Submission No 52

IMPROVING ACCESS TO EARLY CHILDHOOD HEALTH AND DEVELOPMENT CHECKS

Organisation: NSW Nurses and Midwives' Association

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SUBMISSION BY THE
NSW NURSES AND MIDWIVES' ASSOCIATION

Inquiry Into Improving Access to Early Childhood Health and Development Checks

AUGUST 2024

NSW NURSES AND MIDWIVES' ASSOCIATION
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Introduction

1. The New South Wales Nurses and Midwives' Association (NSWNMA) is the industrial and professional body for nurses and midwives in New South Wales, representing over 79,000 members across the full spectrum of health care services in NSW, including public and private hospitals, midwifery, primary healthcare, corrective services, aged care, disability, and community health settings.

2. The NSWNMA strives to be innovative in our advocacy to promote a world class, well-funded, integrated health system by being a professional advocate for the health system and our members. We are committed to improving the quality of all health and aged care services, whilst protecting and advancing the interests of nurses and midwives and their professions.

3. We work with our members to improve their ability to deliver safe and best practice care, fulfil their professional goals and achieve a healthy work/life balance.

4. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

5. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

6. The NSWNMA thanks the Committee on Community Services for the opportunity to provide feedback on the NSW Inquiry into Improving Access to Early Childhood Health and Development Checks.

Overview

7. This submission intends to address the fundamental workforce issues that impact the needs of both Maternal, Child and Family Health (MCFH) workers and the families, including in rural and remote NSW. Specifically, it will focus on:

    - Gaps in outcomes for vulnerable children in rural and remote communities
    - Gaps in outcomes for vulnerable children in Aboriginal and Torres Strait Islander communities
    - Recruitment and retention of health professionals

8. Our membership encompasses nurses and midwives with ample experience in MCFH service provision, meaning they are optimally positioned on the frontline to identify inadequacies pertaining to access to early childhood health and development checks.

9. The occurrence of developmentally vulnerable children being omitted from the system due to a lack of service availability in rural and remote communities needs to cease. The NSWNMA is of the position that the best start to life must be actualised equally for all children.

10. The NSWNMA acknowledges the objective to ensure that all children get the best start to life, as it is essential in laying the foundations of good health and wellbeing in later years. The period from prenatal development to age three is associated with rapid cognitive language, social, emotional, and motor development[1]. Despite this, significant systemic shortfalls currently impede the reality of the best start to life for many NSW families.

11. Historical underfunding, insufficient service provision and uneven resource distribution have failed to sufficiently address the fundamental needs of the state's most vulnerable children. This is compounded by geographical location and an aging workforce.

12. The implementation of timely, holistic, and solution-focused interventions, accompanied by a workforce review, are required to improve access to early childhood assessment and checks necessary to secure the best start to life.

[1] Tierney, A; Nelson, C. (2009). "Brain development and the Role of Experience in the Early Years." *Zero to Three*, 30(2), 9-13.

Recommendations

13. All children must have safe and local access to MCFH service provisions, including those in rural and remote NSW communities.

14. All children should have timely and accessible paediatric and specialist follow-up, post referral.

15. Tailored, local and culturally safe MCFH service provisions, based on consultation and collaboration should be enabled to improve access to early childhood health and development checks in Aboriginal and Torres Strait Islander communities.

16. The employment of additional First Nation's nurses and midwives, as well as Aboriginal Health Workers (AHWs), must be supported to ensure Cultural Safety and engagement with MCHF services.

17. NSW wages must be competitive and reflect the vital contributions of MCFH nurses and midwives.

18. Urgent Investment to address the aging nursing and midwifery workforce is required.

19. Funding the employment of highly skilled and cost-effective nurse practitioners in rural and remote NSW must be an urgent consideration.

Addressing Gaps In Outcomes for Vulnerable Children In Rural and Remote Communities

20. The Australian Early Development Census (ADEC) National Report 2021 evidenced that language and cognitive skill developmental vulnerabilities in children increase concurrently with remoteness[2]. Moreover, these vulnerabilities are further exacerbated by the adversities already endured within the general local community, including a lower socioeconomic demographic. Combined, these risk factors place major stressors on the health and education systems, with the impacts felt throughout the community for generations.

