

Submission for Inquiry into Health Outcomes and access to health and hospital services in rural, regional and remote New South Wales

Royal Far West December 2020

Royal Far West (RFW) welcomes this Inquiry into reporting on health outcomes and access to health and hospital services in regional, rural and remote New South Wales.

We have included some recommendations and general comments that go to the mission of RFW – to strengthen the health and well-being of children and young people living in rural and remote communities across NSW and nationally.

Research shows that children living in rural and remote NSW have far greater likelihood of developmental vulnerabilities or delays compared to their city counterparts¹ – which are in turn linked with poor educational outcomes, disability, chronic mental health problems and a higher risk of 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 well-being. Reducing childhood developmental vulnerability and improving developmental health outcomes in rural NSW will help increase educational outcomes and build stronger regions and a stronger Nation, well into the future.

General Comments:

Every child in NSW has the right to access quality health and developmental services. Where you live should not be a barrier to access services or a cause for disadvantage.

But the reality is that children living in rural and remote NSW are more likely to start school developmentally vulnerable compared to children growing up in cities like Sydney, Newcastle or Wollongong.

The most recent 2018 Australian Early Development Census (AEDC) data shows children living in very remote areas of Australia are more than twice as likely as those living in major cities to be developmentally vulnerable on one or more domains. They are also three times more likely to be developmentally vulnerable on two or more domains.

Geography should not be a barrier to health services for children, but that remains the case in NSW, more than one-third of children in rural and remote areas of NSW unable to access the health services they need.²

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

² Centre for Epidemiology and Evidence. 2009-2010 Summary Report from the New South Wales Child Health Survey. Sydney: NSW Ministry of Health, 2012

Numbers in rural and remote NSW are compounded by limited access to services and less chance of early intervention to address any issues. Adding to the inequity of country versus city, the lack of local services adds a cost element, including taking time off work and travel expenses to attend services further away, and also a time element, as clients generally go on a waiting list.

The bottom line is too many country children in NSW are missing out on vital health services, that are integral to a positive trajectory for their whole life.

Added to this, over the past few years, much of rural NSW has experienced severe drought conditions. Drought has a cumulative negative effect on rural families – the longer the drought continues, the worse the health of parents in rural families is becoming, which has a direct impact on children's wellbeing in these households.

Earlier this year, RFW surveyed 36 rural families staying at its residential accommodation in Manly, to better understand the impact of drought. The Drought Impact Survey 2020 assessed impact on people's employment, financial capacity, parent health and their child's wellbeing. On average, families participating in the survey had been in drought for more than three years.

The major impacts of the drought were listed as financial hardship, including loss of jobs; a higher cost of living; added stress on relationships; and increased mental health needs of families and communities. Families surveyed said the help most needed was improved access to support and services, including health services, and financial support.

In some areas of NSW, drought has been followed by devastating bushfires and chronic water shortages. The resultant severe economic and financial challenges faced by many farming communities and rural towns are compounding the pre-existing gap between developmental vulnerabilities in children living in rural and remote NSW, compared to those living in the city.

This "double disadvantage" effect, is playing out in the mental health of kids in rural NSW. RFW has seen a significant increase in the need for children's mental health services with the most recent figures showing the volume of psychological therapy delivered by telehealth (services delivered by technology) is now six times what it was three years ago. Psychology services delivered via RFW Telecare (including assessment, therapy and school counselling) accounted for one in five therapy sessions in the past financial year, compared to one in 20 in FY2017. We also know that these unique environmental stressors faced by regional, rural and remote communities are likely to increase in frequency and severity in future.³

The "double disadvantage" effect, highlights the need for long-term strategies, with greater coordination needed across multiple agencies, to ensure children receive help early enough. Early intervention is key and will ensure more young people in rural and remote NSW have the best possible start in life, can achieve improved educational outcomes, and grow into productive adults.

³ Intergovernmental Panel on Climate Change. Climate, Change and Land: an IPCC special report on climate change, desertification, land degradation, sustainable land management, food security, and greenhouse gas fluxes in terrestrial ecosystems.; 2019.

