



# Royal Far West

Children's health, country-wide

Productivity Commission Inquiry into Early  
Childhood Education and Care (ECEC) sector

18 May 2023

## Acknowledgement of Country

Royal Far West acknowledges the Traditional Custodians of the country throughout Australia and the ongoing and important wisdom shared through the continued connection with the land, waters and community. We respectfully recognise the Elders of the past and present and walk with the children who will become future elders.

## About Royal Far West

Royal Far West (RFW), is a children's charity, supporting health and educational needs of country children aged 0-12 years. Next year, RFW will turn 100 years old, and we remain committed as ever to our mission to ensure that every country child has access to the services, they need to support their early development and enrich their lives.

Royal Far West employs more than 144 paediatric clinical staff including speech pathologists, occupational therapists, social workers, clinical psychologists, child and family and mental health nurses, paediatricians and child and adolescent psychiatrists together with special education teachers in conjunction with Royal Far West School.

## Our three main services support children aged 0-12 in the context of their family and community.

1. **Child and Family Services** - we offer a benevolent multidisciplinary health and wellbeing service for children from rural and remote regions of NSW with complex needs and limited access to services. Three key components:
  - a) **Assessment** - a comprehensive multidisciplinary assessment to address concerns about a child's functioning and ability to meet expected developmental milestones.
  - b) **Building capacity** - strengthening and building the capacity of carers and local providers as part of the assessment process.
  - c) **Connecting to care** - referring and connecting families with services to support them locally, or through RFW treatment pathways who meet criteria.
2. **Schools and Early Years services** - We partner with schools, ECEC providers and parents/carers to support country children's behavioural, mental and developmental health in their own communities to unlock their learning potential and support their health and wellbeing. Our specialist allied health Multi-Disciplinary Teams provide wrap around care primarily through telehealth in a response to intervention model that concurrently builds capacity of the teachers and early educators to better respond to children with developmental challenges. Our work extends across 260 schools and early years settings in rural and remote QLD, NSW, WA and VIC.
3. **Community Recovery Services** - in community and telehealth services supporting recovery from disaster events. Our Community Recovery Program includes the Bushfire Recovery Program (BRP) (winner of a 2021 Resilient Australia Award), which has so far supported over 3,000 children and their caregivers. The program sees us working in schools in conjunction with local health professionals and community groups, across 60 communities in NSW. We support the wellbeing, mental health and resilience of children impacted by natural disaster events, to reduce the likelihood of long-term effects. We also support those around the child (carers, parents, teachers) to build their

capacity to understand and respond to children's needs. We also deliver a similar Floods Recovery Program (FRP) to 30 schools and pre-schools across the northern rivers and South-East Queensland.

Overall, in FY22 we supported 5,196 country children with complex needs and 12,706 beneficiaries in total across three states. We worked in 169 schools, 61 preschools and 212 communities. Twenty per cent of our client base are Aboriginal and we have deep partnerships with remote Aboriginal communities.

## Introduction – the importance of the early years

*“High-quality ECEC results in better outcomes in subsequent stages of life. Children learn more quickly during their early years than at any other time in life. Children who are already falling behind in the first few years of their childhood face greater obstacles to catch up and succeed at school and beyond. ... Disadvantaged children have the greatest benefit from attending high-quality ECEC, and interventions targeted at them will have the highest returns.” - The OECD Report 'Starting Strong Key OECD Indicators on ECEC (2017)*

Increasingly our focus at RFW is on the early years, targeting rural and remote children who are developmentally vulnerable, working with them, their educators and families. Given that 90% of a child's brain is developed by the age of 5, early intervention is key and high-quality support for children aged 3-5 years can make all the difference in changing the trajectory of their lives.

When children don't receive the early intervention they need because of where they live, it impacts on their learning, relationships, health and wellbeing. The issues that they face as an 8 or 9 year old are much harder and more expensive to address.

To successfully deliver the supports country children need at the right time there are two major impediments that early years policy and funding need to overcome - **universal access to high quality ECEC and wrap around allied health supports.**

Allied health professionals play a critical role in early childhood education and care settings. They work in partnership with educators and other professionals to provide support and services that promote the health and development of children. Allied health professionals have specialist knowledge about how to help children learn, grow, and develop their skills.

As of today, 400 rural and remote communities are classified as “childcare deserts” and reaching children in this age range, in these communities is an ongoing challenge. Nevertheless, these are arguably the children that need the most support as evidenced by the growing divide between city and country in the most recent Australian Early Development Census (AEDC).

