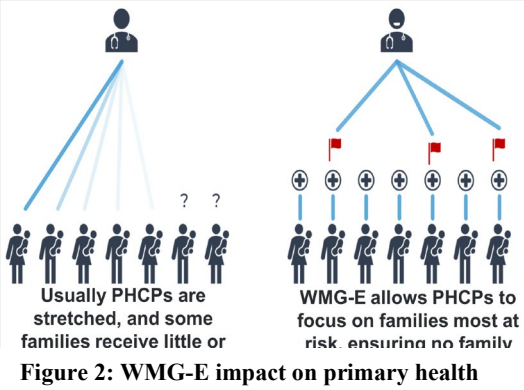

Figure 2: WMG-E impact on primary health care practices (PHCPs)

While the integration of technology is expected to enhance service efficiency, this might also lead to increased demand for services, as more children with developmental needs are identified. Given the existing shortages of allied health professionals in regional, rural, and remote communities, solutions include new models of care, such as parent groups for children with speech and language delays, access to online parenting programs (e.g. Commonwealth Government's investment in providing free access to parenting program) and increasing workforce capacity and skills via 'Community of Practice' opportunities. Investments are also needed to improve access to allied health professionals in underserved communities, alongside leveraging telehealth solutions. Thus, across both physical and virtual Hubs, efforts should focus on training and retaining professionals, supporting staff retention by fostering collaboration among different healthcare professionals, ultimately enhancing health and wellbeing parent and children, and workforce efficiency.

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

Investment in screening and early intervention programs is essential. Funding is particularly relevant to increase engagement with developmental checks. In Australia, developmental checks have historically been undertaken by Child and Family Health Nurses as part of the State health system. This will provide cost-benefits as increased access improves child developmental outcomes and parental/family wellbeing and service efficiency and satisfaction.

In relation to Child and Family Hubs, despite many services being funded to co-locate, we know this is not sufficient to deliver a high quality, effective integrated Hub that can support the needs of children and their families. It is clear that delivering the core components of ANY Hub requires **funding for co-ordination or 'glue'**[1] and this is particularly relevant to the existing Child and Family Hubs currently in operation across NSW**.** Stakeholder consultation, research, and Network members all converge around the need for 'glue' funding for success – this vital ingredient provides the perfect contribution by the Commonwealth for the success of these Hubs. 'Glue' funding can be broadly grouped into business oversight, staff supports, community engagement and shared information and technology systems:

Business oversight:

- A clear governance framework incorporating all partners and family representatives
- Contracting with a single lead agency who is accountable for all performance measures and sub-contracts any partnership-related work
- Dedicated funding for social care to avoid further fragmentation of services

Staff supports:

[1] 'Glue' funding allows greater integration of services and supports across Hubs and can be broadly grouped into funding for business oversight, staff supports, community engagement and shared information and technology systems.

- Coordinator position to lead collaboration/integration within the hub and a 'navigator' role to establish and support networks and referrals with other relevant services
- A workforce that includes staff with lived experience and/or a cultural background shared with the families the Hub services and supports
- Funding time for each Hub practitioner to support workforce development and ongoing learning, professional supervision, and collaboration across disciplines
- Funding time for each Hub practitioner to support ongoing Hub quality improvement and development
- Other business and operational supports that staff need to perform their jobs properly

Community engagement:

- Funding to support co-design with the local community, families, children, and Hub staff, which is then continuously improved upon with ongoing community, family and child involvement and guidance
- Resources required to support families to attend a Hub or to be able to participate in a broader range of supports offered. This includes resources, such as, the use of artworks to humanise, enliven and engage families with the Hub, additional staff, vehicles, and brokerage of client supports such as emergency housing

Shared information and technology systems:

- The necessary hardware, software, and capability that a Hub needs, including a data capture system, data sharing capability between services and supports to build data collection and analysis capabilities
- Dedicated funding and support for harmonised impact measurement data for monitoring and evaluation

Without funding for 'glue', undue administrative complexity, ongoing fragmentation rather than integration, and eventual unsustainability of Hubs occurs. This type of funding is essential for sustainability and requires flexibility to account for the maturity of a Hub and to meet the community's unique needs. There is a role for NSW government in funding 'glue' for hubs.

