

Gold Coast Primary Health Network
NEEDS ASSESSMENTS 2020

PERINATAL AND EARLY CHILDHOOD



phn
GOLD COAST

An Australian Government Initiative

PERINATAL AND EARLY CHILDHOOD

Local health needs and service issues

- Gold Coast below the Queensland rate for children developmentally vulnerable across the five domains in the Australian Early Development Census 2018, however Ormeau-Oxenford and Gold Coast-North were above the Gold Coast rate.
- Gold Coast dental hospitalisations for children aged 0-9 years was above the Queensland rate in 2016-17.
- Younger Mothers (aged under 20) have higher rates of smoking while pregnant, low birthweight babies and are less likely to breastfeed compared to mothers aged 20 years old and over on the Gold Coast.
- Aboriginal and Torres Strait Islander women have higher rates of smoking while pregnant and low birthweight babies compared to non-Aboriginal and Torres Strait Islander Women on the Gold Coast.
- Children in care have significant mental health needs, often associated with traumatic experiences and complicated by other complex health needs. Addressing these issues is hampered by:
 - o Long wait times for assessment and treatment in the public system.
 - o Cost of private services.
 - o Barriers sharing information and centralised depository from medical history that non-health professionals can contribute to.
 - o Limited availability of low cost assessments for diagnosis and NDIS applications.







PERINATAL AND EARLY CHILDHOOD

Key findings

The data explored in this needs assessment suggests that Gold Coast mothers have high rates of antenatal care through their pregnancy which are likely leading to positive health outcomes and behaviours for mothers and their newborns.

Findings from the Australian Early Development Census 2018 indicated the Gold Coast rate of developmentally vulnerable children across the five domains is below the Queensland rate. Gold Coast-North and Ormeau-Oxenford were above the Gold Coast rate across the five domains for children who are developmentally vulnerable. Ormeau-Oxenford had the largest number of children aged 0-14 years on the Gold Coast, while the regions percentage of children aged 0-14 (24.3%) is above both the Gold Coast (18.3%) and Queensland (19.6%).

Consultation suggests that there is room for preventive care around postnatal depression, with mental health assessed in the pre and postnatal stages. It was also noted that there is a large waitlist for fetal alcohol spectrum disorder (FASD) assessments for 7-10-year old's.



Prevalence, service usage and other data

The early years of a child's life provide the foundation for future health, development, and wellbeing. Maternal nutrition and toxic avoidance are the foundation for the child's growth. The first year of life is also important for the newborn's health through appropriate feeding, including breastfeeding and sleep. As the child ages the education that they receive shapes their future health outcomes.

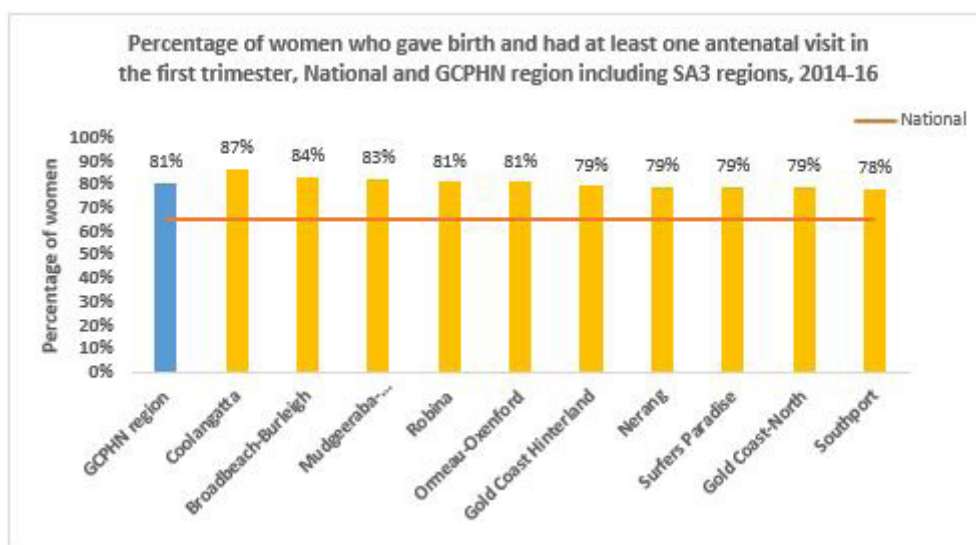
Antenatal care

Antenatal care is a preventive healthcare which includes regular check-ups for the mother that allow health professionals to treat and prevent potential health problems through the duration of pregnancy and to promote healthy lifestyles that benefit both mother and child.

Gold Coast had a higher rate of antenatal visits with 81% compared to the national rate of 65% in 2014-16. The national rate increased 3% from 2012 while the Gold Coast rate increased 16%.

On the Gold Coast, Coolangatta had the highest percentage of women who had at least one antenatal visit with 87% and Southport had the lowest with 78% (Figure 1).

Figure 1. Percentage of women who gave birth and had at least one antenatal visit in the first trimester on the Gold Coast, 2014-16.



Source: Child and maternal health in 2014-16 via my healthy communities, <https://www.myhealthycommunities.gov.au/national/npd005#indicator-year-antenatal-visits-in-the-first-trimester-all-women-2014-2016>

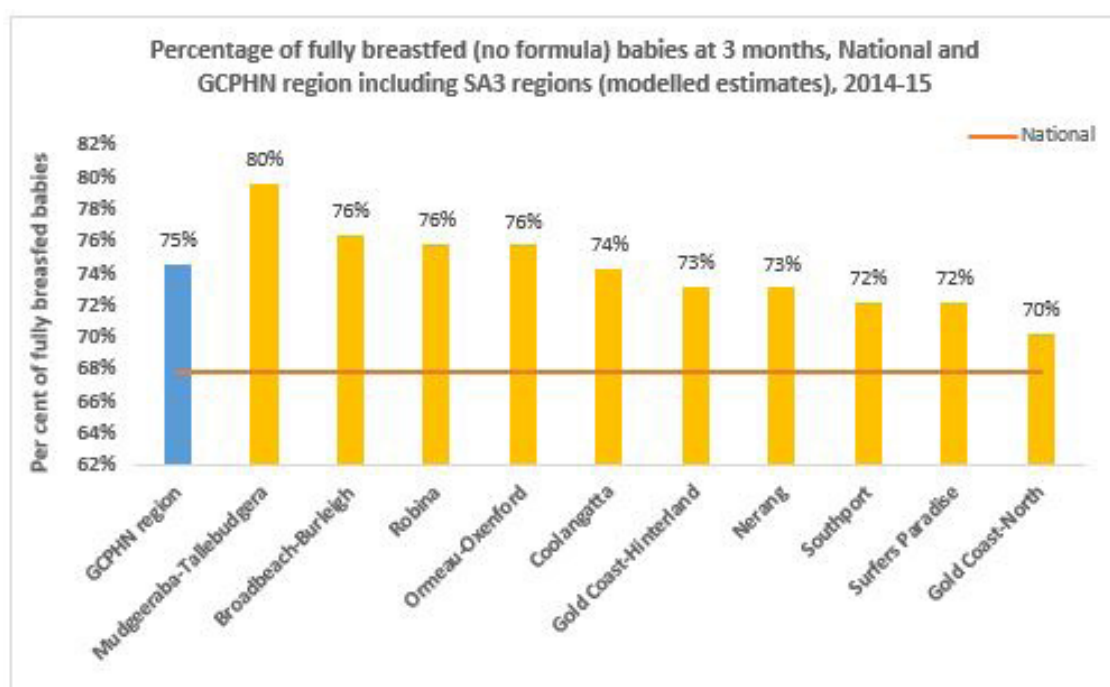
Breastfeeding

Breastfeeding promotes the healthy growth and development of infants and young children. The National Health and Medical Research Council recommends that infants are exclusively breastfed until around six months of age when solid foods are introduced and that breastfeeding is continued until 12 months of age and beyond, for as long as long as the mother and child wish. In Queensland, at discharge from hospital in 2016, 77% of infants were receiving only breast milk, 16% received breastmilk and infant formula and 7% were receiving only infant formula.

