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# South Australian regional Local Health Network submission to the Australian Government Early Years Strategy (April 2023)

The Rural Support Service welcomes this opportunity to provide a submission on behalf of the 6 regional Local Health Networks (rLHNs) in South Australia to inform the development of the Australian Government Early Years Strategy. From the perspective of providers of healthcare within rural and remote areas of South Australia, we bring a unique perspective within our submission.

## A) Proposed structure of the Early Years Strategy

*Do you have any comments on the proposed structure of the Strategy?*

Nil comments, the structure of the strategy is quite sound.

## B) Vision

*What vision should our nation have for Australia's youngest children?*

That all children, from the time of conception and regardless of where they live, are raised in nurturing, secure and safe relationships, and environments, where they can reach their full potential. That children and their communities can embrace and celebrate their diversity and culture.

## C) Outcomes

*What mix of outcomes are the most important to include in the strategy?*

The outcomes below are considered important from the rural and remote perspective to include in the strategy:

- That fewer children have a touch point with child protection services, ie less children require child protection services
- Children in regional and remote areas achieve the same/similar health and developmental outcomes as their metropolitan counterparts ie. Are developmentally on track at school entry (based on AEDC data).
- That pregnant women in rural and regional areas are able to birth close to home: ie have improved and sustainable access perinatal care and early parenting support including early management of medical complications, perinatal and infant mental health support.
- Greater collaboration between all agencies so there are fewer service gaps for young children in regional areas

## D) Policy priorities

*What specific areas/policy priorities should be included in the strategy and why?*

**Priority 1. Rural and Remote** children and families are a policy priority and investment to improve the known vulnerabilities for these children and families:

- Children living in rural and remote areas of Australia have poorer health and developmental outcomes that has a lasting influence across the lifespan.

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- The growing gap in health and developmental inequities are in the rural and remote communities where often families with young children move to cities to access services, stable work, and stable accommodation. The majority of policy directions and associated funding is focussed on meeting the needs of children and families in large cities or conversely, very remote communities.
- In South Australia, the 2021 AEDC data highlighted that children living in regional and remote areas are more likely to be developmentally vulnerable than children living in the metropolitan area of Adelaide. The 2021 AEDC data also indicates that children living in inner regional communities in South Australia are increasingly developmentally vulnerable on one or more domains over time ie 20% vulnerable in 2009 increasing to 25% in 2021.<sup>1</sup>
- Co-design of services is particularly important for rural, remote, and Aboriginal communities. The community themselves know their needs and what is likely to work within their community. Building on the Connected Beginnings program and targeted to regional and remote areas – tailor made and designed based on what the community want and need.

### **Priority 2. Cross government policies and targets are linked** and prioritise children and families, reducing service duplication and silos of care:

- Agreeing bipartisan and cross government strategies to support and fund long-term Early Childhood initiatives. The short election term of governments is rarely long-term future focused and is not conducive to long term investment in Australia's children and families – our next generation(s).
- A key area of continued focus on the Closing the Gap strategy to decrease the vulnerability for Aboriginal children including long term funding of services provided by both Aboriginal led and mainstream Government organisations in recognition that Aboriginal children and families want choice; will have contact with both service sectors over their life course and respond best to relationship based care.
- Improved Information sharing across jurisdictions and state boundaries – there is a known risk, particularly within the child protection system, for children and families who move between states and jurisdictions to fall through the gaps.

### *What could the Commonwealth do to improve outcomes for children – particularly those who are born or raised in more vulnerable and/or disadvantaged circumstances?*

- Whole of government approach and strategies to address the social determinants of health for young parents/caregivers:
  - Identify incentive programs for rural and remote communities with high vulnerability for families to address market failure of services eg. upskilling of local people, infrastructure for remote working and telehealth access.
  - Priority of access to affordable, long-term housing and associated supports for pregnant women and families/caregivers of young children
  - Employment opportunities and security for young parents
  - Transport access in rural and remote communities to facilitate access to health and social supports
  - Affordable food security
  - Link with other strategies in progress to address Allied Health, Obstetric and general medical workforce shortages, recruitment, and retention in regional communities

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<sup>1</sup> AEDC Snapshot #2 – Demographics and key equity groups in South Australia, 2021.

<https://www.education.sa.gov.au/docs/early-years/aedc/snapshot-2-demographics-and-key-equity-groups-in-sa.pdf>  
Accessed 14/4/2023.