Despite the importance of quality ECEC to lifelong outcomes, families living in regional areas have less access to quality ECEC compared to their metropolitan peers and are more likely to be living in an area classified by the Mitchell Institute as a childcare dessert. 45%, 61% and 85% of inner, outer and remote areas of Australia respectively are classified as childcare desserts, compared to 29% in metropolitan areas.

This compounds existing disadvantages. AEDC results from 2021 indicate that the proportion of children starting school with one or more developmental vulnerabilities is higher in regional areas and almost twice as high in very remote areas compared to metropolitan Australia. This

gap has widened since the previous AEDC in 2018 and may continue to widen as the impacts of the COVID-19 pandemic continue to be felt. The Australian Government also reports that children living in the most socio-economically disadvantaged communities, many of which are in regional areas, are twice as likely to be vulnerable in one or more domain compared to their peers in advantaged socioeconomic communities.

Australians living in rural and remote areas have less access to allied health services than those living in more built-up areas. This is due to both a shortage of allied health professionals in those areas, and poor distribution of the available workers.

The AEDC provides a means of identifying communities where children are developmentally vulnerable or at risk. Given the number of communities within Australia with limited access to allied health services, there is a need to reconsider how such population-based services could be delivered, particularly in the communities with higher levels of vulnerability in development.

**Table S5: Employed health professionals, clinical full-time equivalent rate, by remoteness area, 2020**

Type of health professional	Remoteness area <sup>(a)</sup>				
	Major cities	Inner regional	Outer regional	Remote	Very remote
	<b>Clinical FTE per 100,000<sup>(b)(c)(d)</sup></b>				
General practitioner (GP)	103.9	110.8	105.5	122.4	155.0
Specialist	143.5	85.6	62.5	61.7	25.2
Nurses and midwives	1,053.9	1,045.3	1,011.9	1,170.0	1,183.7
Podiatrists	16.7	16.5	10.0	9.3	8.2
Psychologists	86.0	56.5	39.8	31.9	22.4
Optometrists	17.9	16.3	12.1	6.9	4.1
Dentists	56.7	41.9	34.6	26.6	18.8
Pharmacists	82.5	72.1	68.3	69.2	42.3
Physiotherapists	101.5	72.4	56.6	51.9	45.5
Occupational therapists	67.8	55.1	49.4	40.8	24.3

Sources: Department of Health (DOH) (2020) Health workforce data tool [data set], DOH, Australian Government, accessed 15 March 2022; ABS (2021c) Regional population, ABS website, accessed 19 April 2022

A report released by Charles Sturt University in 2012 showed the following: *In 2012 AEDC data were accessed for 289,973 children, living in 577 communities across Australia. There were 47,636 children (17.4%) identified as developmentally vulnerable/at risk in Language and Cognitive Skills and 69,153 children (25.3%) in Communication Skills and General Knowledge. There were 27 communities with > 20% of children identified as developmentally vulnerable/at risk in Language and Cognition in their first year of formal schooling. Of those, none had access to speech-language pathology services, according to current SPA membership data. There were also 27 local government areas with > 20% of children identified as developmentally vulnerable/at risk in the Communication Skills and General Knowledge domain. Of these, three had access to SLP(s) and these were in regional/metropolitan areas.*

Furthermore, with an increase in trauma factors and broader developmental concerns, RFW estimates that the lack of access to specialist and other allied health is restricting the developmental trajectories of up to 190,000 children living in rural and remote areas.

Not addressing the disadvantages of rural and remote locations, has long term economic and social impacts – of children in the lowest Year 4 NAPLAN Band, only 47% are expected to complete their HSC.<sup>1</sup>

The lack of available quality ECEC has ongoing implications for regional development, with many of our regional stakeholders informing us that much needed professional services (in health, education and criminal justice) are limited as professional families with young children cannot find the services they need to live in regional communities – and so take their skills elsewhere.

International cost benefit analysis shows that for every dollar spent on effective early childhood intervention, there is a \$13 return to society. Improving children's developmental outcomes reduces the risk of adverse long-term impacts such as chronic illness, unemployment, mental ill health, substance abuse, homelessness, and incarceration. This represents a significant downstream saving for government.

## Recommendations

Royal Far West (RFW) welcomes the opportunity to respond to the Productivity Commission's Inquiry into the Early Childhood Education and Care sector in this submission, which includes responses and recommendations specific to its terms of reference.

RFW has almost ten years of experience delivering allied health screening and teletherapy using our comprehensive multidisciplinary model of care in partnership with 61 regional ECEC settings and over 200 schools across 4 states, working with children and their families and the school community around them to improve their developmental and learning outcomes.

Our regional preschool partners ask us to help identify, support and refer young children who's developmental and behavioural issues will impact their school. We then offer direct support to children, professional development to preschool staff and training to parents to improve their skills and confidence to support their children.