Gold Coast had a higher percentage of fully breastfed babies (no formula) at three months with 75% compared to the national rate of 68% in 2014-15.

Mudgeeraba-Tallebudgera (80%) and Broadbeach-Burleigh (76%) had the highest percentage of fully breastfed babies at three months in 2014-15. Gold Coast-North (70%) and Surfers Paradise (72%) were the lowest regions on the Gold Coast (Figure 2).

Figure 2. Percentage of fully breastfed babies at 3 months, Gold Coast SA3 regions, 2014-15.

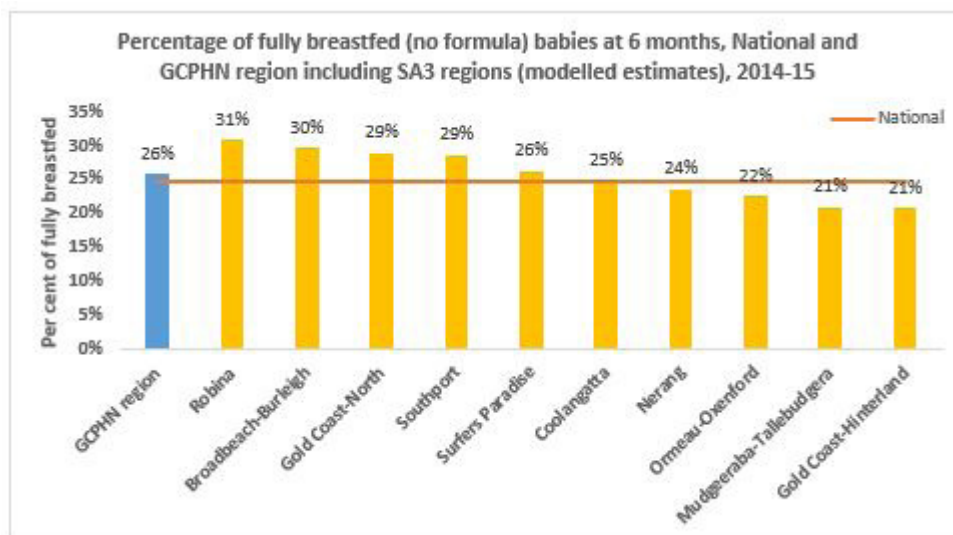


Source: PHIDU, Social Health Atlas, <http://phidu.torrens.edu.au/social-health-atlases/data>

Gold Coast had a slightly higher percentage of fully breastfed babies (no formula) at six months with 26% compared to the national rate of 25% in 2014-15. Robina (31%) and Broadbeach-Burleigh (30%) had the highest percentage of fully breastfed babies at six months.

Gold Coast Hinterland (21%) and Mudgeeraba-Tallebudgera (21%) were the lowest regions on the Gold Coast for fully breastfed babies at six months in 2014-15 (Figure 3).

Figure 3. Percentage of fully breastfed babies at 6 months, Gold Coast SA3 regions (modelled estimates), 2014-15.



Source: PHIDU, Social Health Atlas, <http://phidu.torrens.edu.au/social-health-atlases/data>

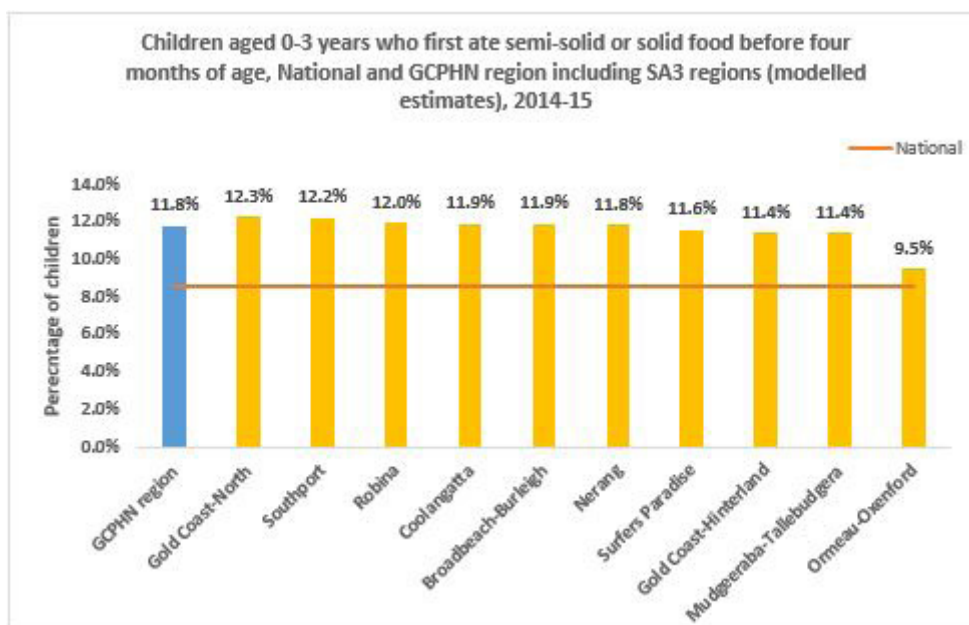


The Department of Health strongly recommend that solids are not introduced before four months of age, as a baby's system is still immature. At this age, the digestive system, immune system, kidneys and ability to chew and swallow the foods are not fully developed or ready for solids. As solids are introduced, there often is a reduction in breastfeeding.

Gold Coast had a higher percentage of children aged 0-3 years who first ate semi-solid or solid food before four months with 11.8% compared to the national rate of 8.5%.

Gold Coast-North (12.3%) had the highest percentage of children who ate semi- solid or solid food before four months while Ormeau-Oxenford was the lowest region on the Gold Coast (9.5%) (Figure 4).

Figure 4. Children aged 0-3 years who ate semi-solid or solid food before four months of age (modelled estimates), 2014-15.



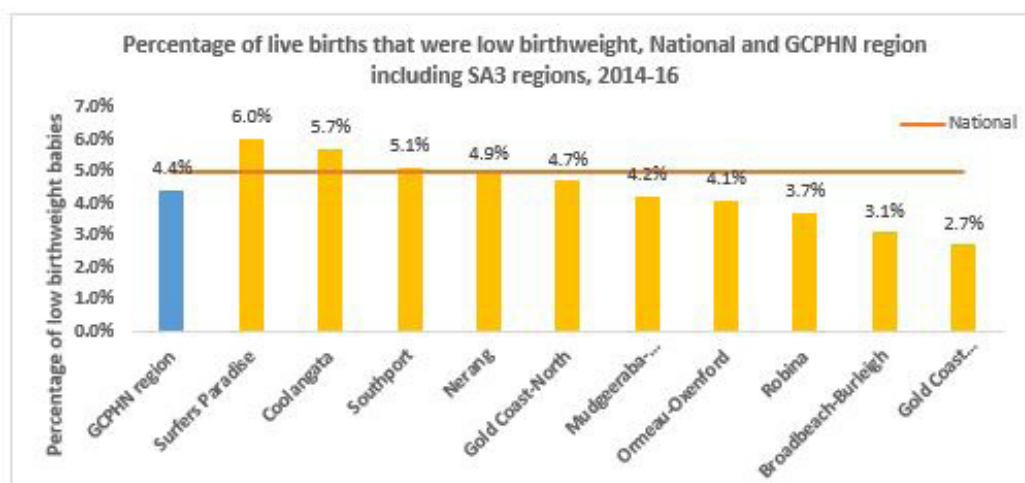
Source: PHIDU, Social Health Atlas, <http://phidu.torrens.edu.au/social-health-atlases/data>

Low Birthweight

Low birthweight newborns are at greater risk of poor health, disability, and death compared to babies of healthy weight. Factors that affect low birthweight include maternal age, illness during pregnancy, low socioeconomic status, harmful behaviours such as smoking or excessive alcohol consumption, poor nutrition during pregnancy and poor antenatal care ¹.

