

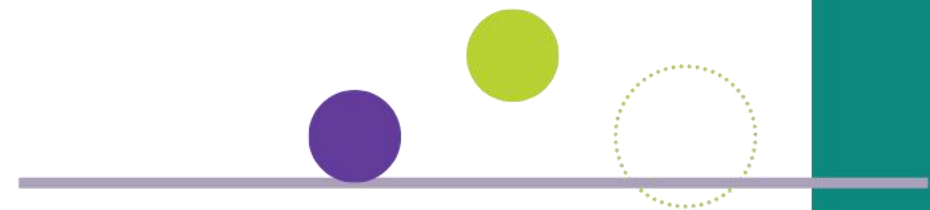
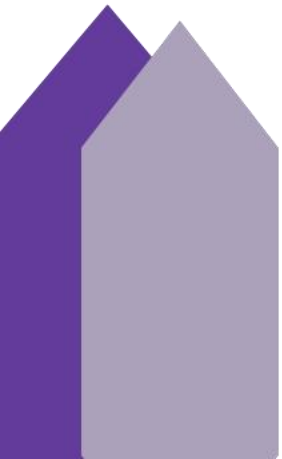


**preci**  
PROFESSIONALS & RESEARCHERS IN  
EARLY CHILDHOOD INTERVENTION

2nd National PRECI Conference  
1-3 May 2024 | Surfers Paradise, QLD

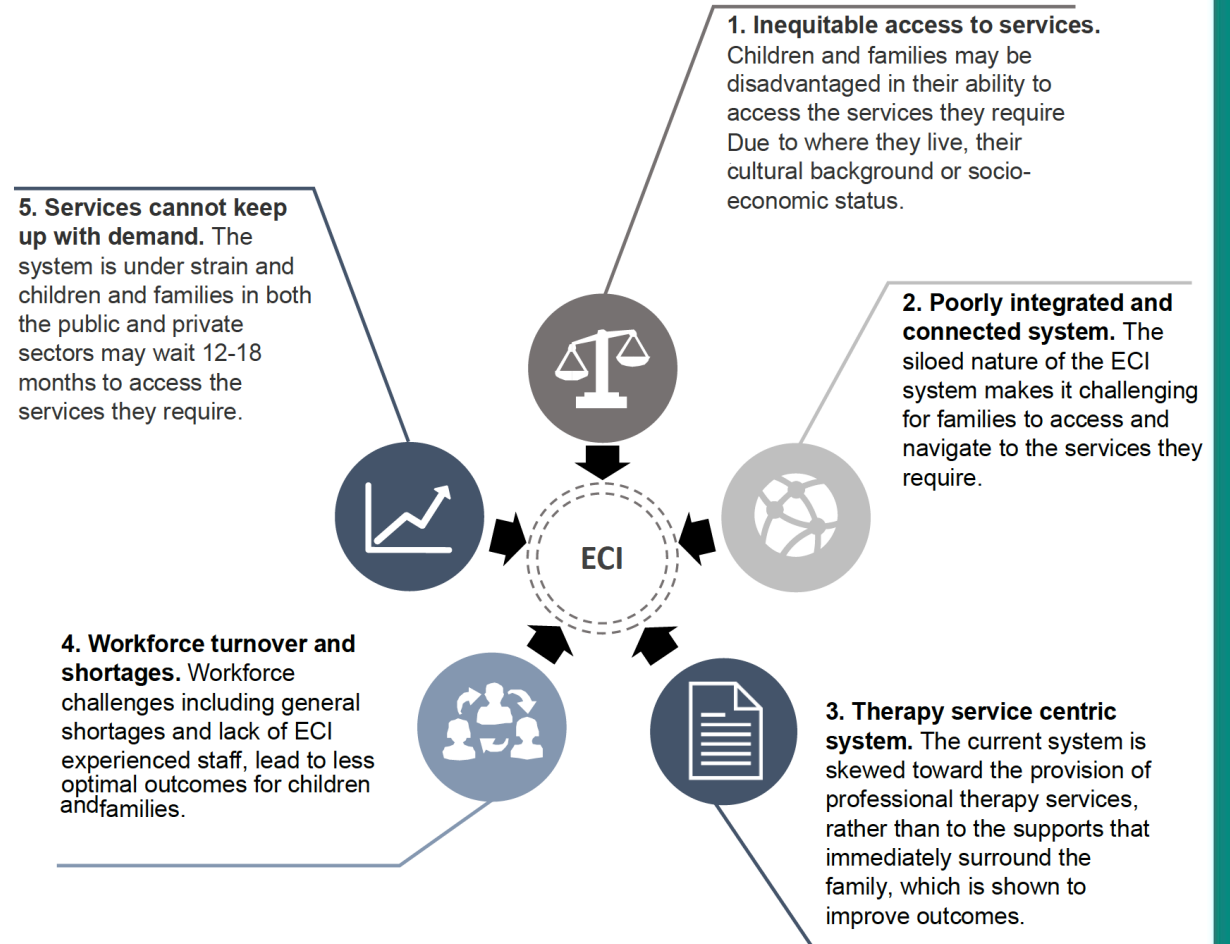
# Denise Luscombe

Early Childhood Intervention in WA  
Current and Future State



# Background

- There is consensus within the ECI sector in WA that the current system is suboptimal and not meeting the needs of WA children and their families.