In February of this year, we ran a focus group with ECEC providers who shared their challenges. These are supported by the daily interactions we have across our services with the ECEC sector.

- **Access to services** is the number one issue confronting rural and remote communities with respect to ECEC, with few services or places available
- **Workforce availability** is a key challenge to ECEC viability, especially since the introduction of mandatory degree qualified staff, with some centres closing down since the change
- **Staff pay** is not comparable to other qualified/semi-qualified roles in community and there are not enough incentives to attract or retain staff in these settings
- **Burnout** of existing staff is a significant issue without a casual pool to support staffing
- **Complexity** -there has been an increase in children arriving with developmental challenges on more than one domain, especially following the COVID 19 pandemic

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<sup>1</sup> Forecasting Future Outcomes, NSW Government

- **Access to allied health services** remains poor with long wait lists, lack of paediatric training and knowledge to meet the need, and long travel distances.

Our ECEC partners would like to see more flexibility for regional communities in recruiting ECEC workforce, allied health wrap around supports, higher wages, improved options and flexibility to enable providers to draw on local experience (including cultural expertise) and support for the growing administrative reporting burden.

This and our work with key stakeholders has informed RFW recommendations below.

### 1. Affordability of, and access to, quality ECEC services that meet the needs of families and children

Every Australian child has the right to access quality health, education and developmental services. Where we live should not be a barrier to accessing services nor a cause for disadvantage. Yet, children in rural and remote communities continue to face extreme difficulty in identifying and addressing early learning and development challenges. In fact, 3.7 million people living in the country have poor access to early learning, and 1 million have no access at all.<sup>2</sup>

The latest figures from the 2021 Australian Early Development Census (AEDC) show that the further you move from the city, the more likely you are to be doubly disadvantaged with vulnerability. In very remote areas this soars to nearly one in two children being vulnerable in one domain (46.2 per cent) compared to one in five (20.8 per cent) in major cities.

Aboriginal and Torres Strait Islander children have high levels of vulnerability – 42.3 per cent are vulnerable on one or more domain compared to 20.6 per cent for non-Aboriginal and Torres Strait Islander children.

As early experience shapes the architecture of the developing brain, they also lay the foundations of sound mental health. Disruptions to this developmental process can impair a child's capacities for learning and relating to others – with lifelong implications. By improving children's environments of relationships and experiences early in life, society can address many costly problems, including incarceration, homelessness, and the failure to complete high school.

We know that today, in regional and rural Australia 1 in 5 children have significant mental (emotional and behavioural) health problems and complexity is growing.

This disappointing trend is not surprising given the workforce shortages that have reached crisis point in many country communities, and the disaster level events that have inordinately impacted these same communities in recent years – chronic drought, bushfires, floods, mouse plague and COVID.

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<sup>2</sup> Mitchell Institute: "Deserts and Oases – how Accessible is childcare in Australia" 2022

However, the situation is not without hope. Increased access to and acceptance of telehealth during COVID is facilitating a level of access to services that could reduce or resolve the impact of a developmental challenge when combined with early identification. Early identification of developmental difficulties is more likely to occur in the ECEC setting where carers and educators understand the importance of setting kids up to thrive before they start school.

**RFW Recommendation: There should be a specific and urgent focus on providing sufficient childcare places in rural, remote and isolated areas.**

A shortage of childcare and preschool places is the number one issue in many rural and remote locations of Australia. Even for rural children who do have some access to early education, the number of hours available can be inadequate due to staffing pressures. The lack of childcare and preschool places has a wider workforce flow on effect for rural towns, making them less attractive for professionals such as teachers, doctors, nurses, allied health clinicians and police who might otherwise choose to live there.

More flexible ECEC options could be supported and funded to overcome the immediate lack of care available to rural and remote families. There are many forms of early years care operating in rural and remote towns that are fit for purpose such as mobile playgroups and in home care.

The need is urgent. Research shows that the Covid pandemic and natural disasters have exacerbated developmental and mental health challenges for country kids. For example, teachers and early educators on the ground in rural areas consistently report to our RFW teams that following COVID lockdowns there are greater numbers of children they worry about, and these children are increasingly younger and more complex in their needs.

The recent initiative announced by the Australian Government to provide up to \$18 million over 2 years to establish new early childhood education and care (ECEC) services is welcome. Funding is aimed at day care services in areas experiencing disadvantage in regional and remote areas of Australia, where similar services are limited or entirely lacking.

But more needs to be done. Most rural and remote towns have a school often with redundant land or classroom space. Collaboration with state and local government is required to overcome access barriers.

