



## Centre for Community Child Health - Submission to the NSW Parliamentary Inquiry into improving access to early childhood health and development checks.

### Introduction

For 30 years, the Centre for Community Child Health ([CCCH](#)) has worked collaboratively with families, communities, practitioners, organisations and decision makers for sustainable and equitable improvements in children's health, development and wellbeing. Our purpose is to see every child thrive and our mission is to achieve real-life improvements in children's health, development and wellbeing within a generation. CCCH is part of the world-class Melbourne Children's Campus that unites clinical care, research and education. We are a research group of the Murdoch Children's Research Institute (MCRI), a clinical department of The Royal Children's Hospital, and an affiliate of the University of Melbourne's Department of Paediatrics.

We thank the NSW Committee on Community Services for the opportunity to make a submission to this important endeavour and welcome the opportunity to discuss our submission with Committee members.



## Summary of Recommendations

Terms of Reference	Recommendations
<p>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</p>	<p>Stacking 10 evidence-based services within 10-20 priority communities to ensure children are getting the core set of services to enable them to thrive.</p>
	<p>Continued investment in 85 NSW Integrated Child and Family Hubs to not only co-locate but integrate health, social and early education and care.</p>
	<p>Opportunity to further trial the role of Hubs to screen for adversity to ensure children and families experiencing vulnerability, receive the early intervention support and care they need.</p>
	<p>Ensure all First Nations children have access to the Ages and Stages Questionnaire – Talking About Raising Aboriginal Kids (ASQ-TRAK) development check.</p>
<p>Barriers that affect parents' access to routine health and development checks that track their child's progress against developmental milestones.</p>	<p>The NSW Government reduce the barriers that children living in out-of-home care and their carers experience in accessing health and development checks and ongoing care.</p> <p>Solutions to redress the barriers parents' experience in accessing routine health and development check include:</p> <p>Supporting the Commonwealth Government's First 2000 Family Check program as part of the MyMedicare initiative.</p> <p>Trialling digital solutions to improve service navigation and access barriers such as a Child and Family e-Hub.</p>
<p>Recruitment and retention of health professionals to address workforce shortages.</p>	<p>Build on innovative and successful child health and development workforce capacity building initiatives that bring together GPs, allied health, nursing, paediatricians and paediatric specialists, including programs such as:</p> <ul style="list-style-type: none"> <li>• Connecting Mental-health Paediatric Specialists and community Services (COMPASS)</li> <li>• Strengthening Care 4 Children (SC4C)</li> <li>• Integrating community-based paediatricians as part of multi-disciplinary models of care (within Integrated Child and Family Hubs)</li> </ul>
<p>Funding for early intervention programs and screening to ensure children are given support for developmental issues, including telehealth and other models.</p>	<p>Statewide Sustained Nurse Home visiting program for families experiencing vulnerability such as right@home.</p> <p>Ensuring families experiencing vulnerability have access to high-quality, accessible early childhood education and care (ECEC).</p> <p>Ensuring new parents have access to local playgroups.</p>
<p>Any other related matters.</p>	<p>The NSW Government implement programs and supports that address the specific barriers that children with hearing loss experience in accessing timely health care and support.</p>

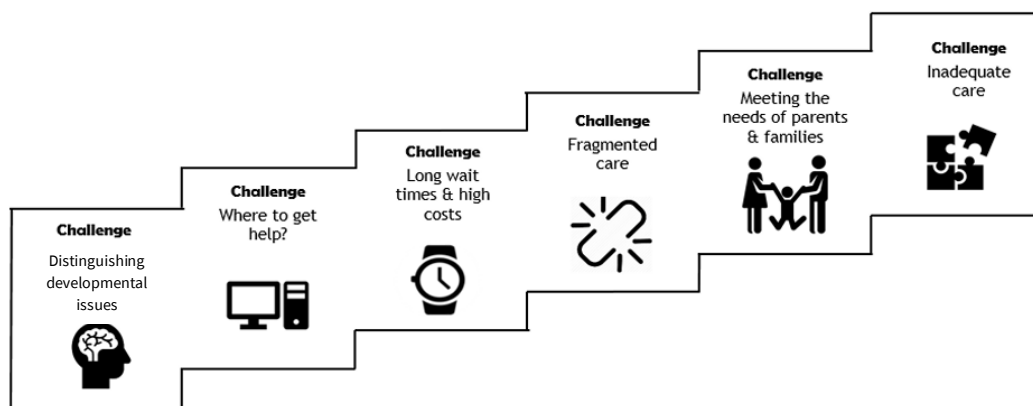


## Improving access to early childhood health and development checks is one piece of the puzzle – the importance of a comprehensive approach to improving children’s developmental outcomes.

