

**Submission  
No 53**

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

**Organisation:** NSW Council of Social Service

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

NSW Council of Social Service

20 August 2024

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 **ncoss**  
NSW Council of Social Service

## About NCOSS

NSW Council of Social Service (NCOSS) is the peak body for non-government organisations in the health and community services sector in NSW. NCOSS works to progress social justice and shape positive change toward a NSW free from inequality and disadvantage. We are an independent voice advocating for the wellbeing of NSW communities. At NCOSS, we believe that a diverse, well-resourced and knowledgeable social service sector is fundamental to reducing economic and social inequality.

## Acknowledgement of Country

NCOSS respectfully acknowledges the sovereign Custodians of Gadigal Country and pay our respects to Elders, past, present and emerging. We acknowledge the rich cultures, customs and continued survival of First Nations peoples on Gadigal Country, and on the many diverse First Nations lands and waters across NSW.

We acknowledge the spirit of the Uluru Statement from the Heart and accept the invitation to walk with First Nations peoples in a movement of the Australian people for a better future.

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## Introduction

NCOSS thanks the Committee on Community Services for the opportunity to contribute to this inquiry and advocate for better access to early childhood health and development checks, particularly for families living in poverty and disadvantage.

This submission focuses on the following Terms of Reference:

1. Changes needed to address gaps in outcomes for vulnerable children, including those in rural and remote communities, Aboriginal communities, and culturally and linguistically diverse communities.
2. Barriers that affect parents' access to routine health and development checks that track their child's progress against developmental milestones.
4. Funding for early intervention programs and screening to ensure children are given support for developmental issues, including telehealth and other models.

Our submission draws on feedback from organisational members and key research publications:

- [Helping clients fill in forms](#) (2020)
- [Patient experience and economic disadvantage in NSW](#) (2020)
- [Barely Hanging On: The Cost-of-Living Crisis in NSW](#) (2023)
- [An exploration of the experiences of virtual care in NSW](#) (2023)
- Economic Cost of Childhood Poverty (releasing in late 2024)

Childhood health and development checks play a crucial role in identifying the support all children need to thrive in their lives. For children living in poverty and disadvantage, these checks are particularly important, considering the association between poverty, poor health and reduced opportunities throughout life. Access to these checks allow families to identify the needs of their children early on and to provide supports that diminish the effects of poverty.

However, access to childhood health and development checks is not enough. Identification of the needs of a child must be supported by a system that actually support children at the right time before their vulnerabilities deepen. For children living in poverty and disadvantage, this support system is often fragmented and difficult to navigate. It is therefore important to build a system around childhood health and development checks that breaks down these barriers and give these children a better start to their lives.

NCOSS therefore expects the NSW Government to take concrete action to ensure that all children, particularly those living in poverty and facing disadvantage, have equitable access to both early childhood health and development checks as well as adequate supports once the checks are completed. This submission lays out three keys areas that should be prioritised in this context:

1. Prevent children from living in poverty, avoiding life-long health impacts.
2. Invest in the community sector and health system to provide equitable access to supports.
3. Address barriers that prevent children from accessing health and development checks.

For any questions related to this submission, please contact Ben McAlpine, Director of Policy & Advocacy, at [REDACTED].

## Summary of NCOSS recommendations

### **Prevent children from living in poverty, avoiding life-long health impacts.**

The NSW Government should:

1. Advocate to Commonwealth Government to lift the rate of income support payments to above the poverty line, and increase Commonwealth Rent Assistance, to enable a dignified and healthy standard of living for recipients.
2. Bolster supply of social housing in NSW to 10% of all housing stock.
3. Increase investment for early intervention and prevention programs.

### **Invest in the community sector and health system to provide equitable access to supports.**

The NSW Government should:

4. Recognise and value local, place-based social and community services as important social infrastructure, and closely consult and collaborate with them during service planning and needs assessments in relation to health and development services. NSW Health and Local Health Districts should formally recognise and sufficiently fund this critical role.
5. Partner with local, place-based organisations such as neighbourhood and community centres, to identify the most vulnerable and excluded households and provide targeted support.
6. Improve access to health and social services for children and their families by investing in 'Linker' roles in regions with the highest concentrations of disadvantage in NSW.
7. Ensure that relevant content, materials and digital services are in plain English and available in other languages, easy to navigate and meet the diverse needs of the community.
8. Require key customer-facing agencies to set up helplines to provide practical guidance to those struggling to fill in forms and/or complete application processes for allied health services.
9. Recognise and adequately resource the valuable role played by trusted, local community organisations in assisting vulnerable people to fill in forms and navigate complex online systems.