### Case study

Judy\* is the grandmother of 6 year-old Peter\*. This Aboriginal family, lives in Tamworth, north-west NSW. (\*names changed)

As told by Judy: "Peter is a young boy with a disability, autism. When he was 2 years old we tried everything to get him help – nothing was available and we ended up going private. There is a waitlist in Tamworth of between 6 to 18 months for services like OT and Speech. We are still struggling to get him help – he is now six years old and has just started school. He now has NDIS funding but accessing services is impossible. He is on a waitlist for COMPASS and I ring them every second day. There are lots of kids like Peter in the area that need help – the local indigenous childcare centre has a waitlist of three years."

Providing a high-quality early learning sector is also critical. Early learning needs to be high quality if it's going to have an impact. We know that up two years of high-quality early years education before starting school has a significant impact and is particularly positive for children from low-income families. We have good evidence about what is important for quality in early learning from international sources such as Evidence for Learning's Early Childhood Education Toolkit,<sup>3</sup> but that evidence needs to be put into practice across the system.

As 6 year-old Peter's case highlights there are often restricted or few allied health services or long wait lists to help children with complex developmental and/emotional/behavioural regulation/behavioural challenges.

Housing shortages in rural and remote areas also have a compounding effect on rural and remote workforce challenges; reports from pre-schools RFW supports point to early educators couch surfing or having to live away from home during the week in order to work. These conditions are commonly reported and not sustainable.

Some examples of these issues:

**Barraba** - a town of 1200 people NW of Tamworth, NSW - there is no childcare or long day care in the town and no before-or-after school care. It is a 45 mins drive to access long day care.

**Bundaberg** in QLD - there is a 12-month waitlist for the one paediatrician in town. There are similarly long wait lists for allied health services.

**Bourke** in western NSW - there are 50 children on the waitlist to access childcare.

## 2. Developmental and educational outcomes for Australian children, including preparation for school.

Evidence shows that children who attend high-quality early learning are better prepared to enter school and have better outcomes later in life. It is during the early years that children learn essential social-emotional, and cognitive skills. By the age of five, about 90 per cent of the size of a child's brain is developed. Children who are already falling behind in the first few years of their childhood face greater obstacles to catching up and succeeding at school and beyond. In order to support early educators to provide the highest quality care particularly for children who are developmentally vulnerable or at risk they need to:

- (a) have the skills and knowledge to identify when children need support and
- (b) the confidence and practical tools required to share their concern with parents/carers in a supportive and empowering manner and
- (c) have connections with allied health services to refer the child and their family for further assessment and support.
- (d) have the skills and knowledge to understand and respond to children with developmental challenges in an early education setting.'

At RFW, our work in up to 60 early learning settings - delivering over 1000 telehealth sessions into very remote towns - has shown significant growth in educator confidence to identify and support children with developmental vulnerabilities. Through this work 91% of children

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<sup>3</sup> <https://evidenceforlearning.org.au/education-evidence/early-childhood-education-toolkit>

supported exceeded, met or made some improvement, towards treatment goals. Our work is resetting developmental trajectories before children commence school because they are receiving the right supports at the right time.

This model is a viable solution to limited access to allied health services in rural and remote communities and has many proven benefits, such as:

- Children readily engage in this modality and regularly meet their goals
- Parents do not need to take time off work or travel hundreds of kilometres to access the service
- Early educators supporting individual children in this modality increase their own skills and capacity to support other children
- Weekly frequency fast tracks progress in this very crucial period of brain development

Conversely without early intervention, The Front Project Report in 2021 – *Supporting all children to thrive* found that by Grade 3 developmentally vulnerable children are a year behind their peers on NAPLAN (the national literacy and numeracy assessment that students undertake in Years 3, 5, 7 and 9). By Grade 5 they are on average two years behind their peers on NAPLAN. Evidence shows that these students are, in turn, less likely to finish school, and are more likely to experience unemployment and ill-health throughout their lives.

For the past ten years, our recently retired Healthy Kids Bus Stop program screened over 4,200 children aged between 3-5 years, conducted bus stop clinics in 120 rural and remote NSW communities and completed over 18,000 assessments. Over 80% of those children required a referral to a local service or our own paediatric allied health services. Of these children referred for further assessment, the highest need was for speech pathology, followed by occupational therapy.

This highlights the importance of screening and follow-up services. We need to see more allied health professionals connected to rural communities, either in-person or via telehealth.

From our experience delivering such services to pre-school aged children for nearly ten years, we have seen the positive impact this work can have, not only for the child, but also for educators, families and the whole community.

RFW welcomes the former NSW Government's Brighter Beginnings initiative that has promised development checks for all 4-5 year olds, prior to starting school, and also universal preschool for the same age group.

