

**Submission  
No 46**

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

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# Inquiry into improving access to early childhood health and development checks

NSW Government Submission





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## Glossary

### **Anticipatory guidance**

Anticipatory guidance refers to proactive counselling that addresses the significant physical, emotional, psychological, and developmental changes that will occur in children during the interval between health checks.

### **Attachment**

Attachment in the context of child development refers to an emotional bond between an infant or child and one or more adults.

### **Australian Early Development Census (AEDC)**

The AEDC is a nationwide data collection, conducted every 3 years, of early childhood development at the time children commence their first year of full-time school. The AEDC provides evidence to support health, education and community policy and planning.

### **Brighter Beginnings**

Brighter Beginnings is a NSW cross agency collaboration focused on improving outcomes for NSW children and their families in the first 2000 days, from pregnancy to school age.

Partner agencies are:

- Department of Education (lead)
- NSW Health
- Department of Communities and Justice
- Department of Customer Service
- The Cabinet Office
- Department of Regional NSW
- Aboriginal Affairs NSW
- Multicultural NSW.

### **Developmental domain**

Developmental domains are specific areas of a child's development and growth. There is not a single agreed set of domains of child development, but there is a high level of similarity among many approaches. For example:

- The AEDC (see above) collects data across 5 developmental domains: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills (school-based); communication skills and general knowledge.
- The Ages and Stages Questionnaire (ASQ) which is used as a developmental screen by NSW child and family health services groups the items in their screening tools into five areas: communication, gross motor, fine motor, problem solving, and personal–social.
- The World Health Organisation refers to early childhood development including cognitive, physical, language, motor, social and emotional development.

### **Developmental monitoring**

Developmental monitoring observes how children grow and change over time and whether they meet the typical developmental milestones in playing, learning, speaking, behaving, and moving. It differs from screening, which has a predetermined time frame, and takes a closer look at how a child is developing using formal, scientifically tested tools.

### **Diagnostic developmental assessment**

Child health and development checks aim to detect children who may be developmentally off track using developmental monitoring and observation. Health checks do not identify the extent of a developmental issue, cause(s), or provide a diagnosis. Diagnostic development

assessments use a range of clinical assessment tools, and combine the observations of health professionals with parent, carer and educator observations, to diagnose or identify the cause of a developmental delay identified by a health check.

In NSW children requiring a diagnostic developmental assessment across multiple domains may be referred to a paediatrician or to a specialist multidisciplinary developmental diagnostic team that includes a range of health professionals such as nursing and allied health staff as well as paediatricians.

## Executive summary

The early years are a critical time for a child's physical, cognitive, social, and emotional growth. The evidence supports boosting childhood health and development improves outcomes for NSW children, families, and communities. The early years can determine a person's lifelong outcomes.

NSW has a strong system of care and support for parents and children. This is delivered through a service network of providers, including government services, GPs, local councils, culturally specific service providers and non-government organisations. Health and development checks are a critical part of this system to ensure parents, carers, and clinicians have information about a child's health and development at appropriate points to enable recommendations for any support needed.

While this inquiry focusses on early childhood, it's important to note that health and development checks extend beyond this period. For some children, health and developmental issues may not emerge or be detectable until after they enter formal schooling (age 5+), so it is important that families continue to access health and developmental checks if concerns arise after their child turns 5. To provide a comprehensive view of the health and development check system in NSW, this submission takes a broad view to include the period before birth, after entry into school.

The published evidence affirms that the significant opportunities to influence children's developmental outcomes starts in, and even before, pregnancy. This broad view is recognised in key strategic policies, the *First 2000 Days Framework* and *Connecting, Listening and Responding: A Blueprint for Action – Maternity Care in NSW*, which outline the system of care that is pivotal to the health and wellbeing of families in NSW. The evidence outlined in these policies underpin the cross agency [Brighter Beginnings initiative](#).

Regular child health and development checks provide an important opportunity for developmental monitoring and early identification when children are not on track reaching developmental milestones. Early identification of areas of concern enables timely provision of supports, including further assessment and early intervention where needed, to reduce impact on health and wellbeing and optimise outcomes for children and families.

Early intervention to improve childhood development is an important strategy for governments seeking to improve the health, wellbeing, and productivity of their people.

In NSW, according to the Australian Early Development Census, one in 5 children arrive at school developmentally vulnerable in at least one area: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, or communication skills and general knowledge. In NSW, the health and development system is operating well and there has been investment through Brighter Beginnings. However, there are opportunities, listed below (and detailed in Section 8), to improve outcomes for children through a stronger service system such as:

- Working with the Australian Government and primary health care providers to increase access to GP child health and development checks.
- Removing financial barriers for families accessing health and development checks and allied health and other early intervention services.
- Replicating successful consumer experience strategies to overcome barriers to access health checks and increasing participation rates in services.
- Further exploring strategies to improve accessibility and convenience of health checks for parents.
- Improving uptake of services by Aboriginal children and families.
- Promoting wraparound and integrated service model approaches.
- Improving the quality and accessibility of information available to parents including the actions they can take to support their child's development.
- Providing effective options for additional, accessible support for families and children through digital and telehealth/telepractice services.



## **Scope of the submission**

This submission seeks to:

1. Supply information on the current system providing health and development checks to children and supporting children's health and development (section 2)
2. Address the terms of reference for the inquiry, including:
  - a. Barriers to families attending health checks (section 3)
  - b. Changes needed to address gaps for vulnerable children (section 4)
  - c. Recruitment and retention of health workforce (section 5)
  - d. Funding for early intervention programs (section 6)
  - e. New and emerging technology (section 7)
  - f. A summary of opportunities to improve the system (Section 8)

## 1. Introduction

The provision of universal well-child health and development programs is well established across NSW and indeed across Australia and many other developed countries. These programs aim to promote child health and development, and facilitate early detection and intervention, through a universal system of health and development checks to maximise outcomes for all children.

### 1.1 Why are health and development checks important?

The first 2000 days of a child's life – the period from their conception until around the age of 5 – is a time of rapid development where the foundations of a child's body and brain are developed. A child's development score at 22 months of age can serve as an accurate predictor of educational outcomes at 26 years<sup>1</sup>. It is also a period of change and adjustment, when the whole family can benefit from health care, information, and support to welcome their new baby and provide them with the best start in life.

Some families will face additional challenges or need access to more services than others. Health services provide universal access for all families to well person health care (such as antenatal care, child and family health services, and GPs), and a gateway into the service system for those families who need further care and support (such as mental health services, get healthy coaching or virtual residential parenting services).

Evidence indicates that checks should be delivered in a partnership between parents/caregivers and health care providers. Health checks should form one component of a child health and development program to improve early childhood development outcomes. Child health and development checks are an important initial component of child health and development programs. The key components of health and development checks include:

- Monitoring of growth and health of children
- Monitoring of developmental milestones (see below)
- Screening for specific conditions (for example, screening and early detection for developmental dysplasia of the hip/congenital hip dysplasia can avoid surgery and have adequate treatment provided through splinting alone)
- Assessment of factors that influence child health and development (such as the parent-child relationship, parental wellbeing and family situation, and exposure to child maltreatment)
- Health promotion, including injury prevention and provision of advice to promote child and family wellbeing.
- Anticipatory guidance (see above)
- Health and developmental information and guidance
- Referrals for follow-up and further care as required.

In NSW, child health and development checks (after the newborn health check which is predominantly delivered in hospital) are provided by NSW Health child and family health services, GPs/practice nurses and Aboriginal Community Controlled Health Organisations (ACCHOs). From 2023, specific services are being established through Brighter Beginnings to deliver 4-year-old health checks in preschools and day care.

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<sup>1</sup> Allen (2011), Early Intervention: the next steps report. [Early Intervention: The Next Steps \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

## **Child Health and Development Programs**

In countries where public primary health systems are established, child health and development programs are embedded as universal systems. They seek to reach all children and support them in reaching their potential, for the benefit of the individual child, their family and society. This approach builds on research evidence to offer:

1. developmental monitoring for early detection of problems
2. health promotion that benefits the child and family
3. platform for the identification of families who may need further support.

The immediate environment for children in the early years is predominantly that of their home and family. Many risk factors to health and development can be present in the family domain, for example, poverty, family violence, parental mental health issues or substance use. Equally, many protective factors can be present within the family. Optimising outcomes for children need to include identifying family factors that may impact upon development, and child health and development programmes must also include pathways and strategies for providing support for at risk children and families.

Typically, a child health and development program include:

- Health checks/ monitoring for all children, to detect risk factors or problems, provide extra support to parents/caregivers and the child, and refer as appropriate (see above).
- Pathways to clinical assessment for children detected through health checks, to diagnose disorders, develop a treatment plan, and accurately refer for appropriate intervention.
- Access to appropriate early intervention services within clinically appropriate timeframes.
- Opportunity for a parent to access trusted advice about how to support and support child development.

The Baby Bundle is given to parents and caregivers with newborn babies living in NSW while they are in the hospital. The Baby Bundle contains useful products and health information to support families with their child's growth and development.

### **1.2 The universal well-child health and development service system in NSW is in line with best practice**

An independent [evidence review](#) commissioned by NSW Health in 2014 found that the NSW model for a universal early childhood health and development program was in line with similar jurisdictions across the world. While noting opportunities to enhance uptake and outcomes, the review found that NSW was delivering a universal well-child health and development program that was consistent with best and expected practice across the world.

The NSW universal well-child health and development system of care has evolved over time, based on best practice evidence, from an emphasis on monitoring growth (weight and height) and screening for physical disorders starting with newborn bloodspot screening at birth to include a more wholistic approach to health and development checks in partnership with parents/caregivers.

The recommended minimum schedule of health and development checks is outlined in the [NSW My Personal Health Record \(Blue Book\)](#) given to each family on the birth of their child. The information in the Blue Book encourages all parents to take their child for regular health checks with a GP or child and family health nurse. This supports them in reaching their potential, for the benefit of the individual child, their family and society.

### **1.3 Early intervention is vital to help children reach their potential**

Early detection through child and development checks provides a gateway to early intervention support and services. There is evidence that early intervention can act to reduce the impact of health and developmental issues early in life. However, this relies on parents and carers being able to access the checks and any necessary support and services.

Early intervention and prevention to improve early childhood development is an important strategy for governments seeking to improve the health, wellbeing, and productivity of their people.

In NSW, the data from the most recent Australian Early Development Census (AEDC) collection in 2021 indicated that the number of NSW children developmentally on track is the lowest since the census began, in 2009.

The 2021 AEDC data indicated that:

- One in 5 children (21.7% compared to 19.9% in 2018) were developmentally vulnerable on at least one domain; and just over one in 10 were developmentally vulnerable on 2 or more domains (increasing from 9.6% in 2018 to 10.5% in 2021).
- Aboriginal and Torres Strait Islander children and children from culturally diverse backgrounds are more likely to be developmentally vulnerable than their peers.

Overcoming barriers that affect parental access to support and services is an important priority and is explored in sections 3 and 4.

### **1.4 Improved service integration will make access easier for families**

Families have reported that it can be very difficult for them to find the services their children need. Effective early intervention requires a flexible, timely, integrated, responsive and evidence-informed system that provide services tailored to the needs of children, families, and communities. Such systems must be underpinned by accountable governance structures and mechanisms.

NSW Government agencies are working to establish the infrastructure for a system that is easier for parents and carers to find what they need for their children. This approach is data driven, evidence informed and holistic.

This submission includes examples of the work underway to build the NSW system of care for children and families such as Brighter Beginnings, the development of the Department of Communities and Justice (DCJ) Early Intervention Evidence Portal and library of evidence reviews to inform service development and delivery, and the cross-agency work to better harness the power of data to inform meaningful system change.

## **2. Current services available**

### **2.1 Service delivery context to support health and development outcomes**

In NSW, 8 agencies collaborate on 'Brighter Beginnings' to lift child health and development outcomes for all NSW children. Brighter Beginnings is a cross-agency collaboration aimed at improving child health and development outcomes – in recognition that no single system or agency can drive the level of improvement required to lift the number of NSW children that are developmentally on track.

Brighter Beginnings aims to achieve increased universal access to education, health, community, and government services, provide targeted early interventions to children, support families experiencing vulnerability and/or disadvantage, improve families' experience in their interaction with government services, raise awareness/understanding of the importance of the time between pregnancy to age 5.

This work occurs in a complex interjurisdictional context which influences the drivers of change, as well as a complex service landscape comprised both of Commonwealth and State funded services.

There is a tiered system of care and response for children identified with developmental concerns following a health and development check. Some children may be referred to a GP, to exclude medical issues or to a paediatrician. Some children may be referred directly for allied health assessment and intervention, such as speech pathology or audiology or to dental services. Children presenting with more persistent, pervasive and/or other complicated developmental concerns and health comorbidities may be referred to multi-disciplinary diagnostic and assessment services. Services responding to identified needs can come from a range of providers - public, private, not-for-profit or, where appropriate, the National Disability Insurance Scheme (NDIS).

Despite the strong foundation of support for families with young children delivered by the broad range of service providers, there is still more to be done. Data from the AEDC demonstrates that too many children are still starting school with unmet developmental needs, and other data shows approximately 23% children are above a healthy weight<sup>2</sup>.

