



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

**RACP Submission to the NSW Inquiry into
improving access to early childhood
health and development checks**

March 2024

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 21,000 physicians and 9,000 trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients, the medical profession and the community.



We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

Key comments

Our RACP members believe early intervention is one of the most effective ways to improve outcomes for children. There is substantial evidence that investment in the early years of children's health, development and wellbeing is the most cost-effective means of tackling long-term health conditions and health inequity.

The RACP supports the [NSW First 2000 Days Framework](#) in alignment with our position statement [Early Childhood: The Importance of the Early Years](#). This statement supports policymakers and health professionals working with children and families to develop local and national policies, programs and interventions, that focus on early child development to protect and promote healthy life course trajectories.

The RACP strongly supports the role of childhood health and development checks in improving long-term health and development outcomes for all children. We acknowledge the [work underway by the NSW Department of Education and NSW Health](#) to make health and development checks accessible to all 4-year-olds attending participating ECEC services. Ensuring access to health and development checks is a fundamental step in preventive healthcare, as it allows for early detection and intervention. However, for this process to be truly effective, it must be complemented by a robust system that facilitates access to the services and support required for any identified health issues or developmental needs.

The RACP provides five (5) key recommendations of ways forward with further detail and suggestions provided under each of the Terms of Reference below. The RACP and our members would welcome the opportunity to provide further feedback to the NSW Inquiry and believe that engagement with our experts, such as our paediatrician members, would be of significant benefit.

Key recommendations

1. Prioritise and invest in **Aboriginal and Torres Strait Islander health leadership** and genuine community engagement to achieve improved health outcomes for Aboriginal and Torres Strait Islander children.
2. Invest in and expand **models of care** which support **children in rural and remote communities** to access local intervention and diagnostic services.
3. **Collaborate with health services** to support **multidisciplinary teams** for child assessments, ensuring early detection and coordinated referrals of developmental issues.
4. Invest and scale up **models of care** which aim to **integrate variations of health, social care, family support, and education** to promote equitable service access and supports, such as child and family hubs.
5. Invest in initiatives that support **access to quality early childhood education programs for all three-year-olds**, particularly in rural and remote locations.

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.**

First Nations Communities

Aboriginal and Torres Strait Islander health leadership and genuine community engagement is crucial to achieving improved health outcomes. The Aboriginal Community Controlled Health sector is of vital importance in delivering effective, culturally safe care for First Nations children.

The RACP's Aboriginal and Torres Strait Islander Health Committee has developed the [Medical Specialist Access Framework](#), a strengths-based guide for health sector stakeholders to promote and support equitable access to specialist care for Australia's First Nations children.

We strongly urge the NSW Inquiry to consult directly with First Nations families and peak bodies, and:

- Prioritise and support the leadership and engagement of First Nations leaders and communities.
- Support First Nations community led early childhood services.
- Prioritise First Nations community engagement and leadership for public health programs.
- Prioritise equitable access to specialist care for First Nations children in NSW.
- Properly quantify the need for specialist services and plan to ensure this is appropriately met.
- Encourage the use of the RACP's Medical Specialist Access Framework in NSW, including for developing innovative and effective models of care that meet the health needs of First Nations children, families and communities.

Rural and remote communities

In many rural and remote communities, developmental vulnerability as measured by the Australian Early Development Census (AEDC) at around age five is growing, and the vulnerability gap between regional and rural children is widening.¹ Children in rural and regional areas need to be a priority focus; demand in these areas is growing rapidly, with many children struggling to access local intervention and diagnostic services. Some developmental and diagnostic assessment cannot be appropriately carried out via telehealth.

An RACP member reports that there is often significant discrepancy between the expectations of clinical guidelines and what can be offered within local communities. They provided the example of being unable to access electroencephalography (EEG) for children within 72-hours after a new seizure, as contemplated under National Institute for Health and Care Excellence Guidelines.²

Early childhood development services don't just need to be present; they need to be appropriate in quality and frequency, supported by parents, early education and schools, and the community. Children with more complex developmental issues require multi-disciplinary care that is integrated around their needs. This is particularly hard to achieve in rural and remote communities.