**RFW Recommendation: all 3-5 year olds should have equitable access to high quality early learning and developmental screening and pathways to care to address developmental vulnerabilities before starting school.**

A recent online event (Feb 2023) of around 180 early educators, families and service providers, hosted by Thriveby5 and Royal Far West, discussed challenges and opportunities for the sector's reform and found agreement around several priority outcomes. Agreement was based on the premise of delivering quality early learning services with quality staff, family engagement and a sustainable, flexible model of delivery.

The event can be seen [here](#).

At the event it was agreed that reform outcomes should include:

- Equal, fair and reasonable access to early learning services
- A focus on mental health and wellbeing for children in their early years of life
- Availability and accessibility for early intervention services for children living in rural and remote locations
- Compulsory screening for developmental vulnerabilities in early learning settings
- Development of a sustainable early learning workforce
- The goal that no child starts school with unidentified developmental vulnerabilities

There are clear inequities between children with developmental vulnerabilities living in rural and remote areas compared to similarly vulnerable children who live in major cities. Royal Far West estimates that there are currently around 190,000 children who need development support in Australia and the gap between city and country is widening.

Addressing and preventing poor mental health, developmental vulnerability, and lack of access to healthcare services for children aged 5 and under, living in rural and remote areas of Australia, is a health problem, but it's one that is best addressed in early years settings such as a preschool, and early learning centres, where children and families are easy to reach.

Many State Governments (NSW, VIC) have already announced plans to include developmental screening for all pre-school aged children. The Commonwealth Government should work with State Governments to ensure screening before starting school is compulsory, and co-fund 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. This should include a priority focus on small, isolated communities.

The Commonwealth should work with the States to ensure policies and structural reforms already announced deliver compulsory, early screening for development issues for all pre-school aged children, before starting school. It should also ensure families who struggle to access compulsory screening are supported and include pathways from screening to other services once needs are identified.

### 3. Economic growth, including through enabling workforce participation, particularly for women, and contributing to productivity.

According to the Regional Australia Institute, regional, rural and remote Australia (regional Australia) is home to over 9.5 million Australians, projected to increase to just under 10.5 million by 2032, based on the most recent combined State and Territory growth projections.

One major impediment to a healthy and prosperous regional Australia is the ability for your families to access high quality early learning.

Lack of child-care places and the restrictions of the activity test are severely impacting women's workforce participation rates in the bush. More broadly across the nation, findings

from a new report by Impact Economics and Policy released recently, show more than 264,000 women in households with children under the age of five are currently not participating in paid work due to caring responsibilities.

The report finds that reducing search costs for women with young children through abolishing the Child Care Subsidy activity test could increase the participation of mothers with children under 5 years of age by 36,830 and will grow the Australian economy by over \$4.5 billion dollars annually.

To unlock this extraordinary productivity potential in regional areas, ECEC staff shortages must be addressed in addition to the access issues already raised.

**RFW Recommendation: Incentivising rural/remote workforce and addressing issue of staff shortages – States and Territories should have consistent requirements for staffing qualifications and ratios.**

Attracting and retaining staff in rural and remote areas is difficult – early childhood educators command comparatively low salaries. Low pay exacerbates retention problems and many country towns have no casual pool of staff.

Pay, conditions, professional recognition and professional learning opportunities all influence the attraction and retention of early educators. Regional, remote and Aboriginal and Torres Strait Islander workforces are the worst affected<sup>4</sup> by these issues.

Providers report that the requirement for tertiary (degree) trained staff limits flexibility. And also the lack of access to appropriate allied health services to support children in their care contributes to the burnout of educators.

Early educators are not trained to deliver specialist supports for children requiring help with speech, behaviour and learning. The shortage of allied health clinicians, long waiting lists for services and long distances to travel to receive support make effective early intervention, diagnosis, and treatment even more difficult for country families who have children with developmental vulnerabilities.

Providers comment that attracting staff is becoming increasingly difficult. The latest employment data (Labour Market Insights) show vacancies in childcare occupations are at a record high. A 2021 survey<sup>5</sup> of almost 4,000 early childhood educators showed 37% do not intend to stay in the sector long-term. Of this group, 74% intend to leave within the next three years and 26% within the year.

Continued professional development needs to be funded for educators, including orientation to child development, training in partnering with Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, and the causes of and strategies for, remedying child dysregulation/behaviour. This would increase levels of workplace satisfaction and assist with reducing turnover.

The recent Federal Budget allocation of \$72.4 million funding over five years for professional development to support skills and training in the sector is a welcome initiative. The investment aims to enhance professional development and supports to attract and retain early childhood

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<sup>4</sup> Shaping Our Future – National Children's Education and Care Workforce Study – Sept 2021

<sup>5</sup> Big Steps – Value Our Future – The Crisis in Early Education – United Workers Union 2021

educators to the ECEC workforce and uplift capacity and qualifications. It will also be important to include wage parity and address other issues impacting workforce specific to rural and remote communities.