Demand for additional support and early intervention is expected to continue to grow with the roll out of the Brighter Beginnings Health and Development Checks in Early Childhood Education (ECE) program, and with expected changes to the NDIS following the release of the [NDIS Review: Final Report](#).

### **2.2 Foundations for supporting childhood development from pregnancy**

The health of women and their families, during and after pregnancy, and the physical and social environment in which children grow, can have a deep and lasting effect on child development, school readiness, later educational achievement, and the risk of chronic disease in later life.

Antenatal care (care in pregnancy) provides a key opportunity to improve maternal health and wellbeing, promote healthy behaviours and parenting skills, identify areas where the woman, her partner or family may need additional support, and ensuring the mother and her family are linked with appropriate services. The relationship between a parent and their baby is a central determinant of child health and development outcomes, right from the start of life. There is a strong body of evidence linking the quality of parent-child attachment from early in life with children's later physical health, mental health, and academic achievement.

Pregnancy is an ideal time to work with parents to help them develop a healthy attachment relationship with their child.

Antenatal care is a usual part of pregnancy for most women who give birth in NSW. As the majority (about 78%) of women in NSW gave birth within NSW public hospitals, the routine

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<sup>2</sup> Overweight and Obesity in children, Health Stats NSW. [Overweight and obesity in children - HealthStats NSW](#)

provision of antenatal care in NSW Health's maternity services provide several important screening and assessment activities to improve maternal, child and family outcomes including children's health and development after they are born.

### **SAFESTART and Domestic Violence Routine Screening**

The aim of assessing all women/families during the antenatal and postnatal periods is to identify and provide care to those parents and their infants who are most at risk for poorer physical, social, and mental health outcomes.

Psychosocial risk factors impact significantly on a family's capacity to engage with and parent their baby. Some psychosocial risk factors can detract from parents' capacity to establish the healthy relationship with their baby that is a central determinant of child health and development outcomes.

NSW Health's SAFESTART model, described in the [Maternal and Child Health Primary Health Care Policy](#), guides health professionals to deliver the comprehensive primary healthcare assessment to identify psychosocial difficulties and/or anxiety and/or current depression in pregnant and postnatal women. A comprehensive assessment is recommended to be offered during pregnancy, at the time the baby attends a 6-week child health and development check and again at the 6-month child health and development check.

Domestic violence is a public health issue that has significant negative health consequences for women, children and their families. The SAFESTART process also includes offering [Domestic Violence Routine Screening \(DVRS\)](#). This is an early identification and intervention strategy to promote awareness of the health impact of domestic violence, ask questions about patients' safety in relationships and the safety of their children, and to provide information on relevant health services for victims. The offer of DVRS to eligible women is mandatory in 4 public health service settings as part of routine assessment for:

- all women attending antenatal services
- all women attending child and family health services
- women aged 16 years and over who attend mental health services
- women aged 16 and over who attend alcohol and other drugs services.

## **2.3 Child health screening and health and developmental checks**

### **Newborn Bloodspot Screening**

Early detection of treatable disease in children allows for early intervention, resulting in better health and development throughout life.

Newborn Bloodspot Screening is a free heel prick blood test that is offered to every newborn baby in NSW and the ACT. Newborn bloodspot screening aims to detect babies at risk of serious disorders, which may result in physical or intellectual problems, serious illness, or death. Early diagnosis and treatment by medication or diet can prevent death or serious complications and can lead to significantly improved outcomes.

### **NSW Statewide Infant Screening - Hearing (SWIS-H)**

The SWIS-H program provides universal hearing screening to all babies born in NSW, usually in hospital soon after the baby is born.

The SWIS-H program aims to identify babies born with significant hearing loss and link them to appropriate services as soon as possible after birth. About one to 2 in every 1,000 babies is identified with a significant hearing loss each year and referred for treatment and early intervention. Early detection of hearing loss in children is associated with better developmental outcomes. Research indicates that intervention starting by 6 months of age can result in optimal speech and language development and minimise the need for ongoing special education.



Information about the [SWIS-H program](#) is available for parents/carers including for those whose infant is diagnosed with a hearing loss. SWIS-H program resources are available in English and a broad range of community languages. In the three financial years 2020-21 to 2022-23, almost all children (98.9%) born in NSW received a hearing screen.

## **Immunisation**

Illness in childhood can have a lasting impact on child health and development. The National Immunisation Program (NIP) has made a significant long-term contribution to decreasing childhood mortality and morbidity in Australia and improving children's health and developmental outcomes. Continued promotion of on-time childhood immunisation is vital to preserving and extending the benefits delivered by the disease prevention the NIP has achieved.

Under the NIP children are provided access to free vaccines that protect against a range of vaccine preventable diseases. See [NSW Immunisation Schedule](#). Catch up vaccinations are available up to 19 years of age. Vaccines are available from GPs, Aboriginal Medical Services, community health centres and community pharmacy (5 years and over).

Barriers to full, on time vaccination of children include shortages of GPs, particularly in regional and remote areas of NSW, cost of living pressure and a reduction in GPs providing Medicare bulk billed services.

GPs can claim a Medicare Benefit Schedule (MBS) consultation fee for a childhood immunisation encounter. Additionally, GP immunisation providers receive a payment of up to \$6 for completing all vaccinations due at a scheduled age point for children under 7 years of age and a \$6 payment per completed catch-up schedule for children over 7 years, after they report the encounter to the Australian Immunisation Register (AIR). This payment is co-funded by the Australian and NSW Governments.

Since 1 January 2024, participating community pharmacists receive an Australian Government funded payment of \$18.85 for each NIP vaccine that they administer (to people aged 5 and over) under the National Immunisation Program Vaccinations in Pharmacy program (NIPVIP). This payment is not available for other providers such as Authorised Nurse Immunisers. If this payment was extended to additional providers, it may improve access to vaccination and assist in alleviating pressure on GPs.

NSW childhood immunisation rates declined slightly during the COVID-19 pandemic but have started to increase again with AIR data at December 2023 showing over 96% of Aboriginal children and over 93% of all children were fully vaccinated at 5 years of age.

A GP/Aboriginal Medical Service consultation for a scheduled routine immunisation service provides an opportunity for the service provider to undertake a child developmental assessment.

## **NSW Health recommended schedule of health and development checks for children from birth - 4 years**

A free copy of [My personal health record](#), also known as the Blue Book, is given to every parent whose child is born in NSW. It describes how the evidence shows that most of a child's brain structure is developed before they turn 5 years old, and that these early days set the foundation for how well they will do in school and right through their lives. It explains why it is very important that children have their health and development checked regularly by a health professional from birth and up to 5 years old. It also reinforces the importance of early detection and intervention for improved outcomes for childhood health and developmental issues.

The Blue Book outlines the schedule for health and development checks, at birth, 1-4 weeks, 6-8 weeks, 6 months, 12 months, 18 months, 2 years, 3 years, and 4 years.

The health and development checks described in the Blue Book monitor growth, physical health and development as well as assessing any concerns about learning, development, and behaviour.

The newborn health and development check is completed by a health professional in the presence of the parent/s before the baby is discharged from hospital.

The checks from 1 to 4 weeks to 4 years can be completed by a paediatrician, GP/practice nurse or child and family health nurse, depending on the preference of the child's parents/carers. Through Brighter Beginnings, the 4-year health check will soon be available in early childhood education services (see Section 4.1).

Many of the checks are aligned with when immunisations are due, and on-time immunisation is promoted in the Blue Book.

The Blue Book urges parents, if concerned about their child's health, growth, development or behaviour between the scheduled health checks, to take their child to their local child and family health service or doctor so that early action can be taken.

The Blue Book is also available online on the [NSW Health website](#), where it is translated into 18 community languages.

### **Health checks for children after 4 years of age**

The Blue Book includes a section titled *Primary and secondary school*. After the age of years, the Blue Book encourages parents to take their child for a health assessment if they, their child or their child's teacher have concerns about their health and development at any time in their school years. Parents are reminded that behavioural problems or learning issues can be related to health problems, and that if their child develops any of these issues, a health assessment is a good idea.

Parents are also advised that a health assessment before their child starting high school is recommended. Health issues or questions can emerge, and a health assessment is an opportunity to deal with these. As part of this assessment, it is recommended that a child's eyes and vision are assessed. Hearing and vision testing can be done at any age.

A family GP is often the first point of contact for a health assessment for a child of school age. Youth health services and, increasingly, services such as Wellbeing and Health In-Reach Nurse Coordinators (see **Appendix A**), may be available to assist families to access the assessments and care their child may need.

### **Child and family health services and GPs offer a range of care and support**

NSW Health recognises the importance of seamless transition of care for new parents and their families from maternity services into the community, this may include child and family health services and general practitioners. Often families will stay in touch with their GP who provide care throughout pregnancy and after the child is born.

Child and family health services work in partnership with parents to provide parenting and family support, and education to promote the health and development of their child during their early years. The services also provide access to postnatal psychosocial screening and assessment with referrals to other services within health and in the community (government and non-government) as required.

Child and family health services provide access to health checks, performed by child and family health professionals, from the 1 to 4 week health check to the 4-year health check. Children identified with developmental concerns after a health check may be offered a developmental screen using a validated tool such as the ASQ. For some children, the child and family health nurse or other health professional providing the check will be able to provide parents with activities and guidance to help address early developmental delay. Other children may need referral for to other services further assessment.



Through the Brighter Beginnings [Health and Development Checks in Early Childhood Education and Care](#) program, multidisciplinary health teams including a range of allied health disciplines are now being established across NSW to provide health and development checks for 4-year olds in early childhood education environments. This program has been established to increase the number of 4-year health and development checks being completed in response to the evidence of the importance of identifying children's needs prior to their commencement of school.

### **Allied Health Services**

Allied health professional(s) provide assessment, diagnosis, and therapeutic intervention to address child health and development concerns. They are available through public community health services as well as non-government and private providers. Children and families are referred to allied health services by GPs, paediatricians/specialists, child, and family health services or directly by parents if they have concerns about their child. Education providers may encourage parents to seek services.

The types of allied health professions employed through NSW Health vary across districts in NSW, but predominantly include speech pathology and occupational therapy services, with some also providing dietetics, orthoptist, physiotherapy, psychology, and/or social work services. Children may also be referred to other public or private allied health services as required, including audiology, exercise physiology, optometry, podiatry, or orthotics/prosthetics. Many districts experience high demand for their allied health services and children can experience long waiting times to access therapy and early intervention services. Allied health services are also not available in some regional communities.

Children are also referred to NSW Health allied health services for assessment and assistance to access NDIS disability supports. Children who are eligible for the NDIS usually receive their ongoing allied health therapy and early intervention through private and NGO providers.

### **Statewide Eyesight Preschooler Screening (StEPS)**

The StEPS program is an initiative of NSW Health that offers all 4-year-old children free vision screening. NSW Health advises that all children should have their vision screened before they start school and strongly recommends that all 4-year-old children participate in the StEPS program.

There is a StEPS program and coordinator in each local health district (District). Districts target preschools and childcare centres to offer all 4-year-old children a free vision screening.

An independent evaluation of the program in 2018 found that from 2009 to 2016, 719,686 4-year-olds were offered vision screening by StEPS, representing 96.4% of 4-year-olds in NSW during that period. Of these, 84% accepted the offer.

## **2.4 Services and systems to support families to improve children's health and developmental outcomes**

The systems and services available to support families vary in different communities, as local providers tailor their services to community needs and demographics. Availability of qualified workforce is also a significant factor that influences the services available in any region or district. **Appendix A** contains examples of services available for specific needs or population groups in NSW. These services support improved developmental outcomes for children, such as the Aboriginal Maternal Infant Health Service (AMIHS) program and sustained nurse home visiting services.

## **2.5 Australian and NSW governments share responsibility for supporting families**

Provision of health and social care to support families from conception into the early years is a shared responsibility guided by Australian Government and NSW policy documents to deliver safe, and evidence-based care. These overarching policies can be found in **Appendix B**.

The Australian Government is responsible for the provision of primary care, the regulation of aged care and private health insurance, and provides funding through the MBS and the Pharmaceutical Benefits Scheme (PBS). The states and territories have primary responsibility for the delivery of care in public hospitals, with the Australian Government contributing to their funding under the National Health Reform Agreement (NHRA).

States and territories work in partnership with the Australian Government to fund and deliver a range of other health services, including preventive health services. The Australian Government has established Primary Health Networks (PHNs) (10 in NSW) to assist in the coordination of health services across local populations. These PHNs work directly with GPs, other primary health care providers, hospitals, and the broader community. The Australian Government and NSW have also entered into a bilateral agreement reflecting shared responsibility in supporting the NDIS.

### **National Disability Insurance Scheme reforms and workforce implications**

In December 2023, National Cabinet acknowledged the need for reform to the NDIS, to support people with permanent and significant disability within a broader system of supports. This included agreement to jointly design 'Foundational Supports'. Foundational Supports are to be funded 50-50 with the Commonwealth and delivered through existing government service settings where appropriate.

Broader disability sector reforms and the establishment of Foundational Supports may change the workforce needed to provide NDIS funded and mainstream State services, including those provided in health and education. This includes disability support workers, allied health workers and other workers working across a variety of settings. The NDIS Review noted that in 2021-22 there were around 325,000 workers supporting NDIS participants, their families and carers. About 128,000 more workers are likely to be needed by June 2025 to fully meet demand. Despite strong workforce growth since the NDIS commenced, large and persistent workforce shortages remain in the NDIS. The disability sector is also trying to build its workforce at the same time as there is strong demand for new workers right across the care and support sector.

