

**IMPROVING ACCESS TO EARLY CHILDHOOD HEALTH AND DEVELOPMENT
CHECKS**

Organisation: Southern NSW Local Health District

Date Received: 1 March 2024

Inquiry into improving access to early childhood health and development checks.

Southern NSW Local Health District Submission

Southern NSW Local Health District provides public health care services across regional south-east NSW and recognises the importance of ensuring the well-being and healthy development of children in our community.

The District spans 44,534 square kilometres over seven local government areas (LGAs): Bega Valley, Eurobodalla, Goulburn Mulwaree, Queanbeyan-Palerang, Snowy Monaro, Upper Lachlan, and Yass Valley. The District operates 15 health service sites including eight acute hospitals, three Multi-Purpose Services, three community health centres and two acute mental health inpatient facilities.

Our response aims to contribute insights and recommendations to enhance the effectiveness of existing practices and policies related to child and developmental checks, particularly for those children in a rural area.

Profile of children living in Southern NSW local health district

22% of families with children under 15 years are single parent families, and almost 9% of families with children aged less than 15 years are families where no parent is employed. (PHIDU, 2021)

Compared with the rest of NSW, Southern NSW LHD paediatrics aged 0-15 years:

- Are more likely to be Aboriginal and/or Torres Strait Islander
- Are more likely to be overweight or obese
- Are more likely to be from single parent families
- Are more likely to be from families with no parents in employment
- Are more likely to be from families with low income and/or rent or mortgage stress
- Are more likely to be developmentally vulnerable across one or more, and two or more domains
- Are more likely to require assistance for core activities
- Have less access to the internet at home.

The target group for child and development checks i.e., the population between 0-5 years of age is not expected to change significantly between 2021 and 2030, with a population of 11,818 children under 5 years of age in 2030.

In Southern NSW, the following table summarises AEDC, 2021 data and shows the proportion of developmentally vulnerable children in the local health district.

Table 1: Proportion of developmentally vulnerable children, by SNSWLHD LGA and NSW, 2021

	On one or more domains	On two or more domains
Bega Valley	19.6	9.9
Eurobodalla	28.6	15.2
Goulburn Mulwaree	22.4	10.6
Queanbeyan-Palerang Regional	23.8	10.9
Snowy Monaro Regional	26.3	10.5
Upper Lachlan Shire	13.0	4.3
Yass Valley	22.5	10.5
Total SNSWLHD	23.4	11.0
NSW	21.2	10.5
Australia	22.0	11.0

Source: 2023 PHIDU, Torrens University Australia

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.

There is a need to develop and implement support programs specifically designed for vulnerable children, recognising the unique challenges faced by those in rural and remote areas, Aboriginal communities, and CALD communities. Support programs need to ensure flexibility in program design to accommodate cultural and regional differences.

Southern NSW provides specific paediatric programs in Eurobodalla and Queanbeyan LGA's providing culturally safe access to early maternity, and childhood health and development services i.e., Aboriginal Maternal Infant health Service (AMIHS) and in Eurobodalla, Building Strong Foundations Program (BSF)

Eurobodalla also has a part time multi-disciplinary allied health team: New Directions, funded by the Commonwealth, and provides services to Aboriginal children and families 0-5 years.

The uptake of early childhood health and developmental checks for families accessing these focused programs is high, compared to families accessing our general child, youth, and family services. Completion of health and development checks at age 3 and 4 decline. Whilst there is still work to be done to increase this number, in the last reported year 2022-2023 there has been an increase of over 10% in the number of 4-year-old checks completed. This demonstrates that a flexible service delivery, based in the community, and led by our Aboriginal health staff is effective in engaging vulnerable populations.

Service provision is inequitable as other parts of the local health district are without these specialist services. The Aboriginal communities rely solely on community health maternity, Child and Family Health Nurses, and Allied Health services. Aboriginal controlled organisations provide a range of supports but most provision is in the coastal area of the district, with services inland significantly sparse.

Provision of specific Aboriginal health programs across the district would address this inequity and improve access to early childhood health and development checks.

Culturally and Linguistically Diverse Population

Southern NSW has a growing culturally and linguistically diverse (CALD) population, especially in the Queanbeyan region, which also has a growing birth rate. In 2022, there were 1,043 children aged four years, out of ~ 3,000 total number of 4 years olds in the local health district, living in the Queanbeyan Palerang LGA.

Proactive work by the SNSWLHD Brighter Beginnings team linking with CALD partners to promote and educate families on the importance of health and development checks has been successful in engaging families who have had no contact with health services.

Developing an understanding of the cultural context of disability is integral and necessary for health workers to understand how and who to deliver our education to e.g., in Nepalese culture Grandparents often lead the decision making around health and development checks, not parents, so programs need to be targeted appropriately.

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

SEIFA score

A SEIFA score combines Census data such as income, education, employment, occupation, housing and family structure to summarise the socio-economic characteristics of an area.