### Case study

Melissa, educator, child-care centre, Griffith – south west NSW

*“There is a lack of quality educators available in the country and the sector is underestimated for the value it provides, so attracting staff is challenging. For existing educators, burn-out is an issue as well as a lack of opportunities to upskill. We need professional development opportunities. We need support for families and carers with children with special needs – educators are not qualified to provide this support.”*

## 4. Outcomes for children and families experiencing vulnerability and/or disadvantage, First Nations children and families, and children and families experiencing disability.

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 10 local government areas in Australia as having the greatest risk of poor developmental outcomes in children. All were located in rural areas. The report also highlighted several specific issues concerning access to and provision of services.

These included:

- a) **Improve 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.
- b) **Increase 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 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
- c) **Improve 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.

- d) Psychologists, counsellors and psychiatrists. We now understand that mental health is impacted on by a number of other areas and it is not always appropriate to start with psychology. A broader approach to children's mental health is needed. We need to create a new paradigm that supports a broader, more multidisciplinary, developmental perspective that looks at mental health in the context of the whole child and their whole needs.

**In contrast to the high need for services, the supply of allied health services is low.**

### Speech Pathology

The map below shows the location of speech pathologists in Australia, with the overwhelming majority in or near major cities, and very few in country areas. Addressing this long-standing issue has been the focus of RFW's Telecare program.

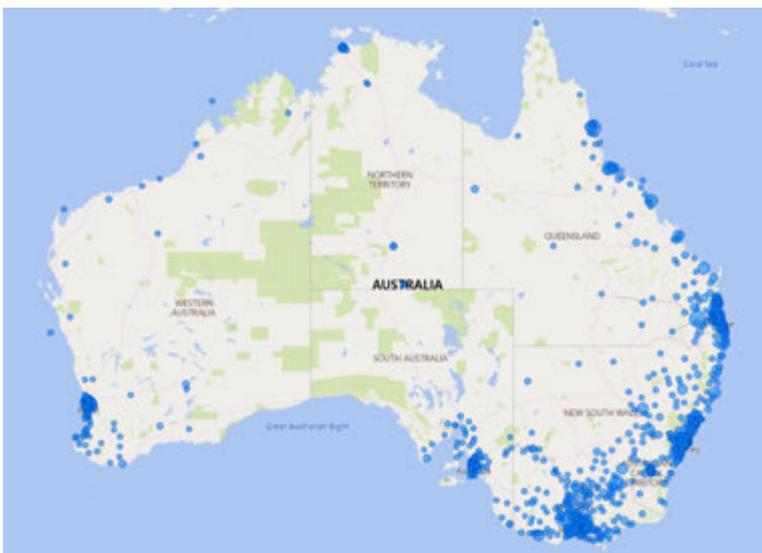
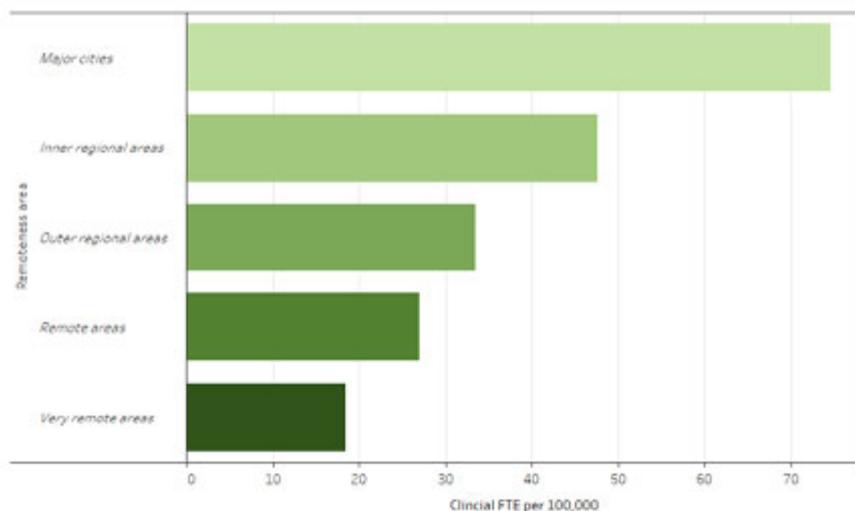


Figure 4: Location of speech pathologists by postcode: 2021  
Source: Speech Pathology Australia

### Psychology

According to the AIHW, access to psychologists in remote areas is less than one-quarter compared to major cities. Yet the importance of early intervention for better outcomes in mental health has been widely demonstrated in Australia and overseas. Fifty percent of mental illnesses/disorders occur for the first time before the age of 15, and anxiety disorders, the most common of all the mental health problems, often start in childhood. Moreover, they are more likely to continue or recur if not addressed early. Children who are helped to understand, reduce and manage their anxiety are better able to learn in school, socialise with their peers and are less likely to leave school early.