21. Given these additional complexities, the time it takes to service these communities is substantial, however, they also lack the robust workforce that metropolitan areas often benefit from. Specifically, The NSWNMA has significant concerns regarding the current lack of MCFH nurses and midwives in rural and remote NSW communities, depriving many children of specialised early childhood health and development checks.

22. Because of the failure to incentivise the recruitment and retention of remote workers, our members tell us the very remote community of Bourke in Western NSW has been without a MCFH nurse and/or midwife for over eight months. Bourke is home to families with a significantly higher percentage of developmentally vulnerable children in comparison to the rest of the NSW, these residents have been compelled to attend their early childhood and development checks by travelling long distances, or forgoing assessment altogether.

Bourke community	Number of children	Percentage of children developmentally vulnerable (%)						
		Physical health and wellbeing	Social competence	Emotional maturity	Language and cognitive skills (school-based)	Communication skills and general knowledge	Vulnerable on **one** or more domains of the AEDC	Vulnerable on **two** or more domains of the AEDC
Australia	305,015	9.8	9.6	8.5	7.3	8.4	22	11.4
New South Wales	95,744	9.4	9.4	7.3	6.2	8.4	21.2	10.5
Bourke community	55	40	30	24	32	30	60	40

Source: ADEC, 2021.

23. This service gap has culminated in a Whooping Cough outbreak in Bourke in June 2024, predominantly due to delayed, or missed scheduled immunisations, and has additionally contributed to a lack of early identification and implementation of strategies to support other significant childhood health conditions, including significant speech, developmental, and global delays. Moreover, these vulnerable families are forced to forgo their Centrelink payments whilst unvaccinated, exacerbating their circumstances.

> *"The government cannot continue to standby whilst children with social and emotional delays are denied this crucial service to improve holistic healthcare outcomes. These communities are in crisis, which is putting unnecessary stress on isolated, vulnerable families who are trying to advocate for their child and feel helpless within a broken system."- NSWNMA MCFH Member*

[2] Australian Early Development Census. (2021). *2021 ADEC National Report*. https://www.aedc.gov.au/resources/detail/2021-aedc-national-report

24. The Association considers access to MCFH services during the key developmental phases of infancy and childhood as crucial, as these services are ideally placed and specifically skilled to address health inequities and improve outcomes for families and communities. The scope of practice of MCFH nurses and midwives facilitates referral processes to General Practitioners (GP's) and subsequent paediatric or specialist services, however timely and accessible follow-up is also essential. We assert that rural and remote communities deserve access to health services commensurate to those in urban areas. Place of residence, nor remoteness should hinder healthcare accessibility and outcomes.

25. Investment at the beginning of life will consequently reduce poor health outcomes later in life and is therefore not only beneficial relative to health outcomes, but also fiscally.

"If we do absolutely nothing in this space, we will have poorer health outcomes, poorer educational outcomes, poorer job opportunities and a financial deficit for the region. Shame on us, this will be felt for generations to come. Every child deserves the right to healthcare, no matter where they live."- NSWNMA MCFH Member

