



Royal Far West

Children's health, country-wide

Remote, Rural and Regional Health Inquiry

21 September 2023

Response

Royal Far West's response to the Select Committee on Remote, Rural and Regional Health Inquiry to examine the implementation of the recommendations of the Upper House Inquiry report into Health Outcomes and access to health and hospital services in rural, regional and remote New South Wales – Sept 2023.

Royal Far West is happy to provide more detail to this submission if required. And extends an open invitation to the Inquiry Committee to visit us in Manly or see our team working on outreach visits in rural and remote locations across NSW.

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About Royal Far West

Royal Far West (RFW) is a children's charity, turning 100 years old next year.

Our mission is to strengthen the health and well-being of children and young people living in rural and remote communities across NSW and nationally. We believe every country child should have access to the services they need to support their early development and enrich their lives.

We offer multidisciplinary allied health, mental health and wellbeing services for children up to 12 years of age living in rural and remote Australia. Our team of 140+ trauma-informed, paediatric allied health and medical staff support country children with their developmental health needs, including speech and language delays, behavioural and learning difficulties and mental health needs.

Our Services:

1. Schools and Early Years Service

We partner with schools, pre-schools and families to support country children's behavioural, mental and developmental health in their own communities. Our services are delivered by dedicated multidisciplinary allied health teams virtually and in person into schools and early years settings.

2. Community Recovery

A multidisciplinary and community-based service providing psychosocial support to children and key adults supporting children (parents, carers, teachers, and professionals) with recovery, wellbeing and resilience following natural disasters like bushfires, droughts,

and floods. This service is delivered in person through schools and pre-schools in areas affected by natural disasters.

3. Child and Family Services

A multi-disciplinary assessment, referral and treatment service for country children and their families in NSW with the most complex behavioural, wellbeing and developmental needs. This is a residential program, based in Manly, with follow-up services provided locally or via telehealth.

Submission

This submission is based on Royal Far West's extensive experience working with schools, pre-schools and families in rural and remote communities in NSW. Last financial year, we supported over 5000 country children with complex needs in over three states and worked with 169 schools and 61 pre-schools in more than 200 rural communities.

Royal Far West made a submission to the Inquiry in December 2020, which was not listed in the final report in May 2022, but can be accessed on our website:

<https://www.royalfarwest.org.au/wp-content/uploads/2020/12/Royal-Far-West-Upper-House-NSW-Inquiry-Rural-Health-Submission.pdf>.

We understand that this inquiry is looking at the implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural, and regional health.

There is no doubt that the Inquiry's findings about access, disadvantage and inequity in rural health, continue for children living in the country. Latest research shows that children living in rural and remote NSW have a far greater likelihood of developmental vulnerabilities or delays compared to their city counterparts - which in turn are 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.

RFW believes the following four recommendations are vital to the communities and families we serve. Implementing them thoroughly will make an enormous and positive difference.

Recommendation 34:

That NSW Health review the current funding models for all rural and regional Local Health Districts in order to identify any service delivery gaps and provide any recommendations for funding increases.

Recommendation 37:

That NSW Health and the rural and regional Local Health Districts actively engage with local community groups and charities to understand the services and resources they provide, and to ensure that, where possible and appropriate, service gaps are filled by the government.

Recommendation 25:

That Portfolio Committee No. 2 – Health consider undertaking an inquiry into mental health, including into mental health services in rural, regional and remote New South Wales in the future.

Recommendation 43:

That the rural and regional Local Health Districts work with rural and remote communities to develop Place-Based Health Needs Assessments and Local Health Plans in collaboration with the Department of Regional NSW, local government, education, human services, community services, community and First Nations organisations and local health providers that are responsive to the variations in determinants, lifestyle and disease burden for each community and its population.

RFW commentary on key issues:

1. Disadvantage remains and the gap is widening

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.

In our submission in December 2022, we highlighted that according to the latest AECD and ABS data, there were over 41,000 children aged 0-12 years living in rural and remote areas of NSW who needed developmental support. As many as 190,000 children (aged 0-12 years) across rural and remote Australia are needing developmental support in 2023.

Since 2017, the number of children presenting with trauma to our residential service in Manly has doubled. Since 2017, there has been a 36% increase in the need for our psychology and psychiatry services.

Additionally, children are displaying challenging behaviours younger – over half of our occupational therapy services now address behaviour regulation issues.