# ECI Futures Collaborative formed

- **Vision:** A coming together of like minds as a voice for WA children with developmental differences and their families.
- Formed in March 2023
- Comprises of industry leaders in WA from ECI service provision, policy development and research sectors.
- Seeks to oversee the design and development of an ECI Strategy and associated plan for WA that supports best practice, and draws upon relevant sector data, research and information, demand and emerging trends, and provide thought leadership to State Government



Total Population - 2,660,026



Geographic area - 2,527,013 km<sup>2</sup>



Population density - 1 person / km<sup>2</sup>

# Current state report: Equity of access challenges

## Geography

**It is important that families receive information relevant to their location and community.** Western Australia covers a large geographic area and communities vary greatly. This results in some families receiving information that may not be relevant to where they live. This is further compounded as there are limited navigation links to facilitate the continuum of care between metropolitan services and regional resources. Location specific information is required seeing as services available, for example, in Nedlands will be different to Collie.

**Rural and regional areas have fewer ECI experienced professionals and services.** With fewer ECI experienced professionals, ECI services in rural and regional areas may not offer the same quality of care received in metro areas. Many industry workers prefer to live and work in metropolitan areas with the highest demand and most developed infrastructure. A compounding challenge is evident in the education system where rural / remote schools cannot spare the teaching capacity to accommodate children with higher needs, leading to children with more acute sensory or behavioural needs sometimes excluded from school because teachers are not trained or equipped to support them in line with best practice.

**Some geographic areas are not covered by the NDIS at all.** NDIS privatisation has led to variable support depending on location. Greater incentives are required to keep Allied Health Professionals (AHPs) working in rural / remote areas to combat turn over and persistent vacancies. The lack of training and support for AHPs working in rural / remote areas manifests as less "speciality" service options being available outside of metro areas. AHPs working in rural / remote areas with the correct set of experience and skills cannot meet the demands on their services and often families cannot access the frequency of therapy they require.

## First Nations

**There needs to be an increase in the number of Aboriginal health care workers.** Aboriginal health care workers are more effective in providing and in supporting access to appropriate ECI services to First Nations communities as they understand the intricacies of their culture. To meet demand in First Nations communities, more supports should be provided to support First Nations people wanting to study and work in ECI.

**Aboriginal liaison workers improve outcomes for Indigenous families.** Aboriginal liaison workers are trusted by the Indigenous community and NDIS plans are implemented more often when they are involved.

**ECI service provision needs to be more sensitive to intergenerational trauma and marginalisation.** First Nations family support is under increased amounts of stress when compared with other cultural groups. When training future generations of AHPs there needs to be a greater emphasis on cultural safety and mechanisms of inclusion for Aboriginal families.

**First Nations communities have a high level of mistrust towards the government.** Australia's colonial history and the Stolen Generation have created intergenerational trauma and a divide between Aboriginal communities and government. Aboriginal communities are reluctant to engage with state or federal authorities.

## Socio-economic status

**The cost of therapies deters many families from enrolling in services.** Therapy service providers receive a large volume of interest, however there is only a very small conversion rate once families become aware of the costs involved. For example, a private therapy route for diagnoses of autism is an expensive process costing thousands of dollars which becomes prohibitive for many families.

**ECI costs for families goes beyond the price of ECI services.** Not only is there is a financial impact on families for the cost of services, but prioritisation of their child's health often means they are able to work fewer hours of paid work. As a result, many parents run into financial hardship due to a reduced income and increase demands on their time accessing needed health services. Costs associated with travel to appointments (vehicle ownership, parking, petrol, etc) can also be prohibitive for some families.

**There are underutilised cost effective models of care available.** Best practice shows that there is significant value in group therapy for children. This form of delivery is more cost effective than one to one therapy and can be a good solution for some families. Another cost effective option for some types of care is tele-practice. This may not always be appropriate nor accessible due to a family's access to devices and with challenges in reliable internet connection to the internet.

**The financial model of ECI services means that some parents do not get value for money from their plans.** Some AHP services have different rates for private paying clients vs NDIS funded clients. Once a child receives a NDIS plan, the cost of therapy is sometimes doubled to match NDIS rates.

