



Royal Far West
Children's health, country-wide

Royal Far West

Pre-Budget Submission

January 2018

For further information regarding this submission contact:

Claire Coulton

Head of Advocacy and External Relations, Royal Far West

clairec@royalfarwest.org.au

0427843598

Introduction

Royal Far West (RFW) is an established speciality service provider to rural and remote Australian children and their families. For the first time in our 95 year history, we make a bid to the Federal Government's Budget process, in light of the ongoing crisis in rural and remote Australia around access to appropriate mental health services, and our proven solution.

Our service is directed at improving:

- The mental health rates of isolated children
- The vulnerability rates of rural and remote Australian children
- Family support for children with complex needs
- The capacity of isolated teachers, health practitioners and families to support children with complex health and development needs
- Support to the Government with solutions on seemingly intractable problems

Given our long-term, proven experience and our successful outcomes, we offer this submission to support the Federal Government in addressing those compelling needs for the Australian community that go to the health and wellbeing of children, young people, and families. Our service delivery supports the Government's agenda across multiple portfolios including:

- Indigenous Affairs
- Regional Development
- Disability
- Health
- Education

In 2017, RFW outlined and published nationally, an evidence and experience-based approach to addressing the rate of developmental vulnerability in Australia in "The Invisible Children" (attached).

Royal Far West proposes a nationally funded integrated approach to Early Childhood Development and a National Target to reduce developmental vulnerability in rural and remote Australia from 22% to 10%.

Such an approach would focus on:

- greater awareness of the problem of disadvantaged and developmentally challenged children, and the ongoing costs, particularly for regional Australia
- earlier intervention services and possibilities
- improved access to allied health services in rural communities, including face-to-face and tele-health solutions.

A national focus, bringing together health, education, social care and regional development resources, is recommended to ensure that the rural inequities are addressed, and every vulnerable and at risk child can access the life skills support to which they are entitled.

Rationale – the cost of vulnerability to the nation and how to mitigate it

Childhood development lays a critical foundation for long-term outcomes. Children with developmental vulnerabilities and delays are more likely to develop chronic health, learning, behavioural and mental health problems, resulting in increased risk of hospitalisation; increased contact with the criminal justice system; higher likelihood of unemployment and lower remuneration levels when employed; higher risk of homelessness; and likelihood of personal relationship difficulties.

Children in remote Australia are five times more likely to suffer developmental problems compared to city children¹, and the economic cost of not halving Australia’s rate of developmental vulnerability is likely to curb Australian GDP growth by 10% over the next 60 years.²

Children experiencing disadvantage are more likely to start school developmentally delayed, which can set a trajectory for poorer outcomes in life and continue a cycle of disadvantage. By targeting developmentally vulnerable children in regions disadvantaged by socio-economic circumstance, poverty, and a lack of access to services, RFW prevents their further dysfunction. RFW services therefore directly support the long-term viability of these communities by providing unmet demand for child health services.

Currently RFW provides services to approximately 5,500 children, families and teachers each year. Analysis of the Australian Early Development Census (AEDC) identifies that one in five children are developmentally vulnerable on one or more domains and would benefit from RFW’s primary and community care services, and one in 10 children are developmentally vulnerable on two or more domains and would benefit from RFW’s complex care services. This rate translates to approximately 330,539 and 171,031 children respectively across regional Australia.

RFW made a strategic decision in 2014 to expand its service with an aim to support around 15,000 beneficiaries in regional Australia each year by 2020. RFW’s new Centre for Child Health and Learning (CCHL); accommodating additional allied health staff, specialised paediatric oral health facilities, health and education assessment, treatment, observation and sensory rooms, family respite and recreation facilities, “tele-care” hub, clinical administration and specialist services, will open in Manly in 2018. The CCHL which will service disadvantaged children of regional Australia for decades to come.

¹ RFW analysis for Australia based on: Kershaw, P., Warburton, B., Anderson, L., Hertzman, C., Irwin, L. G. and Forer, B. (2010). The Economic Costs of Early Vulnerability in Canada. *Canadian Journal of Public Health*, 2010; 101(Suppl. 3):S8-S12

² Comparison of Manly, NSW to remote communities RFW works with Australian Government (2016). *Australian Early Development Census, 2015*.

For the 2018/19 Federal Budget, Royal Far West proposes:

Greater and more immediate access to psychology services for rural and remote Australian children.