## **2.6 The Brighter Beginnings NSW Government Agency partnership**

NSW Government has identified that the service system can be complex and difficult to navigate for parents and carers. NSW Government agencies are working together to improve access for families to services, streamline how information is made available and used to deliver better outcomes, and collaborating to deliver better health and wellbeing outcomes for families.

Since its launch, Brighter Beginnings has set strong foundations, focused on bringing together ministers, government agencies and front-line professionals to identify opportunities for immediate improvement, establish robust governance mechanisms to drive collaboration, and to develop innovative, integrated ways to better meet the needs of NSW children and families.

A total of \$376.5 million has been committed over 4 years to 2026-27 to support evidence-based accelerator initiatives targeting child development from pregnancy to age 5. These programs are:

- **Aboriginal Child and Family Centres:** Expansion of culturally safe services and supports for Aboriginal families with children aged 0-8 years (see **Appendix A** for more information).
- **Digital Baby Book:** Development of a digital health record for children born in NSW (see Section 7.2 for more information).
- **Health Development Checks in early childhood education services:** Delivering health and development checks for 4-year-olds in early childhood education settings (see Section 4.1 for more information).
- **Pregnancy Family Conferencing:** Conferencing services to provide early family support (see Appendix A for more information).
- **Sustaining NSW Families:** Nurse-led health home visiting program for families with identified moderate level risk factors to child development (see Appendix A for more information).

There are several other agency partnerships operating to make better use of data, information, and collaboration to improve responses to children and families. A summary appears in **Appendix C**.

### **3. Barriers that affect parents' access to routine health and development checks**

NSW Government services monitor challenges for families and consider the implications for service provision including access to routine health and development checks.

Barriers for families accessing health and development checks and early intervention services can include:

- Cost of living pressures, including out of pocket medical and health expenses.
- Location, geography, or access to transport, particularly barriers for rural, regional, and remote families.
- Experience or fear of discrimination when accessing services, or stigma associated with accessing services or receiving a diagnosis.
- Fear of being reported for child protection concerns.
- Cultural barriers - racism and lack of culturally safe services for Aboriginal people.
- Poor understanding of the importance of health and development checks, or the service availability.
- Parental health and wellbeing factors including domestic and family violence, untreated mental health conditions or drug and alcohol use, trauma, cognitive functioning of parents.
- Long wait times for appointments.
- Availability of appointments outside working hours.
- Language and access to translators
- Community perceptions of service providers.

Poor access and long wait times for early intervention services also discourage families from participating in early childhood developmental checks. Some families may not see the point of identifying developmental issues if they cannot access treatment, therapy, and early intervention services to help their child. Others may avoid identifying issues because they know they cannot afford to pay for the services their child may need.

#### **3.1 Socio-economic disadvantage and cost of living pressures**

Structural and socio-economic barriers can impact access to health services such as insecure housing, cost of living, experiences of domestic and family violence. The Department of Customer Services (DCS) 'Customer Insights' Survey of 850 participants in January 2024, found that cost of living concerns were top of mind, and the number of people 'extremely' concerned about the cost of health care also continues to increase with 40% pulling back or stopping their health appointments along with 25% of parents who reported reducing or stopping appointments for their children.

There may be extensive wait lists for some health services, including allied health and other early intervention in both the public and private sector.

Poor communication and coordination across services working with a family can have significant consequences for a child's development. For instance, women from the most disadvantaged areas, particularly outer regional and remote areas are the least likely to receive antenatal care, particularly during the first trimester when the risk of fetal harm is heightened, and service links and referrals are best established.

#### **3.2 Stigma and discrimination**

Stigma and discrimination, fear or real, can act as a barrier to seeking or receiving care and support. For example:

- People from culturally diverse backgrounds due to cultural or language barriers.
- People who use alcohol and other drugs also experience discrimination that can become a barrier to their access to services, particularly for pregnant women. Stigma towards alcohol and other drug use in pregnancy may also result in non-disclosure and barriers to accessing appropriate diagnoses and service support.

- Fear of child removal due to child protection concerns can be a barrier for families, families experiencing significant mental health issues, and families seeking to engage in alcohol and other drug treatment.
- Domestic or family violence can also hinder access to early childhood development checks. Social isolation, financial or social dependence, or fear of retribution may impede a mother taking a child for health checks.
- People with a disability and their families and carers face stigma and discrimination when accessing services.

### **3.3 Location**

Children and families in rural and remote areas are more likely to experience barriers to accessing services due to systemic disadvantage and inequality. Australian Institute of Health and Welfare (AIHW) data shows that remote areas have 7 times fewer specialists compared with major cities, and that the total clinical fulltime equivalent (FTE) for health professionals per 100,000 population generally decreased as remoteness increased<sup>3</sup>. Decreased availability of health services in rural and remote NSW further widens the gap for rural and remote communities by impeding the provision of timely developmental checks and delivery of early intervention supports for children where needed.

Families in regional and remote areas also have poor access to childcare where 61% of outer regional, 85% of remote and 78% of very remote communities in Australia are classified as 'childcare deserts'. The biggest issue is in towns with a population of under 1500. The Australia Productivity Commission has reported that families who do not participate in early childhood education and care (ECEC) typically have lower incomes and are more likely to be unemployed or not in the labour force, have a lower level of education, and to be receiving income support than those who do participate.

Families who live in rural or remote locations may also have financial, transportation or social barriers in accessing early development health checks compounded by the long distances they must travel.

Mobile and telecommunications infrastructure can also be a disadvantage in many locations, with rural and remote areas still having connectivity black spots. This can prohibit access to virtual care services include telehealth consults, which could help bridge the access gap.

The availability of appointment times may not suit the community, particularly working parents. In more metropolitan areas, location may pose a different type of barrier to access. Services that are not located near public transport, or do not have sufficient free or low-cost parking options, pose access barriers for families. Services may also be located in buildings that have stairs or other challenges for people with mobility needs, including people with a disability or parents with prams.

### **3.4 Culturally and Linguistically Diverse (CALD) families**

Families from CALD backgrounds may face compounded barriers when engaging with different child health and development services. Because CALD communities are not a homogenous group, it is important to recognise that communities can differ in levels of engagement with services. The ways different communities interact and engage with government services is influenced by diverse factors such as community connectedness, religious beliefs, and experiences of trauma.

Accordingly, when seeking to address developmental gaps in outcomes for children in these populations, approaches should be tailored in response to these multifaceted and nuanced experiences of different communities.

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<sup>3</sup> Australian Institute of Health and Welfare. (2019). *Rural and remote health*. <https://www.aihw.gov.au/reports/rural-remote-australians/rural-remote-health/contents/access-to-health-care>

Some common barriers to accessing government services experienced by families from CALD backgrounds include:

- Lack of awareness of services and supports.
- Language barriers.
- Lack of access to culturally appropriate and responsive support services.
- Experiences of trauma and loss financial barriers.

Research studies conducted in NSW indicate that many of the same barriers to accessing general child health, development and childcare services experienced by families from CALD backgrounds also affect access to health and development checks. For example, lack of awareness of general child health and development supports among parents from CALD backgrounds is reflected in limited understanding of scheduled health and development checks, impacting attendance rates of these checks.

Limited uptake of health and development checks among CALD families can further entrench the developmental vulnerability of children from CALD backgrounds identified in the AEDC. Lack of access to resources in-language (including audiovisual resources for people with poor literacy in their own language) and interpreter services can also be a barrier.

### **3.5 Culturally safe services**

Experiences of trauma may impact a person's access to and engagement with services and may impact on overall physical and psychological health throughout their lives. It is important that all services are trauma-informed and healing focussed to help ensure they can effectively recognise and respond to underlying trauma. Without appropriate support services, the impact of trauma, including adverse childhood experiences, can resemble other illnesses or diagnoses and can often be misunderstood.

#### **Lack of cultural safety for Aboriginal and Torres Strait Islander families in health services**

Aboriginal peoples' experiences of health services have been traumatic due to historical and contemporary discrimination. Embedding cultural safety is key to achieving equitable access to health services for Aboriginal families. Coordinated and culturally safe services will improve the patient journey for at-risk children and increase the likelihood of early and authentic engagement of families with culturally safe early intervention services.

### **3.6 Communication and promotion**

A critical element to giving children a successful start in life is providing families with the opportunity to understand the importance of the first 2000 days of life, how they can help their child's health and development, and how and when to access services. This information can assist families to prioritise well child health care and regular health and development checks in their busy lives.

#### **The service system for families is complex, and difficult to navigate**

The average family may interact with over 150 services in their child's first 2000 days of life. Of these, around 60 are delivered by NSW Government, 40 by the Australian Government and around 50 by NGOs or commercial entities.

Consumer insights from the Brighter Beginnings collaboration reported that parents and carers do not feel they have access to the right information at the right time in accessible formats for parents and carers. If a family requires additional support, it can become even more complex and overwhelming, especially if they need to access multiple services. Limited information sharing in NSW Health and across agencies can also mean people must re-tell their story and can experience unnecessary re-screening and assessments. This points to a need for greater trust, alignment and collaboration between agencies working with children and young people, and their families or carers.



### **Families can find it difficult to find the information they need from a trusted source**

There is a lot of information available to families from a wide variety of sources and of varying quality. This information can be difficult for families to navigate. To address this, NSW has updated the [NSW Health website](#) has information and resources to help people learn more about the child health and development checks, and where families can go to get them. The content on the webpages and resources that promote child development have been reviewed from a health literacy lens. Consumers can use an [interactive map](#) to find their local child and family health services. There are also resources on the website, like the Learn the signs, Act early [Milestones Matter](#) developmental monitoring checklists (available in 19 community languages) that show when it is time for a routine health and development check. There are also [videos](#) in 5 languages that promote child development and regular checks.

NSW Health also promotes the Australian Government funded [Raising Children Network](#) parenting website and resources, which is a very comprehensive source of information, through the Blue Book and the Baby Bundle. NSW Health continues to provide written information in these resources as there is evidence that some families prefer written information. This can be due to barriers such as limited digital literacy or unreliable internet access.

However, many parents remain unaware of the importance of health and development checks for children, and how regularly the checks should occur.

### **Consumer insights help to improve how NSW Government provides information**

As part of the Brighter Beginnings initiative the Department of Community Services recently engaged with families to better understand how parents and carers approach health and development checks. They found there were broadly four different mindsets that parents and carers held towards checks:

Mindset	Profile
I need to be informed about what to do.	<ul style="list-style-type: none"> <li>• Have not heard of checks.</li> <li>• Often first-time or expecting parents.</li> </ul>
I need to be reminded when it's time to book and complete a check.	<ul style="list-style-type: none"> <li>• May have heard of checks but quickly forgot about them.</li> </ul>
I need to be convinced about why to go to a professional when I have the answers myself.	<ul style="list-style-type: none"> <li>• Highly confident in their own ability to spot developmental issues.</li> <li>• Often have raised children before.</li> </ul>
I need to be convinced about why to do a check because I'm afraid and overwhelmed.	<ul style="list-style-type: none"> <li>• Avoids things relating to their child's health and development that are clinical and potentially serious.</li> </ul>

Through Brighter Beginnings, the NSW Government has created a parent and carer hub that is a one stop shop of trusted, evidence based, resources that families can use to find the information and support they need on child development. This webpage is being supported with a whole of government campaign starting early 2024.

### **3.7 Concerns about the repercussions of accessing services**

The DCJ [‘Family is Culture’](#) report highlights that some families avoid health care services due to the fear of attracting the attention of child protection services. This is a well-documented issue for Aboriginal families who have been overrepresented in the child protection system.

Effective and safe proactive follow up with children and families who may not attend developmental checks is needed. NSW Health has a responsibility to try and understand

why families may not engage with services. How the efforts of health professionals to engage with families are documented and responded to can have implications for child protection and family law proceedings and may further exacerbate distrust or disengagement with services.

Where a family is impacted by domestic or family violence, uptake of early childhood development checks may be hindered. Social isolation, financial or social dependence, or fear of retribution may impede a mother taking a child for health checks.

### **3.8 Parental wellbeing factors**

While health and developmental checks are focussed on the child, consideration also needs to be given to the constellation of people around the child (parents, partners, family) and their health and wellbeing. Children and young people often experience vulnerability or trauma due to parental factors, such as untreated mental health conditions, harmful alcohol and other drug use, and domestic and family violence. A well parent is better able to support the health and development of a child. Child wellbeing and child protection concerns may be linked to a parent's own experiences of trauma, including adverse childhood experiences and intergenerational trauma.

This does not mean that all parents who have experienced trauma have compromised parenting capacity, but it does mean that some parents may need additional services and supports to maximise parenting capacity and prevent trauma for the next generation. All staff should understand that experiences of stigma and/or discrimination can be a significant barrier for accessing services, particularly for people worried about how they are viewed as a parent.