External research backs up our clinical experience. AEDC data highlights that those children who are already disadvantaged, the majority who live in rural and remote areas, are slipping further behind, especially those with two or more developmental vulnerabilities. The figures show children living in very remote areas of Australia are up to two times as likely as city children to start school developmentally vulnerable. And the gap is widening. Indigenous children are twice as likely to be developmentally vulnerable.

In NSW, nearly 70% of regions with the highest rates of vulnerability are located in regional, rural and remote areas. Almost 2 out of 3 children in Brewarrina (65%) and Bourke (60%) are developmentally vulnerable in one or more domains.

LGAs	Devul 1 or more domain
NSW average	21.2
1. Brewarrina	65.0
2. Bourke	60.0
3. Cobar	58.7
4. Coonamble	52.6
5. Balranald	47.1
6. Tenterfield	39.6
7. Berrigan	36.7
8. Wentworth	35.6
9. Murrumbidgee	34.3
10 Walgett	34.1

10 LGAs with the highest rates of developmental vulnerability on one or more domain

Latest NAPLAN figures released earlier this year show students in high socioeconomic areas and in cities substantially outperformed their counterparts in all aspects, with results worsening the further students are from metropolitan areas.

Almost 50% of students in very remote areas needed additional support, compared with just under 10% (7.9%) of students in major cities.

Half as many students in very remote schools were rated as 'strong' or 'exceeding' in any domain or year level (30 per cent) compared to those in major city schools (60 per cent).

Geography should not be a barrier to health services for children, but it is a reality in NSW. More than one-third of children in rural and remote areas of NSW are unable to access the local health services they need.

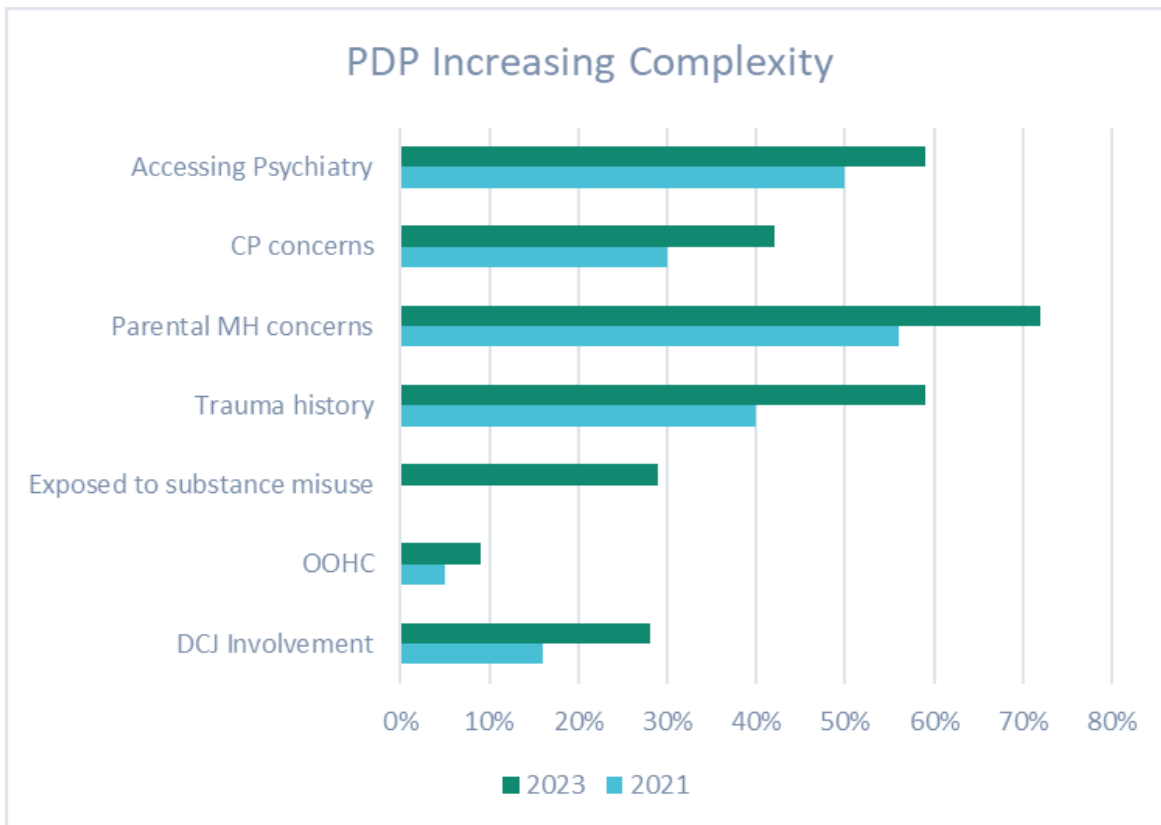
2. Child complexity is increasing, and mental health support is still lacking

There is a significant increase in mental health issues among children in rural communities, compounded in some areas by natural disasters like drought, bushfires and floods.