The RACP supports innovative models of care to support children in rural and remote communities, and feels that models of care such as [Strengthening Care for Rural Children \(SC4RC\)](#) warrants further consideration. The SC4RC model supports paediatricians and general practitioners (GPs) to work together in GP practices, to bridge the gaps in access to health services and health outcomes between children living in rural Australia and their urban peers. It aims to improve the health of children by increasing capacity of the existing rural GP workforce to assess and effectively manage paediatric conditions.

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

In Australia, despite the evident benefits of early childhood health and development checks, numerous barriers impede parents from ensuring their children access these checks.

Our RACP members noted that accessibility issues, including geographic distance and limited transportation options, often pose challenges, particularly for families residing in remote or rural communities. Additionally, conflicting work schedules, time constraints and inflexibility of services can create hurdles for parents to prioritise these appointments. Cultural and linguistic diversity may also contribute to barriers, as some families face difficulties in understanding or navigating the healthcare system.

A lack of awareness regarding the significance of these checks can result in some parents not fully recognising the potential developmental concerns that could be identified and addressed through early intervention services. Members suggested that parents may also experience fear of judgement about their parenting or criticism of their child.

¹ 2021 Australian Early Development Census <https://www.education.gov.au/early-childhood/announcements/report-now-available-2021-australian-early-development-census>

² Epilepsies in children, young people and adults, NICE guideline [NG217], published: 27 April 2022 - <https://www.nice.org.uk/guidance/ng217/chapter/1-Diagnosis-and-assessment-of-epilepsy>

Overcoming these barriers requires targeted efforts to enhance awareness, improve accessibility, and provide support systems tailored to the diverse needs of families across Australia.

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

The RACP has been actively engaged in advocating for improvements in the overall training capacity and access within the healthcare system, particularly in relation to the current paediatrician shortages and long waiting lists for paediatric assessments. We have explored various approaches, including formulas for determining training capacity and selection processes, and have chosen accreditation as a tool to monitor hospitals' capacity to deliver effective training programs. We do not cap numbers of trainees in particular specialties, beyond ensuring there is sufficient capacity to train. We endorse the [National Medical Workforce Strategy](#) and are prepared to support the implementation of initiatives outlined within it.

We acknowledge there is a significant workforce shortage in Developmental Paediatrics. The reasons are many and complex, including the need for part-time work, issues with Medicare, and an insufficient number of training positions in Community Child Health. Recognising this workforce shortage, we have advocated for an increase in Specialist Training Program (STP)-funded positions in Community Child Health.

In May 2023, following the Federal budget [the RACP called for the Federal government to urgently increase funding for specialist care](#), including paediatric care, so that patients, including children, young people and their families, can access the services they need. This has also been reflected in our 2024 [Federal budget submission](#), in the context of a broader call to increase funding for paediatricians in rural, regional and remote areas.

The RACP seeks opportunities to collaborate with NSW Health to better understand workforce shortages and policy drivers to develop and retain the regional, rural and remote workforce. The RACP is also keen to discuss governance structures to support a sustainable workforce that delivers high quality, timely, equitable and accessible patient-centred care to children and families in NSW.

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

The early years are the time when investment into prevention and early intervention is most effective and cost-effective.³ The RACP cannot understate the importance of investing in prevention and early intervention programs that are delivered in a coordinated, planned, family-centred manner that reflects a life-course approach to strengthening health and wellbeing outcomes.

Intervention provided as early as possible will improve outcomes for children with developmental delay, or who are at risk of delay because of another condition. Supporting families is a crucial component of early intervention programs, as the family has a key role in fostering their child's developmental potential and may experience additional stresses as they meet the needs of their child.