Option one:

The National Mental Health Commission's recent review of mental health programs and services identified a critical gap in prevention and early intervention resources, supports and services for children from birth to 12 years³. RFW acknowledges the Coalition Government's stated commitment to bridging the city-country divide in providing access to health services around the nation. We welcomed the 2017 announcement that up to seven of the ten sessions currently available under Medicare rebatable mental health plans will be available via telehealth.

People living in regional, rural and remote areas of Australia experience poorer access to assistance for their physical and mental health problems than their metropolitan counterparts⁴. This means that the current cap on rebatable sessions does not deliver "the same access to psychologists as those living in our major cities"⁵. In the context of high demand for a well-trained allied health workforce, the inequitable distribution of the psychology workforce contributes to this access issue and further disadvantages vulnerable communities and individuals. If there is no psychologist within a commutable distance, then the rebate model is redundant, even when combined with telehealth.

In addition, there is a growing need for psychology interventions in children, with more than one in six (16.2%) in rural areas having mental health problems⁶. There are evidence based models - especially for younger children - which involve primarily working with the parent⁷. The current MBS item precludes models that include parent focused psych interventions for children. This is compounded by diagnosis being required for access to NDIS and other school funding.

Recommendation - improve access through Medicare rebatable services by:

- a. *Increasing the number of sessions currently available under Medicare rebatable mental health plans to be available via telehealth exclusively for people living in Modified Monash Model 4-7 locations;*
- b. *Allowing "parent only" sessions for children under Medicare rebatable mental health plans via telehealth;*
- c. *Addressing Childhood Developmental Vulnerability as broader than mental health by broadening Medicare rebatable items to include allied health for childhood early intervention, particularly speech pathology and occupational therapy via telehealth for people living in Modified Monash Model 4-7 locations.*
- d. *Increasing MBS rebate for paediatric diagnostic services in Modified Monash Model 4-7 locations.*

³ Australian Government (2014) *Contributing lives, thriving communities. Report of the National Review of Mental Health Programmes and Services*

⁴ Regional Australia Institute (2017) *Small Towns Report Card*

⁵ The Hon. Greg Hunt MP and Senator the Hon. Fiona Nash (19th April 2017) Media Release

⁶ Royal Far West (2017) *The Invisible Children* (based on research from Murdoch Children's Research Institute, Centre for Community Child Health)

⁷ Movember Institute and Sydney University (2018) *Like Father Like Son*. Paper due for publication in the Australian Journal of Psychology

Greater and more immediate access to psychology services for rural and remote Australian children.

Option Two: Increasing access to psychology services through a partnership with Royal Far West:

Royal Far West's award winning Telecare for Kids, Australia's longest continually operating child and family telehealth service, was created in response to the overwhelming need of isolated and disadvantaged rural children and young people to access services remotely. One in three country children are unable to access the health services they need; and poor access to health services for young children living in regional cities and communities means they are more likely to end up homeless, unemployed, incarcerated and with personal relationship difficulties.⁸ The effects of such disproportionate levels of disadvantage are compounded due to poor access to appropriate services.

Working in partnership with preschools, primary schools, parents and local clinicians, RFW Telecare for Kids offers intensive mental health services, as well as assessment, speech therapy, occupational therapy, and capacity building. These programs are evidence-informed, delivered by specialist paediatric allied health staff, and have demonstrated ability to help children achieve their goals. RFW's Telecare for Kids service supports mental health concerns in the context of the overall child, by broadening the lens to focus on developmental health. The NDIS is not anticipated to reduce the need for tele-mental health services, as many children with complex developmental issues, including trauma, behavioural and mental health, are not covered.

Recent media coverage highlights the problem that Royal Far West continually strives to solve, that "remote people only access mental health services at 20 per cent the rate of those who access services in the city"⁹. Evidence indicates that telecare can be just as effective as face-to-face therapy¹⁰, and can counter workforce shortages, improve continuity of care, be more cost-effective than "fly in/fly out", increase reach, shorten wait times, and provide specialised multidisciplinary support in remote areas.

Telecare is offered on a fee for service basis to our partners in the health and education sectors, and customers pay approximately 60% of the total cost, with the rest subsidised by RFW fundraising activities. RFW's benevolent investment in this service is fundamental to it being an affordable investment and partnership for the Federal Government.

An annual investment of \$2million/year from the Federal Government (representing <15% of RFW's operating costs) would enable immediate growth in the Telecare for Kids service, resulting in over 10,000 additional occasions of service per year to disadvantaged children. RFW's proven services have existing links to market, and co-funding Telecare for Kids is a cost-effective way for the Federal Government to address the ongoing lack of tele-mental health services, particularly in the most remote parts of the country.

