

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

Organisation: Uniting NSW.ACT

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Legislative Assembly Committee on Community Services
Parliament House
Macquarie Street
Sydney NSW 2000

For submission ([online](#))

29 February 2024

Dear members of the Committee

Submission on improving access to
early childhood health and development checks

Thank you for this opportunity to make a submission to your inquiry.

Uniting NSW.ACT is the social services and advocacy arm of the Synod of the Uniting Church in New South Wales and Australian Capital Territory. We provide innovative and person-centred services that in 2023 supported over 130,000 people at all stages of their lives, including children, young people and families, older people, and people with disability.

In making this submission, we are drawing on two distinct but related sources of experience. We are a provider of early learning services across NSW, consisting of over 50 pre-schools, long day care and out-of-school-hours care services with over 4,200 enrolled children. We also provide targeted early intervention services to families experiencing vulnerability and disadvantage. These consist of 37 programs and across communities in South-West Sydney, Western NSW, and the Mid-North Coast.

Our detailed submission is attached. In addition to the specific comments we make, we recommend that:

- The Inquiry make a finding that early learning staff currently connect children (and their families) with agencies that provide health and development checks, to facilitate the identification of developmental delays.
- The NSW Government formalise this connective work in funding contracts across all early learning programs across the state, for consistency and accountability.
- The NSW Government allocate additional funding for Local Health Districts to continue providing gap services to children when they have been accepted into the NDIS but have not yet accessed NDIS services.
- The NSW Government consider place-based approaches to improve access in communities where there are substantial populations of Aboriginal and Torres Strait

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Islander and culturally and linguistically diverse families.

- Children and families are given a voice in subsequent stages of this inquiry, so that their voices inform and shape strategies for improving access to health and development checks. This should include a range of opportunities to participate in direct consultations with the sector, community outreach initiatives and community forums.

We would be pleased to provide more information on any of the issues we raise. For more information, please contact Dr Tom McClean, Head of Research and Social Policy, at [REDACTED] or [REDACTED].

Yours sincerely,



Jennine Blundell
Director Communities (Acting)

Submission on access to early childhood health and development checks

Uniting NSW.ACT welcomes the opportunity to respond to the Committee's inquiry on improving access to early childhood health and development checks.

We are a provider of quality early learning, consisting of over 50 pre-schools, long day care centres and out-of-school-hours care services with over 4,200 enrolled children. We are also a provider of a diverse range of early intervention services many of which support families who are experiencing various forms of vulnerability or disadvantage. These include services funded by both the NSW Department of Communities and Justice, and the Commonwealth Department of Social Services, and also a small number of innovative new programs we are investing our own resources in developing and proving. All these programs have among their aims to support families in engaging with early learning and the relevant services that support their child's normative health and development. Our portfolio of innovative programs includes:

- Links to Early Learning (L2EL), an innovative program we have developed and piloting in South West Sydney and Coffs Harbour/Nambucca Valley, to support families whose children are not in an early childhood education program to find and attend one.
- Several place-based programs, including Aboriginal Families Together (AFT) in Nambucca Valley and Dubbo, and Home Interaction Program in for Parents and Youngsters (HIPPY) in Bidwill, Fairfield, Wyong and Taree.

Broad observations

We encourage the inquiry to take a broad view of its scope.

We note, for example, that Terms of Reference 3 and 4 imply a particular focus on early intervention and health services. While these are critically important parts of the service system, but others are relevant as well. For example, early learning provides an important opportunity to identify children who have not yet come to the attention of specialist services and who may benefit from assessment. Staff in our early learning centres early learning staff currently connect children (and their families) with agencies that provide health and development checks, to facilitate the identification of developmental delays. The NSW Government should formalise support for this connective work in funding contracts across all early learning programs across the state, for consistency and accountability.

Access to checks is important, but only one step in the right direction. Checks without access to services are useless. Term of Reference 4 refers only to early intervention responses to identified need. It would be desirable for the Committee to also consider the relationship with Commonwealth services such as the NDIS. The boundaries between various systems can be complex, and some will fall within the Committee's scope of inquiry. For example, some Local Health Districts provide gap services to children when they have been accepted into the NDIS but have not yet accessed NDIS services. The NSW Government should formalise this support.