The percentage of live births that were low birthweight (<2,500 grams) on the Gold Coast in 2014-16 was 4.4%, which was lower than the national rate of 5%. This number has not changed in recent years on the Gold Coast. Surfers Paradise had the highest percentage of low birthweight babies with 6% compared to Gold Coast Hinterland with 2.7% (Figure 5). Data on child and maternal health on the Gold Coast compared to Queensland for Aboriginal and Torres Strait Islander population can be seen on the following pages.

Figure 5. Percentage of live births that were low birthweight on the Gold Coast, 2014-16.



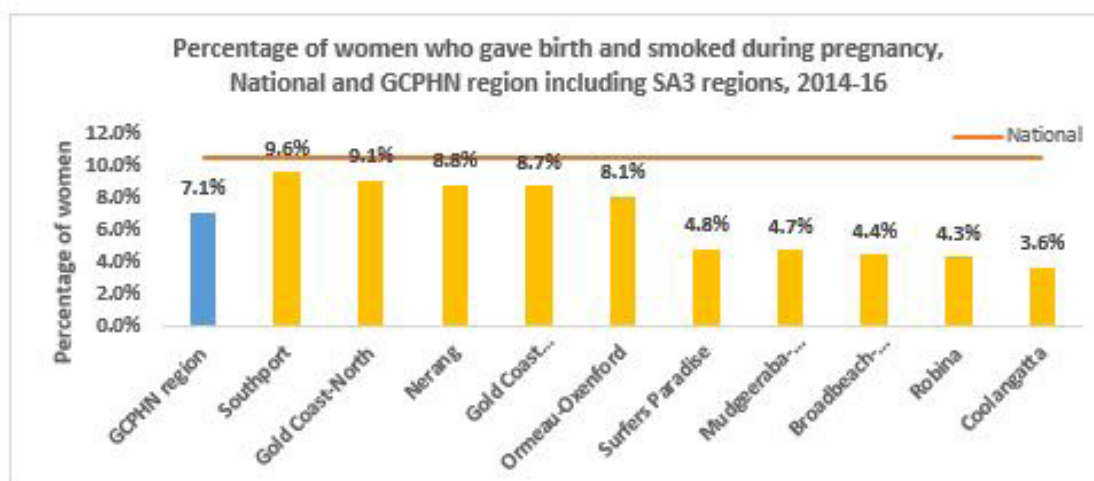
Source: Child and maternal health in 2014-16 via my healthy communities,
<https://www.myhealthycommunities.gov.au/national/npsc001#indicator-year-low-birthweight-babies-all-women-2014-2016>

Smoking during pregnancy

Smoking while pregnant exposes the mother and their unborn child to an increased risk of health problems. The percentage of women who smoked during pregnancy on the Gold Coast in 2014-16 (7.1%) was lower compared to the national rate (10.4%). Both the national and Gold Coast rate has decreased in recent years.

Gold Coast rate has decreased from 10.8% in 2012-14 to 7.1% in 2014-16. Southport had the highest percentage of women who smoked while pregnant in 2014-16 with 9.6% while Coolangatta had the lowest with 3.6% (Figure 6). Data on child and maternal health on the Gold Coast compared to Queensland for Aboriginal and Torres Strait Islander population can be seen on the following pages.

Figure 6. Percentage of women who gave birth and smoked during pregnancy on the Gold Coast, 2014-16.



Source: AIHW Child and maternal health 2014-16 via my healthy communities

<https://www.myhealthycommunities.gov.au/national/npdc003#indicator-year-smoking-during-pregnancy-all-women-2014-201>

Substance abuse during pregnancy

Substance use among pregnant women is a concern as drugs can cross the placenta and lead to a range of health problems, including abnormal fetal growth and development.

Data from the 'National Drug Strategy Household Survey 2019' NDSHS indicated² :

- In 2019, nearly two thirds of women abstained from alcohol while pregnant, up from 56% in 2016 and 40% in 2007
- 55% consumed alcohol before they knew they were pregnant, and this declined to 14.5% once they knew they were pregnant (down from 25% in 2016)

Perinatal Depression

The perinatal period is a highly volatile time and addressing the complex needs of the mother and baby both as individuals and a dyad is essential to endure the best possible outcomes. Recognising symptoms early and seeking help minimises the risk of potentially devastating outcomes for new parents and their baby³.

Data from 2010, showed that 1 in 5 mothers of children aged 24 months or less had been diagnosed with depression in Australia. More than half of these mothers reported that their diagnosed depression was perinatal (that is, the depression was diagnosed from pregnancy until the child's first birthday)⁴.

Data on perinatal depression on the Gold Coast is limited but nationally, perinatal depression was more common reported among mothers who:

- Were younger (aged under 25)
- Were smokers
- Came from lower income households
- Were overweight or obese
- Had an emergency caesarean section

Psychological Services Program

The Psychological Services Program provides short term psychological interventions for financially disadvantaged people with non-crisis, non-chronic, moderate mental health conditions or for people who have attempted, or at risk of suicide or self-harm. This program particularly targets several underserved groups including children. From the 1st July 2019 to 30th June 2020 there were:

- 1,273 referrals
- 5,716 sessions delivered

2. Australian Institute of Health and Welfare 2020. National Drug Strategy Household Survey 2019. Drug Statistics series no. 32. PHE 270. Canberra AIHW

3. Deloitte Access Economics. (2012). The cost of perinatal depression in Australia – Final report. Available from: <https://www.deloitteaccess economics.com.au/uploads/File/PANDA%20Exec%20Summ%20pdf.pdf>

4. Australian Institute of Health and Welfare, 2010 Australian National Infant Feeding Survey

Table 1. Number of persons accessing Psychological Services Program on the Gold Coast, 1st July 2019 to 30th June 2020

FY 2019/20	Referrals	Rate of referrals from specified group	Sessions	Rate of total sessions delivered from referrals from specified group
Adult Suicide Prevention	761	60%	3,971	69%
Children	258	20%	1,016	18%
Aboriginal and Torres Strait Islander	92	7.2%	237	4.1%
Homeless	42	3.3%	147	2.6%
CALD	30	2.4%	126	2.2%
Perinatal	63	4.9%	112	2.0%
LGBTIQAP+	27	2.1%	107	1.9%
Total	1273		5,716	

Referrals came from 375 (45%) of Gold Coast General Practitioners to PSP interventions. Of those referred to the perinatal stream, 37% came from clients located in Coomera, Pimpama, and Upper Coomera while 31% of referrals for the child stream came from clients located in Coomera, Pimpama, and Upper Coomera.

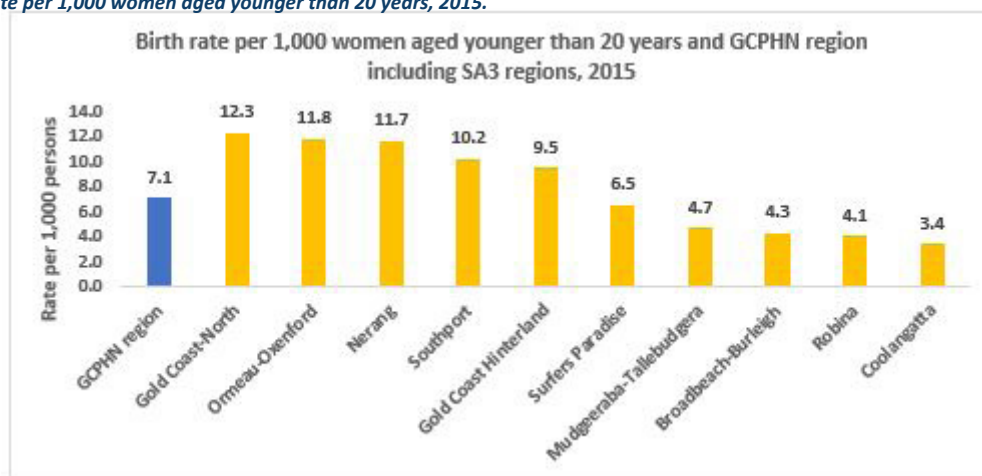
Young mothers

On the Gold Coast in 2015, 124 women who gave birth were aged younger than 20 years. Of these mothers, 24.2% stated that they smoked at any time during their pregnancy and 12.7% gave birth to low birthweight babies (<2,500grams) ⁵.