### **Address barriers that prevent children from accessing health and development checks.**

The NSW Government should:

10. Expand public transport concessions to better support people on low incomes, including allowing all Commonwealth Health Care Card holders to access concessional fares, and extending the \$2.50 per day capped fare to income support recipients.
11. Increase public transport options for regional, rural and remote communities through better bus networks to improve connections to health care and other support services.
12. Remove the restriction around community transport as an eligible service within IPTAAS.
13. Invest in targeted programs to overcome digital exclusion, particularly for families on low incomes. This would include access to affordable devices, affordable internet connectivity and data plans, and skills training.

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

Families living in poverty and entrenched disadvantage are more likely to experience poorer outcomes across many parts of their lives – health, education, housing, income and employment.<sup>1</sup> Additionally, many of these families also have inadequate access to services due to where they live, cost, long waitlists and limited culturally appropriate services. The current system of health and development checks and connection into appropriate support and services is fragmented and does not allow for all children to receive timely wraparound support for as long as they need it.

Access to regular health and development checks early in a child's life, and access to wraparound and specialist support early, can reduce gaps in children's health and education outcomes. Services supporting children with identified additional needs must be accessible physically as well as easy to navigate for families, delivered by someone the family can trust, culturally safe for First Nations and culturally and linguistically diverse communities and available to the child for as long as they need it.

## Prevent children from living in poverty

Almost one in seven or 229,200 children in New South Wales live in poverty.<sup>2</sup> Poverty during childhood has lifelong effects including poor physical and mental health, reduced income and participation in the workforce, and a higher probability of experiencing homelessness.

The most critical step that the NSW Government can take to address gaps in outcomes for vulnerable children is to lift them out of poverty. This requires increased investment in social and affordable housing, more early intervention and prevention services, access to early childhood education, and increased income support payments. Increased investment in the broader social services sector will further build the support structures around families to ensure they do not fall between the cracks. By addressing the needs of children and therefore families more broadly, the NSW Government can ensure that they are creating a society where children can thrive and achieve their full potential.

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<sup>1</sup> Community Affairs References Committee, Parliament of Australia, *The extent and nature of poverty in Australia – interim report* (2023). Accessed on 7 August 2024 via [https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/RB000081/toc\\_pdf/TheextentandnatureofpovertyinAustralia.pdf](https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/RB000081/toc_pdf/TheextentandnatureofpovertyinAustralia.pdf)

<sup>2</sup> Vidyattama, Y., Brown, L., Tanton, R., and NSW Council of Social Service (2023) Mapping Economic Disadvantage in New South Wales, 2021. NATSEM, Faculty of Business, Government and Law, University of Canberra. Accessed on 7 August 2024 via [https://www.ncoss.org.au/wp-content/uploads/2023/04/NCOSS\\_final-report-25-Apr-2023.pdf](https://www.ncoss.org.au/wp-content/uploads/2023/04/NCOSS_final-report-25-Apr-2023.pdf)

The NSW Government should:

1. **Advocate to Commonwealth Government to lift the rate of income support payments to above the poverty line, and increase Commonwealth Rent Assistance, to enable a dignified and acceptable standard of living for recipients.**
2. **Bolster supply of affordable and social housing in NSW to 10% of all housing stock.**
3. **Increase investment for early intervention and prevention programs.**

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

NCOSS members report a number of barriers that families experience when accessing services such as health and development checks for their children. For regional and rural communities in particular, the centralisation of services in regional hubs has made it more difficult to engage with support in a timely and culturally sensitive manner. The availability and affordability of transport can impact a family's ability to receive the health care their child may need. This can be an issue particularly where parents or a child may not have an existing relationship with a GP, which is a key requirement for accessing some supports such as through the NDIS.