The evidence is clear that not all children have what they need to develop well, to be healthy now and throughout their lives. Over 21 per cent of New South Wales children begin school developmentally vulnerable,<sup>1</sup> with children who live in the most disadvantaged areas two times more likely to be developmentally vulnerable on one developmental domain and three times more likely to be developmentally vulnerable on two developmental domains by the time they start school.

Inequities in children’s developmental outcomes are complex; they cannot be addressed through single interventions or health and development checks alone, no matter how well they are scaled. Our submission focuses on solutions that enable families to provide the ‘core conditions’ to enable children thrive and address the challenges that many families experience once they enter the child health and development system (see Figure 1.)

**Figure 1. Summary of challenges families experience when entering the child health and development care system.**



If we set children up to thrive from birth we can change these trajectories, creating benefits for children and families now and into the future. The early years are also the time when investment into prevention and early intervention is most effective and cost-effective.<sup>2 3 4</sup> When every child can reach their full potential and thrive, we create healthier, vibrant and more prosperous societies.

<sup>1</sup> Department of Education, Skills and Employment (2022). Australian Early Development Census National Report 2021. Commonwealth of Australia.

<sup>2</sup> Heckman, J. (2023). Invest in Early Childhood Development: Reduce Deficits, Strengthen the Economy. <https://www.heckmanequation.org>

<sup>3</sup> O'Connor, M., Slopen, N., Becares, L., Burgner, D., Williams, D. R., & Priest, N. (2020). Inequalities in the distribution of childhood adversity from birth to 11 years. *Academic pediatrics*, 20(5), 609-618.

<sup>4</sup> Strong Foundations collaboration. (2019). The first thousand Days: A case for investment <https://www.rch.org.au/uploadedFiles/Main/Content/cchdev/The-First-Thousand-Days-A-Case-for-Investment.pdf>



## Response to the Terms of Reference

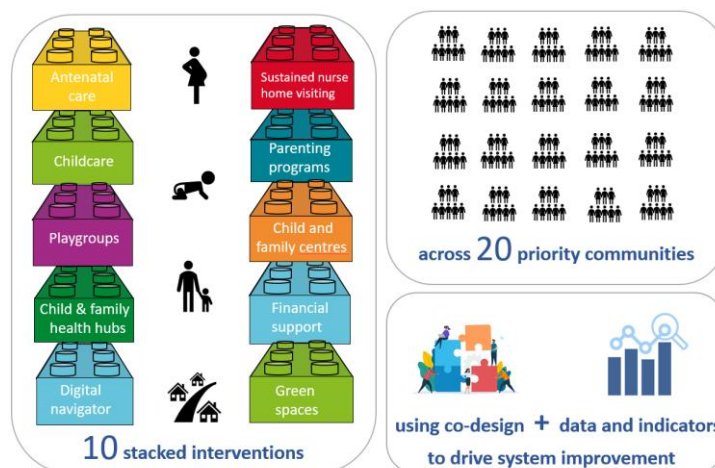
Changes needed to address gaps in outcomes for vulnerable children, including those in rural and remote communities, Aboriginal communities, and culturally and linguistically diverse communities.

### Stacking 10 evidence-based services to ensure children are getting the core set of services to enable them thrive.

Inequities in children’s developmental outcomes are complex; they cannot be addressed through single interventions or health and development checks alone, no matter how well they are scaled. Our work has identified that improving children’s health, development and wellbeing requires combining or ‘stacking’ multiple effective evidence-based strategies across the early years (0-8 years).<sup>5</sup> Applying multiple, complementary services across the early years has been shown to amplify the effect on a single strategy/service as well as bring greater returns through better health outcomes and increased productivity in the long-term.<sup>6</sup>

Based on the evidence, we have identified 10 interventions that when stacked increase the likelihood of improving children’s outcomes, particularly children who experience vulnerability. For improvements to be made we need to think innovatively and recommend the NSW Government partner with 10-20 priority communities to transform the physical, social, community, social and economic environments for children. Figure 2 provides an overview of the Stacking approach that would be underpinned by robust evaluation and scaled for sustainable system change.