Gold Coast-North had the highest birth rate per 1,000 women with 12.3 births while Coolangatta had the lowest birth rate with 3.4 per 1,000 women (Figure 7).

Younger mothers (under 20 years of age) were less likely to breastfeed (65% exclusive breastfeeding at discharge) and more likely to use instant formula (11%)⁶.

Figure 7. Birth rate per 1,000 women aged younger than 20 years, 2015.



Source: Teenage mothers in Australia, 2015, <https://www.aihw.gov.au/reports/mothers-babies/teenage-mothers-in-australia-2015/data>

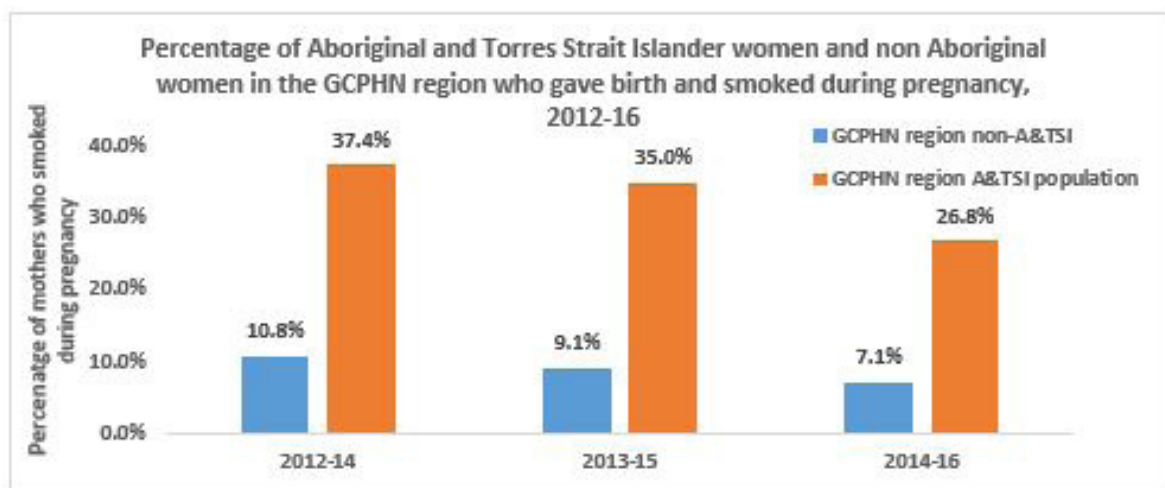
⁵. Teenage mothers in Australia, 2015, <https://www.aihw.gov.au/reports/mothers-babies/teenage-mothers-in-australia-2015/data>
⁶. Department of Health. Queensland infant feeding survey 2014: current results, sociodemographic factors, and trends. Queensland Government: Brisbane; 2016

Aboriginal and Torres Strait Islander mothers

Among Aboriginal and Torres Strait Islander women on the Gold Coast who gave birth in 2014-16, 26.8% reported that they smoked during pregnancy compared to 7.1% of non-Aboriginal and Torres Strait Islander women on the Gold Coast (Figure 8)

This number is below the national rate of 45.2%. The Gold Coast rate has decreased from 37.4% in 2012-14 while the national rate has decreased from 47.6% in 2012-14 (Figure 9).

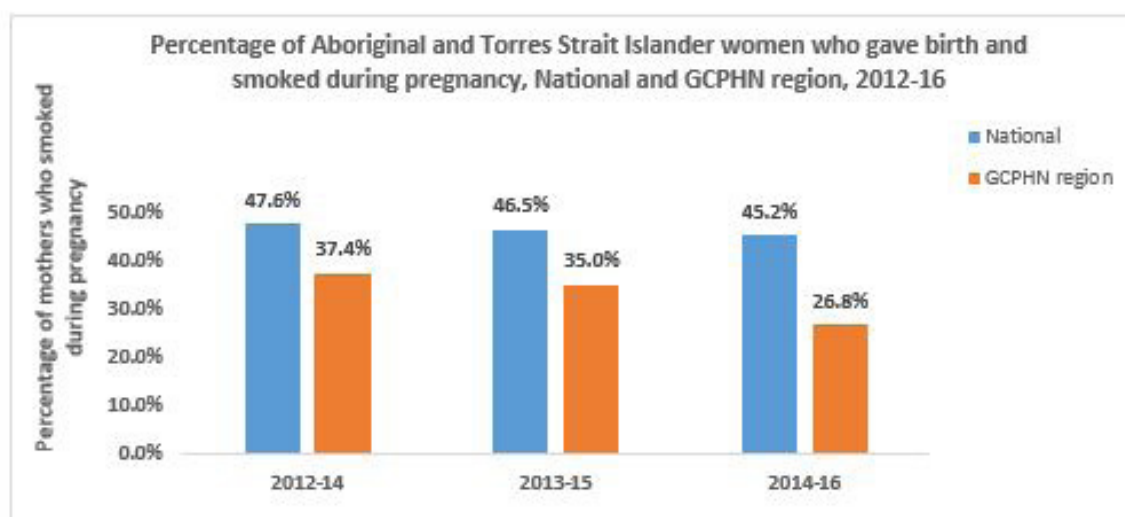
Figure 8. Percentage of Aboriginal and Torres Strait Islander women and non-Aboriginal and Torres Strait Islander women on the GCPHN region who have birth and smoked during pregnancy, 2012-16.



Source: AIHW Child and maternal health 2014-16 via my healthy communities, <https://www.myhealthycommunities.gov.au/national/npdc004#indicator-year-smoking-during-pregnancy-aboriginal-and-torres-strait-islander-wom->

While the percentage of Aboriginal and Torres Strait Islander women on the Gold Coast who smoked is high compared to non-Aboriginal and Torres Strait Islander women, it's lower compared to the national rate of 45.2%. The Gold Coast rate has decreased from 37.4% in 2012-14 while the national rate has decreased from 47.6% in 2012-14 (Figure 9).

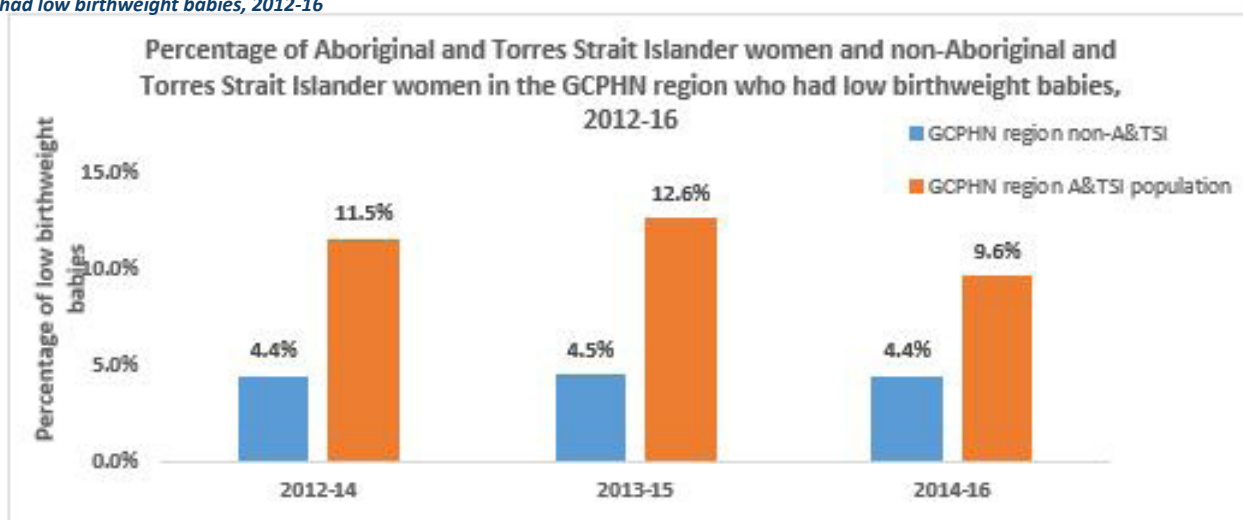
Figure 9. Percentage of Aboriginal and Torres Strait Islander women who gave birth and smoked during pregnancy, National and Gold Coast, 2012-16



