



Pilbara Aboriginal Health Alliance –

Submission to Select Committee into Child  
Development Services

November 2022

## Pilbara Aboriginal Health Alliance Submission for the inquiry into Child Development Services

In early 2022, Shadow Minister for Early Childhood Learning Donna Faragher called for an inquiry in response to the significant and increasing wait times children are facing to access critical services through the Department of Health. As stated by Faragher, “figures show there are currently over 17,300 children in the Perth metropolitan area alone waiting to access government child development services. The median wait time to see a paediatrician has blown out to 15 months in the public sector.”

The original petition, penned by President of the Community Kindergartens Association, Joanne Matthewson stressed that, “parents are travelling interstate for diagnosis and prescriptions out of pure desperation for a better life for their children.”

In September 2022, the Select Committee into Child Development Services began the inquiry into child development services to not only examine what services were available, but importantly also look at opportunities for improvement.

In the announcing of the inquiry, the current condition of child development services was highlighted, with reports that of the 5,944 children on a paediatrician waiting list State-wide, approximately 1,025 children were linked through the WA Country Health Service (WACHS).

With increasing rates and severity of mental health and issues relating to child development, the major concern is that children are not receiving the evidence based early intervention they require to reach their potential.

WA Education Minister Sue Ellery attributed some of the deterioration of child development services to general workforce issues. Ellery stated, “It is not about whether people go public or private, there are not enough professionals delivering services.” There has been an estimated increase in referrals into child development services by over 41% in the last 5 years. Compounding this issue, there are currently not enough people in the pipeline at universities and training facilities to produce the number of professionals that need to meet the demand for the services.

Research shows that the more time and resources directed towards children, particularly in their early formative years, the better their outcomes.

Stakeholders across the State were invited by the Select Committee to provide feedback through submissions focussing on the following Terms of Reference:

- a) The role of child development services on a child’s overall development, health and wellbeing;
- b) The delivery of child development services in both metropolitan and regional Western Australia (WA), including paediatric and allied health services;
- c) The role of specialist medical colleges, universities and other training bodies in establishing sufficient workforce pathways;
- d) Opportunities to increase engagement in the primary care sector including improved collaboration across government and non-government child development services including Aboriginal Community Controlled Organisations; and
- e) Other government child development service models and programs operating outside of Western Australia and the applicability of those programs to the State.

The Pilbara Aboriginal Health Alliance and its member organisations are extremely supportive of the inquiry into the availability and access to child development services for Western Australian children, with particular focus on the Pilbara region. This submission will focus on b) and d) from the Terms of Reference.

The Pilbara region covers approximately 506,000 square kilometres (including offshore islands) and is WA's second most northern region. The region incorporates two health districts – West Pilbara and East Pilbara, with the vast proportion of the population residing in the west. The main population centres of the region are Port Hedland, Karratha and Newman.

Hedland Health Campus is the WACHS regional hospital, with a district hospital located in Karratha (Karratha Health Campus), and Newman and a number of smaller hospitals (Roebourne, Onslow, Tom Price and Paraburdoo) and health centres located across the Pilbara.

Within the Pilbara there are three Aboriginal Community Controlled Health Organisations (ACCHOs) providing culturally appropriate health services to Aboriginal communities across the region:

- Wirraka Maya Health Service Aboriginal Corporation (WMHSAC) is located in South Hedland and provides services to the communities in Port Hedland, South Hedland and surrounding areas including Warralong. WMHSAC is designed to ensure that clients journey through the health system meeting their medical, health, social and cultural needs.
- Mawarnkarra Health Service (Mawarnkarra) provides families in Roebourne and Karratha and surrounding communities with access to primary health care and a number of visiting specialist and allied health services. Mawarnkarra also provides health focused education and community events to these communities.
- Puntukurnu Aboriginal Medical Service (PAMS) is located in Newman in the East Pilbara and delivers services to Newman and the Western Desert communities of Jigalong, Parnngurr, Punmu, and Kunawarritji. PAMS provides comprehensive health services supported by visiting clinicians and allied health practitioners to the Martu and Nyiyaparli people.

In June 2019, the three ACCHO CEOs and their Directors came together with the goal of forming a representative body for Aboriginal health services in the Pilbara. The Pilbara Aboriginal Health Alliance (PAHA) was formed as a partnership between the three ACCHOs, with the main aim to improve the health outcomes for Aboriginal and Torres Strait Islander people, families and communities in the Pilbara region.