**Figure 2. Stacking approaches in the early years to improve children’s developmental outcomes.**



<sup>5</sup> Molloy, C., O'Connor, M., Guo, S., Lin, C., Harrop, C., Perini, N., & Goldfeld, S. (2019). Potential of 'stacking' early childhood interventions to reduce inequities in learning outcomes. *J Epidemiol Community Health*, 73(12), 1078-1086.

<sup>6</sup> Heckman, J. (2023). Invest in Early Childhood Development: Reduce Deficits, Strengthen the Economy. <https://www.heckmanequation.org>



Stacking these 10 interventions, to ensure every child/family receives every intervention across the antenatal period to school entry will accelerate equitable outcomes. Working with 10-20 communities will also provide an opportunity to learn alongside families and communities to identify and adapt the core components of place-based solutions.

### **Continued investment in Integrated Child and Family Hubs in NSW**

Ensuring young children in NSW have the best possible start to life requires children and families to have equitable and convenient access to quality services and social supports. By the time children start school, research has demonstrated two clear issues: high rates of preventable health and developmental problems, and clear inequities already evident, particularly in those children living in socioeconomically disadvantaged areas. These inequities track forward to adulthood.

Current services and supports, however, do not meet the diverse needs of children and their families or effectively address these inequities. Service fragmentation, poor access to evidence-based supports, and lack of developmentally trained workforce for children and their families are clear barriers. In addition, loneliness and social isolation are major contributors to mental, physical, and social problems. We need better system integration and social supports to identify early and intervene effectively to address the underlying needs of children and families in the places where they live, learn, and play.

Integrated Child and Family Hubs provide a 'one stop shop', where families can access a range of supports that improve child development as well as child and family health and wellbeing (see Figure 3.). Integrated Child and Family Hubs have two critical roles:

- improving access to a range of health, education, and social services using a family centred approach; and
- providing social opportunities to build caregiver capacity and for families to create social connections.

We recommend the NSW Government invest in a statewide approach to integrated Child and Family Hubs including:

- Establishing new Hubs, targeted to areas of significant disadvantage. Funding for these new Hubs would not only include opportunities to integrate existing funded services into a Hub as well as a child and family health care workforce, as referenced above. Investment in these Hubs to encompass establishment, infrastructure and funding for 'the glue'<sup>7</sup> to facilitate greater integration and ensure Hub success.
- Support existing Hubs to improve integration via funding for 'the glue'.
- Enabling integrated Child and Family Hubs to screen for adversity and provide holistic model of care (see next Section for details).
- Building in guidance and support for ongoing quality improvement and evaluation of Hubs through a harmonised set of process, lead and impact indicators and measures.

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<sup>7</sup> 'Glue' funding allows greater integration of services and supports across Hubs and can be broadly grouped into funding for business oversight, staff supports, community engagement and shared information and technology systems.



- Agreed core components and appropriate governance structures for Child and Family Hubs based on evidence.

**Figure 3: overview of Integrated Child and Family Hubs**



### Support child development outcomes by responding to Childhood Adversity via Integrated Child and Family Hubs

Children who experience vulnerability and family adversity are more likely to develop child development and mental health challenges. The [Centre for Research Excellence in Childhood Adversity and Mental Health](#) is an initiative that has co-designed and implemented with families and practitioners across health and social care, two integrated Child and Family Hubs – one in Marrickville, NSW and the other in Wyndham Vale, Victoria. As shown in Figure 4 below, Child and Family Hubs offer a one-stop shop' for families with complex health and social care needs, offering a soft-entry point to receiving joined up, non-stigmatising care.

As part of our Hubs, practitioners were trained to ask about adversity, health and social care practitioners were co-located on-site and a model of care adapted to local community need. Our evaluation has shown that integrated Child and Family Hubs show promise in responding to child and family adversity and in bringing together holistic responses to meet the needs of children, by:

- Practitioners increasing the frequency that they asked about adversity and making more referrals for adversity in particular social support and financial challenges;
- Practitioners are more likely to ask about adversities when services/supports are co-located (i.e. lawyers, financial counsellors, wellbeing coordinators)
- Trusted relationships between parents and practitioners are key to addressing adversities experienced by families.



**Figure 4. key components of the Integrated Child and Family Hub in Wyndham Vale (Vic).**



#### **ASQ-TRAK - Improving access to child health and development checks for First Nations children**

[Strong Kids, Strong Future](#), is a national initiative with the vision of an enduring commitment to enhancing developmental outcomes for Aboriginal and Torres Strait Islander children, and to actively promote self-determination in developmental care. In partnership with Aboriginal and Torres Strait Islander communities, Strong Kids, Strong Futures researches and develops culturally appropriate developmental measuring tools for Aboriginal and Torres Strait Islander children.