Developmental support in the early years that incorporates social-emotional and relational support positively impacts mental health in later life, including in childhood, where anxiety is the most common mental health disorder.



**Notes**

- Calculations are based on the FTE clinical rate and report health practitioners working in clinical practice using the Estimated Resident Population as at 2019.
  - FTE clinical rates are equal to the FTE number per 100,000 population, which is based on total weekly hours worked. For medical practitioners, the standard working week is 40 hours and for all other health practitioners it is 38 hours.
  - Remoteness area is derived from remoteness area of main job where available; otherwise, remoteness area of principal practice is used as a proxy.
  - Numbers represent not only those in the labour force, but those employed and working in their registered profession.
- Source: ABS 2019d; Department of Health 2020.  
<http://www.aihw.gov.au/>

Figure 5: Employed psychologists, clinical full-time equivalent rate, by remoteness  
Source: <https://www.aihw.gov.au/reports/australia-health/rural-and-remote-health>

The following 2019 workforce data highlights the geographic inequities in the distribution of primary health services in Australia. For example, there were around 9,000 occupational therapists in major cities compared to 3,000 across all other regions combined.

	Size					Total	Percentage Distribution					Total
	Major	Inner	Outer	Remote	V. Remote		Major	Inner	Outer	Remote	V. Remote	
<b>Allied Health</b>												
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%
<b>Medical</b>												
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%

Around 20% of the children seen by RFW clinicians are indigenous. Often issues are multi-generational and developmental challenges are often impacted by intergenerational trauma. Specific policies addressing the widening gap in outcomes and significant increasing need for indigenous children and their families should be included as part of the Productivity Commission Inquiry.

There should also be a strong commitment to co-design and engagement with First Nations leaders in the design and adaptation of programs and policies; as well as increased flexibility and longer term funding commitments for services. Training models should also support local people on country to work in developing services.

## 5. The efficiency and effectiveness of government investment in the sector.

Better research evidence and better use of this research evidence as well as improved access to and use of data about children and their needs and development progress can help:

- a. Early childhood education providers to make better decisions in their settings on where to focus and what programs to implement
- b. Early childhood funders to direct their spending and build the case for more funding of programs they support
- c. Governments (as the largest public funders of early childhood) to move their spending and support behind approaches with better outcomes, and
- d. Society and the economy to have more productive education systems and avoided personal and social costs of individuals not having a good start to education and therefore relying more upon welfare.

**RFW Recommendation: The following outcomes will help increase the effectiveness and efficiency of Government spending in the sector.**

### Short-term outcomes:

- Introduce flexibility around funding and staffing, and professional learning
- Less paperwork and red tape for early learning centres
- Simplified access to inclusion support - eg: allied health services
- Better wages for staff
- Simplify complex funding requirements for additional supports in early learning centres
- Abolish the activity test

The current activity test for the Child Care Subsidy limits access to subsidised childcare and is contributing to at least 126,000 children from the poorest households missing out on critical early childhood education and care. As a result, these children are more likely to start school behind their peers, with many never catching up.

According to Impact Economics Report (Aug 2022) "Activity Test – undermining child development and parental participation" a number of vulnerable family groups, when compared to families earning over \$200,000 per year, are more likely to be subject to the activity test that limits access to subsidised care. The report shows that single parent families are over three times more likely to be limited to one day of subsidised childcare per w/week; and Aboriginal and Torres Strait Islander families are over five times more likely to be limited to one day of subsidised child care per week.

### Medium-term outcomes:

- Recognise the value of telehealth and a hybrid model for service provision to early learning centres in rural and remote locations in a range of areas including professional

development and special needs support. Using a hybrid model helps workforce issues, cost structure and increases efficiency.

- Establish pathways for early learning centres to integrate support in the developmental domains of speech, language and mental health, so that educators and families are better able to recognise issues and seek support early.
- Increase and improve workforce and professional development as well as pay parity.

### Long-term outcomes:

- Through Early Learning Centres and by other means, promote awareness of and increase access to evidence-based parenting programs focusing on relational and emotional health (such as Tuning into Kids, Circle of Security), for parents in rural and remote areas. If parents understand what falls within the general range of behaviours and what requires intervention at each developmental stage, better outcomes will be achieved.
- Clearly define high-quality early learning - what does it mean and what should it include, nationally
- Needs to be whole of government approach - reduce silos with health and education working together
- Better integration and coordination between Commonwealth, States and Territories and local Government to deliver better outcomes
- Commit to clear targets and strengths so we are closing the gap on divide between city and country and between indigenous and non-indigenous children.