Recommendation:

- e. *Provide shared funding for RFW's Telecare for Kids program of \$2 million annually; enabling exponential growth to 15,000 beneficiaries per year in rural and remote Australia.*

⁸ Royal Far West (2017) *The Invisible Children*

⁹ ABC News (22 Jan 2018) *Royal Flying Doctor Service warns rural mental health services in 'crisis'*

<http://www.abc.net.au/news/2018-01-22/royal-flying-doctor-service-warns-rural-mental-health-crisis/9347264?pfmredir=sm>

¹⁰ Backhaus, Maglione, Repp, Ross, Zuestet al, (2012) *Videoconferencing psychotherapy: a systematic review;*

Slone, Reese, & J, (2012) *Telepsychology outcome research with children and adolescents: a review of the literature*

Reducing Childhood Vulnerability for rural and remote Australians through screening:

A priority area for the 2009 *National Early Childhood Development Strategy* is: “the timely assessment, referral and early intervention for children and families with complex needs”¹¹. However, anecdotal evidence from RFW client families and rural and regional health stakeholders suggests that there are still inadequate systems in place to identify and provide intervention to children with complex needs, particularly in rural areas.

RFW created the Healthy Kids Bus Stop (HKBS) program to deliver comprehensive health and developmental screenings to children in rural communities. The HKBS is delivered in partnership with Ronald Macdonald House Charities and local health districts. Data from the HKBS demonstrates that high numbers of children are identified with previously unrecognised conditions – of 1937 children screened from 2014-17, 77% were referred to at least one health service for further intervention. This included 10.36% referred to RFW with complex, multidisciplinary concerns.

Parents are often left with the responsibility of identifying any emerging conditions or possible problems; however, parents are often not adequately informed or best equipped to identify concerns, particularly with their first child. Data from the HKBS shows that only 40% of parents identified a concern with their child, when in fact 77% of children had an issue identified through the program.

It is often the case that primary school teachers are the first to identify a child's concern, and RFW receives a significant number of referrals first initiated by teachers. This places significant additional pressure on teachers to act as a referral point, and many teachers are not adequately equipped to take on this role. This is particularly the case in rural and remote settings where teachers are often less experienced and have less peer support. For example, analysis of NSW data shows that on average, teachers working in rural and remote schools have only 7 years' experience compared with the average in metropolitan schools of 12.9 years' experience. There is also high turnover in rural and remote schools with teachers spending an average of 4.7 years in remote areas compared to 7.1 years in metropolitan areas¹².

Recommendation:

- f. *Fund developmental screenings for all rural and remote three and four year olds in the year before school; including engagement strategies for vulnerable families, with referral supports in place.*

¹¹ Coalition of Australian Governments (2009) *Investing in the Early Years—A National Early Childhood Development Strategy*

¹² NSW Department of Education Centre for Educational Statistics and Evaluation (2013) *Rural and remote education: Literature review*

Close the Gap in very remote Aboriginal communities through clever partnerships and telehealth:

Indigenous children are almost twice as likely as non-Indigenous children to be developmentally vulnerable in health and wellbeing, social competence, communication and emotional maturity. In very remote communities such as Fitzroy Crossing, 85% of children are developmentally vulnerable on one or more domains and 68% vulnerable on two or more domains.¹³

Despite record levels of investment in very remote communities, access to specialist speech, occupational therapy, and psychological services is still severely limited.

At the request of the Fitzroy Crossing WA community, RFW is undertaking an innovative program to identify and resolve speech, language and sensory processing issues in children age 3-5, through a combination of telecare and face to face support.

This community has severe problems with developmental and learning problems in their young people, particularly due to Fetal Alcohol Syndrome, and they have approached RFW to help identify and assist those who need help, and build their capacity to support these children within the community and prevent long term issues of social and economic disenfranchisement.

Evidence shows that early intervention to ensure children are able to grow and function to the best of their ability offers lifelong gains for children and their families, as well as wider “systems” benefits for education health, criminal justice, welfare and greater economic and social participation over a lifespan.

Recommendation:

- g. Provide funding for isolated Aboriginal communities to partner with specialist providers to commission health services (via a virtual workforce where needed), build capacity within community, and advocate for community needs.*

Attachment: Invisible Children Report

¹³ Australian Government (2016). *Australian Early Development Census, 2015*.