

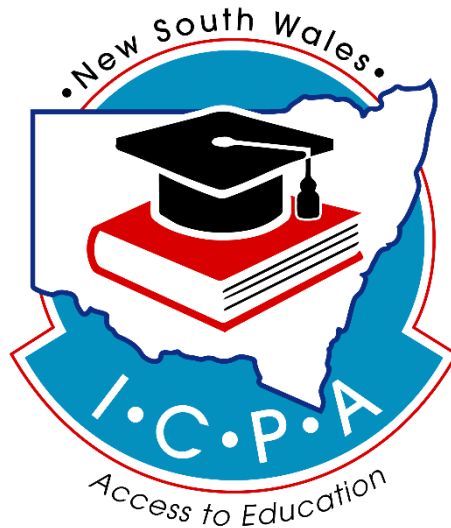
**Submission
No 48**

IMPROVING ACCESS TO EARLY CHILDHOOD HEALTH AND DEVELOPMENT CHECKS

Organisation: Isolated Children's Parents' Association of NSW Inc

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Isolated Children's Parents' Association of New South Wales Inc.



Submission to the Inquiry into improving access to Early Childhood Health and Development Checks

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ICPA-NSW is a voluntary non-profit advocacy group that has its roots firmly embedded in rural, remote, and regional areas across the state. ICPA-NSW believes that all students - irrespective of where they live - are entitled to equitable access to education that enables them to participate to their full potential in the social, economic, political and cultural life of a community.

The NSW State Council of the Isolated Children's Parents' Association advocates for members who have children who:

- Attend a rural pre-school or access early childhood education through a mobile service,
- Attend a small rural or remote school,
- Study by Distance Education and School of the Air lessons
- Travel to school by bus or private vehicle (daily, weekly or at the end of term)
- Board away from home to access primary or secondary school at a boarding school, agricultural high school, hostel, private board or maintain a second home,
- Attend a Tertiary institution- University/TAFE/ College

Terms of reference

That the Committee on Community Services inquire into and report on improving access to early childhood health and development checks, including:

- 1. Changes are needed to address gaps in outcomes for vulnerable children, including those in rural and remote communities, Aboriginal communities, and culturally and linguistically diverse communities.**

Access to Allied Health

More access to allied health services in rural and remote communities is vital in addressing the gap for rural and remote communities. In these communities there are long wait lists to access allied health services, and these services are often limited to one day a week or a month.

Early Childhood Centre's

Early childhood Centre's are a great resource and help families to some degree particularly with social interactions, they are also able to observe children and pick up on any concerns for parents to take further. The problems that rural and remote communities face is that these Centre's are not always accessible due to:

- Vast distances to travel to access
- Long waitlist
- Limited staffing options (Centre's not able to operate at full capacity)

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

Rural and remote families have vast distances to travel, often on unsealed roads that are only accessible during dry weather that create barriers for accessing routine health and development checks.

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

Incentive Programs

ICPA-NSW believes there needs to be an incentive program to encourage allied health professionals to come to rural and remote areas. Children benefit the greatest from early intervention. Speech issues

are usually identified at preschool. Parents are then referred to the relevant therapist at a local allied health service, however there is an increasing gap and turnover of health professionals in rural towns, therefore parents may need to travel over 300kms one way to access a speech therapist or occupational therapist.

Scholarship Programs

Prioritise workforce health capacity with targeted scholarships as part of a program to incentivise employers. There are many vacancies in numerous health fields especially for professional medical technicians like speech pathologists. For example, to become a Speech Pathologist an individual must complete a post-graduate course. These courses require the student to be employed as a trainee in the field before they can enrol in the university course. However, employers want qualified employees not trainees, for whom they still have to pay. By offering rural students' scholarships the employer is freed of the financial obligation and will be more inclined to accept trainees.

In person Counselling

There are students who require counselling in person in rural and remote schools, however, due to the lack of services being available locally, they don't have access to an appropriate face to face counselling service.

The teaching staff are also feeling the absence of a regular school counsellor, who had previously provided support with classroom management strategies and learning adjustments to ensure every student was supported.

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

Brighter Beginnings

ICPA-NSW believes that if the Government needs to extend the "Brighter Beginnings" to include developmental screeners, closely reflective of the Royal Far West Healthy Kids Bus Stop, for 3-year-olds in rural and remote areas.

The Brighter Beginnings program, while welcomed, does not adequately address the Early Intervention identification needs of children in rural and remote areas. The Royal Far West (RFW) Healthy Kids Bus Stop Program was tailored to each communities' needs and included a collaboration between RFW and local health service providers for a detailed health and developmental screener, including Occupational Therapy, Speech Pathology, Psychology, Dental, Hearing, Child and Family Health Nurse, Community Nurse, Aboriginal Health Service and access to these disciplines by families for children, and to create a child centered approach to care, and pathways to NDIS Early Intervention if required for 3 year olds. Providing a full developmental screener for 3-year-olds enables families and preschools to work together through this process to develop strong partnerships with health providers into and through primary school to meet the needs of the states most vulnerable children.

