

Submission on Inquiry into Education in Remote and Complex Environments by the House Standing Committee on Employment, Education and Training

Royal Far West February 2020

Royal Far West (RFW) congratulates the Minister for Education, Dan Tehan for calling this inquiry into the education of students living in remote and complex environments, and the role of culture, family, community and country in delivering better educational outcomes.

We have included some recommendations and general comments that reflect the mission of RFW and importantly go to the heart of this inquiry – the importance of strengthening the health and wellbeing of children and young people living in rural and remote communities across Australia.

Research shows that children living in remote and rural Australia have far greater likelihood of experiencing developmental vulnerability compared to their city counterparts¹ – which is in turn linked with poorer educational outcomes and a higher risk of disability, chronic mental health problems and other chronic diseases, unemployment, personal relationship difficulties, contact with the criminal justice system and homelessness.

The physical, emotional and social development attained in childhood sets a trajectory for long term outcomes in health, education and overall well-being. Reducing childhood vulnerability and improving developmental health outcomes will help increase educational outcomes and build stronger regions, and a stronger Australia, into the future.

RFW believes:

1. tackling developmental health is critical to strengthening education in remote and complex communities
2. early intervention is key, highlighted by the recent drought / bushfires
3. Telecare is a solution that works and has been successfully tested in one of the most remote and complex communities in Australia

General comments

RFW believes geography should not be a barrier to accessing services for children or a cause of inequality, yet children living in rural or remote areas of Australia are up to five times more likely than those living in urban areas to have challenges with their developmental health, with over one-third of children in remote or rural areas of NSW unable to access the health services they need. More than 100,000 country children cannot access the developmental support they require, and this number only continues to

¹ Reporting the Health and Development of Children in Rural and Remote Australia, Murdoch Children's Research Institute, 2017

grow. These higher rates of developmental vulnerability have significant implications for education – both in terms of the support rural and remote schools need to have in place to achieve good education outcomes for all children; and the challenges in supporting developmentally vulnerable students.²

Over the last 24 months, RFW has seen the complexity of children’s developmental health needs rise significantly. As one measure of this, the proportion of children seeing a psychiatry through its Paediatric Developmental Program (PDP), a specialist program for rural and remote children and families with complex developmental needs, has increased from 25 per cent to 37 per cent.

The severe drought conditions across rural Australia, followed by devastating bushfires in some areas and chronic water shortages across many rural towns and communities has further exacerbated the challenges faced by rural communities, and is likely to further widen the existing gap in developmental vulnerability rates between city, rural and remote geographies. RFW’s view is that addressing developmental vulnerability is critical in discussions about rural and remote schools and education.

Terms of reference:

• A child’s journey through early childhood, primary, secondary, vocational and tertiary education in remote communities, like the tri-border region of South Australia, Western Australia and the Northern Territory;

1. Establishing a model that works in remote communities to reduce developmental vulnerabilities in children before starting school

School attendance data shows that the gap between Indigenous and non-Indigenous students is evident from the first year of schooling and has not improved over the past five years.

The Prime Minister’s Closing the Gap Report 2020, released in February 2020, shows the majority of Indigenous students attended school for an average of just over four days a week, with attendance rates worsening during secondary school.

The report shows attendance rates for Indigenous students in 2019 were around 82% compared to 92% for non-Indigenous students. Attendance fell from around 85% in primary school to just 72% by year 10, with the rates worse in remote areas.

On the measure of literacy and numeracy, the target to halve the gap in reading, writing and literacy has still not been met, but the report notes “improvements”.

For the past five years, RFW has been working with the remote Fitzroy Valley community in the West Kimberley region to increase services and support for children with complex needs. The Australian Early Development Census (AEDC) data shows 85% of children from the Fitzroy Valley as developmentally vulnerable on one or more domains and 68% as vulnerable on two or more domains. Nearly 60% of children were reported as developmentally vulnerable in the area of communication and cognition. This is almost ten times the national average of 6.8%.

As part of this community led model, RFW has been piloting the use of telehealth to provide speech, OT and psychology assessment and therapy directly into a remote pre-school and a remote school, as well as providing professional development and support

² As above

to teachers and Aboriginal educators. The program works with children aged 3 -12 years, the vast majority of them Aboriginal. Through this model, children with speech/language and behaviour/regulation issues are receiving regular, direct therapy for the first time and teachers report greatly increased confidence in working with children with complex trauma based developmental challenges. Whilst the pilot has been relatively small, it has demonstrated that with community leadership and the right engagement model, telehealth is an effective way of improving access and outcomes for developmentally vulnerable children in remote schools. It is a model that has great potential in strengthening learning outcomes in remote and complex environments.

Recommendation:

The model used in Fitzroy Crossing be scaled into a “Remote Communities Model” and become a critical component of remote education, working in partnership with local communities

Terms of reference 2:

• Key barriers to the education journey, including the effects of environmental factors such as drought on families and communities;

Children are often the silent victims of the drought. They are the ones that watch the stress and strain on parents or carers. They are often expected to help out on the farm feeding cattle or sheep and then sit down to homework.

