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Ms Ella Haddad MP

Committee Chair

House of Assembly Select Committee on Reproductive, Maternal and Paediatric Health Services

Email: rmphs@parliament.tas.gov.a

Dear Ms Haddad

Thank you for your questions regarding the services we provide for children and families in Tasmania. I appreciate the opportunity to share my insights and provide the information you are looking for. Please find the answers to each of your questions below.

1. What are the current arrangements and provision of the Early Childhood Inclusion Service (ECIS)?

ECIS is a state-wide service of the Department for Education, Children and Young People. ECIS has bases in Hobart, Launceston, Burnie and Devonport. The service works in partnership with families and other professionals, to maximise developmental achievements and learning, and to support successful transition to school, for children (birth-4 years) with disability and/or developmental delays.

ECIS supports children and families to access and take part in early years programs and supports in their community, including Launching into Learning and Child and Family Learning Centres (CFLCs). ECIS also provides some support to children in Early Childhood Education and Care (ECEC), Catholic and Independent Schools, and offers some targeted, time limited programs, at ECIS centres. ECIS provides outreach support across the state, including in rural and remote areas such as the West Coast and Circular Head Local Government Areas.

ECIS provides evidenced-informed, best practice inclusion support, in educational settings. The service focuses on partnering with families in education and community settings to plan for each child's inclusion. Inclusion means all children can successfully take part in quality learning programs, that acknowledge their individual strengths and interests. This provides all children with the chance to learn and interact with their peers.

ECIS works alongside the National Disability Insurance Scheme (NDIS) Early Childhood Approach (ECA), that provides therapeutic intervention for children with a developmental delay or disability.

2. How many families and or children participated in the ECIS over the last five-year period?

ECIS Centre	Total number of children* for 2019-2024	Total number of enrolments** for 2019-2024
Burnie	392	692
Devonport	379	668
Hobart	1,507	2,811
Launceston	1,299	2,361
Total	3,577	6,532

* number of unique children supported during the period 2019-2024

** number of enrolments during the period 2019-2024, noting children are counted each year they are enrolled in ECIS

3. How many Child and Family Learning Centres are operational in Tasmania and in which areas of the state?

There are currently 17 CFLCs operational across Tasmania, with an additional CFLC opening in Glenorchy in early 2025, bringing the total to 18 CFLCs.

The number and location of CFLCs by region is included below:

Region	Total #	Location
North	5	Beaconsfield St Helens George Town Ravenswood East Tamar (Mayfield)
Northwest	5	West Ulverstone Burnie East Devonport Wynyard Queenstown
South	8	Chigwell Clarence Plains Glenorchy* New Norfolk Kingston Bridgewater Sorell Geeveston

* Glenorchy CFLC opening early 2025

4. Please provide an overview of the services and functions provided by Child and Family Learning Centres in Tasmania.

Tasmania's CFLCs partner with families and communities to enhance children's health, wellbeing, and learning from pregnancy to age five. They increase access to quality early learning, support family-school connections, and facilitate school readiness.

CFLCs leverage family and community strengths, building capacity through partnerships. They offer safe, inclusive environments with integrated services and supports, fostering learning, play and growth.

CFLCs are staffed by a Centre Leader, Education Officer, Community Inclusion Worker, and Centre Assistant. Each CFLC provides free programs and services tailored to community needs. The services and programs delivered by each CFLC differ and are determined by the needs of the community. Programs may include pregnancy and new parent groups; sensory play; nature play; singing and story time; playgroups; gross-motor skills development activities; and parenting programs. Services may include health and parenting support; paediatric clinics; and various early childhood programs like playgroups and parenting classes.

5. What is the scope of practice of School Health Nurses in Government schools? What healthcare services do they provide to students?

The core focus of the School Health Nurse Program is prevention, early detection and health promotion and education.

Hearing and vision screening is offered to all Kindergarten children and targeted screening for all other year groups. Health promotion runs in line with local, state, and national initiatives and has provided substantial collaborations between the Department and external service providers including the Department of Health.

Nurses deliver health education in line with the Australian Curriculum and provide an added support to teaching staff around health and wellbeing related subjects.

School nurses provide advice and support around complex medical conditions and medication administration, and support onward referrals where necessary.

Support school nurses provide evidence-based nursing and health care to students and families with varied disabilities and complex health needs within the Support School setting. This includes but is not limited to, supporting health care interventions for students requiring gastrostomy care, tracheostomy and respiratory management and management for students requiring oxygen therapy whilst at school.

School Health Nurses work and liaise collaboratively as part of School Support and Wellbeing Teams in the provision of brief intervention services to achieve participation and empowerment for all students.

6. Would the Department for Education, Children and Young People like to provide any further comment regarding the Committee's Terms of Reference?

It would be highly beneficial to improve the ability to share information across agencies, particularly in the situation where Maternal Health and CHAPs are the holders of the data that can be useful for engagement with families.

The benefits of sharing this data include

- enabling families to be offered a choice of service provision
- preventing some families from falling through the gaps by identifying families, particularly those with complexity.
- helping to allocate resources eg schools would be aware of the number of births in a region and have information on possible numbers of children who may be attending school in the year of Kindergarten.

Thank you for the opportunity to address your questions. I appreciate the chance to provide insights on this matter and look forward to any further inquiries you may have.

Yours sincerely



Ginna Webster
ACTING SECRETARY