Terms of reference:

• **That Portfolio Committee No. 2 - Health inquiry into and report on health outcomes and access to health and hospital services in rural, regional and remote NSW, and in particular:**

(a) health outcomes for people living in rural, regional and remote NSW;

In 2017, RFW commissioned a report; "Reporting the Health and Development of Children in Rural and Remote Australia" by the Murdoch Children's Research Institute, which identified ten LGAs in NSW as having the greatest risk of poor developmental outcomes in children – all were located in rural areas.

Developmental vulnerability describes five main areas of a child's development: physical health and well-being; social competence; emotional maturity; language and cognitive skills, and communication skills and general knowledge. The Australian Early Development Census (AEDC) assessment of children in kindergarten describes children as developmentally vulnerable if they are not meeting the standard average on one or more of these five domains.

Developmental vulnerability comes at a high cost to individuals, families and to society as a whole. Vulnerable children are at risk of growing up to be vulnerable adults, with poorer educational attainment, higher rates of chronic disease and mental health, and greater tendency towards unemployment, homelessness and crime. At scale, this translates to significant costs in education, unemployment, health, social welfare and criminal justice. It has a significant impact on human capital and economic productivity and ultimately on NSW's growth and prosperity.

According to latest RFW data, there are over 41,000 children aged 0-12 years living in rural and remote areas of NSW who need developmental support.

This compares to 127,000 children in major cities in NSW and statewide 168,000.

For the 41,000 country children in NSW, that need access to vital developmental health supports, at least 50% have complex needs. According to RFW data, there are 2267 allied health professionals residing in rural areas (Speech, OT and Psychology) and only 58 psychiatrists. Many of these clinicians are based in inner regional areas with even more limited service in remote and very remote areas. They typically support all age groups within their communities and service an area five times the size of their city peers. Anecdotal reports suggest that wait times can be 6-18 months.

(c) access to health and hospital services in rural, regional and remote NSW including service availability, barriers to access and quality of services;

Access to specialist health services is an issue in rural NSW. In rural and remote areas, 32% of children cannot access the services they need (2012 Ministry of Health figures.)

There is a serious shortage of allied health professionals, especially psychologists in country NSW, along with a lack of paediatric and diagnostic services.

Mental health services for children in NSW rural and remote communities is an ongoing area of great unmet need. Bushfires, drought and COVID-19 have caused heightened and recurrent stress and distress in young children and their families and is typically presenting in younger children with more complex needs.

RFW figures show the volume of psychological therapy delivered by telehealth is now six times what it was three years ago. Psychology services delivered by RRW via Telecare (including assessment, therapy and school counselling) accounted for one in five therapy sessions in the past financial year compared to one in 20 in FY2017.

RRW's specialist Paediatric Developmental Program (PDP), which is aimed at children with complex developmental, behavioural and mental health issues, has also seen a significant increase in demand for psychology and psychiatry services. A recent review of PDP clients shows that psychology is now the highest needed support service with nearly half of all clients referred to a psychology service, but with only around one in five (16.5%) able to access these services locally.

Added to this is the increased complexity of cases RFW 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. Local psychology services often have wait lists and are a long way away from where people live.

The 2017 RFW commissioned report: "Reporting the Health and Development of Children in Rural and Remote Australia" by the Murdoch Children's Research Institute, highlighted a number of specific issues concerning access to and provision of services. These included:

- **Access to early childhood intervention (ECI) services.** Children with a disability and/or developmental delay in rural and remote Australia, and their families, face multiple and concurrent barriers to accessing ECI services as a direct consequence of their geographical location. These include (and are not limited to) travelling long distances, extensive waiting times and workforce shortages resulting in complications accessing therapy, resulting in high levels of unmet need. The gaps in early intervention services in rural and remote settings are particularly evident amongst allied health (including mental health) and paediatrician services.
- **Access to regular allied health services.** A significant majority of the rural and remote communities which are identified in this study only have access to paediatricians and allied health professionals (e.g. speech and physiotherapists) on a sessional basis (sometimes less than once per month). Sessional availability can impact the quality of the service as it provides limited opportunity for health professionals to gain adequate knowledge of their client (and their community) and provide therapeutic input with adequate frequency. Limited availability also means longer wait times and less access.
- **Access to paediatricians.** The capacity to recruit and retain paediatricians in remote and rural Australia is a significant problem. Issues pertaining to increased workload and greater working hours, social isolation, and lack of financial incentive (due to reduced income and greater cost of living) have been identified as some of the key contributing factors to the current state of affairs. Lack of access to paediatricians means that obtaining a diagnosis, which is required for a referral to appropriate allied health services, is much less likely. A late diagnosis invariably leads to later access to paediatric allied health intervention services, and as such, poorer outcomes.
- **Access to mental health services.** Mental health services for children aged 0-12 are particularly difficult to source in rural and remote areas across all jurisdictions. The few services which were found are predominantly located inside hospitals in major townships and required long distant travel. The alarming lack of child mental health services means that the provision of adequate mental health care is made tremendously difficult. Recruiting and retaining staff in rural and remote mental health services is also a significant and continuing challenge, with chronic staffing issues widely reported.

(g) an examination of the staffing challenges and allocations that exist in rural, regional and remote NSW hospitals and the current strategies and initiatives that NSW Health is undertaking to address them;

Recruitment and retention of allied health staff, who are critical in addressing developmental health, is a significant issue in rural and remote NSW. Allied health practitioners working in rural and remote areas have populations spread over vast geographical areas, serve a wide range of clients and clinical presentations, are often isolated and typically, are not paediatric specialists.

RFW's clients normally experience long waiting lists and low service levels in their communities, with families reporting waiting lists of up to 16 months.

The following 2019 NSW workforce data, prepared for RFW, is for allied health workers based on the Accessibility and Remoteness Index of Australia (ARIAs). ARIA is a geographic accessibility index that aims to reflect the ease or difficulty people face accessing services in non-metropolitan Australia.

For example, there are 9,020 OT's in major cities of NSW compared to 3,033 across the rest of the state. There are also large discrepancies in the number of psychologists in major cities compared to the rest of the state, as with speech pathologists.

Allied Health	Size						Percentage Distribution					
	Major	Inner	Outer	Remote	V. Remote	Total	Major	Inner	Outer	Remote	V. Remote	Total
Nutrition Professionals	3,454	655	240	58	23	4,430	78.0%	14.8%	5.4%	1.3%	0.5%	100.0%
Occupational Therapists	9,020	2,036	826	139	32	12,053	74.8%	16.9%	6.9%	1.2%	0.3%	100.0%
Audiologist and Speech Pathologists	6,716	1,536	516	84	16	8,868	75.7%	17.3%	5.8%	0.9%	0.2%	100.0%
Psychologists	18,122	3,413	1,094	206	46	22,881	79.2%	14.9%	4.8%	0.9%	0.2%	100.0%
Medical	Major	Inner	Outer	Remote	V. Remote	Total	Major	Inner	Outer	Remote	V. Remote	Total
General Practitioners	41,231	9,640	4,035	833	363	56,102	73.5%	17.2%	7.2%	1.5%	0.6%	100.0%
Specialist Physicians	6,233	763	234	34	1	7,265	85.8%	10.5%	3.2%	0.5%	0.0%	100.0%
Psychiatrists	2,486	281	96	31	1	2,895	85.9%	9.7%	3.3%	1.1%	0.0%	100.0%

(I) any other related matters.

- **Importance of Telehealth**

There is a growing body of evidence on the effectiveness, acceptance and efficiency of telehealth approaches that use videoconferencing to deliver health services, including for developmental paediatrics (Speech Pathology and Occupational Therapy) and behavioural and emotional health problems in children, especially for rural and remote communities.^{4 5} Telehealth (provision of health services via technology) is a game changer in that it works, it is scalable, and it is sustainable.