Source: AIHW Child and maternal health 2014-16 via my healthy communities, <https://www.myhealthycommunities.gov.au/national/npdc004#indicator-year-smoking-during-pregnancy-aboriginal-and-torres-strait-islander-women-2014-2016>

The percentage of live births that were low birthweight (<2,500 grams) among Aboriginal and Torres Strait Islander women was 9.6% compared to 4.4% of non-Aboriginal and Torres Strait Islander women on the Gold Coast in 2014-16 (Figure 10)

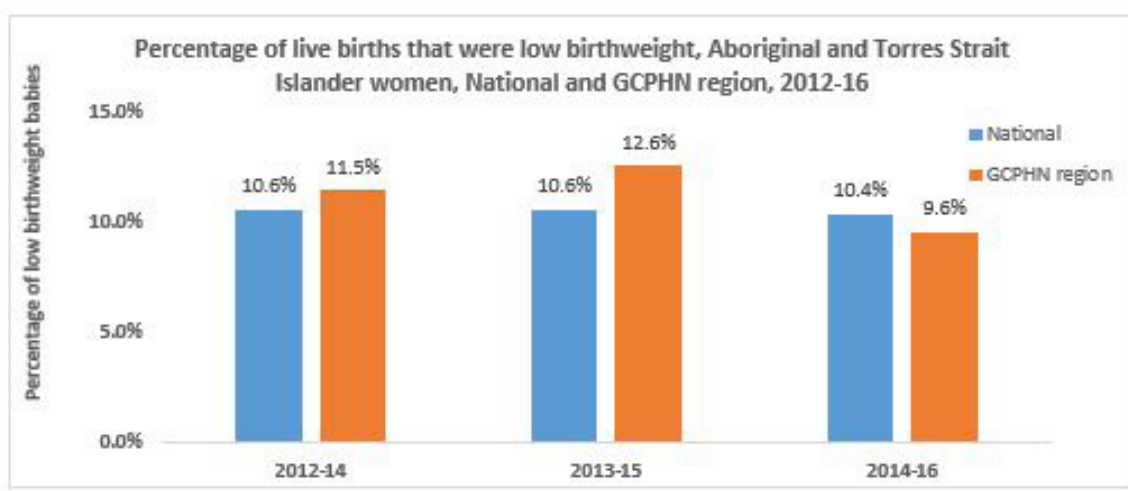
Figure 10. Percentage of Aboriginal and Torres Strait Islander women and non-Aboriginal and Torres Strait Islander women on the GCPHN region who had low birthweight babies, 2012-16



Source: Child and maternal health in 2014-16 via my healthy communities, <https://www.myhealthycommunities.gov.au/national/npdc002#indicator-year-low-birthweight-babies-aboriginal-and-torres-strait-islander-women-2014-2016>

The percentage of live births that were low birthweight (<2,500 grams) among Aboriginal and Torres Strait Islander women was 9.6% compared to 4.4% of non-Aboriginal and Torres Strait Islander women on the Gold Coast in 2014-16 (Figure 10)

Figure 11. Percentage of live births that were low birthweight among Aboriginal and Torres Strait Islander women on the Gold Coast, 2012-16.



Source: Child and maternal health in 2014-16 via my healthy communities, <https://www.myhealthycommunities.gov.au/national/npdc002#indicator-year-low-birthweight-babies-aboriginal-and-torres-strait-islander-women-2014-2016>

The percentage of Aboriginal and Torres Strait Islander women who gave birth and had at least one antenatal visit in the first trimester on the Gold Coast was 76.2% compared to 80.8% of non-Aboriginal and Torres Strait Islander women on the Gold Coast in 2014-16 (Figure 12)

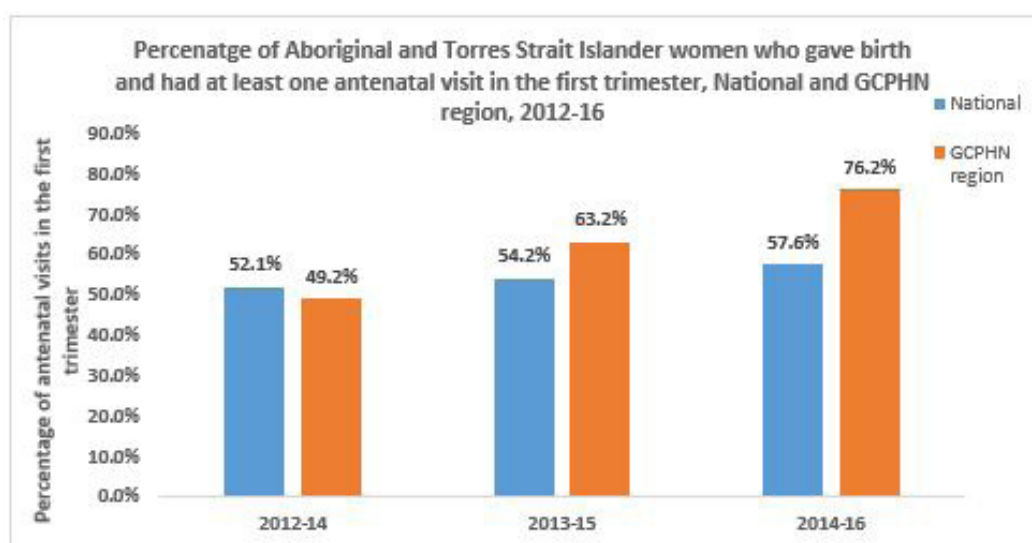
Figure 12. Percentage of Aboriginal and Torres Strait Islander women and non-Aboriginal and Torres Strait Islander women on the GCPHN region who had at least one antenatal visit in the first trimester, 2012-16.



Source: Child and maternal health in 2014-16 via my healthy communities, <https://www.myhealthycommunities.gov.au/national/npdc006#indicator-year-antenatal-visits-in-the-first-trimester-aboriginal-and-torres-strait-islander-women-2014-2016>

While the percentage of Aboriginal and Torres Strait Islander women on the Gold Coast is lower compared to non-Aboriginal and Torres Strait Islander women, it is higher compared to the national rate of 57.6%. This percentage on the Gold Coast has increased by over 13% each year over the past three years from 49.2% in

Figure 13: Percentage of Aboriginal and Torres Strait Islander women who gave birth and had at least one antenatal visit in the first trimester on the Gold Coast, 2012-16.



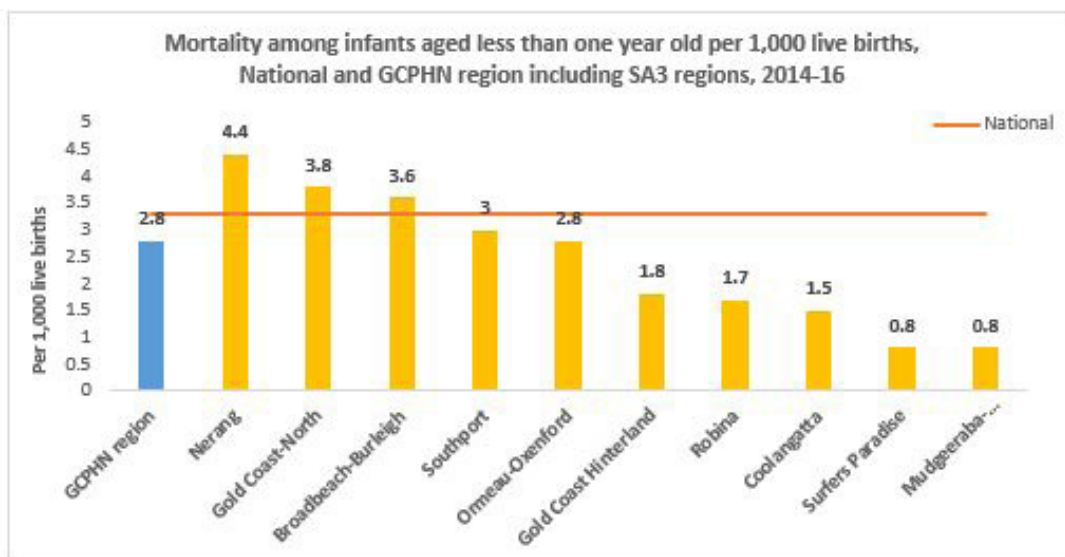
Source: Child and maternal health in 2014-16 via my healthy communities, <https://www.myhealthycommunities.gov.au/national/npdc006#indicator-year-antenatal-visits-in-the-first-trimester-aboriginal-and-torres-strait-islander-women-2014-2016>

Infant mortality

Measures of infant mortality provide insight into the socio-demographic and lifestyle factors into which Australian children are born and how these affects both life and death chances. Child mortality also provides a key measure of the effectiveness of the health system in maternal and perinatal health including insight into how well the system is working.