## Culturally and linguistically diverse

**Families need to understand information they are given about their child.** There is a lack of interpreters available in WA, both over the phone and in-person. These interpreters may have issues understanding medical terminology / therapy jargon and are not always able to translate into the family's preferred language. In small communities, interpreters may be known to the family, and families therefore may be reluctant to be represented by someone they know. Finally, interpreters are expensive and appropriate ones may not be available in Western Australia.

# Current state: Overall gaps and challenges

## Workforce

**There is a high rate of turnover for the allied health professional (AHP) workforce who are central to the provision of ECI care.** This often creates disruptions to care and service continuity for children and families. Additionally, service providers find it challenging to fill vacancies following staff turnover which can result in time lags between positions being filled and issues with ensuring quality patient handover between professionals.

**There is an insufficient number of ECI practitioners with appropriate ECI experience in WA, particularly in rural and regional areas.** ECI requires experienced and highly skilled AHPs in order for quality services to be delivered. There is currently an unmet demand for more experienced AHPs, especially in remote and rural areas. Rural areas struggle to retain workforce, leading to a lack of 'speciality' and range of services partly due to WA's geography and a large proportion of the workforce in country areas being new graduates.

**Persistent vacancies in WA ECI workforce prevent full utilisation of funding and facilities, even when consumers have the means (i.e., a funded plan or service).** Greater investment in an Aboriginal Liaison workforce was identified to promote uptake of services in first nation communities and regional areas.

- **Family & Carer Support**

**Greater consideration needs to be given to the parents, carers, and families of the child.** NDIS funding focuses on the individual with difficulties (in this case – the child); however, the family's wellbeing is also essential to ensure the child thrives. There is significant stress placed on primary care givers as they come to understand their child's needs and navigate the system. When the focus is on the child, the needs of the carer are often less likely to be met.

**There should be more opportunities for families to connect with other families from their communities going through similar experiences.** For parents and carers, ECI can often feel like a lonely journey. Connectors such as peer support and social groups for parents to meet other parents can be highly beneficial. The first years of childhood can be stressful for parents, especially for parents with a child who has a new diagnosis of developmental delay or disability. Close family relations can be strained if there is a lack of understanding on how best to support a child with a disability. It is therefore important for families to connect with people in their community, who are going through similar challenges.

## Services

**Services cannot meet a growing demand for Early Childhood assessment and intervention WA.**

This is resulting in long wait lists of 12-18 months in both public and private sectors. In many cases this means that families may miss the window of opportunity to receive the services they need to therapies they need to support their child.

**ECI has a clinical focus.** Many of the services a child receives are centre based. This results in the child being regularly taken out of their natural environment to attend therapy in a clinical setting. Best practice indicates that services should be offered in a natural environment for children. Exploration of new service delivery models needs to be considered in the context of application and implementation of natural environment practices and not just delivering a clinic in the home. Future funding models will also need to consider the cost impact to enabling this practice as travel time for the professional will need to be factored in.

**The current ECI ecosystem in WA is siloed.** Interconnectivity and communication between service providers, specialists and families is inconsistent. This creates a barrier for many children and their families accessing services and navigating the system. An ECI case navigator joining the family on their journey through the ECI system would help alleviate the stress experienced by parents and carers walking an unfamiliar path. Facilitating ease of access further aligns to best practice in supporting the families so they are in the best position to support the child.



# Strengths in WA

**Western Australia is producing world leading research in the Early Childhood space.** Western Australia is home to several universities with clinical and allied health research programs that also partner with non-government organisations (NGOs) and local healthcare providers to produce world leading research.

**There is a passionate and committed workforce who is extremely dedicated to providing outstanding care for WA children and families.** Senior leaders in the industry are proud of the contributions their colleagues make on a regular basis to provide the highest quality of care possible for children and families in WA.

**More ECI service providers are coming together to collaborate and find solutions to problems.** As evidenced by The Collaborative there is a growing appetite amongst ECI service providers to work together to improve the ECI system for children and families in WA.



## Next steps

Utilising the challenges and opportunities identified, an ideal future state will be designed using a theory of change methodology. This evidence-based process documents how an intervention will work, why it will work, who will benefit and in what capacity, and the conditions required for a successful outcome (Australian Institute of Family Studies, 2021). The theory of change will aid the Collaborative to map a path from the current ECI state to the desired future ECI state through a detailed gap analysis.

Following completion of the future state design, The Collaborative will lead the design of a strategy to improve system design and enable efficient access to early intervention supports for children and families under the direction of an independent chair and secretariat. This strategy will be leveraged to communicate with policy makers and government in an effort to drive transformation and reform in the ECI system in Western Australia.