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- Investment in universal and targeted parent support and education:
  - Increased accessibility and equity for primary health care and universal interventions for pregnant women, children, and families, including affordable health care and medications.
  - Inclusive of programs that address practical skill development for daily routines and care of children i.e. healthy and affordable meal preparation, general housekeeping and maintenance/repair skills, budgeting and first aid in addition to supporting children's development.
  - A focus on Aboriginal led, culturally safe, co-designed universal parenting programs that include keeping children and parents strong and connected to culture.
  - Need to be equitable and accessible, regardless of where parents live, with a focus on building parent capacity and support networks to build strong families and communities.
  - Early intervention system/service navigators or similar roles to support families, where children require additional support, for timely access and engagement to both universal and targeted services. Navigators are required at a range of levels and therefore different roles are required with a particular focus on very young parents and vulnerable/at risk children.
  - Sustainable perinatal and infant mental health services in regional areas.
- Strong cross government investment strategy and funding for rural and remote children and families:
  - Service models are often developed in metropolitan centres or by central bodies that are then not fit for purpose nor fully costed for rural and remote communities.
  - The risk of fragmentation and duplication of focus and funding for services remains as does the risk of market failure and discontinuation of services that are established through grant funding in rural and remote communities.
  - Recommend a review of funding streams and funding models to build sustainability and accountability eg. provide a funding stream for longer term funding of services once they have demonstrated achievement of outcomes through shorter term grant funding. For other Commonwealth funding sources, such as Activity Based Funding models within health systems, are largely based on hospital/centre-based services, not community delivered services. Funding does not adequately cover the additional burden on regional based services (and families) for travel, associated costs in coordinating specialist care or work undertaken in engaging and coordination of care for vulnerable populations in highly disadvantaged areas. There are further additional burden and costs for Aboriginal children and families, many of whom have significant social complexities, to receive high quality culturally responsive and informed care.

Flexible service and funding agreements eg the ability for funding to be provided for a regional area to easily negotiate delivery of services between government and non-government agencies in the best interests of the child, particularly in regional areas facing workforce recruitment and timely supervision/workforce support challenges

*What areas do you think the Commonwealth could focus on to improve coordination and collaboration in developing policies for children and families?*

- **Regional representation:** people who work and/or live-in regional locations (lived experience) and are able to directly access/facilitate the voice of the regional workforce and support the child and parent voice.
- **Regional Aboriginal representation:** Aboriginal people work and/or live-in regional locations (lived experience) and are able to directly access/facilitate the voice of regional Aboriginal workforce, child, parent, and Community
- **Focus on strong engagement with parents of children and young people:** ensure parents of young children have a voice within policy development. Parents are often still young themselves, busy managing the

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daily demands of parenting and lack the life experience and confidence to advocate comparative to those in the Aged Care sector who have multiple voices speaking up on their behalf.

### E) Policy priorities

*What principles should be included in the Strategy?*

- **Children live in communities:** Taking a holistic view of the early years – inclusive of the social determinants of health and wellbeing eg. housing, safety, access to medical care, active parental support
- **Services for rural and remote communities are designed with them:** strategies addressing children and families in rural and remote areas are designed by those who live and work in regional areas with consideration to local needs, rather than retrofit service models designed for metropolitan areas in rural areas.
- **Inclusive voices:** voices that represent the needs of community i.e. rural and remote communities; Aboriginal and Torres Strait Islanders; culturally and linguistically diverse communities; families with lived experiences of neurodiversity, disability and developmental needs; foster and kinship carers to name a few.
- **Early Intervention:** An emphasis on early identification and intervention that is child and family centred with a focus on strategies that are proactive rather than reactive in supporting and addressing the needs of children and families over time.
- **Informed by innovation and evidence:** Strategies that are innovative with an evidence base (where available) or innovations are designed to inform future evidence.
- **Funding models and streams for regional Australia:** development of funding models and streams specifically for rural and remote services both Government and non-Government that adequately account for the additional burden of geographical distance in providing services close to home, accounting for additional coordination of care and travel challenges.

### F) Evidence-based approach

*Are there gaps in existing frameworks or other research or evidence that need to be considered for the development of the Strategy?*

There is significant frameworks, research, and evidence available about what is required for healthy pregnancies to deliver healthy babies and once children enter formal education services, but the significant gap is in frameworks, research and evidence about parents/caregivers remaining connected to services and supported from 6 weeks post birth to school entry. Babies born healthy are often unable to maintain this healthy and positive trajectory during the years prior to school entry.

#### For more information