Each area (LGA) receives a SEIFA score indicating how relatively advantaged or disadvantaged that area is compared with other areas.

The Index of Relative Socio-economic Disadvantage (IRSD) is a general socio-economic index that summarises a range of information about the economic and social conditions of people and households within an area. Unlike the other indexes, this index includes only measures of relative disadvantage.

A low score indicates relatively greater disadvantage. In 2021, NSW had an IRSD score of 1001. The table below demonstrates the socio-economic scores and deciles of advantage and disadvantage for our District, with Goulburn-Mulwaree the most disadvantaged LGA in the District and Yass Valley the least.

Table: Index of Relative Socio-economic Disadvantage (IRSD) score for SNSWLHD LGAs, 2021

LGA	Index of Relative Socio-economic Disadvantage (IRSD)
Bega Valley	986
Eurobodalla	985
Goulburn-Mulwaree	972
Queanbeyan-Palerang	1061
Snowy Monaro	1020
Upper Lachlan Shire	1022
Yass Valley	1065

Source: ABS Statistics, Socio-economic Indexes for Areas (SEIFA), 2021

There are cultural, financial, and geographical barriers for families living in Southern NSW LHD, some specific to our culturally and linguistically diverse families but most applicable to all families living rurally:

- Southern NSW families face financial barriers due to limitations on the ability to work for temporary visa holders.
- Those families with non-Medicare status face a fee for service charge for health and developmental checks.
- Cultural understanding of the purpose of health and developmental checks and negative experiences of 'disability' in home countries.
- Limited opportunities to access early years education or day care and subsequent surveillance of developmental milestones by early childhood educators.
- Limited translated resources in key language groups.
- Lack of culturally safe services close to home.
- Lack of reliable internet connection to access virtual care options.
- Thin private market for those families eligible for NDIS, or able to afford to pay privately.
- Shortage of General Practitioners and inability to access a primary healthcare clinician.
- Lack of understanding in the broader community about the importance of the first 2000 days of life and the impacts on the social determinants of health.
- Driving times are at a minimum of an hour between Queanbeyan and Goulburn and Yass, with most travel time between 2 – 4 hours.
- The closest tertiary service is Canberra, 3-4 hours from the southernmost part of the district, where some of our most vulnerable families live.
- There are few public transport options, connecting metro areas: Canberra, Sydney, and Melbourne, other than one bus a day to Canberra or from the coast to Sydney or Melbourne.
- Travel times are long with no accessible transport options other than paid taxis. This is a significant barrier for families needing to access health and developmental services, especially those requiring specialist assessment from our or ongoing therapy requiring weekly visits. Many of our families are without their own vehicle, and both drives from coast to northern parts of the district involve passing over the mountain range.

Recruitment and retention of health professionals to address workforce shortages.

Barriers to recruitment and retention include:

- Competition with the ACT which offers better remuneration and conditions for health professionals.
- The NDIS and the private sector attract new graduates with much higher remuneration, flexible working arrangements, and funding for professional development, particularly speech pathologists and occupational therapists.
- Shortage of affordable housing in rural areas, increased rents, and purchase costs, now similar to metropolitan areas, and an increased cost of living due to fuel and grocery costs.
- Limited public and private schooling options
- Limited work opportunities for non-health professionals i.e., partners of key workers.

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

The First 2000 Days Framework outlines the importance of the first 2000 days of a child's life from 0-5 years. The First 2000 Days Implementation Strategy 2020-2025 articulates how services from preconception through to strong early childhood development need to be developed to provide seamless and accessible health care to families, including universal screening but also specialist diagnostic services.

Funding enhancement has been received in Southern NSW LHD under the Brighter Beginnings initiative to deliver several programs:

- Brighter Beginnings health and developmental checks in preschools for 4-year-olds
- Delivery of Sustaining NSW Families home visiting from ante natal care to 2 years provided by Child and Family Health nurses and.
- Pregnancy Family Conferencing for high-risk families identified through the SafeStart service.

These are welcome initiatives, with positive uptake from preschools for the Brighter Beginnings service. However, the funding for Brighter Beginnings is time-limited funding, and the staffing profile achievable with the funding will not enable delivery across the local health district, even with new models of virtual care.

The Brighter Beginnings initiative focuses only on those children in the year before school and funding to provide increased allied health services for early intervention i.e., 0-3 years would meet best practice.

Recruitment and workforce challenges have delayed the implementation of Sustaining NSW Families and Pregnancy Family Conferencing and we expect to encounter the same challenges with recruitment of skilled workforce.

Summary

Sustained funding streams, culturally safe services, provision of health and developmental check services, options for digital completion of assessments/screening tools and virtual services would improve engagement from rural families in the completion of health and development checks.

Prepared on behalf of SNSWLHD by Claire Blewett Paediatric Project Manager.