To realise its vision, Strong Kids, Strong Future has developed the only developmental screening tool – Ages and Stages Questionnaire – Talking about Raising Aboriginal Kids ([ASQ TRAK](#)) that has been culturally adapted for Aboriginal and Torres Strait Islander children in Australia. ASQ TRAK is a developmental screening tool for observing and monitoring the developmental progress of Aboriginal and Torres Strait Islander children from two months and 5 1/2 years. The ASQ-TRAK is an easy-to-use, family centred tool which highlights a child's strengths as well as catching delays early.

Ensuring all First Nations children up to five years of age, are screened using ASQ-TRAK, in particular children who are entering out-of-home care was a key recommendation (Recommendation 9.2) of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. With children who are vulnerable in 2+ of the five domains should be supported to receive the care they need such as an Early Childhood Early Intervention Plan.

ASQ-TRAK is ready for scale, with tools, resources and practitioner training already developed and available.



### **Enabling children in out-of-home care to access the child health and development checks**

Children living in out-of-home care are known to have more health and development needs than their peers. Routine health and development assessment with subsequent follow-up support and care is recommended; however, children and carers experience many barriers to access health checks and care. These include<sup>8</sup>:

- Carers having to navigate a complex health system while concurrently navigating a child protection system;
- Obtaining past medical history and/or administrative data (e.g. Medicare numbers)
- Knowing what appointments were available and how to access these
- Being able to attend and pay for services

Given many of the barriers are structural, there is an important role for the NSW Government to reduce the barriers and burden placed on carers to ensure children living in out-of-home care access the health and development checks and support they are entitled to, in a timely, accessible and inclusive way.

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<sup>8</sup> McLean K., Clarke, J., Scott, D., Hiscock, H., & Goldfeld, S. (2020). Foster and kinship carer experiences of accessing healthcare: A qualitative study of barriers, enablers and potential solutions. *Children and Youth Services Review*, 113, <https://doi.org/10.1016/j.chidyouth.2020.104976>





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

As summarised in Figure 1, families experience multiple barriers to accessing routine health and development checks and then in accessing the care they need once referred. In addition to those challenges outlined in Figure 1, our research has shown that many families experiencing disadvantage or vulnerability are not able to access health checks and follow-up care due to a lack of bulkbilling<sup>9</sup> or no cost community-based services.<sup>10</sup>

Common barriers families identified in accessing early childhood education and care (ECEC)<sup>11</sup> and parenting programs<sup>12</sup>, included benefits of ECEC not being clear; not knowing how to access services; the cost of services; problems with transport; or parents/carers having previous negative experiences with other professionals concerning their child; fear of judgment; and competing demands/inconvenient program scheduling. Conversely the facilitators included parents feeling supported by staff and knowing staff are professionally trained; knowing upfront costs and that services are inclusive and designed for families like them; welcoming atmosphere; and knowing the program or service is culturally inclusive.

Although these barriers and facilitators are related to ECEC and parenting programs, they may be common for accessing health and development checks.

### First 2000 Days model of care

To reduce out-of-pocket expenses, as part of universal health response to improving children's outcomes, we need a mechanism to identify families who would benefit from support and services but may not actively seek them out/be empowered to do so, with many families currently fall through the cracks. We understand that the Australian Government's Department of Social Services and the Department of Health and Aged Care have been considering a First 2000 Days model of care and led a roundtable in November 2023 with state and territories. The First 2000 Days model of care would improve early access and support, connect families in a more equitable manner and be delivered by the universal platform of primary care, via annual family checks from birth to when a child turns five years, incorporating, child development check, caregiver mental health check and social determinants of health check. We recommend this First 2000 Days model be included as part of universal, integrated response to improving life trajectories for NSW children.

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<sup>9</sup> Dalziel, K. M., Huang, L., Hiscock, H., & Clarke, P. M. (2018). Born equal? The distribution of government Medicare spending for children. *Soc Sci Med*, 208, 50-54. doi:10.1016/j.socscimed.2018.04.037

<sup>10</sup> Goldfeld, S., Hiscock, H., & Dalziel, K. (2019). An unequal start: addressing child health inequities. *MJA Insight*(4 / 4 February 2019).

