

**Submission
No 32**

IMPROVING ACCESS TO EARLY CHILDHOOD HEALTH AND DEVELOPMENT CHECKS

Organisation: Ethnic Community Services Co-operative

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Introduction

ECSC values the opportunity to respond to the Legislative Assembly's Committee on Community Services inquiry into improved access to early childhood health and development checks. Our organisation has 45 years of experiences of implementing support programs for children and families from culturally and linguistically diverse (CALD) backgrounds, including our statewide Multicultural Inclusion Support Program, which provides bilingual inclusion support for children from CALD backgrounds in early childhood education. Over the past 5 years we have further run bilingual playgroups in Southwest Sydney, targeting access to early education and intervention services for families with recent migration and humanitarian resettlement backgrounds, including Rohingya, Syrian, Afghan and Cambodian communities. The evidence gathered through our community engagement and evaluation frameworks has informed much of the analysis in this submission.

Our success in responding to and advocating for the needs of children and families from CALD backgrounds is due to our grassroots community approach and strong commitment to the values of human rights and multiculturalism. We highly value the cultural and linguistic skills of our staff and are driven by a deep respect for the CALD communities, families and individuals with whom we work.

Analysis

Access to early intervention services for children from Culturally and Linguistically Diverse (CALD) backgrounds is hindered by several systemic and cultural barriers, including:

1. Cost of Early Intervention Services

For many multicultural families, especially those from low-income backgrounds or those lacking access to Medicare, the cost of consultations and testing can present a considerable financial burden. These families may already face economic challenges due to migration or resettlement costs, making it difficult to afford additional expenses related to their child's developmental needs. While Medicare may cover some aspects of consultations and testing related to early intervention services, the complexity of the system and lack of access under certain visa categories leaves many families responsible for covering the full cost out of pocket. When families are unable to afford consultations and testing for early intervention services, children may experience delays in receiving the support they need for optimal development. Delayed intervention can have long-term consequences for children's outcomes, potentially impacting their academic success, social-emotional well-being, and overall quality of life.

2. Access to Early Education Services

Early learning centres play a pivotal role in identifying and addressing developmental delays in children. However, many families, especially those who have recently resettled in Australia, do not have the financial means to access these centres, leading to missed opportunities for early intervention. Where families can afford early childhood education services, they frequently encounter a lack of available spaces and long waiting lists for long day care and preschool enrolments. This structural barrier is compounded by the ongoing shortage of trained early educators and support staff across NSW and Australia, fuelled by low wages, lack of social status and poor working conditions in early education roles.

3. Cultural Barriers

Multicultural families may face additional challenges related to cultural and linguistic differences when seeking early intervention services. In many cultures, there is a stigma attached to mental health issues and disabilities. Families may feel ashamed or embarrassed about their child's development because of societal attitudes that equate such conditions with personal or familial failure. In some cases, multicultural families may encounter community stigma or discrimination when accessing early intervention programs. This stigma can lead to reluctance to seek help or support thereby impacting families' ability to understand available resources and to advocate for their child's needs, particularly if families fear judgment or social isolation within their own and the wider community. These issues may be further compounded by potential distrust in government institutions due to experiences of armed conflict, forced migration and immigration detention.

4. Access to Information

Concepts of disability and child development vary widely between languages and cultures meaning families from multicultural backgrounds may not be familiar with Western, medical models of child development, such as developmental milestones. Application forms for support often assume prior knowledge or understanding of Western concepts of child development and disability, as well as the systemic context of the form, which often leads to confusion among applicants who are unfamiliar with complex terminology, application processes and funding as well as regulatory arrangements. This is very challenging for individuals, especially if they have limited literacy skills or English proficiency, thereby creating barriers to access of early intervention support. The importance of this issue was confirmed in a 2021 study by the University of Queensland, which highlights language barriers as a key obstacle to allied health service provision for CALD families (Zheng et al, 2021).

Lack of systematic dissemination of information further exacerbates barriers to accessing support services for multicultural families. Without systematic dissemination of information, families may be unaware of the support services available to them. This lack of awareness can prevent families from seeking assistance for their child's developmental needs, resulting in missed opportunities for early intervention and support. Systematic dissemination of information fosters collaboration among service providers, early learning care and education centres, community organisations and other stakeholders involved in supporting families. Without effective communication channels, opportunities for collaboration and coordination may be missed, leading to fragmented services, gaps in support and reduced access to early intervention for children from multicultural backgrounds.

Recommendations

Based on the analysis provided, ECSC recommends NSW legislators focus on a range of policy areas to address access barriers to early intervention services for children and families from CALD backgrounds.

1. Free Diagnostic and Testing Services

Implement a free, universal diagnostic and testing program (akin to Medicare-funded pathology services) with the aim of reducing the cost burden of identifying developmental concerns early in a child's life. This will ensure all NSW residents, especially those from low-income backgrounds or lacking access to Medicare, are able to receive timely referrals to support services and programs, thereby reducing the risk of long-term educational underachievement and associated costs to public health and education systems.

2. Increased Availability of Early Education

Invest in increasing the availability of affordable early childhood education services, particularly in areas with high CALD populations and regional humanitarian resettlement locations. This may include expanding existing centres, funding new publicly run services and improving working conditions, pay and recognition of early educators. A targeted, fee-free early educator training program for newly arrived migrants and refugees could further help to address workforce shortages while diversifying the existing workforce.

3. Systemic Coordination and Information Dissemination

Establish coordinated networks between government agencies, service providers, early care and education centres and community organisations to ensure systematic dissemination of information and simplified referral pathways. The need for improved service coordination and simplified referral pathways was a key recommendation by a 2014 study funded through the Sydney Local Health District (Woolfenden S et al, 2014). Based on the evidence from the study and ECSC's program evaluation data, we further recommend development of centralised resources, such as multilingual websites and helplines, to provide easily accessible information to CALD families in addition to long-term, targeted community engagement (see section below).

4. Community Outreach and Engagement

Provide funding to develop targeted outreach programs to raise awareness within CALD communities about the importance of early intervention services and reduce stigma associated with developmental delays and disabilities. Our experience has demonstrated that partnerships involving community leaders, cultural organisations and religious institutions are effective ways to disseminate accessible information and provide culturally relevant support.

ECSC would like to thank the Committee for the opportunity to contribute to improved early years intervention service provision for diverse communities across New South Wales.

References

Woolfenden, S., Posada, N., Krchnakova, R., Crawford, J., Gilbert, J., Jursik, B., ... & Kemp, L. (2015). Equitable access to developmental surveillance and early intervention—understanding the barriers for children from culturally and linguistically diverse (CALD) backgrounds. *Health Expectations*, 18(6), 3286-3301. DOI: [10.1111/hex.12318](https://doi.org/10.1111/hex.12318)

Zheng Yen Ng, Monique Waite, Louise Hickson & Katie Ekberg (2021) Language accessibility in allied healthcare for culturally and linguistically diverse (CALD) families of young children with chronic health conditions: a qualitative systematic review. *Speech, Language and Hearing*, 24:2, 50-66, DOI: [10.1080/2050571X.2021.1879611](https://doi.org/10.1080/2050571X.2021.1879611)