Additionally, some parents may not recognise the importance of early childhood health and development checks, or lack the health literacy required to support their child through the screening and support process. First Nations and culturally and linguistically diverse communities can also experience difficulties accessing or engaging in services that are not culturally appropriate or safe. Families living in poverty and disadvantage also have a fear of being stigmatised as being neglectful if their child is identified as having a developmental vulnerability and may also have a mistrust of healthcare and other government systems due to historical institutional failures. These barriers can often impede a parent's or caregiver's ability to seek routine health and development checks for their child. Providing childhood health and development checks within trusted community organisations will assist in overcoming this fear as these organisations often have greater familiarity with the family's circumstances.

Without urgent action to reduce these barriers through targeted interventions, disparities between families living in poverty and those who are not will continue to grow and deprive their children of the opportunity to reach their full potential. Moreover, once access to health and development checks is made easier, without consistent wraparound support for these children after their assessment, these families will continue to struggle to engage with health services.

## **Invest in the community sector and health system to provide equitable access to supports.**

Families living in poverty struggle to prioritise childhood health and development checks because of the numerous other challenges that they face including unstable housing, financial stress and lack of transport. Additionally, these families often feel alienated from the service system, unable to distinguish between different government entities as well as having a level of mistrust and fear towards them. Availability of current screening programs within Local Health Districts can be patchy, particularly in regional areas; together with ongoing workforce issues this means that current screening programs have limited reach in the areas of most need.

For families living in entrenched poverty, completing health and development checks in unfamiliar settings and with unfamiliar people can bring up feelings of fear that they will be reported for child protection concerns. These families often equate their circumstances as being interpreted as them not caring for their children appropriately and therefore they fear repercussions for seeking support. This fear can become entrenched within communities over time creating trust barriers for seeking support.

Locating childhood health and development checks within place-based organisations or hubs can provide families with a soft entry point into the system. These include those within schools and preschools, neighbourhood centres, Aboriginal Community Controlled Health Organisations and multicultural services. These organisations are better able to build trust and provide support without becoming too complex a system for the family to navigate. They can link children into the right supports when they need it, and also provide families with a sense of connection and familiarity that allows for the organisation to determine if the family requires additional support e.g. parenting or family support services that can enhance family wellbeing and strengthen parents' and caregivers' capacity to care for their children.

Many place-based organisations and wellbeing hubs exist across NSW and are well positioned to connect families to the screening process. However, more investment is needed to strengthen and expand these organisations, particularly for regional and rural communities and for Aboriginal communities, and culturally and linguistically diverse communities. Even within Greater Sydney, for communities experiencing entrenched disadvantage, it is important to set up community hubs within the local area to reduce barriers of access.

Further, providing universal health and development screening will result in increased health assessments, and therefore a need for an increased workforce and service pathways, including support to help kids and families navigate these service pathways. Investment is required to increase capacity at all stages, particularly for regional and rural communities where workforce shortages in the community sector are being felt the greatest.



4. **NSW Health and Local Health Districts should recognise and value local, place-based social and community services as important social infrastructure, and closely consult and collaborate with them during service planning and needs assessments in relation to health and development services. NSW Health and Local Health Districts should formally recognise and sufficiently fund this critical role.**
5. **The NSW Government should partner with local, place-based organisations such as neighbourhood and community centres, to identify the most vulnerable and excluded households and provide targeted support.**

### **CASE STUDY: Mirrung – creating a thriving learning environment**

Schools are often the physical and social centre of communities. Their connection to all children, young people and families in the community mean they have a reach and universality that is unparalleled. The move to leverage this opportunity and connect schools to local service systems is growing in momentum.

Ashcroft Public School is a vibrant primary school located in Liverpool Local Government Area. Culturally diverse, it is a community of considerable strength and resilience. However, it also has the highest level of poverty in NSW.<sup>1</sup>

Two years ago, in partnership with NCOSS, the school launched **Mirrung** – a learning and wellbeing hub that takes a holistic approach to respond to the priorities and needs of the Ashcroft community. The school facilitates whole-family wraparound services through an approach that dedicates time and staff to supporting family wellbeing. It is premised on the fact that improvement in student wellbeing and learning will only occur if families are also supported. In 2024, Mirrung launched ‘Watch Me Grow’ – a research project with UNSW that rolled out universal screening of developmental milestones of 4-5 year olds in the Ashcroft Public School community. The findings were stark, revealing that more than 40% of children were not meeting their developmental milestones. Mirrung is now responding, engaging with families, developing a program of targeted, individualised interventions to support the students and their families to close the equity gap.