## **4. Addressing gaps in outcomes especially for vulnerable children**

### **4.1 Improving access**

#### **Work is underway to increase participation in Child and Family Health Services**

NSW Health has worked closely with DCS to undertake consumer research for insights into the experiences and views of families with young children accessing government services, including health services. An example is the customer experience pilot project to improve the consumer experience of child and family health services at Section 3.6 above. This project was undertaken by DCS and Illawarra Shoalhaven Local Health District between 2021 and 2023. Initial research found the 4 consumer 'mindsets' toward health and development checks described above that contributed to parent/carer decisions. The project's strategy to address specific barriers and increase participation in early health check successfully demonstrated a 24% increase in bookings for the 6 to 8 week health check. The pilot also demonstrated an increase in parents accessing information about health and development checks through a QR code and the service website. There are plans to use lessons from the pilot in services across more districts in 2024.

#### **General Practice and Aboriginal Community Controlled Health Organisation (ACCHOs) are important partners to address access gaps**

In a recently completed DCS survey of families on the use of the Blue Book and families' experience with health and development checks, responses from 4,751 families found that more than half of families see their GP for health and development checks after the 1-to-4-week check, and also that many families are not getting the checks completed. The survey also found that out of all the scheduled health and development checks, families are more likely to miss the 2- and 3-year health and development checks.

Data on the total number of health and development checks completed by GPs is not available, as there is no discrete MBS item used for child health checks. The exception to this is the Aboriginal child health check, available yearly for all Aboriginal children, for which data is available. The Australian Institute of Health and Welfare (AIHW) report [Tracking progress against the Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023](#) found that of 31,234 Aboriginal children aged 0-4 years in NSW in 2020-21, 7998 or 25.6% attended an Aboriginal-specific MBS health check. Of these 7,998 children, 38.3% received their check from an Aboriginal Community Controlled Health Organisation and the remaining 61.7% attended non-ACCHO providers.

Data on families' attendance at NSW child and family health centres is consistent with what families reported to DCS in the recent Blue Book survey above and shows that most families choose to use child and family health services for their earliest health checks. The rates of attendance reduce as children grow older. The Blue Book survey data suggests that this drop in attendance in part reflects an increased preference to attend GPs for older children. The AEDC data suggests however that for many children the drop in attendance rates indicates they are unlikely to be receiving health checks, and the follow up interventions that they need.

The NSW Government is offering 4-year child health and development checks in preschool environments, to reach as many children as possible.

#### **Improving access - Health and Development Checks in Early Childhood Education**

Partnership with Early Childhood Education services (ECE) is an important opportunity to improve outcomes. NSW Health services are working with targeted ECE services to provide health and development checks in areas of high need to vulnerable communities. The Health and Development Checks for Children in ECE Program is a partnership between NSW Health and the Department of Education to deliver a universal recurrent program that provides health and developmental checks to 4-year-old children in the preschool environment. The program started to be offered in government and community preschools in

2023. As implementation progresses, the reach of the program will extend to children enrolled in preschool programs delivered through long day care centres. Australian Bureau of Statistics data from 2022 shows that 78,979 4-year old children were enrolled in a NSW preschool program. Of these, roughly two thirds attended a long day care centre. It is anticipated that by offering the free 4-year old health and development checks in an ECE service, the in ECE Program NSW Government can significantly increase the number of children who have received this check before they start school. This is an opt in program for services and families.

The program will seek to improve health outcomes for children, contributing towards the Closing the Gap Target 4, of 55% of Aboriginal children being developmentally on track by 2031. These outcomes will be measurable through the AEDC. The program commenced in 2023 in 6 Districts, where 513 checks were delivered to 46 participating services. This number is anticipated to grow substantially as the program is rolled out statewide in 2024.

## **4.2 Strengthening access to allied health services**

One barrier families may experience is the lack of services available to help after a developmental delay has been identified. A lack of timely access to assessment, treatment and therapy services provided by allied health professionals, is a significant risk to the health and development of children. In NSW, many children cannot access or wait much longer than clinically advisable for allied health services, including speech pathology, occupational therapy, psychology, dietetics, physiotherapy, and audiology.

Early childhood is a time of rapid development where each new skill builds on skills learned before. Delays in receiving therapy and other supports can compound developmental issues and increase the impact of developmental delays. The later therapy and intervention is accessed, the more entrenched and complex the developmental issues may become. If there are delays in children receiving allied health assessment, treatment, and therapy to address identified developmental delay or other health concerns before they start school (before age 5), this creates a significant barrier for the child and their family to access allied health intervention. Moreover, services outside of the NDIS or private sector are often not available for school aged children. This delays access to therapy, particularly for vulnerable children and their families, and creates a risk of children not meeting learning and development milestones and having negative impacts for the child in both the short and long-term including on health, communication, literacy, social, educational, and employment outcomes.

### **The Henry Review made strategic recommendations about services for children**

An independent review of health services for children, young people, and families in the NSW Health system ([The Henry Review, 2020](#)) noted “that the demand for allied health services for children, young people and families far exceeds supply”. Although the Review did not quantify demand, it states that “all the material presented support the case that allied health staffing levels have been inadequate for many years and that there is a widening gap between demand and supply.”

A key recommendation from the Review was that: “*The Ministry of Health recognise that the demand for allied health services for children, young people and families far exceeds supply and adopts a long-term strategy to address the staff shortages. Targets for investment include initiatives for the First 2000 Days, for mental health and for interventions for domestic violence*” (Recommendation 49).

The [Henry Review Implementation Plan](#) drives NSW Health's response to recommendations emerging from the 'Review of health services for children, young people and families in the NSW health system.

These workforce issues and the gap in the supply and demand for allied health services is explored further in Section 5.

### **Allied health services are not routinely provided in NSW schools**

In NSW, there are limited or no publicly funded allied health professionals employed by the NSW Department of Education. This differs to most other states and territories in Australia. For example, QLD Department of Education employ over 900 allied health professionals to provide services in state schools<sup>4</sup>.

An inadequate number of allied health professionals in NSW for school-age children mean there are long wait lists and limits to capacity to provide therapy for community-based services. In some rural and remote areas, there is very limited or no access to allied health professionals for children and their families in the community or in schools.

### **4.3 Need for more wraparound and integrated service model approaches**

A key example of effective early intervention models and practice is that of wraparound or integrated place-based supports. Wraparound services or integrated service hubs are flexible and tailored to ensure that families receive integrated and coordinated services to meet their individual needs, often in a common location. These services can also provide a place for local communities to connect and meet, providing opportunities to connect with other families and build relationships and trust, and removing barriers to accessibility. There is evidence to show that integrated hubs can be very effective in improving the access that vulnerable groups have the health and development checks and follow up services, as well as social supports for isolated parents.

Evidence demonstrates proven benefits from integrated service models for children and families. The inclusion of ECE services, or proximity to ECE services, is a feature of a number of integrated hub-based models for families. Examples include ACFCs (see **Appendix A**) and integrated child and family hubs (for example the [First 2000 Days Care Connect research hubs](#)). Given the importance of early childhood education and care, there is a great opportunity to extend the model further into the sector with other government and non-government services, particularly in areas of higher need.

### **4.4 Rural and remote communities face additional challenges**

Children living in rural and remote areas are 3 times more likely to be developmentally vulnerable on 2 or more AEDC domains (31.8%) than children living in major city areas (10.2%). Children, families, and communities from regional and remote locations are faced with additional challenges due to limited or reduced accessibility to services and supports. These barriers highlight the need for services in these areas and options like telehealth to reduce barriers to accessibility.

#### **Opportunities to improve outcomes for rural and remote children have been identified**

There are a range of opportunities to better support rural and remote communities to access care and help address disparities in child development outcomes. Some of these include:

- improve outreach and access to high quality, timely services, especially in rural areas
- address health workforce shortages in rural areas
- ensure health services are co-designed with local communities and health stakeholders so they meet community needs
- support expansion and replication of outreach services in rural areas across acute and primary care sector
- improve access to virtual care (requires improved mobile infrastructure particularly for more remote areas): reduce telecommunications blackspots and improve coverage in rural and remote areas; expand virtual care infrastructure and capability in rural and remote services.

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<sup>4</sup> Specialist Support staff, Department of Education, Queensland Government: [Specialist support staff \(qed.qld.gov.au\)](http://qed.qld.gov.au)

- improve communities' awareness of health services and programs, and health promotion and early intervention.
- provide more support to people in rural and remote areas who need to travel to access care (for example, Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) community transport, road infrastructure, non-emergency patient transport, public transport)
- implement place-based approaches to health care and service delivery, tailored to the needs of rural and remote communities (such as Western Primary Health Networks needs based assessment) and expand approaches like Collaborative Care Program and Collaborative Commissioning in rural areas.

#### **4.5 Improving services for Aboriginal children and families**

There is a strong commitment by NSW Government to improve Aboriginal children's developmental outcomes through Closing the Gap and through cross government work in partnership with Aboriginal communities.

There is evidence that shows that what works well for Aboriginal families, works well for all families. The potential benefits of further embedding Aboriginal ways of knowing, being, and doing, which centre healing, child and family focussed approaches and genuine engagement and understanding, across the NSW Government system should be considered.

##### **Aboriginal children experience poorer developmental outcomes**

Aboriginal children experience poorer developmental outcomes due to socio-economic, historical, and structural factors that contribute to ongoing disadvantage and discrimination.

In 2021 Aboriginal children were twice as likely as non-Aboriginal children to be developmentally vulnerable on one or more (42.3% and 22%) or 2 or more AEDC domains (26.5% and 11.4%). Also, although Aboriginal ECE providers often partner with ACCHOs to provide accessible health and development checks, Aboriginal children have been less likely to attend ECE services and are therefore less likely to gain access to health and development checks. The AIHW [Tracking progress against the Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023](#) data quoted above showed that in 2020-21, only 26% of NSW Aboriginal children accessed a MBS Aboriginal Child Health Check<sup>5</sup>.

Aboriginal children are significantly more likely to experience risk factors for poor developmental outcomes, including disability (for example low birthweight, housing stress, poverty, family, and domestic violence), and are more likely to live in remote and very remote areas with limited access to services<sup>6</sup>.

Aboriginal children are also more likely to be exposed to multiple concurrent and long-term factors which significantly increase developmental vulnerability. For example, maternal and infant health outcomes worsen with remoteness, and Aboriginal births are more likely to occur in remote or very remote areas (26%) than compared to non-Aboriginal births (2%).

##### **Positive trends in NSW that will lead to improved outcomes for Aboriginal children**

These include:

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<sup>5</sup> Tracking progress against the Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013-2023. [Tracking progress against the Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023, Goal 4: Indigenous-specific health checks – children aged 0–4 - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)

<sup>6</sup> Ahmed KY, Allan J, Dalton H, Sleigh A, Seubsman SA, Ross AG. Reviewing Publicly Available Reports on Child Health Disparities in Indigenous and Remote Communities of Australia. *Int J Environ Res Public Health*. 2023 May 25;20(11):5959. doi: 10.3390/ijerph20115959. PMID: 37297562; PMCID: PMC10253029.

- The gap in childhood vaccination coverage between Aboriginal and non-Aboriginal 5-year-olds has closed with 96.4% of Aboriginal children fully immunised compared to 93.8% of non-Aboriginal children in 2023.
- Preschool enrolment for Aboriginal children in NSW has also increased significantly in recent years from around 60% in 2016 to 96% in 2022.
- Early access to antenatal care is increasing in Aboriginal mothers. In 2021, 78.9% of Aboriginal women had their first antenatal visit before 14 weeks of pregnancy, compared to 51% in 2012.

### **Increasing the availability of culturally safe services is a key strategy**

Lack of access to cultural safe services, racism, and mistrust are the main barriers to accessing essential services. Transforming mainstream government sector services is a priority, to ensure they are culturally safe for Aboriginal people. Ideally, services delivered by non-Aboriginal private sector providers would also be required to demonstrate delivery of culturally safe services.

Demonstrating cultural safety of services could be achieved by assessing services' adherence to culturally safe principles. The DCJ commissioned a Cultural Safety and Wellbeing Evidence Review conducted by Gamarada Universal Indigenous Resources Pty Ltd and the Social Policy Research Centre. The review identified 6 critical elements of cultural safety as features of what works in Aboriginal communities to ensure that a program is effective and culturally safe:

- Recognising the importance of culture.
- Self-determination.
- Workforce development.
- Whole of organisation approach.
- Leadership and partnership.
- Research, monitoring, and evaluation.

Enhancing and continuing to build the Aboriginal health workforce is a proven strategy to improve outcomes for Aboriginal people. NSW Health is actively strengthening its Aboriginal workforce and is also a strong supporter of the Aboriginal Community Controlled Sector. Direct ministerial-approved recurrent funding for Aboriginal Community Controlled Health Services (ACCHS) has increased from \$19.2 million in 2014-15 to \$36.7 million in 2023-24. Outcomes could be further maximised if the Aboriginal workforce were strengthened across private non-Aboriginal service providers.

Affordability of services is essential if outcomes are to be maximised. Universal access is well supported in the ACCHO sector and across the public health system in NSW through bulk billing. This becomes problematic if private sector specialist consultation is required.

A program under Brighter Beginnings includes the building of 6 new Aboriginal Child and Family Centres (ACFCs) (there are 9 existing services). The ACFCs are funded by the NSW Government (through DCJ) and operated by ACCOs. They operate as community hubs that deliver and coordinate integrated, culturally appropriate, and needs-based services for Aboriginal families and children (including education and health services).