<sup>11</sup> Beatson, R., Molly, C., Zehlberg, Z., Perini, N., Harrop, C., & Goldfeld, S. (2022). Early Childhood Education Participation: A Mixed-Methods Study of Parent and Provider Perceived Barriers and Facilitators. *Journal of Child and Family Studies*. <https://doi.org/10.1007/s10826-022-02274-5>.

<sup>12</sup> Molloy, C., Macmillan, C., McNeil, R., Fehlberg, Z., Beatson, R., Harrop, C., Perini, N. & Goldfeld, S. (2021). Parenting Programs: A study of the barriers, facilitators, & strategies to improve participation. Melbourne: Murdoch Children's Research Institute.



### Child and Family e-Hub – Digital supports for children and families

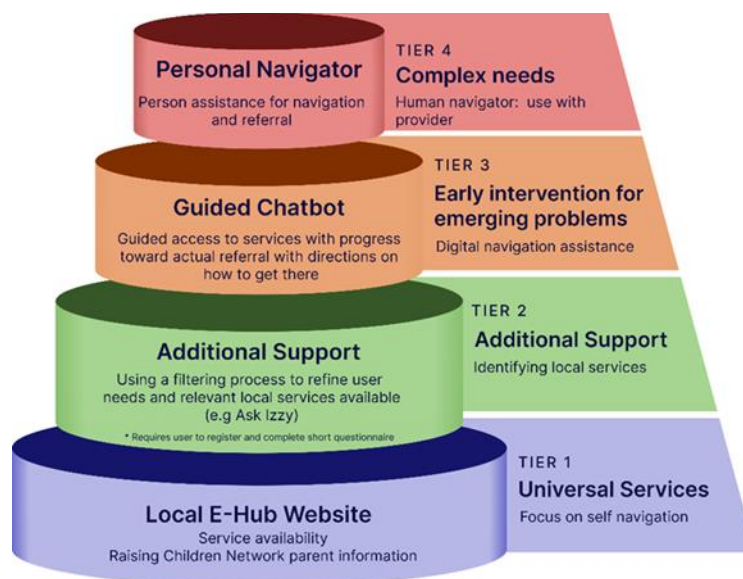
The Child and Family eHub has been designed to support and guide families through a locally co-designed, tailored approach including increasing tiers of support according to need and level of risk. These tiers include self navigation for all families (Tier 1) through to guided chatbot technology and finally human navigator assistance, for those most in need (Tier 4).

eHubs use the latest digital technology to optimise user experience and satisfaction and have been trialled with over 12 academic, technical, end-user, government experts, program implementers and services in NSW and Victoria to innovatively and responsively co-design a novel Child and Family eHub (Figure 5).

Digital solutions can provide high reach, low stigma mechanisms to provide information, programs and services, which can be tailored to a family’s need. The Child and Family eHub is the ONLY Australian digital platform that connects end-users to information about local services using an on-line website or app and is: (1) focused on the specific needs of vulnerable families with young children; (2) designed to deliver the varying levels of navigation based on individual need; and (3) integrated to meet the needs of local communities by addressing specific issues of diversity, rurality, and reach.

There is an opportunity to trial e-Hub 2.0 for NSW families to enable service navigation and support access to tailored intensive support if required.

**Figure 5. Tiers of a child and family e-Hub system navigation tool.**





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

### **Connecting Mental-health Paediatric Specialists and community Services (COMPASS)**

Child development and mental health concerns are one area that GPs, psychologists and paediatricians have identified as requiring improved access to child psychiatry expertise that would enable them to 'hold' patients for longer and reduce reliance on overburdened emergency departments and public child and adolescent mental health services. In response, MCRI, the Royal Children's Hospital (RCH) and the North Western Melbourne Primary Health Network (NWMPHN) partnered to pilot a program that aimed to strengthen paediatric mental health and care and reduce burden on specialist services.

Co-designed with end-users, COMPASS was developed to provide:

- An online community of practice facilitated by a child psychiatrist to support community clinicians (GPs, psychologists, paediatricians, social workers, MH nurses and MH occupational therapists) in the care of child and adolescent mental health
- A child psychiatry consultation service for GPs and paediatricians with diagnostic, treatment and referral advice for their patients.

Evaluation of the COMPASS model showed significant benefits for children and their families such as reduced the waitlist for families seeking child and adolescent mental health support from their health services in their communities, the prevention of further harm to children and adolescents such as school disengagement, deterioration of children's mental health, and the risk of suicide, through timely access to quality care and reduced the out-of-pocket costs to parents experiencing cost of living pressures.