The benefits of locating the screening process at the school include:

- **Accessibility** – the school is central to the community and easily accessible for all families. This removes a key barrier to access to information, knowledge and services for families living in deeply entrenched socio-economic disadvantage.
- **Reduced stigma** – delivery of information and services by familiar, trusted faces and through ‘soft entry’ pathways normalises help-seeking and reduces stigma
- **Early intervention** – classroom teachers are well-placed to identify when their students would benefit from additional support. Through Mirrung, they are able to deliver targeted, integrated and timely interventions for students ranging from in-class supports to connecting families to allied health, mental health and other wellbeing services.

Equipping families to navigate complex service systems and enable their access to the range of universal and targeted services that meet their needs and priorities and the needs of their children, is a key outcome of Mirrung. Doing this in a school setting supports the education, health and development of all children and families in communities experiencing disadvantage.

## Invest in Linker or Navigator roles

Families and children experiencing complex challenges can find it difficult to navigate a system that relies on knowledge of what services are available to them, managing different government departments, appointments and paperwork. These families are often facing financial stress, lack of technology access, limited or no access to private transport, and housing insecurity amongst other issues such as intergenerational trauma, domestic or family violence, or poor mental health. Given this, families may struggle to prioritise the developmental needs of their children.

NCOSS members report that the system currently works in silos making it difficult for a child or family to experience a screening-to-support pathway that is connected and where they do not have to go through the same initial consultations every time they see a new practitioner. Families could benefit from access to foundational supports that will assist their children with emerging developmental concerns.<sup>3</sup> Non-government organisations also report that different government departments lack knowledge of what their counterparts are providing in local areas; this often leads to an increase in burden for families who are trying to obtain support for their child's health and development.

It is therefore important that the health and development screening process includes a 'Linker' or 'Navigator' role that can assist the family to identify children who may need support and connect them to the right services after their check is completed. These professionals can navigate additional supports with the family such as accessing the NDIS, allied health practitioners, as well as ensuring that the child's early learning centre or school environment can support the child adequately. Within the hub model of service delivery this role may also be able to provide brokerage to assist the family in overcoming financial barriers or transport to ensure that they can access the services their child needs.

**6. Improve access to health and social services for children and their families by investing in 'Linker' roles in regions with the highest concentrations of disadvantage in NSW.**

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<sup>3</sup> Commonwealth Government of Australia (2024) NDIS Review: Foundational supports for all people with disability. Accessed on 19 August 2024 via <https://www.ndisreview.gov.au/resources/fact-sheet/foundational-supports-all-people-disability>

## CASE STUDY: Winanggaay, Marathon Health

Anecdotally, Aboriginal children benefit from additional support before starting school. The Winanggaay ('to know, to think, to understand') program aims to build the school readiness of Aboriginal children, through connection of families, schools, community and services. It identifies learning and development vulnerabilities through screening and ensures children have access to the right health care and educational support *before* they start school.

When two four-year-old boys started attending a preschool in Bathurst, staff raised concerns that the boys were still in nappies and had speech delays. Their mother consented to them being involved in the Winanggaay Project because she had limited connections within the local community, lacked confidence and didn't know how to source the support her sons needed.

An Aboriginal Health Linker arranged screening for the boys, which highlighted that they were delayed in most areas of their development. The Winanggaay team then worked with the centre and the boys' mother to develop a care plan that would help prepare them for school.

The Winanggaay team was able to link the boys to supports through the NDIA's local Early Childhood partner organisation, who sourced early intervention funding through the NDIS. Through Winanggaay, they also received speech therapy, access to a dentist and healthy lunchbox information sessions at preschool. The educators at the preschool also gained access to speech therapy resources so they could support the boys' therapy sessions. Once the supports were in place, the Winanggaay team then handed over the boys' support plan to their primary school, in readiness for them starting their school journey in Kindergarten in 2023.