These services are well regarded by Aboriginal community with many having long wait lists. Consultation to establish new centres was met with overwhelming demand.

### **Eliminating racism from service provision is a vital opportunity to improve community confidence in accessing services**

Racism has been shown to be a major source of chronic stress to children and families, that has a significant negative impact on developing brains and other biological systems, and that has intergenerational impacts on health and developmental outcomes (see for example the [Harvard Center on the Developing Child resource](#)). NSW Health is leading development of a



Racism Framework to enhance cultural safety across the health system in NSW. Listening to the Aboriginal voice, working collaboratively, and demonstrating commitment to reconciliation and change is also an opportunity for government and non-government service providers to develop, implement and continually improve services for Aboriginal people.

[The Safe and Supported Aboriginal Action Plan](#), has been endorsed by the NSW Government and includes: “High-quality child and family wellbeing services are designed and delivered by ACCOs to Aboriginal and Torres Strait Islander children, young people and families, in line with families’ needs, and focus on supporting families to stay safe together”. It also includes a deliverable for jurisdictions to redesign funding models to support properly funded local systems with local accountability, and capacity to enable self-determination. These commitments will be central to improving gaps for Aboriginal communities.

### **Increasing the use of culturally appropriate screening tools supports access**

It is imperative that children, young people and their families and carers are given time to tell health workers what is important culturally to them. It is also important that health and development checks are done in a setting which provides a sense of safety, is easily accessible or co-located with other services (though consideration should be given to the nature of the services) such as ACCHOs.

The ASQ-TRAK is a developmental screening tool for observing and monitoring the developmental progress of Aboriginal and Torres Strait Islander children. NSW Health supports the use of the ASQ-TRAK to ensure culturally appropriate assessment for Aboriginal children aged 0-5 ½ years. NSW Health is supporting use of the ASQ-TRAK tool by the Out-of-Home Care Health Pathway Program including through training for staff and purchasing ASQ-TRAK tool kits.

### **Embedding trauma-informed delivery of care will increase cultural safety**

Trauma informed care seeks to provide a safe, supportive environment to clients and staff. The approach reflects available research about the prevalence and effects of trauma-exposure and the best methods for supporting clients exposed. Support and training for Health staff to build capability in trauma-informed care and how to translate principles into practice is needed to embed the approach in practice, improving access to effective support and services for families and children who have experienced trauma.

Implementation of the NSW Health *Integrated Trauma-Informed Care Framework: My story, my health, my future* is expected to go some way to embedding trauma-informed delivery of care in NSW Health system and services.

Cultural safety and accessibility are a key focus for the districts in implementing the [Safe Wayz](#) program. The program includes an emphasis on community engagement and requires cultural consultation by non-Aboriginal staff working with Aboriginal children and families. The Program has been incorporated within the districts’ Sexual Assault Aboriginal Action Plan to ensure that Aboriginal staff working in the Program and Aboriginal children and families receiving a response through the program are culturally safe.

NSW Health has partnered with the [National Association for Prevention of Child Abuse and Neglect](#) on the roll-out of the Safer Communities for Children program in NSW. Safer Communities for Children is a protective behaviours program for ages 4 to 8 years that has been culturally adapted for Aboriginal children in NSW.

## **4.6 Culturally and linguistically diverse communities**

NSW has one of the most culturally, linguistically, and religiously diverse populations in the country. The diversity of the population is reflected in data from the 2021 AEDC, which indicates that more than one in 4 children speak a language other than English at home. The 2021 AEDC also found that children from CALD backgrounds are more likely to be

developmentally vulnerable (for instance score in the lowest 10% in at least one developmental domain measured by the AEDC) than children who are not from CALD backgrounds. While 'gaps' across developmental domains in these populations are closing, the existence of greater developmental vulnerability of children from CALD backgrounds is a trend that has remained largely unchanged since 2009.

### **CALD families experience significant barriers to accessing government services**

Children, families, and communities from CALD backgrounds often face acute and compounding barriers to accessing support services. Addressing these additional barriers is critical to ensure that these issues do not further escalate and compound.

Addressing the developmental vulnerability of children from CALD backgrounds recognise that CALD communities are not homogenous. Targeted approaches can complement universal interventions to promote the development of children from CALD backgrounds, informed by evidence, data, and community consultation. Some approaches that can support increased access to child health and development services and address gaps in outcomes for children from CALD backgrounds are outlined below.

### **Language services are fundamental to inclusive engagement with CALD families**

Services need to respond to the specific language needs of children and their families who need to access child health and development services. The delivery of language services extends beyond translation and interpreting services, and also involve broader strategies such as access to bi-cultural workers and community engagement campaigns.

### **Culturally responsive workforce**

A workforce that is culturally responsive and has the capability to meet the needs of diverse groups is another important factor in improving access to services. Approaches to enhancing the culturally responsive practice of the workforce include the implementation of capability frameworks for child health and development services. Capability frameworks can assist services to address barriers to participation by building the intercultural capabilities of staff and the incorporation of best practice principles.

### **Improving data collection to inform better service delivery**

The AEDC is the key data source for analysing the development of young children across Australia. However, there is limited data available specifically on families from CALD backgrounds in NSW, their engagement with child health and development services and developmental outcomes. Improved depth and quality of data could facilitate the identification of barriers to participation and help services to capture the nuance needed to effectively engage families.

## **4.7 Children experiencing maltreatment**

Children who experience maltreatment in their first 5 years of life are also a group at heightened risk of developmental vulnerabilities.

Internationally, immediate, and long-term outcomes of exposure to adverse childhood experiences including all forms of child maltreatment have been documented, with research showing that adverse childhood experiences can result in child learning, mental health and physical health problems as well as adult health issues such as cancer and drug use.

In Australia, children who had a child protection report in their first 18 months of life or children with the highest levels of child protection response (with a substantiated Risk of Significant Harm (ROSH) report or who were placed in out-of-home-care) were most likely to be developmentally vulnerable on one or more AEDC domain.

The [Australian Child Maltreatment Study](#) has found that Australians who experience childhood maltreatment are substantially more likely to experience mental illness, engage in high-risk health behaviours and rely heavily on health services.

### **Effective child maltreatment prevention programs include prevention and response**

Preventing childhood maltreatment protects children from some of the known risks to optimal development. Health checks provide a good opportunity to refer families to evidence based programs to prevent child abuse and neglect, where such services exist, or to identify and respond to risk of maltreatment. The Department of Community Services and the Centre for Evidence and Implementation conducted an evidence review on parenting programs that seek to prevent child maltreatment. The review adopted a core components approach to identify what effective programs have in common to recommend as standard program components for child and family services working with families at risk of child abuse and neglect. The evidence review identified 5 core components to prevent child maltreatment:

- engagement
- case management
- parental education, coaching and modelling
- parental self-care and personal development
- building supportive relationships and social networks.

It is critical that children who have experienced maltreatment are also prioritised and assessed for early identification markers of developmental vulnerabilities prior to starting school, and supported with early intervention approaches and services, to mitigate further negative implications. The [South Australian Royal Commission into Early Childhood Education and Care](#) recommended the development of referral pathways to connect children at risk of child maltreatment with appropriate early childhood education and care services.



## **5. Recruitment and retention of health professionals to address workforce shortages**

### **5.1 Current state of play**

Early childhood health and development checks are delivered by a range of health professionals. Responsibility for the key workforce areas that deliver child health and development checks, and early intervention services is jointly held by state and federal government. NSW Health employs midwives, child and family health nurses, allied health professionals and paediatricians to deliver these services to families. Services are also provided through GPs, NGOs and are privately available in many locations for those that choose to access them.

#### **Workforce shortages are a major barrier to timely health and development check and early intervention**

There are critical shortages in a range of health professionals across NSW, particularly in some disadvantaged metropolitan and regional communities. This is having a significant impact on access to quality services for children and their families. There are also difficulties in attracting and retaining early childhood educators and teachers to regional NSW.

#### **Programs are being implemented to improve recruitment and retention of key roles**

To help attract and retain key health and education professionals that regional communities need, the Department of Regional NSW has developed [The Welcome Experience](#) (see Section 5.4).

There is evidence that 'rural origin' is a critical factor in retaining workers to rural and remote areas. This supports an emphasis on local 'grow your own' programs to train and develop a skilled workforce sourced from the local community. In the case of allied health, this presents a challenge due to a lack of rural and remote tertiary allied health courses. There are also limited options for students to undertake extended clinical placements in rural settings due to the lack of accommodation for students and the need to maintain employment while studying.

The Department of Regional NSW and NSW Health are partnering on a pilot project to boost allied health supply in regional NSW. The Department of Regional NSW funds 5 local health districts to 30 June 2026, to employ Allied Health Clinical Educators. This project will support the number of student placements in the regions, with a focus on disciplines to support the Brighter Beginnings initiatives.

### **5.2 Shortfalls are evident in nursing and midwifery, medical and allied health workforces**

Delivery of health and development checks and early intervention services is reliant of some core clinician groups, including child and family health nurses and midwives, paediatricians, and allied health professionals. All of these groups are experiencing workforce challenges, impacting on the ability to deliver timely services.

#### **Nursing and Midwifery Workforce**

In NSW, the child and family health nursing and midwifery workforce has grown 3.6% over the last 5 years, compared to the 8% growth of the nursing and midwifery across the system. This lower growth rate, along with an aging workforce within this specialty, poses challenges to current and future service delivery.

There are areas of workforce challenge for nurses and midwives linked to geographical locations and small facilities which impact on both general and specialty nursing practice and availability of services, including child and family health. These include challenges for building and sustaining capability through professional development opportunities and supervision.

Child and family health services have traditionally been provided solely by nurses, however, since the introduction of the direct entry pathway for midwifery (Bachelor of Midwifery) some 20 years ago, there has been a need for change to this workforce model nationally. On 6 December 2023, the Nursing and Midwifery Board of Australia (NMBA) released a detailed fact sheet: Maternal, child and family health nurses and midwives in Australia - A regulatory perspective. This provides clarity for the health system and an opportunity to extend the suitable workforce to deliver child and family health services by supporting both registered nurses and midwives to pursue a career pathway in child and family health.

### **Paediatrics**

The workforce data indicates that the number of new paediatric fellows in NSW is static however trainee numbers are increasing, particularly from 2021, which should increase specialist numbers from 2023 onwards.

For Paediatrics, the number of new fellows in NSW is:

It should be noted that most developmental services available in NSW Health are provided by community and general paediatricians rather than paediatric subspecialists. A snapshot of these workforces is provided below:

#### General Paediatrics:

Currently there are 749 fellows in NSW, working on average 31.3 hours per week. There were 37 new fellows in 2021. There are 319 general paediatric trainees in NSW, which contributes to a 58.2% growth in training numbers between 2018 and 2022. NSW Health trains 33% of all trainees in Australia. Of the general paediatric workforce, 26% work in non-metropolitan Sydney.

#### Community Child Health Specialists:

Currently there are 47 fellows in NSW, working on average 28.7 hours per week. There were 7 new fellows in 2021. There are 79 general paediatric trainees in NSW, and there was a 97.5% growth in training numbers between 2018 and 2022. NSW Health trains 35.1% of all trainees in Australia. Of the community child health paediatricians, 10.6% work in non-metropolitan Sydney.

Private Paediatricians- as mentioned at the beginning of this chapter, there are also private services available. NSW Health does not hold the workforce data on the number of private paediatricians.

### **Allied Health Professionals**

The table presents the relative size of the allied health workforce (paediatric and adult) and paediatric FTE numbers and its proportion of workforce at December 2022.

Allied Health Workforce	Relative size of total workforce	Paediatric Allied Health (FTE)	Paediatric allied health FTE proportion of the workforce
Dietitians	Medium (600-700 FTE)	36	6%
Occupational Therapists	Large (900-1600 FTE)	89	6%
Physiotherapists	Large (900-1600 FTE)	70	4%
Psychologists	Large (900-1600 FTE)	68	7%
Speech Pathologists	Medium (600-700 FTE)	227	37%
Social Workers	Very large (1900-2200 FTE)	63	3%



Art Therapy, Child Life Therapy, Audiology, Orthoptics and Music Therapy are micro with less than 50 FTE each

Demand for paediatric allied health services far exceeds supply, and NSW Health community paediatric allied health services generally only see children who are preschool age (such as birth to age 5) to manage the high demand for their services and to prioritise early intervention. Although most services are operating as effectively as possible within resource constraints, some children become ineligible during the wait period for paediatric allied health services because they reach school age, where this exclusion criterion is applied to assist in managing demand.

Some districts provide limited allied health outreach services to local schools (for example 3 districts provide limited speech pathology outreach), however this is the exception rather than common practice.

### 5.3 Allied Health Workforce Modelling

Workforce modelling in 2023 mapped the forecasted labour pool to 2040 for many Allied Health professions against projected and currently funded health service workforce demand (see table below). This information creates a window that districts and speciality health networks could use to guide future workforce planning in adult and paediatric services.

It must be noted, however, that this does not account for currently unfunded and unmet service demand such as has been highlighted and acknowledged by NSW Health through the Henry Review (2020).