### What is working?

#### Wide Bay – example of wrap around early intervention model that is working

Royal Far West (RFW) has been commissioned by Central Queensland, Wide Bay, Sunshine Coast PHN since January 2017 to deliver a range of early intervention services to children in early education centres (kindergarten or early learning centres) who were considered developmentally and / or behaviourally vulnerable. The service fills a gap in allied health service provision in the area as well as professional development for educators and increased awareness for parents.

The objectives are to:

- design and implement a complementary and integrated sustainable Paediatric Early Intervention Allied Health service model delivered by Telecare.
- improve access to paediatric allied health services (via Telecare) for the Wide Bay and Central Queensland regions.
- improve health & wellbeing outcomes for children and families for the Wide Bay and Central Queensland regions.
- reduce waiting times and pressure on local services.
- upskill and provide support to local services (early educators), kindergartens, parents and other adult facilitators.

## About the program

Twenty-eight kindergartens are being actively supported during the period either through therapy, educator workshops or in-community visits. Screening of 3-5 years olds is also included. The model is delivered by a multidisciplinary team, is flexible, community co-designed and led by each kindergarten.

Of the 50 children who received services for the past six months: 70% were male, 30% female, 16% were identified by carer as Aboriginal, 1% were identified by carer as Torres Strait Islander.

- 1% were 2 years old, 10% were 3 years old, 47% were 4 years old, 38% were 5 years old, 5% were 6 years old.

During the July - December period 2022, Royal Far West provided speech, occupational therapy and psychology services both via telecare and face to face in the community.

Psychology was a new service addition, and a psychologist attended the in-community visits in November. During these visits, the psychologist consulted with staff members on several areas of support, including behaviours of concern and trauma in young children. The feedback was positive from the centres and a definite need for the service was identified. Psychology in the early childhood age bracket consists mainly of indirect work with the parent/carer or early educator staff and is done in conjunction with Occupational Therapists.

Capacity building for early educators, screening of 3-5 years olds and follow-up referrals were also included. Screening occurred during a face-to-face outreach visit and therapy was provided via telehealth - a hybrid model. During our November community outreach visits, we were able to provide several in-person education and mentoring sessions for educators, covering topics such as language/communication needs, identifying behaviours of concern (6 centres), emotion regulation (6 centres), young children & trauma (9 centres).

Capacity building for early childhood educators and parents/carers also occurs when they co-facilitate with the RFW clinician the child's therapy sessions and engage with the resources provided to ensure day-to-day reinforcement of therapy activities for children. In addition we have noted that some early educators have broadened the use of resources provided- and are utilising them in one-to-one or group activities with additional children.

Some centres have also utilised therapy sessions when children have been away or sick to work with the clinician to develop their strategies and skills.

## Outcomes

- Overall - 94% of children exceeded, met or made some improvement towards treatment goals
- 40% of children exceeded or greatly exceeded Global Assessment Scale (GAS) outcomes
- 83% of educators were very satisfied with the program as were 80% of parents
- 60% of parents said their child's progress was much better
- Over two thirds of educators said they strongly agree that the program fills a gap in early intervention and builds the capacity of early childhood teachers and early educators

## Summary

We all know that the early years are the most crucial time to establish the foundations that will influence the rest of our lives. Historically there has not been an equitable investment in these years in Australia compared to other developed nations. This is particularly true in regional Australia, a major contributor to this nation's wealth and prosperity. In fact, we have let country children fall behind their city peers for generations. Bridging the tyranny of distance and the unique problems that our country communities face is not an easy task. The Productivity Commission Inquiry is a great opportunity to address these issues.

We recommend research, focus and investment in the following:

1. Unlocking wisdom, potential and capacity that already exists in our resilient rural and remote communities across the nation.
2. Embracing technology and innovation to offer flexible solutions to long standing challenges.
3. Funding multidisciplinary teams which "lovingly wrap around parents," - especially our most vulnerable, who did not receive the right supports in their own early years and who are struggling to give their children the best chance in life - with access to trauma-informed supports, knowledge and skills.
4. Elevating the recognition, supports and pay for our early educators and reduce the barriers for them to work in rural and remote communities since they are pivotal in the outcomes of future generations of Australian children.
5. Most importantly reversing the growing divide between city and country children by ensuring every country child has access to the screening, early intervention and follow-up services they need to support their early development and enrich their lives.

Royal Far West is happy to provide more details and expand on this submission.

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