Submission No 22

IMPROVING ACCESS TO EARLY CHILDHOOD HEALTH AND DEVELOPMENT CHECKS

Organisation: Maari Ma Health Aboriginal Corporation

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Maari Ma Health
Aboriginal Corporation

Submission to the NSW Legislative Assembly Committee on Community Services inquiry into improving access to early childhood health and development checks.

> *That the Committee on Community Services inquire including:*
> *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.*
> *Barriers that affect parents' access to routine health and development checks that track their child's progress against developmental milestones.*
> *Recruitment and retention of health professionals to address workforce shortages.*
> *Funding for early intervention programs and screening to ensure children are given support for developmental issues, including telehealth and other models.*
> *Any other related matters.*

Thank you for the invitation to make a submission to the inquiry.

Maari Ma Health Aboriginal Corporation is an Aboriginal community controlled regional health service based in Broken Hill implementing sector-leading strategies to improve Aboriginal health across the age spectrum and improving child development and wellbeing in far-west NSW. Maari Ma is providing quality primary health care services and community programs to Aboriginal people in Broken Hill and the communities of Wilcannia, Menindee, Ivanhoe and Balranald. Our constitutional footprint covers the almost 200,000 sq.kms from the Queensland border to the Victorian border, and from the South Australian border eastwards as far as Ivanhoe. Maari Ma was established in 1995 as an outcome of the ATSIC-era Murdi Paaki Regional Council, the then peak Aboriginal governance group of western and far west NSW, and retains close linkages with its successor, the Murdi Paaki Regional Assembly. We have an annual budget of $20million and employ more than 120 people, ⅔ of whom are Aboriginal making Maari Ma the largest employer of Aboriginal people in the far west.

Strategic approach

Maari Ma has been focussed on primary health care from our inception: working to keep people well. Sadly, the legacy of colonisation is a disproportionate amount of chronic disease amongst the Aboriginal population of Australia. So since 2005, Maari Ma has taken a strategic approach to chronic disease under the banner of our *Chronic Disease Strategy*: https://www.maarima.com.au/pdf/documents/cds-final.pdf. The critical feature of this strategy is its whole-of-life-course approach to chronic disease: preventing it, by ensuring pregnant women have the best possible pregnancy, so that babies have the best possible start to life; regular interactions with our clients so that any problem is found as early as possible; and providing all the services our clients need to maintain their health or manage their chronic disease as best as possible, as close as possible to where they live in the far west.

After implementing our antenatal/mothers/babies/toddlers/children program (called Healthy Start or Ngama'linya yapa'na) for a number of years, we realised that Aboriginal children were starting

school and, despite our best efforts, they were already behind their non-Aboriginal counterparts in terms of their development. So in 2008 we approached a community paediatrician/academic to work with us and other local stakeholders to look at what was required to close this gap. We formed a community group and, in 2009, developed a *Strategic framework document to improve child development and wellbeing for Aboriginal children in the far west*. https://www.maarima.com.au/pdf/documents/16287-bhp-strategic-booklet_v3.pdf Based on evidenced best practice, this document looks at those activities that make the most difference to a child's outcomes from a health and education perspective, but also from those things that fall somewhere in between.

Bit by bit we have been doing our best to implement the recommendations of that strategic framework document to improve the outcomes for our children:

- Regular interactions between our health service and the child/family including 23 visits from birth to 5 years of age (weekly, fortnightly, monthly, 6 monthly)) as part of a comprehensive child health surveillance and screening schedule, and then annually through life and then annually through life.
- A specific youth health program focusing on our primary and secondary school-age children.
- A tailored, culturally sensitive, community-based pre and postnatal program providing support and education throughout pregnancy and the initial 6 weeks following childbirth.
- Healthy Start-specific GP positions servicing both Wilcannia & Broken Hill.
- Supported playgroup for Aboriginal families in Broken Hill and Wilcannia.
- Early literacy support: providing a quality book at key developmental milestones for the child to its parents at our Healthy Start clinics (with the first provided during pregnancy) with information about how to share the book with the child.
- A book program where families come together, participate in an activity of reading the same book together, doing some craft or other creative play connected to the book, a healthy morning tea, and then taking that book home to add to their home library.
- School readiness program, HIPPY (Home Interaction Program for Parents and Youngsters) which includes peer to peer learning with parents as tutors to others parents and then reinforcing the parent's role as the child's first teacher.