*Allied Health forecasted labour pool required to 2040*

Allied Health Workforce	Demand growth predicted for 2040	New professionals needed per annum to meet community needs in 2040
Dietitians	1.7-2.4%	29-59
Occupational Therapists	1.5-1.7%	12-20
Physiotherapists	1.6-1.9%	36-50
Psychologists	0.2-0.3%	6-7
Speech Pathologists	1.4-1.5%	12-13
Social Workers	1.9-2.2%	20-34

### 5.4 Retention and recruitment strategies

NSW Health has 2 relevant strategic documents and priorities that relate to retention and recruitment of health professionals that are currently being implemented. These are:

1. [Health professionals Workforce Plan 2022-2023](#), Priority 5: Attract and retain skilled people who put patients first
2. [NSW Regional Health Strategic Plan 2022-2032](#), Priority 1: Strengthen the regional health workforce: Build our regional workforce; provide career pathways for people to train and stay in the regions; attract and retain healthcare staff; address culture and psychological safety, physical safety, and racism in the workplace.

NSW Health has implemented a range of statewide recruitment and retention strategies that are either generalised (all workforces or statewide) or focused on rural workforce and/or specific clinical workforces. Details of the programs are available on the [NSW Health website](#). While these are not specifically targeted at paediatrics, they would support

clinicians seeking to work hard to fill paediatric or early childhood health and development roles in rural areas and to grow the Aboriginal clinical workforce.

### **The Welcome Experience**

The Department of Regional NSW works collaboratively with communities, business, and government to ensure all people and communities have access to the essential services they need to thrive for generations to come. The Department of Regional NSW has developed The Welcome Experience, a new service that provides essential government workers and their families with the support they need to move into regional communities, settle in and become one of the locals. This helps people and their families to relocate, find housing, access education and childcare, make social connections and understand local leisure and recreation options. This initiative is being piloted at eight locations across regional NSW – Bega Valley, Broken Hill, Coffs Harbour, Corowa, Goulburn, Griffith, Muswellbrook, and Walgett.

## **5.5 Changes to wages and industrial relations**

Several NSW Government changes to wages and industrial relations outlined below aim to improve recruitment and workforce retention in the public sector, including those workforces that are essential for the delivery of early childhood health and development checks and services.

### **Previous NSW Wages Policy**

Under the previous NSW Public Sector Wages Policy, increases to remuneration or other conditions of employment was capped. Increases in remuneration or other conditions of employment that increased employee related costs by more than 3% per year could only be considered where sufficient employee related cost savings had been achieved to fully offset the increased employee related costs and required the approval of the Cabinet Standing Committee on Expenditure Review.

### **The \$3.6 billion Essential Services Fund**

The NSW Government has established a \$3.6 billion Essential Services Fund to rebuild essential services and address critical public sector vacancies. The fund is intended to support front line workers.

### **Current NSW Wages Policy**

In June 2023, the NSW Government in recognition of the work of essential workers, created the NSW Government's Fair Pay and Bargaining Policy 2023, which provided for increases to remuneration of up to 4.5% (inclusive of superannuation) for one year for instruments which expired on or after 1 July 2023.

### **Changes to the Industrial Relations Act**

The Industrial Relations Amendment Act 2023 (NSW) provides the Industrial Relations Commission increased power to bring unions and government agencies together to negotiate and facilitate dispute resolution, which may assist in future wage negotiations.

### **Staff Specialists (State) Award variation**

NSW Health has filed a variation to the Staff Specialist (State) Award (which covers paediatricians employed by NSW Health) to make it more fit for purpose and will be participating in mutual gains bargaining in due course. This matter is currently before the Commission.

### **Commitment to introducing Safe Staffing Levels for nurses and midwives**

The NSW Government entered a Memorandum of Understanding with the NSW Nurses and Midwives' Association that commits 2,480 FTE staff, over 4 years, towards minimum safe

staffing levels (SSL), starting in emergency departments, and subsequently being rolled-out into other areas including intensive care units, and those wards currently covered by the existing Nursing Hours per Patient Day system. The roll out of SSL is anticipated to be challenging in rural and remote areas due to workforce shortages.

### **Allied Health industrial award reform**

The NSW Government have committed to reforming the allied health awards. It is anticipated that this process will commence mid-2024. The reforms are intended to modernise and consolidate current industrial awards and support the recruitment and retention of allied health professionals.

## **5.6 Opportunities**

### **Opportunities to make NSW the employer of choice**

The [Allied Health Graduate Workforce Pipeline Report](#) identified high-impact opportunities to make NSW Health the employer of choice for new allied health graduates.

### **Opportunities for addressing workforce gaps to better meet the needs of children and families**

Strategies to address the identified gaps in the paediatric allied health workforce will help to provide equitable access to dedicated multi-disciplinary community-based services across NSW. Increased access to these services represents an important opportunity to support children's healthy development. This is particularly important where population demographics demonstrate increased risk of poor outcomes or clusters of vulnerability, identified through data such as AEDC and Socio-Economic Indexes for Areas (SEIFA).

The modelling explored in this section of the submission demonstrates a gap across all allied health professions, noting that the existing demand and long waitlists for paediatric speech pathology and occupational therapy demonstrate the need to grow these professions as a priority. This initial step would be followed by growing the social work, psychology, physiotherapy, dietetics, exercise physiology and Aboriginal health worker/practitioner workforce to improve access to screening and early intervention services.

Activities to address these gaps are likely to be most effective if they include a focus on ensuring a mix of senior, early career, and new graduate health professionals are available in the community. Strategies also need to consider the importance of including allied health educators to strengthen the workforce pipeline.

There is an opportunity to explore increasing undergraduate nursing clinical placements and graduate employment pathways into child and family health services.

## **6. Funding for early intervention programs**

Early childhood intervention that aims to improve children's developmental outcomes is commonly provided as part of programs designed to meet a range of needs. It is often not possible to accurately identify the proportion of funding that is devoted to early intervention, or more particularly to early intervention for developmental needs.

In recent years, there have been some enhancements specifically aimed to increase the health and development supports available to children and families.

The Parents Package of \$157 million funded in the NSW 2018/19 State Budget, included a range of additional supports for families including enhanced newborn bloodspot screening, additional funding for midwives and child and family health nurses. These services are now embedded within the integrated service system.

More recently, the NSW Government established the Brighter Beginnings initiative, which brings together human services agencies across government to drive changes that will

support improved outcomes for children and families. In 2022-23, \$376.5 million was committed over 4 years to support evidence-based accelerator initiatives targeting child development from pregnancy to age 5 to increase the number of children developmentally on track (details at Section 2.6).

### **Brighter Beginnings accelerator initiatives complement existing services and programs**

The 5 initiatives funded under Brighter Beginnings aim to build on work already undertaken by agencies. In addition to the supports provided by health and education services, the DCJ manages significant funding programs that offer early intervention services that aim to support vulnerable families who experience many of the social and economic factors that can place children at risk of poor developmental outcomes.

### **Targeted Early Intervention (TEI) and Family Connect and Support (FCS) programs**

TEI and FCS funded services offer early help and support, providing targeted services at the point where they can have the most impact, early in life and early in need (see the description in Appendix A).

FCS is a voluntary family service providing a tiered response based on family needs. Core service elements include (but are not limited to) information and advice, comprehensive assessment, proactive outreach, short term case planning and coordination, and active holding to vulnerable children, young people and families in NSW. FCS services are state-wide, existing across all 16 DCJ districts.

The TEI program commissions community or not-for-profit organisations who know their local communities to deliver TEI programs or activities.

In 2021-22, there were 472 service providers in 1,440 outlet locations delivering TEI services across NSW with a program budget of approximately \$172 million. FCS is delivered state-wide by 7 service providers and 4 consortium partners in 24 locations, with a budget of approximately \$19.5 million.

### **Families impacted by problematic substance use**

In response to the Special Commission of Inquiry into the drug ice (Ice Inquiry), the NSW Government invested new funding almost \$500 million over 4 years for health and justice initiatives. Of this, \$358 million over 4 years was allocated to NSW to increase access to alcohol and other drug treatment and support in NSW, particularly in regional and rural NSW.

A range of new and expanded community and residential programs are being established across NSW to ensure increased access to support for parents, children, and young people. This includes expansion of the Substance Use in Pregnancy and Parenting Service (SUPPS) programs; a new residential rehabilitation program for Aboriginal women with children, including pregnant women; and a range of community-based programs specifically for parents with children and with an increased focus on family inclusive practice. It also includes new services for families and carers affected by the substance use of others.

Women who disclose problematic substance use could be provided advice and referred to SUPPS or an alcohol and other drug service for comprehensive assessment and treatment planning, including multidisciplinary support for the family in the early years of childhood.



## 7. New and emerging technology

The terms of reference for the inquiry direct the Committee's attention to some specific aspects of telehealth and other models of care that may provide new and effective ways to deliver care to children. The NSW Government provides the information below to assist the inquiry determining whether to make recommendations in relation to these matters.

### 7.1 The role of virtual care

Virtual care (or telehealth) presents innovative ways to address existing system challenges, such as workforce capacity and infrastructure capability. Virtual care modalities, such as remote patient monitoring and videoconferencing platforms, provide essential support for NSW Health's vision for a sustainable health system to deliver outcomes that matter to patients and the community, that is personalised, invests in wellness, and is digitally enabled. For instance, virtual care enhances access to health services, particularly specialist services, and provides patients with more choice about how and where they receive that care. For rural and regional communities, virtual care is providing patients with greater access to health services, as well as reduced travel time and expense.

NSW Health developed [the NSW Virtual Care Strategy 2021-2026](#) that outlines the steps NSW Health will take to further integrate virtual care (previously referred to as 'telehealth') as a safe, effective, accessible option for health care delivery in NSW. It builds on the important and innovative work of many health partners across NSW to provide a coordinated and consistent system approach. The Virtual Care strategy supports timely access to care with increased NSW Health capacity to expand virtually-enabled models of care (including hybrid virtual and in-person models) with service benefits to increase efficiency care delivery, reduce potentially preventable hospitalisations, reduce length of hospital stays and improve system integration between primary care and acute care.

#### **Virtual care can complement delivery of face to face health and development checks**

The provision of virtual hybrid models for Health Development Checks in the ECE Program can assist in increasing the proportion of children completing their health and development checks across NSW. The Health and Development Checks in ECE Program is a universal program (see [Section 4.1](#)). In this program, a virtual, hybrid model of care seeks to offer improved access to health and development checks for all children, by providing virtual opportunities to parents who may be working, studying, are from Aboriginal or remote communities, or are not able to attend face-to-face visits. Funding for financial year 2023-2024, for a virtual hybrid model has subsequently been approved to explore 3 virtual care opportunities for testing and refining within existing Health Development Check in ECE Program:

- Digitised questionnaire forms to undertake a Health Development Check pre-assessment.
- Virtual appointments between the clinician, parent and child at time of the check
- Virtual follow-up with the parent/guardian of children who have received a referral from the check.

NSW is making significant investment to embed virtual care as an option for all patients to access when clinically appropriate. Relieving pressures by creating alternative pathways for receiving care.

An example of this is the virtualKIDS Urgent Care Service (virtualKIDS UCS), which expanded statewide on 19 December 2023 under the NSW Urgent Care Service initiative. NSW virtualKIDS UCS accepts referrals from Healthdirect to provide urgent care outside the Emergency Department (ED), avoiding unnecessary ED presentations, and supports families to engage back with local services as needed. The service is staffed with senior

paediatric nursing and medical staff who assess children virtually using audiovisual platform and a clinical decision tool to ensure patients are safely connected with the right healthcare pathway. Since the statewide expansion, the service had supported more than 750 patients. More than 70% of children referred to the service have avoided visiting an emergency department.

### **NSW Government is monitoring evidence-based technologies to support better care**

NSW Government continues to monitor and invest in evidence-based programs and technologies. Through the Office for Medical Research, NSW Health continues to invest in the development of new technologies through research grants.

Health care is not the only service to explore the benefits of virtual and digital service delivery. DCJ contributed to the development of the NGO telepractice venture which aims to build capacity across the child and family NGO sector to support vulnerable children and families using telepractice services. The NGO telepractice venture was developed by Karitane and the Parenting Research Centre. This model of service provision has been particularly important post-COVID, and this venture has identified what works well and enabled us to learn more about it. Since its launch in 2020, families are being offered greater choice for how services are delivered, resulting in greater engagement in services and increased partner-inclusive involvement.

## **7.2 Single Digital Patient Record (SDPR)**

### **NSW Health is implementing a new, consolidated record system.**

The Single Digital Patient Record (SDPR) program will consolidate the 10 Patient Administration Systems, 9 electronic Medical Record systems and 5 Laboratory Information Management Systems across NSW Health into one single digital patient record platform.

SDPR has potential to address the fragmented way that clinicians currently access a child's health record across NSW Health facilities by consolidating information from the first 2000 days which may be captured separately across inpatient, outpatient and community health settings and providing a single unified view of care.

The SDPR will first be available in the Hunter New England Local Health District, followed by a phased rollout throughout NSW. The overall implementation timeline is anticipated to be 5 years (2023-2028/9).

### **There is potential to leverage benefits of SDPR within the Digital Baby Book project**

eHealth NSW is exploring opportunities to improve functionality of health records and access to health and development checks for parents and carers through the Brighter Beginnings funded Digital Baby Book project. The eHealth NSW Digital Baby Book team are investigating potential synergies with the SDPR.