Staff at the preschool observed that the boys' speech improved significantly since undertaking speech therapy. They became more confident, made eye contact when they were talking or being spoken to, and happily accepted praise. They boys went to the toilet on their own and took part in group activities. The most encouraging outcome was that they seemed proud of themselves and would not need a support worker in the classroom when they started school.

Schools in Bathurst have recorded their appreciation for the Winanggaay program and the school transition resources the team has provided. The program was supporting children and their families to access screening, while also allowing schools to plan the supports that new students are likely to need. Unfortunately, the program was part of a 12-month pilot and requires more funding to continue.

## Support parents with health literacy and lift their administration burden

Not all families living in poverty or disadvantage are able to access technology or have high literacy levels, making it difficult for them to access written material or websites on services relating to

childhood development.<sup>4</sup> Material relating to child health and development must be adapted to work for these communities and should be communicated through channels that they engage with.

Moreover, where telehealth appointments are used in the screening process or to connect children to specialist appointments, these should allow for time to build trust with families and be used as a supplement to in-person care.

- 7. Ensure that relevant content, materials and digital services are in plain English and available in other languages, easy to navigate and meet the diverse needs of the community.**
- 8. Require key customer-facing agencies to set up helplines to provide practical guidance to those struggling to fill in forms and/or complete application processes for allied health services.**
- 9. Recognise and adequately resource the valuable role played by trusted, local community organisations in assisting vulnerable people to fill in forms and navigate complex online systems.**

## Address significant transport barriers

NCOSS's most recent Cost of Living survey of NSW households in poverty and on low incomes found that over one quarter (28%) are unable to afford to travel for essential reasons including health care; an increase of 40% from 2022. Further, almost three quarters (72%) of households consistently ranked transport costs (including petrol, road tolls and public transport) as one of the top five areas of expenditure put under the most pressure over the past 12 months.<sup>5</sup>

Many families experiencing disadvantage and poverty do not have regular access, if any, to a car.<sup>6</sup> A poor public transport system can impede a family's ability to access health and development checks, as well as access support services once a vulnerability is identified. The cost of taxis can be too expensive for many families, and many do not provide car seats for young children.

*For me to drive an hour and a bit away is going to cost me \$50, the round trip, and that's a big chunk out of a budget, on a single-parent budget, on a low-income, single-parent budget, yeah. (Regional participant, NCOSS Virtual Care Project)*

Inadequate public transport such as infrequent buses or trains, cancellations, routes that add travel time for families despite needing to go a short distance can force families to rely on costly or less safe modes of transportation e.g. walking long distances in harsh weather to get to their appointments. For families living in regional or rural NSW using public transport with often indirect routes to get to a regional hub to access routine checks and healthcare can outweigh the desire to do so.<sup>7</sup>

<sup>4</sup> Social Equity Works, NCOSS and Reading Writing Hotline (2020) Helping clients fill in forms. As accessed 6 August through: <https://www.ncoss.org.au/wp-content/uploads/2021/01/Helping-Clients-Fill-in-Forms-Research-2020-Report-of-Findings.pdf>

<sup>5</sup> Institute of Public Policy and Governance (2023) Barely Hanging On: The Cost of Living Crisis in NSW.

<sup>6</sup> CAFCA 2011, *The relationship between transport and disadvantage in Australia*. Accessed 25 March 2024 via <https://aifs.gov.au/resources/policy-and-practice-papers/relationship-between-transport-and-disadvantage-australia>

<sup>7</sup> Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

Navigating public transport, particularly with children, can add further challenges to a family which is already experiencing a variety of stressors and therefore can get overwhelming and decrease a family's motivations to access routine checks or healthcare that is not seen as targeting a child's immediate need. Eliminating transport barriers by investing in transport can reduce the disparity in health outcomes being experienced by families.

With health outcomes in regional, rural and remote areas significantly and consistently worse than metropolitan areas,<sup>8</sup> every effort should be made to reduce the cost burden and increase availability of public transport to enable better access to health care. As a first step, and in line with IPART's 2020 recommendations, eligibility to public transport concessions should be broadened to a wider group of people, such as those receiving JobSeeker Payments or holders of the Commonwealth Health Care Card.