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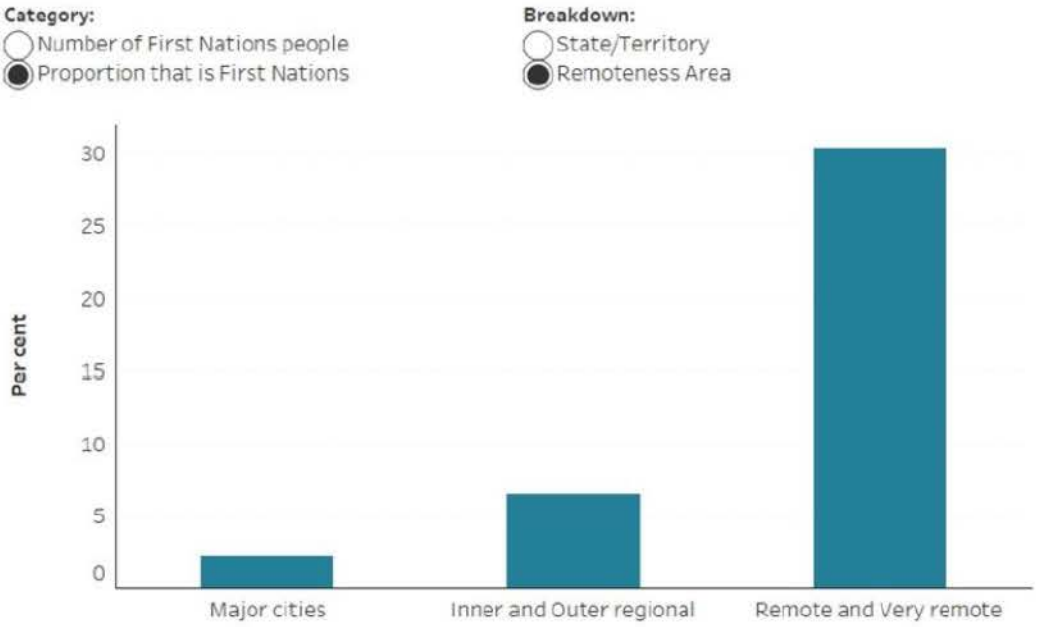
26. Current referral processes in the remote NSW communities of Bourke, Warren, Trangie and Nyngan are being disrupted due to lacking paediatric and specialist supports. Within those communities are children who, for example, are non-verbal and experiencing severe pica (consuming substances with no nutritional value such as soil or rubber). An inability to refer to appropriate specialists means that GPs are instead left with no alternative but to refer these children back to MCFH nurses and midwives to try and manage their ongoing care. The MCFH nurses and midwives are then left to try and find alternatives where service gaps exist. Often the only option is to distant locations, and at cost, which are prohibitive for the families.

27. Our members have cited the use of not-for-profit services to plug service gaps for highly vulnerable children. An urgent review of service gaps is required to ensure that regardless of location, all children receive adequate care and support. With adequate funding, paediatrics and other specialties can be brought into these local communities, to provide ongoing input for these often-desperate families. Unnecessary omission of publicly run services which ultimately delay or prevent vulnerable children from accessing the care they require needs to be addressed as a matter of urgency.

Addressing Gaps In Outcomes for Vulnerable Children In Aboriginal Communities

28. Language and cognitive skill developmental vulnerabilities in children are also exacerbated by the ongoing impacts of intergenerational trauma in First Nations populations.

29. Approximately 6.0% of First Nations people live in remote areas, whilst 9.4% live very remotely[3]. Moreover, the proportion of the total population who identify as being Aboriginal and/or Torres Strait Islander increases with remoteness. The NSWNMA acknowledges the profound connection to land and Country in First Nations culture. This connection not only shapes identity but also encompasses responsibilities, spirituality, social kinship, and emotional well-being. Due to this, reliance on local GP's practicing westernised medicine, travelling to nearby towns or implementing telehealth services for early childhood health and development assessments is not always conducive with Cultural Safety in rural and remote communities.



Note: Data are ABS 2021 Census-based estimated resident population.
Source: ABS 2022b.
https://www.aihw.gov.au/

30. Culturally safe healthcare is imperative in improving access and addressing the gaps in health outcomes for First Nations children and families in rural and remote NSW communities. MCFH nurses and midwives are well placed to work collaboratively with AHWs, to foster trustworthy, and compassionate professional relationships with the states most vulnerable families.

> *"I worked side by side with the most amazing AHW who also identified the massive gap in the children's development."- NSWNMA MCFH Member*

[3] Australian Institute of Health and Welfare. (2024). *Aboriginal and Torres Strait Islander Health Performance Framework-Summary Report*. https://www.indigenoushpf.gov.au/Report-overview/Overview/Summary-Report

31. Upon the identification of significant MCFH service disengagement in Warren in Western NSW, the Bellies and New Life program was established through collaboration with Warraan Widji Arts, a local Wayilwan language and cultural community group. Funded by the NSW Department of Aboriginal Affairs, Bellies and New Life utilises cultural dance, language, and music to encourage First Nation's pregnant women to paint belly castings and yarn with Elders, whilst simultaneously being linked into MCFH services with the support of an AHW. The program highlights the importance of MCFH services working in partnership with AHW to address service gaps. Moreover, it has successfully established trust to facilitate vaccinations and early childhood health and development checks in families who are not only vulnerable, but previously disengaged.