## **8. Summary of opportunities**

### **There are opportunities to improve access to health and development checks**

Opportunities identified throughout the submission include:

- Working with the Australian Government and primary health care stakeholders to incentivise delivery of child health and development checks by GPs and remove financial barriers for families accessing health and development checks for children.
- Replicating successful consumer experience driven strategies that overcome barriers to accessing health checks and increase participation rates in services.
- Further exploring strategies to improve the accessibility and convenience of health checks for children whose parents and carers work or study, including expanding successful strategies that meet the needs of vulnerable groups, and possible enhancement of the Health and Development Checks in ECEC program to provide 3-year health checks in early childhood education settings.
- Improving the take up of services for Aboriginal children and families.
- Continuing to work through the Closing the Gap Delivery Plans to develop stronger partnerships with Aboriginal Community Controlled Health Organisations and increase access to health and development checks and early intervention services for Aboriginal children.
- Making NSW the employer of choice for new graduates.
- Build capacity to recruit and retain the child and family health and paediatric workforce needed to deliver health and development checks, and follow up early intervention services, including child and family health nurses and midwives, allied health and paediatricians)
- Promoting wraparound and integrated service model approaches.
- Seeking to increase the resources for early intervention, and the supports available to children who require early intervention through the reforms of the early childhood pathways and service system.
- Improving the quality and accessibility of information available to parents about early childhood health and development and the importance of health and development checks.
- Providing effective options for additional, accessible support for families and children through digital and telehealth/telepractice services where appropriate.
- Championing holistic, family-centred care and fostering partnerships between healthcare providers, communities, and families, we strive to create a seamless continuum of services that honours the unique needs and aspirations of every child and family.

## **Appendix A: Examples of Services and systems to support families to improve children's health and developmental outcomes**

### **Models of care for Aboriginal women and families**

NSW Health provides culturally safe and appropriate models of maternity care for Aboriginal women and their families. Each district provides services tailored to meet the needs of local Aboriginal women and families.

#### Aboriginal Maternal and Infant Health Service (AMIHS)

(AMIHS) is provided in over 40 sites across the state using a continuity of care model in which Aboriginal health workers and midwives work together with other services to provide high-quality antenatal and postnatal care. Care starts as early as possible in pregnancy and continues through pregnancy and up to 8 weeks after the baby is born. A recent AMIHS evaluation showed that it is a valued and culturally appropriate service, it is reaching the women who need it most and is contributing to better outcomes for women and babies.

#### Building Strong Foundations

The Building Strong Foundations (BSF) services provide the full range of child health checks in the child Personal Health Record (Blue Book) as well as health promotion and community development initiatives tailored to the identified need of local communities. BSF Services can be provided in the home, at the local community health centre/clinic, or in a place where families, parents, carers, and children feel safe and comfortable.

### **Get Healthy in Pregnancy**

Get Healthy in Pregnancy is a free telephone-based coaching service available to all pregnant people in NSW providing tailored support to meet health and nutrition recommendations, including abstinence from alcohol. People can be referred to the service by their GP or a health professional and may also register themselves online or by calling the service.

### **Early Childhood Education**

The importance of early childhood education and care is being increasingly recognised by both the Australian and State governments through increased investment and there is a chance to ensure this funding delivers better outcomes for children, families, and the economy.

The NSW Department of Education leads policy on early childhood education in NSW and regulates early childhood education services. Early childhood education provides children with offers children opportunities for development and learning that are difficult to replicate in other ways. The environment allows them to learn skills to be with others, work with others and in groups.

There is robust evidence that access to high quality, inclusive and culturally appropriate ECEC has positive outcomes for children, families and the economy. Research has found that each dollar invested to support children to attend an early childhood program in the year before school often generates \$2 over a child's life.<sup>7</sup>

High-quality ECEC helps children, especially those experiencing disadvantage, build the cognitive and socioemotional skills necessary to navigate through life's challenges. These skills lead to stronger academic performance, with OECD data demonstrating a strong correlation between participation in high quality ECEC programmes and later 'Programme for International Student Assessment' (PISA) reading scores assessed in Year 9.<sup>8</sup> Attending

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<sup>7</sup> The Front Project. (2019). [A smart investment for a smarter Australia](#).

<sup>8</sup> OECD. (2018). [Early learning matters](#).

quality ECEC also leads to greater likelihood of school completion and further education, with benefits reflected in higher earnings and workforce participation, increased tax revenue and considerable savings in health, education and justice budgets.<sup>9</sup>

There are also benefits for parents, carers and the economy, as affordable early childhood education and care facilitates workforce participation, particularly for women.<sup>10</sup> Currently, early childhood education and care is too expensive for 39% of all families and 48% of low-income families.<sup>11</sup> Further, 52% of families say that once the cost of care was considered, it was “hardly worth working”.<sup>12</sup> Almost 140,000 Australians who wanted paid employment did not pursue it, citing childcare as the reason for their choice.<sup>13</sup> 9 out of 10 of these Australians were women.<sup>14</sup>

Early childhood educators are well placed to be able to recognise when children may not be meeting their developmental milestones, and are an important source of information and support to parents about when they may need to have their child’s health and development assessed.

### **Munch and Move**

Munch & Move is a NSW Health physical activity and healthy eating program available to all early childhood education and care services in NSW. Districts health promotion teams support services to implement Munch & Move and monitor and report on program uptake. As of mid-2023, 89% of early childhood education services in NSW were trained in Munch & Move and around 60% were implementing the program.

### **Wellbeing and Health In-Reach Nurse Coordinator Program**

The Wellbeing and Health In-Reach Nurse Coordinator is a partnership between NSW Health and the NSW Department of Education which establishes wellbeing nurses in selected NSW public schools. 106 wellbeing nurse positions have been funded to work in approximately 400 schools across the state. Wellbeing nurses work with students and their families to identify health and social needs and coordinate appropriate early intervention, assessments and referral to services and programs. The most common student needs identified by wellbeing nurses are social and behavioural support, mental health and learning-related issues.

### **Pregnancy Family Conferencing**

Pregnancy Family Conferencing is a joint initiative between NSW Health and the NSW Department of Communities and Justice. The Pregnancy Family Conferencing model links expectant parents with early support to keep their child safe when born, where child protection concerns have been raised.

The Pregnancy Family Conferencing model uses a trauma-informed framework to support families that may have experienced intergenerational trauma from previous removals including Stolen Generations survivors and their descendants. The program is currently

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<sup>9</sup> The Front Project. (2019). [A smart investment for a smarter Australia.](#)

<sup>10</sup> The Front Project. (2021). [Work and play: Understanding how Australian families experience early childhood education and care.](#)

<sup>11</sup> Noble, K., & Hurley, P. (2021). [Counting the cost to families: assessing childcare affordability in Australia.](#) Mitchell Institute. Victoria University.

<sup>12</sup> The Front Project. (2021). [Work and play: Understanding how Australian families experience early childhood education and care.](#)

<sup>13</sup> Hutchens. (2021). [Meet the millions of people who aren’t employed, who aren’t considered ‘unemployed’.](#) ABC News.

<sup>14</sup> Centre for Policy Development. (2021). [Starting better: a guarantee for young children and families.](#)

available in metropolitan Sydney, and through Brighter Beginnings is being expanded to include all districts across the state.

### **Sustained nurse-led home visiting**

[Sustaining NSW Families](#) (SNF) is a structured program of nurse-led, sustained health home visiting for children and families. It is an evidence-based intervention for families at risk of, poor maternal health and wellbeing as well as poorer child health, development, and wellbeing outcomes. Currently, there are 9 sites established across NSW, with a further 8 sites funded as part of Brighter Beginnings, these sites are expected to be up and running during 2024. To ensure the sites are supporting families participating in the program, key performance indicators are set to monitor families completing the program and site capacity.

### **Aboriginal Child and Family Centres**

The Aboriginal Child and Family Centres (ACFCs) program delivers culturally safe services and supports to Aboriginal families with children aged 0-8 years. ACFCs provide quality early childhood education and care, playgroups and integrated health and family services to Aboriginal children, families, and communities.

These centres provide an opportunity for parents, family, and community to play a key role in creating a supportive and nurturing environment for early childhood development. Most importantly, these centres are culturally specific and purpose-built to co-locate multiple services to assist families and work closely with community. These centres seek to address barriers to accessibility for many Aboriginal and Torres Strait Islander families and communities.

The centres are an evidenced community program model that is established in providing a broad range of universal, early intervention and other child and family service needs. Brighter Beginnings committed \$98.7 million over 4 years to continue operating and expand all 9 existing ACFCs and build an addition 6 sites across NSW.

### **Out of Home Care (OOHC) Health Pathway Program**

Children and young people in OOHC often have high and unmet health needs and are more disadvantaged and vulnerable than other children. Through the OOHC Health Pathway Program, NSW Health provides coordinated health assessments for children and young people aged 0- 17 years in statutory OOHC living in NSW who are expected to remain in care for longer than 90 days. Most new entries into care are children aged 0-5 years or primary school aged.

### **Perinatal and Infant Mental Health Services**

Perinatal and Infant Mental Health (PIMH) Services is a state-wide specialist perinatal mental health service for parents (and their infants) with a severe, acute, or complex mental illness, or are at imminent risk of relapse/episode and who are pregnant or have a child under the age of two. PIMH clinicians work from community health centres, hospitals, prisons, or clinic settings. There is a dedicated telehealth outreach service called the State-wide Outreach Perinatal Service which provides consultations to clinicians and their clients in rural and remote regions where there are limited PIMH services. A specialist PIMH service operates within Justice Health and Forensic Mental Health to support perinatal women in custody affected by mental health or trauma related problems.

### **Head to Health Kids Hubs**

Four Head to Health Kids Hubs will be established over 4 years to deliver integrated, comprehensive multi-disciplinary care to children aged 0 to 12 years old under the National Mental Health and Suicide Prevention Agreement – Bilateral Schedule. The Hubs will be in

Central Coast, Wollongong, Orange and Penrith. A [National Service Model](#) has been developed with scope for local Service Guidelines and Models of Care. Multidisciplinary teams tailored to the local community will staff the Hubs and partner with existing child and family wellbeing services to ensure integrated care. Districts will be the lead agency responsible for the development, implementation, and monitoring of Hub services.

### **Specialist services for those that need it**

[Nurturing Connection](#) is a new parent-child early intervention mental health program to be established in 2024 which is funded (\$3.3 million per year) through Stronger Communities Investment Unit. The program will be delivered in three Districts (Mid North Coast, South Eastern Sydney, Northern Sydney). This therapeutic child-caregiver relational program aims to address a service-needs gap for primary caregivers with significant mental health, trauma and social adversity who are pregnant or care for infants and young children (0 to 4 years). This innovative program offers mental health supports for the adult, evidence-based child-caregiver relational therapies and other child development and family supports. It is a relational, trauma informed and strengths-driven, which shifts the focus from 'what's wrong with us' to 'what's going well', to promote the protective factors, positive relationships and skills which can further improve adult and child outcomes.

### **Alcohol and other drugs services**

The use of alcohol and certain other drugs in pregnancy is related to a higher risk of developmental delay and physical and mental health concerns in childhood.

NSW Health provides a range of programs and services for those impacted by alcohol and other drug use, including specialist support for pregnant women, families and children, withdrawal management, rehabilitation, counselling and specialised midwifery and obstetric care. These include:

- SUPPS supports pregnant women to reduce substance use and work with them and their families to provide a safe environment for their children up to 2 years.
- The Care and intervention for children and adolescents affected by drugs and alcohol (CICADA) Centre and services brings together experts from the Fetal Alcohol Spectrum Disorder Clinic, Family Service and the Adolescent Drug and Alcohol Service at the Sydney Children's Hospital Network to build leadership and research into the prevention of harm to children and adolescents from drugs and alcohol.
- Drug and Alcohol residential rehabilitation and community services are available for women/parents with children across NSW to remove barriers to treatment by providing childcare and support for parents.
- NSW Health also offers universal screening during pregnancy and after birth to minimise the risks to women and their children, including for FASD. This provides the opportunity to create a tailored care plan.
- NSW Health provides best practice training and advice for clinicians who support pregnant and breastfeeding women. The Clinical Guidance for the Management of Substance Use in Pregnancy, Birth and the Postnatal Period provides clinical guidance to support health workers who care for pregnant and breastfeeding women who use substances and their infants and families. The Nursing and Midwifery Handbook: responding effectively to people who use and alcohol and other drugs also helps clinicians identify FASD and support expecting parents.
- NSW Health also provides the Antenatal Care for Alcohol Consumption During Pregnancy Training Module which provides advice on alcohol consumption during pregnancy and recommended care.
- Drug and Alcohol Specialist Advisory Service (DASAS) is a free 24/7 telephone service that provides general advice to health professionals who require assistance



with the clinical diagnosis and management of patients with alcohol and other drug related concerns. DASAS is funded by NSW Health and managed by St Vincent's Hospital Alcohol and Drug Service in Sydney.