Additionally, while the NSW Government's Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) has gone through some significant improvements, specific criteria around the type of travel eligible under the scheme remains overly restrictive and limits patients from accessing the full range of transport options available in their area. For example, patients are unable to access IPTAAS rebates for community transport if the community transport provider receives government funding. But with the vast majority of community transport providers operating in NSW receiving some state and/or Commonwealth government funding, this effectively means that in practice, most patients cannot access IPTAAS rebates for community transport at all.

For many families living in isolated regions, community transport may be their only option to travel for health care if public transport is scarce and they don't have access to a private vehicle.<sup>9</sup> NCOSS understands that the community transport restriction within IPTAAS was primarily designed to stop patients from simultaneously accessing rebates under multiple schemes (for example, travel subsidies under both IPTAAS and the Commonwealth Home Support Program) or 'double dipping'. However, this restriction creates an unnecessary barrier to transport for families needing to access vital health care to support their child's development. Removing this barrier would make a significant difference to health care access for regional, rural and remote communities in NSW.

- 10. Expand public transport concessions to better support people on low incomes, including allowing all Commonwealth Health Care Card holders to access concessional fares, and extending the \$2.50 per day capped fare to income support recipients.**
- 11. Increase public transport options for regional, rural and remote communities through better bus networks to improve connections to health care and other support services.**
- 12. Remove the restriction around community transport as an eligible service within IPTAAS.**

<sup>8</sup> NSW Parliament 2022, *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales*, Legislative Council, Portfolio Committee No. 2 – Health, Report no. 57, May, Sydney.

<sup>9</sup> SVA Consulting 2022, *The operating context for the community transport sector in RRR NSW*, prepared for Community Transport Organisation Ltd., October.

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

### Close the 'digital inclusion' gap to improve access

NCOSS supports the use of virtual care where it enhances patient choice and access, particularly for families who find it challenging to juggle health appointments with young children. Once a health and development check is completed, virtual care options to access further support should be offered to families as they require it.

NCOSS's research into experiences of virtual care found that for families, virtual care:

- is convenient, flexible and affordable when provided effectively, allowing people to overcome access barriers and hidden costs such as petrol or public transport fares.
- removes hidden costs related to attending in-person appointments such as buying food and drinks for children, and paying for parking, or paying for childcare.
- decreases the disruptions to a child's schooling and social development as well as any siblings who may be disrupted to attend the appointment due to lack of alternative childcare options.
- improves the quality of engagement for the child. When children have long journeys to travel for medical appointments parents explained that this detracts from the child's ability to engage in the appointment. The virtual medium allows some children to focus because they are not exhausted from the travel and waiting.

*[Virtual care has] definitely helped because you spend on fuel when you're trying to go to the doctors and stuff like that, and usually when we go to the doctors you have to pay to see the doctor, unless it's a free public health one. So, the telehealth it's a free call, three to four minutes you have a conversation for and then you're done. You don't have to go anywhere, you don't have to fill up your car or anything like that, you don't have to buy lunch because your kid is like, "I'm hungry now, there's a nice shop there." (Regional parent, NCOSS Virtual Care Project)*

*She really liked it because...she misses a whole day of school whenever we have to go to a kid's hospital appointment. And she doesn't like to miss playing with her friends. And she comes in and they've done work that she hasn't completed. So, she really liked being able to do the Zoom, and then I could drop her off. Five minutes away. It was great for her. And also, my other daughter who has a disability, is very anxious in new places. So, being able to do appointments from home took a lot of that stress off it and it just became new people rather than the whole shebang. (Regional parent, NCOSS Virtual Care Project)*

However families on low incomes can be both socially isolated and digitally excluded, and therefore at most risk of being unable to access virtual care to support their child's health and development needs. There are several contributing factors to the successful use of telehealth and virtual care, including high-quality digital infrastructure, digital capabilities and competence for both practitioners and patients, awareness of virtual care services and accessibility of related information.<sup>10</sup>

**13. Invest in targeted programs to overcome digital exclusion, particularly for families on low incomes. This would include access to affordable devices, affordable internet connectivity and data plans, and skills training.**

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<sup>10</sup> Bevis, M., Howard, A., Rawsthorne, M., Massola, C., & Joseph, P. (2023). An exploration of the experiences of virtual care in NSW. Summary Document. University of Sydney for NCOSS.