We have also done what we can to monitor whether or not our efforts are having an impact. We have collected data from a range of government agencies, and our own, to paint a picture of the children of our region. We have published this information every 5 years since: 2009, 2014, 2019 (with out 4th edition currently underway): *Health, Development & Wellbeing In Far Western NSW Our Children & Youth* https://maarima.com.au/uploads/documents/MM_CHP_Report_2019_All_Chapters_draft%207.pdf

These results show that in many areas, considerable progress has been made regarding the health, development and wellbeing of Aboriginal children in the far west: an excerpt from the 2019 report: "While the statistics may show some poorer results compared to NSW, the 'Gap status' has improved for the following indicators: • Immunisation • Children attending preschool in year before school • Average apparent retention rate Year 10-12 • Individual income ≥ $800/week • Overcrowded households • Child abuse/neglect - harm/risk of harm - 0-14 years • Children in non-parental care - 0-14 years • Youth 10-24 years sentenced to custody."

Access to childhood health and development checks

As an Aboriginal community controlled health service (often referred to as an AMS, Aboriginal Medical Service), Maari Ma is largely funded through an ongoing funding agreement with the Commonwealth government under the Indigenous Australians Health Program (IAHP). We are also supported by funding from NSW Health for a number of targeted activities such as population health, oral health for children, chronic care for Aboriginal people, and Aboriginal family health. We are also able to claim Medicare for our services. Overall we have an annual budget of about $20million. While the majority of our services are provided in Broken Hill, we also have staff located in Wilcannia, Menindee and Balranald and staff providing outreach from Broken Hill to all sites including Ivanhoe.

Being able to keep up with what the literature says is evidence-based best practice health services to pregnant women and children requires GPs, Aboriginal Health Practitioners (qualified clinicians, registered by AHPRA), child and family nurses, community midwives, a child oral health team focussing on preservation of teeth and oral health promotion, and an array of visiting specialists: paediatrician, perinatal psychiatrist, allied health professionals (speech therapist, occupational therapist and physiotherapist) supported by our local Aboriginal allied health assistants, GP/obstetrician, and ear, nose and throat specialist.

Our baby health calendar incorporates those regular checks mentioned in the previous section and each clinical visit in the calendar is delivered by a one or other of our in-house team (GP, AHP, nurse, midwife) with the glue being our AHPs. They are the ones explaining what will happen at each check, why its important, and of the tests or checks to be done. They are the ones who will vouch for non-Aboriginal clinicians, or who might accompany a client in to the GP or specialist as support: helping with other children, to assist to explain anything, to ensure the client is heard and has understood all the information received. They are the ones who follow up with clients after appointments to talk about the next steps: more appointments, tests, results, new medication, arranging travel to out-of-town specialists or tests or treatment. They provide feedback to our service about services and programs that are working and those that are not. All of our Indigenous staff are our eyes and ears in the community: a direct line to the community barometer. This was essential during COVID: we remained open the whole time where many other AMSs closed, because our community needed us and were confident they could access our services safely when necessary. That's what culturally safe and appropriate care looks like.

Addressing gaps

While the preceding information may sound like Maari Ma has child health and develop checks all sewn up and that the Aboriginal children and their families we are supporting will be collectively kicking all their developmental goals, we know that this is not the case. It should also be pointed out that our program as described above is focussed in Broken Hill, with the largest Aboriginal population of our communities, and to a reasonable but lesser extent, Wilcannia.