Through PAHA and the member ACCHOs, it was agreed that a joint submission would be made through which feedback was consolidated from ACCHO staff involved in child development services, and a number of local and outreach service providers to the Pilbara region. The following two focus areas for the submission provide an insight into child development services available and how they are delivered in the remote communities across the Pilbara, and recommendations on how to improve stakeholder collaboration and engagement to enhance service impact.

### **Focus area 1: The delivery of child development services in both metropolitan and regional Western Australia (WA), including paediatric and allied health services**

Across regional WA, a network of service providers including WACHS, ACCHOs, private practices, and non-government agencies provide valuable health services to people living and working across the vast State. As discussed above, the Pilbara region is serviced through a number of hospitals operated by WACHS, through provision of services from the three ACCHOs, and through multiple GP and allied health practices.

Specialist services and allied health services, including paediatrics and those relating to child development services, are provided by either resident health professionals or through visiting or outreach services (where the health professional's primary practice is different to where the service is being delivered). In recent times, services have also been provided via telehealth from both within the State and outside WA.

For the Pilbara region, access to child development services is primarily provided by WACHS, with outreach to ACCHO clinics. Across the three ACCHOs and the communities they service, there is variation in health service type and frequency, for example Mawankarra has access to a weekly WACHS paediatric service but the Western Desert communities have had difficulty accessing any paediatric services since the COVID-19 pandemic began. PAMS has a dedicated occupational therapist, grant funded to provide a specific health education program (Jiji Program) across the PAMS operated clinics, with the other two ACCHOs receiving limited and infrequent allied health services through WACHS. This variation across ACCHOs can also be impacted by availability of workforce and their ability to attract and retain health professionals.

Within the Pilbara region, a number of non-government service providers also provide child development services. Patches Paediatrics and Connect Paediatrics provide a range of therapy services across the region.

This ever changing health service landscape, both within WACHS and ACCHOs, impacts the services that are available to the community at any given point in time, making it difficult to accurately map services or identify service gaps.

Delivery of health services across the Pilbara are heavily impacted by many external factors, with feedback consolidated and summarised below which highlights the difficulty in rural service provision:

- Funding availability and continuity (both WACHS and outreach) was identified as a major barrier to accessing child development services in the Pilbara region. Access to diagnostic assessments were funded through outreach programs in previous years, and more recently, this funding has been redirected to other regions.
- Constantly changing health professionals, both resident and outreach, has had an impact on community engagement with services. Local ACCHOs have advised that for some services, they are unaware of who is attending clinics until the visit is occurring, making it difficult to appropriately plan and triage clients.
- The changing workforce, including the reliance on locum GPs, has also impacted adequate referrals into child development services.
- COVID-19 has had many impacts on access and delivery of services, including but not limited to:
  - Decreased or ceased services due to travel restrictions and ability to travel to remote communities
  - Lack of flight availability or constantly changing flight schedules

- Increase in charter costs, which impacts the Western Desert communities that are only accessible via 4WD or charter planes
  - Community hesitancy to attend clinics
- The Pilbara region also experiences extreme weather conditions throughout the year, impacting travel and viability of services, as well as impacting the movement of community members.
  - Lack of access to affordable short term accommodation and housing for health professionals impacts their ability to stay in the region.
  - Knowledge and awareness of visiting schedules heavily impacts the host facilities ability to appropriately plan and triage clients to maximise services. Lack of notification before visits can mean that multiple health services visit on the same day, community events may be taking place, or there is less capacity for the host facility to assist on the day due to staff availability.

Through consultation with the Pilbara ACCHOs, a number of barriers specific to accessing child development services were also discussed. Generally, there was an identified lack of diagnostic services for children over 7 years of age. Prior to 7 years, children do not require a formal assessment to access the National Disability Insurance Scheme (NDIS). Various requirements must be met prior to approval for the NDIS, and the lack of available services for these assessments was highlighted by all three ACCHOs, with a large number of children who could be eligible not enrolled. Access and availability of early intervention services was highlighted as a need across the Pilbara region.

It has also been reported that there is a substantial financial cost barrier for accessing some assessment services locally. Anecdotally, families have moved to Perth or interstate to access the services they require as there is no availability within the region for their children to be diagnosed or to appropriately and adequately manage the services they require.