Importantly, **COMPASS also resulted in reduced burnout of healthcare workers and improved wellbeing** in frontline community services as improvements in healthcare worker knowledge and confidence in treating children including in specific treatment approaches were obtained.

COMPASS has gone on to train over 180 community-based health care professionals via the RCH and NWMPHN. Utilising the existing health service infrastructure and workforce, COMPASS is able to both enhance workforce capacity and reduce burnout, improve the care provided to children and their families and reduce burden on acute child mental health services. COMPASS is ready to scale.



### Strengthening Care for Children (SC4C)

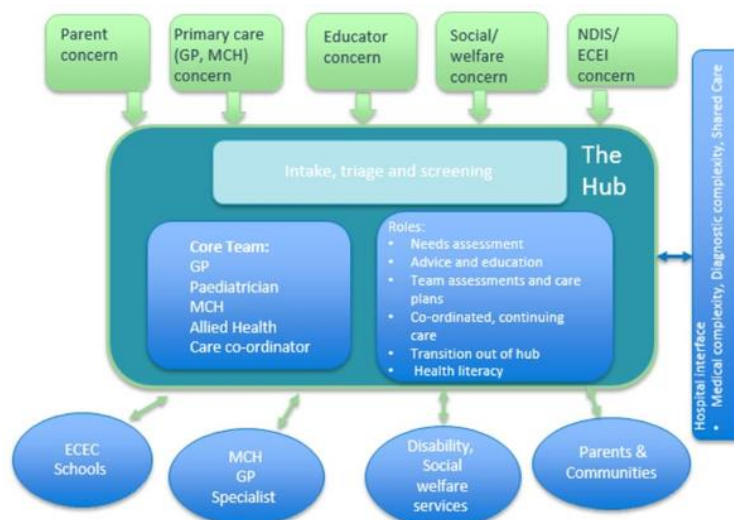
SC4C is a research initiative in NSW and Victoria comprising of weekly GP-paediatrician co-consultation sessions with children and families; monthly case discussions and phone and email paediatric support focusing on common paediatric conditions.

As yet unpublished evaluation of SC4C indicates that child development as one of the most common topics GPs identified for monthly case discussions. Whilst trials are continuing, SC4C is a promising model that provides integrated, multi-disciplinary care to families close to home, while building the GP workforce capability. Case studies on the [NSW](#) and [Victorian](#) SC4C initiative can be viewed by following the links provided.

### Community-based paediatricians as part of multidisciplinary paediatric models of care

The 85 integrated Child and Family Hubs in NSW provide an opportunity to explore innovative workforce approaches to ensure child and families receive the support they need whilst also enabling a skilled and integrated workforce. There is an opportunity to map the current workforce across these hubs and with communities, identify which Hubs are currently providing holistic, multi-disciplinary care and those Hubs which ready to integrate innovative workforce approaches, such as the integration of community-based paediatricians within integrated Child and Family Hubs. Figure 6 provides a possible model of care for the integration of multi-disciplinary models of care within NSW Child and Family Hubs.

**Figure 6. Proposed community-based, multidisciplinary paediatric models of care.**



We also recommend that the paediatric health workforce be a specific inclusion in any NSW Health workforce retention and recruitment or capability building strategies.



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

### Sustained Nurse Home Visiting

One well-established model of care, for families experiencing vulnerability is sustained nurse home visiting (SNHV). As part of a universal child and family service response, SNHV provides targeted and intensive child and family services at home and removes common barriers to accessing high quality health and social care.

However, not all SNHV programs are beneficial. Programs vary according to when they begin, how long they are offered for, the types of practitioners involved, the practitioner training, and the evidence behind the program. These qualities matter and determine a program's effectiveness in addressing the impacts of early adversity. For SNHV to be successful in NSW, it must be implemented with a clear, evidence-based framework for measuring progress and supporting continuous improvement.

### Solution: [right@home](#) – a Australian, evidence-based sustained nurse home visiting program

[right@home](#) has been designed to optimise the key qualities of an effective SNHV program for Australian families: this distinguishes it from other SNHV programs currently delivered in Australia. Offered from pregnancy until children turn 2 years old, the program provides parents with easy access to health and social support during this extremely important time. Evaluated through Australia's only real-world randomised controlled trial of SNHV, [right@home](#) has demonstrated both immediate and long-term benefits to women, children and their families. [right@home](#) has shown to improve parenting skills and confidence, designed for very early intervention (before birth), and potential to reduce flow on effects outlined in the points above. Figure 2 summarises the benefit of [right@home](#). [right@home](#) is also recognised internationally by USA's Home Visiting Evidence of Effectiveness (HomVEE) Platform, reviewed by US Department Health Human Services to assign funding for effective nurse home visiting programs.