Table 1. Maari Ma Healthy Start services offered across the Maari Ma region, far west NSW

Service	Broken Hill	Wilcannia	Menindee	Ivanhoe	Balranald
Healthy Start GPs	✓	✓			
Community midwife	✓	✓	✓		
AHP	✓	✓	✓		✓
C&F Nurse	✓	✓	✓		✓
Child Oral Health	✓	✓	✓	✓	✓
Paediatrician	✓	✓			
Allied health	✓	✓			

Collectively, across our region of far west NSW, while populations are small, there is a significant disparity of child development by the time they get to school compared to their urban counterparts. The Australian Early Development Census (AEDC), done every 3 years in the child's first year of formal schooling, shows results for the children of Far West region of NSW to be considerably behind the Australian and NSW averages in the Physical (child is ready each day, healthy and independent, and has excellent fine and gross motor skills) and Language (child is interested in reading and writing, can count and recognise numbers and shapes) domains. What can also be seen is the variation across communities (for example, Broken Hill results vary from 8.5% to 36.8% of children assessed as vulnerable in the physical domain from North to Central). What is also problematic is that Central Darling Shire, with the highest proportion of Aboriginal children, does not have results.

Table 2. AEDC, 2021 Percentage of children developmentally vulnerable

Geography	Physical	Social	Emotional	Language	Communication	Vuln 1	Vuln 2
Australia	9.8	9.6	8.5	7.3	8.4	22.0	11.4
New South Wales	9.4	9.4	7.3	6.2	8.4	21.2	10.5
Far West NSW	13.5	8.8	6.9	13.6	5.8	30.9	9.8
Broken Hill North	8.5	3.2	6.4	11.7	4.3	25.5	4.3
Broken Hill West	13.3	8.9	6.7	13.3	6.7	26.7	8.9
Broken Hill South	14.3	19.0	4.8	14.3	2.4	33.3	14.3
Broken Hill Central	36.8	10.5	10.5	21.1	21.1	52.6	26.3
Central Darling	Too few teachers or children to display results						
Balranald	30.0	15.8	15.8	10.5	15.0	42.1	26.3

(Vuln 1 = vulnerable on one or more domains; Vuln 2 = vulnerable on 2 or more domains)

As indicated above, our Strategic Framework Document has influenced the activities we offer our families in the years before school which can enhance their readiness to succeed at school. However it must be remembered that many Aboriginal families in the far west are affected by

intergenerational trauma, unemployment, welfare dependency and poverty which are all predictors of poor outcomes in child development across Australia.

Barriers to accessing routine health and development checks

Maari Ma works hard to ensure that we remove as many barriers as possible to our families accessing the care and services they require. We provide transport to and from our clinic appointments, as well as to those auxiliary appointments, such as pathology, xrays and scans. We also assist our families to attend any health-related appointment outside of the region: to Adelaide, Mildura, Dubbo or Sydney. We act as a third party to access IPTAAS (Isolated Patient Transport and Accommodation Support) on behalf of our clients – that is, we pay the upfront costs rather than our clients, and claim whatever is available from IPTAAS - and we also access other Commonwealth programs to pay any gaps which may also be a barrier to our clients; otherwise, we pay the gap ourselves. (In 2022/23 Maari Ma self-funded the 'gap' for our clients which was not covered by NSW or Commonwealth schemes to the tune of more than $145,000. While the majority of those travelling are Aboriginal adults with chronic diseases, of the almost 300 instances of support provided in 22/23, 21% related to children.)

The most common barrier to a child being able to access the services they require is the lack of that service. As an example, recruiting child and family nurses is incredibly difficult. Maari Ma generally has 2 C&F nurses on staff at all times however we went for almost 2 years filling one of those positions with short term (expensive) locums due to our inability to recruit to a permanent full time position. This has definitely been exacerbated by COVID. The C&F Nurse position is now on our 'Hard To Recruit' list which invites the application of a range of Maari Ma-self-funded incentives depending on location, including:

- Retention bonus of $5,000 paid following 1 and 2 years of full-time service
- Temporary accommodation for 8 weeks
- Relocation assistance to help you get to Broken Hill
- Compassionate travel allowance to keep in touch with your family - $600 allowance on completion of each 6 months of service for 2 years.

All of this is necessary to keep us competitive with our main recruitment rivals: Far West LHD and RFDS.