Once on the NDIS, barriers were then experienced for rural patients in the Pilbara. For example, funding does not adequately cover travel to and from appointments, which doesn't take into account the vast distances between where rural patients live and where the closest service is, or the transient nature of the Aboriginal communities. ACCHOs and service providers have implemented various strategies to mitigate issues associated with the lack of access to child development services.

Feedback received during regional consultations aligns with the precursors identified for pursuing the inquiry into child development services, namely the long wait times to accessing government services, workforce issues and service gaps, compounded further by the barriers in providing services in regional WA.

## **Focus area 2: Opportunities to increase engagement in the primary care sector including improved collaboration across government and non-government child development services including Aboriginal Community Controlled Organisations**

Regional Aboriginal Health Planning Forums (RAHPF) are operational in each WACHS region and are responsible for facilitating discussion and communication between stakeholders to ensure that the health needs of the Aboriginal people in the region are met (WACHS Aboriginal Health Strategy 2019-24).

The Pilbara Aboriginal Health Planning Forum (PAHPF) is the lead representative body for Aboriginal health services in the Pilbara and is a unique body enabling information sharing and knowledge building, cooperation and shared commitment, and scope for joint planning, collaborative solutions and coordinated implementation strategies.

The PAHPF is a platform currently in existence that aims to increase collaboration and engagement between government and non-government stakeholders, but further expands this to include service agencies, experts, corporate business leaders, and academic, training and research institutions. Whilst this Forum is not solely focussed on child development services, the Child and Maternal subcommittee exists, which is an interagency collaboration and could be called upon to progress the actions and activities required to progress child development services in the region. Whilst this subcommittee currently exists and could be leveraged upon, due to many compounding factors, it has not met for some time.

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Other current collaborative and inter-agency approaches in the Pilbara region are individually driven, opportunistic, and ad hoc between service providers. This one to one approach results in decreased efficiency, where meetings occur between two organisations only, and not a wider group of stakeholders meeting for a common purpose. Whilst this approach is not the most efficient, ACCHO feedback received highlights the benefits of regular meetings with WACHS and other local health service providers, in building trust and sharing knowledge and information across organisations.

Building a framework between service organisations is recommended as standard practice. Some organisations within the Pilbara have signed Memorandums of Understanding (MOUs) which outline how the two organisations engage and collaborate together, though this is not a requirement between all service providers.

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It has also been identified that building relationships with organisations outside of health will have a positive benefit for child development services. Developing and building strong communication and collaboration between health, education, police, and child protective services is recommended.

Currently there is no one accurate source of information, either public or private, identifying services and their availability, visiting schedules, visit frequency, referral pathways and service requirements, with organisations developing and distributing their own information which can confuse service providers and community members. Without this one source of accurate information, there is a large burden placed on consumers to navigate through the complex health system to find appropriate and suitable services. This would particularly impact not only the transient communities, but the young families that move to the Pilbara and currently access information from multiple resources and platforms. Health service providers would benefit through this platform and use it as a tool for service planning, and ensuring services are complimentary and not duplicates.

Through consultation with ACCHO and service providers, the need for community engagement officers was identified as a way to not only assist in building relationships between community members and service providers, but between multiple service provider organisations. This role would work across organisations to ensure relationships between local and visiting health professionals, and would be a familiar face for community members,

particularly in remote locations which receive outreach visits less frequently than the major regional hubs.

Through this submission, PAHA aim to provide insight into how services are delivered across the region and the barriers they face in providing timely access for Aboriginal communities across the region. A range of local service providers were consulted to develop this submission.

PAHA would like to highlight the following areas as key recommendations:

1. Recognition and prioritisation of ongoing and increased funding to support child development services across the Pilbara region. The reliance on multiple funding sources, compounded with workforce difficulties and lack of timely access and service availability negatively impacts children and families who are experiencing lengthy wait times for limited diagnostic assessments and follow up treatment.
2. Supporting the development and progress of a specific vehicle for enabling interagency collaboration and engagement. This structure will support information sharing across services which complement and not compete with each other.
3. Development of an accurate service map to better understand what services are available to the community in real time. This information would capture a range of valuable information, including where services are available, where there are workforce gaps which impact services, and where new services are needed.
4. Support for the community engagement role, whose primary focus will be engaging children and families with appropriate services.
5. Support for innovative approaches to attract and retain health professionals into the region to provide sustainability and longevity of child development services.

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