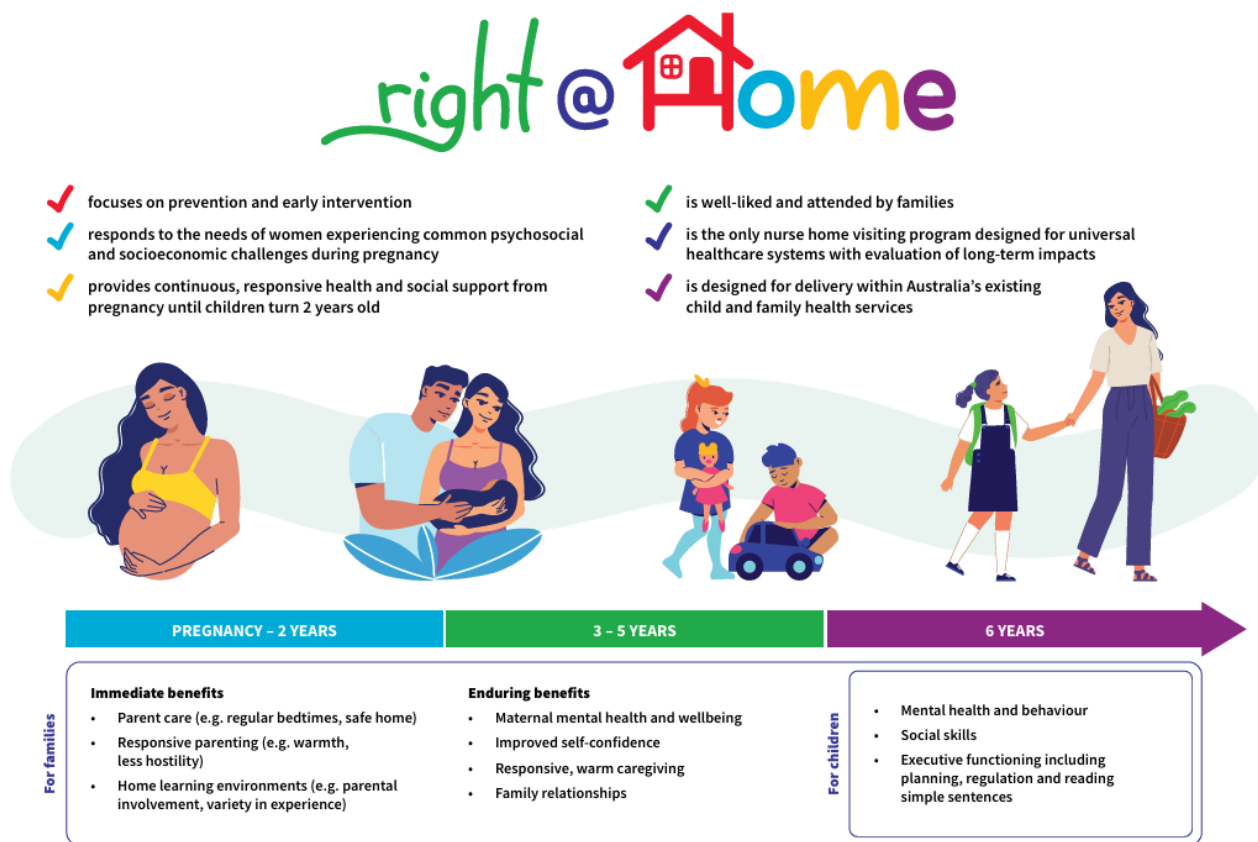
Restacking the Odds has also developed an evidence-based framework for SNHV of [lead indicators](#) across quality, quantity and participation, enabling services to understand whether they are on track to achieve improved outcomes for children and families. Specifically, these indicators support practitioners and communities to understand whether:

- There are enough programs available locally in sufficient quantity, relative to the size of the target population? (Quantity)
- The program delivered effectively relative to evidence-based performance standards? (Quality)
- Are children and families participating, and at the right dosage levels? (Participation)

To ensure programs are being delivered in line with the evidence and to support practitioners to continuously improve upon delivery we recommend that the NSW government embed indicators of quality, quantity and participation, supported by a learning system, which includes a data dashboard and continuous improvement program, into SNHV implementation.