RFW's specialist Paediatric Developmental Program (PDP), works with country children with complex developmental, behavioural and mental health issues. It has seen a significant increase in demand for psychology and psychiatry services. 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 following table highlights the increasing complexity seen in our residential PDP service over the past two years. It shows:

- Significant increase in children accessing psychiatry
- Increase in child protection concerns and trauma history
- Increase in parental mental health concerns



** Please note: RFW does not systematically collect data on complexity/trauma/ACEs. This data has been collected through progress notes and relies on information being reported by parent and clinician, and correct interpretation by data collector.*

3. Workforce shortages remain

Recruitment and retention of allied health staff, who are critical in addressing developmental health, remains a critical 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. The serious shortage of allied health professionals in country NSW, especially psychologists, along with a lack of paediatric and diagnostic services is creating exceptionally long waiting lists of at least 16 months or more in some locations.

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.

Paediatric waitlists have been an ongoing and worsening situation in many major rural centres. RFW has received confirmation from public and private paediatricians in Wagga Wagga, Dubbo, Orange, Tamworth, and Bega that their books are either closed to children who require developmental support, or these children are waiting up to four years for an appointment.

Hospitals have reported to RFW that the current wait time for paediatric outpatient clinics for non-urgent developmental appointments in NSW are:

- Dubbo – not accepting any behavioural referrals
- Bega – approx. 18 months
- Tamworth – up to 3 years
- Orange – up to 2.5 years (over 700 children on waitlist)
- Wagga Wagga – only accepting children with a certain health care card

Outpatient clinics have had to make the difficult decision to prioritise medical appointments and waitlist or decline children with behavioural concerns. However, RFW believes that behavioural children are, in fact, at risk and in great need of ongoing support.

Children in regional areas and remote communities have severely limited access to services that support healthy development, such as medical and allied health services. In 2020, there were more than 386,000 FTE clinicians working in major cities compared with 132,000 in all other remoteness areas supporting the entire population.¹

Relative to the populations in these areas, major cities had a greater number of working FTE clinicians (2,077 clinical FTE per 100,000 people in 2020) than each of the other remoteness areas. For the other remoteness areas:

- Inner regional areas had 1,890 FTE per 100,000 people.
- Outer regional areas had 1,761 FTE per 100,000 people.
- Remote areas had 1,959 FTE per 100,000 people.
- Very remote areas had 1,833 FTE per 100,000 people.

4. Early intervention services are not sufficiently funded

Early intervention programs in both the early years and early to middle school years result in a long term, positive impact for children, yet remain significantly underfunded by government. Funding for these services often falls between education and health portfolios; health and education departments do not fund services centrally; and hence NGOs or NFPs are often left to provide philanthropic services.

Demand for clinical allied health services into schools and pre-schools continues to grow as educators attempt to deal with significant increased levels of complexity amongst children living in rural and remote areas.

However, across both health and education, early intervention services remain significantly underfunded. NSW Department of Health bureaucrats report that their discretionary budgets are exhausted and that current fiscal conditions mean there will be no additional funds to supplement or fund new or existing services. Budget holders within the Local Health Districts (LHDs) want to retain funding and workforce, but cannot fill vacant workforce places in allied health, and remain reluctant to outsource.

¹ <https://www.aihw.gov.au/reports/workforce/health-workforce#rural>

Schools are expected to fund early intervention as part of their operating budgets but cannot cope with increased demand which arises from the increasing mental health issues and complexity of children in the classroom. Classroom teachers are not sufficiently trained to support children with developmental vulnerabilities.

Solutions

1. **Increase the use of telehealth and hybrid outreach 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 preschool developmental screening and school-readiness programs for children in rural and remote communities that integrate health, education, and disability. Provide a priority focus on small, isolated communities. Ensure early intervention services are available to the same communities via early primary school years.
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.

Summary

Significant issues remain in health service provision for children across NSW rural and remote locations. 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. That is essential for future growth and economic and social prosperity for NSW and Australia.