The overall mortality rate on the Gold Coast for children aged less than one year in 2014-16 is 2.8 per 1,000 live births compared to the national rate of 3.3 per 1,000 live births. On the Gold Coast, Nerang had 4.4 deaths per 1,000 live births while Mudgeeraba-Tallebudgera and Surfers Paradise had 0.8 deaths per 1,000 live births in 2014-16 (Figure 14).

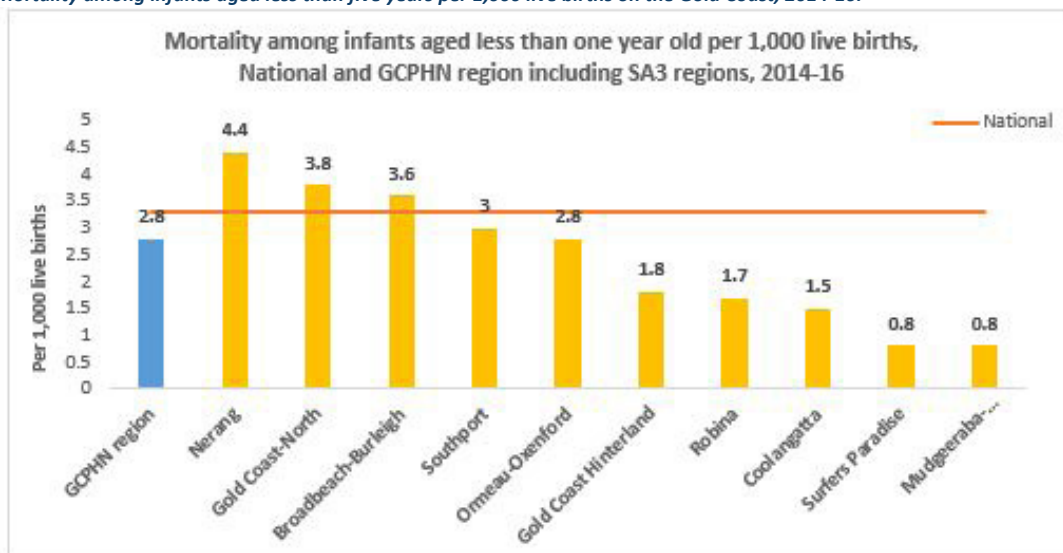
Figure 14. Mortality among infants aged less than one year old per 1,000 live births on the Gold Coast, 2014-16.



Source: Child and maternal health in 2014-16 via my healthy communities, <https://www.myhealthycommunities.gov.au/national/abs0046#indicator-year-infant-mortality-rate-2014-2016>

The mortality rate for five-year old's on the Gold Coast is 3.4 deaths per 1,000 live births which is slightly lower compared to the national rate of 3.9. Nerang had 5.4 deaths per 1,000 live births while Robina had 0.9 deaths per 1,000 live births in 2014-16 (Figure 15).

Figure 15. Mortality among infants aged less than five years per 1,000 live births on the Gold Coast, 2014-16.



Source: Child and maternal health in 2014-16 via my healthy communities, <https://www.myhealthycommunities.gov.au/national/abs0046#indicator-year-infant-mortality-rate-2014-2016>

Dental health

Good oral health in childhood contributes to a better wellbeing and improved dental outcomes in adulthood- less decay and the loss of fewer natural teeth. The Gold Coast region was above the Queensland state rate for 2016/17 for dental hospitalisations. The Gold Coast PHN region rate per 100,000 people for children aged 0-9 years for dental hospitalisations was 775 compared to Queensland state at 675 per 100,000 people per year.

Australian early development census

A person's life success, health and emotional wellbeing have their roots in early childhood. The Australian early development census (AEDC) provides a national measurement to monitor Australian children's development. With five sets of AEDC national data collected, it can be tracked if regions are working towards improving the development of Australian children. The AEDC measures the development of children in Australia in their first year of full-time school.

The AEDC measure across 5 domains:

- Physical health and wellbeing
- Social competence
- Emotional maturity
- Language and cognitive
- Communication skills and general knowledge

Table 2. Australian early development census, percentage of children developmentally vulnerable across Queensland, GCPHN region including SA3 regions, 2018.

SA4/SA3/State	Physical health and wellbeing	Social competence	Emotional maturity	Language and cognitive	Communication skills and general knowledge	One or two domains	Two or more domains	Children assessed
	Per cent					Percent		Number
Queensland	12.3	11.9	10.5	8.0	10.1	25.9	13.9	61673
GCPHN region	8.7	9.5	8.2	5.6	8.1	21.0	10.2	7093
Broadbeach-Burleigh	6.3	11.8	8.3	5.0	5.9	19.7	11.0	558
Coolangatta	6.0	7.1	5.5	3.4	6.0	15.7	7.2	579
Gold Coast-North	8.9	10.7	9.3	9.0	10.8	26.2	12.0	633
Gold Coast-Hinterland	10.0	9.1	8.2	4.1	8.6	20.0	11.4	220
Mudgeeraba-Tallebudgera	8.0	8.4	6.3	3.5	4.5	18.4	6.8	512
Nerang	9.3	10.1	10.6	5.4	8.0	22.7	11.6	883
Ormeau-Oxenford	11.1	12.6	10.3	8.1	9.1	24.6	13.4	2333
Robina	9.3	7.7	9.2	4.7	5.1	19.0	9.1	569
Southport	10.2	9.4	7.6	5.8	11.3	21.2	10.8	529
Surfers Paradise	8.3	7.6	6.2	6.9	11.2	22.0	9.1	277

Source: Australian early development censuses, 2018



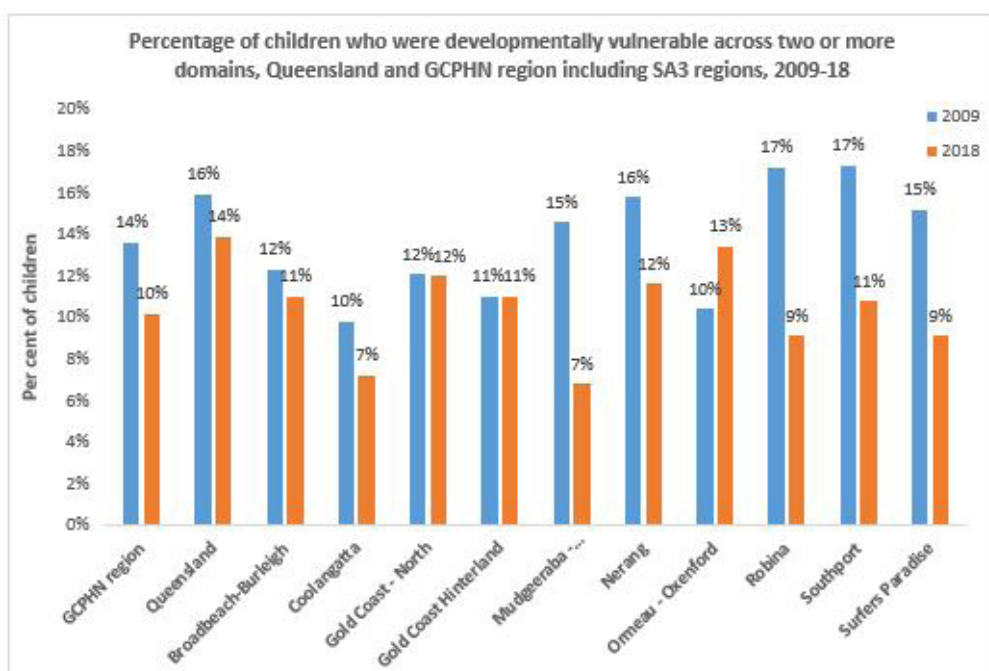
Source: Child and maternal health in 2014-16 via my healthy communities, <https://www.myhealthycommunities.gov.au/national/npdc006#indicator-year-antenatal-visits-in-the-first-trimester-aboriginal-and-torres-strait-islander-women-2014-2016>

In 2018, 7,093 children participated in the AEDC in the Gold Coast. 21% were developmentally vulnerable in one or two domains which was lower compared to the Queensland average (25.9%). Among two or more domains that children were developmentally vulnerable, Gold Coast was lower (10.2%) compared to Queensland (13.9%)⁸.