Finally, the way Governments respond can be as important as the decisions that are ultimately made. We believe place-based approaches to early learning would improve access to health and development checks early learning in communities where there are substantial populations of Aboriginal and Torres Strait Islander and culturally and linguistically diverse families. Place-based approaches are long-term, collaborative community-led initiatives that aim to build thriving communities of people and organisations working towards a shared vision for their communityⁱ. Similarly, children and families are given a voice in subsequent stages of this

inquiry, so that their voices inform and shape strategies for improving access to health and development checks. This should include a range of opportunities to participate in direct consultations with the sector, community forums and outreach initiatives.

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In addition to the general observations above, we wish to draw the Committee's attention to several specific barriers to accessing checks. These are based on our experience in working with a wide range of communities, and lead to the following recommendations:

- Support and resource bilingual staff that work with the community and build connections with health agencies
- Encourage and facilitate interagency collaboration to prevent children experiencing developmental delays from falling through the gaps
- Increase funding for home interaction programs and supported playgroups that facilitate opportunities for early identification of developmental delays and referrals to supports
- Greater voice and co-development of place-based solutions to access barriers with families and communities

We discuss each of these below, under the relevant Term of Reference for the Committee's inquiry.

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

Shortage of bilingual staff/professionals within the community and lack of information in multiple languages other than English are major barriers to inclusion

There is a great deal of information available on the early childhood and health systems, however the form in which it is available constitutes a significant barrier for many families. Accessing information in a language other than English is a major barrier, particularly in parts of Western Sydney where only 48.1% of households have English as the main language. Where possible, bilingual staff and/or workers who are community members should be recruited and trained to facilitate conversations about decision-making in early childhood services.

The use of home languages in early childhood services is an essential resource for any child to grow with a healthy identity and a strong sense of belonging. In a country where nearly half of the population speak a language other than English at home, resources are needed to ensure community languages are preserved and utilised in the Early Childhood Education and Care (ECEC) setting. Currently supports for system navigation for ECEC is only provided in English. Multilingual program delivery is rare and often sporadic with no funding provided, and many services only engage with children in English.

Through our [Links to Early Learning pilot](#), we have several years' experience understanding the barriers to inclusion for culturally diverse communities. South West Sydney is an example of such a community with pockets of significant disadvantage. Parents and carers we worked with

have shared that they feel services are still unable to support them, citing reasons such as services not having the “resources to support” their child particularly with cultural needs, or when the child has a disability.

Schools working together to give children a “good start”

Crucial conversations take place in regional early learning centres between early learning professionals and carers and parents. These conversations allow professionals increased chances to identify or be alerted to a range of developmental issues and support needs that children have. Caseworkers are also invited to observe children flagged by early learning centres, for better collaboration between agencies to prevent families from falling between gaps.

Barriers that affect parents’ access to routine health and development checks that track their child’s progress against developmental milestones

Remoteness of some regional communities and limited financial means

The communities we work with in regional or remote areas rely mostly on welfare and disability pensions. The remoteness of some regional communities along with the shortage of schools within catchment areas prevent children and families from engaging regularly with health services. Transportation is also a barrier for many families in these regions. While local health services (NSW Health) are good at connecting preschool cohorts with screening and assessment teams or offering them onsite at the preschool, getting to see a general practitioner for any illness or getting referrals for special needs assessments (e.g. autism spectrum disorder) can often be a 12-month waiting period, and usually at least an hour away.

Lack of developmental knowledge

Parents/carers in regional and rural communities sometimes lack knowledge of their child’s developmental needs. There is often a lack of education and awareness of parenting expectations and normative developmental milestones. Parents need to be strong advocates for their children, especially if they are trying to secure an NDIS package.

Families only start to access health and development checks when they can access preschool, and there are long waiting lists by then. Although some services like Aboriginal Maternal Infant Health Service (AMIHS) make scheduled visits to families to provide pregnancy care and early parenting support, it can sometimes be hard for families to maintain that engagement with services once they leave hospital. Possible reasons that staff cited include a fear of judgement in a new motherly environment, and a fear and mistrust of governmental agency staff. In the cases of First Nations families, carers and parents also need support to address intergenerational trauma, to allow them to trust and reach out to the supports and services they need. Families in crisis situations would benefit from access to playgroup and family support services. Local health services and community agencies need to continue working together to build the trust of the community in health services, as well as the general the capacity of all local services to work with children and families in a trauma-sensitive way.