Some of the issues families at RFW have recently reported they are facing as a result of the drought include:

- Parents losing their jobs
- Families have had to sell/kill livestock because they cannot afford the feed costs.
- Losing their homes, often connected to their jobs
- Having to relocate to urban areas, children missing the space and freedom of their previous country home
- Reserving water, planning for future. Impossible to know what future will hold
- Livestock loss, grief and financial loss.
- City v country divide – country on greater water restrictions. Travel to the city and witness water wastage.
- Dry land increases the risk of further bushfires
- Increase in food prices
- Increase in stress
- Travel greater distances to find work – more time away from family.

The UNICEF Australia Report “In their own words: the hidden impact of prolonged drought on children”, released in February 2019, found that the everyday lives of children and young people change rapidly and dramatically during periods of drought. Across the communities the report authors consulted, it was found that workloads for children on and off farms increased substantially, leaving little time for schoolwork and almost no time for play, sport or other recreational activities. Children and young people described their days as long and stressful. They indicated that there is no escape from the drought. The drought dominates their family lives, their whole community and the local media. In other words, children and young people live and breathe the drought every day.

The report also found that the cumulative toll on the physical and mental wellbeing of the children and young people was evident and concerning - the longer the drought progresses, the more diminished the coping reserves.

These findings are far worse for children that are already struggling with developmental challenges. This is evident in services offered at RFW. Demand has skyrocketed over the past few years, particularly in the area of mental health. The issues our children are facing are becoming more complex as a result of the drought.

During the past financial year, demand for RFW's mental health Telecare support service has increased by over eighty per cent, and this service now represents more than one third of all the allied health Telecare services RFW provides to remote and rural children.

Added to this is the complexity of cases our clinicians are seeing. They are increasingly supporting highly vulnerable families; children who are struggling in their school and home life and who often have experienced early life trauma.

This complexity impacts family stability and the world around the child – and means deeper, longer term strategies are needed, which are more resource-intensive, along with greater coordination across multiple agencies. Local services in rural and remote areas are not equipped with the resources to deal with these issues.

Coordinated and whole-of-government approaches are needed to ensure early intervention is provided for these children. Early intervention means more young people have the best possible start in life. It also makes good economic and social policy sense.

From an economic perspective, early intervention ensures governments maximise their spending. A 2019 report "How Australia can invest in children and return more" by Co-Lab, shows the cost of late intervention is \$15.2 billion each year. Late intervention costs – out of home care, police, court and health costs, social security payments – can be greatly reduced if we act early enough.

Closing critical gaps in healthcare services highlights the ongoing and urgent need for equity of access to mental health services for people living in rural and remote areas. There is a systemic failure of inequity in our mental health services which persists despite policy and programs attempts to fund and supply on-the-ground services. People living in rural and remote areas of Australia experience poorer access to assistance for their physical and mental health problems compared to people living in cities.

Recommendation: The impact of the drought has highlighted the urgent need for coordinated and whole-of-government approaches to ensure early intervention is provided for children, who are developmentally vulnerable and living in rural and isolated areas. Early intervention means more young people have the best possible start in life. It also makes good economic and social policy sense.

Terms of reference 3.

- **Community and family structures that support a child's education and their attendance at school;**

1.The effectiveness of Telecare for rural and remote communities

RFW operates Telecare for Kids - Australia's leading technology-based, developmental health service for country children and schools covering speech, anxiety/depression, conduct problems and fine motor skills.

RFW has been providing speech, OT, psychology and paediatric telecare for over 5 years, working with schools, including a number in remote communities.

Telecare (providing services via technology) has proven to be equally as effective in producing positive outcomes when compared to face to face therapy.³ It also assists in countering workforce shortages, improves continuity of care, and is more cost-effective than “fly in/fly out” service models. Telecare also increases reach, shortens wait times, and provides specialised, paediatric multidisciplinary support in remote areas.

Screening and early intervention via Telecare is most effectively provided in a school or pre-school setting, for children aged 3-12 years. Schools are best placed to efficiently reach the most children. In rural and remote communities, schools often house the most reliable internet connection. Schools also allow access to the hardest to reach, disadvantaged students, including those from Indigenous families, and those affected by intergenerational poverty and trauma.

By working with schools, clinicians can take a holistic approach to treatment - taking physical, emotional, social, health and educational factors into consideration, with the support of teachers and parents. Schools are also the best places to provide capacity building involving teachers, parents and local communities.

RFW’s Telecare program provides reach into the most remote and smallest communities across the country where children have no access to specialist services. The program provides children with regular weekly therapy to address speech, mental health, behavioural and movement problems. Education and upskilling are provided to teachers and other educators alongside individual and group therapy services, and parents/carers are given supporting strategies for home.

The latest research on the effectiveness of Telecare by the University of Sydney and Royal Far West (TRIP) shows that schools greatly value access to services that children might not otherwise receive. This in turn has the potential to improve support for families from lower socioeconomic groups, as well as engaging more hard-to-reach/vulnerable and complex families.