The AEDC has been completed by children from 2009 and there have been four censuses in this time. Data can be observed among the Gold Coast SA3 regions from past censuses. Figure 16 displays children who were developmentally vulnerable across two or more domains. All regions reduced their percentage of children that were developmentally vulnerable across two or more domains from 2009 to 2018 except Ormeau-Oxenford which increased in this time.

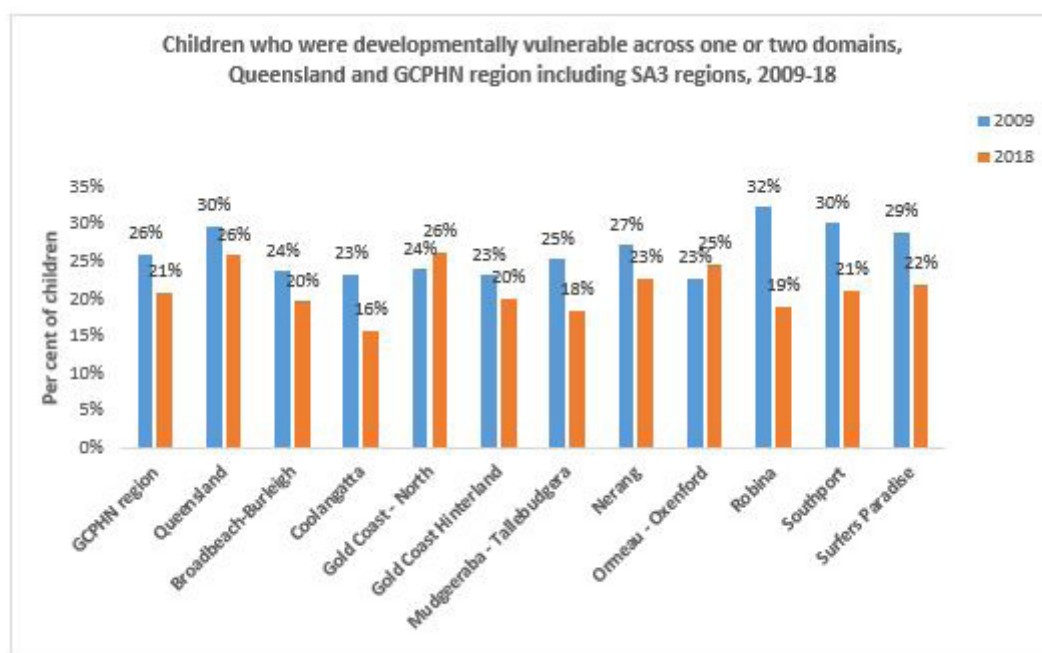
In the same period, the number of children who were developmentally vulnerable across one or two domains also reduced among all regions except for Gold Coast-North and Ormeau Oxenford. Both regions are within the Northern growth corridor of the Gold Coast (Figure 17)

Figure 16. Percentage of children who were developmentally vulnerable across two or more domains, Queensland, GCPHN region including SA3 regions, 2009-18.



Source: Australian early development censuses, 2009- 2018

Figure 17. Children who were developmentally vulnerable across one or two domains, Queensland, GCPHN region including SA3 regions, 2009-18



Source: Australian early development censuses, 2009- 2018

Influenza

Influenza is a highly contagious disease where most infections happen in winter. It is usually prevented by vaccination and treated by managing symptoms. Spread by body fluids from infected people, symptoms include a runny nose and sore throat. Influenza can affect anyone but is especially serious for babies and older people. Babies and pregnant women are at extra risk of influenza. In 2017, the Gold Coast Public Health Unit surveyed hundreds of women who gave birth at the Gold Coast University Hospital over six months and found that 71% of mothers were aware that they should have a flu shot during pregnancy and of those who were aware 51% had the immunisation. When pregnant there is a triple benefit of having the flu shot- you can protect yourself, protect your unborn child and give your baby antibodies to fight influenza when its born⁹.

Overweight and obesity

The percentage of children that were overweight and obese in 2017-18 in the Gold Coast was 23.4% . This number is below the Queensland rate (26.2%)¹⁰ and is the lowest among the seven Primary health networks in Queensland.

Service System

Services	Number in GCPHN region	Distribution	Capacity
General Practices (Antenatal visits)	207	Clinics are generally distributed across the Gold Coast, with the majority located in coastal and central areas.	<ul style="list-style-type: none"> • Confirmation of pregnancy • Immunity against infections that may affect the baby • Urine test (for evidence of diabetes or pre-eclampsia) • Progress of the baby (heartbeat, movements) • Progress of the mother, including emotional state • Antenatal visits are monthly until week 28, each two weeks from week 30 to 36 and weekly thereafter • Hospital visits usually occur for an initial assessment and then at week 32 and week 41
Antenatal clinics at hospitals	4	2 in Southport, 1 in Tugun and 1 in Benowa	<ul style="list-style-type: none"> • As listed above
Childbirth parenting classes	2	Tugun, Southport	<ul style="list-style-type: none"> • Pregnancy and process of birth • Pain relief and induction of labor • Assisted birth and cesarean section • Parenting the first few weeks
Lavender Mother and baby Unit	1	Gold Coast University Hospital	<ul style="list-style-type: none"> • Four bed specialist state-wide acute service. • Specialist care for women who require admission to hospital for significant mental health difficulties in the first year following childbirth • General Practitioners, Obstetricians, Pediatrician, Psychiatrist and Mental Health Services can refer patients to the unit
Uniting Care	1	Carrara	<ul style="list-style-type: none"> • Determine the best support for child and family • Identify information, community-based and mainstream supports that can be used to support child

			<ul style="list-style-type: none"> • If required, can help request NDIS access and once confirmed, work with family to develop a plan • Help with the implementation of the plan
Child Development Service (CDS)	1	Southport	<ul style="list-style-type: none"> • The CDS is a community based, multidisciplinary health service involved in the assessment and management of children aged 0-10 years referred with problems of developmental, such as communication, movement, emotions, behavior or socialization.
Early learning Program (Kalwun)	2	Burleigh and Currumbin	<ul style="list-style-type: none"> • A free, stand-alone school readiness program based on the early years learning framework for children aged 3-5 years • The early learning program is for Aboriginal and Torres Strait Islander children aged 3-5 years
Jarjums Playgroup (Kalwun)	1	Burleigh	<ul style="list-style-type: none"> • Central community point for those with young children to build and develop relationships, support each other and access important child and parent related information with a strong cultural connection held weekly • Kalwun Jarjums playgroups is for parents/carers of Aboriginal and Torres Strait Islander children aged 0-5 years
Child and maternal health Kalwun (Mums and Bubs)	4	Miami, Oxenford, Bilinga and Commera	<ul style="list-style-type: none"> • Contraception and sexual health • Antenatal care • Post-natal care • Screening and preventive health care • Parenting advice and support • Visiting specialist and allied health services • To be eligible for Kalwuns Mums and Bubs program clients must be Aboriginal and or Torres Strait Islander. Non-Indigenous women with Aboriginal and/or Torres Strait Islander children are also welcome
Birth Suites	4	2 in Southport, 1 in Benowa and 1 in Tugun	<ul style="list-style-type: none"> • Collaborative multidisciplinary approach to provide midwifery to all women with both low risk