Young mothers and families within the community rely on the good reputation of programs such as AFT to help them identify and address challenges in the home. AFT also work closely with parents and carers to understand the barriers to accessing checks and other vital services

early in the child's development. Families are usually distrustful of domestic violence services and refrain from accessing them individually/independently, but AFT staff have built trusting relationships with the community to make warm referrals/linkups with health agencies. Engagement with mothers fleeing domestic violence is often complex as well, due to their lack of transportation and safe, secure housing. This hinders access to vital services and early education programs that boost their child development (e.g. supported playgroups and transition to preschool).

Recruitment and retention of health professionals to address workforce shortages

Lack of experts in allied and supportive health services in regional and rural communities

There are significant differences in access to quality early learning across Australia, which is where early learning and health professionals can find opportunities to engage with children and their families. These differences are partly geographic: there are not enough services in regional and rural areas. However, there is also a lack of experts in several service areas, such as in occupational therapy, speech therapy, mental health, counselling, and drop-in services. Currently, the pop-up or mobile services which do exist are not always able to meet the community's needs, *when* they need them.

Attractive employment packages – including the appropriate training, support and ongoing practice development – for health professionals looking to relocate to regional and rural communities should be developed. This will contribute to a more sustainable and retentive workforce of health professionals in our regional and rural communities.

Previously, children could be referred to local NSW Health services for speech therapy, occupational therapy and other health-related supports for diet, autism spectrum disorders and more, but now as soon as a child successfully receives their NDIS package, they will no longer be able to access local health services for assessments (health and development checks). There are severe shortages or gaps in the NDIS market in regional areas, where receipt of an NDIS Package does not guarantee timely access to allied health supportⁱⁱⁱ. This could result in long waits or gaps in service access for children and their families, essentially locking them out of the local health system and the NDIS market.

Bilingual staff help in building the community capacity for engagement and trust in health agencies

Some program staff speak a second language, which helps in creating a safe space for parents and carers to ask questions and start conversations about the health and wellbeing of their children. This allows staff to identify potential needs or early signs that children may not be experiencing normative development or reaching their developmental milestones. HIPPY is a two-year home-based early childhood enrichment program focused on preparing children and their parents and carers for school, and program staff are community members themselves. They are perceived as familiar faces within the community that are welcome to intervene or advocate on the carers or parents' behalf if difficult conversations arise with health staff.

These staff have access to ad hoc supervision to ensure that this bilingual, capacity-building work is carried out in appropriate and sustainable ways, but further funding and support could ensure regular access.

Ensuring children and families are given a voice to inform and shape the early learning sector

Future reform and innovation in the early learning sector should seek to draw systematically on the voices of those who participate in it at the local level: above all, families and children, community leaders, and early learning professionals.

We believe place-based approaches would improve access to health and development checks in communities where there are substantial populations of Aboriginal and Torres Strait Islander and culturally and linguistically diverse families. Place-based approaches leverage existing community strengths and rapport to identify issues/access barriers and co-develop solutions. These long-term, are long-term, collaborative community-led initiatives that aim to build thriving communities of people and organisations working towards a shared vision. Early intervention and prevention programs have not seen a funding increase in over 10 years, and we echo Fams' call for increased funding across the early intervention and prevention sector^{iv}.

Greater voice and co-development of place-based solutions with children and families can help address access barriers

Uniting strongly believes that co-developed place-based solutions are important in addressing issues in accessing health and development checks. Our communities have shared that they trust and would be more willing to access health services (for checks) that meet them where they are located: at playgroups or sites where children and parents/carers already go to. Health services can leverage the existing trust that the community has with services like HIPPPY or early learning preschools to educate and provide health checks.

ⁱ Insights, Uniting Church Synod of NSW & ACT. (2023). Strengthening Communities Alliance calls for greater focus on place-based work. <https://www.insights.uca.org.au/strengthening-communities-alliance-calls-for-focus-on-place-based-work/>

ⁱⁱⁱ Australian Government. (2023). Final report: Working together to deliver the NDIS. [Market monitoring and coordinating NDIS markets | NDIS Review](#)

^{iv} Fams. (2024). Keeping our Kids Safe: Rebalance investment, invest in the evidence, and address the Australian Child Maltreatment Study. [Fams-2024-Budget-Estimates.pdf](#)