**Figure 2: immediate and long-term benefits of right@home**



### Improving access to high quality, inclusive early childhood education and care

Children who attend early childhood education and care (ECEC) in the year before school are more likely to be developmentally on-track across all five developmental domains, than children who do not attend ECEC.<sup>13</sup> Not all children have access to high-quality, inclusive ECEC and children experiencing disadvantage are less likely to attend ECEC, attend for fewer hours and more likely to attend lower quality services. Many barriers exist including cost of services, transport barriers, cultural and inclusive appropriateness of ECEC services, supportive engagement by educators, and parent understanding of the importance of attending ECEC or knowing how to access ECEC services.<sup>14</sup> Despite increased investments Governments to increase access to affordable ECEC, free or low-cost ECEC only goes part of the way to increasing ECEC attendance,

<sup>13</sup> Sincovich, A., Harman-Smith, Y., Gregory, T. & Brinkman, S. (2020). The relationship between early childhood education and care and children’s development (AEDC Research Snapshot). Australian Government, Canberra. Available at [www.aedc.gov.au](http://www.aedc.gov.au)

<sup>14</sup> Beatson, R., Molly, C., Zehlberg, Z., Perini, N., Harrop, C, & Goldfeld, S. (2022). Early Childhood Education Participation: A Mixed-Methods Study of Parent and Provider Perceived Barriers and Facilitators. *Journal of Child and Family Studies*. <https://doi.org/10.1007/s10826-022-02274-5>



especially for families experiencing vulnerability.<sup>15</sup> This suggests that other measures are needed to ensure children and families access quality, inclusive ECEC services. Measures should involve local, community-driven responses that promote the benefits of ECEC services to families, co-location of ECEC within community-based services or schools and providing the ECEC workforce with the skills to support families currently not accessing ECEC. These measures would allow children to receive the early education opportunities needed for future education, health, developmental and wellbeing outcomes.

### **Increasing access to and participation in playgroups**

Children who participate in playgroup are more likely to develop mentally on-track across all five developmental domains of the Australian Early Development Census (AEDC).<sup>16</sup> Playgroups provide opportunities for social connection between new parents, allow for new parents to actively engaged with their child's learning and development through play and a way for parents to learn about and seek support from local community services. Integrated Child and Family Hubs again provide an opportunity to ensure new parents can access playgroups and we recommend the NSW consider initiatives that seek to increase access to playgroups, especially within communities who experience socio-economic disadvantage.

### **Any other related matters.**

#### **Children with hearing loss**

As part of CCCH's Prevention and Innovation program, we work closely with children experiencing hearing loss and their families. This includes the Victorian Childhood Hearing Longitudinal Databank ([VicCHILD](#)). VicCHILD collects different information from children and their families to create a unique resource for advancing research in hearing loss.

Based on our research, families caring for children with hearing loss, experience specific challenges to accessing timely health care.<sup>17</sup> Families from low socio-economic areas, rural and regional areas, from cultural and linguistically diverse backgrounds and where transport is inaccessible are more likely to experience barriers. Poor referral and communication pathways between services, accessibility to a specialist workforce and specialist equipment and lack of access to family/carer support programs have also been identified as barriers for families caring for a child with hearing loss.

Based on this research, we encourage the NSW Government to consider the specific barriers that families caring for children with hearing loss. Together with families, design and implement services and initiatives that respond to these barriers and enable children and families to be able to access timely and inclusive support to ensure children with hearing loss receive timely and accessible health and developmental checks as part of their holistic health and development care.

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<sup>15</sup> Hurley, P., Matthews, H., & Pennicuik, S. (2022). *Deserts and oases: How accessible is childcare?* Mitchell Institute, Victoria University. <https://www.vu.edu.au/sites/default/files/how-accessible-is-childcare-report.pdf>

<sup>16</sup> Harvey, E., Sechague Monroy, N., Gregory, T., & HarmanSmith, Y. (2023). Parent's Guide to the AEDC: What works to improve outcomes for children (AEDC 2021 Data Story). Australian Government, Canberra. Available at [www.aedc.gov.au](http://www.aedc.gov.au)

<sup>17</sup> Angela Z. Ren & Valerie Sung (2023): Factors that influence health service access in deaf and hard-of-hearing children: a narrative review, *International Journal of Audiology*, DOI: 10.1080/14992027.2023.2223357