5. Any other related matters.

Our state and national work suggests a significant increase in the developmental and mental health burden in children as a result of the COVID-19 pandemic [16]. Children from disadvantaged backgrounds experience higher rates and three-quarters of children with a developmental disability and their parents report higher stress [17]. We urgently need to implement effective prevention and early intervention strategies now to mitigate the likely exponential rise in child and family health, developmental, and mental health issues. When considered in the context of previous low uptake and access to developmental checks, delivering these services effectively to those most in need will mean overcoming the current fragmentation of existing services and improving access pathways. The post-pandemic reset represents a once-in-a-lifetime opportunity for effective action that will- alleviate the distress experienced by families with preschool children and improve longer-term outcomes of Australia's children and hence the social and mental capital of Australian society. Overall, the economic benefits and the wider social return from such fundamental early years interventions is likely to be profound vastly outweighing the investment in hubs and supporting services (ref: https://heckmanequation.org/wp-content/uploads/2013/07/F_HeckmanDeficitPieceCUSTOM-Generic_052714-3-1.pdf).

Yours sincerely

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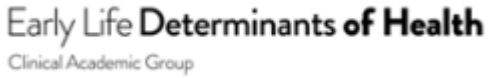
Partners and projects supporting this submission



References

1. Winata, T., et al., *Watch me grow-electronic (wmg-e) surveillance approach to identify and address child development, parental mental health and psychosocial needs.* Australian and New Zealand Journal of Psychiatry, 2022: p. 250-250.
2. Karlov, L., et al., *A preliminary trial of an early surveillance program for autism and developmental delays within general practices.* Journal of Developmental and Physical Disabilities 2024.
3. Edwards, K., et al., *Happy, healthy, ready - working with early childhood non-government organisations for developmental surveillance for vulnerable children.* The Australian Journal of Advanced Nursing, 2020. **37**(4): p. 37-46.
4. Eapen, V., et al., *Stemming the tide of mental health problems in young people: Challenges and potential solutions.* Australian & New Zealand Journal of Psychiatry, 2022. **57**(4): p. 482-488.
5. National Mental Health Commission. *National Children's Mental Health and Wellbeing Strategy*. 2024; Available from: https://www.mentalhealthcommission.gov.au/projects/childrens-strategy/childrens-mental-health-wellbeing-strategy/childrens-mental-health-wellbeing-strategy-report/executive-summary.
6. Eapen, V., et al., *Maternal help-seeking for child developmental concerns: Associations with socio-demographic factors.* Journal of Paediatrics and Child Health, 2017. **53**(10): p. 963-969.
7. Woolfenden, S., et al., *Prevalence and factors associated with parental concerns about development detected by the Parents' Evaluation of Developmental Status (PEDS) at 6-month, 12-month and 18-month well-child checks in a birth cohort.* BMJ open, 2016. **6**(9): p. e012144.
8. Kohlhoff, J., et al., *Consumer and health professional perceptions of Watch Me Grow - Electronic (WMG-E) platform for developmental surveillance in early childhood: A qualitative study.* Australian Journal of General Practice, 2022. **51**(6): p. 439-445.
9. Edwards, K., et al., *"Improving Access to Early Childhood Developmental Surveillance for Children from Culturally and Linguistically Diverse (CALD) Background".* Int J Integr Care, 2020. **20**(2): p. 3.
10. Mendoza Diaz, A., et al., *Adapting the 'First 2000 Days maternal and child healthcare framework' in the aftermath of the COVID-19 pandemic: ensuring equity in the new world.* Australian Health Review, 2023. **47**(1): p. 72-76.
11. Garg, P., et al., *Explaining culturally and linguistically diverse (CALD) parents' access of healthcare services for developmental surveillance and anticipatory guidance: qualitative findings from the 'Watch Me Grow' study.* BMC Health Services Research, 2017. **17**(1): p. 228.
12. Eapen, V., et al., *"Watch Me Grow- Electronic (WMG-E)" surveillance approach to identify and address child development, parental mental health, and psychosocial needs: study protocol.* BMC Health Services Research, 2021. **21**(1): p. 1240.
13. NSW Government, *The Australian Early Development Census 2021 New South Wales data report*. 2021.
14. Teager, W., S. Fox, and N. Stafford, *How Australia can invest in children and return more: A new look at the $15 b cost of late action.* 2019.
15. Eapen, V., H. Hiscock, and K. Williams, *Adaptive innovations to provide services to children with developmental disabilities during the COVID-19 pandemic.* Journal of Paediatrics and Child Health, 2021. **57**(1): p. 9-11.
16. Hu, N., et al., *The impact of the COVID-19 pandemic on paediatric health service use within one year after the first pandemic outbreak in New South Wales Australia–a time series analysis.* The Lancet Regional Health–Western Pacific, 2022. **19**.
17. Masi, A., et al., *Impact of the COVID-19 pandemic on the well-being of children with neurodevelopmental disabilities and their parents.* Journal of paediatrics and child health, 2021. **57**(5): p. 631-636.