### **NSW [Parent and Baby Units](#) – RPA & Westmead**

When a perinatal parent experiences a severe mental illness and requires more intensive treatment than community mental health services can provide, there are now dedicated public mental health mother-baby units for those who require hospital care. Under the Government's \$700 million Statewide Mental Health Infrastructure Program, two newly established (8-bed) purpose-built, dedicated facilities provide up to 240 women and babies care each year. These units located in Royal Prince Alfred Hospital (called Naamaru) and Westmead Hospital accept statewide referrals for women (from late pregnancy through to one year postnatal) with severe or acute mental illness and their infants who require hospital. They provide treatment and care for the parent's mental illness while also promoting the parent-infant bonding and early caregiving. They engage the partner/carer in the care and rooms are large enough for the woman's partner to 'room-in' to assist with infant caregiving and her recovery. Multidisciplinary teams staff these specialist units, including child and family health, midwives, and perinatal and infant mental health practitioners. The 'boarder' babies receive joint care with their parent, including in-reach from paediatric and maternity services when required.

### **Child wellbeing and support services to address maltreatment**

There are a number of child wellbeing and support services available to assist staff and provide families with trauma informed care. These include:

- [Child Wellbeing Unit](#): The NSW Health Child Wellbeing Unit (CWU) is a telephone support service staffed by child protection professionals proficient in the assessment and management of risk to children and young people. This includes advising Health staff on appropriate referrals and support services which help respond to the needs of children and families in a timely way and divert them from the statutory child protection system.
- [Child Protection Counselling Services \(CPCS\)](#): CPCS are located in all districts. The CPCS is a child and family-centred trauma-specific therapy service. Its overarching purpose is to work towards the recovery and ongoing safety and wellbeing of children and young people involved with the care and protection system. The CPCS works with infants, children and young people and their families and carers where it has been determined by the DCJ that the children and young people are at risk of significant harm due to violence, abuse and/or neglect. The service aims to assist children and young people recover from violence, abuse and/or neglect.
- [NSW Health's Aboriginal Family Wellbeing Workforce](#): NSW Health's Aboriginal Family Wellbeing workforce provides individual and family support activities, including initial crisis support, advocacy, and referral, that specifically address family violence, sexual assault, and child abuse. Their work also comprises broader community development and education strategies, with a focus on prevention and early intervention. These roles are placed statewide in certain districts, ACCHOs, Aboriginal Medical Services and non-government organisations.
- NSW Health developed the [Safe Wayz](#) program for children (0-10 years) with problematic and harmful sexual behaviours and their families. Safe Wayz takes a collaborative, multi-agency, public health approach to support communities to prevent the behaviours from occurring and to provide child and family-focused education and supports, including counselling for children and families who are struggling with and are impacted by the behaviours.

## **Appendix B: Relevant state and national policies**

### **2.4.1 Universal NSW State based policies**

#### The First 2000 Days

The first 2000 days of life (from conception to age 5) is a critical time for physical, cognitive, social, and emotional health, that inform and impact the child's life into the future.

NSW Health has developed [The First 2000 Days Framework](#), a strategic policy that outlines the action required to ensure all children in NSW have the best possible start in life. The Framework is supported by the [First 2000 Days Implementation Strategy 2020-25](#) to inform local priority planning within districts and speciality health networks. The First 2000 Days Framework objectives are being implemented through 3 goals:

- Objective 1: Understanding the importance of the first 2000 days.
- Objective 2: Care and support for all.
- Objective 3: Specialised services for those who need it.

[Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW](#) (the Blueprint) was published in March 2023. The Blueprint aims to ensure all women in NSW continue to receive and further advance respectful, evidence-based, and equitable maternity care that improves experiences and health and wellbeing outcomes.

#### NSW Future Health: Guiding the next decade of care in NSW 2022-2032

The [Future Health: Strategic Framework](#) vision is for a sustainable health system that delivers outcomes that matter most to patients and the community, this includes early childhood health and development care with the following aligned strategic priorities:

1. Patients and carers have positive experiences and outcomes that matter
  - 1.1 Partner with patients and communities to make decisions about their own care
  - 1.2 Bring kindness and compassion into the delivery of personalised and culturally safe care
  - 1.3 Drive greater health literacy and access to information
  - 1.4 Partner with consumers in co-design and implementation of models of care
2. Safe care is delivered across all settings
  - 2.1 Deliver safe, high quality reliable care for patients in hospital and other settings
  - 2.2 Deliver more services in the home, community and virtual settings
  - 2.3 Strengthen equitable outcomes an access for rural, regional and priority populations
3. People are healthy and well
  - 3.1 Get the best start in life from conception through to age five.
  - 3.2 Close the gap by prioritising care and programs for Aboriginal people

The [NSW Regional Health Strategic Plan 2022-2032](#) is a roadmap for the provision of health services in regional, rural and remote NSW. The Plan recognises that children have specific health and service needs and sets out strategic objectives to improve health outcomes for children.

NSW Health's [Supporting Families Early Maternal and Child Health Primary Health Care Policy](#) outlines a model for the provision of universal assessment, coordinated care, and home visiting, by NSW Health's maternity and community health services, for all parents expecting or caring for a new baby.

[Elevating the Human Experience Guide to Action 2021. Elevating the Human Experience: Summary guide to action for patient, family, carer and caregiver experiences.](#) This first statewide Guide to Action builds on existing work to outline a coordinated approach and transform us into a truly human-centred health system. The goal is to transform the way staff partner with patients and acknowledge the powerful voice of our consumers.

#### **2.4.2 Targeted NSW State based policies**

[The Integrated, Trauma Informed Care Framework:](#) brings together elements of trauma-informed care and integrated care to enhance the experiences of clients and their families and carers accessing NSW Health services. It provides guidance to staff, as well as a platform for the changes required to implement this type of care.

[Integrated Prevention and Response to Violence, Abuse and Neglect Framework:](#) the framework outlines the vision, guiding principles, objectives and strategic priorities to strengthen NSW Health response to violence, abuse and neglect. The [Violence, Abuse and Neglect \(VAN\) Redesign Program](#) aims to enhance capacity of the public health system to provide 24-hour, trauma-informed and trauma-specific, integrated psychosocial, medical and forensic responses to violence, abuse and neglect. The Redesign Program is underpinned by the Integrated Prevention and Response to Violence, Abuse and Neglect (IPARVAN) Framework which articulates the objectives and strategic priorities to strengthen NSW Health's response to VAN.

The [NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026](#) provides strategic direction and guides practical action for NSW Health to strengthen the public health system's role in preventing and responding to domestic and family violence.

[An Investment Plan for human services in New South Wales:](#) The investment approach for human services identifies groups of people in the population who are more likely to have poorer life outcomes and directs whole-of-government funding to deliver more coordinated, evidence-based services that achieve measurable and meaningful improvements to people's lives.

#### **[Children First, 2022 - 2031](#)**

Children First, together with the NSW Prevention Action Strategy ([Talking About It](#)), provides a sector-wide, multi-agency public health approach to better prevent, identify, and respond to problematic and harmful sexual behaviours by children and young people, improve social outcomes and build system sustainability.

#### **[NSW Health Child Safe Action Plan 2023-2027: Empower, Act and Listen Together.](#)**

The Action Plan sets out how we will implement the Child Safe Standards across all NSW Health workplaces. It aims to drive cultural change and influence system reform to embed child safety within all parts of the NSW Health system. All NSW Health organisations are required to implement the Child Safe Standards under the Children's Guardian Act 2019.

#### **2.4.2 National Policies**

[National Children's Mental Health and Wellbeing Strategy Child Wellbeing](#) - NSW Perinatal, Child and Adolescent Mental Health services are aligned with the national strategy to ensure cost effective, preventative, and targeted mental health supports are more accessible earlier in the lifespan (from as early as the perinatal period through to early childhood) and provide

support for both child and their caregiver. Children's mental health is highly influenced by the quality of the family environment, parenting style and caregiver-child relationship, especially within the critical windows of development in infancy and early childhood.

The [National Fetal Alcohol Spectrum Disorder \(FASD\) Strategic Action Plan 2018-2028](#) provides a clear pathway of priorities and opportunities to improve the prevention, diagnosis, support and management of FASD in Australia.

The [Safe and Supported: the National Framework for Protecting Australia's Children 2021 – 2031](#) provides a national approach to early intervention and targeted support for children and families experiencing vulnerability or disadvantage.

[National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030](#)

Provides a nationally coordinated, strategic framework for preventing and responding to child sexual abuse. It seeks to reduce the risk, extent and impact of child sexual abuse and related harms in Australia.

## **Appendix C: Agency partnership initiatives to improve children's outcomes**

### **Human Services Dataset**

NSW Health has partnered with DCS to link violence, abuse and neglect data with other NSW Government datasets including the [Human Services Dataset](#). This will allow analysis to be undertaken on factors that can contribute to improved broader health and wellbeing outcomes for children and their families. This evidence base will be critical in supporting decision making to improve service planning for NSW Health violence, abuse and neglect services and inform partnerships with other government agencies and non-government organisations.

### **Joint Child Protection Response Program**

The Joint Child Protection Response Program is a tri-agency program delivered by the Department of Communities and Justice, the NSW Police Force, and NSW Health. The program operates statewide and provides a comprehensive and coordinated safety, criminal justice and health response to children and young people alleged to have experienced sexual abuse, serious physical abuse and serious neglect.

### **Safer Pathway**

[Safer Pathway](#) is the NSW whole-of-government response designed to provide accessible and effective domestic violence support services to victims. Key components of Safer Pathway include: a common risk assessment tool (Domestic Violence Safety Assessment Tool); a network of local coordination points providing case coordination and support for victims; and sharing key information and working together to provide victims 'at serious threat' with a targeted, priority response through Safety Action Meetings.

### **NSW Government Domestic and Family Violence Plan**

The [NSW Government's Domestic and Family Violence Plan 2022–2027](#) provides strategic direction and sets out focus areas for action across the continuum of prevention, early intervention, response, recovery and healing from domestic and family violence. It also recognises the need for an accountable, well-coordinated and evidence-based service system. The plan provides the NSW Government with strategic direction to prevent and respond to domestic and family violence from 2022-2027. The plans enable all services, including NSW Health, to take action and contribute to the social change required to prevent and respond to domestic and family violence.

The Domestic, Family and Sexual Violence Board is comprised of NSW Government Agency representatives, including NSW Health, the Department of Communities and Justice, NSW Police and The Cabinet Office who provide their agency view on domestic, family and sexual violence. The Board provides strategic oversight, advice and decision making on a variety of programs and plans, including the development and implementation of the next whole of government NSW Plans for domestic, family and sexual violence; Target 13 under Closing the Gap and other cross agency or high priority domestic, family and sexual violence reforms as agreed.

### **The NSW Child and Youth Sexual Behaviour Context and Response Tool**

[The NSW Child and Youth Sexual Behaviour Context and Response Tool](#) ("CaRT") is a tool for anyone working with children or young people to identify when to be concerned about a child or young person's sexual behaviour and to guide a response, including whether a child protection report is required. The tool is currently in development. The development of the CaRT is a key initiative under Children First, 2022 - 2031 led by NSW Health on behalf of



NSW Government in collaboration with SME Professor Simon Hackett, Durham University, UK. There are significant benefits from using the CaRT in NSW, including earlier and consistent identification of PHSB and appropriate responses to children and young people and their families and reducing the number of inappropriate reports via the DCJ Mandatory Reporter Guide (MRG). The CaRT has been developed through extensive stakeholder codesign processes including government and non-government agencies, CALD representative organisations and Aboriginal stakeholders. All government agencies have agreed to use the CaRT, additionally non-government organisations working with children and young people have expressed strong interest in using the CaRT. Further consultation with Office of Senior Practitioner, DCJ is required to inform options for integration of the CaRT within the MRG with the aim to ensure seamless integration for users and avoid unnecessary duplication.

### **Paediatric Improvement Collaborative (PIC)**

A PIC between Clinical Excellence Queensland, the NSW Agency for Clinical Innovation, Safer Care Victoria, and the Royal Children's Hospital was formed in 2018. The PIC aims to improve the safety, reliability, and effectiveness of care for children in any acute setting by jointly committing funds to further enhance the quality of the Statewide Clinical Guidelines for Paediatrics, actively promote their use, and assess their impact on patient care. The Agency for Clinical Innovation, NSW Health is committed to the PIC in working towards the transitioning of the Clinical Guidelines to a standardised format accessible across all three states (NSW, Queensland, and Victoria), and reviewing Clinical Guidelines every 2 years to ensure they contain current best medical practice.

### **NSW Department of Education Specialist Allied Health and Behaviour Support Provider Scheme**

There are no publicly funded Allied Health practitioners employed by the NSW Department of Education. Private allied health providers can be engaged through the [NSW Department of Education Specialist Allied Health and Behaviour Support Provider Scheme](#).

### **The Department of Communities and Justice (DCJ) Early Intervention Evidence Portal**

The DCJ Early Intervention team are committed to building an effective and efficient service system for better support children and families in need. This is evident in their commitment to continue to build the evidence base including via the Evidence Portal and commissioning of evidence reviews to assist in improving outcomes for children, young people, families and communities. The current evidence reviews commissioned include:

- Preventing child maltreatment
- Cultural safety and wellbeing
- Youth socioemotional wellbeing
- Youth work – Agency and empowerment
- Youth mentoring
- Community strengthening
- Reducing child harm and maltreatment
- Improving school readiness.