Multidisciplinary teams to support timely assessment

The RACP has strongly advocated for the development and implementation of innovative integrated models of care, involving multidisciplinary teams which may include a combination of Community Child Health Paediatricians, General Paediatricians, Child and Adolescent Psychiatrists, GPs and allied health staff. This collaborative approach ensures early detection of developmental issues, enables faster decision-making, coordinated advice and referrals, and a holistic support system for both the child and the family.

Funding models should also integrate capacity building functions of community paediatricians. Research from the Centre of Community Child Health has shown that paediatricians play an important

³ Heckman, J. (2023). Invest in Early Childhood Development: Reduce Deficits, Strengthen the Economy. <https://www.heckmanequation.org>

role in improving the capacity and capability of GPs and the primary care workforce to respond to emerging child development concerns and reducing the demand on acute care services.⁴

Integrated and co-located services

Our RACP paediatricians provided feedback that many initiatives or programs aimed at supporting the early years act in silo, and there is a strong need to improve coordination and collaboration in the development of policies.

The RACP supports investment and capacity building of models of care which aim to integrate variations of health, social care, family support, and education to promote equitable service access and supports within co-located child and family hubs. These hubs are created in response to local community needs (place-based and co-designed), are non-stigmatising and culturally safe. Integrated Child and Family Hubs have the capacity to⁵:

- Identify and support a child's health, development and learning needs.
- Provide access to early intervention supports.
- Identify broader issues that may be affecting a child's wellbeing, such as poverty, family violence and marginalisation.
- Assist families to navigate support, referral and appropriate service pathways.
- Provide a safe and convenient space for families to build connections.

The NSW Government must focus on integrating service policies, systems and processes that support collaborative practices such as integrated child and family Hubs.

Access to Early Childhood Education and Care (ECEC)

Quality ECEC is a major determinant of children's future wellbeing and success. Participation in quality services affords them with immense developmental, social and educational benefits that form the foundation of long and fulfilling lives.⁶ However, access precludes too many families from adequate ECEC, which often perpetuates their social disadvantage.

As outlined in our [Kids Catch Up Campaign](#), the RACP strongly supports a flexible, high-quality, accessible and affordable ECEC system, that suit families and workplaces, and are available across NSW. The RACP acknowledges the NSW Government [recent investment in regional public preschools](#) but would like to see the further focus on access to education programs for all three-year-old children to support healthy development outcomes. One of our RACP paediatricians notes that as long as children attend any form of ECEC, they could be screened and their developmental issues would be identified early.

Telehealth

The RACP supports expanding and integrating telehealth specialist services especially into NSW-funded hospital, community, and outreach-based services. We invite the NSW Inquiry to review our [submission](#) to the Australian National Audit Office's Audit of Expansion of Telehealth Services and our [submission](#) to the Medicare Benefits Scheme Review Advisory Committee on Medicare telehealth items, including feedback from RACP members indicating the benefits of telehealth for patient outcomes. Broadly understood, widespread telehealth (over and above the Commonwealth-funded MBS items) improves regional access to care, access to specialist care for First Nations people and equitable access to care (e.g. for patients with a disability who cannot travel easily).

Closing remark

We welcome the NSW Inquiry consideration of our recommendations and look forward to working together to achieve improvements for children's health and wellbeing across NSW.

If you require further information or would like to engage with us, please contact the RACP Policy and Advocacy unit via policy@racp.edu.au. We look forward to hearing from you.

⁴ Strengthening primary care for children | Centre for Community Child Health

<https://blogs.rch.org.au/ccch/2019/06/19/strengthening-primary-care-for-children/>

⁵ Integrated Child and Family Hubs – A Plan for Australia [final-national-child-and-family-hubs_eyes-submission-28042023.pdf \(childandfamilyhubs.org.au\)](#)

⁶ [racp-submission-to-the-productivity-commission-early-childhood-education-and-care.pdf](#)