Telecare (RFW telehealth service) is proven to be equally as effective in producing positive outcomes when compared to face to face therapy, and RFW has been involved in a number of

⁴ Langkamp D, McManus M, Blakemore S. Telemedicine for Children with Developmental Disabilities: A More Effective Clinical Process Than Office-Based Care. *Telemed J E Health*. 2015;21(2):110-4. doi: doi:10.1089/tmj.2013.0379.

⁵ Spaulding R, Belz N, DeLurgio S, Williams AR. Cost savings of telemedicine utilization for child psychiatry in a rural Kansas community. *Telemed J E Health*. 2010;16(8):867-71. doi: doi:10.1089/tmj.2010.0054.

RCTs to test and establish this evidence.⁶ 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.

RFW operates Telecare for Kids - Australia’s only technology-based, developmental health service for country children and schools covering speech, anxiety/depression, conduct problems and fine motor skills. In our experience at RFW, telehealth provides an opportunity for families to access consistent, regular and appropriate services by health professionals who are specialists in their field – and to resolve chronic local and regional workforce shortages. In addition to providing assessment and therapy services for children with developmental issues, telehealth can be used to provide specialist training and capacity building for rural communities, including parents, schools and health professionals.

- **Importance of early intervention in remote and rural areas**

Research shows that early intervention can really make the difference between kids flying and failing in early school years – and this often sets the trajectory for further down the track.

From an economic perspective, early intervention ensures governments maximise their spending. A recent report “How Australia can invest in children and return more” by Co-Lab, shows the cost of late intervention is \$15.2 billion - \$607billion for every Australian. Late intervention costs – out of home care, police, court and health costs, social security payments – can be greatly reduced if we act early enough.

Early intervention is the key to helping children living in rural and remote NSW. 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.

The HKBS program is a community-based, mobile screening clinic, referral and therapeutic intervention program that provides comprehensive developmental health screening in rural and regional NSW communities where local screening services are not available. The program ensures early detection of and action on health, emotional and learning problems, prior to children starting school, and simultaneously builds in-community ability to support developmentally vulnerable children moving forward.

Between 2014-2019, the HKBS has visited 158 communities in NSW, and screened 2,738 children. Over 80% of children screened (2,243 children) have been referred for follow-up treatment / therapy as a result of the screening program.

⁶ Dadds M, Thai C, Diaz A, Broderick J, Moul C, Tully L, et al. Therapist-assisted online treatment for child conduct problems in rural and urban families: Two randomized controlled trials. *Journal of Consulting and Clinical Psychology*. 2019;87(8):706–19. doi: doi.org/10.1037/ccp0000419.

Recommendations:

1. **Increase the use of telehealth models:** Provide funding, improve infrastructure and connectivity, and build and share evidence to drive change in NSW in the use of telehealth models to improve outcomes for children with developmental issues.
2. **Early identification and intervention:** Invest in consistent, comprehensive pre-school developmental screening and school-readiness programs for children aged 3-5 years in rural and remote communities that integrate health, education and disability. Provide a priority focus on small, isolated communities.
3. **Adopt a broader approach to children's mental health:** Create a new paradigm that supports a broader, more multi-disciplinary, developmental perspective that looks at mental health in the context of the whole child and their whole needs. Mainstream the use of school-based models to identify and resolve developmental vulnerability, including mental health, and integrate this with health and disability approaches.
4. **Improve access to data:** Invest in better data on children in rural and remote communities, including developmental vulnerability throughout childhood and access to services; encourage greater sharing of data between agencies, and build evidence on what is working in the long term.

RFW is happy to provide more information about these comments if required, and available to present to the Committee if required.

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About Royal Far West

- Royal Far West is one of Australia's oldest and most respected charities and is the only national charity dedicated to the developmental health and wellbeing of Australia's country kids.
- Established in 1924, Royal Far West provides a truly integrated service and offers health, education and disability services for country children and their families at the Centre for Country Kids in Manly, as well as virtually via Telecare and in local communities.
- Through a team of more than 80 paediatric specialists, Royal Far West supports children aged 2-12 with a range of concerns including speech and language delays; behavioural and conduct disorders; early life trauma and mental illness; autism, attention deficit and hyperactivity disorders.
- 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/>