Recruitment and retention of health professionals

As stated above, some things have changed since COVID regarding recruitment: the need for a range of incentives on top of generous salaries and added bonuses such as extra days paid leave at Christmas and 100% salary packaging.

But even more things have changed since the advent of the NDIS: it is incredibly difficult to attract allied health professionals to far west NSW. This problem is shared by a range of Broken Hill/far west health services. While Services for Australian Rural and Remote Allied Health (SARRAH) have come up with an Allied Health Rural Generalist Pathway (a rural generalist is an allied health professional eg. speech therapist or occupational therapist who has the capacity and capability - gained through extra education and training, support and experience - to delivery a high quality, safe, effective service that meets the broad range of needs presenting in their rural and remote community ie more

than just their speech or occupational therapy roles) attracting allied health clinicians from the city remains a problem.

Similarly, we have struggled to attract resident full time GPs to our service and now rely on a very small number of resident GPs and registrars, and a large, but luckily stable group of experienced and committed (and well-remunerated) FIFO/DIDO GPs coming from multiple states.

Two possible areas for the NSW Government to investigate to address the above issues:

1. Development of a targeted child and family health worker course that targets AHPs and RNs, providing the student with the requisite skills to undertaken growth and development checks and undertake developmental milestone assessments. Charles Darwin University used to provide such a course which Aboriginal Health Practitioners in the Far West used to access. Rather than a Diploma or Masters level course, the course could be targeted specifically at the milestone assessments. Maari Ma is about to have all of our Healthy Start and Early Years teams trained in using the ASQ-TRAK. The ASQ-TRAK is a developmental screening tool for observing and monitoring the developmental progress of Aboriginal and Torres Strait Islander children. In 2023, the ASQ-TRAK2 was developed and now includes all 21 age intervals between two months and 5 1/2 years. It is based on the 21 questionnaires from the mainstream Ages & Stages Questionnaires®, 3rd edition – the ASQ®-3 – which were adapted, in partnership with community and in close collaboration with the ASQ®-3 authors, to create a more culturally appropriate version of the tool for Aboriginal children. ASQ TRAK training could be a core part of a targeted child and family health worker course.

2. We are probably far enough down the path of the NDIS to see exactly how it is failing in small rural and remote areas: eg the influx of shonky providers, limited face to face services, high cost, poor access, lack of culturally appropriate providers, etc. Surely now it is time to propose some trial sites for a different model for rural/remote/regional NSW: a new partnership/consortia approach to remote areas that is based on hybrid funding of grants and NDIS payments, that is also Aboriginal community-friendly. The best description might be developing an ACCHO (Aboriginal community controlled health organisation) model for NDIS recipients.

Funding for early intervention programs and screening

As in virtually all public and population health matters, prevention is better (and cheaper) than cure and early intervention for children is significantly more cost effective than the societal costs of not intervening.

What is important to realise is that while the vast majority of children are seen in community health clinics run by LHDs and AMSs in NSW, many children requiring followup for early intervention will be referred to the private sector (allied health services) because the mainstream system is unable to cope with the demand. In Broken Hill, children referred to the hospital's paediatric allied health service for screening or for treatment/therapy may wait more than 12 months to be seen: an unacceptably long wait in the short life of a child at a crucial stage of development.

However, advocating for early intervention and screening funding to go to AMSs like Maari Ma would seem to be the best 'bang for buck' given our ongoing relationship with our families and our one-

stop-shop approach to health services and wrap around supports provided to ensure no one gets left behind.

In summary, the Aboriginal community controlled model of health service delivery such as that provided by Maari Ma, providing a whole-of-life course approach to health, is well placed to pick up any problems presenting in early childhood through regular appointments with our families and the building of an important lifelong relationship. Childhood health and development checks are just part of the puzzle to seeing children achieve their potential and improve their outcomes in life. All of the social determinants of health need to be supported, and Aboriginal families in particular supported to address intergenerational disadvantage.

We appreciate the opportunity to comment on this important aspect of child development and wish the Committee all the best for its deliberations. We would be pleased to expand on any of the above issues with the Committee.

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