			<p>and high-risk pregnancies</p> <ul style="list-style-type: none"> • The facilities enable early discharge home for women and babies who have an uncomplicated birth. This allows a more family centered approach and promotes birth as a normal life event • Home visiting team provide ongoing support with infant feeding and early parenting needs
Community Child Health Clinics	8	Southport, Coomera, Upper Coomera, Helensvale, Nerang, Labrador, Robina, Palm Beach	<ul style="list-style-type: none"> • Health and developmental checks • Hearing assessment and referral (four years and over) • Feeding and nutritional support/information • Education and support groups • Parenting interventions to enhance parenting • Bedwetting program • Information and advice for parents for healthcare referrals • Indigenous health workers support Aboriginal and Torres Strait Islander families to access a variety of relevant services delivered
School interventions	110	State schools throughout Gold Coast	<ul style="list-style-type: none"> • State schools offer support and other services for children while they are in state schools
Paediatricians	32	Paediatricians generally distributed across the Gold Coast, with the majority located in coastal and central areas	<ul style="list-style-type: none"> • Manage the health of children, including physical, behavior and mental health issues • Trained to diagnose and treat childhood illness, from minor health problems to serious disease
Child Youth and Family Health	8	Southport, Coomera, Upper Coomera, Helensvale, Nerang, Labrador, Robina, Palm Beach	<ul style="list-style-type: none"> • Health advice for infants from birth to four years • Home visiting by referral • Breastfeeding clinic, practical assistance • Parent education groups- an informal setting to discuss health issues, guest speakers attend • Weigh and monitor infant progress between routine clinic visits.

Community immunisation clinics, Gold Coast Health	6	Helensvale, Carrara, Upper Coomera, Burleigh, Robina and Southport	<ul style="list-style-type: none"> Drop in-no appointments required Free for people with a Medicare card to attend the clinic Vaccines on the National Immunisation Program Schedule QLD are provided free. Other vaccines incur a cost.
Emergency departments (ED)	5	Southport and Robina (public) Southport, Benowa and Tugun (private)	<ul style="list-style-type: none"> Private health insurance is required to access private EDs. Limited integration with general practice data. Residents near borders may also use nearby hospitals such as Tweed District Hospitals, Logan and Beaudesert.
Dedicated GP immunisation clinics	4	Labrador, Canungra, West Burleigh and Mermaid Beach	<ul style="list-style-type: none"> These clinics provide a separate waiting area, no appointment is required and does not need to be a patient of the clinic.
Psychological Services Program (PSP), Child (0-12) stream. Focus is moderate.	20 contracted organisations	Providers are available across the Gold Coast region.	<ul style="list-style-type: none"> The majority of child and youth mental health services focus on aged 12-25 with eligibility cut offs varying within the age bracket.
Psychological Services Program (PSP), Perinatal depression.	20 contracted organisations,	Providers are available across the Gold Coast region	
Neurodevelopment Exposure Disorder Service (FASD) clinic	1 (1 of 2 in country)	Gold Coast University Hospital	<ul style="list-style-type: none"> Diagnosis of Fetal Alcohol Syndrome Disorder caused by fetal alcohol exposure. Each condition and its diagnosis are based on the presentation of features that are unique to the individual and may be physical, developmental and/or neurobehavioral Health professionals at the clinic include Paediatrician, Clinical Psychologists, Neuropsychologists, and Speech language pathologists, Physiotherapists, Occupational Therapists, Social Worker, and Nurse Navigator.

			<ul style="list-style-type: none"> General Practitioners, Paediatricians, Other medical specialist, Psychologists, Allied Health professionals, Child protection service, Education Departments and Justice Departments can refer to the service
Day care	219	Day cares are spread throughout the Gold Coast	<ul style="list-style-type: none"> Day care provides professional care for children aged 6 weeks to 5 years. Some long day care centers offer Kindergarten or preschool programs.
Parenting programs for behaviour management	10 providers of varying programs. One online	Parenting programs are spread across the Gold Coast	<ul style="list-style-type: none"> Run regularly, some are limited to the clients of the service

Consultation

The following key findings emerged through the consultation process with service providers and community members and people working closing with service providers on the Gold Coast who work with mothers and young children:

- Major issues that were identified
 - o Postnatal depression
 - o Immunisation rates on the Gold Coast
 - o Northern Gold Coast has limited services for mothers and their children
 - o If a service is not located near public transport, can be a barrier which can prevents access to service
 - o Families not having a regular General Practitioner or a regular General Practice which they attend
 - o Extreme and excessive behaviours from a much earlier age in a preschool/school setting
 - o Long wait times into child related support services (FASD)
- Specific services that are missing or needs that are not met
 - o Services that support parents with before and after school care
 - o Service providers need education on what other services are available to possibly refer to.
 - o A lack of wrap around support
- Affordable assessments for autism diagnosis to apply for NDIS continues to be a big gap affecting families and children with long term access to NDIS packages. A diagnosis is required for an application, but many families cannot afford the outlay and Department of Child Safety, Youth and Women (DCSYW) cannot cover these costs within their limited budget scope
- Carers further report lack of information sharing from health professionals, for example, appointment letter and text reminder sent to the Child Safety Officer not the carer
- Access to low cost cognitive assessments are extremely limited. 1year+ waitlist for university clinics. Schools occasionally will support but they do not accept GP referral, only teacher referrals based on learning needs. Private fees are \$2000-3000. Some services such as the public funded Child protection Unit have requested that child has a cognitive assessment before receiving paediatric assessment by the unit. Department of Child Safety, Youth and Women has very limited resources per child and limited
- Service gaps that prevent children receiving timely services e.g. lack of publicly funded speech pathology
- Fetal alcohol spectrum disorder (FASD) assessments for 7-10-year old's is a 2-year waitlist
- Griffith University Health clinics have the potential to move towards a multidisciplinary team care-based student clinic.
- Medicare funded services (mental health treatment plan) do not cover assessment cost
- Aboriginal and Torres strait islander health checks by GPs may not meet the National Guide to Preventive Aboriginal and Torres strait islander health assessment
- Allied health is not remunerated by Medicare for participation in case conferencing reducing opportunities for multidisciplinary approaches to complex care
- Misdiagnosis of trauma as ADHD and ASD

• Specific groups of mothers and children up to 6 years that have issues accessing services on the Gold Coast include:

- o Low socioeconomic groups
- o Those with limited access to transport
- o Mother and child both have mental delay and complex needs.

The Gold Coast PHN's Community Advisory Council (September 2019) provided the following feedback:

- Current process of mother and baby being followed-up by a midwife at home after birth was supported by CAC members.
- CAC members noted that parenting grandparents do not receive all the same assistance currently and suggested that follow-up and support services need to "follow the baby".
- More prevention should be undertaken with mothers on post-natal depression to prevent the depression becoming severe.
- New mothers should have their mental health assessed in the pre and postnatal stages.
- Long wait times through NDIS for speech pathology etc
- Confusion around support for children with a suspected disability and early childhood intervention services with NDIS.
- Long wait times, significant costs, limited number of clinicians leads to delays in assessment and effects subsequent access to services such as speech pathology.

The Gold Coast PHN's Clinical Council (August 2019) provided the following feedback:

- Mothers with postnatal depression, unclear what services are available.
- Difficult for General Practitioners to identify mothers who may be taking drugs while pregnant.
- Building stronger communication channels between Paediatricians and General Practitioners
- Speech therapy and occupational therapy hard to access on the Gold Coast in terms of cost and wait times
- Cognitive health assessments are highly priced with a long wait time.
- The importance of shared care with children diagnosed with Fetal Alcohol Spectrum Disorder
- Chance to upskill practice nurses and registrars on immunisations

Gold Coast Primary Health Network

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“Building one world class health system for the Gold Coast.”

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