



**Inquiry into ACT Budget 2021–22**  
**ANSWER TO QUESTION ON NOTICE**

Elizabeth Kikkert: To ask the Minister for Early Childhood Development

Ref: Early Childhood Development, Budget Statement G, p. 2, output class CSD 2.1 Child and Family Centres, output class CSD 2.2 Child Development Services

In relation to: Child and Family Centres (CFC) and Child Development Services (CDS) in relation to children with FASD

1. One budget priority is building ‘integrated services responses with the NDIS Early Childhood Early Intervention, provider, including service provision to families in the Child and Family Centres and the Child Development Service’.
  - a. How does this relate to children born with Foetal Alcohol Spectrum Disorder (FASD)?
  - b. In which situations are children with FASD referred to the Child Development Service?
  - c. When a child with FASD is referred to the CDS, is a referral automatically made to the CFC? If not, what are the criteria/policies that would guide the making of such a referral?
  - d. In 2020–21, how many CDS clients/families were referred to a CFC for a service there?
  - e. What is the nature of information sharing between CDS and the CFCs?

YVETTE BERRY MLA: The answer to the Member’s question is as follows:–

- a. Children with a diagnosis of FASD are eligible to access NDIS supports under the early intervention criteria and if the diagnosis is known they will be referred to the NDIS Early Childhood Early Intervention Provider (known as EACH) and engage with those services for services and supports.

The Child Development Service (CDS) may work with very young children where investigation regarding the underlying cause of their developmental delays is still occurring. In this situation, it is possible the CDS has offered assessment, advice and information to families of children who then go on to receive a diagnosis of FASD. If, during the investigations, the CDS identifies other needs a referral to a Child and Family Centre (CFC) can be made.

- b. If a child has a diagnosis of FASD, they will be referred to EACH and will no longer access the Child Development Service.
- c. Please refer to response at ‘a’ above.
- d. As there are multiple pathways, it is not possible to provide accurate data on number of referrals. There are several ways the CDS refers to CFCs:

- CDS staff may seek consent from a family and call a CFC directly
  - CDS staff may provide a family with information about a drop-in clinic held at a CFC and suggest they make contact and / or
  - CDS staff may provide information and flyers about the services CFCs provide.
- e. If there is a benefit for information to be shared because a family is referred to, or is accessing both services, consent is sought from the parent by the service which holds the information to share the information. Information is not shared unless consent has been obtained. If obtained, only information relevant to the issues being raised is provided confidentially.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature:

Date: 08/11/21

By the Minister for Early Childhood Development, Yvette Berry MLA