Better Learning Better Lives – Royal Far West

The "Better Learning Better Lives" proposal is a five-year funding proposal that aims to assist five identified rural, remote communities in New South Wales (around thirty schools and preschools).

This flexible program aims to include services such as early intervention and screening; allied health therapy; wellbeing mental health services; capacity building for parents and teachers; and community navigation and service coordination for families so that they can find services more easily.

The Royal Far West would visit the schools twice a year and services like mental health, speech, and Occupational Therapy, would be provided through telehealth. It aims to support kids and families that have been identified as most in need and a lot of rural and remote communities just don't have access due to their location or they must endure long waiting lists with specialists located in urban areas.

Assessment and Diagnosis of Learning and Well-being support Requirements

The Government needs to ensure a more accessible school-based platform for assessment and diagnosis of any learning and well-being support requirements of children living in rural and remote NSW. This enables early identification and timely interventions without the need to access consultation outside the school.

The NSW Department of Education schools have psychologists allocated to their schools through the school counselling service however they are unable to formally diagnose conditions such as ADHD, autism, mental health conditions and specific learning disorders, for example, dyslexia. In rural and remote areas there is often very limited access to health professionals or specialist services. These are generally also highly transient positions making it extremely difficult for patients to develop any rapport with that professional - one of the most important factors of childhood diagnostics. Accessibility of services should run parallel between young people in rural and remote areas and their metropolitan counterparts.

Specialised support can be extremely difficult to access for families who are already vulnerable and disadvantaged due to isolation. Taking into consideration the additional needs or complexities is paramount, especially because multidisciplinary assessments, are often delaying a diagnosis. The flow-on effect delays support and early intervention and impedes a child's ability to grow and thrive. We are not asking for additional learning support allocation and fully understand the shortage of specialised services within rural and remote areas.

Utilising the current psychological health and wellbeing resources available within the NSW Department of Education would provide a more timely and streamlined assessment and therefore earlier intervention processes within the schools. Growing up in a rural or remote area should never be seen as a disadvantage. There should be no barrier to accessing services, especially those that can change the trajectory of a life.

Allied Health for Distance Education students

The disadvantage of access to allied health professionals in rural health services was highlighted during the pandemic as health professionals and appointments were impossible due to border closures, covid regulations and the redistribution of health specialists in our health system. Telehealth was a highlighted benefit of allowing access for health specialists and their patients. Face to face appointments so that health specialists can properly perform their assessments and referrals are a key component in early diagnosis and intervention.

Currently parents/carers of remote students needing early intervention through allied health support are required to pay for these services. Distance Education Centre's are unable to provide timely support to access school or allied health professionals because of long waiting lists or unavailable services. Time is critical for targeted intervention in a child's education.

A subsidy or funding to enable families to access providers of allied health professionals to allow them to access appropriate, timely support for their child or children. Children who do not have a significant disability cannot access NDIS fall through the gaps. The only options parents have is to pay for the appointment out of their pocket or not access vital support.

Adequate and uniform assistance should be available to assist geographically isolated, vulnerable, and at-risk children accessing in person specialist sessions with expenses such as travel and accommodation when extensive travel is required to attend these consultations IPTAAS is not available if there is a local or visiting specialist but if their books are full, children are waiting over two years to see them. There should be a provision for these children to access services where available.

Antenatal, postnatal, and infant support

The health and wellbeing of children and their parents is vital to promote growth, establish foundational skills, knowledge and understanding to support success in preschool, school, and adulthood. Isolated parents and their children are unable to access adequate support, especially in the early childhood stages of infancy. This means families are relying on social structures, a compounding problem as rural communities are becoming smaller and more isolated with a shift in demographics and population.

With decreasing populations, and increasing isolation there is an increased need for focused and coordinated support that is designed with isolated rural families in mind. Currently, there is no formal mothers group provided to rural mothers, online resources suggest inaccessible support such as in home care programs, clinics, and localised programs.

Targeted and tailored programs for isolated children and parents are needed to ensure equity of access to support, especially in zero to three years to ensure children start preschool without any disadvantage because of where they live.

5. Any other related matters.

Vast Distances

Due to vast distances, it is very difficult for many rural and remote preschoolers to access 600 hours of preschool in just one year. It is more pragmatic to smooth this process over a two-year period. Early childhood teachers can observe any developmental issues and refer parents to seek more information.

ICPA-NSW believes if the above suggestion was adopted the Start Strong Guidelines would have more rigor and the criteria would be read as follows (new inclusion in bold). Services would be required to give equal priority of access to:

- children who are at least 4 years old on or before the 31 July in that preschool year and not enrolled or registered at a school
- children who are at least 3 years old on or before 31 July in that preschool year and from low income and/or Aboriginal families
- children with English language needs
- children with disability and additional needs
- children who are at risk of significant harm (from a child protection perspective).
- **Children whose address is in a remote or very remote location.**

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