Benefits of RFW’s Telecare Programs include:

- Screening and assessment for speech conducted via Telecare has been found to be as valid and reliable as face-to-face consultations
- Teachers, parents and therapy aides report high levels of satisfaction with teletherapy. The use of technology within the school environment addresses barriers related to distance and waiting lists.
- Providing therapy via videoconferencing for mental health issues including OCD and depression is an effective method of treatment, particularly for the rural population, with little access to face to face care

Benefits for families include:

- Easy access to a service not otherwise available in the community
- Increase in confidence and access to effective strategies
- Improved family dynamics
- Less stress and mental health problems arising in families
- Lower costs to families who no longer need to travel long distances to access care for their children

Benefits for schools include:

- Increased knowledge and skills in supporting students
- Improved classroom outcomes
- Improved teacher skills and confidence

³ Access Early Intervention, Prof Mark Dadds, Sydney University, 2017

Outcomes for children

- Improved health / functional outcomes for children – speech, movement, mental health, behaviours
- Increased confidence and social skills for children
- Accelerated School readiness / school attendance / ability to participate and learn
- Reduced risk of future unemployment, mental health and juvenile justice challenges

2. Early developmental screening in remote and rural areas

RFW believes early screening for developmental vulnerabilities in rural and remote communities is essential. RFW operates a successful Healthy Kids Bus Stops (HKBS) program in remote and regional areas of NSW, which visits communities and provides early developmental screening for 3-5 year olds, before they begin school. This service helps identify issues early, but is limited in its geographic scope, due to being funded solely via philanthropic money.

Childhood development lays the critical foundations for long-term life outcomes and without intervention, developmentally vulnerable children are far more likely to experience lower educational attainment and develop chronic physical, mental health, learning, social and behavioural problems.

Australian Early Childhood Development (AECD) Census Data, released in 2018, indicates children in rural and remote Australia are five times more likely to suffer developmental problems than city children, and NSW Ministry of Health reports reveal one in three country children are unable to access the health services they need, simply because they live in rural areas.

The added traumatic impact of long-term drought and recent extreme bushfires in rural Australia is now further disadvantaging country children, creating extreme physical, emotional and financial stress within homes, and fracturing communities and support networks. The HKBS program provides much-needed, early intervention by addressing underlying health and social issues, supporting children, their families and local service providers and also builds community capacity. The HKBS also provides a platform to communicate key messages to parents and community members around the importance of the 0-5 years for children, and to further enhance understanding of children's development. The program provides free, comprehensive developmental health checks for children, plus a coordinated care plan, requisite referrals, and supported pathways to care for children identified as developmentally vulnerable.

This year the HKBS program is focusing on visiting both drought and bushfire affected communities in NSW.

Recommendation: It is recommended that a developmental screening and early intervention program" for 3-5 year olds be made available to areas of greatest need, and be free of charge

3. Schools as a critical component of rural and remote communities

Schools are a vital part of rural and remote communities. Educators are keenly aware of the important role that early childhood education and schools can play in identifying and supporting children with developmental challenges. The Services Innovation Study 2018, involving thousands of schools and preschools, conducted by Inovyse Consulting for RFW found that their two top organisational priorities are "Skills and Capabilities" and "Developmentally at Risk Children" accounting for 40% of all tested priorities.

Furthermore 78% of educators self-reported below average to average competence in being able to manage developmental vulnerability in their student population.

An internal, preliminary analysis by RFW of its Telecare program in schools, highlighted some emerging, consistent themes. These include:

1. Schools are observing a significant and often increasing, incidence of developmental, behavioural and mental health issues and needs in their schools and communities. Mental health needs are being increasingly observed, and schools are struggling to respond and support access to services. Schools need to help staff build knowledge and capacity about how to best support and refer children and families with mental health issues. Anxiety is spoken about by schools as an increasingly identified need.
2. There is a high need for parenting support to improve outcomes for children, especially from schools, in regional, rural and remote areas.
3. There is a lack of access to adequate services to sustainably meet the developmental, behavioural and mental health needs of all children, including basic assessment and screening. This lack of access is characterised by services being unavailable locally and requiring significant travel to access them; inconsistent access, characterised by intermittent availability (staffing and funding changes and gaps); and challenges to access such as extensive waiting lists, inappropriate services for child needs (quality/required expertise), and the unsustainably high cost to access alternative private services when public service access is unavailable or taking too long.
4. Families from lower socioeconomic groups and/or with high levels of complexity, continue to face significant barriers to service access in some rural and remote areas.
5. Consistency of access to services is a major barrier to improved child outcomes for developmental, behavioural and mental health issues. This inconsistency is primarily characterised by poor clinician retention rates at available services, and changes in funding availability for services.

We are happy to provide more information about this submission if required.

Contact:

Jenny Stevenson

Policy, Advocacy and Government Relations Advisor

Royal Far West

P: 02 86226817

M: 0402214039

E: jennys@royalfarwest.org.au

Royal Far West is a charity organisation that has been providing health services to children living in rural and remote Australia for 95 years. Royal Far West works in partnership with families from rural and remote areas and their local health and education providers to complement existing services within their communities.
<http://www.royalfarwest.org.au/>