32. The NSWNMA supports Aboriginal and Torres Strait Islander community control in health as a means of reducing health inequalities. To adequately identify and address the unique needs of vulnerable First Nations children, consultation and collaboration with each local community is fundamental. There is "no one-size fits all" solution, rather, the tailored implementation of appropriate and localised services without a need to travel off-Country is paramount for early intervention.

33. As previously highlighted, First Nation's families are often less likely to engage with mainstream healthcare. The NSWNMA acknowledges the preference of Indigenous Australians to receive care from Indigenous health professionals due to enhanced Cultural Safety. Presently, there is a stark underrepresentation of First Nations nurses and midwives within the workforce, comprising only 1.3% nationally[4]. This lack of representation poses barriers to service access and results in a significant deficit in culturally appropriate care, exacerbating health disparities. The Association emphasises the importance of addressing this underrepresentation, as the benefits are two-fold:

    - Improved engagement with vulnerable children and families in Aboriginal communities in NSW, due to enhanced cultural awareness and safety.
    - Employing more First Nation's nurses and midwives, in addition to AHWs, will assist in addressing current workforce shortages, rebuilding a more sustainable healthcare workforce.

[4] AHPRA. (2020). *Nurses: A snapshot as at 30 June 2020*. https://www.ahpra.gov.au/About-Ahpra/What-We-Do/Data-access-and-research/Health-profession-demographic-snapshot-reports.aspx

Recruitment and Retention of Health Professionals

34. The NSWNMA recognises the urgent need to grow and retain the current nursing and midwifery workforce. NSW is lagging well behind other Australian states and territories, particularly regarding pay. Our MCFH membership works tirelessly to promote health and prevent disease in children and families and wages must reflect their vital contributions. In rural and remote NSW communities, MCFH nurses and midwives inform The NSWNMA that they have been travelling long distances between towns to address service gaps and assess vulnerable children and families. They are exhausted. This Inquiry must contemplate the introduction of competitive wages to attract and retain nurses and midwives working in MCFH, to promote the best start to life for all NSW children, equally.

"Over the course of my nursing career I have had an increase in pay that equates to $1 per year over 40 years...If any government wants to get serious about improving outcomes, then renumerate nurses accordingly."- NSWNMA MCFH Member

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35. The NSWNMA additionally emphasises the strong correlation between high workloads and job dissatisfaction. There is concern that MCFH nurses and midwives are being overwhelmed with excessive paperwork and administrative tasks, compromising valuable time spent with families. This impedes workforce productivity and contributes to assessment wait times.

"Lack of ANY administration help is added to the clinician's time when they could otherwise concentrate on a quality service. Not that you don't give each family quality time."- NSWNMA MCFH Member

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36. Of our members who work in MCFH, the average age is 51 years, with around one third aged over 60 years. It is likely given the high workloads and under-resourcing that there will be an exodus from the workforce of highly skilled MCFH nurses and midwives in the next five to ten years, with little or no contingency planning. This will exacerbate poor health outcomes for children, which will extend into adulthood and beyond. Urgent investment in the workforce now will negate these negative consequences and must be a priority recommendation for this Inquiry

37. Nurse practitioners remain grossly underutilised in MCFH, despite maintaining competence in improving access to service provisions in many rural and remote NSW communities. Nurse practitioners often develop strong relationships within the community, leading to culturally sensitive and tailored care. Moreover, they are ideally positioned to fill service gaps by providing specialised primary healthcare services and subsequently contribute to local economies. Nurse practitioner roles also permit the workforce to work to their full scope of practice, generating motivation and positively effecting attraction and retention rates. The funded employment of more nurse practitioners in rural and remote NSW must be an urgent consideration of this Inquiry.

Conclusion

38. This submission highlights the significant systemic shortfalls impacting MCFH. Such shortfalls are concurrently endured by families and workers in rural and remote NSW communities and need to be addressed as a matter of urgency. No child should fall through service gaps due to geographical location, nor workforce insufficiencies. The NSWNMA hopes that this submission will provide guidance for this Inquiry and that the best start to life is actualised equally for all children.